

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

NEW BRUNSWICK

AN INTERVIEW WITH MARY JO RICE-MAHONEY

FOR THE

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INTERVIEW CONDUCTED BY

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TRANSCRIPT BY

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Kathryn Tracy Rizzi: This begins an oral history interview with Mary Jo Rice-Mahoney on July 16, 2019, in Westfield, New Jersey, with Kate Rizzi. Thank you so much for meeting with me again to do this oral history interview.

Mary Jo Rice-Mahoney: My pleasure indeed.

KR: Thank you to the Westfield Memorial Library for its hospitality. We are in the Local History Room, and Mary Jo, thank you for arranging for us to meet in this room again.

MRM: Absolutely, sure.

KR: We left off in our second session talking about your service in the Army Nurse Corps in Qui Nhon at the 67th Evacuation Hospital in Vietnam. I am wondering if you could compare and contrast military nursing to civilian nursing. [Editor's Note: During the Vietnam War, Qui Nhon Airfield, located on the coast in Central Vietnam, housed U.S. Army and Air Force units, including the 67th Evacuation Hospital. Mary Jo served at the 67th Evacuation Hospital from March 1969 to March 1970.]

MRM: I can do that indeed because it dawned on me--I came back from Vietnam in March of 1970, and I had a leave, vacation time from the Army. I visited with my family in Virginia. My parents were divorced at that time, and so I visited with mom and dad. My brothers [were at] my brother college up at Emmitsburg, Maryland, so I did visit with them. We went to what they called a kegger back then, a party with the guys, and was able to visit with friends, catch up with college classmates, stayed in touch with all of my friends back at the 67th, because my college classmates there came later than I did. They were not home, when I came home, and that was a priority for me to stay in touch. [Editor's Note: Mary Jo attended St. Joseph College in Emmitsburg, Maryland and graduated in 1968. Her brothers attended Mount St. Mary's University. Three of Mary Jo's friends and one of her friend's sister also joined the Army Nurse Corps and served in Vietnam at the 67th Evacuation Hospital at Qui Nhon.]

My experience is amazing because I have no recall of coming home and landing at the airport, [Reagan] National Airport in Washington, D.C. I'm sure my family was there to greet me. I'm not sure who was there. I've asked my sister, and she and I remember, when I came home, I flew through Colorado, where she was living, married, with her two little boys, toddler and infant. I stayed with them for a couple of days, and I do remember that. She remembers that. I don't remember getting to Washington, D.C. and seeing my other family members and friends. I think I have a vague, fleeting image of something, of me at that airport hugging my family, but it could be made up.

I don't remember my family asking me, specifically, anything, about my experience in Vietnam, and I didn't even think that that was--I didn't even think about that kind of thing. When I went with my brothers to the party, their college party, it was the first time one of their friends said to me, in a very negative tone and commentary, "What were you doing over there? We have no business being there." It struck me as so odd. It struck me as hurtful, and I was totally confused, because, again, I was completely naïve as to the politics of Vietnam, all of that. Apparently, this young man maybe had tuned into that stuff and had feelings about it. So, my brothers just kind

of reprimanded him, and we went off to talk to other people. That was the one thing that does stick in my mind about when I came home immediately.

I had assumed that my Army nurse career would end after the two-year payback time, and that's what I had planned on, when I got home to Virginia. I had finished my vacation time with the Army, and I had resigned my commission at the end of the two years.

I did get a civilian nursing position in an intensive care unit at a wonderful hospital, Fairfax Hospital [in Falls Church, Virginia], still there, very big, very busy. I got my own apartment in Springfield, Virginia, and I was getting up and going to work every day. I don't think I was there very long, when it dawned on me--I think it was a six or seven bed ICU--and it was a big adjustment, career wise, because I was used to the twenty-seven-bed intensive care unit in Vietnam with unbelievable combat injuries, unbelievable endemic diseases, and pediatrics and the Vietnamese people that were patients in our ICU. Here I was, in this little Fairfax, Virginia, six or seven-bed ICU. People may have had big surgeries, or they were seriously ill enough to be in the ICU, but it was nothing like the pace of the 67th Evac ICU. The other thing that dawned on me was I had very little autonomy, and I hardly knew that word at that point, I'm sure. I remember thinking to myself, one of my patients needed an IV [intravenous] started, so I went and I was asking for the IV equipment. I was almost subtly reprimanded by the head nurse of the ICU, "Oh, we don't start IVs. We'll call the IV team for that." That struck me as totally odd, totally ridiculous. I can't start the IV? That was the next little eye opener, and the other eye opener to me was about the head nurse. She was excellent clinically, a nice person, but her priority was no wrinkles in the bedspread, on the beds. So, that was an adjustment. The other adjustment was, I thought I'd make a bazillion more dollars in my pay, and that didn't happen. It was kind of on par and equal. This went on for about six or seven months.

My best friend, Marilyn, we met after we came home from Vietnam. We were both stationed at Fort Devens, at that Army hospital there, and she and I bonded immediately. We're calling back and forth, her in Texas, me in Virginia. I don't think we wrote letters. We were calling. She was as bored to tears as I was. The two of us decided to go back on active duty, and we did. We did go back on active duty together, and we were assigned together in Colorado, Colorado Springs.

My assessment of civilian nursing was, I think I found it boring in that ICU. This staff, the other staff nurses, were very kind and very nice, but there wasn't anywhere near the camaraderie of being an Army nurse or being in Vietnam as an Army nurse. So, it was a camaraderie thing. The pay was not that different, and you had so much more autonomy. So, Marilyn and I just quickly made that decision. Once we got in that uniform and we were at the hospital in Colorado Springs, I felt like I was a fish back in water and thrilled, and Marilyn was too, so thrilled that I did indeed continue to make it my nursing career.

I finished fifteen years on active duty and came off active duty in 1982 to civilian life again, and I was living in Westfield, New Jersey. My position was the quality assurance coordinator for the nursing department at the veterans hospital in East Orange, New Jersey. That was okay for me because the reason I came off active duty is I erroneously thought I was madly in love. So, that was part of my life at that point. The position I had was a huge responsibility, and I had a lot to

learn and I needed to learn it quickly. For all those reasons, I didn't have any of the drawback feelings from that first civilian nursing experience right after Vietnam.

The other major factor, at that time, of my nursing career at the veterans hospital was the fact that I came off active duty from Fort Dix, went right into a Reserve slot at the Reserve Army hospital [322nd General Hospital] at Picatinny Arsenal. I was, at that point, I was a staff nurse, a senior staff nurse, and on paper and if we were mobilized, I would have been the head nurse of the ICU. For all those reasons, I was very, very busy, and I loved my work at the veterans hospital and I really loved my work in the Reserve Army Nurse Corps with one exception.

I went to my first weekend drill. You didn't report in to the chief nurse, because everybody just kind of showed up. Somebody yelled formation, and everybody got in formation. The chief nurse came over, introduced her to me, and she introduced me around. So, then, I was kind of sitting just with everybody else at the start of the day, and I'm noticing the Army nurses that are coming in, so I can meet people. One comes in with purple boots on, and a few others came in with real civilian purses over their shoulders. This was a bit of a visual here; I was absolutely apoplectic, shocked and thought, "How is this happening?" Or, more importantly, "How is this allowed?" And, "Would they not know better, these Army nurses?" That was a wake-up call. As I began to work in the Reserve unit, I realized that these members were not on active duty. They probably didn't know about active duty, and they didn't take, I guess, some of the rules and regulations like the wearing of the uniform and some of the behaviors and how they handled assignments or orders that were given to them or didn't handle them. That was eye opening in the Reserve unit, but I adjusted and adapted. I did not make waves. I thought to myself, "Mary Jo, if you want to make a difference, you need to just guide and mentor these people that you're going to be working with." That's how I moved into that Reserve position, and it stood me well for the rest of my fifteen years in the Army Reserve unit.

I was with that Army hospital for my fifteen years. I was assigned positions with increasing levels of responsibility. I eventually became the assistant chief nurse of the unit, and then I became the chief nurse of the unit. That was an experience, and I'll go into detail later on. Remind me to do that. I was in the position of acting chief nurse of the hospital unit, and I'll go back to that later because that was a real big experience. It was competitive, and there's a story to tell about that.

What I'd like to get back to is my experience at the veterans hospital at East Orange. I was assigned in the nursing department, I reported directly to the chief nurse and I was completely responsible for the quality assurance program of the Department of Nursing. So, as I got to know people that were in senior positions, we all had our offices in the chief nurse's wing, the Department of Nursing wing, and I got to know the senior people very well and then I was expanding my role and my functions. Once I figured out what my job was and my responsibilities and what I needed to get across to the staff, every single person in the nursing department, I had my curriculum together and I worked days, evenings and nights, and scheduled ahead of time with the head nurse of the unit to have this education time, "Give me an hour, whatever time is good on the night shift or evening shift," or what have you. So, at that point, I am really out and about on the clinical units of the hospital, all hours of the day and night. I can say, quite frankly, that there were several times, I was horrified and hugely angry with what I

would come upon, such as staff sleeping very comfortably and planned in a reclining chair, wrapped up in patient blankets and sound asleep, with pillows. I came upon and overheard very serious verbal patient abuse, and I was shaken to the soles of my shoes and so upset that I made an appointment right away to see the chief nurse. I related exactly what happened and that I was fearful for the welfare of that patient and this staff member, and my thought was that this staff member needed to be removed from patient care and either given a job somewhere else or documentation put together and fire this person. I was that worried and concerned for this patient, to the point of tears. The chief nurse did take care of that situation, but I'm thinking to myself, "This is a huge hospital." I forget how many people were in the Department of Nursing, but could this be going on in other places that we're not seeing? The other thing that I became aware of verbally from some other staff member is that there was an x-ray technician that was dealing drugs, and, again, I made appointments to see the chief nurse and I don't know what happened with that situation. These were immense eye-openers to me, and they enraged me. They saddened me and I think gave me all the more motivation and purpose that I was going to do this job very successfully, as were every single person in this Department of Nursing over time, and I couldn't do it alone. I had worked with the chief nurse to muster key staff that would work with me, not assigned to me, but help me. I know that that quality assurance program eventually made a big difference in that Department of Nursing. I even ventured into a clinical nurse specialist role, because, for me, clinical nursing was in my bloodstream from seventh grade, and it has, to this day, has never left.

I will very candidly say that the other thing I discovered with patients on some units in that veterans hospital was the issue and the problem of bedsores. They're clinically called decubitus ulcers, but they are really bedsores is what they're commonly called. These were not just little red spots or a little broken skin; these were, in some patients, horrifyingly huge. They would be on the back of the hips or on the side of the hips, so deep that they would be down to bone or you could put your whole hand or fist in it. I knew that this was not everywhere with all the patients, but it was significant enough. One patient would be too much to have that going on. Of course, you have to think, with a wound that big, what the heck is the pain level? I know that patient wasn't getting pain med, and then you have all the clinical concerns, infection, tissue infection. If it was open to the bone, they would get the bone infected, osteomyelitis. Tissue infections, you could heal with antibiotics. Osteo you have for life, and it's painful. So, there was a physician, I'll not giving names. Should I say the clinical unit? At that point, he was associated with the spinal cord unit. The East Orange veterans hospital, at that point in time, was renowned for their spinal cord unit, and they were a regional head and neck cancer center. I got to know this physician extremely well, and he was as alarmed and concerned as I, to the point that we both decided that we would go to the administration of the hospital, the director of the hospital and the staff, and explain what we found this problem to be and that we would ask if we could put together a team, a clinical team, to put all the information and the data together of where all of this was going on and to what degree. First, get that database, and then we put together the curriculum about this issue. First, we had to deal with teaching staff to treat them. Then, at the same time, we had a curriculum to give to the staff, how you prevent these things. That's the point. You prevent this stuff. It never needs to be an issue for the patient or the staff. So, we did. We had that team, and it was extremely successful.

KR: Why was that happening?

MRM: There are several reasons, like a jigsaw puzzle. Pressure ulcers, as they're also called, bedsores, pressure ulcers, and decubitus ulcers are caused primarily from unrelieved pressure on a body part. It could be an elbow, it could be your shoulder, it could be your hip, it could be your heels. What happens with that unrelieved pressure is you slow down or cut off the circulation, so the tissue begins to sluff and open. The other parts of this jigsaw puzzle for the pelvic part of the anatomy is you have this unrelieved pressure in the skin. You add to that incontinence of urine and feces that is now involved in that area, and malnutrition, in a heartbeat, puts that ulcer at a stage four almost overnight. So, it's those main pieces that cause these sores. Now, what does it start with? Obviously, it starts with a red mark. So, you need to be looking at your patient and evaluating your patient, assessing from head to toe, every two or three hours. The guidelines back then were a patient who is not able to be mobile in bed, independently, needs to be turned, rotated--they actually had a turning schedule; we put them at every bed--right side, back, left side, needed to be turned, every two hours religiously. Then, if other issues were playing into it, moisture, malnutrition, all of those things, once somebody had the actual sores starting or was at risk, all of these things needed to be put in place immediately and religiously followed. There was a very large malnutrition problem with different kinds of patient populations and for different reasons. If you don't have a patient that's independent in that bed and the dietary staff puts the meal tray on the over-the-bed table and leaves the room and nobody else goes in, the dietary staff comes back and picks up the full tray. It's a huge issue, not just at that VA, stop and think of any hospital or nursing home setting or somebody at home. It's critically important that clinical staff know what their responsibilities are and fulfill them to the n-th degree, so that you're giving whatever the main health issue is, but you're preventing any complications. Patients actually die from bedsores. They actually do. They die from malnutrition. Where was I going with this?

KR: What was going on with the care given by the staff in the hospital that the bedsores were occurring? What did you discover?

MRM: If I had to tell you that in a nutshell, I would say there was a lack of knowledge. Nobody had ever identified the issue, the risk factors. Nobody had ever educated the staff, in, I mean, a formal way, and nobody ever followed up. There was very clearly the issue of laziness, "I'm in this job to get money for a new refrigerator," and I saw that. I saw it with my own eyes. I heard it with my own ears. Again, it's shocking, incomprehensible. I think it was a combination of those things, because the first factor of lack of anybody identifying the issue and the curriculum, the majority of the staff was like eager beavers. When they were taught about the issue, they were almost as upset as I; many were. We gave them the information, the tools and resources, and the majority of the staff made a huge difference. But there is that, whatever, two or seven percent. I left there long ago. I have no idea what the situation is like now.

This, I have to say in fairness, this VA and the nursing staff were not unique, because all of us, I think, have heard the night news programs or online or whatever, in years since I was there, at the VA system, about what's been discovered at the VA system and not good stuff. I have to applaud, not to get political, I have to applaud President Trump because he turned two situations around, I think, in the first eight months of his tenure as president. Number one, veterans are not going to wait for appointments, and he gave, I forget what it's called, that program was

established and implemented immediately. [Editor's Note: This is called the Veterans Community Care Program, which was created following the passage of the VA Mission Act of 2018.] Vets do not wait for appointments. They go to their civilian doctors, and the VA pays for it. That was the one thing I applaud him for I can't even tell you how much. The second thing he did for the VA is, it could take you forever and then never happen to fire a staff member that needed to be fired, like never needed to be hired in the first place, and should've been fired yesterday. He changed that rule immediately or rules. I don't know what they are now, but I know that you can indeed fire staff overnight, as compared to what it used to be. The deadwood just laid around and laid around, and they were the ones, "It's not my hip that's got the big sore on it." I hate that word sore. They're not sores. They're wounds. They were as big as some of the wounds in Vietnam.

I will say and I'm not trying to degrade that nursing department; everybody was wonderful nursing staff and the administration was wonderful and the program leaders, like the nutrition nurse was just phenomenal in what she did with the nutrition needs of the patients. I mean, they worked wonders, and it was delightful to hear and see that part of the symphony. But you've got to deal with what you come upon.

It was, compared to that little ICU in Virginia, this was just a huge experience for me, in magnitude, of the responsibility and the program that I had to put together and the numbers of staff I was responsible for helping and educating, et cetera. While some of this was alarming and shocking and tear-causing, initially, again, it just made me love that program and love my position and work with the staff even better and bigger and get them the resources they needed, and to see them respond, it's a vicious cycle, it motivates you even more. To see me, "Well, you've got an administrative job Monday through Friday," to see me and the other program staff, they kind of look at you, "Well, yes, you get weekends off." To see us just jump in as a team, we all put our gloves on and we were changing dressings together, and it was like a self-fulfilling thing when you put the positive aspects in place that needed to be. The patients and the families and the staff, were, I think, were so far better off, not just physically, but the staff felt better. You don't like to have to see a patient in agony like that and go through something like that, and their families is seeing it and feeling bad. When they had the tools then to prevent it, it's a breeze. The hours of care it takes to treat a stage four pressure ulcer versus the minutes it takes to prevent it is a joy, a joy. So, I was frustrated in that little ICU in Virginia, and I was several things, feelings, at the VA, but it was very doable, very doable. People responded very well in general, and I thoroughly loved that position. I loved that position. It was just, it was a great start in my VA career, my career at veterans hospitals.

KR: I am curious about the nursing staff. How many of them were military?

MRM: I am very glad you asked that question. Off the top of my head, I don't know; I would say very few. I will tell you this experience that I had. I had a friend, a junior officer, who was in the Reserve unit with me, and we were, no, we were on active duty together, I take that back. She was junior to me in rank, but we became very good friends, very dear friends. She came off active duty, and I had said to her, "Think about coming to the VA for a lot of different reasons. You can get so much diverse clinical experience with the patient populations," that they treated at the VA. I said, "The other perk is, if you have military time, active duty time, and you go to

work at the Veterans [Administration]," and it's federal positions I think, "they have a formula, and if you choose to, you can go to personnel and they'll take your active duty time, crank it into their formula and come up with an amount of money that you need to pay into your pension and then you get full credit for your years of military service as years of VA hospital service." So, it really increases your pension, and it increases your--would that have had increased it? Yes, total years of service at veterans hospitals figured into the pension formula. So, you could retire sooner if you had those years of service added in.

I told her all of this, and she was very excited. She came, and she made an appointment. She interviewed with the chief nurse, and she was given a staff nurse position. I forget the clinical unit. She may have been there--it was very brief, I want to say, I'll guess, six or seven months--and she came to me in my office in tears. She had been on the night shift, I think, evenings or nights. It had to be nights because I was down on days probably, and I forget her name. She comes into my office and I could tell that she was upset, so I got up immediately and I shut the door. I said, "What on earth happened?" I thought something happened in her family or whatever. She said, "Mary Jo, I don't know how to tell you this. I don't know how to deal with it." She said, "I went into a room to give some meds," or whatever, and she said, "It's a very difficult patient, behaviorally, and I found one of the nursing staff," not a nurse, I don't think it was an RN [registered nurse], it might have been an LPN [licensed practical nurse] or nursing assistant, "who had wadded up a washcloth and jammed it in this patient's mouth to shut him up." This nursing staff was there; I don't know if she was trying to do something with her for the patient. I sat there and started to tear up, "Oh, my God." She said, "I can't believe this happened." She said, "I can't believe it happened and I'm afraid to leave the patients now." She said, "I'm furious with that staff member." I said, "Well," I said, "This will go to the chief nurse immediately." I said, "Do you want to come with me?" She said, "Yes." I called over, and I explained to the secretary could we see the chief nurse ASAP [as soon as possible].

We did, and once again, the chief nurse was horrified. The chief nurse, I'm sure took care of the issue, but my friend resigned immediately. She said, "I can't work here. To think that might be going on either on that unit or maybe other places in this hospital, I can't do that. I can't do it emotionally." She said, "I won't work with people like that." I said, "You're absolutely right, on every account." So, she did. She left. Where was I going with that? Did you ask me a question?

KR: I asked you about the nursing staff and if they were military or civilian.

MRM: Right. She had been military. That person I knew about, and we did have an experience together. I went to the traineeship, finished the traineeship, was assigned as the assistant chief nurse at the West Haven, Connecticut veterans hospital, and I was there for, I think, about two years. I was called by the assistant to the director of the East Orange Veterans [Administration] Medical Center, whom I knew very, very well, delightful. Everybody enjoyed working together, and he was wonderful. He said, "Mary Jo." I said, "Yes, how's it going?" I said, "What on earth are you calling for? Are you in a snow blizzard or something?" I'm up in Connecticut. He said, "I have an offer for you from Mr. Baglio." Mr. [Peter] Baglio was the director of the hospital, and I knew Mr. Baglio. I didn't realize he knew or remembered me. I never had many dealings with him directly as the director for quality assurance for nursing, but there were committee

meetings maybe or I would have to give him a report or something. So, [he] said, "Mr. Baglio would like you to consider coming back to the East Orange VA as the quality management coordinator for the entire facility." Well, I'm about dropping the phone. I said, "That's a big job." He said, "Yes, Mary Jo, it is, because it's quality assurance. It's risk management. It's utilization review. It's the responsibility for successful accreditation reviews from every organization that comes in, and there's a lot of them. It's responsibility oversight for the Inspector General inspections [and] reports to congressman." I said, "I'm exhausted thinking about this." He said, "You want a night to think about it?" I said, "Yes, can I call you tomorrow?" He said, "Sure." I thought about it for two minutes. I mean, I would love working with the staff again, and needless to say, the commute went from ten hours to ten minutes. I thought it over. I really did. I seriously considered it, so I called [him] back the next day and I said, "Tell Mr. Baglio I would be delighted and I thank him for the offer and I'd be delighted to take the position." Long story short, I did, and that was huge, multiply the Department of Nursing position by a million-fold.

However, while I was in that position, and I wasn't into it for a real long, long time, a recruiter--I don't even know what his title was, but he was recruiting Army nurses to the Reserve system--so, I got a call from him. I didn't know him. He said, "I have a possible recruit, Army nurse. She was on active duty before and I wondered if we could come see you. Could you give us maybe an hour or so and just explain to her how you transitioned and what this process is and how you're liking it and all that?" I said, "I'd love to." In they come, and her name was and is Odarka Mechnycz. Vincent is her married name. She wasn't married at the time. The sergeant comes in with Odarka, and we sit there and we're talking. Well, it's like we had been friends our entire life, Odarka and I. "Hi, how are you?" and in two seconds we are just roaring with laughter, telling all the war stories possible. She was not in Vietnam. She was in Japan, and she was receiving all of our patients through the medevac system. I have to ask her; I think she was in Japan pretty much the years that I was in Vietnam. Needless to say, we just didn't chat for an hour. I think we were there for at least two. We got snacks from the snack bar, sodas or coffee. Odarka signed on right away, and she was in my hospital unit at Picatinny Arsenal. I thought, "Oh, great, another Army nurse. This is great." She was a wonderful person and is and just a wealth of knowledge and just a nurse's nurse. So, she began her career. She was not a staff nurse. I have to check that. I forget what position she came into at the VA. Then, we did see each other all the time at the drill weekends and during our two or three weeks during the year and to this day we are fast and furious friends, just amazing. There were a couple of active duty Army nurses that I came across. I knew there were others there. I probably just never met them.

After ten years at the East Orange VA, the two VAs were merged. The VA was making all these changes nationally, and needless to say, it was the biggest brouhaha in the world and all the politics going on and the backstabbing. Long story short, I was transferred to the Lyons VA from my hospital-wide quality management position to the Lyons VA in the computer department. Ha, can you get that and laugh? I can't even spell IT. I was on a team of four, I was one of four, and I responsible for a clinical package that I had to educate the staff how to use. It was like workload stuff. [There were] several Army nurses at the Lyons VA, several. One or two may have been with me at the hospital unit at Picatinny and then some had just been on active duty. When you come across people in any career, or life, you come across folks of your similar background, you just have that bond. It's like you can't describe it, but it's there. I did

meet more nurses at the Lyons VA that probably had military experience, yes, always a delight, a delight.

Now, I'll tell you the story of how I got to be the chief nurse of the hospital unit because everybody was not playing friendly in that situation. I was in the position of acting chief nurse, and I just loved it. I thrived on all that, you know, the junior officers and watching them come in as the rookies and you see them climb through the ranks and they've got these positions of leadership. You're like a mother seeing her kids grow up. I'm in the acting chief nurse position, and I think the commander of the hospital, somebody, came to me and said, "You know Mary Jo, the chief nurse position is opening up to select for a chief nurse." It's competitive and there's a process you have to go through and there's deadlines. So, "Are you [interested]?" I said, "Absolutely, I'm interested." I was interested because I had been in the position and I loved the position, but I was also interested because I learned from my mother about retirement and pension. If I were selected to be the chief nurse, it was a full colonel position. I was a lieutenant colonel, acting. I thought, "If I could get that promotion, it would be great," not so much now but in my pension.

I start the process. It was open, not to just anybody in our hospital that wanted to apply, it was open to Army hospitals or units in whatever our region was back then, but I know it included New York, New Jersey. I don't think there were any units in Pennsylvania. At any rate, it's opened, it's competitive. I got my packet in. They looked at your performance reviews. You had to have a current picture in your dress uniform. They looked at your height and weight and how you did in physical training and what positions you had. There was not an interview. Obviously, every bit you could put in your packet could make a difference.

There was another nurse in our unit, a very nice lady, very well qualified academically, had a doctoral degree. Now I forget what her position even was in the hospital unit. [She was a] nice person, terrific academic credentials, and other than that, I can't say a lot about performance or innovations or change-maker kind of thing. The closing date is coming, and I'm told by staff that this person was dragging her heels, not handing in some of the papers, and in particular, there was an issue with her weight and those are the things that she wasn't getting in and dragging her heels. I look back now, and I don't know how she was able to delay this process or compromise the possibilities of fear of competition.

I remember the closing date was coming. I was on vacation. It may have been Thanksgiving vacation. I don't know. I was not in New Jersey. I was driving down through the Appalachian Mountains or something. I remember somebody called me and told me that this was very compromised, and I thought, "I'm not standing for this, and if you want to fight, I'll fight, but by God, let's lay down the ground rules and let's fight fair." I actually called her and I read her a riot act, in no uncertain terms. I wasn't inappropriate, but I was very direct and I was very firm in what I said. I don't know if she ever got her stuff in or not, but I then received word that I was selected to be the chief nurse. I don't know what that whole outcome was of her, or for her, or about her.

The good news is and the happy news is I was selected. There was joy everywhere that I know of. I know there were some that were not joyous and weren't happy, but for the most part, there was joy, and we had a big party at the unit. [laughter] I made cake, and that kind of stuff.

KR: You were promoted to colonel.

MRM: Full colonel, right. It was beautifully done. It was very formal. We were all in our BDUs, our camouflaged fatigues, and the commander had the entire hospital in formation and it's very impressive. I just love seeing a unit in formation with all the staff in the front and the flags. I was in formation, and he called me out of formation. I reported to him in the front, and he turns to the adjutant and says, "Read the order." They read out loud my promotion order.

This is funny. I called my entire family, three siblings, my mom and my dad, who were divorced, and I said to each of them, I did, I said it this way, I said, "Listen." My parents did not do much together. They would come to my college graduation, but they were not sharing nicely. I said to everyone. I said, "Listen, guys. I am not getting married. I am not having kids. I've finished the level of schooling I'm ever going to finish and I am being promoted to the highest rank that I will ever achieve in the Army and it's a big deal to me, big deal, and I'd like you all to be here for that." I planted the seed. Sure enough, my entire family came. I was thrilled. We had the formal ceremony, and they read the order. My mother and father came out, the commander invited them, and pinned on the insignia. I don't even think I cried. I was just so excited because my family had never seen me in the military setting. We finished the ceremony, and I reported to the commander and went back to formation. Then, he dismissed everybody, and we had the cake and coffee. It was such a big deal, such a big deal to me. I had known military people for so long, and for my family to be there and get to know my military setting and everything was [amazing]. Do you have the article about me, that one-page article?

KR: "Reflections on nursing in Vietnam."

MRM: Yes, that's the one.

KR: Sure.

MRM: That's taken at my promotion day, and you can't see it. I'll bring the one from home in. Somebody gave me a dozen long-stemmed red roses. The picture at home has [the roses] further down, and every time I show that, everybody says, "You don't usually carry roses around when you're in the military." [laughter] That is from the promotion ceremony, right after the promotion ceremony. [laughter] [Editor's Note: The article entitled "Reflections on nursing in Vietnam," written by Terry Ratner, is featured in *American Nurse Today* magazine (November 2006, Vol. 1, No. 2). In the article, there is a head shot of Mary Jo.]

KR: I am curious, what rank did your father ascend to when he retired? I do remember he retired early.

MRM: Yes, he did. He had twenty-three years, so he had enough to have his Navy pension. He retired as a commander, which is the equivalent of a full colonel. He had been a commander for

a while, so he was used to that rank and the responsibilities of whatever assignment would be given to him. We were stationed in Hawaii. We lived right on Ford Island in the middle of Pearl Harbor, and his next duty station was the Joint Chiefs of Staff in the Pentagon. We came back to Virginia. We lived in an apartment, Mom and us kids and Dad. We had never lived in an apartment, ever. That was a big deal, I mean, a big deal, interesting and fun. We didn't care. Dad was a commander. He reported in to the Joint Chiefs of Staff. He had not been going to work very long and walked around feeling sick, I swear to God, for three to five days, and all these doctors--I don't know where he was going to see doctors. I think he was seeing civilian doctors in Arlington. I don't know who he saw. [They told him], "Oh, you've got the flu." They finally emergently got him to Bethesda. [Editor's Note: The Walter Reed National Military Medical Center is located in Bethesda, Maryland. In 2011, Walter Reed Army Medical Center and the National Naval Medical Center had merged; the latter had been informally referred to as Bethesda.] He had a huge MI [myocardial infarction], heart attack, going on. He should've died on a sidewalk somewhere, God forbid, and so he, long story short, he got much better. He always had cardiac issues after that but led a full, joyous, active life. He was medically retired as a commander. I never talked to him about this, but I have a feeling that he would not have aspired to get hire in rank. He was interested in the military. I'm going to start crying. He was not a climber. He never would have done it for those reasons at all. He enjoyed his military career. He started out riding horses in the cavalry out on Long Island long before the war, so he had that patriotic, "Let me carry the flag," early on and all of his career.

KR: I want to ask you a couple things about your father, but first I am going to ask you about something you said. You wanted your family to come to the ceremony when you became a colonel because you knew that was the highest rank you were going to attain. Why? Why did you think that?

MRM: I actually knew it because at some point, and I don't know how close to my retirement this envelope came to me, but I got an official envelope and inside was a very beautiful, single, hard, kind of this thickness, and all embossed and engraved and it was an invitation to be considered for general, brigadier general, the first level of general. I'm looking at this, and I'm thinking, "What the hell? Are you crazy?" I'm laughing because I was the most unmilitary military person. I subscribed and fulfilled everything military. However, I was not the best and the brightest with non-nursing stuff and non-clinical stuff, like war stuff and all that. To compete for colonel, you had to have completed fifty percent of the Command and General Staff Course. I hadn't been thinking about going for colonel, but I did start the Command and General Staff Course and it was all of this war stuff and logistics and I could've cared less. I would leave the East Orange VA. I'd have to put my uniform on. The class was in Lodi. I would drive up there. Everybody was nice. All the military people are great. I'd get there early enough to go to the diner and have a little dinner, and then I'd go to the class, which was two or three hours, get in my car and drive home to Westfield. I had started that, and I had finished fifty percent and they give you a fifty percent completion certificate or something because I had to include that in my packet for colonel, consideration for colonel. [laughter] Then, I never finished the course. Because I got promoted, I thought, "To hell with this." [laughter]

I get this invitation in the mail, and I was laughing my Irish backside off. I thought, "Are you for real? You think I'm going to go jam all these Army courses into my head and get back into that

dress uniform?" You always sweated taking these damn pictures because, "Where are you with the weight standard and how you are looking in your uniform?" I had my uniform tailored so many times it was comical, not because I was overweight, I came close, but when I got real close, I went to Weight Watchers and lost forty pounds real quick. I wish I had saved that now because Dylan, he was so thrilled with that whole story, "Really, Gara? Wow." He's told his buddies, so they're, "Wow, you could've been a general." [laughter] In my head, I'm thinking, "You are crazy. You are crazy." Not only would I not take the courses, I had no interest in those courses, and quite frankly, I don't think I had any interest in general. I mean, I couldn't be a chief nurse anymore, what would I be doing? I'd be a flunky probably assigned far away to something in Washington, D.C. It wasn't even my cup of tea, and I think I threw it right in the trash can after I laughed. Now, I look back, I wish I had saved that.

I received the invitation, and I was not interested in what kinds of positions and responsibilities I would've had as a general. I would not have been competitive enough with credentials. I had a master's degree, but people were way higher educated. They had done so much more in the military. Some nurses who might say yes to be considered, may have had command positions. See, I was never interested in any of that. I would never have been competitive, and I was not interested. I found it comical; I did. That's why I stayed a colonel and retired as a colonel, happy as a lark. [laughter] If I had ever been promoted to general, my father would've have fallen right out of his shoes and I never even told him that story, because then you would get, "You should reconsider this." He completely directed my career at the East Orange VA, every day on the phone. Especially at the end, it was not a happy time at all. I had to get an attorney, I mean, fight for a position, when these hospitals were being merged, and my father, he was on the phone, every day, sometimes twice a day trying to guide me through this political--what's the word--morass.

KR: Yes, morass.

MRM: Yes, I don't know what that means.

KR: Like a quagmire.

MRM: Yes, that's what it was. That's exactly what it was, excellent word. That's the story of why I stayed a colonel. [laughter]

KR: Your father was in Vietnam as a civilian contractor.

MRM: Yes.

KR: The year before you were there.

MRM: Yes.

KR: What were discussions like with your father in the immediate aftermath of you coming home after Vietnam?

MRM: I have absolutely no memory of a discussion with my father at all. I don't remember if he initiated a discussion. I don't think I would've initiated a discussion, but I know before I went to Vietnam, he had very, very clear feelings about it and he wasn't happy. He thought--how would I describe what I thought he thought? I think I told you that part already, when I got my orders and called dad and called mom, and my father was angry. He was angry at the Army for giving me these orders, and I kind of said, "Dad, come on. You were in the military, when you get orders, you go." See, he had been there [in Vietnam] and he had that in the back of his head, and I think he was fearful for my safety. He kind of, I guess, got through that before I left and then after I was over there, but I know he then felt comfortable. I was safe. It was a fixed facility; we were not out in the jungle in tents. I don't remember ever having a discussion coming home, but I do remember before I went, there were discussions back and forth. Yes, he felt very strongly, fearful, I think, for me, for my welfare, safety.

KR: When I ask you questions about the politics of war, you have described yourself as politically naïve. I would call that apolitical. Why do you think you were apolitical?

MRM: [laughter] I was too busy having a social life and learning to be a nurse. I wasn't paying attention to anything. When I started to learn about Vietnam, I mean, I think, even when I was in college like '64 to '68, I don't know, but I would assume they were still doing the body counts on the evening news, that were so now hated and disgusting, but I wasn't aware of any of this. Nobody in my friends circle ever talked about any of that. We were talking about college and boyfriends and whatever. Nobody in my family ever discussed it with me. My father and his best friend from childhood, who was a career Marine, Sol Codispoti, famous, he was in Vietnam. He fought in Vietnam. He was high ranking. He was in charge of his Marine whatever, and he's written about it in a book. I have it home. Daddy and Sol, I know they were going at it big time, but I was never around. I don't know what they said. I guess that's why. My head just wasn't into the newspapers or radio news or TV news.

Even when I got over there, it wasn't until--I remember very distinctly--we were sitting, as we often did, on the roof of our quadrangle, our rooms. We were sitting on the roof and there was a firefight going on in the mountain range far away, but we could see the tracers flying around and you could hear it. At that time, I remember, one of the guys was talking so vehemently about the fact that we shouldn't be here, "We have no business being here" and all the politics. One or two of the other people were talking with him. They were involved in the political knowledge, but that's the first time I ever remember hearing about we didn't belong there. I still don't know why we didn't belong there.

I didn't learn that until I discovered, I guess, the History Channel and they had that documentary series going on. That must've been the early '80s I guess, maybe. My anger, I couldn't wait to get in front of that television set every night, and from day to day to day, my anger, rage, just grew and grew and grew. I was like in disbelief that our government, our politicians, would do this to the military of our country, on purpose do it. LBJ, on purpose, stayed there, when he was told, way, way early on by his entire cabinet, all the senior advisors, every one of them, "We have to get out of there now." I was just in disbelief, hugely, and I still am, a ton of anger about that. [Editor's Note: *Vietnam: A Television History* is a thirteen-episode documentary that first aired on PBS in 1983. Lyndon Baines Johnson (LBJ) served as president from 1963 to 1969,

during which time the escalation of the war in Vietnam took place. In 1967, the Director of the Central Intelligence Richard Helms wrote a memo to Johnson in which he warned that defeat in Vietnam would harm America's place as a world power. Earlier that year, Secretary of Defense Robert McNamara expressed his doubts about the war in a memo to the president. At that point in time, about 19,000 Americans had been killed in Vietnam. American withdrawal did not take place until 1973, and over 58,000 Americans were killed in the war. ("McNamara Recalls and Regrets, Vietnam," by RW Apple, Jr., *The New York Times*, April 9, 1995)]

I apply that. Now, I am so critical of everything that was ever done now, and why are we now over, what are we in Afghanistan for how many years now? Longer than Vietnam. Do we really have to do all this stuff? What are we accomplishing? What's being accomplished, and who decided the end date? You don't go in with a mission and a plan without the exit date, the end date, and your exit strategy. [Editor's Note: In response to the September 11, 2001 attacks, the United States invaded Afghanistan on October 7, 2001. As of 2019, about ten thousand American soldiers remain in Afghanistan.]

I was politically naïve way long ago, but I got politically smart about Vietnam, I have to say, when I watched that series. I'm not a political animal now but I do watch and I listen, and I compare, and I question. I really question. The other thing I admire, I will applaud President Trump for, is I think it was the minute he was inaugurated, he turned the running of the military back over to the generals and the admirals and the Joint Chiefs of Staff. That hadn't been done in decades, I think. I know Obama took it away from them. Who was president before him, Clinton or Bush? I don't know how they managed, but I was so damned impressed by Trump doing that, that [and] the VA thing. That's where it belongs.

Politicians don't know what the hell to do with troops. In war and battle, they don't know what to do, never mind humanitarian efforts, they still don't know what to do with the military. Leave it in the hands of the leaders. Tell them what you want done, and by God, they'll get it done for you, not those exact words, I'll get the exact words. Patton, that's a quote from Patton. In grade school, Dylan, they had a project in school about, "You have to choose a famous person" and I guess there was a list and, "You practice and everything and then we're going to have a day for your parents and grandparents and aunts and uncles to come and you'll all be standing at your little display and then you'll recite what that famous person said." He chose Patton, and back then and even now, he repeats that quote and the essence of it is, "If you want something done, don't tell your people how to do it. Tell them what you want done." I'm going to get it, and I'll send it to you. [Editor's Note: George S. Patton served as a U.S. Army general during World War II. He commanded the Third Army in Europe. Patton said, "Never tell people how to do things. Tell them what to do and they will surprise you with their ingenuity."]

KR: Yes, we can add it to the transcript.

MRM: "Tell them what you want done and let them surprise you." I think that's kind of the end of it. I don't like him. He was not good in the Philippines. No, that's not Patton. Was that Patton?

KR: MacArthur was in the Philippines.

MRM: He's the one. He didn't play nice.

KR: I wanted to ask you a couple more questions about your time serving in Vietnam.

MRM: [Yes].

KR: How well supplied were you in terms of medical supplies at the 67th Evacuation Hospital?

MRM: For the year that I was there, March of '69 to March of '70, I don't remember ever running out of anything that we needed in the intensive care unit. I do remember, probably more than once, the blood bank would put out the call for staff to donate and it would go out to any of the other units that were in our compound because they were running low of, you know, A positive. I do remember that happening. I know it happened more than once, but for our supplies in the ICU, I don't remember us ever lacking anything when I was there. That's a good question because I know that was an issue for the troops in the jungles, the grunts. You hear horror stories. I'm still reading that nurse's book. I'm at the end of it almost. What they went through. No, I don't remember us ever lacking for anything. [Editor's Note: Mary Jo is referring to Mary Reynolds Powell's book entitled *A World of Hurt: Between Innocence and Arrogance in Vietnam*.]

I have to say, my experience in Vietnam taught me that when you are one of the medical team, you are just showered with stuff from the other units or a carton of steaks or, "Come over, we're having lobster tails." You were on a pedestal and I don't mean that in any derogatory way at all, be you a woman or man or doctor or nurse or the LPNs [licensed practical nurse] that anyone sees. You were held in high esteem and high regard at the time. Now, all these years later, it's overwhelming how they love you. It's always there.

We were fortunate. I think we had good leadership, obviously, a good supply staff. Those supply folks are your lifeline and they can get done what you couldn't imagine could happen if you needed something. We didn't, but the blood bank had to put our calls every now and then. They would know early enough. It just wasn't a daily count. I know they counted many times their inventory during the day, and if we were having a mass casualty, they really stayed on top of it. If they didn't get enough people, I'm assuming they could contact other blood banks. They could chopper units of blood to us if we needed it. We were lucky, happy.

KR: How did it work with administering a blood transfusion? Did the nurses do that?

MRM: [Yes]. It had to be two RNs [registered nurse]. The units of blood are in a plastic bag, and it's not like a big liter. They were smaller than that. They were labelled. You had to have two nurses, and both of you had to review the doctor's order and correlate that with the information on the unit of blood. Once that was done and you signed, then the nurse administering would, we had--what do you call those, blood bags? They were pneumatic. It was a bag pumped up on one side and the other side was, you could see through the material, not a gauze. What's the word?

KR: Translucent?

MRM: No, like a netting but small. There was a word for it. Anyway, you slide the bag in there, and it had the tube coming out. You would hang it, not inflated, just hang it, and it connected to the patient's IV line and open the valves and see how it was flowing. Then, you would slowly pump it up a little bit and you would keep going back and monitoring that very frequently and carefully to make sure that it flowed continuously and that the unit was completely infused and then you'd just take it down. Netting, that's the word I'm trying to say, very fine netting was this piece on this side that you could see the unit of blood through. Yes, we gave a lot of blood.

[laughter] My classmate Mo, we were on the nightshift. She went to administer a unit of blood, and it was nightshift, so we tried to darken it as much as we could. All we heard was a noise, and we heard Mo. I don't think she let out a blood curdling scream, but she yelled. She inflated the bag too much, and the unit of blood burst or the tubing burst out and the blood was flying everywhere. [laughter] I'm telling you--it was serious; I mean, we got another unit and got it in right away, but I'm telling, comical. She never lived that down, never, never. [laughter] Isn't that funny? I just remembered that, yes. You had to be careful pumping up that bag. [laughter] That's funny. I wonder if she remembers that. I have to ask her, find her email or something from the college directory.

KR: What do you remember about the elements in Vietnam, such as the weather and insects, things like that?

MRM: I remember several things. I remember the monsoon season because it was just literally flooding, red mud. You would throw your poncho on, and you just gave up trying to stay dry. Your clothes in your room were totally moist or mildewed. Some people tried to attach a lightbulb that they could light in their closet area or something because it would keep it warmer and dryer. I remember that, and I remember the heat, oppressive. In terms of bugs and rodents or snakes, I never saw any of that kind of stuff, and our room never had any of that kind of stuff. However, in the ICU, we had very tall ceilings, high ceilings, tall walls, painted white, and when you were on the nightshift, you could sit at the nurse's desk and all the beds were here. You could be sitting at that desk writing your notes or something or you could be standing there, and you'd look at the white wall, the cockroaches, I swear to God, you could ride them to work. They seemed to be this big, like waving back at you. I remember seeing those and thinking, "Just don't fall on the patient." I'd kind of watch it get to the ceiling, where's it going? There were those things. We went on those MEDCAPs. I don't remember any animals. [Editor's Note: The Medical Civil Action Program (MEDCAP) was a program in which American medical personnel treated Vietnamese civilians.]

Now, when the weather was beautiful and we were off duty and we went to the leprosarium and then we were able to go to the leprosarium beach right there, beautiful weather, just gorgeous, temperate, nice breezes. I don't remember any humidity at that point. I guess those are the things I remember, the really beautiful weather, oppressively hot, the monsoons, cockroaches on the wall in the ICU, and that's all. Oh, the patient that we had that was dragged by the tiger. Tigers, I never saw them, but they had to have been there. I didn't see them, thank God.

Phyllis and I, my roommate, we never had any problem with the moisture in our clothes, like the mildew or the whatever. Environmentally, I have pictures. You know what? I went to get ready last night. I can't find my two photo albums, but, see, I had one end of the dining room table and Dylan had to have a battle with his buddies, so I moved all my stuff. I have no memory of where I put them. Anyway, what was I going to tell you? Oh, environmentally, and hot. When I first got there, we did not have air conditioning in our rooms, but at the very beginning of the rooms in the quadrangle, there was a big, we would call it a day room. Every Army hospital at the end of the ward had what was called a day room; it was like a TV room. We had this day room, and it had air conditioning, wonderful air conditioning. When you were on nightshift, it was understood that you made no noise and you could go in there. What did they have, beds or cots? Anyway, we could go in there and sleep in the air conditioning. Then, we got word we were getting air conditioning installed in the whole quadrangle. Well, that was a big to-do. You think about putting central air in your house. I have pictures of it. When I find that album, I'll bring it and show it to you. We have pictures of when they were putting the big duct work in. Then, somebody gave Phyllis a parachute, a green, camouflage parachute. Nothing would do, but we had to hang the parachute on the ceiling of our bedroom. [laughter] I have pictures of that, too. The air conditioning was very welcomed.

KR: Your living quarters had air conditioning.

MRM: Finally, yes, but in the beginning, when I first got there, the rooms were not, only in that one day room and that was, oh, what a joy that was. I don't know how I was back then, but I am so sensitive to the heat now. My family is. My father was and my brothers are, and my sister's the same way. I don't think my mom but extremely sensitive to the heat, but I love it. I can't stand winter anymore, so I don't complain about it. I just had to get from air conditioning to air conditioning. I will tell you, one day last week, I did not hydrate. By the evening, early evening, I realized I was dehydrated. I don't remember how I was with the heat back then, other than I just couldn't sleep very well probably. That was nice getting that air conditioning. [laughter]

KR: When you went from serving at the 67th Evacuation Hospital to then being stationed at Fort Devens in Massachusetts, what was your readjustment like from being in a combat zone to being back in the United States?

MRM: I was assigned to Fort Devens, and I was the head nurse of an orthopedic ward. That had been my early clinical area at the beginning of my career. I remember it very distinctly. When you walked into the ward, there were four private rooms. There was a room for the nurse's station, a medication cabinet, and then it was a long ward and at the very end was like the little porch kind of thing with a TV probably and there were TVs throughout the ward. Marilyn, my friend, we were stationed together, we were asked to be stationed together, that part of the buddy system finally worked. She had her room in the quarters right next to mine. We had just an individual room, like a studio apartment. You had a bed and you could set it up and divide it up. We had electric frying pans and we would cook, probably not supposed to. The transition and readjustment was wonderful because Marilyn was there, and it was wonderful because I was in orthopedics and I loved orthopedics, loved it. The patients were wonderful. They were all Vietnam vets, returnees, I'm pretty sure. We may have had a couple of elective surgeries in

there. I distinctly remember fleeting things. For example, I remember, in the beginning, being very concerned because I, or the nurse's station, was not like right where I could see everybody like in that ICU in Vietnam, but, again, they weren't intensive care patients. They were orthopedic patients and very stable for the most part, and I remember feeling that. Socially, it was wonderful, all kinds of nice guys in the quarters. We would go to the officer's club and the happy hour. How long was I there? I think I got there in March, and I finished my two-year obligation in December. I remember that as being a very enjoyable time and not a real big to-do when I out-processed and resigned my commission. No, that's not when Marilyn was with me. That's when we met, because we both got out of the Army there at Fort Devens. I got myself confused, and then however many months later, we came back on active duty, but we went to Colorado Springs then. That was an interesting time. I remember something just now, out of the blue. Marilyn and I decided to go back on active duty. I came off active duty in, what, '70. So, she and I decided to go back on active duty. It had to be '71 or maybe close to '72. Thank you.

KR: Yes.

MRM: How smart of me.

KR: We are looking at Mary Jo's resume.

MRM: Yes, thank you very much. This is a big help. Okay, Marilyn and I went back on active duty, and we were assigned to the Army Hospital at Fort Carson, Colorado from '71 to '74. The fleeting memory that just popped right into the front of my mind--and I'll bring that in from home--is the day that it was announced that the war was over. I remember exactly where I was standing. It was at the beginning of the long ward, and the TVs were all on. Everybody was glued to the TV, and the patients erupted, just erupted. I remember being very, very imprinted by that whole thing, and I have the Colorado Springs newspaper from that day because I saw it when I was getting those albums out. What was that, '73? Is that when they decided it was over? They had to have that round table or something. Where were they, Paris? They all signed the treaty. That's interesting, I wonder if there was a treaty to end that war. Is that how we end wars, on paper, treaties? [Editor's Note: On January 27, 1973, the Paris Peace Accords were signed between the United States, South Vietnam and North Vietnam. On March 29, 1973, the last American troops were withdrawn from South Vietnam. Soon after, North Vietnam invaded the south, uniting the two nations under the communist regime on April 30, 1975.]

KR: United States troops withdrew in 1973.

MRM: Right. This Army nurse [Mary Reynolds Powell's *World of Hurt: Between Innocence and Arrogance in Vietnam*] that wrote the book that is so wonderful, wonderfully written, she was not there, but one of her good friends that's in this book with her information is a Vietnamese gentleman. I am just in the middle of that and his experience, ungodly that the South Vietnamese people survived what they went through when we withdrew. I never thought about what they would go through. He had just got married. They had just had a toddler, totally got separated, totally, for years, for six or seven years. She made it to the States with the baby, was in one state, and it wasn't working out very well or something, moved to another state, was successful, had a job, and he finally made his way here. I haven't read enough to know if they

stayed in touch this whole time. They were reunited, but he was highly educated in South Vietnam at the time we were there. He was assigned to her hospital and her clinical unit, I believe. I think he was. That's how they met, but then he got moved up into other positions.

That's a whole other story I haven't even gotten into, thinking about, first of all, she makes the point early on, like when LBJ was told when we had 22,000 dead that we needed to get the hell out of there and he did nothing about it until now we have 58,000 names. She makes the point that they all knew this, the troops, she and her hospital staff. They all knew this. Yet our government continued to send these troops into the jungle. These guys knew they were cannon fodder. They were being sent there only as cannon fodder because--and she talks about this--how the generals and the climbers saw what was happening and they positioned themselves or their buddies to maximize their outcome with promotions and command positions because that's always a biggie. That's a biggie to have on your record. Her information in this book is astounding. It's not just her and her friends' experiences. She's done a ton of research in this book, a ton, yes.

KR: Yes, the book Mary Jo is talking about is by Mary Reynolds Powell. It is called *World of Hurt: Between Innocence and Arrogance in Vietnam*.

MRM: Thank you. I am so taken with this book that I am, when I get my brain back and finish with radiation, I do want to contact her. I want to tell her that her book is astoundingly wonderful, and it should be a required reading for every government person and every military leader should be required to read that book. I'm on a tangent, I think. [laughter] Rein me back in, Kate. [laughter]

KR: I am curious how much you talked about your service in Vietnam in the first, say, five years after you served as a nurse in Vietnam.

MRM: Well, that's a good question. I had a very safe and secure and insulated rest of my Army nurse career, because other than the seven or eight months in that civilian ICU, I went right back into the Army and that's a very cocoon-like comfort zone. You're surrounded by military people, and everybody knows the ropes. A lot of people had come back from Vietnam. Five years would've been '70 to '75, so one year was that civilian nursing job, so four years. I was in Colorado Springs taking care of Vietnam vets who were injured in Vietnam. Well, they were still on active duty. Soldiers who were injured in Vietnam. I know I probably talked about it with the guys, the patients, because I did that in the ICU, "How did you get hurt? What was going on? How are your buddies?" I'm sure I did talk to those patients about that. I don't remember it. I'm sure if other nurses had been, "Well, where were you assigned? What unit were you on? What clinical unit?" I don't ever remember, ever, speaking to anybody about adjusting to being home, except for that one remark at my brothers' college party. I don't remember ever being asked, other than these kinds of discussions that I just mentioned. I don't remember ever thinking it was a big adjustment because I was in my cocoon of the Army. It was just another assignment that many of us went through, and those of us that came home and stayed in the Army, I think, had a much more--what word am I going to use?--a much more secure or safe adjustment, I think, personally, clinically, career-wise, whatever's going on in your career, Army career. For five years, that would bring me to 1975.

Now, that's a story. In 1975, I don't know if you want me to veer off from this, but I was stationed at the Army hospital [Madigan Army Medical Center] in Tacoma, Washington, on active duty and I was thinking about going for my master's degree. I was never academically [laughter] motivated, but I thought, "You know, I probably should think about getting my master's degree." Because I was thinking of that, I thought, "Well, I should probably call my assignment officer in Washington and just see what she's thinking and tell her what I'm thinking and what I'd like to plan." I made that call. She said, "Oh, Mary Jo." She wasn't Mary Jo, "Captain Rice," whatever it was. She said, "It's so ironic that you called asking that." She said, "Your record is one of five being reviewed by General," whatever her name was, Chief of the Army Nurse Corps, "She's considering one of the five of you for an assignment in Iran." I said, "Really, really? I mean, the general, what the heck is sticking out in my record?" I said, "Oh." She says, "Well, I'll call you when we know the results and you can plan accordingly with your master's degree." I forget how long it was before she called me back. She called me to tell me that the general selected me. Well, now, I was really confused. I said to her, "Where is Iran? What is that?" She says, "I'm not really sure where it is." So, I'm really getting nervous, and I'm thinking, "You're in charge and you don't know geographically." She said, "I think I might be in the Middle East." She said, "However, besides your orders, you are going to be given a diplomatic passport and you have to have a visa," and that was the other document. I thought, "Whoa." I said, "What kind of facility do we have there?" She said, "To tell you the truth, I don't know." I get off the phone, and obviously, I'm going to be telling my friend, "What the hell? Where is it?" We didn't have the Internet then. I don't know what I looked at. Somehow, I found out, it's in the Middle East.

When I got my orders, I was going to the huge city of Tehran. You asked about the five years. I was sent there in '75. It was a year-and-a-half tour of duty, so I was there in '75 and '76. I hated it before I got there. The night I got there--let me back up a minute. Back then, in the Army Nurse Corps, when you got orders to someplace, that chief nurse would assign one of the staff nurses to be your sponsor. The chief nurse at the Army hospital in Tehran had assigned one of the nurses, I forget her name, to be my sponsor. When I arrived at the airport, they all met me. It was a very small facility. There was the chief nurse, and I think there were six or seven of us staff nurses. There must have been some enlisted men. Anyway, all the nurses met me at the airport, big airport, big crowd, bustling. Besides introductions and everything, the other thing that happened is somebody, some American military person, I'm sure it was, commandeered your passport and your visa, and everybody's passports and visas were kept under lock and key in some office in the bowels of the city of Tehran. I didn't think much of that. I never had dealings with a passport or visa before. It was wonderful, all the nurses were there.

My sponsor took me to her house, and it was very late at night. I remember that. I think it was winter, like January, and it was terrible, dismal, freezing, the most bitter cold. We get to her house. I am exhausted, and she was wonderful, wonderful. She was dating an Iranian fellow. A wonderful person she was, but we were polar opposites in terms of personality and style. She was very, very religious and very austere in her apartment, but wonderful, wonderful, couldn't have ushered me into my assignment anymore delightfully. I'm sitting on my bed that night exhausted. I didn't like it before I got there because nobody knew where the hell they were sending me, and then I got there and I didn't like it, dark and cold. I sat on that bed with my calendar, and I counted the days until the end of my assignment.

I was assigned as the head nurse of the outpatient clinics and the emergency room. Now, this was not an emergency room. This was a room and it had a stretcher in it and we had emergency equipment, but it was not a bustling emergency room. Somebody might have a cut they'd get sutured. I hated it from the get-go. I didn't start work right away, and, what is her, I'm just going to say Helen. Helen and some of the other nurses showed me some of the sights, and there's a lot, I mean, ancient history. It was Persia, I then learned. One time, she says to me, "Mary Jo, tomorrow we'd like to take you downtown to the bazaar. You have to see it." I said, "Really? What's the bazaar like?" "Well," she said, "It's probably like, you would probably think of like a million flea markets thrown together." She said, "It's fascinating." I said, "Great, I'd love to see it." The next day, we're getting ready to go. I've always had very long hair, blonde, very blonde, and we're mobilizing to go to the bazaar. She comes to me with a scarf. She says, "Mary Jo, you'd better put this on while we're there." I said, "Why do I need to wear that?" She said, "Well," she said, "We're Americans and there's not very many of us over here and the Iranian people very rarely see blonde hair, so it's probably safer if you just cover it up." That immediately got my Irish up [laughter], but I put the scarf on just to be safe. Off we go and we saw the bazaar, and it was very interesting indeed.

That began my year-and-a-half tour in--it was called the United States Army Hospital in Tehran, Iran. The status of that medical facility had been staffed by US Air Force and so they were all gone, and we had replaced them. There was still one Air Force nurse there. I do remember her name, and she was just delightful. She was just as fun as the day is long. The clinics were pretty busy. It was a pretty busy outpatient setting. We had the commanding officer and the exec and the chief nurse and the assistant chief nurse and us staff nurses, and I'm sure we had enlisted folks. I don't remember any of them. We had Iranian staff, and it was a good pace. I worked day shift, Monday through Friday.

You had to ship your personal car over there. To this day, I don't know how I did that. I had a Fiat. I loved my Fiat. I had to drive my Fiat somewhere to the dock in Bayonne and do everything necessary to get my car put on this ship to get shipped to Iran, yellow, little Fiat. They told you it would take two to three months to get your car, and it did and my car got there. I was happy as I could be with my car.

There was another new nurse at the same time as I. Her name will come to me. You had to look for your own apartment, your own housing. The Shah, who was like the king of Iran at that point, would allow no country to have a base of any sort. When we all arrived there, you had to find housing on your own, but there was a US military housing office and they would have somebody come and help you. If you had any Iranian friends, they could give you tips. [Editor's Note: Mohammad Reza Pahlavi was the last Shah of Iran, ruling from 1941 to 1979. The Shah was an ally of the United States and other Western nations. During the Iranian Revolution of 1979, Ayatollah Khomeini led the overthrow of the Shah and gained power.]

What we did literally was, whoever had a car, I didn't have mine by then, drove up and down the streets. They were called *cuchie*. They were about this wide, big drainage ditches on either side, and God knows what was flowing through those ditches. We would drive up and down these *cuchie*, and the homes were immense and everything had a huge wall around it. You would look

to see, at the top, or if you could see, you couldn't see the bottom floor, where there were no curtains or drapes, and that could be an indication it was an empty apartment. Plus, the military office had a list. This is killing me, my roommate's name. It'll come to me. She and I go house-hunting, and we found a lovely apartment, two bedrooms, kitchen, large living room, floor to ceiling windows that looked out over the roof of the bottom floor and then the city. The sunrises and sunsets were spectacular. You had to bring your own appliances, washer, dryer, and you had to arrange to have them hooked up to propane and then you had to call that office and have that propane replaced whenever it was running out.

Well, they didn't take kindly to Americans at all. They really did not take kindly to American women because women hold a low place in their culture. Here we were, single, most of us not married, and career women, driving, living on our own, buying propane tanks when we needed them. This is unheard of, and so sometimes they could be real sluggish to help you out, service you. Why can I not remember her name? I got back in touch with her. She's from Kansas, Olathe, Kansas, Mel Worden.

KR: You can add it to the transcript later.

MRM: Okay, let me write that down. I want to say Gwen, but it wasn't Gwen. We found this apartment, and we moved in. Everybody else had their apartments. The social life was wonderful, absolutely wonderful, the other Army people and their spouses and they had their kids. There could be an accompanied tour if you were married. We just had a delightful time. It was, other than the anti-American thing and the fact that I hated this whole place environmentally, we had a good time. We celebrated. We had Christmases. We got fresh Christmas trees somehow. Ours was huge. We had to wire it to the wall, but we did these [celebrations], same as in Vietnam, we celebrated. We made celebrations and we made things happy and fun.

My roommate [laughter], at some point, you could take vacations and she went to Lebanon, let me think about that one, but she developed hepatitis and she really was not feeling well at all. So, they sent her home for, I don't know, three or four, five months. She comes back. She's got these thermal packs. She brought back frozen Big Macs, and I'm telling you, we had a party at somebody's house, a married couple. They said immediately, "We're having them at our house." Well, I mean, funny things like that, just comical as could be.

The clinical experience was okay, and it was very low key. I was used to ICU or my orthopedics that I loved. What else can I say about that? Oh, I was fearful there, and I was never fearful in Vietnam. Our street was right here. I'm drawing something on the table. Our street was here. Our houses were all here, and then there was the next street and all the houses. They were parallel. Many of us were in the military. We were all on dayshift, and we'd all get in our own private cars and we'd drive the same route to work every day. Well, one of us, me or my roommate, was to have been on dayshift, we got switched to evenings, and that morning, there were two non-medical US Air Force officers in their car, being driven. They got passed an intersection, and before the next intersection, a car pulled out here and a car pulled out here and the Iranian guys jumped out with, whatever they had, weapons, and riddled the car and killed the two Air Force colonels and I think the driver survived. They were immediately brought to the

hospital, and their families, however it was done--it always happened this way--immediately gone from the country, like they had never existed. That imprinted my head, and it just added to my resentment.

There were other issues that were bizarre. We were briefed on all of this when we arrived. For some reason, trees were very special in Tehran or in the country. If you were driving your car and had an accident and hit a tree, no questions asked, you're gone, out of the country. It was like spooky kind of stuff. We had an X-ray tech, fantastic guy, funny as the day is long, very excellent X-ray tech, and I forget how long he had been there. I don't think he was married or with children, and he was an older fellow. He was there one day and gone the next, mysteriously, gone the next, and what we later learned was, he was whatever they called them, spooks. He was like an undercover kind of person but an X-ray tech.

KR: He was CIA.

MRM: Something, and he was gone. You're putting this all together, and you're thinking, "This is kind of scary." I've got to think of my roommate's name. She was a no-nonsense person, a great personality, could party you under the table and not suffer from it. She was from Kansas. She was a country gal. I think she had a weapon with her, a handgun. I think that's what the situation was, and don't ask me how she got it there, how she got through customs. I'm pretty sure she had a handgun. Our landlord was downstairs with his family, wonderful. We shared, back and forth, traditions and holidays and stuff. The biggest thing to try to explain to them was our Halloween party. How do you explain Halloween and the costumes? We had costumes on, let me tell you. The person driving, whoever it was, left his, well, whole big head off, but we had these unbelievable costumes. I ordered a clown costume, huge, stuffed it with newspaper; it was hysterical.

We were very close to this family and our Iranian landlord for quite a while, and then all of a sudden, he wanted to raise the rent. Well, he couldn't. We had gone through the military housing office, we had a signed lease, and he turned off the electricity and said, "Unless you pay the increase, I'll cut off your phone next." This is killing me; I don't remember. Now, she's livid. I have an Irish temper, but she far, far outdid me. We get in a car and we go down to, it was not the embassy, it was some formal high-ranking military office and we told them what was happening and we requested security. We requested guards, that somebody come and set this landlord straight. Well, they did set it straight because everything got turned back on. From then on, there was not the cordiality or congeniality with the landlord and his family members. It was very frightening, very. The word is vulnerable. I just felt every day, and we did. We drove freely everywhere, and I felt very vulnerable.

I did a really, really truly stupid thing one day. Everybody had cars. The Iranian cars were small. They had roads and they had stoplights and they had signage and everything. Nobody drove that way, the Iranians. They drove on the street, they drove up on the sidewalk. Well, I was driving home from work, and obviously we knew the route. They all knew we knew the route. We were told, when we got there, just know that the Shah had a dossier on each one of us a long time before we got there, and we could assume that our apartments were bugged the minute we moved in. So, I'm driving home from work, and this guy, Iranian man, he did

something, I don't know if he cut me off or he almost hit me. Well, he took off. It was my first road-rage experience. I thought, "You SOB." He took off, and I followed him for at least an hour, maybe more. He finally pulled up to where he was going, and I pulled up right behind him. I got out and I yelled at him. I knew he understood English. I yelled at him for however long. I got back in my car, and I don't know how I found my way home because I was in the bowels of that city. I look back now and think, "What were you crazy?" Unbelievable.

[laughter] Now, that brings up a funny experience, after my roommate and I got there, the last Army nurse came, the last of the staff, Army staff members. I'm going to think of her name. Sherry McGwin was tiny, red-haired, Irish as can be, with a temper to go with it. She was taking nothing from nobody, and you knew that the minute you met her, she was a delight. She was married, and they asked to be assigned to Iran. No, her husband was stationed in Europe somewhere. She wanted an accompanied tour. They refused. "You're going to Iran." Well, that set the tone for her in Iran. I thought I was negative, well, ha. [laughter] I'll think of her name too. She was so angry--not with all of us, we were all fine--she was so mad at the Iranian people, she sat down with one of them in the clinics one day. [laughter] She had this person translate for her in Farsi unbelievable curse words, unbelievable, about five or six of them, and she put them on big things like this, cue cards. She carried those in her car, and every time anybody was doing anything, she hold these things up. [laughter] She wanted to be assigned to her husband. She fought for that every day of the week. I mean, she was just amazing, and I think eventually she did get out of there and got transferred with him. She would go to visit him. I think he came over once to our place.

I had a boyfriend back in the States at the time, and when I left, he said, "Well, I'm going to come over and see you." I said, "Well, this is kind of a weird place. I don't know how to tell you if you could get there." Sure enough, he did, he was active duty. He was not medical though. So, he did come over. I think he was there for about a week. We had a great time and that was wonderful.

I do remember communicating back and forth with my family, tapes, little tapes then. We had the cassette tapes or whatever they were. That was wonderful, when we'd get one of those. We were told, when we bought our produce, you had to soak it in Clorox, diluted Clorox, you had to soak it and then rinse it really well, and then you could use it. I'm a lemon-holic, and I remember the first time I was finally able to find lemons somewhere. I was so happy that night with dinner [laughter] because I can put it on everything. What else interesting happened there?

The tour of duty was a year and a half, and so I was on orders expecting to go home. I got there January of '75, so I needed to go home June of '76. In between, I went home for two things. I went home, my parents, Irish Catholic, separated for ten years and I think it was my father decided to file for divorce. Well, this was a big deal in the family, and so I said to the chief nurse that I wanted leave to go home. I didn't tell her why. I did go home for my parents' divorce hearing and had to go back. When you were out of there finally and you had to go back to that place and you knew what it was like, that was difficult. Then, my brother Mike married, and I came home for their wedding. They married in '76. I forget what month they were married. It was spring time, I think.

I'm happy as a lark, getting excited about going home for good. Let me back up; I have to tell you a funny story. Back then, when you were on orders, for vacation, leave orders, it was the beginning date and it was the last day of your vacation time and then you had what was called a day of grace. I came home one of those two times, and it was time for me to go back to Iran. I went to the military base, I don't remember any of this, and flew on a military transport to Germany. Then, I was told in Germany that there would be no military transportation to Iran. I would have to go commercially. [I said], "Oh." I walked from the military desk in the airport over to the commercial desk. No, take it back. I was at the military desk and the fellow, a military person, says to me, "We have no military transportation. You'll have to go over there and arrange to fly commercially." I said, "Oh, okay." Wait, I got this, let me think a minute. They did have military transportation. This gentleman had my orders in front of him, and we're talking about me going back to Tehran and how terrible it is, and, you know, hooting it up. All of a sudden, he gets very serious. He looked at me and said--what was I then captain or major?-- "You will not be allowed on a military transport." I said, "Why couldn't I go? Why?" He said, "You're AWOL. You're in an AWOL status." [laughter] I said, "I am on orders." He said, "Ma'am, your leave ended yesterday. This is your day of grace. You are required to be at your duty station on the day of grace." That's when he said, "You'll have to go over there and arrange to fly commercially." Well, you obviously know what this did to me and my head, and I stormed over to whatever airline it was. It was like a million dollars to pay for the airline ticket to go back to a place I hated. I got back there. Nothing happened to me for being on my day of grace. Needless to say, that increased my ire quadruple-fold. That was my vacation experience. [Editor's Note: AWOL means absent without leave.]

Then, I am just counting--I did have a countdown calendar, just like in Vietnam, to when I would be leaving. The chief nurse calls me in one day, and she said, "Mary Jo." She said, "You're being involuntarily extended on your tour of duty here." We all knew each other very well. [laughter] I said, "Come on, now, you're not telling Mary Jo Rice that she's staying here, are you?" She said, "Yes, I'm telling you." I said, "What is this all about?" She said, "Well, I'm not really sure. I didn't get any details." I said, "Can I go see the XO?" She said, "Sure, absolutely, come with me." We go to the XO. He says, "I am not sure. I don't know anything about this, but I'll check into it. Let me call you back in, when I get the information." He calls me back in. What happened is, "Captain," or, "Major Rice, the government, the US government, has run out of funds to bring military staff home from overseas assignments. Everybody is being involuntarily extended." I said, "Really?" I said, "That seems kind of odd to me in terms of budgeting. If you have sent military staff somewhere and you're responsible for their return, you would automatically fund that, right then and there, and have that funding available." He looks at me, and he says, "I know, Mary Jo." He said, "You know, what can we say?" I said, "Well, I can tell you right now what I'm going to say. I'm going to find every anti-military member of Congress and I'm going to start writing letters." He said, "How about if we go talk to the commanding officer?" I said, "I'd be thrilled."

The commanding officer was a true gentleman, a delightful fellow. I don't know that I'd call him the most effective commanding officer that I've ever had, but he was a delightful person and he was very understanding, very fatherly. I explained to him what the situation was, or the XO did. I explained to him, his last name began with a P, I think it was Greek. I explained to him that I was not happy with this and that I was not going to stay for another six months, that this place

was intolerable, I was fearful every day of my assignment here and he knew all the reasons why. I told him what I was going to do and he said, "Well." He said, "I can't stop you from whatever efforts you want to put into it." He said, "Just be careful, don't burn your bridges." I said, "I understand, Sir. I thank you for your advice." So began the letter writing campaign. I think I have those letters still. I know I've come across them, and I don't know how long it took.

This is very interesting. I remember, as this was all going on and my anger was just sky high, we all had been at a party or we were having a party or whatever. I had had a few drinks, but I was not stumbling, falling down drunk or anything. I became extremely emotional. I remember I had been sobbing, crying. I think there was something about Vietnam in this whole thing and angry about Iran and not going home. After that, however the information got filtered, the chief nurse called me in, and somebody, I don't know if the XO or the commander, somebody had asked that I be interviewed and counseled by this delightful guy, Captain, I'll remember his name too, he was our social worker and they wanted him to evaluate my stability. I said, "Really?" I thought, "Okay." I worked with him every day of the week. He knew me. He knew I was not a drinker and I wasn't unstable. We sat together. I don't know where we were. It was very casual. He's laughing. He said, "Mary Jo." He said, "I have to do this because I was assigned to do it." He said, "But I just want to ask you a few questions." I said, "Sure." So, he did, and I don't know what he wrote down or what he said. That was the end of that episode.

Somewhere in the process, I got the information that I was being given orders to go home on my DEROS [date estimated return from overseas] date. [I was] happier than a clam in mud. I don't remember packing. I don't remember the trip home at all. I don't remember landing. When you left Iran and you were American military or not--there were a lot of non-military Americans working for the oil companies over there. That was a big reason that we were there. Oil, only oil, only oil. [When you left Iran], word would filter out, and the Iranians would buy your stuff for unbelievable amounts, your car, washer and dryer, furniture. So, that was a big deal. I went through that, the garage sale with no garage.

I did stay in touch with those staff when I came home briefly, not like I did with the staff in Vietnam. Our medical facility, we were assigned to take care of all Americans, all the American military, the Peace Corps, diplomatic staff. The embassy was somewhere downtown. You couldn't have anything on a base or anything, so the embassy was here. The commissary, which is the food store on Army bases, the commissary was over here. The hospital was way up here. I went to the embassy many times. They had beautiful tennis courts, and I played tennis all the time with somebody at the embassy. I was head nurse of the clinic, so I got word that the ambassador needed his immunizations and we were to prepare these to take down to the embassy. I said, "We're going to transport these vaccines? He can't take a ten-minute ride up here?" "Mary Jo, come on." We had to do the beck and call to the ambassador. Once again, another thrilling thing in Iran. We did have a lot of interesting patients. The Peace Corps staff were amazing. [Editor's Note: Richard Helms served as the U.S. ambassador to Iran from 1973 to 1977.]

KR: Did you actually administer the vaccine to the ambassador?

MRM: I did not, but somebody did. I didn't go. I got everything ready and made sure they were not expired vaccines. The needles and syringes over there, I may have blunted a couple of the needles. No, that's not true. It's a joke. [laughter]

KR: I am sorry I interrupted you.

MRM: No, that's all right.

KR: You were talking about the Peace Corps volunteers.

MRM: Oh, they were very amazing people, how far out in the middle of nowhere they had to live, how rustically they lived, how giving they were, and I had never known anything about the Peace Corps before I met these people. A very sad thing was, before I left there, it was a two-story building. We had an operating room. We had a nurse anesthetist. Somebody got the bug in their brain before I left, on the second floor, they were going to turn one of the ORs [operating room] or an old OR into a labor and delivery suite. I don't know who processed this and how it got planned or how it got processed. I remember it was being done in a very big hurry, which made me think somebody's trying to get a feather in their cap. It was done poorly. I know the first delivery, the baby died. They didn't have the resuscitative equipment they needed. I think there may have been two. Needless to say, beserk, just beserk with the administration. The mother and the father, I mean, imagine, here you are in Iran, you don't even have your own family there and you're going through the death of your newborn. That was a horrible thing of that tour.

KR: Can I ask you a historic question?

MRM: Yes.

KR: You talked about being frightened and you talked about the anti-Americanism, the murder of these officers in their car. You were there in the waning years of the Shah's reign, before the revolution. What kind of rumblings or hints of the coming revolution were you seeing?

MRM: I didn't even experience it. Let me start with one of the basic rules we were told. When we were assigned to that hospital, you had all the US federal holidays off, but we had also every Iranian religious day off. We were not to be out of our apartments we were told, under no uncertain terms, because on their religious days, the men--and I never saw it but I was told--would just throng, like mobs, throng down the streets and they would have, you know, flogging themselves, no shirts on, flogging to the point of bleeding, they had the cat of nine tails or those, whatever they were, on the end of the leather strips. For that reason, that was a religious aspect of the culture. I don't know in particular of any revolution activities that went on while I was there. I learned a lot about them when I got home, which is a huge story in and of itself, I'll tell you. While I was there, I was not exposed to, I had no knowledge of any revolutionary [activities]. I wasn't political, again. [laughter] [Editor's Note: During the Islamic holiday of Ashura, some Shi'ite Muslims may carry out flagellation.]

I knew that they hated the Shah. I knew that the Shah had--it was called the SAVAK, S-A-V-A-K, I believe, and it was the Shah's--it wasn't like our Secret Service. It was like some type of police force, and they were a nightmare. They were not nice people at all, torture, just hellacious stories, and he used that SAVAK. It was written up in *Time* magazine, as a matter of fact, I think, either when I was there or right after I got home, because I identified it, "Wow."

I did not let my fear limit my stupidity, in terms of my activities. [laughter] I'm a skier, I was a skier, and they had wonderful skiing. Several of us decided to go skiing one day. They had a lift, and you get to the top and you ski down. Well, when you go down those ski slopes, when you come down, back then, when I came down American ski slopes and you were passing somebody, we'd yell, "On your right," or, "On your left." Well, [laughter] it didn't dawn on me until I was going down the ski slope. I don't speak Farsi. I don't know a word of Farsi. Needless to say, that was an interesting experience, but we had a ball. We were exhausted, and we packed everything in the car. We're driving home, and the car dies. We are literally, I mean to tell you, out in the middle of nowhere. There is nothing, except, I don't know how far, we saw it, there was somebody's house, little tiny. I remember that we went to that house. They were a family, very poor, very meager, very little surroundings, but they had it, it was their home. They had a fire going, and we were welcomed like we were family. They fed us. I don't know how we communicated and I don't know how we got home or how that car got fixed, but it did because I used the car for the rest of my tour.

Another time, I don't know how many of us decided to go. We were in my car, and we decided we wanted to go north. What the heck is north of Iran? Is it the Black Sea? Then, over that, is Russia or something? [Editor's Note: Mary Jo is referring to the Caspian Sea.] Well, we wanted to go to this town. Everybody always talked about it. We get in my car. I don't know how we did it. We had to stop along the way. It wasn't just a few hours' drive. I remember we stayed, I guess, in what was a hotel. Now, there, there was vermin. I mean, I got back in the car and sat at all night. We eventually got to this town, I guess we had a great time, we came home. The second trip was we wanted to go south--these names are going to come to me--to this city, very, very historic city with historic, not temples, what do you call those? Mosques. Nothing would do, but we wanted to go see that. We start driving. I'm driving, and they're all in the car. I think that, I don't remember a hotel on that trip, but what I do remember is, one or two, I don't know what happened to these cars, I don't remember them being burnt out or anything, but there was a dead body in each car. We got to the city and took our pictures and came right home.

My fear didn't limit my engagement in activities or fun or socializing because when we did those things, I don't consciously remember being afraid. I remember being afraid when the Air Force officers were assassinated. I remember being afraid when I was told I was going to be extended. I was very afraid when the landlord turned off our utilities. Oh, I forgot that part of the story. When he did that, what the heck is my roommate's name?

KR: It will come to you.

MRM: It will come.

KR: It will come to you later, when we are talking about something else.

MRM: When you have gone home to dinner.

KR: Probably when we talk about something else.

MRM: Are you okay with time?

KR: I am great.

MRM: I am fine with time.

KR: It is 3:55.

MRM: Wow.

KR: Yes, we have been recording for two hours and fifteen minutes already.

MRM: [laughter] I'm the only one telling the war stories. Let me tell you about what my roommate did when we went to this military office to tell about the landlord. She was irate. She was berserk. They were military people. She wasn't insubordinate or anything, and she said, "Listen, I have my .45 and I'm not going to hesitate to use it if I need to, if I'm threatened." Well, that was the first time I heard of that. She knew how to use it. I thought, "Wow, we better get out of here." She didn't have to use her weapon, and he had to turn everything back on.

The other interesting thing was when we lived in that apartment, or when you lived in Iran, at least us, when you wanted to make a phone call home, you had to call the operator and make a reservation with the day and time. Several days away, you had to make sure you were there because they would call you and then put your call through and you had to hope the connection would last. That was a little bit different than usual.

I can't remember any other precautions that we were briefed on, other than the holidays, and you never do anything to provoke attention. Then, I always, in retrospect, I thought to myself, "Well, how stupid was this?" Here we are, Americans. We're driving our cars, which are American cars. We have diplomatic tags on our cars, and we're all in our white uniforms or jeans and t-shirts or something. We're all sitting ducks here. The guys are cannon fodder. We're here for oil. We're making nice because of oil. It's an oil source.

KR: What did you think a couple years later when the revolution happened and when the hostages were taken from the embassy? What were your thoughts at that time?

MRM: I'll tell you one story first, and then I'll talk about the hostages. I was still on active duty, and I was stationed at Fort Dix. The chief nurse called me down from the ICU one day, and he said, "Mary Jo, I need you to do me a favor." I said, "Sure." He said, "We have an Army nurse, and she's just arrived at the BOQ, home from Iran." I said, "Really?" He said, "Yes." "Could you be her sponsor." I said, "Absolutely." He said, "You can leave now and go on and help her with whatever she needs." So, I went over, and I met Linda (Porpison?). I took one look at her,

and I said, "Linda, you can stay if you want in these guest quarters." I said, "I would much prefer that you throw your stuff in my car and let's go to my house." I had bought a house. She said, "I would love that." We packed up and brought her to my house in Medford Lakes, about forty-five minutes from Fort Dix.

We sit down, eventually, sit down, and she's exhausted emotionally, when you hear the story, you won't believe, how she must have been emotionally. However, she was married. She was married to an X-ray tech on active duty, and they were at the little hospital in Tehran. I don't know at what point in their tour of duty this happened and I don't remember how it happened, but all of the American military from that hospital, things were so bad, they were shepherded out to safehouses and they all had walkie-talkies and that's how they communicated. Somehow, they got her on a plane to come home, and she did not want to come because her husband wasn't coming. I said, "Linda, why wouldn't they send him?" She said, "He was born in Iran. He's a naturalized US citizen, and if the revolutionaries find him, he'll be killed on the spot. He'll be beheaded. He'll be mutilated." She said, "I'm berserk." Somehow, they got her out, and they had decided to send her to Fort Dix for some reason. So, I said, "Linda." I said, "You stay here as long as you want to, need to. This house is yours. Whatever you need, you're going to get it immediately." I said, "Let's just focus on you and ..." I forget his name. She was feisty. She was as feisty as the redhead in Iran. She got a couple of night's sleep, and then she started.

Every day, she had a routine. She had a list of people that she called every single day. They were senators. They were congressman. They were the general of the nursing corps, who had given her orders to some other station and was insisting that she report for duty, and she would call her every day and say that, "I will not report for duty anywhere until my husband is back home in the States and that's that." She could've been thrown in jail. She was being grossly insubordinate, refusing a direct order from the Commanding General of the Army Nurse Corps. I forget how long she stayed with me, but she made those phone calls every single day. I'm sure I took her out to dinner and stuff like that, just to have a kind of normalcy. Eventually, I don't know what worked and how it worked, oh--I said, "Why did the commanding officer of the hospital keep your husband with him?" "Because he speaks Farsi. He's the only one in the staff that speaks Farsi." I said, "You're kidding me." She said, "No." She said, "We're all likely to be murdered over there. We're Americans, and they're revolting. All of our passports and visas are locked in something downtown. We don't even know. You can't travel without those things." This is all coming back to me now.

She stayed with me for quite a while. Her efforts were successful. Her husband was sent home safely. I'm saying it was the next day, but it might have been a couple of days later. They were on like the *Today* show or *Good Morning America*, and Linda just let them have it, the U.S. government, the Army Nurse Corps, the Army system in general. I don't think her husband said much, but she just let them have it big time, and every bit of what she said was true.

That was my exposure to the fact that there was a revolution and the Shah was not there and every American was at risk. Now that I'm thinking about it and telling the story, I don't know what happened to all the non-military Americans. There were hundreds of them, because we all socialized when we would start meeting each other.

I think she and her husband did report for duty somewhere, and I think they eventually got [together]. She's been in my mind recently because I'm thinking, "I want to use the Internet. That kind of name, I could find them." Certainly somehow, somebody could, if I can't. My grandson could find them, because I'd love to chat with her and see how the rest of their career or their life turned out, because they were newlyweds I think, pretty newlyweds. So, that was an unbelievable experience to go through. Oh, [laughter] the funny part was, when he came home, they were gone. She wasn't with me anymore, and I got my telephone bill. It was so far over a thousand dollars. I thought, "I've never even saw that many digits on any bill." [laughter] She did; every day, that was her job, and she was successful, God bless her.

KR: Good reason to get in touch with her. She owes you for the phone bill. [laughter]

MRM: No, no, no. She paid more than that I'm sure. I'm sure I tried to turn it down. She would not let me [say no]. So, I was home from Iran, and then she came home from Iran.

The hostages. I was in this relationship with a fellow that was on active duty. I was stationed at Fort Dix. We had met at the officer's club. When was that? I think that was '82. Excuse me, I just have to look this up because this is ticking me off. [Editor's Note: Mary Jo is using her cell phone to look up dates.] Let me see if this works. "January 20, 1981, Iran released fifty-two Americans who had been held hostage for 444 days, after Jimmy Carter relinquished the presidency to Ronald Reagan. They were put on a plane in Tehran as Reagan delivered his inaugural address." [Editor's Note: Mary Jo reads this from the article "Iran Releases American Hostages as Reagan Takes Office," from *The New York Times* Learning Center, January 20, 2012. On November 4, 1979, a group of militant Islamic students raided the U.S. Embassy in Tehran and took sixty-six Americans hostage. This happened in the wake of Ayatollah Khomeini's seizing power during the Iranian Revolution of 1979. President Jimmy Carter imposed sanctions upon Iran. A military rescue mission ended in failure, as two aircraft collided and Carter aborted the mission. Eight American servicepeople were killed in the collision.]

So, that was January of '81, and I was in this relationship. I, in the depths of my brain, was panicked about these hostages because I knew the Iranian people. It was like hearing about the POWs [prisoners of war] in Vietnam, and it all flashed back. I'm sure every day I angsted over this. I was with my significant other. There was a TV there because it flashed right on television. I was so glued to that television, hysterically sobbing, sobbing. It's interesting to think whatever went on to get them released, like what diplomacy was going on behind the scenes for 444 days, like you couldn't speed it up. I think it has something to do with Carter, and they wanted to wait until Reagan. I don't know if it was going to be a feather in their cap or a feather in Reagan's cap. I think I heard that and read that.

KR: Then, there was the botched rescue mission with the helicopters.

MRM: Oh, don't even get me started. Do you know the reason it didn't work? Did you ever hear it?

KR: Please tell.

MRM: The choppers, they were not equipped with sand screens; that's why it failed. Really? You're going to do this kind of rescue mission in this environment, and your vehicles and choppers don't have sand screens. You think at our level, with whatever is going on, there has to be the best of the best of minds, M-I-N-D-S, minds, in the political side of our country and the military side of our country, so that if it hits the fan, everybody knows what to do and what to do it with, how to do it, when to do it, and it gets done, and it gets done successfully. Another thing that is right in line with this is how many years did it take us to get Osama bin Laden? Really? We couldn't put together a SEAL or a SWAT or a something or another, with our allies or not, and get this guy before how many years. Don't tell me, "Oh, we couldn't get him. He was moving from cave to cave." Come on. With our technology? [Editor's Note: Osama bin Laden, the founder and leader of the terrorist organization al-Qaeda, was discovered in Abbottabad, Pakistan and killed by a Navy SEAL team on May 2, 2011.]

Yes, that hostage thing was, it always angers me, because I knew too much, you know? I wonder what Linda and her husband thought about that. I've got to find her. When I do, I'll let you know.

KR: Please do.

MRM: This is killing me not to know my roommate's name. Not Gwen Vernon, but it was kind of like that. Worden, W-O-R-D-E-N was her last name.

KR: Gwen Worden.

MRM: No.

KR: Okay.

MRM: But it's coming to me.

KR: Okay.

MRM: Oh, she was feisty. She made the funniest, the most wonderful Halloween costume for that party. She was half something and half something else. It was like night and day, but it wasn't night and day. I don't know if it was an angel and Satan. It was phenomenal. I keep stumbling because I'm trying to get her first name. It'll come to me. She was wonderful. I don't know if she stayed for a career as an Army nurse. I think she may have, but I know she went right into the veteran's hospital system out in Kansas. I know I have all my paperwork. If I find those senator letters, I was so angry. I was very diplomatic, I think. When I reread them years later, I thought, "Oh, I was pretty good." [laughter]

KR: I want to ask you a reflection question. You served in the Army Nurse Corps over many decades. What changes did you see in the Army Nurse Corps?

MRM: A lot of uniform changes in their research and development department, one of which was the stupidest uniform. You could not imagine they made us wear this. It was mint green. It

was just like a Girl Scout uniform, exactly. It lasted like five hours, I think, in the system, that they got rid of that. I saw, obviously, a lot of uniform changes. What changes did I see over those years?

Well, a huge change for me was seeing the active duty side and the Reserve component. That was a very big difference, big, big difference, not in the care being given, but in the processes and leadership and adherence to [regulations], like the wearing of the uniform. Not that you needed to be a stickler for that but, "Come on, let's wear it the right way. Let's wear it proudly." Not with your purple boots. [laughter] I was so shocked, my mouth was hanging open. What other changes did I see?

There were changes in, how do I say that, the performance evaluation process. It used to be called OERs, Officer Evaluation Report, and there was a process. I forget what it was. I don't know if the officer was asked for their input and then the manager wrote the report. I don't know how that worked, I forget, but I know there were significant changes in that and not just the form but in the content and in how that was considered.

What did change through those years is the regulations and the processes for promotions. That changed, in terms of the number of years you had to have at a rank before you could be considered for the next rank, how many times you could be non-selected and still stay in the Army Nurse Corps or in the Army. That changed, and it got to be, what was it called, three and out or two and out. You could be non-selected two or three times and then you had to resign your commission. That was a problem because there's a lot of politics in these things, a lot of politics in promotion boards. Somebody could be wanting that career and loving that career, and wanting and needing the pension and they could have their legs cut off from underneath them. There were changes in that process. I could probably guess that I maybe knew of sometimes when I maybe thought, "Oh, gee, that wasn't done right," or not well done, but I don't know of any direct situations I would remember. So, it was those kinds of situations.

I think the rules changed with deployments, like I remember hearing when troops were being deployed. In modern days now, they go for less periods of time, but they're rotated back more often. They may go for six months, but they're over there for four tours, for god's sake. What's that doing to their brain? Those kinds of things have changed.

The types of warfare, the equipment, the intelligence gathering is light years different than when I was in the military, light years different, in terms of improved, but you still have to have that leadership that makes sure it's used properly and safely for the troops. Little things like, I don't know if they have MREs anymore, the meals-ready-to-eat. Those were a big deal when I was in the military. At first, all we had was C-rations, that little P-6 [P-38 can opener] or whatever it's called. People still have them. I still have mine. We moved from that to the [MREs]. Well, we thought were dining at Ruth's Chris Steak House. [laughter] I don't know what they have for rations now; that's an interesting thing.

The hospital settings are very different now, and we learned about the first iteration of them when I was in my Reserve hospital unit. It was called DEPMEDS. It has to do with Deployment Medical Systems. We made up a Jody about it. That's the song that you sing when you're

running and doing PT [physical training] and stuff. It was Velcro, zippers and Velcro. It's individual modules, and it could have air conditioning put in it, operating room, an entire hospital. I was amazed, amazed, and the training was very laborious. It had to be, because if you were mobilized, you had to put this thing together pretty damn quick wherever you landed. So, that changed. That's a dramatic change, and it's even more changed now, I mean, more sophisticated, and I don't know what they call it now. We called it DEPMEDS. That's a huge change.

The medical field had lots of changes, and combat, the aircraft, they still evacuate with choppers I know. That's a major, major [development]; I think it started in Korea. The improvement in the survival rate is just astronomical. They could start using choppers to evacuate and get the wounded to care so much faster, even the first level of care, just to stabilize them. It was unheard of before. I'm pretty sure it was Korea. I know all the aircraft is so [advanced now]; what they can do now is like light years ahead of what we were doing back then and we thought we were the *crème de la crème*.

I didn't say it at the [Westfield] library talk, but I do say it, I'm making notes now what I want to include at the end. One of the things I have many, many, always said, tried to be mindful of saying is when our government, I'm going to start crying, when our government makes the decision that it is necessary to use our troops and send them somewhere, whether it's combat or it's humanitarian, our government can give our troops no guarantees. They can't guarantee, when you look at Vietnam, they can't guarantee you're always going to have your equipment when you need it, or, "We are going to be safe," but what they can guarantee them is they will always, always have first-rate and superb, the best available healthcare if they need it. Or if they're dying, they're going to have somebody with them and the comfort of dying in that kind of environment. That, we can guarantee them, always, always, because that is always there and it can always be gotten to any place. I mean, we have that capability, so the troops never have to worry or wonder about that part of their deployment experience or even stateside, I mean, wherever, we can make that guarantee. Not just to the troops but to their families, it's a big, big issue. To the spouses and children left behind and parents left behind, siblings, whoever, we can make that guarantee. [Editor's Note: On June 22, 2019, Mary Jo gave a talk about her experiences serving as a nurse during the Vietnam War at the Westfield Memorial Library.]

Another thing I try to say all the time is--and I'm not on a political platform here--that when you become old enough, you need to remember that these kinds of situations, war, humanitarian things, those are not decided and made to happen by the military. Those are determined by your politicians, and they are your politicians. You are electing these people who have the power over your children or your friends, your parents, whomever, so that when these commitments are made, you need to remember that. If you have issue with it, you take your issue out with the politicians, not with your military troops. As a country, you don't do that. You can take issue with politicians very successfully. I know it can be done. It's been done. It takes the American people having that in their mind and coming together to act on that issue with the politicians and look carefully and I know it's a crap shoot. I mean, it's a joke to elect politicians. They will talk your brain off happily to get your vote, and then once they're in office, they're going to do what the party wants. It's that way. It's been that way since time immemorial. It will always be that way. However, look carefully at who you vote for and just hope they have their head screwed on

right with these kinds of decisions. I should have brought a box of Kleenex instead of my three little tissues. [laughter]

I'm giving that other talk. A gentleman asked me to speak to his group. Then, he called me about a week later, and he said, "Mary Jo, I have a question." He's talking about the Union County government has a position because another gentleman came up to me, after the talk, he just retired from that position, and it's the veterans care coordinator or something. When Bob called me and he said, "I would like to ask you something about the Union County ..." and some title, I thought, "He's going to ask me to consider that position. I can't even get out of bed in the morning." He didn't say that at all. He said, "I wanted to ask you if So-and-So, she's the such-and-such for veterans in Union County, and would you mind if I invite her to come to your talk?" I said, "I would be thrilled. I'd be thrilled to meet her." I was so relieved he wasn't asking me about that position. So, I'm going to make these notes before I get to that talk. [laughter] I've got them all written down on post-it notes. I just have to consolidate it.

KR: In the Army Nurse Corps, what about diversity over the years? How did the makeup of the Army Nurse Corps change?

MRM: When I was in the Army Nurse Corps, both active duty and in the Reserve component, the majority were women and very few men. We had one male Air Force nurse in Vietnam that I remember. He didn't work in our hospital; I don't know where he worked. In terms of diversity, I would have to say the gender probably has changed more. I think there are probably more male officers in the Army Nurse Corps. I would have to think politically and all the political correctness and diversity training that goes on, we had it in the VA, that it's probably much more diverse in terms of ethnicity. Gender, ethnicity, I would guess, that would be my guess; I don't know for sure.

I do know that there is a lot that's gone on about sexual harassment in the military, sexual harassment of females and sexual abuse in some cases of females. That has been, I would call, rampant and exposed over the last however many number of years, and I know that there were all kinds of command directives and training. I don't know what the status of all that is. I don't know what the stats look like. I don't know what's required now. I don't know how it's processed, if there is a complaint made known. I know that just from, I do watch the news now, so I know that that's been an issue in the military.

KR: What were your experiences when you were chief nurse with issues of sexual harassment?

MRM: No officer ever came to me with any concerns of those, and I don't know of any ever being reported to the commanding officer. I don't know if that was happening at all in my Reserve unit and I never was aware of it on active duty, but it did happen in Vietnam. I mean, we hear those stories as the years go on and people have different comfort levels or PTSD [post-traumatic stress disorder] levels or whatever you want to label it. Information and experiences come out that you may not have known were even happening. I don't think if I learned things that happened, like her book, none of it surprises me, just because of what I've learned and heard and read over the years. I think those are probably the things I would guess have changed.

[Editor's Note: A cell phone rings.] Stop it. Don't you hate these scam things? Mel, that's her first name, Mel Worden.

KR: Nice.

MRM: Mel from Olathe, Kansas. I knew it was a short name, yay. Oh, you get chemo brain. Now, I want to call her. I have to look for her, Mel Worden. We have been in touch though. I know I can find her probably quickly somehow. How did that pop into my head? What were we talking about just now, diversity?

KR: We were talking about sexual harassment when you were chief nurse.

MRM: Right. As the years go by, things come out. I don't know why that popped into my head.

KR: It's when you're talking about something else, and it comes back to you.

MRM: It resurrects from your subconscious. I've got to call Mel now and Linda. I have to give you all these postscripts. [laughter]

KR: Over your time working at veterans hospitals, and you were in East Orange, West Haven, and Lyons and you were in QA and noticing problems that were going on and then addressing those problems, characterize the care that was given in the veterans' healthcare system.

MRM: Let me clarify that. I came from active duty to the East Orange Veterans Administration Hospital. For my two years, I was Quality Assurance Coordinator for the Nursing Department, and in that position, I had exposure to all kinds of clinical situations. Because I was so aghast with the pressure ulcers, I would have to say, only in those instances, I would not whitewash the whole department of nursing or the care, but in those situations that I and then the team became acquainted with or were aware of, it was very poor nursing care. It was very poor doctor care. It was very poor care. Now, you have to say, I had to step back and say, "Why has it happened? How has it gotten this big, and why is the patient not getting pain medication?" That hurts. I stepped back and then I had this doctor friend and we got the team together. I would not whitewash the East Orange VA care as horrendous, but in those cases, I would definitely say it was horrendous and unacceptable and not just on the nursing staff's part. It was on the doctor's part. They are supposed to be assessing their patients just as well, and nobody was doing that. If they did it and they saw it, they weren't doing anything about it. So, I had to step back and say, "Well, why would that happen?" Well, by choice or by ignorance; it had to be one of the other.

In '82, when I went to the East Orange VA the first time, I was Quality Assurance Coordinator for the Department of Nursing. That's when I had clinical exposure, directly. Then, I went to the traineeship. Then, I went to the West Haven, Connecticut VA. My position there was assistant chief nurse of specialty care units. I was responsible for all the ICUs, the OR, the epilepsy unit, so I had exposure to clinical care in that setting. I have to say that the care in that hospital, while I was there, on those units that I supervised the head nurses and staff nurses, was wonderful and phenomenal. In some cases, it was truly amazing the difference that the staff, the nursing staff and the medical staff, could make and were making in patients' lives, especially since I had never

known anything about epilepsy or treated epileptic patients. What they could do in terms of diagnosing and surgery and change these peoples' lives completely. They were invalids in their home with constant seizures in some cases. If they were candidates, they could have surgery. They could have a job. They could be driving their car. It was unbelievable. The ICUs, the OR staff, I have to say the care, while I was there, was spectacular.

When I came back to the East Orange VA as Quality Management Coordinator, I was there for ten years at that time I think, or a little bit less than that, and the pressure ulcers were no longer an issue, which was a joy because whatever seeds got planted, you can make a change. You can change things. From what I was exposed to in clinical areas or of clinical areas, I don't know of any "Oh, my Gods" [like] I went through the first time I was at that hospital. I don't recall any. My office was responsible for all of the accreditation inspections, so we would see and know pretty much everything. We were also responsible for the, I think I said, the Inspector General, when there was a complaint made. I don't remember any "Oh, my God" situations with those kinds of things.

Then, it was a whole big--I'll tell you that whole story, about the merger of the two medical centers. I transferred to the Lyons VA, and there, I was in the computer department, so I had no knowledge, no direct knowledge, of the clinical care. They had very different missions, if you will. East Orange is a very cute hospital. They have the spinal cord unit. They have ORs. They have the ICUs. Lyons is a long-term care, chronic facility. They're a very, very huge psychiatric program ever since it was opened. Then, they had other little medical wards or something, but eventually that was all phased out to East Orange. Now, I know it still is chronic psychiatric and I know they have an in-patient PTSD program that I hear is very successful. I've also heard that it's abused for the disability pay that you can get if you go through the PTSD program. You get diagnosed and then you can be, what's it called, your case can be processed for PTSD disability pay or hearing. I mean, these guys and probably gals nowadays, have unbelievable hearing loss. They never thought to have it diagnosed and put it in for disability. So, those things I know about Lyons. Our VVA chapter, our Vietnam Veterans of America chapter, goes with another chapter one Thursday of the month and they bring a really nice hot dinner and we have brought the PTSD fellows down to our dinners. We'll have like a Christmas dinner or what have you. I've heard nothing but great things about the PTSD program.

One of the things I learned, I was at a VA, it was during my traineeship. They had, at that hospital, I believe, a PTSD unit. It was a PTSD of some sort. I was orienting to all the clinical areas and all of that, and that's when I was made aware, I think, because I never thought of it on my own, that this PTSD stuff is not just the Vietnam vets. They had Korean vets coming forth with PTSD, World War II. I thought, from the Revolutionary War, from any war, the other countries have this going on in their brains. This is just so stupid to have wars, when you stop and think about it, I mean, unless it's an Adolf Hitler, I get it. You've got to look carefully at what you're doing here with troops because when this stuff happens, physical or psychological, it's theirs and their family's forever. Something might get healed, but there's a scar, that's a memory, and I don't think anybody ever gets over the PTSD, from whatever caused it. You can deal with it and you can cope with it and they've made huge strides.

I just learned from the drive--for chemo and radiation, I said to Dennis, I said, "Listen, we're not changing the household routine. We are not telling Megan to not bring the baby to babysit." I said, "If you can't drive me, I'm simply taking a car service." Long story short, one of the drivers is a wonderful guy. I don't think he's been in the military, but he's the president--no, you can't call him president--of the VFW [Veterans of Foreign Wars], something in his town, very, totally involved. He told me all about--I mentioned it at the talk--Rebuilding Warriors. The difference that service dogs are making with the fellows that have PTSD is unbelievable. I never thought that, never thought of that, but I heard him describe this. They've given money to the organization to pay for the training of the service dog. When the dog is ready to be given to his veteran, this fellow and his compadres go to the ceremony. There is a big official ceremony, very formal and wonderfully emotional. He said, "There's not a dry eye in the house, including the dog." [laughter] [Editor's Note: Rebuilding Warriors is a non-profit organization that provides service dogs to disabled veterans.]

Then, I stopped and thought about that after he told my story, and I Googled it. I was going to a doctor's appointment that day, and I thought, "Let me think about Bailey and Minnie?" as crazy as she is, as she tries my patience, I can really imagine the difference. There's a couple of ads on television about it, not for this organization, but somebody else is involved with service dogs for veterans and a couple of testimonials from vets, they explain that they have PTSD severely. They've been housebound by it, and now they have their service dog and their entire life has changed. I thought, "My God, something as simple as an animal," I mean, whose trained appropriately of course. Then, I think, what is that vet going to do when that dog ages out? They'll give them another one right away, but we know it's not the same. Wow. How the hell did I get on that?

KR: We were talking about PTSD.

MRM: Oh, yes, right. The Lyons Hospital, I have heard things about the PTSD unit, but I was in the computer department there, so I did my ten years in that department and then I married Dennis. [laughter] I guess we had been married maybe two years, I have to ask him, and my alarm was going on off in the morning for work. I was always a morning [person], bounce out of bed, get going in the day, have my coffee, take my pills, get to work, say hello to everybody, start laughing, get the day going. The alarm was going off, and I wasn't feeling that way anymore. My boss, he's phenomenal. I actually, two or three times, called Lou. I said, "Lou." I said, "I'm calling in. I'm telling you right now I'm not sick physically. I just can't get out of bed. I can't deal with it today." He says, "Don't worry about it." He was always that way, "Don't worry about a thing." That's when I thought to myself, and I talked to Dennis, I said, "I think it's time to retire." I don't have the fire in my belly anymore, and I always had the fire in my belly, always. He said, "Well, why don't you go to personnel and get your numbers and let's look at them." I thought, "Wow, I should have had a V8." [laughter]

I went to personnel. They gave me the printout. We looked at it. We thought it looked good. I was '57, '58, or '59 because we were figuring, when I turned sixty, I'll get my Army pension. So, we'll add that into the numbers, talked to our accountant. He said, "You will absolutely sustain yourself in the lifestyle you're living now. You will not be sleeping in satin sheets or going on year-long cruises." It was the most unbelievable feeling, and people, when I was getting ready to

retire and after, "Well, how's it feel? How's it feel?" The word that always comes to my mind is liberating. I can't describe it except as just liberating because I've never not worked since I was sixteen. That's a lot of years. That's forty-some years.

I wanted to be very fair to my boss. I was not going to just put in my paperwork and leave, and so I gave him, I don't know how many weeks' notice. It was a really good thing. It was a good feeling all through that process. I wasn't sad. Lyons, it's wonderful, it's a beautiful setting. It's very rural, pastoral. They have a very long driveway. So, I finished my last day and I had to sign out in different places. I drove down that driveway, and I didn't look back. I just came home. Dennis took me out to a wonderfully, beautiful delicious Italian restaurant in Kenilworth. I had heard of it, never been there. We go out for this delightful dinner just the two of us to celebrate.

Somewhere before that, we had a group of friends. We went to go see the Trans-Siberian Orchestra Christmas concert every year, and we eventually got to renting a limo bus. We'd have hors d'oeuvres and drinks. Anyway, we would go to dinner occasionally. At one of those dinners, somebody said, "Mary Jo, try an appletini." Well, I was exposed to my first experience with martinis in Vietnam, and I thought, "Uh." I mean, it wasn't a nightmare, but I lost my knees when I went to standup for about ten minutes. I thought, "I'll try an appletini." That sounds good. It was delicious. I just had one.

When we went out to dinner, the night of my retirement, Dennis said, "Do you want something to drink?" I said, "Yes, I'll have an appletini." Well, Kate, I think I had two or three of them, and I was laughing my ass off and got this bee in my bonnet to call Lou and tell him how wonderful it is to be retired. [laughter] I called Lou. It may have been eight or nine o'clock at night, and I don't know if the next day was a work day or not. He said, "Mary Jo, are you all right?" I said, "Of course, Lou, I'm just calling to tell you how great this retirement thing is." I went on and on. He was laughing so hard he couldn't even talk to me. He said, "Who are you with?" I said, "Just Dennis." He said, "Let me talk to Dennis." We laughed after that. He told that story so many times. He's not retired yet from that VA. He's been there a hundred years, and I keep thinking, "I'm going to call him and say, 'Listen, it's appletini time for you.'" But he told that story so many times, and it was such a funny night, a delicious dinner. I didn't ever have to go to work again if I didn't want to, and I made that promise to myself I was never going to make appointments before noon, if I could be in control of it, and I stuck to that. I love that morning time with no alarm clock going off, and I'm the same way with Dylan in the school year. I hate the school year because of the alarm clock. That was the end of my VA career and nursing career I guess, because I haven't done anything since.

KR: What do you think about how society has commemorated women veterans?

MRM: I don't think or guess that I could figure out a way that our American society--did you say recognized women veterans?

KR: Commemorate.

MRM: Commemorate. Some will come to mind, for sure. What I have been involved with, not directly, but what I've been associated with is the recognition of women, Vietnam women veterans, and that was a grassroots thing because the American society had not done anything to recognize the men or the women. Both of those memorials were grassroots, both of those, the memorial and the statue, were grassroots efforts. I think, I don't know this, but I think I remembering hearing it or something that when the grassroots efforts started, especially the wall, there were obstacles thrown left and right from politicians, I think, if I remember correctly because I remember thinking, "What the hell are they doing? Why can't they just say yes to this?" I don't know any of the particulars, but I remember there just being some kind of contention when the wall was being discussed and asked for or the land was being asked for. The women's memorial, I think, went much smoother. The path had been paved. [Editor's Note: The Vietnam Veterans Memorial Fund incorporated in 1979 under the leadership of Jan C. Scruggs. The dedication of the Vietnam Veterans Memorial Wall in Washington, D.C. occurred on November 13, 1982. The wall chronologically lists the names of the more than 58,000 American service members who died in the war. The dedication of the Vietnam Women's War Memorial, a bronze statue sculpted by Glenna Goodacre, took place on November 11, 1993. Located near the Vietnam Veterans Memorial, the Vietnam Women's Memorial was a culmination of the efforts of the Vietnam Women's Memorial Project, which became known as the Vietnam Women's Memorial Foundation in 2002. Diane Carlson Evans, RN, who served in the Army Nurses Corps from 1966 to 1972 and in Vietnam from 1968 to 1969, heads the Vietnam Women's Memorial Foundation.]

I, years ago, started collecting books about women in war, the Civil War especially, because I was just amazed, just like PTSD is in every war, in every country, women have helped in every war, not formally. In these books, these individual stories are phenomenal, unbelievable some of them, and now I'm getting involved. I have a book about American women who flew during World War II. There's a whole cadre of American women who were spies.

I don't know of any society commemoration. I am very acquainted with individual commemorations. I don't know if you'd call it a commemoration, but I have been exposed to communities at the VA hospital, that community, Westfield, when they had become knowledgeable of me being a female vet, I have been invited to speak at the VA, in Westfield at the school, several of the schools in Westfield. That's a recognition kind of thing. I don't know if you would call it a commemoration, but it certainly is recognition and it's wonderful. It's not just wonderful for myself or for any female veteran, but it's wonderful for girls growing up and young ladies and young women to see or hear this kind of information on female veterans, just to know that that's an option. It might not be your cup of tea, but you know it exists and it's an option. Are there statues or memorials for World War II? I don't think there are. World War II vets. [Editor's Note: The World War II Memorial is located on the eastern end of the reflection pool in Washington, D.C. It was opened on April 29, 2004 and dedicated on May 29, 2004.]

KR: There are local and state memorials.

MRM: Local, so it's all local.

KR: The famous World War II one is the Iwo Jima statue. [Editor's Note: The Marine Corps War Memorial is located in Arlington, Virginia, next to Arlington National Cemetery. It is modeled after Joe Rosenthal's famous photograph of the flag raising on top of Mount Suribachi during the Battle of Iwo Jima.]

MRM: Right.

KR: That is the famous national one.

MRM: Right.

KR: I think that is in Arlington, isn't it?

MRM: It is; that's right. It's on the Arlington side; yes, it is. That's very interesting, too. Somehow, the other night, I got the name of one of the fellows [Ira Hayes] that raised that flag, was involved in raising that flag. He was an American Indian, and I Googled him. Very tragically sad life. He had unbelievable adulation coming home from the war, spoke to all kinds of groups, and all of a sudden, the adulation wasn't there. He had become, I guess, a raging alcoholic, and he was found dead in a ditch of two inches of water and it was winter. I thought, "My God." There was a confusion about the name of one of the other guys. He knew the truth, and it was his mission in life to get that straightened out and he did. He got in touch with the guy's family. The guy, he was killed, I think. I think that guy was killed. This fellow made it his mission with the family to get it corrected in the history books or the reports, and he did. I think he was successful in that. He did have that piece of mind before he died. [Editor's Note: On February 23, 1945, as Marines secured Mount Suribachi from Japanese forces during the Battle of Iwo Jima, Marines raised an American flag on top of the mountain. Because the flag was too small to be seen from some parts of the island, later the same day Marines raised a second, larger flag. As the second flag raising took place, photographer Joe Rosenthal took three photographs, one of which was published in American newspapers two days later and has become an iconic image. It also won the Pulitzer Prize for photography. The identities of the figures in the raising of both flags has confounded researchers for years. Harlon Block, who was killed later on Iwo Jima, was misidentified as Sergeant Hank Hansen, an error that Ira Hayes worked to correct. In 1947, the Marine Corps investigated and declared that it is Harlon Block in the photograph. John Bradley, a naval corpsman who was present at both flag raisings, was thought to have been in Rosenthal's photograph until a 2016 investigation correctly identified Harold Shultz. John Bradley's son James Bradley wrote the book *Flags of Our Fathers*.]

KR: Yes, there is a book about that, *Flags of our Fathers*, and the identity ...

MRM: ... Confusion.

KR: ... Of one of the flag raisers is brought up in that book and then corrected because the author of *Flags of Our Fathers* thought his father was holding up the flag and really wasn't.

MRM: Oh, my God.

KR: It is because there were two flag raisings.

MRM: Right, there were.

KR: There was the first flag raising when they were actually putting the flag, in the middle of combat on top of Mount Suribachi, and then there was the photo ...

MRM: ... Op [photo opportunity].

KR: There were two flag raisings, so it was very confusing for all the identities.

MRM: Yes. Another thing I have to tell you about. This is just for your interest. Last Sunday, eight o'clock, we had the Fox channel on, not Fox News. It's called *Fox Nation Celebrates America*. I was glued to that TV screen, crying, proud, unbelievable stories about a World War II pilot, [who] became a military pilot before Pearl Harbor [and] happened to be stationed on Ford Island when Pearl Harbor happened. I think he was the only one or one of two, I think he was the only pilot that managed to get the hell off the ground. I thought, "This program is amazing." [Editor's Note: During the Japanese attack on Pearl Harbor on December 7, 1941, Army Air Corps pilot George Welch managed to get his aircraft airborne, one of only a few pilots who were able to so.]

Another segment was talking to a gentleman, I don't know if he invented the group or the effort or the program, I don't know what you call it, or if he's just now in charge of it, but it's called Folds of Honor [Fallen Patriots: College for Their Children]. I was sobbing when they were showing the images. Their mission is to provide complete education for the spouse and the children of deceased military, in combat, I think. Anyway, it's called Folds of Honor, and he's talking and explaining, they're showing some of the funeral ceremonies where the soldiers are folding the flag and handing it over to the family. It's on every Sunday night. I don't know if it's going to be on every Sunday night or if they're advertising it to subscribe to because you can subscribe and then you can view it on your TV, on your iPhone, on your streaming things or your iPad. I thought, "I never subscribe to anything." I got burned years ago subscribing to the Book of the Month club. [laughter] I learned my lesson, but I'm so intrigued by this, I think I'm going to subscribe. They have different plans, they say, and the one that moderated this hour, it was military stuff, historical stuff that you've never heard of.

It was just some general historical interest, like the Blair House across the street from the White House, how that came to be and how it's used. They have a staff of fifteen, and they're ready for twenty-four/seven for anyone the president wants to have as a guest there. They highlighted another guy, civilian, very prominent in politics years ago. I think he's still alive, but he's real, real old. They were highlighting his house on Long Island, unbelievably intriguing architecture and the fact that in his backyard, to this day, in one of the trees is an eagle's nest. It's a working eagle's nest and they know of no other private property than this [laughter] [with an] eagle's nest on it. It was in this military stuff.

I was so emotional. Dennis is looking at [me]. I've got the box of Kleenex. I'm blowing my nose, "This is so beautiful." I wrote down pages that I want to go Google now. Welch was the

pilot's name, and it was an aviator, a modern-day aviator, that wrote the book about this fellow. I guess she asked him, "Why were you interested in this gentleman's career?" He said because he did everything the right way, whether the higher-ups wanted it done the right way or not. He said, "That's how you have to do things in the military." He didn't do it ostentatiously and he was not rude or insubordinate, but he did the right thing. He wasn't a maverick. He apparently broke the sound barrier before Chuck Yeager, and it's all this untold stuff. I said to Dennis, "Can you look that up on the guide to just click that record thing because I'll forget it on Sunday at eight o'clock." Anyway, if they have it on, tune into it one of these Sundays, if you're not in comatose. [laughter] [Editor's Note: In the postwar period, George Welch became a test pilot for North American Aviation. On October 14, 1947, Chuck Yeager broke the sound barrier in the Bell X-1 jet, becoming the first human to fly an aircraft faster than the speed of sound. According to test pilot Al Blackburn in his book *Aces Wild: The Race for Mach 1* (1998), Welch may have broken the sound barrier two weeks earlier than Yeager.]

KR: What was your experience like when you went to the dedication of the Women's Vietnam Memorial in Washington in 1993?

MRM: Looking at the picture, it was probably so emotional continually during all the serious stuff and memories, but [there was also] the get-together, the reunion part [of men and women who served at the 67th Evacuation Hospital]. I have to find that binder. I have to find the binder, and I've got a box of this stuff. It can't be anywhere but in that dressing room of mine or maybe the living room. [Editor's Note: Three of Mary Jo's friends and one of her friend's sister also joined the Army Nurse Corps and served in Vietnam at the 67th Evacuation Hospital at Qui Nhon. During the interview, Mary Jo showed a photograph of she and her friends posing around the 67th Evacuation Hospital sign when they were in Vietnam in 1969-1970 and then a photograph of the five of them taken at the dedication of the Women's Memorial in 1993. At the same time, there was also a 67th Evacuation Hospital reunion.]

Anyway, if I had to use one word, I would probably say joyous, because I had no clue marching in that parade and we were a huge group--we had a big 67th Evac [reunion], it's in the picture, and we had had it ahead of time and I guess the word had gotten out. I don't remember any of this, but the word had gotten out. You know the mall; that's where you all organized for parades. We were there with the big sign. It was a huge group, and I'm thinking, "My God." We're all talking, and then we were all talking at the hospitality suite that somebody got. [I gathered] the information, and they put it in the book. I said, "When you sign the book, [put] your name and address and the year that you were at the 67th," or years. I had never thought about when that hospital opened or who opened that hospital. Who opened the ICU? What year was that? What kind of casualties, what kind patients were they getting? That dedication of that statue was very emotional, and it's wonderful. The sculptress did a phenomenal job. The socializing part of it and all the memory resurrecting and the memory-making was, it was like joyous and intriguing because I just never thought about anybody but my year and my friends, and there's a whole story before that. It was amazing, just the coming together of people, and not a recognition kind of thing. [It was] maybe like the telling of a story that was very significant to me and the joyous part of it for us, but you look across at the black granite wall. You know some people are still eighteen. So, I think it was amazing that Diane Carlson Evans did what she did and had the

hutzpah that she had and still has and that she organized all that. She pulled the whole thing off, how she decided, whoever, she or the committee, decided that sculptress ...

KR: Glenna Goodacre.

MRM: Yes, I was just looking at that the other night. How all that happened? How magnificent that Diane got that bee in her bonnet and look what happened and look who was brought together and what she brought together for hundreds of us were there that day. I've got to hand it to her. She's a woman to be admired.

I think I remember, in the very beginnings, wasn't there [that] the sculptress did a mock up or something and it travelled around the states, or the wall, I know there was a travelling wall. I vaguely remember something with the women's statue. I just love it.

The one here in Holmdel [New Jersey Vietnam Veterans Memorial], I love that; I love the way that's done. We go there frequently for Memorial Day and Veterans Day. Sometimes, I just don't like to go to those things. I remember the day. But my husband Dennis is so dedicated and has made it a priority that Dylan know and learn and be patriotic. Dylan loves it, from the time he was three. We go down there and that's a very beautiful memorial and the museum is just wonderful.

Again, it's the telling of a story, and there are thousands and millions of these stories if you go to any of the wars from the Revolutionary War on. It's just a matter of the story getting told or the story being written down, so that it can be remembered or somebody can reference it if they want to.

I remember when I was stationed in Colorado Springs--now, where's this coming from?--I was on active duty in Colorado Springs and somehow learned that, I think his name was, Nick Rowe, *Five Years to Freedom* was his book. He was a POW for five years. He was speaking, and I went to hear him talk. I never knew anything about the POWs, and I thought, "Oh, my God." I didn't go up to speak to him; I should've. Dennis said he was later killed in the Philippines, murdered. That was another experience I had after Vietnam was going to hear him speak and the amazing impact on me that he and the others survived, that they could survive this. Who's the congressman from Arizona that just died? [Editor's Note: James Nicholas "Nick" Rowe was a prisoner of war of the Vietcong for sixty-two months. On December 31, 1968, he escaped captivity. In 1971, he published his book *Five Years to Freedom: The True Story of a Vietnam POW*. In 1989, as a colonel, he was advising the Philippine government on how to fight the communist insurgency in the country and was killed when his vehicle was ambushed.]

KR: McCain. [Editor's Note: John McCain was a Navy pilot who was shot down and taken prisoner during the Vietnam War. He was held captive for six years. He served as a congressman for two terms and then as a senator from Arizona from 1987 to 2018, in addition to being a presidential candidate.]

MRM: Senator McCain, yes. I mean, it's the telling of their stories. If it's not told, nobody ever knows it, and it's the history of our country, a part of it, a small part of it when you look at the whole thing. What was that question about?

KR: I had asked you about the Women's Vietnam Memorial.

MRM: It was a joyous day. I do remember that. This is funny. Pam, my friend from Vietnam, who is down in South Jersey and they're back up from Florida, so we're e-mailing back and forth about getting together. We always get together at least once or twice, three times during the year. I don't know who got us together for that picture, but I do remember, [laughter] from that day, not related to that picture, I was interviewed by a newspaper reporter. I have the newspaper. Somehow in the article, he got our--he interviewed Pam and I probably--he got our ages reversed, and Pam has been furious about that. All these decades [later], she still talks about it. Pam, dear, when you get to be as old as you're going to be, I'll remember you.

KR: What is the age difference between you and Pam?

MRM: I have to guess. I'm seventy-two. Oh, she's not in her seventies yet. She's in her sixties. Anger has lived on ever since that. I said, "Pam, come on, he was right, he got it right." "Mary Jo, I am not older than you." It's funny. It's funny.

There was a documentary put out with the dedication of the wall. I think I saw it on TV maybe, and I saw the company that did it. I called them, and long story short, I think I have a copy of that. When I got my copy of it and I was able to watch it and watch it and watch it, I'm in that. When they pan the wall, I'm standing right above. It's a huge crowd, but somehow, I was in the front. I don't remember that. I have to go look for that tape tonight.

KR: I have basically reached the end of my questions.

MRM: Okay.

KR: I do have one last question. What, if any, GI Bill benefits did you use?

MRM: Oh, absolutely. After I got home from Iran and I could finally go for my master's degree, I asked to be stationed at Fort Dix because I was applying to the University of Pennsylvania. Now, I was never a good student. I was a "C" student at best in undergraduate everything. I took a few post-graduate courses and maxed them [out]. I was working as a nurse and I loved it. I loved the courses. So, I applied to the university. I did apply for my GI benefits, and they were wonderful. It was very eye-opening to me of my parents' efforts for us four kids financially to put us through college, because when I got the tuition information and the fees, I about fell out of my shoes because the GI Bill was wonderful and it was good money but it was not [all] covered in the University of Pennsylvania and I couldn't figure this out. I thought, "What the hell?" So, I paid, and I did my master's part time over two years. The GI Bill was wonderful and it paid tuition and fees, and I think you got some sort of subsistence piece of it or something. I don't remember for sure.

The first funny part was applying the paperwork, and then you do an interview. I went for my interview after a night shift at Fort Dix. I changed my clothes, drove to the University of Pennsylvania, get to the professor's office. She asks me in. Often, I'm very giddy after a night shift. I'm trying to behave myself, and she's behind her desk. She had her half glasses on, and she had my file in front of her. I'm sitting in my chair, and she's looking through things. She had greeted me and everything. I forget her name. She looks over her glasses and she says to me, "Mary Jo, just what did you do in undergraduate school?" [laughter] Well, the giddiness almost started to kick in, and I said, "Well, Professor," whatever, I said, "You can see from my record that I was not a student, a good student." I said, "But if you just look at those post-grad courses, you'll see it was really the subject matter at hand I think in undergraduate school because I love, love nursing and really, really would love to have a master's degree because there's areas I would love to study in depth." She said, "I'll tell you what." She said, "I'm going to make a note to the," whatever it is, the admission committee or the selection committee, "I'm going to recommend that they waive your GRE," or whatever it's called, "and we'd love to have you here." I got in by the skin of my teeth.

I told my family. Well, you would think I had just given my father six new grandchildren. He's so excited. I'm getting him to calm down. I said, "What the heck is so exciting?" He said, "Honey." He said, "That's an Ivy League school." I said, "What's Ivy League?" I didn't know.

Then, it's time for graduation. Well, after paying all that damn money, I was going to walk for sure. That's when I was in my relationship with my significant other, who had not turned into what he turned into as far as I knew. He was furious because my father was not coming to my graduation, and I don't know how that happened. I don't know if I wanted my dad to come. My dad wasn't coming. He spoke to my father without my knowledge, and my father arrived at my house proud as a peacock. I don't remember that ceremony. I think I have one picture of it, me in my gown, and he came to my graduation ceremony and was so thrilled. I mean, he was just bursting his buttons. That GI Bill, it's a godsend. It's a wonderful opportunity. It's a sacrifice for the American people, the taxpayers, and it's wonderful for the veterans to get, many of them, to get a leg up when they come home and that could affect the rest of their lives, in terms of possible opportunities or however they're able to grow and provide for their families. It's greatly appreciated, I think. It's different now. I don't know how it works now, but I know it's very different from when I used to.

KR: Yes, the post-9/11 GI Bill works differently. [Editor's Note: In 2009, the Post 9/11 Veterans Educational Assistance Act was passed, which expanded benefits for veterans who had served after September 11, 2001.]

MRM: Yes, so, I hope they're all using it. [laughter] Now, I have to ask you. I am fascinated with how you have your questions. Do you keep a notepad by your bed? Do these things come to you or have you done it so much now you have a [system]?

KR: These questions are tailor-made for you. I kind of keep a running tally, and I'm a post-it note freak, so, yes, I do. [laughter] I had a post-it note on my desk this morning, and I was writing down some things I wanted to ask you.

MRM: You have like flights of ideas that you jot down.

KR: Yes.

MRM: That's wonderful.

KR: Thanks.

MRM: How many histories have been done all together do you think?

KR: By my center?

MRM: Yes.

KR: We have over a thousand available on our website, a thousand transcripts. Then, we have done over eighteen hundred interviews.

MRM: What's the website? I know I have the paperwork.

KR: It is oralhistory.rutgers.edu is our website. I will email you the link.

MRM: Yes. They've been doing this how long, like twenty years or something?

KR: We started interviewing World War II veterans in 1994.

MRM: That's what I thought.

KR: Our scope expanded, so we interview veterans, Rutgers alumni, administrators, faculty, and staff, and then New Jerseyans with a story to tell. We have a large collection of veterans' oral histories and then we also have people who participated in various historic events and social movements.

MRM: Yes, wow. This is like so invaluable for the State of New Jersey and beyond because it's telling the story, stories. You've got to be so proud, right?

KR: Yes.

MRM: How did you get this position?

KR: I worked part-time as an editor. I worked on transcripts since 2010, and then going back to when I was an undergraduate, I worked at the Rutgers Oral History Archives.

MRM: Because you were exposed to it as an undergrad, you knew about it or you knew somebody.

KR: Yes.

MRM: How many years have you been involved since undergrad?

KR: Non-consecutively, I would say about eleven years out of twenty-five that ROHA has been around.

MRM: Whoa.

KR: Non-consecutively.

MRM: I thank you from the bottom of my heart.

KR: Yes.

MRM: This is a wonderful thing.

KR: Well, I thank you for telling your story.

MRM: You can tell I'm a talker. [laughter] Ask me a question, you will get six hours of an answer, except when I can't remember the word.

KR: Yes, well thank you so much. This has been really enjoyable for me getting to know you and hearing your stories.

MRM: Absolutely. I'm going to stay in touch.

-----END OF TRANSCRIPT-----

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