

**Oral History Interview with Virginia Sneed Dixon, conducted by Laurel Sanders,
November 12, 2010.**

[Informant gave permission to turn on the recorder in the middle of a description of her time in the army and then continued without pausing, so the beginning of the recording is somewhat abrupt.]

Good

INF: ...into the army and all these men made over the nurses, they loved the nurses, they whistled, and oh, you just don't know what it did to your self-esteem to go into the military. Because I was very backward, coming from the mountains, where I'd never been anywhere and done anything.

INT: Well, I'm sure it was pretty nice, in a way. Hang on, I'm...I think what I'll do is put this on the handle.

INF: I don't know all these newfangled things, my kids...I came of the age when we didn't have all these things. Do you know, the first calculator that I can remember...I was working in an alcoholic center in Black Mountain. One of the patients came in one night and one of the aides said, mister, please lock this up, it's very rare and precious, they're just coming out. It was a calculator. See, that's...look how far it's advanced since 1970. It's [unintelligible] strange that things would advance, well, I don't know what you want to know, I graduated from Cherokee high school in 1938, there was just ten of us, that was...you know, I'm part Indian, that was the Indian high school and there was just ten of us, I think. There was very few on the reservation at that time. Now, I think there's approximately 11,000 live on the reservation. At that time there was maybe 1500 to 2000 of us, that was all. And it was...we were very poor. Extremely poor. Here on the reservation. And my father and mother raised ten children, and I don't know how they did it during the Depression...

INT: Oh, wow. Can you tell me what they did for a living?

INF: Huh?

INT: Can you tell me what they did for a living?

INF: Well, mostly farming and logging; my father did any kind of job to raise the children, we were never hungry, see, that was the funny thing, we raised a big garden and we canned, and we didn't even have electricity or any of the conveniences. So we canned, made sauerkraut and green beans the old-fashioned way, and crops [?] put them in a springhouse, and we raised our own potatoes, we had our own milk cows, and chickens and eggs, and we raised our own corn; my father used to carry corn to the mills; there was two, three rural mills around, and he took...he shelled the corn, took it and had corn...so he, we just had to buy the staples, and the first six years that I went to school I went to Cherokee Indian boarding school. And that was

good for my father because he couldn't afford to spend...clothe us all, buy us shoes every winter, you know?

INT: How far was your home from the boarding school?

INF: just about a mile, you know where Cherokee is over there...on proper. Where the agency is; have you been over that way?

INT: I've got an idea.

INF: You know where the island park is. Well, that was part of the campus, more or less, because I remember crossing that river many times. The school was up on the hill, there. And we went to boarding school; we lived in a big dormitory. I went when I was six. And now all the psychologists are saying what damage it did to the Indian children to send them to boarding school, it did this, it did...it didn't hurt me, I enjoyed it. And at that time the Indian schools were based on the military. So I had to learn to march, and we had Reveille in the morning, to get up, and we had Taps at night. To this day, I love Taps. I can't hear it without crying. Because every night about nine o'clock, one of the boys...the boys' dormitory was up on the hill. One of the young boys up there played Taps, at night, and it drifted down, it was so sweet, you know, you could hear it now, you'd think...and we...it was more of an occupational school, we had to learn to sew, weave, and all those things, you know, cook, and...when I was about ten years old, I had to get up at ten years...at six, and we went to the kitchen...a lot of us were assigned to the kitchen, even at that young age, and little ones like me, we'd have to cut...the butter come in one-pound blocks...it was real butter, too...and we had to cut it in four blocks, you know, I can remember doing things like that. And as you got older, you took on harder jobs, like making the coffee, in a big coffeemaker, and...but we learned to do practical things. We learned to sew, crochet, and knit, and weave, and I even took one...woodcarving one year, you know, all those things...and it was rather weak on academics, that was the thing. Because I only had one year of geometry, and one year of algebra when I graduated. But then you...when we graduated, most of them didn't do anything, because they didn't have the money to go to college. And one of the...the lady that said, would you like to go to nurses' training? So she got me into nurses' training in Knoxville, Tennessee. And at that time, what helped...all you had to do for the three years was buy your books, you didn't have to...they furnished...and buy your black socks and shoes, we had to wear black shoes and socks. We had to...because they furnished your uniforms, you know? And took care of all that, your health and your food, and they looked after you; they were really strict to us, you know, you had to be in a certain time, you just didn't go there and think you were going to run around, because they watched...you had to be in every night at seven except on Friday night at eleven, and on Saturday night at eleven, and Sunday night was ten, and all the rest of the nights, it had to be seven o'clock in the evening. So they were...looked after you all the...you couldn't be married, age...I think there was a limit, I think the oldest girl in our class was 28. Most of us were eighteen, twenty, like that, you know, right out of high school. And we graduated, and I graduated in May, that's when...but we had to stay

for three years to the day. I took two days off to take State Board, and you had to make that time up. So I got out of nurses' training, and I was working at a little hospital in Bristol, Virginia. And the Army had already been writing to me, but I had to wait to hear about my state boards, you know, you took state boards, two days of state boards, and after I passed the army kept writing, and it was after Pearl Harbor, just after Pearl Harbor, I thought...I'd never heard of Pearl Harbor, most of us hadn't. And it happened on a Sunday afternoon, and I was off duty, and one of the girls said, "Come down here!" I didn't have a radio in my room; it was just radios back in those days. She said, "Come down here and listen, something's happened. They bombed Pearl Harbor!" I didn't even know where Pearl Harbor was, none of us did. So anyhow, I went down, and of course, the next day, the President, Roosevelt, declared war. And then I thought, well, I'm going in the army, you know, I thought, they need nurses, so I wrote my letter and said, "Yes, I'll come," and then they sent me orders and transportation, and I went to Camp Lee, Virginia. And I was there about three or four months, and I went up to Walter Reed. I got a rash on me, and I think it was caused from morphine. Anything that comes from opium, I'm allergic to, and back in those days it wasn't...you didn't have all your medication in syringes where you could just [unintelligible]; you had to take the little tablet of morphine and codeine, dissolve it in water, hot water, and then you had to touch it, see, there was no way to pick up that tiny little pill, and it was things...people don't realize how much easier it is being a nurse, in a lot of ways, because your medicines usually, like Demerol's and your cures and all, they make it...so I think just handling that and touching my face, I got a rash, and they sent me up to Walter Reed, and I stayed there for a month as a patient, and then they put me on limited duty at Walter Reed, and I loved it. I learned so much there; it's a big hospital, and I was in town. And then they sent me out to the convalescence section in Maryland. And we had about fifteen- to sixteen-hundred patients, and a lot of them were amputees, and they had taken over a girls' school; no elevators, if you can imagine! But the young men used to ...

INT: Oh, how many floors?

INF: Some of them had four floors, you know, the big dormitories the girls...and it was stretched out over I don't know how many acres, and at night, if you were the night nurse, you had to walk quite a distance to check on all your patients in different places, you know? But you'd probably be the only female around, and about 4,000...I mean there was about 1,500 patients, but you had M.P.'s and all of our attendants, or aides, were black, but no one ever bothered the nurses, we were just as safe there as...the men looked after you, everybody, and it was out in the country, you know? But they really looked after you, and they took care of the nurses, and at that time I think they really...all the men in the service really looked after the nurses, especially when you were in a combat area. Then I stayed till about...almost three years, and I requested to come off...I was on limited duty, I requested to come off limited duty because I wanted to go overseas, you know? And instead of sending me overseas, they sent me to this psychiatric course, to take a psychiatric course on Long Island, which was very interesting, because it was a huge state hospital; it was a New York State hospital, on Long Island. Oh, they

must have had thousands of patients there. But the army just took over so many of their big buildings to take care of the military, because when the patients came into Brooklyn Navy Yard... most of them came into the Brooklyn Navy Yard in New York City...they could bring them right out...put them on ambulances and bring them right out to the hospital out on Long Island. And we had a lot of patients who were...some, all types of mental patients because, you know, even in the military, you have patients that...some were psychopaths, we had a ward, a locked ward, strictly for psychopaths, because they are the ones that commit your most horrible crimes. One man had killed his own commanding officer, and we were never allowed to go into the day room where the psychopaths were without two or three aides, men, with you because they were so afraid they might bother the nurses. And I then I worked on... I was just...went from one ward to another, learning about the routine, the patients, and we had...it was very interesting. We had one patient who had jumped under a taxi cab in New York City and they sent him...they decided that mentally he was not...well, they were trying to decide if he was fit for the army because he hated the military so badly. And his family were a very prominent family in New York, and they came, and oh, they were so indignant because they said, "He just fell. He didn't jump under a taxicab; he wasn't trying to commit suicide. And we've written to the President," and all that, you know. Because...and they said, "He shouldn't be here on this locked ward..." this just gives you an example of how people won't accept facts...and we... and I was talking to them, I said, "Well, we're just examining him, and as soon as the psychiatrist decides that he doesn't need to be here, they will let him out, but for his own good, we have to keep him here a while." And he was quiet and dignified, and we sent him down to occupational therapy. And you know, on the wards, they had no...they couldn't get any sharp instruments, we had to watch the silverware, we'd check everything, you know, in a locked ward, you have to be very careful. And as soon as we sent him down to occupational therapy, what did he do? He grabbed a chisel [makes sound effects] and just mutilated...and if it hadn't been for one of the doctors being there, and they got him on the elevator and got him to surgery quickly...he would have lost his life. But see, families can't accept the fact that people are mentally disturbed, many times. And I always felt sorry for the family, because they couldn't accept the fact that this boy was mentally disturbed, because he didn't like the army. He would rather die than be in the army. Now, you find that with a lot of people that didn't like the army, and that's why it's best to give them a medical discharge, you know, they're not ever going to make it. But they couldn't accept the fact that he had been...ended up in this mental hospital. I don't know what ever happened, because I was just there for four or five months taking this course. But there was a lot of incidents like that with the patients, which you found very interesting, like one young boy, he was real cute...I was out in the day room with all these patients, and a plane flew over, it was very close, just right over the top of the big building, and he thought it was somebody coming to bomb us, and he said, "Oh, you shouldn't be here!" He grabbed me, jerked me under a table, you know, but he was trying...but you see, they're mentally...so we had a lot of interesting cases. And then I got...when I finished my course, I thought, well, now, they'll probably send me to a psychiatric hospital to work, and I wanted to

go overseas. Do you know I got orders to a small hospital way up in the mountains of China? Way up, I mean to tell you. And it took me two weeks or more to get there; it seemed like, because the army takes their own good time. I flew from New York, and went to...I went by Casablanca, missed a plane there, and flew over to Karachi, India and stayed there two weeks. [unintelligible] my orders were holding up, but I stayed in Karachi two weeks. Went across India, finally, and got to a place they called Chaoboi [?], I don't know what it is now. And you fly over the hump, you know? You wouldn't know, because you're too young...they called the hump...these planes from India would fly to China, and you'd have to go way up above the Himalaya Mountains. And we had to go over to Kunming, and I was the only girl; I started out with two or three, and when I got there, one of them had gotten sea...airsick, and she was let off in Cairo, I believe. But anyhow, I was the only girl. I traveled so far, but just me among all these men, you know? And I got...we got over to Kunming, China, finally, after we left that morning. Took us several hours across the hump, where the mountains are just covered in snow, and you get up so high, and we...the planes weren't pressurized. But when you got up to about 28,000 feet, the oxygen mask would drop down, so you'd have to wear oxygen because it was that high. And ice was freezing on the wings of the plane, you know? And we got to Kunming, and they said, "We have so many planes circling, you can't land. You have to go back." So back we went across that hump, and back...and landed, and I spent another night in what they called Chaoboi, India. The next morning we went again, but we made it, that day. And I went out...they had a 95th Station hospital, and I went there for two weeks, and I noticed, about the second or third night, that my legs were just itching, itching, and I looked...oh, I had a million bumps on my legs, I thought, "What is wrong with my leg?" You know what happened? When I was in India, I wore hose. Didn't wear pants or boots, wore hose, and watched an outdoor movie, and I got malaria.

INT: What movie? It's not important, but...

INF: I was there, and I went up to...they assigned me to the 22nd field, that's where I was supposed to go, and that was above Kunming, about...was it 200 miles? Way up in the mountains, a little hospital on the Burma Road. Field hospital on the Burma Road. And I hadn't been there about two weeks and I started getting so sick, my temperature skyrocketed in the night, I'd have chills...well, I knew that it was malaria. And they couldn't find the bug in my bloodstream, and we had a doctor Yi, who was a Chinese-American from San Francisco who was our head doctor. And he said, "I will run the next blood work. When she has a chill, let me know, so that when..." and I had to stay in my tent, see, we were in tents, and...

INT: Oh, wow, was it cold?

INF: No, it was warm, see, it was way up the mountains, but...10,000 feet, but it was summertime and hadn't got cold yet. And so, anyhow, they found malaria, and I had seen patients with malaria, and thought, oh, I can control those chills, but when the chills come, you just shake, and after the chill leaves you, you usually start your elevation of your temperature.

And that's when they want to take the blood to see if they can find the malaria, and I had malaria, and so they treated me with the [unintelligible], so in about two weeks I was fine. But I've never had another attack, which is good, you know? And so I was only there about four or five months, and then the war was over. See, World War II had already been over in Europe in '45, May '45. And when I ...so then they started sending everybody home according to how many points you had. And I left there in October, I believe. '45. And I went down to...they sent me down, because...to Calcutta, India, and I stayed there a month waiting on a ship, because Calcutta...you don't...when you get out, you find out a lot more about geography...it's not on the ocean. So the ships have to come up the Hugli River as the tide comes up, see? They have to wait for the tide. And it takes it about...I don't know how long it took us, going out. I think two days. Because you go so far, and I think...I guess they drop anchor, I can't remember...and then when the tide goes out, and then they wait for the tide to come back...flood the river, and then finally you get down to the ocean. It took us two days, I believe. And then I came home by the way of...we didn't get off the ship, they wouldn't let us...we got on the ship in Calcutta, and we didn't get off the ship until we got to New York City. And we came through the Indian Ocean. It's the most beautiful ocean, oh, you just can see about thirty feet straight down; it's just so blue, I've never seen an ocean so blue. And then we...you come up through the Suez Canal, and through the Mediterranean, and then we started hitting the storms, you know, because it was December when we got out in the Atlantic Ocean, and it was rough. And have you ever been on a ship in a storm?

INT: No.

INF: Well, the first season I got real seasick. I was working in sickbay, and all the sailors said, "Now you have to eat, or you'll get sick. Go up to eat when it's time for you to eat." I said, "Okay." Well, I got to the door and was standing in line for the door to open, and then when they opened the door out came all this smell of food, and you just...I just ran back to the bathroom, you know? Because you get so seasick. But after the next morning, I was over it, but it was a rough night. But the ocean, that storm lasted about four or five days, and the ship would just roll over. You couldn't even stay in your bunk, hardly, and I was in the upper bunk. But anyhow, we came into New York. And I got out of the Army; I was going to get married and that didn't work out, so I was out, and I worked several places around, I worked at Oak Ridge, Tennessee, and where else did I work? Two or three places. And I'd always loved the army, so I decided I would go back. Oh, I started going to Western. At that time, they had no courses for nurses' degrees or nothing, you know. They didn't know how to treat nurses. And I decided I would go back to...went up to Western that fall, and I was doing pretty good in my grades, all except what was...philosophy. And algebra. And I didn't have a good basis for algebra. And philosophy, I just couldn't understand it, so the...one of my advisors said, why are you making three straight A's in your other subjects and you only have a D in philosophy, and I said, well, I guess I've looked at man so long from the physical side, I can't see the philosophical side. [laughs] And he thought that was so funny!

INT: [laughs] I'm sure.

INF: I said, I've looked at him from the physical side...but anyhow, and then I decided to go back into the military. And I was assigned to Fort Bragg, to the 171 Evac hospital at Fort Bragg. But when you're not set up as a hospital unit, you're put out to different places to work. Like, I was assigned to the station hospital at Fort Bragg, but when we went...when they needed our hospital unit for maneuvers, then we would all go with our hospital unit out on maneuvers, and I went out on maneuvers down at Fort Bragg twice, out in the field where you live in tents, you know, and then, I think it was 1950, we were assigned to go and set up a hospital in Beacus [?] down in the islands, you know. Down in Puerto Rico, down there. We were assigned. So anyhow, they didn't put us on a troop ship, we were on a hospital ship. All the nurses...they always see that you're taken care of, so they couldn't put us on a troop ship or anything, because they didn't have room for us. With our hospital units, you know. And they put us on a hospital ship. And we sailed from Norfolk down to the Caribbean, and we sailed all over the Caribbean. Everywhere, we kept waiting for our hospital to notify us to come and set up the hospital unit. Well, we didn't. I learned to play canasta, and ate, and sat on the deck, for a whole month, it was just a beautiful vacation, but we never got to land. But finally they sent for us to come the VA, because, well, we thought we were going to set up a hospital, you know. We all got our stuff together and climbed down the rope ladder and out in the ships, boats, that they took us over...well, they just wanted us to see the island, but they weren't going to set up the hospital, so we all had to go back and climb back on the ship, the hospital ship, and came back to Norfolk. It was just a nice month of vacation, more or less. But then when the Korean War was declared, my whole hospital unit was given orders to go to Korea. And we were stationed at Fort Bragg, and everybody was there. We didn't have our doctors, because, you know, doctors were precious, and they just couldn't send...so we all got on the troop ship down to Fort Bragg, and we went all the way across the United States on this troop ship. Our hospital unit set up and cooked the food on the ship, and we were...of course, the nurses had berths, you know, and we had... it took us a month; I think it took us a month.

INT: The nurses had what?

INF: Berths, you know, sleeping quarters. B-E-R-T-H. [laughs]

INT: Okay. [laughs] Excuse me, go on.

INF: So we just had a good time going across, and we left and went by Chicago and across, down...and I'd never been through the West, and it was a very nice...I don't know how long it took us. I was trying to remember...because we couldn't get off of the train. Everybody had to stay on the train. Because they were so afraid somebody'd get off and they wouldn't get back, you know, and all that...so then we got to...Stoneman in California? It's been so long. Anyhow, we all go there, my whole hospital unit, and I guess we were only there a few days before they loaded the whole unit on a troop ship, you now, sailing out of San Francisco. So we

went from San Francisco to Yokohama, Japan, by ship. And we went down to southern Japan, and now I can't think of that city. And then from there, I think we flew over to Korea. And we went to Taegu first. And that was soon after all these units had been pushed back, and there were so many units there...I was trying to remember...how far did...we stayed there a month, I believe. You know, when you...and then we got orders...my hospital unit got orders to go to Pyongyang. The Americans had pushed back the North Koreans to Pyongyang, North Korea. So we went to Pyongyang, North Korea, and we set up our hospital in this...it had been a Korean hospital, but they had mutilated it before we got there, like, they had knocked out the windows, and there was no heat, there was no water, it was just a shell, you know? And we set up our hospital unit there, and the nurses...I think we lived on the second floor of this old building, and we just had cots, you know, little cots, like you'd use in the field, in the military, for your patients. [unintelligible] You don't have a mattress or anything, you know? We usually folded a blanket for a mattress to sleep on. And we set up our hospital unit there, and we started getting patients from North Korea, farther north, troops, and it got...when the Chinese invaded, they...of course, we got a lot of patients, and they were always in shock, because they had to bounce over those rough North Korean roads, and they were bleeding, and we just never got some of them out of shock. And the operating room went 24 hours a day, and you tried to...you'd do the best you can with what you had, and of course, we all were on K-rations, but luckily, our kitchen...they would take all the K-rations that came into our hospital unit for all the people that worked there, and for the patients, too, and they would cook the meals, and if you can imagine cooking out in the field with these little stoves and everything...the food was terrible, but that's the best you can do in the field when you're trying to take care of patients and feed them. And it was just bad, because we didn't have heat, was the big thing. We had little tiny stoves in the hospital, and they never kept the place...and when you've got patients in shock, you want them warm, but you can't...it was never warm enough. I do think they had blowers for the operating room, where they went 24 hours a day. But I just felt so bad, because I know that some of these young men could have been saved if we'd had warm places for them. But when you don't have, you do the best you can. And everything. And as I said, one of the funniest incidents to happen to the nurses...we lived, I think we were on the second floor of this old building and somebody was shooting guns off all night, we...I think they were Taiwanese [?] or one of those...the people that were guarding the hospital. And somebody with the gun, and we had to go outside to the latrine, you know, because we had no facilities. And so I said, "I'll never go outside in this dark with all those people out there shooting off guns." And I said to my friend, "If I have to go, I'll wake you up and if you have to go at night, wake me up." So we did that...well, it was so funny, one of the nurses said, "I'm not going out there to the latrine in the middle of the night," and she got her a bucket. And with these little stoves...it was real cold at night...she backed up too close to it, and you know what happened? She burned her rear. We laughed about that for days. You know, it's one of those funny things. I can still see her. She was so funny. She backed up too close to the stove, so...it was things like that. It was just so cold. You never got warm. Even...you wore all these...I wore...most of us...I just hate wool. The army would give you

wool underwear. We ordered from Sears, you know, the...it was pink! But it wasn't wool; I can stand...a lot of us ordered that to wear under our uniforms. And you had the pants and the shirt and usually you wore a jacket. Because it was so cold. But then the Chinese invaded, and I don't know how long we'd been there. A month? I guess about a month. And they came around and said, "Get ready, get ready. You have to leave today. The nurses have to leave now, this afternoon. Because the Chinese are coming and we don't want you females to be here." So that meant we had to leave our patients and everything. So we had to rush and get ready to leave, and we were at the airport that night, and it was 141, I think we had one Red Cross girl with us, and the nurses, and our commanding nurse, who was Colonel Bradley, and first shift...first plane got off earlier, about seven thirty. And the last of us, about twenty of us, were waiting for the next plane to come in. And we got on the plane and then they were tying down the luggage [unintelligible]. When you ride on C47s, I don't know if you know that, but it was the workhorse of the Air Force, and when you got on there you had seats down each side. But in the middle, they had put our luggage. We had all carried our helmet, and we had little olive drab knit caps that we wore, when we worked, most of us did. And...but we always had our helmet near. The helmet is the most useful thing the army had. We cooked in it, we washed in it, and it protected us when we needed, it, you know? And we all kept...I remember one morning, we couldn't heat water because we had no hot water, but I managed to heat a bucket of water on this little stove. And I went around and I poured about that much into each man's helmet, any patient that I had's helmet. And I gave this one guy, and he said, "Oh, that's the nicest thing that's happened to me in many a month." He said, "I can shave, because I've got some hot water." And can you imagine, it just made me cry, because here he was, so thankful for six inches of hot water, you know. Just little things like that, I remember. And I wish I could have done more, but you just don't have it, you know, when you have to carry the water up three flights of steps. Out in the field, everything is different. You can't turn on a faucet. And we had water trucks; the hospital unit had water trucks. Well, first you've got to find the water, the source of water. So that water trucks will go out right away, and when we set up anywhere, to find water. And they would fill the truck with water. Then they have to purify it. See, that's the second thing, you have to purify the water. And then you have five-gallon water cans, they look like [unintelligible], but they're water. And when you need water everywhere in a field hospital, like was it that time, you took your water cans and filled up your water cans and brought them back. And that's the way you got your water. It had to be purified by the men with the water trucks, and each hospital unit had their water trucks, and so it was rather precious. But anyhow, we had to get out that day. It was sometime...the first of December. I've forgotten what day it was. And they said to get the nurses out. Well, the first group got off all right, and we were sitting there, and I was sitting next to Colonel Bradley. And she'd been captured on Corregidor in the Philippines, and spent three years as a prisoner of war there, you know? And she was next to me, and we were sitting there, and all of a sudden we heard a bomb hit. And the first thing, automatically, we all grabbed our helmets and put them on, right quick. And here was poor Colonel Bradley. She had put a ball of twine in here helmet, and it got around the strap, and she

couldn't get it loose, you know? And I remember here frantically trying to get that twine off her helmet, so she could get it on. Finally she did. And I think the first bomb hit out from us, and the second...we knew what it was, you know, I've never been...and it wasn't just one plane, it...the second one hit a little closer. The third one hit close enough it threw rocks all over the plane, and the pilot hollered, "Watch out, girls! We've got to go!" And he went down that airstrip, he didn't turn on any lights, I don't know whether he knew when he got to the end or what. But he just didn't warm up...usually they warm a plane up that's been sitting...he just ran up and got us off the ground, so none of us got hurt. But just one plane there got through, but it scares you...and we all knew, and here's poor Colonel Bradley, who'd gone through Corregidor and all that bomb...and she shouldn't even have been there. Because you're not supposed to send anybody back into an area where they've been captured, you know? But she was fine. We made it back down to Seoul, and I think we slept on a chapel floor that night; so many units had been pushed back to Seoul, in 1950...was that 1950? Yes. December, 1950. So many units had been pushed back down there to Seoul, because we were in an old schoolhouse on the second floor, the nurses were. And we got up, and I looked out, and there was a whole artillery battalion...somehow they'd moved in during the night, and I hadn't heard it; they didn't wake me up. But all these big...45, 145, and all the Howitzers were lined up outside. And I started down to go to breakfast. In the field, you eat whatever you can wherever you get it and it's usually this and that. But I started down, and here were these two soldiers standing outside, going down the steps. And I said, "What are y'all doing here?" he said, "We're to guard you nurses." I said, "Oh we're not...nobody's going to bother us." But they had been put on the steps to look after the nurses. But anyhow, we stayed there, on that old schoolhouse floor... I think that was the last place. Because we slept in an old warehouse, and didn't have any heat, it was December and cold and we didn't have any sleeping bags; almost froze there. And just to show you how funny things are...one of the doctors...after I got over to Japan, he came over to Japan, and we went out to eat. And he was laughing and telling me...we were staying in this old warehouse, and it was a big room where the nurses were, in the center. And at each end there was smaller rooms where the doctors and our administrative officers had their bunks. And we were in the middle that had bigger space. And it was so cold, because there was no heat. And I just never took off all my clothes, and when I took a bath, I took a spit bath in the helmet. There was no showers. But anyhow, this doctor came over and he called me and asked me to go out to dinner with him. So we went out. He was a good friend, we worked, and he was married, it was nothing romantic, and he got two or three drinks and he got to telling me, he said, "You know that old warehouse in Seoul where we were at one end and you nurses were in the center? And I said, yes, and he said, "Do you know there was a crack in the doctors'...we put it in there and we could peep at you nurses in there!" [laughs] You know?

INT: My goodness.

INF: I said, shoot, you didn't see anything, because it was too cold for us to take our clothes off! [laughs] It really was, so I said, he would have never told me all these things...he said, yeah, we

put “five cents a peep” above that, I said, you dirty doctors. [laughs] Doctors, of all people, having to peep at the nurses. But it’s just one of those funny things that happened that you take with...you know, you just laugh about it, because it wasn’t anything...and I said, nobody took their clothes off because we...I even got under the blanket to take a spit bath because it was so cold. No heat, and it was December. And then they sent our hospital unit back to Japan. I worked...they kept our doctors. But sent all the rest of the personnel in 171 Evac hospital back to Japan, and we were sent out on what they called TDY, temporary duty, and I was assigned to the 361 station hospital in Tokyo. And it was...the army had taken over when...during the Korean war, when the Koreans...and it had been a Japanese hospital. It was fairly nice, and of course the army always fixes up...and it was out on what they called a [unintelligible] road, kind of out on the outskirts of Tokyo. But it was an interesting place, because I was assigned there on TDY and it was right among the Japanese places, you know, and there was one of the big sumo wrestlers' gyms just right down the street from us. I never did go to one, but I should have. And they would come walking down the street, you know, in their big kimonos, the sumo wrestlers; if you went out for a walk, you were always meeting them. And then up from us was a street where they made all these little flowery Japanese things, you know? You’ve seen all...well, they used to make all these...

[tangential discussion of Mrs. Dixon’s Japanese souvenirs in the room]

But anyhow, I was assigned to the 361 Station Hospital, and I guess we spent January to June and they called us back to Korea, so my hospital unit had to all get together again. You can see where the money goes in the military. And we all...I think we went by ship from down...I forget, Osaka...but no, we came...you forget all these places where you go in and out, you know, but I believe we came into Osaka. And we went by ship to Pusan, and then, let’s see...I was trying to think...

INT: I’m sorry, what did that have to do with the money going places in the military?

INF: What?

INT: You said, “You can see where all the money goes in the military,” I wondered...

INF: Well, think about how much it costs to move an outfit.

INT: Oh yeah, okay.

INF: And you’re constantly moving. And when you move...and we were a hospital unit, like 3171 is a small outfit. I mean, compared to a whole battalion.

INT: So they had a lot of equipment and stuff.

INT: Oh, yes. We had to take all of our equipment. Every unit takes their equipment with them. And you’re accountable. You have inventory of your...just like an infantry company. You have

to know...officers have to know all their guns, and where they're all accounted for. See, Everything has to be accounted for in the military. [Tangential discussion of military structure, inventory practices and the duties of the Inspector-General] well, nowadays, it amazes me...with even hospitals, that they can throw away instruments. When I first started out, in nursing, you didn't...you even patched your gloves, in the places when you didn't have perfect gloves, you used the best in the operating rooms, you know. But we used to patch the gloves, because we were...the hospital that I trained at was so poor they...and we didn't even have gloves for, like, catheterizations, that's when you do a...we had to just rub our hands and do them with just clean hands. I was so poor; we only had charity patients where I trained. And the city hospital...

INT: this was in Bristol, Virginia?

INF: No, that was Knoxville.

INT: okay.

INF: and you just didn't have the money. That was during the Depression, too, you see. And we didn't get out of the Depression till World War II came around. Because we were poor all the years I was growing...the thirties were the worst, you know. And everybody...so the military were gifted because even during World War Two, we had plenty of food, and we got butter while everybody back here was getting nothing. Because they...everything went to the military. And still, you have to account for...especially your big guns and things like that, and everything like that has to be accounted for. They have to do inventory...what did they call that? Gosh, it's been so long. But we had...everything is accounted for. There was some expendable stuff that was...you couldn't save. But most of the things...like in a hospital, all your equipment, your big instruments, and all that had to be accounted for. Because if...it's bad enough...I know that we throw away so much now, and we're much better off than most countries. Poorer countries, you know. But anyhow, what was I saying?

✓ INT: Moving in 1950?

INF: Yeah, we moved back to...we went back to Korea in August. And we stayed down in Pusan for a month, I believe, just waiting for orders. You wait, in the army, an awful lot. And then we were assigned to go to Taegu and set up a hospital; we did. We weren't getting that many patients, I didn't think. But I was...one of my friends went to a neuro, a surgical unit, up on...near the DMZ, and she went up, and I thought, I would like to go, because I'd always had a horror of seeing brain tissue out of somebody. I just...it always gave me shivers. And I thought, well, here's a good chance to work with patients that are...been wounded and come right in. so I joined...I asked for a transfer to the north surgical unit. And it was attached to the 8063 MASH. And I went and joined them. So we were attached to them for rations and stuff like that, but we were a separate unit, and we had...our main doctor, neurosurgeon, and then we had an anesthesiologist and two young doctors. They weren't [unintelligible] neurosurgeons yet, but they have to take...you take what you get in the army, and one was very young, he was just 25,

from Atlanta, Joe, I loved...I liked him, and Sam, and one was an anesthesiologist, and then our commanding officer was a colonel. And we had about six nurses and twelve techs, [unintelligible], you know. And we ran a neurosurgical unit, and we would get the patients that were...had head injuries or spinal cord injuries, and we would get them into our unit. They would bring them in...that's the first time that we started using helicopters. And they'd go down...they could go down in those ravines when a man was injured, and most of them were unconscious because they usually had a head injury, and they could go down and pick up the patient, and first they were all in these little coffin-like things on the outside of the plane. And I...of course, I shouldn't have said this, but it was...I said, "Oh, goodness, if anybody comes to while they're coming in on these coffin things," I said, "They think they're on their way to heaven because here they are sticking out of the [unintelligible] [laugh]." And we would get them...they had just been hit, maybe an hour before. And our biggest thing, one of the doctors told me, was when they got hit...the men in the field, the soldiers, carry morphine with them. And if they get injured and are in such pain, they can give themselves morphine. Or somebody could give them the morphine. And we were...had a problem, because you don't want to give morphine to a head injury, it depresses them more. And they said they were having problems because the men thought that would help them, where they shouldn't have any medication. And we would get them in, and they had just been hit, maybe some of them, an hour before. We had very few spinal cord injuries, just a few. But we had mostly head injuries. And...

INT: Was there any reason for that?

INF: Hm?

INT: Was there any reason for that?

INF: Yeah, they either got shot or bombed...you know.

INT: I mean, the spine injuries vs. head injuries.

INF: Well, I think because the head is up higher and everything. You don't get many head... you don't see many spinal cord injuries even today. You see a few. But ours would be very dangerous, for some of them had lost the whole use of their middle. But we had very few patients, the head injury patients, that were conscious. They were all, most of them, in a coma by the time we got...they had lost so much brain tissue, you know? And that... I remember one guy...I went in to where the...we didn't, the nurses...the colonel didn't want us working in the operating room because he said, I need you on the... out in the ward, where you can [unintelligible] we just went with the blood and the syringe, and the IVs, because they're all in a coma and you can't feed them, you know. You have to give...and we gave blood to them, he wanted them to get...I don't know how much blood we had to give them, see, like, every day, they got a pint of blood and they had an IV going continuously. And then...it was just...they would operate on them, these two young doctors would operate, and everybody seemed so young, you know, because one of them was just 25. And they would operate, and clean up the

whole...and take out the brain tissue that had been damaged, and do the best they could, and try to pull the scalp...they'd all lost their skull, you know, because you don't know where it is, it's gone to...so they'd have a big place where they would try...they'd pull, you know...the scalp over the injury. And most of them would be unconscious, in a coma, and then we'd put them into the ward. And you don't have...we just had little cots, they were that high...you know how high they are, no sheets, no mattresses, you folded a blanket and put it under them, and i can't remember whether we had any pillows, seems like we had a few pillows. And we would keep them in the neurosurgical unit for about...till we thought they could make the trip to Japan. And they...we had...and it, as I said, it's amazing what me...and they were doing this before I got there. Because you don't have sheets, and they void, they have no control over body functions. And they had figured out a way...don't...you don't have to put this in there, but it's interesting to me, because one day...

✓ INT: Would you like me to turn the recorder off?

INF: Well...it's interesting, because it's a medical fact.

INT: Okay.

INF: I went...well, it shows you, I've got one picture up there, where I'm standing; you don't have any chairs. You don't have any chairs...

INT: All right, and knee-high cots.

INF: And that's our field, unit, it's that one behind there. I'm standing doing my charting. It looks so neat and clean because we'd lined the tent...somebody had given the unit parachutes, and we put them inside the old tent. And it looked so much airier, and clean, you know, and warmer. But anyhow...I'd been there about my second day and we had field units...they fold together when you move...it has all your medicine, your bandages and that stuff in it, and I just jerked out this drawer and condoms went flying everywhere. And of course, every man...there was nothing but all the men in the tent, and the aides looked at me...I said, "What in the heck are we doing with these?" one of the men, the techs came over, he said, "Let me show you." See, what they would do...because we didn't have all this modern stuff at that time...they would punch a hole in a condom, attach a tube to it, you know, and then they'd run that tube down to a bottle on the floor. They just pulled a condom over the penis and kept the bed dry!

INT: Oh, so like a makeshift...

INF: And we didn't have...we couldn't afford...we didn't have enough blankets for them to wet...and they couldn't have...that was an interesting thing.

INT: I'll just turn this off.

INF: Is your telephone...

INT: Yeah, I'm turning it off there.

INF: But now I'm sure... I haven't worked at a big hospital, but I'm sure that they have all kinds of ways to do that. Because...rather than putting a catheter, because catheters carry infection so much. And we were able...and that's what we did with most of them that were...most of our patients had to because they were all unconscious. And that was one of the things, now; I don't know who had thought that up. Then we had the spinal cord injuries. And with the spinal cord injuries, you've got to turn them every two hours. And after they were operated on, somebody had got these...what do you call them...I used to call them sawhorses, that carpenters use. They're a frame with two legs that go like this; you've seen this, probably. They go like this, the legs do on each end, and you've got a board across in the center. They use them, I think, to put the boards on to saw. Well, somebody had come up with those, to make those for each end, and then, we only had field litters, you know, the canvas litters, and they would...the patient would go on the litter, and cut a hole for the catheter to drop down to the bottle on the floor, and they would...the litters were put on these sawhorses, they were so far apart. And then we had big straps, two or three big straps, you'd strap them closely, tightly together, and the men, then, could turn them, every two hours they were turned. So that they didn't get bedsores and everything, and you had a place cut for the face, so that that patient...because they're paralyzed, usually, from wherever the injury...and that's...I thought, what a unique...and I don't know who thought of that in the field, but you see, you learn to adapt at things, and it was interesting. We had one young Irish boy, and he was hit in the back, and he was a complete...paralyzed from, I don't know, waist down, I believe, and he said to me, "Sister..." they call you "Sister," the British, and he said to me one day, "Sister, the doctor said I'd never walk again." He said, "He was just teasing, wasn't he?" I said, "Oh no, he wasn't teasing," I said, "You'll never walk again." And I said...it's just...you know, you just have to tell them the truth straight out, because...

INT: Oh, definitely.

INF: It's better than...and everything. And it was so sad to have to tell him, you know, that he'd never walk again, but his spinal cord was completely severed. And he was on one of those... they have striker [?] frames in the hospitals, and oh, you just press a button, it turns over...but in the field, you have to learn how to do with less and make do with what you have, you know, that's the field.

INT: as a nurse, were you often asked questions people didn't want to ask the doctor?

INF: oh yes, many times. They're more comfortable with the nurse than they are with a doctor. Always. This boy that...when I went in to where they were cleaning this boy, his head, one evening, and he'd been...stepped on a trip flare, and one side of his head...his eye was hanging down here, and he'd lost all this tissue. I thought he was unconscious for a moment, and then I

thought, no, and the boys that were shaving...they shave their head and gets them ready for surgery...I thought, no, he acts like he knows, and I said, "John?" and he said, "Yes, ma'am?" and he was fully conscious all the way through all this. So I shook my head at the men that were shaving him, and they realized they shouldn't be talking and laughing, you know, like that, and then he went to surgery and they did the [unintelligible], cleaned his face, and sewed back up, and took the eye out...he'd lost the eye, and his face was all sutured. And he stayed there...he was there...about the third day, he said, "Nurse, do you have a mirror?" and I said, "Yes," and he said, "May I see myself?" and I said, "Sure." So I took him over to the mirror, and he looked at it, and he said, "God, who'd want to marry me now?" I said, "Now listen here, don't feel like that." I said, "You'll have plastic surgery and they'll put an artificial eye," and I said, "You won't look bad at all," you know, he was so upset. But they would, they would do a wonderful job, because he still had all of his brain, he knew everything! That was wonderful, didn't lose that much brain tissue. And to know everything, and they would put a...and do all plastic surgery on his face, where he'd stepped on the strip. And fix...and put in an artificial eye. And I'm sure he made it, because he was fully conscious from the moment, he never lost consciousness. So these funny incidents happen, you know, it's just like...one of the men...you know, we had British patients, and we had to give so much blood; we just constantly were sticking the patients, and he was in an...almost a...

INT: Did you give the blood?

INF: Huh?

INT: As a nurse, would you have given blood?

INF: Oh, no, we got it in from the States, you know.

INT: Oh, okay, I figured, I...

INF: And you'd think it was terrible, because it just looked so black I'd think, oh goodness, this must be bad. But they say it was still good. And we had to give them blood every day or every other day, some of them. And IVs, they had to have IVs continuously. Because they couldn't eat, you know. And about...if they'd been there a few days, then the doctor would say, "See if you can gavage them and get food." And put a tube down from their nose to their stomach and the dietician from the hospital unit would make up this awful-looking cod liver oil and all kinds of stuff, cream, and we'd gavage them to get food in them, because you can't live on IVs...you know, a healthy young male can't. And we'd keep some of them...

INT: What's...how's that word spelled, I'm sorry?

INF: What's that?

INT: Gavage.

[Informant spells it.]

INF: and put the tube down, and then we'd feed them. The formula that the dietician...we'd just take a syringe and push it in to their stomachs. Because they were unconscious and they needed more than just an IV, and this was filled with vitamins and everything that the dietitian would make up for us. And that's one way...you know, you got food into them. Because they would be...some of them were...some of them never...I don't know if some of them ever regained consciousness. They were that badly injured, you know? Maybe never regained...and we would send them back to Tokyo. When we thought, the doctor thought that they could stand the trip, we took them by helicopter from where we were...near the North Korean/ South Korean...we were in South Korea, but we were near the dividing line. And we would take them down to Seoul by helicopter, and then the planes would pick them up and bring them to Tokyo, to the big hospital. There was big hospital, Tokyo General Hospital, and they would do further work on their heads and that's where they would put in a metal plate to protect their brain, and all that. And some would never regain consciousness. They had lost too much tissue. And so it was a very interesting...it was hard work. Twelve hours a day bending over a cot. Can you imagine? Maybe that's what's wrong with my back. I'd better go back to the army and say, I've got all these back problems, can you help me out in a pinch? [laughs]

INT: What all sort of tasks did you do? Besides turning over the patients...well, I suppose you didn't turn over the patients, that was the aides.

INF: We did try to turn them, but we just...you know, you have so little equipment to work with and all that. The main thing...he just wanted us to see that they got their blood, their IVs, their food, and everything. Which you did; the ones that you really knew, just...we had this one guy, and I believe he shot himself. Combat gets so bad for some people, they just can't take it. Can you imagine being shot at and shot at and your mind is...way out. He was a Hispanic, and they said he put the gun in his mouth and pulled the trigger, and it went up and took out one eye, and took off so much of his brain tissue that he couldn't move or couldn't speak. He was completely helpless. And it took out one eye, and he...we used to prop him up, and he had one big brown eye, and that was the only expression he could have. And he's look at us with that one big brown eye, you know, and watch us, but he couldn't move. And we sent him back to Tokyo, and I sent a group of patients over to Tokyo, and I went up to the board at the general hospital in Tokyo and I thought I'd go up and see if any of our patients were there. And they had him in a bed, and he was facing the doorway, and so I walked in, he saw me, and he couldn't move, couldn't say anything, but I could tell, that one eye, that he knew who I was, you know, that I'd been one of the nurses. Isn't that strange, that...just the expression in that one eye, that was the only way he could tell...and I often wondered what happened to him, because he...I'm sure he made it back to the States, and at that time...I don't know how it is now; I think it's different now. If you tried to commit suicide, then it was Line Of Duty No. that means that you're not qualified to receive help at the veterans' hospital, you don't get a pension, you're left...yeah, if you try to commit suicide, especially during combat, it was considered Line Of Duty No. That

means no compensation. And I often wondered what happened to him. I think somebody told me...I asked about that...oh, it's been...I've been away from the military so long, I don't know all these things...that they had changed that, because actually, I think at the time that you try to commit suicide, you're not mentally all there. And you can imagine being in combat, just like the people in Iraq and Iran...not Iran, but...

INT: Afghanistan?

INF: Afghanistan. Can you imagine the pressure? Because you never know when you're going to step on a bomb, that's the biggest thing. I think they have more injuries like legs, because it's the bombs underneath. And mostly in Korea, I think it was straight fire, and either the bombing...they didn't use planes too much in Korea; the North Koreans didn't have planes. We were bombed one night, the hospital unit, when I was with the neurosurgical team. And it's funny...we were in my...we lived four or five in a tent, and it wasn't much bigger...it wasn't as big as this room, and you know, you'd sleep on a cot, you'd put all your junk under the cot, like our foot lockers and our bags. And we were sitting there talking to this young doctor, Joe from Atlanta, and a plane came over and was strafing the hospital. We all jumped out! We thought we could crawl under the cot...it's only that high, and there was all this junk. So we ran outside, and they had dug a big foxhole, it was a big square, about like this, the hospital had. And it was just one plane, it's not like a lot of...but we were...they were never supposed to get back that far, where the hospital was, you know? And here came this plane and you could just see it, just shooting, you know? And we all would run to this side. And he'd go around and come back this way, and we'd run to the other side. And it went on for about five minutes, and I thought, the poor patients, and all you've got over your head is canvas, you know, you don't have anything but a canvas over your head. And I wasn't on duty; I...one of the nurses was on duty that evening. And luckily, his aim was so bad, all he did was shoot holes in the water tank, and he nicked one or two of the Korean workers that...we always have Korean workers that do the hard work, you know, cleaning and we had...in the field you have an orderly, I had an orderly, and they take care of your clothes and everything because you don't have time, and they wash our clothes, and they hang around and do things, that's the way it is in the military. But nobody really got hurt, so we were just thankful that nobody got hurt that night. But it does scare you when you can see the bullets just coming at you, and we'd run over here and he'd come and we'd run to the other side. And it was just one...and lucky that nobody got hit. Except the water tank...shot holes in our water truck, his aim was bad. Because they didn't have much of an air force in North Korea, so that saved a lot of injuries, too, because they didn't...couldn't get down. They didn't have the planes. But anyhow, it was an interesting life, and I came back, and I got orders to come home in march of '51, I believe. And I came home, and I was stationed at Atlanta, at Fort McPherson, it's a headquarters fort, third army. And I didn't care for it, because it wasn't like a real army post, and then I got orders...I asked for a transfer, and a nurse wanted to come up to Atlanta from Fort Benning because she had a mother that was ill. And we more or

less swapped, and she came up to Fort McPherson and I went down to Fort Benning. And I met my husband. The second year I was there...no, the first year I was there.

INT: He was working there?

INF: He's an army officer too. [Laughs] and we both were captains and I outranked him by two days, that was all. [Laughs] we both were captains. And we got married there. And I got pregnant right away. And at that time, I had twelve years of service. I would have stayed in, but we had to get out, then. Now they let them stay in, see.

INT: If you're pregnant.

INF: They used to...if you got pregnant, you had to get out, right away, and so I had to get out. And of course he stayed in, and retired from the military, and then I...well, we lived at Fort...we were lucky, we stayed at Fort Benning, that's the longest we had, five years. I think four, three of them after we got married, and then he got orders for Europe, and he went to Europe, and we stayed in Germany three years. Came back to the states, and we were in Ohio, and then we went to Kentucky, to the recruiting department, and then where did he go...I believe he went to...we went to Fort Meade, and then he went to Vietnam, and of course I had to come to Cherokee with the kids, you know how it is, when you have children or [unintelligible]

INT: While he was in Vietnam?

INF: Yeah. And then we...

INT: Did you stay with family?

INF: no, I rented an old house over in...I had a lot of furniture and stuff at that time, and I couldn't stay...and I had two children. We stayed at a place over in...there was no...Cherokee was nothing; you couldn't find a house to rent. It wasn't built up, or anything, you know. So we found an old house over in Shull Creek nearby. And we lived there for the year that he was in Vietnam, and then he came back. We went to Fort Benning...I liked Fort Benning, it's my favorite post. We stayed there...three years, I believe? And he got orders to go to Iran, and dependents weren't allowed to go, I was a dependent, so we came and bought a house. He was almost due for retirement, you know. We bought a house in Black Mountain, and I didn't care for Black Mountain, I didn't like the area, but we lived there till he died. He died fourteen, fifteen years ago. '96. Fourteen, I guess. '96, he died. And I debated whether I would build near my daughter or come back to Cherokee. Well, I'd been away from my family, and I thought, well, I'd like to come home and I came home and built me a house here. And I've been here ever since. [laughs] And I'm getting old, now. I am old. And as I said, my sisters and my family have left me. Because the two that...my sister in the nursing home, she's my oldest one, she's still alive, and then my youngest one, and I'm in the middle. So there's the three of us, and

I just haven't been able to get out this year because my health has been the poorest, but I hope to get better. It's just one of those things...I said, when you get my age, you roll with the punches; you take what comes and try to make the best of it, because life...I've had a good life, I've had a very good life, starting out so very poor in the mountains and everything, and I think God has been good to me, really. I've had pancreatic cancer, and people don't live through that. Especially after they have the surgery. It's almost...well, when they tell you, when they told me, I thought, it's a death sentence, you know. When they found it, after they did the biopsy, they put you in the hospital and do the biopsy, and of course, he comes, their gastro neurologist comes and says, "You've got pancreatic cancer." I had that when we lived in Black Mountain. And being a nurse, I knew it was a death sentence, you know, you just...I wouldn't have...anyway, I used to know a clinic in Philadelphia that does pretty good with pancreatic cancer. He said, "Hold your horses; I've already called a surgeon." And I didn't know the surgeon or anything, but in walked Dr. Gatlin and I just loved him because he was so quiet and reassuring, and he said, "Where the cancer is, we think there's a little bit of a chance." But he just tells you right then and there. I knew what it was like, you know. He said, "You know that the operation is so traumatic you may never wake up," and I knew that operation...they just take everything out and you are so sick. And he said, "I wouldn't even do the surgery, but I think there's a little bit of a chance, where the cancer is." Instead of being completely in the pancreas, it was right at the mouth of the pancreas, and I was getting dreadfully sick at my stomach, three months running. I thought, my gosh, what's wrong, I'm getting so sick at my stomach. It was blocking the pancreatic juice from getting out into the small intestines, see, you use it for your digestion, especially of the sugar, you know, it takes care of the sugar. And he said, "there's a little bit of a chance, we're going to take it." So he did, and oh, you're so sick. And I made it. I didn't think, the first week, that I was going to make it, because you're so sick. It's one of the worst surgeries you can have. It lasted from seven-thirty to five thirty in the afternoon, so you can imagine how sick and how terrible. And I'm sure he had to take breaks because he did the whole surgery, he and his assistant, and it's very complicated. They take out your gallbladder, of course. And they take out about two feet of your small intestine; to be sure they're getting all the cancer cells. They take out the big head of your pancreas...all this has to come out, then you have to reattach your stomach to all that; can you imagine how you can live? [Laughs] And I made it, oh, but you're so sick, just so sick. But luckily, I didn't even have to take insulin. He told me...first he said, "I don't believe in chemotherapy and radiation for pancreatic cancer because you...it just doesn't work," he says. You can take it, but you're going to die in a year after you get that, usually. And he said...so I didn't even have to take insulin until about two years ago. I started running...my sugar started going...it's not bad yet, but...and I think it's because of the...what's left of my pancreas is not secreting enough insulin to take in the sugar in my body. So I watch my diet a little bit, and everything. But I was one of the lucky ones. You don't find anybody that lived 21 years that had pancreatic cancer and then the surgery. Because the surgery is [unintelligible] surgery, they call it, and it's terrible. Oh. It's just terrible. But I feel God was so good to me, you know, and that's why I can take this. Being dizzy, it's aggravating, and things

like that, and my body is getting old...I have...what did he tell me? Spinal stenosis or something, and I just...you know, your body just wears out. And the vertebrae, he says, is pretty good, it's the nerves. And it's giving me awful backaches when I get up to do things. But I'm going to start physical therapy, and if it helps...I'll keep on for a while, if it doesn't, I'll... because I'm sure I was fussing about my insurance.

[Tangential discussion of the Informant's insurance policies]

And people are living to be older. Health is so much better. My father was 99 and a half, and he would have made it to over a hundred, except he was a spree alcoholic, you know, and he abused his body a lot, and as I said, my sister is 102, one brother was 97, one was 94, so we're a long-living family.

INT: On that note, may I ask you what year you were born? For the tape, here? ✓

INF: Oh, didn't I tell you? December 29, 1919. I'll be 91 in December.

INT: I think you did, but I don't think the tape was on at that moment.

INF: [laughs] December 29, 1919. So I'm about the oldest...I'm one of the oldest ones on the reservation. Well, there's a few, but as I say, I don't think any of them is older than my sister, though. And she's been at the nursing home two years. And she likes it. [Tangential discussion of sister's situation.] All the people in my class that I graduated from, are dead.

INT: Your high school class?

INF: Yeah.

INT: And what year was that, speaking of?

INF: That was in '38.

INT All right. And you went straight on to nursing training?

INF: Yeah. And I...well, I think two out of my class of ten got killed during World War two. Because we had the...see, all those that graduated...I just had gotten out of nurses' training, and all the young men that I knew, most of them, were at the age where they would have to go in the service, and a lot of them joined without being drafted, you know. Because they were to the state where they were taking older people. All my brothers were married; my youngest brother was killed in Europe. He was married with two children and they drafted him. He was killed in Europe, and my middle brother...he went, and they sent him to Alaska, I believe. And he was married, and my oldest brother, I don't have each older...they took him, but he didn't pass the physical. When he was about eighteen, he had a ruptured appendix, and that was back in the day when they didn't have good...they didn't have antibiotics. People can't understand...when I first went to nurses' training, there was no antibiotics. You...we had to pull it through with

nursing and doctor care. We didn't have all these fancy drugs that you have now, that you can give it to them. I bet you most doctors nowadays have never seen a case of diphtheria or yellow fever. Well, I have seen both. I had one little boy when I was twenty years old, in our contagion unit, a little boy with diphtheria. He died on me, and that was one of the worst deaths I ever want to... he just was in an oxygen tent, and he had diphtheria, and he was filled, his throat was crusted over with all this mucus and everything, and we were to suction him whenever he needed it. And the other nurse...it was a three-story building, only contagion, and he started choking up, and I tried to hold him...he was in an oxygen tent. I tried to hold him down and suction him to get the mucus out of his throat, and he fought me like a tiger, I thought. I didn't have anybody, I was alone, twenty years old, alone, and here was this baby dying and I could do nothing. I felt so bad. And anyhow, he died, and I called the intern to pronounce him dead, and he came down, and I said, "Oh, I'm so sorry, I felt like if I could have suctioned him then he might have lived." He said, "Oh, no." he said, "Miss Sneed," I was Sneed, "It wasn't that. His blood was just filled with the diphtheria toxin." He said, "He wouldn't have made it, it wasn't because he was..." he was just dying, and he fought me in that oxygen tent and everything. But you see, most doctors have never seen... I have seen tetanus...we had one alcoholic when I was a student nurse, and we had a very contained contagion unit. Oh, you had to wear all this gear, and it was...you had to scrub your hands, and everything worked like a [unintelligible.] you don't see that nowadays. Gosh, you got antibiotics, see, and they're abused. You know that. Don't let anybody give you an antibiotic unless you really need it. Because someday you may need it. I'm very leery of antibiotics. So anyhow, we had...I saw my first case, only case of lockjaw, tetanus. Because you have vaccinations. And two drunks were out drinking, and one of them bit the other on the thumb. He got tetanus. And he'd go into these spasms, and he'd arch backward, you'd think he was going to...his body was going to break. And the only thing we could do was to give him morphine to try to relax him. And you...most people don't see that. During World War One, there was many cases of tetanus, you know. Because they were in the trenches, where it was dirty and muddy and all that, and I saw my first...when I was at Walter Reed, the first year, that was nineteen...when did I go...forty-two. We started giving penicillin to the patients. And we were getting patients from North Africa. And it was clear, just a clear liquid, and you had to give it by injection, and you have to give it every three hours. And those poor men...I would fix a big tray, you know, and you'd have all these things...and they would holler, "here she comes! Here she comes!" and I'd have to give it in their backsides, you know? Every three hours. Now a lot of times, you can just give an antibiotic one time. And it's clearing up. But we're abusing antibiotics so badly. People want an antibiotic for everything, and they don't realize that they didn't come into being until 1942, it was invented. First...before that, the penicillin. But now, look at the antibiotics that we have, and people just want them. I just won't ever take an antibiotic unless I'm running a raging fever or something. I just don't take antibiotics, because someday you're going to need it and it might not work. And that's why we don't have contagion units like I was trained in. Now hospitals don't have contagion units, and all that...that was the technique on that, well you, shoot, they even wanted us changing our underwear before we

Wow!

went! That was [unintelligible]...we had to change our dress and wear a cap and a mask so that we...none of us ever got sick, and we were running all these patients with all these diseases. Because the technique was so strict. It was really strict. And you had to wash your hands and you had to use your...you never touched the sink, you used your feet of or the water and everything, because it was set up...that's a contagion unit, but you don't see those anymore. They tore it down and threw it out, because the antibiotics came into being.

INT: Okay, can I ask you a little bit more about your training, like how it changed over time, different things you did working there?

INF: Oh yeah. Well, as I said, when I first went into nurses' training, it was a city hospital in Knoxville, and very poor. They didn't have money, and we...our patients were charity patients, they didn't have money. So we took care of them, and it was a ward, we usually kept...we had a few private rooms. And it was so much different, the care that...and the nurses did everything, and the patients...well, it was...the medicines were very few because we just didn't have all these wonderful medicines nowadays. And they did surgery, and there was...we had medical ward. We had two medical wards, and surgical ward, and everybody dreaded getting night duty on Ward Five, it was the women's surgical ward. And everybody...do you know who got it? Me! [Laughs] at night. You worked from eleven to seven by yourself. You didn't have any aides, you know. There was...

INT: And why was it bad? That ward?

INF: Because of the patients. You had all of these surgical patients. And you had to get them ready for surgery. And you didn't have recovery rooms, they came right back to the ward. And it was one big ward, plus, we had maybe two private rooms at the end of it, and usually that was where you put a paying patient. And you had to do everything, you had to give all the shots...and the worst thing about that, our narcotics were kept down on another floor, because they were in a lockbox. And you had to go downstairs to get your morphine, codeine...you had to leave your patients alone. I mean, it was so hard. And everything was so difficult; you just ran your legs off. You learned to depend on yourself. And all the nurses dreaded Ward Five at night, because that's where a lot of them met their Waterloo; they couldn't take it, they quit. But I would draw it, you know, and I made it through that...and it was...but nursing and doctoring has changed so much now, there are so many medications and I don't even know all these treatments. And now, with a computer, a nurse doesn't work as a nurse, it's usually the nurse, the...what do I want to say? Not the nurse's assistant. The practical nurse takes over most of the patient care now. And the nurses only do the technical stuff and the books. You know, it's changed an awful lot. Because I was strictly a bedside nurse.

INT: Did you have any classes during your training those three years, or just practical training?

INF: Oh yeah, we had to go to class. For the first four months, we didn't go work in the hospital. You had classes. And even...you didn't have any days off. On Sunday, we made our own gauze.

We took the big bolts of gauze, we learned to make the gauze, we learned to make the cotton pledges, the applicator sticks...see, I could go and set up and do all this today, because that's what we started...that was done on Sunday, we didn't get Sunday off when I was a student nurse. And then you started going to the ward. They taught you, like the first shot. You gave a shot to one of your classmates, and she gave you one. And they would teach it in class, and then the teacher would take you over to the ward, and you would do it with the patients, like...you would bathe the patients, you would give them a shot, and that's what she wanted you to do. You would bathe them, and all that stuff. So gradually...it was the theory and the practice came together, that's why most nurses who graduated from a hospital school can go right into a hospital anywhere, where the university...they haven't had all this practical experience. Because they get the theory, but they never apply it on a ward with a patient, see. And that's why it was so cheap; we were the city's nurses, there, at the city hospital. The student nurses did it all. And interns, who weren't paid very much, they were the doctors. We'd get our interns right out of med school and they would come there. And it was the city hospital, they didn't...they had...just like we had supervisors, but they weren't always with you. But that's the way the whole...then you would...toward the end of the last year, let's see you spent three years...three months in OB and GYN. Delivery and...you spent three months there. You spent three months in contagion, just like I was telling you, working like a little dog. And then you spent three months in the operating room. I think we only spent six weeks in diet kitchen; we had to fix the diets and all that, and then the rest of the time was spent, generally, on the wards. And the nursery...had to have the nursery and all that, the newborn babies and all of these were patients that couldn't pay, so they were very poor, and it was...I mean, I thought I got the best training, because I've seen university graduates that don't know how to do a bladder irrigation, and things I learned in six months! Because we had to do them. And that's the only thing I have about university graduates. They don't have the practical experience. They might know the theory and write big theses on it, but they have never got out there and done it like we had to do it from the very beginning. I don't know how it is now but...when I stopped taking the American Journal of Nursing was 1980, I said, I'm not going to take it anymore. On the state boards, across the United States, guess who was making the highest grades and passing the most students. Your diploma school nurses from your hospital. Next was your two-year graduates, from these two-years...the third was your university graduates. They came in third. Now that tells you what they were lacking in experience.

INT: Have the jobs that degree and diploma nurses get, have those changed over time?

INF: Yeah, they want you to go and get more education now. And there's very few hospitals...I don't know of any hospital now that has a diploma school like I went to. But that was all there was back when I started in 1938, was the...you went to a hospital. Even Bellevue, the biggest hospital in the United States, you know, city hospital? They had all diploma...most schools, nursing schools, were diploma schools. They didn't even have any kind of classes for nurses at the universities, none. So now it's gotten...but I do think that they should require the university

graduates to go and work in a hospital. A city hospital like I had to work in, and to make do with what you had, and to know what it was to take a patient right off the street, you know, they had no money, no nothing. I didn't realize...I thought we were poor, when I was growing up, and I didn't know how poor some people are till I had this male patient. And on a ward, and I'd been in nurses' training about four or five months, and I was working...and he was discharged, and I said, "What are you going to do?" and he said, "Well, I've got a quarter." And you could get a taxi in downtown, in Knoxville. He said, I'm going to take a quarter and get a taxi downtown, I said, "Don't you have any family?" He didn't have any family, nobody, no nothing. You know, I'd had a big family and there was plenty to eat, we were poor, but I was more like that, you know? No family, no nothing. And that always has stayed with me about this man. In his fifties, and he liked the hospital, because it was...food, it wasn't the best food in the world, and it was warm and clean and we took care of him. And then when he said, "I only have a quarter," and I'm going, get a taxi and go downtown, [unintelligible], he would just...that's poor, in my opinion, no family to come pick you up or anything, or any family to look after you. And I'll always remember that man. And I thought, well that's how some people live in the world; I had never seen poverty. I thought we were poor, but that...you know, it's sad. But now there's so many social programs, we didn't have all these social programs. That they...my father and mother...my father did start drawing Social Security. And my mother too. But you know, it only came into being in 1935. [Tangential comments on current Social Security issues and advice about retirement.] But most of my money comes from my husband. When he retired, he was retired as a full colonel, and they had a program, annuity program. And when he got out...see, even though I spent twelve and a half years in the military, I got nothing. Because you have to spend twenty years to the day in the army before you get anything. Well, I couldn't, because at that time, you had to get out when you got pregnant. [further discussion of her pension plan.] I wanted to be a librarian, but we didn't have any money to go to college; I had no money. So, going to nurses' training, I didn't have to have any money except 200 dollars, and I borrowed that from the Bureau of Indian Affairs. And I had to pay it back. But now you...do you know now, that my grandson is going to Chapel Hill. The tribe picks up all his bills. And if he was to make...he made very good grades the first semester, because he would...the would give him...every time you make all A's, or even B's, you get 1200 dollars extra. They pay for everything. They pay for all his books, all his food, lodging, everything; if he wanted to live in an apartment, they would pay for that. And he's only...I'm five sixteenths, he's very little. He'll be the last one in my family that will be on the roll, because the Indian runs out. See, there's a big controversies now, about...they're doing a study...because there are people on the roll that have lost all their Indian or shouldn't have been on that the first...my mother was half, my grandmother was full Cherokee. I never knew it before she...

INT: What about your father's side of the family?

INF: My father was an eighth; my grandfather was a quarter. So I'm five sixteenths and they take it down. And my children are five thirty-seconds, and my grandson's five-sixty-fourths.

And he'll be the last one in my family unless he marries an Indian. So that's the way it goes, and it should be, you know, your Indian blood runs out. But I was born and raised when there was only about two thousand of us on the reservation. And we were poor, and I used to know everybody, and we walked everywhere, and I was telling Dr. Williams, I get so concerned about the Cherokees because they're so fat, they're obese. So many of the young ones, that's what worries you, the young ones. And we've got a beautiful gym, just beautiful; it has a swimming pool, racquetball, it's got a walking track, it's got expensive machines to exercise, and that's where I was trying to get my balance and that's when my hip got [unintelligible] out. So I had to take off two weeks, but I'm going to start back as soon as my hip gets where it...I had to walk with a cane, you know, for the last year, practically, my balance was so bad, then my bones are going, I said, "I can't win! This year." But it is, I said, it bothers me because when I was growing up we had no obese people on the reservation. I don't remember a single person that had diabetes. Now we...

INT: What was health care like then?

INF: Huh?

INT: Sorry to interrupt, but what was health care like then?

INF: Very poor. [Laughs] we had a hospital, if you can call it that. At the time I was growing up, we had one doctor... we didn't have a doctor, he came from over at Whittier, and down at Bryson City. And he did my tonsils when I was ten; I thought they were killing me. But he...we had a nurse, one nurse, and she worked...stayed, lived in the hospital, and took care. And we had a nurse that went out on the reservation, like a field nurse.

INT: Okay. Was she Cherokee?
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INF: She was Cherokee for a while, till...she went to Oklahoma. But now they've got this hospital, and we spend millions up there...I don't go up there except in emergency, because I pick my own doctors. [Tangential conversation] but they have a beautiful hospital, I don't know how many doctors, they've got everything up there. And beautiful equipment, and we have a good dental section, but I just don't go there because they charge my insurance more than if I went to...they clobber my insurance, and I just don't want to do that to my insurance.
[tangential conversation]

INT: Were you ever sick as a child?

INF: Yeah, I had pneumonia as a baby; my mother told me that I was...came nearer dying than any of the ten children she had. I had pneumonia when I was about nine months old. Lobar. And when I had pneumonia at Walter Reed, it was the viral. It was just coming out. Because I'd been taking care of patients on the one floor and bathing all these patients with this viral pneumonia; I got it. And I was on the floor above, and the doctor said to me, "Well, at least we

know it's contagious." Here I was...so I had to stay at the hospital two weeks, and take two weeks off, but anyhow, I had that, and of course I had malaria, and that's all that happened to me, you know, in the military. And I'm not going to ask for anything, but there's so many...that bothers me, too. [Tangential discussion of husband's health, difficulties with military pension.] But we love the military, we really did, we liked it. You have to like it and appreciate it and we did, we liked it.

INT: All right. I can only tape about two hours of interview, there's...

INF: Oh, okay, that's fine.

INT...a couple more questions I wanted to ask you before I turn the thing off, I'm sorry to interrupt, but...

INF: Yeah, that's okay.

INT: Well, I wanted to ask a little bit more about your childhood here in Cherokee, and how folks dealt with illness and what they thought of the doctors here.

INF: Well, we just didn't have any. We appreciated it when we did. We just didn't see any, you know? I don't...let's see...when I went to...we went to boarding school, and I can remember being in the little hospital over at Cherokee, it was very primitive, and I can't remember why, and it must have been...I either had the red measles, the real bad, measles, not the three day. Because I can't remember what, it...but that's the only time I was in the hospital. And we weren't...we had no dental care, except if you had a toothache, you got to...and my teeth are bad today, partly because I had no dental care; my family was too poor to stress brushing your teeth and all that, you know. A doctor came in, like Doctor Tidmore, he lived over in Whittier, it's not hardly a little village, now. And he would come, and he did surgery. And we had a nurse, and she did twenty-four hour duty. She lived right in the hospital, and they had attendants at night, would call her. And I just can't remember...and they did do deliveries, a few deliveries. My mother had ten children, five by midwife. They lived way up on Wright's Creek, way up on the mountain.

INT: Was she Cherokee, or

INF: Oh, yeah. She was my half...she was the Cherokee in the family. And then she...and then the last five of us were born right out here, on the mountain, and there was a doctor at Cherokee and he would come out and deliver us. He delivered the last five...so she had five by a midwife, and five, the last five, by this doctor from Cherokee. And he came out, and he rode a horse, I remember when he delivered my sister four years after...he rode a horse, and we were there running around in the yard, and my aunt was with my mother, and he delivered my mother. So there was very little...you know, most everybody was born in the home. Unless there was...I just don't remember. My brother who was...he had the appendix that ruptured, he was

seventeen or eighteen. And somebody did the surgery, but it had ruptured, and of course, there was no penicillin. And he...took him a long time, and the scar was so bad where it healed, that he could...but there was very little...and as I said, we didn't have a...they called them a field nurse, that went out...later on, we did get one, and they'd go, she would go with the doctor to deliver in the homes, things like that. Well, we had very little medical care, and hardly no dental care on the reservation at that time. And if you wanted to see a doctor at Bryson, or Whittier, or wherever, you had to pay for it, you know. Because it was very primitive care at...when I was growing up. And everything was taken care of in the home. Because I remember, my mother said...the doctor came to see me, and they thought I was going to die when I was a baby...I was about nine months old when I had the pneumonia, and it was both lungs, lobar. And so, but she said I made it, I was a big healthy baby and I made it, but she said I came nearer dying than out of her ten children, you know, ten, raising ten? We were just little barefoot imps, looking after ourselves. But see, it was different then, it was...this road wasn't down here, this modern road, there wasn't anything, it was all rural. And we...in the summertime, we spent our tie mint eh mountains walking, or down at the creek, you know, you made your...I had cousins, and we'd get together every afternoon and wade in the creek, and swim in the creek, and pick blackberries and all those things. It was a different world than it is today on the reservation. Quite different. The kids have so much today, and they don't appreciate it. They're all too heavy...oh, goodness, they're really working on that, about how so many are diabetic, and they're getting to be diabetic. And that's what's wrong with the United States. We eat too much. And it's not the right food. But...yeah, it's just quite a different world today on the reservation than it was when i was growing up. We were poor, but we didn't know it because everybody around us was poor, and all that, and it was just, as I said, going to school, just getting through high school...they didn't even have a high school at Cherokee...only went to the ninth grade until about 1936 or 37. They started a high school. When you got out of the ninth grade at Cherokee, you wither went to Haskell, which is a big Indian school in Oklahoma, or Shellaco [?] they gave you a choice of those two, out in Oklahoma. And you usually went right out...went for your high school. I think we went for tenth, because we went through ninth, and then we'd start...and most of the students, especially the girls, didn't have enough money to come home in the summer time. And they worked as domestics out in Oklahoma and Kansas City and places. My aunt went, and we didn't...well, she left before I was born, I believe. She spent eight years out in Oklahoma and she came out a teacher. They used to...at Haskell, they would keep them there, and she went and stayed eight years, and she got a teacher's, I guess certification; she could teach in the Indian Service. But we didn't see her for eight years, because nobody had money to send for them to come home, you know? And nowadays, when the tribe can pay all this money for these kids to go to any university that they can get into, oh, it just breaks my heart when i...and you know that they get...since the casino came in, we get what they call a per cap. They divide...when they set up the casino; it was voted on that half of the money they made at the casino would go to the individual people on the roll. So every six months, whatever they've made, every individual who's on the roll gets a certain sum of money according to what it's made. So we've been

drawing...I don't know...mine...they always take out insurance. [Laughs] about 900 dollars' worth of insurance. Most of us were getting between three and four thousand dollars every six months, which is pretty good. And for the young kids that are born, they don't get their money till they're eighteen years old. And then they will get their...it's invested from the time. Until they're eighteen. It's invested by these investment people that handle the investment. And when they're eighteen, they get the whole amount of money. [Tangential conversation].

INT: Did you...may I ask, this is sort of off topic, but did you ever feel discriminated against in your work because you were Cherokee?

INF: No, a lot of people say that, and I never did. I know once in...I don't look too much Indian, you know. Once in nurses' training, we had an instructor, [laughs] it embarrassed her, she didn't know I was from Cherokee, and she got to talking about the Indians, and she said, "Oh, they're so sly," and all this, you know, "Devious" and all that. And she said something, and I said, "No, I don't think they are," and the whole class just laughed, because they knew I was Cherokee, and she found out I was from Cherokee. But I've never been prejudiced...and my sister says that the fuller-blood Indians used to pick on them at school, because we're whiter. I'm not white as some Indians. There are some Indians that are whiter. And I never did feel that, you know? *Interesting!* Because the fuller-bloods were antagonistic sometimes, against the whiter [?] there are some that I wonder how are on the roll, because I thought their Indian had run out. But now that they're coming out of the woodwork, wanting to get on the roll, because there's money involved, you know? You know, mentioning money. And people will come back, and say... I have more people ask me, "How do y'all get on the roll? My mother was an Indian; my mother was an Indian princess!" And all that. Well, it's a...you have to prove it by blood. And they've had this long controversy. We've had this; oh what did they call it? And there's some they want to test by DNA. Because they're not enough Indian and they're on the roll, and they want to get them off. I don't know, they have...they've paid out thousands of dollars to prove...

INT: I'm surprised that DNA tests could...

INF: Yeah, how does that...especially when you're so little, that's what amazes me, when you get down to a thirty-second you're practically...does it show up then? I don't know, they had a meeting and we discussed this. But there's several...they went back to a roll that they call 1924 Baker Roll. you have to prove your connection back to that roll. Now, my Indian grandmother, I found her on a roll in the 1860s. she was a Nick, and she was full Cherokee, never spoke English. But she died...I never knew her, because she died before I was born. She died before my mother got married, and my mother thinks it was pneumonia. You know, back in those days, it was a terrible thing to get. But nowadays, there's so much controversy. [Tangential conversation] And now, anything else?

INT: Oh, yeah, a few other things. Did you meet other Native Americans in the military?

INF: No, I never did. I met one nurse, when I was at Walter Reed, I met one nurse, and I believe she was Sioux. And I think she was a patient, and she wasn't there...I never...that was the only one I ever met. It's such a big army, you know, I thought I'd meet somebody that I'd know, I met no one that i...one...I was at one place in Virginia, one day this black boy came by the ward and came in to speak to me, and he said, "Do you know who I am?" and I said, "I'm trying to place you." He was one of our orderlies at the Knoxville General where I trained. I ran into so few people that I knew before I went in the military. But that was the only nurse I knew...

INT: Wait, so was that hospital segregated? The one that you trained at?

INF: It was what?

INT: Was it segregated, the one that you trained at?

INF: Psychiatric?

INT: Segregated?

INF: No...oh, yeah, yes, yes. We weren't allowed to work on the black section. And we could...we had...the only black patient, we had a little black two or three year old baby in the contagion, because we only had the one contagion. And he had whooping cough, you know, and he was about dead [?] and he was so cute. And...but we weren't allowed to work...and I was scolded...I worked in the eye clinic...I guess that's one of the reasons I hated the eye clinic. We were never to address them by Miss or Mrs., you know, or anything like that, the black people. That was one of the rules of that society. And I went out, and I had this chart, and I didn't know who they were. They were all...I said, "Mrs. So-and-so?" Whoo, supervisor got me, she said, "We do not address the black people as Mrs. And Mr." And of course I knew that, but you just look at a chart, you're not looking to see if they're black or white. Yes, it was very segregated back then, very. ✓

INT: That's interesting.

INF: Even our military was segregated. When I first went in the military, they had their own...all of our techs at Walter Reed convalescence section, when I went there, we had a black company, a black...ward attendants, you know, men, they were all black. We had none it that...it was a whole company of blacks. And we had a band...I think, was there some black ones in...? But...

INT: Well, were there black nurses working there?

INF: No. I didn't see any black nurses till Korean War, there was some black nurses starting to come. Very few. And they were treated just like everybody else, at that...but we never had any black nurses in our units, any of them. But now it's all...more...yeah. Integrated. Very integrated, now. But back when we started, there was no...the blacks...and they finally started

integrating right about the end of World War Two, I believe. Even that air troop that they're so famous, you know, they were all black. And they were segregated. The companies were segregated, you didn't have blacks, so...and everything...I was trying to remember...we took care of black patients at Walter Reed, I believe. Yeah, sure, we did. Took care of black patients at Walter Reed. They were just starting, during [unintelligible] but there was no companies that I knew of that were white and black together, they were integrated into companies of black...and all that. I think a few doctors started coming in...i was trying to remember...I think when I was down at Fort Bragg in 1950, I remember the dermatologist, I liked him so much, he was black. They were just starting...about 1950, they started taking in the doctors and everybody. And we had one black doctor in Korea, with our unit, and only one.

INT: When did you first work with a female doctor?

INF: I'm trying to think if I ever did. In the hospital. I don't believe I met a single female doctor. I really didn't. I was trying to think. I know that none at Walter Reed when I was there, and I was at Fort Bragg and I can't remember any there, and there definitely wasn't any with our hospital field units, you know? I can't remember...even when I left, got out of the military, down at Fort Bennet, I don't believe there was any black doctors...female, I believe there was one or two black doctors. Male.

INT: Well, were there even white female doctors that you...

INF: I can't remember. I don't believe there was. You know, it's just so different nowadays. They've really integrated the whole military and everything. I was just trying to think...because I remember when I was in Korea, we didn't have any in our unit. But in the unit...the 8063 MASH was a separate unit from the neurosurgical...so I believe they had one or two black nurses with them. There may have been one or two black doctors. There might have been. They were just starting in 1950, 51, 52. They were just starting to bring in medical and nurses. Integrate them. And I don't know when they integrated the troops; I really can't remember when that started. Because it was always black, you know. Usually the officers were white and the troops were black, but now it's fully integrated.

INT: Oh, yeah.

INF: I don't...as I said, it never bothered me. It just...being on the reservation, we were not exposed to all the integration. In the little towns nearby, or big towns. And I didn't notice it until I went to nurses' training that people...the black were separate from the whites, because they had a separate hospital unit of the city hospital for the blacks, in Knoxville. And we didn't take care of them, but we did take care of them when they came to contagion, but we had very few, because I remember the little black baby we had, he had whooping cough. And no nurses were black...except the black nurses, they had black nurses to take care of the black patients, see? Because I remember some of them...and we did operate on them, the operating room...but they had an operating room over there, and I can't remember if the doctors would go over there

and operate too. But it was such a poor hospital, you know, everything. It had to be paid by the taxpayers, and that was during the depression, nobody had any money, you know that. Not like it is nowadays.

INT: Ah, so...maybe not discrimination, but did you ever come across people being really curious about Cherokees, or end up explaining things...

INF: Well, yeah. They used to wonder...one of the guys that...one of the patients said, "What nationality are you?" and I never did say anything. And they were curious, they thought I was Italian and this, because I am darker, you know, but I just...you know, I never did bring up the subject, and nobody else did when...I'd just tell them where I was born. And one day, one of the patients said, "What..." one of the officers said, "What nationality are you?" and I said, "I'm a half-breed Indian." [laughs] and that was it.

INT: [laughs] What did he say?

INF: He didn't say anything, just laughed and went on. That was when I was at Walter Reed, I guess. Because I thought, well, I'm not going to get into my history. But anyhow...no, most of them were very curious when they found out you were part Indian, you know. I found that if you're part Cherokee, or something...and of course, you meet people, they're always, their ancestors are always Cherokee, have you ever noticed that, there's more Cherokees running around and everything. Because I said to Peggy, she said, "Mom, you're prejudiced," I said, "You know, when Obama..." I didn't vote for Obama, I didn't vote for him. [laughs] I thought he was too inexperienced. So they all voted for him. She said, "You're just so prejudiced," I said, "I am not prejudiced." I said, "let me tell you," I said...we got in a long conversation...I said, "How many people have you met, when they find out you're part Indian, say to you, 'oh, I'm part Indian, my mother was a Cherokee.'" But I said, "How many have ever said to you, 'I'm part black. You know? They don't...they claim Cherokee, they'll claim Indian, but they don't claim black.'" I said, now of course, they're keeping real quiet, my two children, because they all voted for Obama, and I didn't vote for him, I just thought he was too inexperienced. He's got good rhetoric, boy, he can talk. But you've got to produce, that's what I...and he hasn't produced. To save the economy or anything.

INT: May I ask, were there a lot of people like the midwife who...did your birth, who knew home remedies or traditional medicine around here when you were growing up?

INT: Yeah, there were a few, but you know... I didn't know any, but I knew some that they always called. My aunt, who never had any children, she was always called when somebody was sick. She was just good with sick people, you know? I think it was her manner; she was kind and good when there were sick people. But there wasn't too many. I'll give you a funny incident; I don't want you to put it on there.

INT: Would you rather I didn't?

INF: Yeah, just something about my mother I was going to...that's cute, I thought.

INT: Do you want me to turn it off?

INF: Yeah, turn it off, just a sec.

INT: All right, so...about your aunt...were most of the people who knew home remedies and did what she did women? Or men?

INF: Women, I don't think of a single man that would go...it was always women who did the bedside nursing and everything like that. My mother was never...I don't think that she was the one that they always called, but my aunt, she didn't have any children, and she was motherly, like, and they would call her. There was a lot of people that...I mean people helped you out, it was very small, and back in those days they seemed more concerned, you know? I said...I came back to Cherokee, and I've got all these nieces and nephews. I'm not lonely, but they seldom call to see...[personal comments about relatives.] People aren't like they were when I was growing up, because you used to be able to go and help, or...we didn't have telephones, you had to walk to go see anybody, you know? And that...I think the world has changed a great deal. That we don't see people...we see them at church, or maybe the [unintelligible], but we don't try to do things for people like we used to be when I was growing up, you know? I guess they think other people will do it. And I did volunteer...when I stopped working, I did volunteer work in Asheville. For the Republican Women's Club, I volunteered at the Oteen Hospital, I volunteered at...I believe in giving what you have, and when I first came back here, I did volunteer work at the hospital. Until 2006, and then I just got to feeling so bad, I had problems with my hip, that I stopped doing it. But I enjoyed doing volunteer work and I'd do it again if I could, but I just am no good, I can't get around. Can't get up and down and do a lot of things, like I did.

Nice

INT: May I ask, if you were starting your career over again today, would you still become a nurse?

INF: I think I would. You know, it was a good life for me. I've enjoyed it. I think I was lucky. I was lucky that I got...they sent me to nurses' training, the teacher helped me get into nurses' training, and that I made it, you know, so many dropped out. And it has been a very, very interesting life I think I've had; I've met a lot of big people...when I was in Washington, I got to go to the White House many times...I got to go anywhere I wanted to with [patience? Patients?] and I went down to the capitol, and all that. I just got to know Washington real well during that time. And I've had good experiences. I've met a lot of good people in the world, and interesting people, you know, and I've had a good time in life, I really have. I can't say...so if I die tomorrow, I was telling my friend, I can't say I've had a...yeah. You know, it's just that I've done so much more than I...people would have thought when I started out. I've been places and met people and done things, and maybe not big famous things, but things that were good, and everything. So I really...and I'm very opinionated now I'm old, and I've got a right to be, and I'm independent. People say...my friends say, you're so independent. I said, I can pay for what

I get and I don't want to be dependent on anybody. I want to pay my way; I've done that since I was eighteen years old; I've never asked anybody except my husband for money or anything, and I managed the money, because he was extravagant. And I said, I just manage my money, I manage my little bits of investment, and everything. So I just feel good about it.

INT: Well, cool.

INF: I made it on my own, and I was the poorest of poor, you know? These friends say, you've made it, you've do well. I said, well, I worked hard in my life when I had to, and I've enjoyed it, I really enjoyed my military career so much. When I first went to nurses', I always thought I wanted to be an OB, obstetrical nurse, you know. I even went to the Jersey Center. Margaret Hague is the biggest... I don't know what it is now, that was years ago...biggest obstetrical hospital in the world. Seven floors in Jersey City, just of delivery. And I went there, but I wasn't happy; I'd been in the army, taking care of men, and I thought, oh, I'm not happy doing this anymore, and I'd always wanted to be OB. Delivery room nurse. And I'm not happy doing this, so I dropped out after about two weeks at the Jersey Center. Margaret Hague, in Jersey City, right behind the Statue of Liberty, I remember. You could see that right over across the river.

INT: Okay. Well I think I probably have enough tape here, [laughs] well, you've had an interesting life.

INF: Oh, you've got to march out. Who else did you... who else did you interview?

INT: Hang on just a minute. Concluding the tape at 5:06 pm on November the seventeenth.

Great interview!