

Interviewee: Alene Duerk

Interviewed by: Doris Sterner

Interview Date: 12 July 1988

This is an interview with Rear Admiral Alene Duerk. The interviewers are Doris Sterner and Dr. Lynn Dunn. Today's date is July 12, 1988.

Q. Alene, please tell us where you were born?

A. I was born in Defiance, Ohio.

Q. Where did you go to nurses' training?

A. I attended nurses' training at Toledo Hospital School of Nursing, which was a three-year diploma program. At a later time, I completed my Bachelor of Science degree in Ward Management and Teaching at Case Western Reserve University in Cleveland, Ohio.

Q. Could you give me the year you went into nurse's training?

A. I went into nurse's training at Toledo Hospital School of Nursing in 1938 and Case Western Reserve University in 1946.

Q. What year did you join the navy?

A. I joined the navy reserves in 1943. I served from March of 1943 until January of 1946 when I began inactive duty in the reserves. In the fall, I went back to school and completed my Master's degree in 1948. I then went to Detroit and taught nursing at Highland Park Hospital for two years.

Because I was still interested in the navy, I joined the first reserve unit created in Detroit for medical personnel at the Detroit Receiving Hospital. I rode the streetcar in terrible weather, but I enjoyed going. It wasn't an in-service program, but we did have some reports. All of a sudden, we started getting recalled back to duty because it was 1951, and we were in war with Korea. Once I was recalled back to active duty, I stayed in the navy.

Q. When did you go regular navy?

A. I think it was about 1952 or 1953, I went regular navy.

Q. What made you decide to go regular?

A. I decided the navy was the direction I wanted to take, and I might as well get started. I had my taste of civilian education and found I was interested in teaching. I was teaching at the Portsmouth Hospital Corps School, which I enjoyed very much. I knew then I was going to stay and joined the regular navy.

Q. When you first joined the navy, was there any opposition from your family and friends?

A. No, everybody was in favor of me joining the navy. My mother gave me her blessing. I graduated in 1941, and in November, Pearl Harbor was attacked. A lot of my friends were joining the military. At first, I hesitated because I felt I needed to stay at the corps school another year until I had at least a year and a half nursing experience.

The war caused people to realize they wanted to contribute; they wanted to do something for our country. Unless you were in a job where you were contributing to the national effort, you looked to do something in another area. I decided to join the navy reserves.

Q. Why did you choose the navy?

A. I don't know why the navy appealed to me. I knew nothing about the navy. I lived in Ohio, which is inland, and had not seen the ocean, but the navy just appealed to me. I didn't want to go into the army because I felt the army would be more rugged than the navy. I had not talked to a recruiter or anyone else before joining. Some of my friends were going into the navy, and they thought it was great. One friend tells the next friend, and pretty soon I was interested in the navy as well. We all decided the military for no good reason, but you never know what's going to happen.

Q. When you speak of friends, were they classmates or navy waves?

A. My friends were from nursing school; I didn't even know the waves existed. It was in 1942 when I made my application. I had first joined the American Red Cross when I graduated from training. Our director told us enrolling in the Red Cross was our patriotic duty. When you enter the Red Cross, you check which one of the military services you would commit to if signed up; I checked the navy. Later, when I was determined to join the navy, I wrote directly to the director of the navy nurse corps. When I retired, this little letter was still in my file.

Q. So you joined by writing the director?

A. I wrote to the director, no sense in going anyplace else. We didn't have anyone out in Detroit recruiting for the navy nurses, at least not in the Toledo area. It was by word of mouth, and you also knew from your journals the military was looking for nurses. As far as a recruiter saying, "You should join the navy, and this is what we have to offer," it didn't happen.

Q. How did you find out about the director of the navy?

A. I didn't know about the director, except I had a letter from the Bureau of Medicine in Washington, D.C., which I still have. Interestingly, when I joined my reserve unit, I didn't lose any credited time towards retirement because I went in for what they termed, "The duration plus six months." The duration lasted until 1947. When the six months were up, I joined the reserve unit. I lost no time, no numbers, and I lost nothing when I went regular.

Q. When you retired and returned to civilian life, what was most difficult for you to adjust to? Was the attitude of others different towards you when they learned of your naval service?

A. No, because when I first returned, the only thing I wanted to do was get back and do civilian nursing. I felt navy nursing was not what I wanted to do anymore. I felt inadequate to do the kind of nursing I thought was going to be required in the future.

I went to a small hospital in Ohio during the first summer. I had OB-GYN patients in delivery, I had surgical patients, medical patients, and I was working night duty. It was awful because you didn't call the doctor until it was time for somebody to deliver.

After my first couple of months, I decided it was time for me to go back to school because I didn't want to do OB-GYN nursing for the rest of my life. I was only twenty-five-years old. I said, "This is not for me. I'm going to have to do something better than this."

When I came back to the civilian world, they were pleased to see me. Almost everyone in my class was returning from military service. When I returned and went back to a hospital to teach, my navy experience was invaluable.

Q. When you finally retired, did you have any difficulty adjusting to civilian life?

A. No trouble at all, I was so ready to retire, the last five years had been hectic. You can only do so much, and then you have to let somebody else take over. You know as well as I do you plan for five years, and there are distinct concepts you would like to see materialize. A lot happened while I was the Director, but there were a lot of things to happen yet. I felt I was no longer capable of accomplishing any more as Director of the Navy Nurse Corps. I wanted to get back home, relax, and pursue other interests I had.

Q. If you had to decide all over again, would you still join the navy?

A. Yes, I would join the navy again. I am very content with how my life turned out. I enjoyed being in the navy, I enjoyed working with corpsmen, I enjoyed meeting people, and I had an excellent rapport with many of my peers. My navy life was very satisfying and rewarding.

Q. From the beginning of your military service, were you in the navy and a nurse, or were you a nurse practicing her skills in the navy?

A. I think, in the beginning, I was a nurse practicing my skills in the navy. However, the instructions I had learned I had to adapt to navy nursing since my training had prepared me in a different structure. For example, on the first day, I left home and went to Bethesda for a physical. I was then put on a train in the afternoon to go to Newport. I arrived in Newport in the middle of the night and took a ferry over to Norfolk. From Norfolk, I had to take another ferry to Portsmouth. It was 10:00 pm when I finally checked in. The OOD said, "Why in the world are you checking in at this hour?" I said, "I figured the war was going to be over if I didn't get here soon!" Somebody gave me a navy nurse cap, put it on my head and said, "Now you are a navy nurse." The next morning I went on duty with no orientation at all.

The Chief Nurse assigned me to a ward with a lot of pneumonia patients. From my school training, I knew pneumonia patients resided in isolation with oxygen tents, and intensive nursing care. We didn't have anything but sulfa pyridine to treat pneumonia with.

I walked into my first ward to find all the beds going up one side of the room, and the floor scrubbed. Then all the beds and oxygen tanks were moved to the other wall, and the floor mopped. I saw a nurse walking through the ward charting and taking temperatures. There was no one-on-one nursing and no isolation by any means.

We had about fifty patients crowded in each ward. I got used to the navy's routine, and two weeks later, I was the Chief Nurse taking temperatures, etc. The orientation was learn-as-you-go. It was exciting and motivating for that time, but you couldn't do nursing that way today. At the time, they had a real need for people, so the navy just brought us in, and we had to adapt.

Q. Was there a definite time you transitioned to thinking of yourself as a nurse in the navy, to thinking of yourself as a navy nurse?

A. I knew I was a navy nurse right away. I sent all my civilian clothes home and only associated with navy people. Once in a while, somebody would have a car, but we usually went by bus and in groups everywhere. The first year there were so many nurses checking in at Portsmouth it became an orientation center where we learned on the job for about six weeks and then reassigned.

That first summer, we had a place out in Virginia Beach where we would spend weekends. If you were lucky, you got to stay a few more days and clean up after the weekend crowd. We took our sheets and pillows, and the navy furnished us with food. We would all come out in trucks and fix steaks and have fun.

Portsmouth, Virginia, was a navy town. The first Easter there, 10,000 sailors walked up, and down the streets; this was about three weeks after I arrived. Everywhere you looked were sailors because the ships were always coming in and going out. Portsmouth was a real navy town. You could look out the hospital windows and see ships sailing up the Elizabeth River.

In March of 1943, promotions started coming. Helen Bunty was my first Chief Nurse and had been in the Navy quite a while before the war. She was a Lieutenant when I arrived; six months later, she was a Commander. Promotions came very quickly, and we had our stripes right away.

Q. What were the exact dates when you were the Director?

A. My directorship started on June 1, 1970, and I retired on July 1, 1975.

Q. During your term as Director, what do you feel was your most significant achievement or achievements?

A. One of my biggest problems, and achievements, was to develop a program attracting nurses to the navy. Vietnam was still raging, and we were swamped. We had to have people in the pipeline and our hospitals.

We set up an option for students who were in their Bachelor Nursing Program. We financially assisted in their junior and senior year for a certain amount of payback time in the navy. We also had some assistance for students in a diploma program. We never offered support to the associate degree program because we were aiming for an all degree corps, and monetarily time was a concern.

We also needed more billets once we started recruiting more nurses. The NENEP (Navy Enlisted Nursing Education Program) Program was already in effect, which began with Veronica Bulshefski. Because of this program, we were able to take more people in and set up boards for selection.

We saw a great need for people who had further education. A lot of our nurses were diploma nurses. We also had nurses with their Bachelor's Degree and wanted to get their Master's Degree. We realized education was something we would have to address in the future, and so our educational programs became more active during my time.

Q. Do you feel the educational programs were your greatest corps achievement?

A. Yes, the education programs helped build the corps. During the time I was Director, I was very fortunate because I had not only a surgeon general I could work with, and we were very compatible, but the CNO and I were like-minded as well.

A personal goal of mine was to have direct contact with nurses in the field. I could call them up and ask if they were interested in taking an assignment. They could call me at any time. If somebody had a problem, I hoped they would call me, and if I had a question, I wanted to be able to call them. I know this was not always true, but it worked for me, and I felt much closer to my nurses in the corps. We broke down many of the barriers a nurse had to go through before talking to her Admiral.

Q. Do you feel this was one of your achievements, to have personal relationships with nurses in the field? Is good communication a product of a good relationship with the Surgeon General?

A. No, I don't think so, because I didn't always get along with the second surgeon general I had. Admiral Davis was the first surgeon general I worked with, and he encouraged me to have open communication, Admiral Zumwalt urged open discussion, and Admiral Watkins was in a position where he expected us to have more interaction. Not only did I have more connection with my corps, but I had better communication with other women in the navy, and these were Line men. I had a much better connection with Robin Quigley and other directors, than did directors in the past.

Q. What was your relationship with DACOWITS? Was DACOWITS of any help to the Nurse Corps?

A. As members of DACOWITS, we worked with each other, and I learned to know all of the women. Ginny Holm and all the directors worked together. However, I was at an advantage because I had two years earlier been in Washington and had worked with a lot of these people. I had already established relationships and communication with these people. I used to go to the hospitals, and when there, made a point to have time for anyone who wanted to talk.

Q. Certainly, your promotion to Rear Admiral was an incredible and well-deserved honor. It must have been an exciting time to be in the navy. You said you had a cordial relationship and respect for Admiral Zumwalt? As the navy was transforming, the Z-Gram being an adjustment, were you consulted first? Could you give me some idea how the expansion into other areas for other navy women affected the nurse corps?

A. The transformation affected me, but it didn't necessarily affect the nurse corps. Admiral Zumwalt's Z-Gram expanded the role of women in the navy, but those were Line men. Maybe indirectly, it did expand our role because later, before I retired, we had grown into many different areas within our corps. I did not have any input into Admiral Zumwalt's Z-Gram. The Z-Gram came out almost the same time as my promotion.

Overnight I was supposed to be very knowledgeable about the Z-Gram as far as what it meant, and what it was going to mean for the navy. Not only was I supposed to be knowledgeable to a few people here, but I was supposed to go on television and radio and speak to all the navy leagues in the United States about it, which I did. At the same time, we also had the women's movement, and the ERA all come about. I was supposed to be talking about women in the navy and women in civilian life. We talked about women going onboard ships and being ___maids and painters. People couldn't imagine this was ever going to happen. Some concerns we did have input into was living quarters, privacy, and laundry facilities for women aboard the crowded environment of a ship.

I only met Admiral Zumwalt a couple of times, but he was a fascinating person and supported me. I also worked with the Public Affairs Officer, Admiral Thompson. As soon as I became Admiral, I received several pages of questions I was briefed on as to the position the Navy Nurse Corps took. I had some knowledge about the Line as far as what their place was; otherwise, I would have been entirely unaware since the Line was not in my field of responsibility. I was very much involved, but I don't think the Corps had that much involvement.

Q. Would you say your interaction with Robin Quigley, because of all the reorganizing going on, was a closer working relationship than there might have been in the years before?

A. Robin Quigley and I were friends, and we talked to each other and consulted each other. Robin was in the process of abolishing her position by the time I became Director. We didn't have a very long period of working together.

I met a lot of these people when I worked at BUPERS in 1965 and 1966. I knew them, I had worked with some of them, and I didn't find I had any real problems. I could talk things over with them, and they gave me good advice. You always get along better with people you have worked with, and they know what you're doing, and you know what they're doing. If you are miles apart, it is difficult to understand each other.

We also had some problems toward the end of my tour of duty, caused by a shortage of doctors. Suddenly the nurses became very important. We had a couple of education programs started to fill a need that no longer exists at this time, but at that time, it helped. The Navy Nurse Corps incorporated the Family Nurse Practitioner, the Pediatric Nurse Practitioner, and the OB-GYN Nurse Practitioner. These practitioners worked in clinics and delivery rooms. I sent a couple of nurses to school for midwifery so they could assist with deliveries and patient follow up. These women performed for a short period, only as practitioners.

We had also reviewed records for people who might be suitable as Executive Officers and Commanding Officers of hospitals and clinics. The first one to be assigned as I retired was Bernadette McKay. She went up as an Executive to Groton, Connecticut, which was a sub-base.

We had also reviewed a lot of records of people we felt would be capable of executive jobs. I retired 13 years ago, and it's only been in the last ten years we've had nurses as Commanding Officers. We also increased the number of men who came into the Navy Nurse Corps by quite a number.

Another element of concern was legislation rewriting Title 10. I had some input, but people in my office had a lot of influence on changing Title 10 and the effect it would have on the Navy Nurse Corps. When we accepted men in the Navy Nurse Corps, we couldn't include the female gender anymore; hence, the alteration to Title 10.

Q. Was the impetus for the Family and Pediatric Nurse Practitioner Programs the fact that after 1972 and the Z-Gram, there would be many more women in the navy and so this kind of nursing care was needed, or was this seen as something needed by dependents and was a quality of life issue for the entire navy?

A. The latter; these Nurse Practitioners affected the entire Navy. It was during this time we brought women into the navy and kept women in the navy, who had children. The fact we had men in the navy with dependent children had something to do with it.

Q. The Pediatric and OB-GYN Practitioners were at least, in the initial stages, for dependents, not for women in the navy?

A. Yes, I was preparing these practitioners for the many dependents we had. The shortage of doctors in the navy was becoming very acute, especially after Vietnam. These doctors had completed their time in the navy and did not want career status.

Q. I noticed during your directorship an interview in March of 1974 when you said the Corps had increased by four hundred, and the retention rate had more than doubled, which is undoubtedly to your credit. Can you give me an explanation for this retention rate? Did nurse retention have anything to do with the war? Are nurses more likely to join, and serve, and stay during a war, or was the education programs the incentive?

A. For a long time, we had suppressed a lot of people down there in a little group, and they never got beyond a Lieutenant. Suddenly everything opened up, and after 1972 we could select more Captains, give more promotions, and nurses felt like they had a future. Nurses who had put in six or seven years could see by staying for a more extended period of time they were going to be promoted up the ladder, their pay would increase, they liked the work, and they had more control over their career. Our pay was also raised to be equal with what civilian nurses were earning, that was a real incentive. These nurses wanted to stay and complete their twenty years before retiring. The legislation was very favorable for the Nurse Corps during those years. The war didn't really have that much to do with our retention rate.

Q. Admiral Duerk, I have a news release issued in March of 1973 while you were visiting Europe and Africa. The release quotes you as saying, "Chauvinism does not exist in the Nurse Corps today. More men are competing in the nursing profession than ever before. What used to be a profession just for women is no more. Patients, doctors, and other nurses are accepting the male nurse." Could you talk about the impact of men in the corps and expand on what you meant about chauvinism?"

A. I was referring to chauvinism from women toward men, not the other way around. We had doctors who were very resistant to male nurses taking care of their patients. If we placed men in psychiatry, or G.U. clinics, or medical/surgical wards, or all-male wards, they didn't have objections. But if we wanted to put them into areas where we had dependents, especially pediatrics or the nursery, we had complaints from doctors and some nurses. As more men joined our corps, those barriers were rapidly broken down. These men proved they were competent regardless of which field or which area they were assigned.

Another outcome of men in nursing happened from 1968 to 1970. Patients were coming directly from Vietnam, across the North Pole, and down into Great Lakes. The emergency rooms and the wards were so busy you didn't take offense if a male nurse moved into this spot or that spot. Everybody had to take their rotations, A.M.s, P.M.s, and night duty. We couldn't differentiate, saying all male nurses were only going to work A.M.s and only on specific wards, because we needed them in every area.

I'm not saying all gender issues disappeared by 1975. However, by 1975, they were all pretty well integrated as far as the corps was concerned. Since that time, male nurses have gone into all areas of healthcare. Interestingly, from 1970 to 1975, male nurses saw right away if they were going to be shoved off to some of these other areas, their road to success was by specialization.

We had lots of male nurses that wanted to specialize as nurse anesthetists. Some of the male nurses went into practitioner programs. Men wanted into intensive care areas when we started implementing this into our program. A lot of males wanted to be surgical nurses and work in operating rooms or emergency rooms. They wanted to specialize very early, and they had it all planned as far as their schooling. Eventually, some of our male nurses wanted to go into administration and were very successful.

Q. Will there ever be a male director of the Nurse Corps?

A. I think a male director is a possibility. I don't know if anyone will qualify at this point. Male nurses positively are engaging in some exciting experiences. They are getting skills some of our women will never have, such as hospital C.O.s, serving aboard ships in specialty areas, and duty with the Marines. These men are very experienced as far as the Line is concerned, and probably understand the Line concept better than a lot of women do.

Q. My researcher and I hope you will give me a reaction to this question. My research today is leading me in the direction of an analysis which states the navy has always deemed nurses differently than other navy women. Would you comment on that?

A. I think that statement is true, maybe not so much today as it was even ten years ago. The last five years I was on active duty we tried to break some of this variance down. We were all women in the navy, and it didn't make a difference in what our job was. A long time ago, nurses went aboard hospital ships, were in combat areas, and did all kinds of jobs nobody questioned. When considering Line women for the same assignments, the navy felt this would cause too many complications. This way of thinking was ridiculous because navy nurses had already tested the ground and found solutions to any difficulties concerning women in these areas.

There was a lot of men with fears women wouldn't be able to accept the responsibilities -- they emotionally couldn't do it, and they physically couldn't do it. There are jobs that women can't do physically, and maybe some women aren't emotionally stable enough to do some jobs, men can do; however, men can also be emotionally handicapped in certain situations. I think as a whole, the navy has done an excellent job in assigning our people, primarily if their records are carefully studied and the person has designated qualifications. You don't just assign six women helter-skelter, you give some thought whether they are capable and what that assignment will do for them.

Q. You said within the last five to ten years, some of those distinctions have broken down. When you view the entirety of your career, can you identify any periods or any events which sort of 'watersheds' where you can detect a very different attitude about either navy nurses, navy women, or the relationship between the two?

A. When I went to Chicago on recruiting duty from 1958 to 1961, I was the nurse, along with several other women assigned. There were a couple of enlisted women, and there was a woman Line Officer. It seemed like a whole different world as far as I was concerned. They

knew all about the Line and all about the navy. Because I didn't have an orientation, I didn't know much about the navy except for what I had learned on the job. In writing navy memos and navy letters, I had to learn from the Line people with whom I worked.

The same thing happened when I went to BUPERS, again I was the nurse, and I was working with all MSC men. They taught me what the assignment and what the job was all about. When I went to the Pentagon and worked with Dr. Fisk, I was working not only with nurses from the other services, but I was also working with Line women from other services. I became acquainted with them, and as I said earlier, once you know somebody, it is a lot easier to talk with them. You discuss your problems together and begin to have a better visualization of your mutual concerns.

Q. The lack of orientation implies you are saying the navy has always valued their nurses but seen them as, "of the navy, not in the navy." It appears as though a navy nurse doesn't need to understand the entire navy program.

A. Early on, during World War II, nurses were needed, but we still didn't have a rank. Once we had equal status with other navy officers, we became part of the navy. I don't think we have a dividing line anymore; we are not just a 'little axillary branch of the navy.'

Another aspect that made us very different from the rest of the navy was our uniforms. We had our street uniforms the same as the rest of the navy, but our working uniforms were entirely different. You didn't know if nurses were part of the Line, nurse corps, or who they were. I was retired four years before nurses on the wards wore the same uniforms as other navy personnel.

The corps sort of separated ourselves. We had our own problems, we had our own corps, and we bonded together very firmly. Admiral Anderson wanted to break up this comradery. He tried to integrate us into the medical department, which he did a pretty good job. The reason we have this organization today is because we still want to be our own little corps, be recognized as our own group, and we have a lot of support. I don't know whether you would say we were in the navy or of the navy, but I would say at this time we are in the navy.

Q. As the first nurse corps admiral, what were your feelings when you heard of your selection?

A. I was all by myself when I heard my name on the radio. I had been in Akron, Ohio, and had talked to a Navy League group the night before. I was there with a recruiter, and I knew the board was meeting to select a woman flag officer. I felt the next flag officer would be Robin Quigley; there was no question in my mind because she was Line, and she certainly was eligible. I had a phone call saying, "We have had some very peculiar questions asked about you, but nothing decided."

I went to my brother's home for the weekend and then to Detroit because the American Nurses Association was meeting for their annual conference in late April, early May. I was driving a car, and as I'm wheeling along down the expressway, I heard on the radio, "Alene Duerk has been selected as the first flag officer of the navy!" There weren't any hoorays or congratulations

because I was all by myself. I was driving pretty fast and decided to slow down a little bit. I amused myself because I thought as I was driving through the front gate, "I would like to tell that man what just happened to me."

I got home when my mother and stepfather came out on the steps of the house, and they both looked stunned. My mother said, "I'm so glad to have you home, that telephone is driving us wild." Soon people and reporters started to arrive, and it was a busy time.

It was about midnight when the phones finally quit ringing, people left, and I could relax a little bit. I thought, "This was quite an exciting period, but it's all going to pass. Six weeks from now, nobody will know anything ever happened to me." Well, that apparently didn't happen, today I am sitting here talking to you people. I can't believe I am still receiving this much attention. I was in the right place at the right time. If I hadn't had help from other people, and challenging assignments, I would have never been in the right place at the right time to make Admiral.

Q. I'm sure there was a great deal of your talent involved when considering their final decision.

A. Not really, it was the right place at the right time.

Q. What was perhaps the greatest disappointment of your administration as a director?

A. I am going to answer that question, but I can't go into it in much depth because a lot of changes happened after I left. A reorganization was going on toward the end of my tour. The surgeon general had discussed various plans as to whether or not we would be a separate corps, we would be able to have our own boards, and have our own nurses as head of our corps. After our discussions, I felt like we had finally arrived.

I hoped we would be separated from the medical department so we would have a little more freedom to make decisions. I hoped we wouldn't have to discuss every item on our agenda with the person in the personnel section first, who was a physician, then onto the next level, I hoped we might have more direct access to the surgeon general. He hadn't promised me anything directly, but I could almost see things were going to be better.

Then all of a sudden it just didn't happen, which was a big disappointment. I felt like the surgeon general had let me down. Maxine Condor will go into this in more depth because it was just beginning to happen as I was leaving.

The surgeon general wanted each corps in the medical department separate, but still working together. We were not to consider our corps as an independent group. I thought we were intelligent people and we could make some of our own decisions. The reorganization of the medical department was the biggest disappointment in my time as Admiral.

We had to take our cuts just like everyone else did. After Vietnam, our staff was reduced to where we only had a couple of people working in the office. We were still doing our own assigning, our own billeting, and our own education programs. We needed to become more integrated, so we had more money to work with; we had nothing.

Eventually, Ruth Wilson became head of the education department and finally took over education of the entire medical department. Assigning billets went to BUPERS. We have nurses now in all these various areas. They are not actually under the direction of the navy nurse corps. I'm sure sometimes Admiral Hull would like to have a little more control, but the department is not set up that way right now. Don't worry, another ten years and they'll have it changed. Everything will go around, and eventually the reinvention of the wheel. You may not be there to see it, but it will happen.

Q. I would like to talk about DACOWITS for just a moment. How would you categorize your relationship with DACOWITS? Did they help you in any way or do anything for the nurse corps?

A. Yes, DACOWITS was an organization of significant women. We met twice a year. Each Director reported on the progress of her group. It seemed each time we broke up into committees, we would discuss the same problems over and over.

Housing was one of the problems we discussed in our meetings. It was during this time Title 10 was rewritten. Promotions opened up, so the people who had been in the junior category for an extended period suddenly had an opportunity for higher rank. DACOWITS helped to rewrite Title 10.

At the time I was Director, DACOWITS only had thirty members on their board. The number of members has decreased, and I understand they are an instrumental group. I think they can now accomplish in areas where before they had been depressed.

They can now go out and do tours of various activities. Every so often, the navy would have the group, and they would have to prepare the program. They rotated, so each time they met, it was a different group. I can't put my finger on specific points they did, but overall they were a help.

DACOWITS helped get rid of condemned nurses' quarters and BOQs. People had allowances for living in the civilian community. We must remember that DACOWITS is much more interested in the enlisted women than the officers

Q. Do you remember what those initials stand for?

A. Defense Advisory Council for Women in the Service.

Tape 30 -- Part 1

Q. What happened during your career you would feel of the highest historical importance to the Navy Nurse Corps?

A. The realization of Navy Nurse Flag rank, to me, was the high point. Flag rank was critical because this permitted the Nurse Corps to select many more Captains and Commanders. People had the opportunity to achieve rank as a Commander but could now retire as a Lieutenant Commander.

Before Title 10, we had people with twenty-years of experience retiring as Lieutenants. Once this proposal was accepted, our attrition was a lot less, and we had people who were willing to make the navy a career. At one time, people who did not go into the Regular corps, but had already served possibly seventeen, eighteen years, if not promoted they were dismissed. A lot of people became Regular Navy, to stay serving.

The Navy Nurse Corps had an Admiral a couple of years before the Medical Service Corps did, and we were the first branch of the military to give women more rank and status. Fran McKay was not selected until 1975, after I retired in 1972. We were queen bees at the time!

Q. Is there anything else you would like to add to this transcript?

A. In 1970, when I was selected as Admiral, I felt I had a massive job to do. By 1975 I had worked very hard, had a lot of publicity, and had enjoyed my career. I enjoyed the fact I was allowed to meet so many people in the Nurse Corps. I became acquainted with them, I became a part of them, and I think it was a rewarding gratifying experience.

I wasn't unhappy with what I had achieved during my time in the Navy, and I appreciated no need for bitterness of any kind when I retired. I came away very satisfied and felt while I didn't accomplish everything I wanted to do, I did make a difference in Navy Nursing.

I would also like to explain why I remained Admiral for five-years. I was an Admiral in 1972, the same year the Army selected Brigadier General Emily Haze as their first woman Flag Officer. She stayed for one year, and then Lil Dunlap was selected. Lil stayed a short time when the Army chose their third woman Brigadier General. This pattern repeated because once these women made Brigadier General, they could only remain in service for two more years, never being allowed advancement to Major General.

When Ginny Holm, in the Air Force, was promoted to Brigadier General, in three-years, the Air Force, in their Title 10, made it possible for a woman to go beyond the O-7 level, she could go to O-8. To even be considered for promotion, you had to complete three-years in grade. My three-years was not up until 1975.

To consider a woman for an O-8 level, you had to prepare an unbelievable amount of paperwork. I knew I would never be promoted myself before retirement from the Navy. I stayed to get the paperwork and make first application for a Navy Nurse level O-8. When Fran Shea became Admiral, nurse promotion to an O-8 was recognized.

It takes years for wheels to turn, and unless somebody starts the process, nothing will ever change. I stayed for an additional year, beyond the usual four years, to witness my legacy before I retired.

When I was promoted, I had Jan Emal, Ruth Wilson, Jean Miller, Anna Burns, and later Betty Nagy, for my staff. If it hadn't been for these women, I could never have accomplished all I did. When I was gone, they took over and ran the show. When I was there, they helped me with planning and executing Title 10.

Ruth Wilson worked very hard on the educational program. Anna Burns was with us for a long time working with the Reserves, and with other sections, we had. Jean Miller worked on-going hours over this project. She finally got an assistant, but not right away. Jan Emal, I couldn't have gotten along without her. She helped write my speeches, did a lot of research, and took responsibility for all the billets. Without a staff like I had, I could never have accomplished what I did, so they should be given a lot of credit.

Tape 30 -- Part 2

This interview is part two of the second tape with Alene Duerk. The interviewer is Doris Sterner.

Q. I noticed during World War II you served on the USS Benevolence. Your bio-sheet states during this period, the Benevolence joined the Third Fleet for its last strikes against the enemy. Would you please talk about this experience? How close were you to combat? I would also be interested in hearing your perception of the difference between wartime nursing and peacetime nursing.

A. The Benevolence was one of six ships that came into the Navy at the end of World War II and was commissioned in spring 1945. I went aboard ship April of 1945 in New York, as part of the commissioning crew. We sailed from New York to Norfolk, spent a couple of days in Norfolk for repairs, and then prepared to get underway.

We sailed down through the Canal, over to Hawaii, and out into the Pacific. We spent three weeks in Enewetak, Atoll Marshall Islands. The mission we had was to join the Third Fleet for the invasion of Japan. Most of the time, while sailing from Honolulu to Enewetak, we had very few patients. We were going out to meet the fleet; we were not yet underway with the convoy. We didn't meet up with the fleet until Enewetak. In early August of 1945, while on our way to Japan, the US dropped bombs on Hiroshima and Nagasaki, ending World War II.

We then came into Tokyo Bay at the end of August, before the peace treaty was signed, and rescued people from two prisoner-of-war camps -- Omori and Shinagawa. We took on a

tremendous load of patients. I think we processed twelve hundred patients in thirty-six hours. Some of them were sent back to the States by ships. General Wainwright was one of the prisoners we recused, as was Patrick Boyington.

Serving in Japan at the end of World War II, was a tense and exciting time. The minesweepers were ahead of us as we went into Tokyo Bay. The Japanese had cut the mine nets, and the mines were floating all around us. The ships were shooting the mines out of the water, so the area was clear.

Dumb and no fear! All the noise and confusion didn't bother me because we were going to get a few patients. Two days later, we had seven hundred and fifty processed patients aboard. The nurses had deloused, bathed, clothed, and fed everyone. The patients had all been examined and diagnosed. Those who were critically ill were kept aboard ship. Those who could go on other vessels, we sent back to the States. I never did see any real combat duty aboard the Benevolence.

As long as we had the POWs, we remained swamped. I was in a GU ward with a lot of venereal diseases, and I didn't feel I should be doing that kind of work. Maybe if I had been in a busy medical or surgical ward, I would have enjoyed this time more. I ended up taking care of the Nurses' Quarters and serving meals. Somebody had to do that job too, and that was my last job on the ship.

When I wasn't busy, it was make-do work, much of the time. If I disagreed with someone, I still had to sit down at mealtime and be gracious and forget all about our differences. There was no place to go and 'pout and vent your feelings.' I became claustrophobic while living in such a tiny, confined area with thirty other people for seven months. I found these conditions very difficult!

I think I felt this way because we weren't busy. Active engaged people weren't bothered with personality issues. Those people serving in Korea or Vietnam aboard hospital ships had the same kind of situation, but I think they would give a much different story because they were busy. The key to this whole experience was keeping busy!

The experience I had aboard the Benevolence was one I'm pleased I had, but I would never want to repeat. Even as young as I was, I did not wish ever to repeat that experience. However, it has been thirty years, and I'm still talking about it.

Q. As you were sailing to Japan and assuming you would be involved in the invasion, was anyone reluctant to go?

A. No one had a problem with the mission because we trained for that purpose. I learned a lot while onboard the Benevolence. I learned a lot about myself, and I learned a lot about relating to other people -- an education you would never have unless forced, which I was.

The next subject I would like to talk about is my experience with Chief Nurses. I had some outstanding Chief Nurses. I also had some Chief Nurses -- if I wanted to learn, I would never, ever, do what they did. Those few supervisors taught me the negative side of managing.

Ms. Bunta was a Commander and was very patient with all us young nurses who were coming into the Navy and didn't know one thing from another. Then I had Grace Lalley at Bethesda, and she was an excellent Chief Nurse. Erma Richards was a Chief Nurse aboard the hospital ship, and she wasn't very patient with us. I think if we had been busier, a lot of those irritations would not have come up. However, we irritated her, and she annoyed us. Ann Bernatitus was one of my Chief Nurses who I didn't always agree with, but she taught me a lot about nursing administration. After the hospital ship, I was in a lot of different situations, such as Recruiting Duty. Rita Clark was my Chief Nurse at Yokosuka, and she allowed me to try my wings. I learned to write fitness reports and other administrative duties because of her.

I got promoted and suddenly became an Assistant Chief Nurse, which I didn't think I was ready for, but I had an excellent Chief Nurse who was patient. Some of the duties were easy, such as detailing, because I had skills from my educational background, but some of the responsibilities were utterly foreign.

The Chief Nurse is concerned about the hospital and the staff who come to her for guidance and support. If she doesn't give it to them, they will wait and become frustrated, or they will become negativistic about the administration. I had some outstanding Chief Nurses who I think should have full credit, because they did a great job!

Q. You mentioned at one time attending an ANA meeting. I found in researching the earlier years of the Nurse Corps, the connection with the ANA was crucially important for both organizations. Is there a formalized connection between the Navy Nurse Corps and the American Nursing Association?

A. I can't speak for today, but in the 70s, yes, there was a formal connection between us both. We encouraged our nurses to be members of the ANA, to attend their conferences, and to become knowledgeable about the civilian world and what educational programs were available. All the Continuing Education Courses were initiated by the civilian side; we became a part of it, because we were licensed.

The ANA wasn't just this little community over here with people who had this profession or vocation, but it was a group of people with an expansive vision of the future. As far as what the ANA's connection to the military was, I don't know, but we were very much a part of this association by serving on some of their committees. We were also a part of the ANA.

Q. Would you please explain the reasoning behind the nurse corps pantsuit?

A. The pantsuit became a part of our uniform in the early '70s. One of the reasons for this was at that time the mini-skirt was very popular. The blue uniforms we could wear above the knee

or at the kneecap. The white ward uniform became shorter and shorter. Finally, the doctors complained about the nurses wearing such short ward uniforms.

One of the flag officers in the bureau suggested nurses wear pantsuits. I got a couple of pantsuits and had them modeled for the surgeon general. We then selected a pantsuit suitable for the navy nurse corps. The navy nurses have worn pantsuits as part of their uniforms ever since.

Another reason for the pantsuit was because nurses were not just walking administrators of a ward, anymore. It wasn't possible to just sit down looking nice and starchy all day. By the 70s we were immersed with hands-on patient care in surgery, intensive care, ICU, etc. The long sleeved uniforms with big cuffs and starched belts were bothersome and outdated. The pantsuit became a necessity!

Q. Would you please give us a rundown on the early years of the Hospital Corps School?

A. I reported to the Hospital Corps School in 1951. I had been assigned to the hospital in Portsmouth, Virginia, when I came back on active duty. I came back in the spring, and by mid-summer there were a lot of students. The school was starting to bring the corpsmen over to the hospital to observe and work with patients. This assignment was right up my alley because it was the same assignment I had with student nurses in Detroit.

I was the classroom instructor, and I was also with them on the wards. I evaluated the students and helped them with their procedures. I worked with the head nurses and with the students in a clinical situation.

I only did this for a couple of months when asked if I wanted to come over to the Hospital Corps School. I thought this would be a great opportunity, and it was. I was there five years with classes of about eighty students. The courses were eight or ten weeks long.

Each nurse had eighty students coming into her classroom right from boot camp or the hospital fleet. These students were no more interested in becoming corpsmen than the man-in-the-moon. It was the farthest thing from their mind, but the need was great, and there they were.

It took about four to six weeks to get the students interested. We started each course over and over again. These large groups were hard to involve and control. We were out in temporary buildings with no air conditioning, maybe a fan or two, and it was hot. It was hard even to keep everyone awake.

The instructors did everything they could to make the course enjoyable. We demonstrated procedures on the students, and they are each other. About the sixth week, suddenly, the lights came on, and they were enthusiastic. By graduation they were ready to 'save the world.' A lot went into educating these corpsmen, but it was fun and gratifying.

At the end of my five years there, probably the last six months, I was with B-School. These were the people who had gone through hospital corps school, had duty aboard ship, and we're now

back for advanced training. Once trained, they would be going back out on hospital ships to diagnosis, and treat patients without a licensed physician onboard.

Later in 1964, I went to the Hospital Corps School in San Diego as the senior nurse. We were rewriting curriculums, procedures, and lesson plans all the time. Corps school was not an easy job. Mary Stewart would say the same thing. We still had considerable size classes in San Diego. We had some audiovisuals, but a lot of what we did was demonstrations and hard facts, hoping these kids would become interested.

The sad part of our job was sending these corpsmen right from the classroom into the fleet. We knew when sending them out some would not come back home, and it was challenging; we felt a lot of sorrow during those years.

Q. Alene, would you tell us a little bit about the job you had when serving in DOD?

A. I was at Hospital Corps School and received a phone call from Captain Erickson. She asked me to please come to the Bureau because they had a job they felt I might be able to do. She didn't tell me what it was, but I was to get there within the next twenty-four hours.

I arrived in Washington and was informed they were looking for someone to represent the three military services in the Department of Defense. The Assistant Secretary for the Department of Health and Environment was Dr. Fisk. I thought I was only going for an interview.

When I arrived for my appointment, there was the president of the ANA, president of the NLN, all the directors, Chiefs of the Army Nurse Corps, the Air Force, Captain Erickson, and myself. Everyone was talking about the need for someone to represent military nursing in the Department of Defense. They didn't ask me any questions or what I thought, and I didn't know what they were discussing.

That afternoon Captain Erickson said to go back to my hotel, which I did. Later she called and told me I had two weeks to go back to San Diego, pack up my things, and report to Washington. When I came back, I was assigned to the Department of Defense, working with Dr. Fisk. I received a pile of information, mostly letters service members had sent to our department concerning personal war questions.

Also, all three services had a problem with recruiting nurses. They needed someone working with Dr. Fisk keeping him up-to-date on current events and programs initiated to recruit nurses. I started on one of these old chairs I used to have in high school, where you wrote on the little table attached to an arm. My desk was behind the safe for the first week or two. In time they found an office for me where I created and developed, without many guidelines, a curriculum for my job.

Dr. Fisk decided we needed to take associate degree nurses, which would answer all our problems. If you remember, the army and the air force did take the Associate Degree nurses;

the Navy did not. Dr. Fisk said to me, "You will take the Associate Degree nurses." I said, "Over my dead body!"

I spent a year there and kept a lot of statistics on how many nurses they were recruiting and what kind of programs they had. Today that program still exists, and there is still a billet for this position. However, the responsibilities have changed tremendously.

Fortunately, after a year, Captain Bulshefski moved me over to BUPERS, and one of the army nurses took over my job. Sometimes they have done a lot of research, and other times they have had projects. I don't know who is over there now, but I know there is someone in charge of recruiting nurses at the Department of Defense. It started purely because of the lack of nurses in the three military services.

Q. It is interesting to hear that the Air Force and Army took Associate Degree nurses, and the Navy did not! Is it fair for me to say, because my research is leading me in that direction, the navy has consistently had a very high professional standard for their nurses?

A. I think this is a fair statement, since the Navy is still striving for a high professional standard. We certainly put a lot of people through school. The Diploma graduates, men and women we had, were encouraged to earn their Bachelor of Science degree or BS in Nursing. I don't think the Navy is recruiting any nurses with less than a BS degree because most of the three-year diploma schools have closed.

What are we going to do when the Technical Nurse comes around? The army, of course, has come a long way in promoting the educational backgrounds of their people. The only reason I know this is because I keep in very close contact with Anna Mae Haze. I don't know what has happened to the other two services.