

Interviewee: Janet Hale
Interviewer: Charlene L. Martin
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Abstract: Janet Hale discusses her experiences as a nurse in the United States Army Reserves. She joined the Reserves in 1967 during the Vietnam War era and before retiring with the rank of Colonel she was deployed for the first Gulf War and mobilized for the second Gulf War. In addition to her Bachelor of Science in Nursing, Janet went on to earn a master's degree in management and a master's degree in nursing as well as a Ph.D. in Health Disease Prevention and taught in Kansas and Alaska. She describes her experiences in Iraq as one of the highlights of her life, but acknowledges it was stressful balancing caring for soldiers during a time of war with the responsibilities of family and she explains that reintegration with family can also be difficult after serving in a foreign country. After 33 years of service, Janet retired in 2004 and she currently is a professor and dean at the University of Massachusetts Medical School where she shares her talents by teaching and conducting research. She assisted in producing a report for Massachusetts entitled, "Massachusetts Veterans' Long-Term Care and Housing Master Plan" that provides information on the care of veterans over the next fifty years.

CM: I'm here with you on Monday, June 12, do I have your permission to record?

JH: Yes you do.

CM: Thank you. What is your full name including maiden name, married name?

JH: Janet Tracy Fraser Hale.

CM: When and where were you born?

JH: Oak Ridge, Tennessee. November 16, 1946.

CM: And have you been married?

JH: Yes.

CM: And what's the name of your husband?

JH: I'm divorced. My former spouse's name was David Richard Evan Hale.

CM: And do you have children?

JH: I do. I have two children, a son and a daughter.

CM: And their names?

JH: Heather Jean Hale, now it's Heather Jean Hale Buck, and my son is David Fraser Hale.

CM: And do you have any grandchildren?

JH: I have seven granddaughters.

CM: What cultures and ethnicities do you identify with? Your family background?

JH: My father was mostly Scotch and my mother was German, Swiss.

CM: Tell me a little bit about your parents.

JH: My father was a career military officer and he retired as a Brigadier General from having been a full professor at the United States Military Academy at West Point. And my mother did two years of nursing school at the University of Wisconsin and then she wanted to get married. My father was in Hawaii and she went over there and got married in Hawaii and that was about six months before Pearl Harbor was bombed. And then she didn't want to come home—they were sending dependents home—so she got into what was called then the Air Raid Women's Air Defense Auxiliary or something like that [WARD Women's Air Raid Defense]. So she wore a uniform and her job was to track the Japanese aircraft through a radar system they had there in Honolulu.

CM: So both your parents were involved in the military.

JH: Yes.

CM: Do you have any siblings?

I have a brother and a sister. My brother is the oldest. He, like my father, also went to West Point, but he never served because in his junior year he had a brain tumor and at that time it was the height of the Vietnam War and they didn't want to send anyone to Vietnam who had to take any kind of medication. So, he was retired from the military before ever serving. He's doing just fine incidentally. He went on to get a Ph.D. and worked for IBM [International Business Machines] for years [laughs].

CM: That's amazing.

JH: Oh and my sister, I had one sister who died, but my living sister is about nine years younger than I am. She also became a nurse and she also went into the Army and she stayed in for 20 years. And her husband is also a 20-year veteran from the Medical Corps.

CM: So, where did you say you were born?

JH: Oak Ridge, Tennessee.

CM: So they eventually moved from beautiful Hawaii...

JH: Oh yeah.

CM: Did you move around a lot?

JH: Yes, even though he was a permanent professor, I think we moved a total of 11 or 12 times. So I never lived anywhere more than four years in a row. And when I was growing up I never moved away for more than one year at a time.

CM: When I was growing up, my father wasn't in the military, but he worked for Pratt and Whitney Aircraft and we moved every year, at the end of every school year. It was so normal to me. It's hard starting over each time but you get used to it.

JH: Yes.

CM: By the time you were in high school where were you living?

JH: For the last three years we lived at West Point, but my freshman year we lived in Belgium. My father was doing a post-doc there.

CM: So when you finished high school, where did you go to college?

JH: Russell Sage College in Troy, New York.

CM: And what was your degree?

JH: A Bachelor of Science in Nursing.

CM: When you graduated from college with your bachelor's degree what did you see as your options? What were your goals?

JH: Well, actually when I was a sophomore I wanted to go into the Army student nurse program, but my mother was very upset and didn't want me going into the Army. So I put it off for a year and then just before my junior year I said—I mean just before my senior year—and they went along. They were fine with it. I went into the Army in September of 1967.

CM: So that was during the Vietnam era.

JH: Yes.

CM: So you went in September '67. Was that your senior year?

JH: Yes and I enlisted then so I was an E3 and then in November of my senior year, two and a half months later, I was commissioned as a Second Lieutenant and then when I graduated I had to sit and take the state boards and once I completed those I started basic training at Fort Sam Houston in Texas. And then in November of that year I was promoted to First Lieutenant. So this was pretty fast to get promoted, but this was because of the Vietnam War. And then a year after that I was promoted to Captain. Again, this was very quick. Not because I was necessarily great, I just didn't mess up [laughs] so I got promoted.

CM: Did it have anything to do with your education level, you had a college degree or your nursing?

JH: No, not at the time.

CM: So what was going through basic training like?

JH: Oh, it was pretty easy in those days because it was the medical training. We were with physicians, dentists, Medical Service Corps officers, so it was really more focused on the medical field type training than a lot of endurance and physical activity. We did have to go to the range and shoot weapons and we did spend a couple of nights out in the camp, but for the most part it was like being back in school only now I had to wear a uniform [laughs].

CM: Was there a lot of camaraderie with the other men and women?

JH: Oh yes.

CM: Were most of the women also nurses who were in some medical aspect?

JH: Yes and they were also physical therapists who were in our class and so yes there were some Medical Service Corps women, not a lot. I don't remember physicians so much. But yes, I'm still good friends with a number of the people I went to basic training with.

CM: Were you ever deployed overseas?

JH: I was.

CM: To Vietnam?

JH: No, I didn't. I always felt guilty that I didn't go to Vietnam, but my husband at the time was in Vietnam and when he came back I had only been at Fort Sam Houston for barely three months. My father was friend of General Schwarzkopf who was the head of the Infantry branch so we think that he may have influenced the Nurse Corps branch to send me to Germany so that I could be with my former spouse.

CM: And how long were you in Germany for?

JH: Two years.

CM: And he was there at the same time?

JH: Yes.

CM: So what were some of your duties at the time there in Germany? Was it strictly nursing?

JH: Yes. What I think is most interesting is that when I was at Fort Sam Houston, Texas it was at the height of the war, and a lot of the nurses were obviously being deployed. So, we were pretty short staffed and I can remember that it was pretty earth shattering to realize that the type of quality of care that I was able to give when I had worked in a civilian hospital in Albany, New York for training was very different. This was much more fast-paced in the Army. It was really very difficult because there were very few nurses on a shift. We had 40 patients on a female GYN [gynecology] ward and we did male officer surgery, and we did proctology and urology and that would be the day and evening shift. And then on the night shift if you were on nights, which as a Second Lieutenant we often were, you were the only RN [Registered Nurse] and you covered two wards. That would be 80 patients and we'd have maybe one LPN [Licensed Practical Nurse] and maybe one aide on each side. And that was really hard because the other ward was a male officer medical and a number of those gentlemen were dying of cancer and receiving chemotherapy and all sorts of things so you really felt very torn because of running back and forth from one ward to another for fear that somebody might be bleeding on the surgery side and yet wanting to comfort the people on the medical side. And then when I went to Germany I thought I died and gone to heaven because I went right to a Medical Intensive Care unit and we were very well staffed. I had the good fortune—I got promoted to Captain within seven months of being there and the head nurse who had just come in, her parents were ill back in Massachusetts so she came back to the U.S. and I was made the Head Nurse of the Medical ICU and I absolutely loved every minute of that. It was very sad to leave.

CM: Now I know you went on in your education and got a couple of master's and eventually a doctorate. What was the timing on that? Did it happen simultaneously with what you were doing throughout your time in Germany?

JH: No. So, I'll backtrack a little. My former spouse graduated from West Point in 1967 and he pretty much knew he wanted to be a career military officer. And I went in active duty initially

and then in Germany we wanted to start a family and I had been in about three years. So I got pregnant and I knew that in those days—this would have been 1970—women in the military were not allowed to have dependents. I didn't tell anybody that I was pregnant. I figured I lived in Germany, we didn't have faxes and email, and I knew it would take them a long time to process the paperwork. I loved what I was doing and so I waited until I was about six months and then the uniform had belts back then and it was getting a little snug. I had a good relationship with the supervisor so I told her. She went and talked to the chief nurse of the hospital who I'm sure had to talk to the commanding officer, and she came back a day or two later and said, "Well, the colonel said it's okay, but she wants to know what you think you're going to be wearing." I said, "Oh, I've already been to the operating room and I checked it out. They were these white scrub dresses and they snap up the back. I can wear my rank, I can wear my hat and a nametag. I'll be fine." And I actually was discharged two days before my daughter was born. So it worked out well for me.

CM: You were a trendsetter.

JH: Yeah. And then I was out of the military. So after Germany I was out and my husband went to Georgia. We were in Georgia for not quite a year. He was in the Infantry Officers Advanced Course. Then we went to Monterrey, California where he went to the Naval Post Graduate School to get a master's degree. There I worked part-time in a small ICU [Intensive Care Unit]. In Georgia I worked one day a week in a psychiatric hospital. I wasn't going back to school yet. When we were in Monterrey, I had my daughter out on a playground and was talking to a woman who was there with her two kids. It was a Friday about four or four thirty and she said, "Well, it's been great talking to you, but I have to go home and put on my uniform. I have Reserve duty this weekend." And I looked and she had two kids and I said, "How are you doing that?" And she said, "Oh, they changed the rules so you can have children." So I was very excited because I had really missed it. I loved wearing the uniform. I was very proud of being an Army nurse. I loved taking care of soldiers and their families. I contacted a Reserve unit in California and was in the process of going through and then my husband finished school and we moved to West Point in New York. I joined a Reserve unit in 1975 that was in Newburgh, New York at the time. That's how I got back in the military and I stayed in the Reserves that whole time. And then that's when I got deployed to the first Gulf War and I got mobilized for the second Gulf War.

CM: Do you go back in at the same rank or do you have to start over?

JH: No, the same rank and all my years of service counted. It was relatively seamless I think. I basically had a five-year break in service.

CM: Mainly because you had your first child and then some time in between they changed the rules.

JH: Yes.

CM: And when did you get your master's?

JH: We were in Monterrey and then we went to West Point for three years and then we went to Fort Leavenworth, Kansas, and that's where I got a master's in management. It was a year program predominantly for military officers and I heard about it and was able to join. It was good. It was a good degree to get and it got my feet wet into education. And then we were transferred to Fort Campbell, Kentucky. We were there for two years I think. We were supposed to be there for two years, but we were there for eighteen months. No, we were supposed to be there for three years and we were only there for two and a half. And there, I decided to go into teaching and I knew you needed a master's degree to teach so I continued in the Reserves and I worked once a month I did a weekend in an Intensive Care unit at Fort Campbell and after two years I realized I was going to need to get a master's degree in nursing. I started at Vanderbilt University and just after I had started, my husband got orders for Alaska which was going to be the following—this would have been September and he had orders for January. He was going to be deployed for most of the six months so I contacted the dean at the University of Alaska in Anchorage and this was in September and said, "I'd like to move out. My husband is going to be transferred there and I've been teaching for two years at a community college." He said, "Oh, your timing is perfect. We just lost a faculty member." They flew me out there for the interview. I loved it. I loved the school. I came home and packed up the kids, took them out of school, and got them enrolled up there. And off we went. It also helped that my roommate from college and her husband were stationed there already. When we first got there the kids and I lived with them for about a month until we bought a house and lived in our own house.

CM: How many kids did you have at that time?

JH: Two. And there it was interesting. I was very fortunate. When I was at Fort Leavenworth I had joined a new Reserve unit because I had been in the one in New York and I had done a lot of time with them therefore I didn't really have to do much Reserve time when I first got to Fort Leavenworth. Then near the end of the year there, the hospital in New York was downsizing so they said, "You probably should try to find a Reserve unit." I only had three months left in Kansas and I didn't want to lose any time so I joined a field hospital in Kansas and I was with them for eighteen years even though we kept moving. I was able when I lived in Alaska, they didn't make me drill with them every month. I think I went once or twice a year. And went with them for annual training, but I was able to work the first year in Alaska I worked in and Air Force hospital. It was very much like an Army hospital. I just wore my Army uniform [laughs]. After two years we moved to Fairbanks, Alaska. There I worked in a military hospital as well, but that was an Army hospital. While I was there I realized I had started the master's at Vanderbilt but I had to terminate that when we moved. The dean convinced me that I needed a Master's in Nursing. All they had was Family Nurse Practitioner, or Psych. So I figured I'd be a Family Nurse Practitioner. I did that, but I continued to work full time and even when we moved

to Fairbanks I completed the last year mostly by teleconference. I'd fly back every now and then and it wasn't that difficult. So that is when I got the Master's in Nursing.

CM: So that was so much fun you went on for your Ph.D.?

JH: Well, it hadn't been in my playbook for sure, but we loved Alaska. The kids did, my former husband did. Once again, I thought I'd died and gone to heaven because I had taught in the University of Kentucky community college system and when I got to Alaska my salary doubled and my workload was cut in half. I really felt for the first time in my life felt I was being paid commensurate with the amount of effort I was putting into the job. That was really neat and my dean had been my mentor. So I said, "Can I go on a leave of absence?" I knew we'd love to go back there if possible after we finished in Washington, D.C. So he wrote this letter granting me the leave of absence, but it was contingent upon getting a Ph.D.

CM: That's a big contingent.

JH: It was a big contingent, but it was a huge favor and he knew what the future was going to hold for me and he knew I needed to have a doctorate. So it was good. I'm not sure I would have done it.

CM: Where did you get it?

JH: University of Maryland.

CM: Was that in nursing?

JH: No, it was in Health Disease Prevention.

CM: So all during this time, a considerable amount of years raising children, working as a nurse, your Reserves work, how did you balance all of that. And not being near family...

JH: Right, to help. Well, they were just things my family wanted. My husband was very supportive and I loved everything that I did. And it was additional income which was very nice. It kept me in the Social Security system for a number of years which I might not have been in. Initially it was great because I was just in the Reserves when the kids were really little. Then once they were in school or pretty close to being in school, that was when I started either going to school or working more.

CM: What year was it that you were deployed? Oh, you were in the first Gulf War.

JH: Yes, 1991.

CM: And where were you?

JH: We had just moved back to Washington, D.C. from Hawaii.

CM: And where did they send you?

JH: Saudi Arabia.

CM: You were there the whole time?

JH: We were mobilized in November, the week before Thanksgiving, and then we stayed at Fort Riley, Kansas, for two months and then we went in January. And then I was part of the—I worked with the—how do I explain it? [Laughs] I was a nurse and we build our own hospitals. We are very different from the Navy and the Air Force. Physicians and nurses, everybody is in there lifting equipment, putting the hospital up. We were right out there in the middle of the desert. There was no water, no electricity, no phones, no nothing. But we also had down time, especially when we didn't have patients initially. Then at the end, after we started to tear down the hospital, when we discharged the patients, then we also had down time. My colleague, who was a certified Registered Nurse Anesthetist, and I sort of joined the motor pool because we liked to drive the trucks and we enjoyed being busy, so we volunteered to stay longer over there to help move all the equipment back to the port to get it shipped home. We came back about two weeks after the rest of the hospital did and then I was finally discharged again in June of '91.

CM: What was it like living there?

JH: Well, you know, it sort of becomes home. I look at the pictures now and I use some of the pictures from that now when I lecture to the students about poverty in communities that don't have a lot of capacity versus communities that have a lot of capacity and so it was definitely a community that didn't have any capacity, but we set it up and it became a community. We brought in our own water and we had generators for electricity and everybody worked together to maintain the community. So that was a pretty interesting experience and unlike a lot of the hospitals, we way overestimated what was going to happen in that war and so there were way too many hospitals to take care of the limited patients, but I was fortunate in that my hospital actually took care of about 500 coalition soldiers, some American, but a lot of coalition soldiers. And then we took care of a lot of Iraqis and they were by far the largest group of patients that we had. It started out we were within two miles of an enemy prisoner of war camp that had 14,000 soldiers that had surrendered and then during the Shiite uprising in Southern Iraq we started to get families and kids from Shatrah and Basrah that the infantry would bring down in the Chinook helicopters and what happened was the Republican Guard went in and were taking over the hospitals and the schools and the buildings and they were throwing out these patients. So the infantry would bring them down and we took care of them. We were pretty busy. But it was good. We lived in a tent. It was pretty—you know, sometimes the tents would blow down, it would rain. We were in a desert, but it would pour. There was mud, there was grit everywhere. But you just developed such a good relationship with the other 15 women in the tent. Everybody

eats together. Even when the physicians weren't on call, if there was a mass casualty they just put it out over the PA system and everybody would come and help. It was really a cool bonding experience. I remember when I went into a field hospital my mother said to me, "Jan, I can't believe you're going into a field hospital. Remember you never even went to Girl Scout camp because you hated bugs and dirt and dust." [laughs] You grow and change when you need the maturity. So I look at it as a highlight of my life. A really good experience.

CM: Now your husband at that time, was he home with the children? Who was watching...?

JH: Well, my daughter was in college and my son, unfortunately, had decided—he was a hockey player in California and he was on the northern All-Star team. He was pretty good and when he found out we were going back to Virginia and they didn't have high school hockey, he had a friend who went to North Andover, so secretly the two of them finagled and my son applied to boarding school which was very foreign to me and my family and wasn't really any part of our plan for any of the children. He managed to get accepted and they offered him some money and then his father said, "David, we just can't afford to do this because we put money away for college, but we just can't afford to do both." I guess he called someone at the finance office and they put in some more money [laughs] and he went. And I cried and cried when my husband and he took off. I thought, "Oh, this is so awful." Well, before too long I was mobilized, and activated, and gone and it turned out to be just blessing because he was very well supported there even though he was the only child who had a parent who was deploying. And my husband worked at the Pentagon and didn't get home until ten o'clock at night so it would have been a huge, huge worry, especially with him being a sophomore in high school. It would have been awful for him to be alone like that. So it worked out very well.

CM: That must have eased your mind.

JH: It really did for sure.

CM: Were you able to—it's so hard to believe that we once lived in a time where there was no email or cellphone—were you able to communicate back home at that time in '91.

JH: Well, because of my husband's position he could call me once a week using the phones in the headquarters. Which is legal, that wasn't the issue, but I got better treatment than some of the others, but there was also a three-star general's wife who was there in the Reserve unit. She was in my tent and they abused the privilege much more than I did, but her husband also got a huge landing strip named for us because of his access to the engineers and the people he knew. To talk to my mother and father, initially once a month they would take us to some phone banks out in the desert that were set up for people to call home. So I would do that as well. It was a couple of months before everything was set up and before I figured out and my husband figured out how to call. And then he would convey the information to the kids. I never did talk to the children because they were a little tied up with school. And my parents would communicate with them as well.

CM: Was it hard to reintegrate when you came back home after being in such a foreign area?

JH: It was. I think I realize now it was really hard for a lot of us. Because it was stressful, but it was stressful in its own way and you realize you just can't keep up and worry about the things back home. And I was fortunate that everyone was in good hands. But you just sort of go with the flow of what's happening there and you felt like you always had a purpose and what you were doing was valuable and important. And it was fun most of the time. When you come back it's a bit of a letdown. You don't have that same camaraderie. You don't have the same predictability. The thing I liked, that I enjoyed, was having been so responsible all my life, for my children and my husband because he's an officer when he's in command you have responsibility for the other families when they deployed, there were a lot of demands on my time because of that and related your work. When you're over there we are all living the same way, eating the same meals, but you know, you don't have to decide what to wear every day, you don't have to cook, somebody takes care of that. You are paid quite well so you know that is taken care of. We actually made extra money because we were deployed. In some ways, life seemed really simple [laughs]. Our job was to take care of sick patients. I think we did a pretty good job.

CM: Then when you come home it hits you all your day-to-day responsibilities?

JH: Yeah! Like, "Jeeze, I have to wash clothes, I have to plan meals. Wow!" [laughs] I think one of the challenges of that deployment for me was that we all went over to take care of soldiers and I remember when they first said that my intensive care unit was where they were going to take the prisoners of war and I was like, "Oh, how am I going to convince my people...." But very quickly we became actually quite attached to them, to most of the Iraqis that we had because they were not there because they wanted to be or because they wanted to fight a war. Especially the ones who surrendered. They were just thrown out on the borders and put in bunkers. They gave them a month's supply of food and water and they were supposed to keep the Americans and the coalition soldiers from coming across the line. They were helpless and they were emaciated. So they loved us. That was kind of fun. The Republican Guard soldiers that we did get, they were tough. They wouldn't let women touch them, fortunately we had a lot of male nurses. They wouldn't look us in the eye or talk to us even through interpreters. But the others were very thrilled. And the same thing for the families who came from southern Iraq. They were Shite rather than Sunni and they were thrilled with the care for the most part. The group from one of the towns was especially appreciative. The ones from the another town seemed a little more entitled. We were shocked by the difference in the attitudes when they came. We took good care of all of them. The interesting thing was when a patient died what did you do with the body?

CM: If there was no family to claim the body?

JH: Well the Saudis they didn't want to bury them in their ground and the Kuwaitis certainly didn't want them and the Jordanians—we thought they could go to Jordan—finally, I remember who had to babies that died. The babies were given back to the mothers. We didn't even have a place to put the deceased bodies. So we put them in the pharmacy in the refrigerator there. Of course that would never pass here with DPH [Department of Public Health] these days. But you just have to do what you can. The mothers took the babies back. I guess the adults who died—we also took care of Saudis and Kuwaitis and different people that migrated because of the war. I think they all went back.

CM: Did you say you were deployed a second time?

JH: I was mobilized for six months for the second Gulf War.

CM: What is the difference between deployed and mobilized.

JH: Oh okay. First you get alerted that you're unit is going to be mobilized and then pretty soon after that, then you get mobilized which means you go to a staging area or a place for the specific training that you need to prepare you for where you are going to go. The first time I spent two months at Fort Riley training to go to the Iraq/Kuwait War and then the second time I went to Fort Hood, Texas. We trained there—by that time I was the Chief Nurse of a Medical Command. That was in 1997 I took over the Staff Officer for the Medical Brigade and that became a Medical Command and then I became a Chief Nurse for the Medical Command. In that role I worked directly for a one star general and I was part of the general's staff. We went to Texas and our Medical Command was going to be in support of the 4th Infantry Division I think it was. And the 4th Infantry Division was supposed to go in through Turkey and we were going to be part of the northern invasion and then our stuff was on the ship and it was almost there. We were supposed to get on the plane, we had an actual date for departure, and then Turkey decided they didn't want any U.S. troops coming through Turkey. So then we sat and we waited and we were on hold for about four months waiting to see what was going to happen. Were we going to go through the south? Then after six months they released us from active duty and I came back here.

CM: Were you disappointed?

JH: Yes, we really were. Especially since I had already done this so I wasn't scared to death like the first Gulf War, but this one I was like, "Okay, I know what to do, I know what it's going to be like. I know how to live. I know how to take care of patients without a lot of fancy machinery." The whole unit was very, very disappointed in the end I think. And, of course, by then we were all trained up and we had all this down time so I was very fortunate that I was able to work with a family nurse practitioner in a family health clinic right there in Fort Hood with a good friend of mine. They had lost a lot of the staff. One of the nice things about the military, all the same paperwork so you can go anywhere and a lot of it is going to be the same.

CM: What is it like to be a woman in the military since it's still very male dominated?

JH: Well, it makes me really sad because there's so much talk about military sexual assault now and I just—I don't think I was naïve. I'm pretty smart and I was pretty savvy with what was happening the whole six months we were over in Saudi Arabia. Certainly there was consensual sex and some partnering, but I think these were relationships that in many cases carried on and became permanent afterwards. And I never really experienced any sexual harassment. Somebody might brush up against me—I remember a surgeon one time and I thought to myself it might be deliberate, but so be it. I'll stand closer to the desk next time. I know it's very real now. It's interesting, I don't know whether—I can't speculate, but with my experiences I did not witness it or hear of issues with that. But I think part of it too is you earn respect and you maintain professional demeanor and you do your job. So I think that was one of the reasons I was always able to stay with a Reserve unit for a long period of time. I never ever, except for those three months in Kansas, I never lived in the same place as the Reserve unit I was in. That was one of the reasons I wanted to live in Kansas for 18 years and I remember I would always be afraid that they would say, "Janet you live too far away, we can't keep you in your unit." But the commander always said, "Well, Janet, if we have to go to war, you are one of the people I'd like to go with." So they did what they needed to do.

CM: That's a very high compliment.

JH: Oh! No, I was very flattered, but I thought, "Well, I'm not that great." But I do show up. I'm pretty conscientious. [laughs] I like to learn. It was kind of the same thing in Texas. I lived in Virginia and then I lived here and my Reserve unit was in Texas, but by the time you get to a fairly high rank, it's hard to get—the positions for those with higher rank are limited. So by the time I reached Lt. Colonel and full Colonel we were—you went where the positions were. When I left Hawaii I happened to get the one in Texas because I had good friends who lived in Dallas and I thought that would be a good reason to live there. I'd get to see them. It was a wonderful unit. It was really. Everyone took it really seriously and it was a great way to end my career. So I was with them for ten years.

CM: When did you retire? What year was that?

JH: I retired in 2004 and I had at least two extensions from my mandatory retirement date. The people in the headquarters would put in the paperwork and say, "Sign this." I'd sign it and they'd extend me another year or two years or four years or whatever. And that last one was after the war ended, the second one. They had toppled Saddam Hussain. Wait I'm getting my wars mixed up. Anyway, in 2004 they thought we had survived and accomplished what we wanted, toppled Saddam Hussain, never realizing that we were going to have other issues after the Twin Towers and everything else. So they didn't extend it because at that time they were trying to downsize the military. Within six months I got a letter saying, "Would you be interested in coming back on active duty?" And at that point I thought—and I had been divorced for a while—it seemed I'd done enough already [laughs].

CM: You served for over 30 years.

JH: Thirty three.

CM: Can you describe one of your most memorable experiences while you were in the military? Is there any one that stand out?

JH: I think growing up at West Point, the idea that I might be an Army nurse and work at the West Point hospital to me was kind of exciting. I actually read this book called *West Point Nurse* which probably ridiculously convinced me that this is what I wanted to do. While I was there, as I said, I worked a lot of extra hours, and basically my Reserve unit was fine with it, but because we moved so much I could bank out hours and days of work. So that when we were moving and transitioning I didn't have to worry about two days a month doing what I needed to do. It ended up they would call me when they needed something or if they had a fixed surgery schedule or whatever. They would call if they were short of staff. So I can remember one weekend I was in there and I was working, there was a gentleman who was really, really sick. And the head of the—the chair of the Department of Medicine spent almost the same amount of time as I did caring for this man who ultimately passed away. But I was just so honored that six weeks or two months later I get a letter from my Reserve unit and it's been signed by the commander saying, "Thank you for your contribution to the West Point Hospital, blah, blah, blah." And basically the doctor I had worked with had written to my Reserve unit and told them what a great job I did supporting him in trying to save this man. So I wasn't used to people being aggressively appreciative. You know, it's your job and it's what you do. I was so honored that he did that. And then the funny thing is that, fast forward many years, we were living in Fort Lewis, Washington, and that same doctor is now the commander of Madigan Army Medical Center, a huge medical center and they're our neighbors [laughs].

CM: Very coincidental [laughs]

JH: Yeah. And then I had a great patient that I'll never forget in Germany. I actually have a picture of him and me. It was really memorable. Just an amazing experience to work with him. He got the first pace maker I believe that had ever been put in in Europe. If not it was the first in a military hospital. And then my last one was probably a patient that I had while in Hawaii. And she—after many years I got this email and I was really suspicious of the email address. And then I read the first line and I went, "Oh no, I'm being sued," because I was working in OB [obstetrics] doing pre-natal, mostly pre-natal. The email started out, "Are you the Colonel Hale that worked in the OB-GYN center at Tripler Army Medical Center in the summer of 1995?" I couldn't even read past that. I was like, "Oh my gosh." [laughs] But then I did. Anyway she said, "I've been trying to find you for years to thank you for what you did for me." And then she sent me a present and then we kind of lost touch. Then last year she tried the email again and emailed me again to thank me. So, yeah. I have to say, I loved wearing the uniform. I really miss it. I still dream about different things. I'm just really proud to have served. The military

was very, very good to me when you think about how many times we moved and how cooperative and supportive people have always been all along the way.

CM: How have you been able to use your experiences in the military with your current position here?

JH: Oh I rely on them a lot. I believe that one of the ways to teach is to tell stories; to bring important teaching points to life for students. It definitely worked out that way. I've also written manuscripts and articles about being in the military. I used them to demonstrate—I used the experiences as a model, a framework for how to look at regular communities not just the military community. And then it also has gotten me opportunities. The [University of Massachusetts] Medical School has a section called Commonwealth Medicine and they are the business arm of the medical school and I had worked with them for a number of years with Corrections because we managed the clinics and the state prisons in Massachusetts. One of the reasons that I got that job was because I had been in the military and they wanted someone who had been in the military. I was only part-time with that program and I was still teaching here in the medical school. So that was very valuable and very helpful. That opened that door for me. And then two years ago, the dean was approached by Commonwealth Medicine and they wanted someone to help them work on a report for the State Legislature on the future of healthcare—well, it's right here if you want to grab that [report]—the healthcare needs of veterans for the next fifty years. Myself and some colleagues from Commonwealth Medicine and other places went and visited a lot of soldiers' homes and the veterans' homes and put together that report. We did a lot of research in terms of what sorts of diseases our soldiers are at risk for which is huge. I can send you an electronic version of that if you'd like it. Because in your travels of interviewing people, there are things they don't know. Like if you've ever served in the military your risk of Lou Gehrig's disease or ALS [amyotrophic lateral sclerosis, is 60% greater, military have a much greater amount of hepatitis C, particularly if you are a Vietnam veteran.

CM: Very interesting work. Is Massachusetts ahead of the game...?

JH: Yes, yes we have very good services for veterans.

CM: Very interesting. Now I'm very conscious of the time, so I'm going to ask you one last question. Is there any final thing you would like the general public to know about women who serve in the military?

JH: [pause]

CM: You've given me a lot so far. But that's why we are doing this since so few of us know women who have served.

JH: I think what I'd rather do is speak to the women who want to go into the military and just say basically to follow your heart and be professional, mind your p's and q's, work hard. Be

accountable, be responsible, be reliable. And earn the respect just like anybody else would have to earn it.

CM: If they have any doubts about whether they can do it what would you tell them?

JH: Well, I'd ask them why they want to go in and then I'd figure it out from that aspect. You have to have some sense of patriotism. You have to worry about others; you have to sacrifice your needs to serve someone else's needs. Follow the chain of command; you have to be able to follow orders even if you don't always agree with them. Not sure I answered the question exactly the way you wanted.

CM: No, they need to hear advice from women who have been there. That's always important. I want to thank you for your time today for this interview and thank you for your service.

JH: It was my honor to serve. I got more out of it than the military got from me.

CM: Well, I don't know about that, but thank you.