

## Connie's Story:

### A View Inside

Constance Malone

I enlisted in the military in 1963 as a sophomore student at Tuskegee Institute, now known as Tuskegee University. I chose the Army Student Nurse Program to complete my education at the government's expense and to gain experience. In order to be accepted into the program, all applicants had to complete a physical examination at Maxwell Air Force Base in Montgomery, Alabama. It was at Maxwell Air Force Base where I encountered my first experience with systemic racism. We believed that the doctor chosen to perform the physical exams on the nursing students from my school was a segregationist because the office personnel instructed us to enter through a back door marked "colored only." We asked, as students, why the military would contract with someone who practiced segregation if the military, specifically the Army, was an integrated organization. As students, we thought this was a fair question; however, no answer was ever given. Instead, we were told to get the physical exams as soon as possible so we could get back to campus.

I graduated from the Tuskegee Institute in May 1965, and was commissioned as a Second Lieutenant in the U.S. Army. After graduation, my first duty station was at Fort Sam Houston, in San Antonio, Texas. All new recruits in the medical core, including nine of my classmates and I, went there for basic training. Fort Sam Houston was where we were given our uniforms for all occasions. Learning there was safety in numbers, we experienced little systemic racism because my classmates and I always stayed together as a group. The group cohesiveness concept was taught to us as students at Tuskegee for safety reasons. It also served to teach us the ability to work with each other and anyone else. We were taught the fundamentals (sociology and psychology) of dealing with attitudes and differences between people we encountered in life. We were not only 'book smart' but we were 'people smart' with bedside manners. Having this knowledge served me well.

One of my many encounters with racism came in July 1965. It was an extremely hot month and we had drill in the oppressive heat. During this particular drill, the comment was made that "Y'all used to heat because of picking cotton." I did not know how to respond to such a racist remark. I was shocked and bewildered as to why someone would think that comment was okay to make. I finally said, "I'm glad you know about cotton because I'm city born and raised. My first encounter with cotton was in Alabama. Are you from Alabama?" Unbeknownst to me, it was at this moment that I became prepared for any challenge the military or my future career would bestow upon me, including the racism and sexual harassment that was to follow.

After completing my basic training, my next duty station was at Fort Carson in Colorado. It was here that I received my first real experience in a military hospital setting. Being the only Black nurse in the hospital was a strange feeling for me. Coming from a Historically Black College, I was surrounded by people who looked like me. The head nurse, who was a Major, made me feel welcome and put me at ease. Wearing the Army nurses' uniform with Second Lieutenant Bars and nursing cap distinguished me and nurses from the rest of the staff. I had a sense of pride for my accomplishments to date and a longing to strive for even greater heights. My first assignment was on a pediatric unit as a Charge Nurse. Visitors would come in and often have questions.

These questions were often asked of the enlisted personnel rather than the Officer in Charge Nurse, me. The enlisted personnel would relay the questions to me as they were not equipped or qualified to know the answer. Despite my frustration, I would introduce myself as the Charge Nurse to the visitor and answer any question(s) they might have, in addition to explaining the care being given to their child. Due to the blatant disrespect shown to me, the Black female Officer in charge, by family members and visitors, a unit policy was instituted informing all staff working with me that all visitors had to see the Charge Nurse before being allowed to see their child and my patient.

In March of 1966, I left Colorado and was off to Vietnam with the 67<sup>th</sup> Evacuation Unit as the only Black officer and nurse aboard the plane. I knew I had to put on my armor, including the full armor of God, to survive this experience. I knew I had to be a quick thinker to ward off racist and sexist insults, and sexual harassment, as well as to be prepared to serve in combat. I was challenged every day and I never knew where I would be assigned. Other nurses in the unit had permanent assignments and enjoyed a sense of stability. Appreciating the obvious discrimination, I asked the Chief Nurse what was going on with me being moved to different units so frequently. Her response was that I needed the experience. Needless to say, that rationale did not work well for me. Taking into consideration that several of the other nurses also graduated in May 1965, as I did, I retorted that those nurses needed the same amount of experience, hence the same rotation in units. As expected, that fell upon deaf ears. As such, I decided to make the most out of the situation, knowing that I would be a better, more well-rounded nurse when I returned to the States. Since I gained more skills and knowledge, the Chief Nurse later assigned me to the Medical Intensive Care Unit (MICU) as a permanent assignment. Vietnam was a difficult place to be, so even with my unit permanent assignment, the discrepancies continued. In addition to the MICU, I was assigned to a second unit and the night shift. My patient assignments were determined by the Charge Nurse and influenced by her attitude towards me. Patients with the most complicated illness and required more care were assigned to me. Not being intimidated, I would have whoever was in charge assist me with my most difficult patients. She soon realized I was not going to be bullied and she began to make assignments equal for all.

Those earlier experiences could be considered inconsequential compared to the more blatant racism and sexism I was soon to experience in Vietnam. Some of my experiences were so traumatic that I shudder at the thought of sharing. One of those instances would be with the Klu Klux Klan (KKK). The KKK was alive and well on our unit. The United States was in the middle of a war and this group of Americans had the audacity to hold Klan meetings in the tent where all enlisted personnel were housed. I had the distinct pleasure of informing the chief of the hospital of these inappropriate actions. He observed the meeting and subsequently took proper action for such an activity in our unit. In addition to racism, sexual harassment was a daily occurrence for me. All of the females in our hospital were officers. Due to our rankings, off duty communications with males was limited; however, that limitation was not reciprocal. All of the males were able to talk to us while off duty. However, when I went to the Officer's Club, I had to be careful as I was verbally and physically abused and harassed by some of the White officers. This behavior included pawing and unwanted, unsolicited prepositions. Defending myself was a constant, so I would only go to the Officer's Club on special occasions. I wanted to enjoy my time off without being harassed or assaulted. I would occasionally ask the White officers where the Black officers were as they were more prone to show me respect. In fact, I always received respect and was treated with dignity by the Black officers and enlisted men. So instead, I would

go to the Non-commissioned Officer's Club. There I could communicate with fellow servicemen and was able to enjoy my time without concerns of racism or sexism. A stark contrast from the verbal abuse and harassment I received from White officers in the area. As such, I did not communicate with those who chose to be disrespectful and degrading of my race, feminism and title as an officer unless absolutely necessary.

After I left Vietnam in 1967, my last assignment was at Fort Benning in Georgia. Being back in the States was a refreshing experience. I was assigned to the pediatric unit at Fort Benning. I loved working with children because they had, for the most part, no preconceived ideas about people unless they were teenagers. Once again, I was Charge Nurse and the only Black officer on the unit, although there was a Black civilian nurse, who worked night shift. I could feel the tension mounting in the unit as the weeks began to pass. I noticed tempers and attitudes would become an issue when certain nursing assistants worked together. Blacks would come to me to complain, while Whites would go to the White nurses. I realized that we needed standardized procedures on the unit in order for us all to be working toward the same goals. So, I set up Standard Operating Procedures (SOP) to follow. These procedures made working together on the floor a lot better. It was at this point the White nurses began complaining that I was making too many mistakes and reported my actions to the Chief of Pediatrics. The Chief subsequently called me into his office to discuss the mistakes I had made, specifically those made with the children's medications. I informed him that I was unaware of any errors in the children's medications. Furthermore, the nurse making the report needed to show me "my errors." That nurse was asked to provide proof of my errors to him. Upon review, the Chief of Pediatrics concluded that I was correct and no errors had been made in the dispensing of medications to the children. The Chief also concluded that the nurse making the report had been incorrectly mixing intravenous fluids, thereby being the one making mistakes with patient medications. The Chief instructed that nurse to write a letter of apology to me, attach it to the complaint and place both in my record.

It was during my time at Fort Benning that I found my place in nursing. I was invited to teach a class on immunizations and communicable diseases at my alma mater, the Tuskegee Institute. It was at this point I realized that teaching and working with children was what I wanted to do with my career. Upon my discharge from the military, I worked in community health and nursing education. Teaching became my passion. It was this passion for teaching that I carried throughout my life and career, retiring in 2004 after nearly 30 years in nursing.

It was during my retirement that I was introduced to the Veteran's Administration (VA) Services for veterans. I attended a meeting in which information about the services offered to veterans was discussed. I discovered that I might qualify for disability so when I returned home, I immediately applied. Unfortunately, the VA informed me that I did not qualify for disability benefits because I had not been in a war zone. That was surprising since it was well understood that Vietnam was a war zone. I reapplied and after several attempts to receive my rightfully earned benefits, I was recognized as a war veteran and determined to be eligible to receive benefits. Through the process, I also learned that I, like many veterans, suffered from post-traumatic stress (PTSD).

The diagnosis of PTSD was a surprise for me. My primary care physician recognized my need when I got severely depressed and referred me to Mental Health. I shared my combat and systematic racism experiences with my psychiatrist. From my conversations, I gained a clear picture of how I coped with stress over the years. Realizing that I needed to care for myself first,

the healing began to take place. I became less controlling, and more willing to let others be active participants in my life and well-being.

So that's "Connie's Story". I have confronted racism, sexism and a mental health challenge. All of these constitute examples of trauma. Sometimes the system helped, other times the system enabled the trauma, but I am here to tell my story with the hope and expectation that the telling will lead to healing for someone else. Systems are in place to support veterans but more work needs to be done to improve and strengthen those systems. That work will take all of us.

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