RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

NEW BRUNSWICK

AN INTERVIEW WITH DONNA NICKITAS

FOR THE

RUTGERS ORAL HISTORY ARCHIVES

INTERVIEW CONDUCTED BY

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TRANSCRIPT BY

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Kathryn Tracy Rizzi: This begins an oral history interview with Dr. Donna Nickitas, on July 14, 2021. I am Kate Rizzi, and I'm in Branchburg, New Jersey. Dr. Nickitas, thank you so much for doing this oral history interview.

Donna Nickitas: Thank you for the invitation.

KR: For the record, where are you located today?

DN: Today, I am on the Camden Campus of Rutgers University in the School of Nursing and Science Building, located at 530 Federal Street in Camden, New Jersey.

KR: To begin, where and when were you born?

DN: I was born on April 28, 1953, in Brooklyn, New York.

KR: Usually, in these interviews, we like to start off talking about family history. What do you know about your family history, starting on your mother's side of the family?

DN: I'm an Italian-American. My mother's parents were born in Naples, Italy and then immigrated to the United States in the early 1920s. My mother is first generation. Her siblings included three brothers (Luis, Fredrick and Anthony) and a sister (Mary). We had a large family on my maternal side in terms of the number of grandchildren, thirteen in total. We were a middle-income, working-class family. My father had two jobs and my mother was a stay-at-home mom and housekeeper for most of her life. Then, as we grew older, went to high school and [were] more independent, my mother worked full time.

We had a very traditional family. When I talk about my family, I talk about three F's. We're all about food, we're all about family, and we're all about faith. Those core values have stood steadfast with me now that I have three children. If we're not talking about the meal that we're eating, we're talking about a meal that we will prepare or a meal that we've already had. So, that is the one thing that links us all together, the time we spent together in the kitchen cooking, or at the table talking about food, faith, politics and life.

That was part of my mother's tradition. When I think about my mother, I laugh, so much of our time together was in the kitchen. I learned the about family values, struggles, and opportunities life had to offer me through standing with her in the kitchen and watching my mother create her own recipes, never ever using measuring cups or spoons! And, now today, I use these same recipes for traditional Sunday meals, holidays, and special occasions. Recently, just last week in fact, I made my husband a specialty of my mother's, which was zucchini pie. It was always made with summer zucchini. He said, "This is the best that you've ever made." I made it because I do follow my mother's recipe faithfully and she was not one for measuring out items, but every recipe that I have of hers, I made her write down. I shared this recipe with my mother-in-law and I actually had my mother-in-law's handwriting on my mother's recipe and, at the end of it, she wrote, "Delicious." That's emblematic of what food means to my family, and, certainly, I have two children who are excellent cooks. They don't measure either; they cook like their grandmother.

KR: Where was your mother's family from in Italy?

DN: On the maternal side, they were from Naples. I actually had the opportunity, several years ago, to go to Italy and actually visit the town that my grandparents were from. Both my maternal grandparents were from the same Italian village.

KR: Do you recall the name of the town?

DN: It was Naples in southern Italy.

KR: It was actually Naples, okay.

DN: The actual city is in southern Italy; it sits on the Bay of Naples. Nearby is Mount Vesuvius, a still-active volcano that destroyed nearby Roman town Pompeii. I did have the opportunity visit Naples in 2000 with my family and see the house where my maternal grandmother was born.

KR: Did any stories get passed down through your mother about what led her parents to immigrate to America?

DN: The only thing I can recall is--and even [observed] when I went to Italy, because I we had the opportunity to travel to a variety of towns and cities throughout the country--I notice there's a real economic disparity between the north and the south. When my grandparents were growing up, I was told that their villages were primarily farming and agriculture, unlike the north of Italy, where there were larger cities with commerce and manufacturing. My paternal and maternal grandparents came because they experienced high levels of unemployment and famine, and the only way that they were going to survive was if they actually migrated to the United States. Of course, in the early 1900s, many immigrants came to America for a better life. It was a lot easier then when America was more open than it is today. The immigrants of today, they move or they migrate for a better life for their families, seek employment or for survival, and that's what my grandparents did. Again, that goes back to that whole connection of food and survivability. So, those are early memories that I remember hearing about, why my grandparents immigrated to the country to really find a place for them and start a new beginning. And they did. They hardly spoke English and yet found their way and thrived in America.

KR: What were your mother's upbringing and education like?

DN: My mother finished high school, but she stayed very close to home. She worked full time with the family business. My grandparents had a produce and grocery store in downtown Brooklyn, so she was very close. The main reason she stayed close to home was that her older brothers went off to the military during World War II, and so she and her sister ended up working with my grandparents during that time period, while her siblings were absent. Then, of course, when the war was over, her siblings came back. They began to help my grandparents, and my mother ended up staying home with us as children.

KR: How was your mother's family affected by the Great Depression?

DN: It was very challenging and tight financially. I mean, there were five siblings and then my grandparents to be fed. It was difficult to manage a small business and a growing family during the Depression. I remember my mother talking about the scarcity of food, especially meat. There was very little waste. Meat was a big deal. You're lucky if you got to eat it once a week. Bread, beans, and pasta were the staples. I have to say it's in my DNA; I don't feel like I have a meal unless I have bread at the table. Obviously, pasta and beans [were] very, very important, the essential staples of the diet. It was clear to me that everyone in the family had a job, even if you went to school; after school, there were chores that needed to be done, both in the home and at the family store.

We take so much for granted. I do recall growing up in the mid-'50s, early '60s. We didn't have meat every day of the week. We had a lot of canned vegetables, even though my grandparents had fresh fruits and vegetables in their home. We would get a delivery every Friday, I remember, the groceries coming from my grandparents' store. It was so special receive a weekly delivery of fresh fruits and vegetables. But we didn't know any better and how difficult or even how challenging it was for my grandparents and even for my own family. My parents counted on that Friday delivery to fill in the weekly meals. They learned to make the best of it. They learned how to spread out the meals and make sure there was enough for all of us to eat. We didn't know what we didn't know. We just knew that when we sat down every evening to eat there was sufficient food for all of us. We didn't notice what we'd eat, just that we had enough for a full meal, grateful that my mother made the effort to make everything taste delicious. If we had pasta two or three times a week and every Sunday, it did not matter. We believed that we were well fed and loved. Did I answer your question?

KR: You did, thank you. On your father's side of the family, what do you know about the family history?

DN: My father was born in the city of Boston. From the stories he told us of his childhood, my father grew up in poverty. He had two brothers (Ralph and Joseph) and a sister (Rose). But he talked more openly about how difficult it was for him and his siblings. I am not really sure if he ever finished high school. I know he enlisted in the Navy. I think he might actually have lied about his age; I recall he said that he was seventeen, just so that he would be able to be employed, have a job and possibly a career in the Navy. He enlisted just before World War II, and was able to learn a variety of skills that he was able to get employment post his service in the war. In fact, by the time my dad left the Navy, he was a chief petty officer. He was proud of his rank and what he had accomplished. His stories of his military service and experiences during World War II in Pearl Harbor were open, transparent, and thrilling to hear about. During the war, he was stationed on a [submarine] and was responsible for managing and launching torpedoes.

I remember him telling me as a child that his father would take off the blade of an ice skate and convert them into shoes. He described how awkward it was to walk. It was clearly a difficult childhood. Dad was open about how challenging it was for his family, even describing how there was insufficient food or how my grandfather was unable to earn a living wage for his

family. It was a real challenge for him. He even told stories of my grandfather getting into bootlegging of alcohol to make extra income for the family. My dad was very frank and open about his early childhood and living frugally as a youngster. He always talked about being an American, and going into the armed services, he felt like he had a leg up. He always talked about if you worked hard enough, you can achieve anything. I believed that and still do. My dad's belief was that if you worked hard enough, you would succeed. His moral compass of persistence and a strong work ethic is what I remember most. I think maybe that's where I get my grit and my perseverance and my determination is from my father, because he was a really good role model. I know, even [when I was] growing up, he worked two jobs, one at his day job in the moving industry and the other as musician on the weekends. He played several instruments, including a trumpet, bass, and guitar. However, on the weekend, he mostly played the stand-up bass for social events. He worked very hard to make sure that he was able to put food on the table and clothes on our back. I guess he learned the importance of self-sufficiency and stable employment. I carry my dad's strong work ethic with me to this day.

KR: Does your father's side of the family have an immigration history?

DN: Yes. His parents immigrated from Sicily, Italy. I'm Neapolitan and Sicilian, so the Sicilian side is my father's. Even more so than the Neapolitan, the Sicilians really had it very difficult because it's mostly farming and agriculture in the southern part of Italy. They migrated to the United States for a better life. There was very little beyond farming and no other means to make a living.

KR: What did your father do in the Navy during World War II?

DN: He was in submarines. His position was chief petty officer and he was the one in charge of the torpedoes. I remember him sharing lots of stories, that he was not actually in Pearl Harbor, but his submarine was coming in that very morning [December 7, 1941] when the bombing began. He had vivid memories of what that was like and what it was like to finally arrive in Pearl Harbor after the bombing of the harbor. I remember that when I got to go to Hawaii and actually visit the memorial site, it was very touching to recall that he told us those stories. At that time, considering that he had no formal education going into the Navy, he rose to a fairly high enlisted rank as a chief petty officer by the time he retired. I was always so very proud of my dad's enlisted service.

KR: When you were growing up, how often would your father tell you stories about his military service?

DN: If it wasn't every Sunday, it was every other Sunday. It was woven and he was a really good storyteller during and after Sunday dinners. I wish my oldest sister Grace was still alive, because she helped put all the stories into context for her siblings. After a while, he would repeat them, and he would openly share. I know some vets did not, but my father talked about what a positive experience he had as a Navy shipman. I remember going to visit various ports with him. Remember, we grew up in Brooklyn, so we'd go to the Brooklyn Navy Yard. I also remember visiting the Naval Submarine Base New London, Connecticut. It was one of the bases my father was stationed. It is often referred to as the home of the strongest submarine force. I came to

know that this military base is the most important submarine base that the United States Navy controls. The base is named after its location. It was established in the southeastern corner of Connecticut, close to New London. I learned this later in life, when we moved to Old Greenwich, Connecticut in 1989.

I have fond memories of visiting New London, Connecticut. I can recall visiting the shipyards there and actually going down into the submarine and getting a tour. It a memory I will never forget, on a submarine. I can remember it like it was yesterday. It was very, very special, and my father was very proud of his service and of being a veteran. He kept a lot of his memorabilia from the Navy and kept in touch with a few of his naval buddies. We still have photos of Dad in his naval uniform. I have most of his naval medals. They are stored together with my Air Force medals and flight wings.

KR: How did your parents meet?

DN: His sister knew my mother, I think. They were at an event, a social dance, in Brooklyn, New York. I think my Aunt Rose introduced my father to my mother, if I recall. He was off on leave from the Navy at that time in and around 1947-'48; he was stationed at the Brooklyn Naval Yard.

KR: Let us talk about your upbringing. What neighborhood in Brooklyn did you grow up in?

DN: Okay, the neighborhood I grew up in is known as Marine Park. My husband teases me and he said I lived in the better part of Brooklyn compared to where he lived. It was a middle-class neighborhood, very mixed. Usually in Brooklyn, most neighborhoods were dominated by immigrant groups, such as Italians, Polish, Irish, German, and English families, [with] a mixture of Roman Catholics schools and churches and several Jewish synagogues and schools, all mixed in close proximity of where I went to school. I went to a parochial grammar school as well as a parochial high school, but my friends were both Irish Catholic, Italian, German, and Jewish.

KR: How much Italian was spoken in the home and how much got passed down to you?

DN: Okay, my grandparents spoke primarily Italian, with a lot of broken English. They understood English, at least my grandfather did, but he spoke very little English, mostly Italian. My grandmother spoke Italian to my grandfather and a mixture of English and Italian to my mother and her siblings. When she came to our house for visits, she tried to speak English, but it was a challenge. She was very apologetic for her English, but it never stopped her from communicating with us. I fact, I loved her accent and learned to slow down my speech so that she could understand me and I her. My parents did not teach us Italian. We cherished our Italian culture and values, but unfortunately we did not learn the language.

Believe it or not, my husband is Greek-American, and when he grew up, they only spoke Greek in his family. It was only after his grandparents died that they started to speak English. It's very different when we both compared our families. We spoke very little Italian, unfortunately. I wish I had learned more. Right now, I wish I had learned more, but we were third generation, so

by the time it got to us, they weren't really speaking Italian. My husband is still fluent in Greek, and when possible we return to Greece to visit family, mostly first cousins and godparents.

KR: How many siblings do you have?

DN: I have two deceased siblings, and I have one sibling who's alive. There were four children. I'm third. I had an older sister Grace, who is deceased. I had a younger brother John, who is also deceased, and I have my middle sister Joanne, who is about three years older than me.

KR: It sounds like growing up in Marine Park, Brooklyn, there was a lot of family around, a close-knit family. What are your earliest memories of growing up in Brooklyn?

DN: There was lots of family where I lived. My mother's siblings all lived in Brooklyn. Marine Park was my world entire world until I left for the Air Force in 1976. My aunt and uncle lived right down the block. My mother's brother Fred and his wife were very close to us. My cousin and my sister Joanne didn't always welcome me because I was the younger sibling, but I felt welcomed at my aunt's house, my Aunt Babe (her nickname). Her real name was Marie. I was very close to my Uncle Fred and Aunt Babe as a child and early adolescent. My mother's sister lived several blocks away, probably a mile, a mile and a half. Her children were around the same age, so we spent a lot of time together there as well. It was not unusual that on Sunday, dinners were at my grandparents' house, with siblings and with cousins. The kids would eat in the kitchen, away from the adults and the grandparents. My Aunt Mary had a very large table that would accommodate her parents and all the siblings and their spouses in the basement. However, when you added all the thirteen grandchildren, we had to make room at the kitchen table and sit on the steps leading to the basement. We made it work, no one complained. There was always room for all of us! We were at my grandparents' house once a week, and if we weren't there, they were visiting us at least one day a week. There was a lot of family time, mostly on my mother's side, because my father's siblings still lived in Boston. On my mother's side, it was easy because they all lived in Brooklyn, and all of them were very close to one another.

KR: You went to parochial school. What schools did you go to, and what was the education like?

DN: I went the typical local neighborhood parochial grammar school in our parish; we had a parish church called the Good Shepherd. The grade school went from first to eighth grade. All of my siblings and all of my cousins went to the same school, so you had to be on your best behavior or your cousins or your siblings would tease you or the teacher would let your sibling know if you misbehaved. I remember my mother didn't drive, so I would walk to school with my older sister. When I got old enough, I walked by myself. It was a treat if a neighbor gave me a ride. Otherwise, I had to take the bus. Most often, in the beginning years, the first to third year, I remember walking with my siblings and them being responsible for walking me home. By the time I got to fourth and fifth grade, I was actually taking the bus to school. It was quite a hike. It was just under a mile, for sure; I can tell you that much. It wasn't pleasant in the cold or in the rain. However, I enjoyed the walk when the weather good, lots of exercise and fresh air. Also, I learned how to navigate the neighborhood and gained lots of agency.

Then, once I graduated from Good Shepherd, I went to a four-year, parochial, all-girls school called St. Edmund's. Again, what I learned later going to a parochial school was the safety and security of being around and supported in a same-sex school. We didn't have all the resources that public schools had. We had the typical library, but my memories of arts and crafts and music or band [were] limited. No art or music room, the teacher came into our classroom once a week. We never moved from classroom to classroom in grammar school. I didn't do that until I got to high school, where you actually had a homeroom and then you moved from class to class on a daily basis. I remember being shocked when my children went to grammar school and high school. In elementary school, they moved only for certain subjects, but by the time they got to middle school, they were moving throughout the day and certainly in high school. I went to an all-girls school, and you can imagine, the only sports were volleyball and basketball, there was no Title IX, so the only thing that we were playing was either volleyball or basketball or cheerleading and maybe--what was the one over the net?

KR: Volleyball.

DN: Volleyball, yes. That was our sports, and then everything else was gym class. Again, that was high school. In grammar school, you ran outside in the schoolyard. If you were lucky, someone had a jump rope or you had activities or some type of a semi-formal sport. I think about the generation of my children; my daughter and my two sons had access to all types of sports, both in school and extracurricular. The only extracurricular sport that I remember was swimming, where I went to swim at a local public high school and they had swimming lessons and my mother signed me up for an afternoon program in a local public school that I was able to attend on a weekend. But there were no other local sports teams that I had access to where I grew up, and I think that's kind of a disadvantage, now that I think about it. When we talk about being in the military, I think about all the advantages that the military had for women and men, regardless of whether you were an officer or enlisted. As a young girl growing up in the '60s and '70s, thank God we had the women's movement in the '70s, or I still think that we'd be back in the kitchen.

KR: What were formative experiences for you when you were growing up?

DN: I would say probably as an early teen, I was influenced by community service, civic engagement and social responsibility. When I thought about what I wanted to be, I first thought I would be a musician. I played the accordion for a couple of years, and I practiced pretty hard. However, I was distracted as my friends were outside playing and I was inside practicing. I wanted to do something else. As I was growing up, preteen and teenager, I was very interested in extracurricular activities. Once I got to high school, I learned about volunteerism, and I belonged to a lot of service clubs. I was very interested in serving my community, whether it was the yearbook club or the religious club or theater. I played some sports after school. I was always civically-minded and wanted to make a difference. When I had an opportunity, if there was some kind of a book drive or clothing drive or some other activity, I always felt proud to participate.

When I was about thirteen or fourteen years old, I volunteered for the American Red Cross, and my assignment, my first assignment, was at St. Vincent's Medical Center in New York City, where I was a candy striper--I mean, literally, the red and white uniform. I was so proud of that uniform. My father paid for my transportation, and I volunteered two or three times a week in the hospital. While I was there, I began to realize what health providers were doing, particularly women, because they were the nurses or the nurse's aide. I began to watch what they did, as a candy striper, and I found out, lo and behold, that they had a program for high school students who were interested in the health professions called the Vincent Teen Program, where they allowed high school students to be trained as medical assistants. I came back in my sophomore year and stayed at St. Vincent's until I graduated St. Edmund's as a senior. That's when I decided that I would be a nurse. That was a very formative experience for me because I wanted to help people and I wanted to make a difference.

I felt that there were very few options for women when we were in high school. You either were selected for an academic or secretarial track. I was really bad at typing. I only passed typing because the religious teacher, who was teaching me typing, also I was the chairperson of her religious club, and I think she felt sorry for me, so she gave me a "65" and I didn't have to go to summer school. [laughter] Having said that, I was a very good student academically. I was certainly an "A-" student and I got accepted into a community college because that's what my parents could afford. At that time, the City University was free. Now, when I think of [President Joe] Biden talking about wanting to do free education, I understand the privilege of having access to education and being burdened by financial debt because my family could not afford it. Maybe that's why I ended up in academia, but who would have thought? I didn't know that then. But now I realize that the access to a free college education made all the difference for me. That was very formative experience, being able to have an opportunity to go to college. From the time I volunteered for the American Red Cross and the high school position as a Vincent Teen, I knew I wanted to be a registered nurse and make a difference. When you look at my professional CV, civic engagement and volunteerism is part of who I am. Probably it's part of my faith, to serve and learn about becoming a servant-leader. I continue to contribute and volunteer for professional membership organizations, non-profit and community boards. Service remains a core value of my professional identity as a nurse.

KR: I want to circle back to a couple things that you mentioned. You talked about the limitations in women's sports when you were growing up, and then you talked about possible career options for women at the time. What messages were being sent to you, when you were growing up, by your family, by your community, by the church, by your teachers, about what you could do in your life?

DN: Thank you for circling back on that. I learned early in life that in my family, no one went to college, none of my mother's siblings, my mother, my father, any of my aunts or uncles, on both sides, maternal and paternal, and so I didn't have really role models growing up. When you talk about college entry, that was something that my high school teachers and guidance counselors provided for us. In the neighborhood that I grew up in, there were very few professional, educated families. It was mostly blue-collar families. Now, there were some here and there. One of my friend's father was a dentist. I don't think I had any friends or family that I knew that were physicians, certainly not in my family and my circle. Most importantly, I did not

have women role models who were college educated in leadership positions in healthcare, law, medicine or business.

Women who I knew, my oldest sister went to college too, and she was a librarian. There were your options: you were either a teacher, a librarian, a nurse or maybe a secretary or some type of administrative role, but there were very few options for us. Of course, if you had a professional degree--I didn't know very many women who were lawyers, I didn't know very many women who were physicians--those were small and infrequent. Most of the people, I began to learn, they went into high school and were graduating and going on to college but in very traditional roles, the ones that I've just talked about, education, library science, nursing or some type of business administration. They were limited.

I didn't know that I could do anything else, to tell you the truth. I thought about medicine, but I certainly didn't have the financial capacity. I didn't go into a STEM [science, technology, engineering and mathematics] career in college, although I did go on from an associate degree directly into a baccalaureate degree. At that time, that was unusual as well. Most nurses were either hospital prepared, or [there were] very few at the college level that I knew at that time. That's really important historically to look at. That was one question you asked, right? The second question was on sports options?

KR: I just wanted to get a sense of the messages being sent to you, and you answered it, thank you.

DN: I didn't have really many professional role models. I had no one in my family who was a nurse and no one in my family on either side that was in the health professions. I was fortunate enough to have that early entry experience at the age of thirteen or fourteen. That was critical, and then I leveraged that experience.

KR: When you were going through high school at St. Edmund's, what were your academic interests?

DN: I was very good in English. I was interested in Spanish. I was just a really strong student academically. I knew how to study. World history and literature were some of my favorite subjects. I did a lot of reading. I was decent in the sciences. I wasn't crazy about them. I did very well in chemistry and biology, I remember. I wasn't very strong in math, but I got better as I went along. Those are some of the academic interests that I had. I was a really good reader. I spent a lot of time in the summer doing required summer reading, so that was helpful. I had a very positive experience in high school from making friends and support from faculty mentors.

KR: Going through parochial schools, what role did religion play in your early life?

DN: I had a lot of faith, so I took it seriously. I was the kid that went to Sunday masses all the time, never missed; I went to confessions on Saturdays, got Holy Communion. It's still a part of my life; I have a strong faith. I don't maybe practice as [much as I used to], especially now with Covid, it's been so hard, but I would say I am more faith-based and use that to anchor who I am as a person, in terms of social justice and human rights and civil rights. That has been impactful

to me, learning to serve others by serving those who I love and those that I don't, in terms of strangers. It's an important value. Taking religion classes helped build a good foundation for me. I am spiritual and have faith in God.

I really feel that I've come to [Rutgers University]-Camden because that's where God wants me and I'm doing the kind of work that is important in building community trust and authentic relationships with the community and with the residents we serve. We have made a very strong affiliation to community agencies, not just through Covid, but pre-Covid as well. Being a Carnegie Foundation Community Engaged campus allows our faculty and students excellent experiential learning opportunities and fosters social responsibility. Now, when I look back from where I have come, with my own scholarship and community-based participatory research, I see why I was attracted to Rutgers-Camden. It's really important that you take these opportunities to reflect. This oral history interview is providing me a unique opportunity to pause on my civic service and my scholarship.
You just continue to build and build, but now when you're here and you look back, you realize that every decision or every interaction that you make is a reaction to something that you've done before and there's a real reason for it. I would say that my religion was part of my infrastructure, my DNA, of growing up. It doesn't always seem so pronounced and obvious because people don't always ask that question, but it's a core value that's important to me.

KR: When you were in middle school and high school, it was the late 1960s going into the 1970s, a period of social unrest. There was the civil rights movement, the anti-war movement, the gay rights movement, the women's rights movement. What do you remember about those years?

DN: I remember those turbulent years very clearly. I was not old enough to be an activist so to speak, but I was mindful of the unrest that was happening in civil society. I was kind of in the middle of the political upheaval to understand there was chaos because I was [in] the lower age to actual participate. I didn't know people who were going to Vietnam, because I was only in eighth grade in 1968. But I was very familiar with the civil rights movement living in Brooklyn because I remember hearing about the riots occurring in Bushwick or downtown Brooklyn or even in the Bronx. I didn't really understand the exact causes of the riots at that time, but I understood there was social unrest and injustices around race and voting rights, for sure. I didn't understand the complexity of voting rights, the connection to systemic racism in terms of poverty and the barriers, because I lived in a predominantly white neighborhood and didn't really know many people of color until I went to high school, where it was my first experience of seeing students of color. I had not seen them in elementary school and middle school. High school was my first experience. Then, of course, when I went to college, I went to a community college. It was very diverse, much more so than I had been exposed to. I didn't meet gay and lesbian individuals until college, so I didn't really know what that was like.

In some ways, I was really sheltered. I was on the beginning edge of understanding the women's movement in the early '70s, because I was beginning to grow up in it and got more exposed obviously when I got into college and then began to realize that I entered a profession that was predominantly women. [laughter] I was disenfranchised from the beginning and marginalized without even knowing it, in the medical and hospital hierarchy, obviously. Going back to your

earlier question and why hierarchy is so important, don't forget I spent my formative years in a parochial educational program and then I went into the military, which was more hierarchical. Between the religion entities that I was exposed to early and then nursing school, which was also hierarchical and patriarchal because we worked in hospitals where predominantly men were physicians, and then I went into the military, I just had one bureaucracy after another. For me, it wasn't cumbersome. It was just part of living in a hierarchy and learning that the only way that you survive and thrive is you work with the rules. You don't break them; you just work with the parameters. Now, at Rutgers, when I call up Academic Labor Relations and say, "Why is this so difficult?" again I'm faced with bureaucracy. But now, I'm more resistant than ever to figure out ways not to get around it but to work with it. You have to have the grit, obviously, and the persistence.

I think for Gen X-ers and Millennials, like my children, they don't really know how complex organization systems work because they haven't really been steeped in the traditional structures of workplaces, although they realize when you're in college and high school, yes, there's rules and regulations. But I learned about that very early, probably pre-career and throughout a lifetime of being affiliated with religious institutions, hospitals and health care systems, and now public higher educational organizations; I know the administrative and leadership concepts of governance, financial management and personnel, as well as language and constructures of complex organization, and how to stay in the lane and execute policy and the procedures to guide and promote efficiency and effectiveness of workflow and performance. As an organization leader, you have an ethical and moral imperative to adhere to the rules, regulations, and policies. Obviously, in the military, you could never not follow the rules and regulations that were prescribed; there's the JAG [Judge Advocate General]. You certainly can do it in Catholic school because you commit a sin of some sort and there would be some kind of penalty. In nursing school, if you didn't stay in the lane, obviously, you were out the door. Again, organizational governance, rules and regulations, very important to me, as they have been essential in my professional life. I think now as dean, I take every opportunity to fine-tune our policies and procedures but weave these P's into my interpersonal relationships with colleagues, faculty, students, staff and alumni to create cooperation and consensus because these relationships are essential to my work.

KR: Let us talk about your time in college. You went to Kingsborough Community College initially, and you said you got your associate's degree in nursing.

DN: [Yes].

KR: Then, you went to SUNY Stony Brook and you got your bachelor's in nursing.

DN: Correct.

KR: What was your course of study like at each of those institutions? You mentioned that you took this somewhat unusual route in getting your nursing education and I wonder if you could explain that to me.

DN: Okay. In the early '70s, when I was in nursing school, the nursing profession was contemplating making the baccalaureate degree the entry into practice. You have to remember, the history of nursing in the United States in the early 1900s comes out of the Nightingale model, where nurses were educated in hospitals, very patriarchal, and served the system for very little pay, but they got housing, room and board for their education, and they went back after graduation and their registration as a nurse to work in those hospitals. It wasn't until the early to mid-'50s that nursing went into higher education, certainly at the baccalaureate level, and then eventually to masters and doctoral education, and so nursing became its own discipline.

When I was getting my degree, it was the beginning discussions that there was a projection that in 1984 all nurses who were educated would have to be educated at the baccalaureate level to practice. When I graduated with my associate degree, our nurse educators then were strongly recommending that we seriously consider going on, if not immediately, soon after graduation, for a baccalaureate, since 1984 was only ten years away. I did that; again, a good Catholic girl, follow the rules. I was very young. Remember, I graduated at seventeen or eighteen, went to a two-year program, I was twenty when I finished, and because I was a good student, I got accepted to Stony Brook, again, because that's what my parents could afford at that time. They had to pay for that in-state tuition at a public university. I went directly on. So, I was twenty-two when I got my baccalaureate degree, and so that was an easy pathway for me to continue my education.

To go back to your question about what I studied, it was gen ed [general education] credits initially. Now, I wish I had more art history and a language requirement. It was a very strong science-centered program, and the same thing for the baccalaureate. We had anatomy and physiology, biology, chemistry, microbiology. I was really good in my sciences, very strong, to the point that my microbiology teacher asked me to be his tutorial assistant in the lab, because I think I got an "A+" in micro. That's how I met my husband. [laughter] Having said that, when I got to the upper division, I did take more English courses, more humanity courses, that I didn't have in the two-year program that I was able to have in a four-year program because, remember, I only had sixty-two credits. I needed 120 to get a baccalaureate degree. So, I deepened my bench, so to speak.

KR: When you were at SUNY Stony Brook, what was the clinical experience like? Did you get to work in a hospital?

DN: We did both. We actually did clinicals in local physician offices, the local department of health, and then local hospitals in the area. However, most of the clinical placements were in acute care hospitals and focused on clinical competency and skill development.

KR: Are there any professors or mentors who stick out in your mind from your time in college?

DN: Not until I got into the graduate program. There were a couple of professors, who I can't recall their names, but they were very helpful. Certainly at the undergraduate degree at Stony Brook, many of those professors were either master-prepared or actually enrolled in getting their doctorate, which was really exciting, which I didn't really know about. But more of that mentorship happened at the graduate level for me, when I was at New York University, and I

understood the term mentor and learned to understand the importance of the having a mentor. I was fortunate to develop a relationship with Dr. Connie Vance. She was instrumental in helping me understand why mentorship matters, how to create and sustain a professional network, and provide professional opportunities to expand interest in health policy and advocacy. We are still colleagues and friends to this day. In fact, I just got an email from her yesterday. We now refer to each other as "peer mentors." There are other important mentors that have influenced my professional and academic development that have scaled and sustained my nursing career. I have appreciated and have made mentorship a moral imperative to my students and colleagues who have asked and even those who have not. I have offered guidance and advice as needed.

KR: We will circle back to that when we get into your graduate education. What influenced you to decide to join the military and in particular the Air Force Nurse Corps?

DN: I didn't really know the differences about the service branches when I made the decision to go into the Air Force. I think I had the opportunity, when I was working, going on from my baccalaureate--remember, I was already a registered nurse, I had passed state license examination, I was just going on to get the baccalaureate--I was working in a local hospital, on the evening and night tours at Brookhaven, which was on the eastern end of Long Island. I met a young woman, who did not have a baccalaureate but was interested, and I remember, distinctly, it was a night tour and we were talking about, "Well, what are you going to do when you graduate, when you finish your degree?" I said I hadn't given it much thought. We just had an open discussion, what options, what would you do, and we both decided we wanted to travel, but we had no idea where we were going to go. I don't know whether it was her idea or my idea, but somebody mentioned the armed services, "Would you ever consider going into the military?" I said, "My dad was in the military." I didn't know anyone my age particularly that was in the military, and I think she knew someone who knew someone.

Before we knew it, we were talking to a recruiter. Anytime a recruiter has to get the quota, they'll sell you the moon. This guy was great. He was very informative. He said, "Listen, girls, you're very young. You can start out," and it was the Air Force, "and you can see the world. They pay for you to go this way; you can go that way, room and board. They have these great programs." For this other young woman, they talked to her about getting her baccalaureate degree at local services. Then, they said, "You have the GI Bill. You come back when you're finished, you can go on and continue your education."

One thing led to another. We really became very informed about the Air Force. [laughter] I had graduated, I think, in June, and probably six months later, I was on my way to Texas. But we signed up, and basically what it was--there was no basic training for the officers, because we were already prepared. We were college-educated professionals, and so you would come in as a second lieutenant and that was an officer and that sounded pretty impressive. We really thought we were going to go to California. We ended up in South Dakota, and I didn't even know where it was, in the middle of the country. I knew where California was but not South Dakota. We did our homework and we said, "It's a three-year commitment. I think we can do that. If we don't like it, we didn't owe them anything." It was like taking a new job, but when you got that job, someone was paying you to get there, and when you got there, you were going to get a living allowance, plus a salary. That seemed pretty terrific.

That's how I started my career in the military, knowing that I wanted to serve my country. My father thought it was a great idea. I got a lot of support from my aunts and uncles, and they were pretty impressed that my father was enlisted and I was going to be the only family member who was an officer, so that sounded pretty good.

KR: You talked about the support that you got from your family after joining the military. Was there any stigma at all at that time for women to be in the military?

DN: Not that I was aware of. If there was, I didn't know about it at that point. Remember, when I entered the military, I entered as an officer at the rank of second lieutenant.

KR: Let us talk about your training. Where did you go initially for training?

DN: I believe, and I could be wrong, but I believe I went to San Antonio, Texas for two weeks for officer training. It was the equivalent of basic training. We were with other health professionals, nurses, dentists, doctors, who were all credentialed, and we had an orientation about the military, its structure, its hierarchy, its mission, its service. They taught us how to put on our uniforms, how to salute. We learned about the laws that governed military practice.

Then, after that two weeks, we were shipped off to our designated bases, and, for me, it was a hospital on an Air Force base [Ellsworth Air Force Base], a Strategic Air Command Air Force Base, in South Dakota. I served my years of service, about two-and-a-half years--and I'll tell you why it was two and a half and not three in a moment--but that was my first designated assignment. As a second lieutenant, the first year and a half, I was assigned a general medical-surgical unit, caring for enlisted and military personnel themselves who were in the Air Force and their family members, and local on individuals who were on an Indian reservation, because we were very close to a reservation in South Dakota. We had a relationship with the Indian Health Services, and if individuals needed care, they came to our facility. In the second half, I then moved from a medical-surgical unit to a maternity unit and did OB [obstetrics], prenatal, postnatal and nursery care.

KR: To go back to the two-week training, the other nurses who were there getting training, what were the demographics of the nurses in terms of gender, race and class?

DN: Most of the nurses were women. If there were men, they were very few. It was diverse. It was not predominantly white. There was nurses of color, as well as physicians and dentists, so it was a real mix. That was a good thing, I have to say, about the military; it was probably one of the diverse experiences that I had in a community that I served. Obviously, public education, of course, but at that time, my experience coming out of academics, graduating a program, and going into employment, we had individuals from all over the country. Of course, it was easy for me. I had come from New York, and they would say, "Where are you from?" because of my accent. Then, I would go home and people would say, "What happened to your accent, now that you're living in the Midwest?" We took it for granted; it was just who we were as a community. Now, at Rutgers, I am so proud of our commitment to diversity, equity, and inclusion. We have

made a strong commitment to uphold our values of diversity, not just for our students but for our faculty and staff as well.

KR: When you were doing the training in Texas and when you were at Ellsworth Air Force Base, were there any nurses who had served in Vietnam?

DN: Yes, there were, but there were more nurses who served in Vietnam when I left active duty and went into my first Reserve unit, which was an aero-medical evacuation unit. There were many more nurses who were much older than me but had served in Vietnam, and by my older than me, about ten, fifteen years, who had this service. In fact, many of those nurses who served in Vietnam were the nurses who were intricately involved with the Woman's Vietnam Memorial. In fact, I just spoke to one of my nurse colleagues who was on the Memorial Day celebration on PBS and she was involved with that memorial. I don't know if you have ever seen it or have been to Washington. It's actually a nurse with a patient [who is] injured. It's beautiful. [Editor's Note: On May 30, 2021, PBS aired the live-streamed National Memorial Day Concert, which included a tribute to nurses who served in the Vietnam War. In the concert, actor Kathy Baker shared the story of Diane Carlson Evans, who served in the Army Nurses Corps in Vietnam and went on to head the Vietnam Women's Memorial Foundation. The dedication of the Vietnam Women's War Memorial, a bronze statue sculpted by Glenna Goodacre, took place on November 11, 1993. Located near the Vietnam Veterans Memorial in Washington, D.C., the Vietnam Women's Memorial was a culmination of the efforts of the Vietnam Women's Memorial Project, which became known as the Vietnam Women's Memorial Foundation in 2002.]

KR: It is the sculpture by Glenna Goodacre.

DN: Yes. I knew many of those activist nurses who were in Vietnam and then, of course, worked for pay equity for women in the service and were involved in that memorial.

KR: What was it like for you to serve with women who were war veterans? What did you learn from them?

DN: I learned about the real trauma that they experienced that they never shared with others. In fact, when you hear those stories of those nurses who served, especially the ones that were shared with PBS, it took them a very long time [to talk about their experiences], because they were embedded, they were on the front line. They were never behind the front [line], they were there, and lots of nurses lost their lives themselves or were injured at that time. The living conditions, it's not the glamour that everyone thinks it is. They worked very hard in extenuating circumstances, and certainly the hours, it was never the nine-to-five kind of job. It was twenty-four/seven; it didn't matter when it was, if there was some combat injury that needed to be attended to. You did not have access to the advance medical technology we have now. No electronic medical records--only paper charts. Whatever you have at the moment, that's what you deal with and you did your best. Very difficult stories, for sure. I was not involved in Vietnam, nor was I involved at all in war, until the other side in 1990 when I was pregnant with my third child and my unit was activated for Desert Storm. I filled in at home until the birth of my son.

KR: We will talk about that in a little while. When you were at Ellsworth Air Force Base, you were working in a medical-surgical unit and then in the maternity unit. What was daily life like for you at Ellsworth?

DN: Well, it was a real adjustment certainly culturally coming from a large urban environment like New York, certainly in Brooklyn, versus going to a very rural community at Ellsworth. Rapid City is very, very small, in the Plains. Mostly the local businesses were either tourism because of Mount Rushmore or farming and agriculture, so that's what the community was known for. Most of the industry, local industry, was supported by the base. It wasn't large but a moderate-sized base, with the C-130 airplane, Minuteman Missiles out in the in the mountains. It was good employment for local individuals who came in and provided support for the military personnel, certainly in the commissary, clothing and other local operations that were required. For school, obviously, local schools were on the base, so we were pulling in the civilian community. It was very different. The downtown was the YWCA. I think they had a local Sears catalog we could go. Very, very small. Maybe a Pizza Hut, McDonald's. Certainly, there weren't bagels and pizza like I got New York out in South Dakota, so it was a cultural adjustment. I did get involved locally. I did volunteer with the local Department of Health and the YMCA. Then, of course, I got involved in local activities on the base. I was single. I met local people. I met some women who I got introduced to when I was at events, and then, again, I lived with my buddy who I left New York with. Eventually, she found a boyfriend and ended up getting married and leaving me behind. She went to Texas, and I stayed in South Dakota until the end of my tour.

KR: Did you live on the base?

DN: No, actually, there wasn't sufficient housing at the time that we were there, so we were officers and they put us off base. Actually, I lived off base my entire time when I was in South Dakota. The first year or two, I lived with my roommate, and then, as I said, she got married and left and I ended up living with a young woman who was actually a native to Rapid City.

KR: You mentioned Ellsworth being a base that was part of the Strategic Air Command, and the Cold War was still looming at that time. How much did that factor in to what you were doing on base?

DN: We were aware because a lot of the pilots were on twenty-four/seven. They were doing cargo; the C-130s were very big airplanes and flew long distances. So, we were aware. They'd sometimes put the base on alert for whatever reason, and we'd either have to stand down or be prepared if we were needed. Many of the pilots were our patients, or many of the airmen who cared for the airplanes were our patients, so they'd have whatever prevailing diseases were out there at that time. I did my typical job as a nurse. If you were a hospitalized patient, whether you were getting medical-surgical care or dental care or had an injury you needed to be treated, we were there for you with the medical team in care for you. Obviously, we had a full-time OR [operating room], twenty-four/seven available if patients required surgery. For me, again, I performed in my capacity as a registered nurse supporting the mission, and that was to make sure that our pilots and our air personnel were duty ready at any given time.

KR: How many days a week did you work, and how long would a shift be?

DN: It would be a thirty-five-and-a-half hour work week, but the strange thing about my work week, it was one week of days, one week of evenings, one week of nights and it rotated. It was awful because my circadian rhythm was not a night person. The days and the evenings were fine, but the night tours were very difficult for me to adjust to, especially in South Dakota because there were times that we'd get significant snowstorms and I wouldn't be able to leave base because of the whiteouts. You couldn't even see out your window. I remember several times having to drive home with my window down and the snow blowing in the car because I couldn't see the streetlights because there weren't any and all I had was the road to go on and it was mostly highway. That was traumatic. We did typical eight-hour tours, not like we do today, which are ten or twelve hour tours, three or four days a week. That never happened. It was very traditional.

KR: What were your commanding officers like?

DN: All of them were men, except for the chief nurse. She was a woman. The base commander was a male, his team were men, very few women. There were women in non-health professional roles, obviously, but very few were at the top in terms of command. Remember, this was the '70s. Equity wasn't an issue.

KR: During this time that you were on active duty, how do you think you were treated as a woman?

DN: The difference between civilian practice and military practice is very different because of the rank structure. I would say that not because I was a woman but because I was an officer, I was given due rank and respect. That was something that I treasured, I never abused. I saw it as a privilege, that I earned that rank, and with that rank came the duty and responsibility as well as the accountability. It was really a pleasure to work with corpsmen because they understood that too. The respect was reciprocity, not, "You're a corpsman. You're going to serve me because I'm going to tell you what to do. I'm the officer." I understood their rank, so I knew what they were capable of, given their rank. Obviously, when you're speaking to a sergeant or master sergeant, you knew that he was almost equivalent to a major or maybe even lieutenant colonel because of where he came to his highest rank or her highest rank. It was really easy to form teams because it was a hierarchy but one of trust and respect and transparency. If you got an airman first class or second class, you knew that he or she needed extra support and attention when you delegated a task. I learned about collegiality. I learned about team, respect and delegation, because, again, of the hierarchy, understanding that. It made it really easy. I would say it made it easier working with physicians and nurses. In civilian practices, "You're the nurse. Get up and let me sit down," or, "These are the orders. You carry them out." There were a lot of things that we were able to do as nurses in the military that we wouldn't be able to do in civilian life. Sometimes, we were the only medical person on the unit, and we had to make the decision. Sometimes, you'd call it in, but you were the one who was calling in what you needed and then carrying it out. You started the IVs [intravenous therapy]; you took the bloods [drawing blood].

KR: That is task shifting.

DN: Yes.

KR: You would task shift to a much greater extent as a military nurse than as a civilian nurse.

DN: Right, right. We had much more autonomy for scope of practice, for sure.

KR: From that, what did you carry forward as you went through your career? In other words, this nursing job that you had in the military, how did that equip you for what you went on to do in the rest of your career?

DN: I think I developed a sense of leadership competencies earlier in my career than I would have if I ended up in civilian practice, again, because of the infrastructure. I was granted no more authority and responsibility except that which was on my collar. As I grew in rank from second lieutenant to a first lieutenant to a captain to a major, I got an expanded scope of responsibility. I supervised many more individuals. I understood policy and was involved in developing policy. I understood governance and what governance meant because I served on external and internal committees for both the base and then for the military overall. For me, that was how I learned the difference between being a manager or an administrator and being a leader. When we talk about those characteristics of team building, of delegation, of transparency, of communication, the more I learned those characteristics, I became a better leader rather than manager by barking and telling and selling. Here, I didn't have to do that because I learned relational skills, which, by the way, I didn't know the language. I only learned the language of leadership, the concepts, the theories, when I went to graduate school and studied them. I didn't learn those names in the military, but I began to understand and to appreciate the attributes of leadership versus management. I think that was a trait that has held me in good stead even today as a dean, again, formidable experiences.

KR: To follow up on something you mentioned before, you talked about the Indian Health Services having a relationship with the Air Force at Ellsworth. What do you remember about treating patients who were Native Americans who would come into the hospital?

DN: It was a very different experience, one that I had no information and education about and which I sought assistance and help. What I did recognize very early on with my exposure for caring for Native Americans is a level of alcoholism that they sustained and suffered that made the care of these individuals more complex, because it impaired other health parameters that they experienced. I learned about the poverty that Native Americans experienced, the inequity or lack of access to health care, because many of them would come when their illness was an episode, a serious episode, an acute episode, that warranted hospitalization. [It was] not, "I have a chronic condition that needs to be treated." It would be that chronic condition that exacerbated, that warranted hospitalization and stabilization. Sometimes, these patients needed to be airlifted. We were a rural hospital, a safety-net hospital, and they'd have to be airlifted to possibly Denver or Nebraska based on the level of care that we couldn't provide for them. So, I became more familiar of working with vulnerable, marginalized individuals and what it was like to live on a reservation, which a girl from Brooklyn had no idea even existed.

KR: Would women from the reservation come into the maternity ward?

DN: If need be, yes, absolutely.

KR: I am just wondering, who were the primary patients in the maternity ward?

DN: Family members who were spouses of military who were assigned to Ellsworth. It was direct family members, wives, children. If there were in-laws, they would get care if they needed it, but mostly immediate family members would be the populations that we served. Sometimes, there were veterans living in the community. They too would be eligible for services if they needed it. Then, a civilian spouse, if you're married to a military [serviceperson], obviously, you were eligible for care.

KR: What did you prefer? Did you prefer the medical-surgical unit, or did you prefer the maternity?

DN: I actually started to be more interested in caring for women and children. Med-surg got a little boring after a while. It is what it is, but there was an opportunity to transfer. I took it, and I loved it. I actually committed to maternal and child health nursing for the rest of my career. After I graduated with a master's at NYU, I went to Bellevue Hospital as nurse administrator for maternal and child health, so I was ready.

KR: You said before that there is a story behind why you were at Ellsworth for two-and-a-half years.

DN: Yes. When I was in my second year of a three-year term in the military, because I was in maternity, I wanted to become a women's health nurse practitioner. So, I applied for that program, and I was accepted. But in the interim, I was also considering a master's degree when I was done at the end of three years.

I came back to New York City, and I had an interview at New York University. The dean then, Erline [Perkins] McGriff, actually interviewed me for graduate school. She said, "Why do you want to come?" yada, yada, yada. I said, "Well, I'm interested in an advanced degree. Right now, I have this option about becoming a women's nurse practitioner that I'm seriously considering." She looked at me, she said, "No, no, no, you're not going to do." She said, "What I think you need to do is you need to come back and get a graduate degree, get a credential, get a master's in nursing, and then if you're interested, you should get a certificate." She gave all of her rationale. I said, "Well, that sounds interesting." Then, she said to me, at the end, she had my transcript in front of her, she said, "Well, then, if that's the case, you'll start in September." It took me a while to realize that she was accepting me into the graduate program. This was early spring. The school would start in September, and she said, "You'll come full time. Obviously, you'll come on your GI Bill." I said, "Oh, really?" Here she was kind of mentoring me, informing me, of what advanced practice nursing is and why a master's degree would be essential. Again, I'm not even out of my twenties and into my thirties and she's promoting graduate education.

You know what, I listened to her. I respected her position. Certainly, I'd be very happy to go to a private school, and I had my GI Bill to pay for it. I went two years. I was able to get permission to resign my active duty position, and what I really did was go off active duty and immediately transfer in to become a Reservist. So, I got to finish out the outstanding six months, that's something that I wanted to do anyway, but in the meantime, come back to New York, start school full time, and then I'd be a Reservist and give one weekend a month and then two weeks in the summer.

The difference was the unit that I was [assigned to]--this is really a small world, you're going to love this--I was assigned to McGuire Air Force Base in New Jersey and that's just two exits or three exits, of course, up [Interstate] 95, but who would have thought? I left Ellsworth, came back to New York, and part of coming to McGuire, I was going to be in the 69th Aero-[Medical] Evacuation Squad and I'd have to go to flight school if I wanted to join. I thought that was very intriguing; that sounded like something I could do. That's when I realized I was really going to see the world, and I did, becoming a flight nurse. I joined the 69th Air Evac Squad for about four or five years, completed my master's, and went to flight school.

KR: Before we talk about flight school, is there anything else that you want to add about your time at Ellsworth on active duty?

DN: You know what, it was everything I would hope it would be. It wasn't California, for sure. It was landlocked. It was the Plains, mountains and lots of snow on, and, again, an appreciation of being able to live in rural America. Now, when I hear about the pandemic, I have a place in space. I know what South Dakota looks like. I've been in the Midwest. I know what that looks like. I know what it's like to serve in a safety-net hospital. When they talk about Covid and they talk about bed capacity, you can fill up those beds in those safety-net hospitals really quickly, and when you don't have enough ventilators, that's a real problem. Equity and access to healthcare is a real phenomenon that we're still trying to grapple with thirty years later, in terms of health disparities, certainly in poverty-stricken communities, not that South Dakota was in terms of overall poverty, but it was very rural and you didn't have access. Coming out of New York, when you come out of such density, where there [are] so many large academic medical centers and hospitals and then you come to a rural community, maybe you have one or two and that includes the local Air Force base as one of the rural hospitals, you take so much for granted. In terms of opening my eyes, giving me a global perspective, even though I didn't think it was global at that time, I recognized there was real inequity in terms of healthcare capacity and services, having worked in a rural community.

KR: Let us talk about flight school. Where did you go, and what was the training like?

DN: It was at least six to eight weeks of training. It was in San Antonio, Texas, Brooks Air Force Base, if I remember correctly. It was fabulous. It was all the sciences again, barometric pressure, and knowing what the body does at sea level versus when you get to 36,000 feet in the air. Learning about how to be a flight nurse under the conditions of working in a cabin pressure system. Working with the flight crew, that means the pilot, his co-pilot, and the whole team. Don't forget, many times when we flew, we flew with patients and cargo, both, and so you'd have to get the patients on first and the cargo on second. I'll tell you about why that becomes an

experience when you actually start to fly. I learned to do a lot of training. The one thing that keeps us flight ready and always ready for whatever the predicament is is because the armed services are continuously training. That one weekend a month at McGuire, we would practice classroom skills and knowledge, and then on that Sunday, we'd be off on a four or five-hour flight, up and around, and practicing with make-believe patients who would be some of our own crew, what it was like to treat them, whatever their condition was and then measure it and make the translation, so that you can get them into the air safely wherever they were being transported, with injury or without, and then back on the ground. I was very proud and excited to get to earn my flight wings, graduate at the top of my class, and then come back and be assigned to the 69th and actually fly not just training but live missions.

We would fly to Germany, Rhein-Main, Germany, and pick up patients, mostly Army personnel, and bring them back to the States. These were patients who needed continuous care or specialized care and needed to come back to the States. I remember caring for patients who were very seriously ill. We'd always travel with a physician if we needed to, for those particular patients. There would be times that we'd put people in the air and their bodies would de-compromise and we'd have to turn around. We'd be in the air maybe an hour and two coming back to the States, so that's thirteen hours, when we think about the difference, and then turn around and fly back, unload all that cargo, take those patients off, pack the cargo back on, and then continue to Andrews. There were times we would be in the air fourteen, sixteen, eighteen hours. It was easy going out. We'd leave McGuire on a Monday; we'd get to Germany the next day. Our biological clocks would have to switch, one day rest, and then you were back on the plane on a Wednesday, coming back to Andrews. I can tell you that this biological clock had real difficulty because when you were supposed to be sleeping, you were wide awake because you didn't have sufficient time to flip your biological clock. So, it was tough.

KR: What do you remember about your first live mission?

DN: Scared as ever, yes. [laughter] There you are, having all that theoretical knowledge and now you have to translate it and apply it. We had a medical evacuation officer who was in charge and would work with us. The care was mostly observational, just so that the patients would stay stable, but there would be several patients with psychosocial needs who were very anxious. Remember, they were flat on their back, strapped into a gurney on a stretcher for a long period of time. Now, some of the patients were able to be dressed in uniform and sit in an actual seat on a plane or against cargo, but there were others who were really sick enough that had to be in their pajamas in a blanket on a stretcher. Yes, the first ones are always memorable, a little air sickness.

Then, there were a couple of my colleagues who were on training missions who experienced rapid decompressions--I never had that, I was fortunate enough--and then were severely injured on a training mission. Safety was always first. That's what we trained so much for, so we knew exactly what to do, how to care for ourselves, put on our oxygen masks, strap ourselves in. Turbulence was there, just like it would normally be in civilian air evacuation. Also, flying in bad weather conditions sometimes hampered our trips. Our flights would get canceled. We'd have to have a certain amount of hours rested before we can get back on the plane, so all sorts of conditions. Talk about learning to be flexible, you had no choice.

KR: You went to Germany on some of the missions. Did you get a chance to travel at all?

DN: Yes. In those circumstances, there was a shorter duration, but we did have opportunities to do some training flights that would take us to Iceland, to Panama, to Puerto Rico, to Mexico, to California. I did a lot of European trips. I also did Latin America, but it would be a short duration, three or four days on the ground. I would do summer, two weeks in the summer, so sometimes I got to go to Germany for those trips. Sometimes, they were Stateside. Sometimes, they were in Panama or Puerto Rico, mostly Stateside. But I did travel, and that's what I wanted. That's what I really thought was the benefit of being in the Air Force versus the Navy or the Marines or the Army. We did get to travel and fly on our own airplanes. I loved when I was able to spend two weeks in Andrews Air Force Base, because every time they needed a nurse to travel, I'd raise my hand and say, "I'll go." Well, I had the wings, I was the flight nurse, I was able to go, and I would fly patients and be their chaperone, their medical chaperone. Whether it was taking them to a surgical center or a specialized hospital out of Andrews, I would be able to fly them and get them settled, stay the night, and then I would go back on the plane by myself. They were very nice airplanes [C-141], not the C-130s.

KR: What was the camaraderie like between the flight nurses?

DN: We were smaller unit, so any time you'd fly, you'd maybe fly with two or three corpsmen and two nurses. One was the officer in charge, the medical officer, and then a flight assistant or a flight nurse. It was really nice; you'd get to meet your team. Even though you worked together in a squadron, when you went on live missions or on training missions, you went with a smaller cadre of colleagues, and you built these formidable relationships. In fact, when I finally left the 69th and went to another squadron and moved to Connecticut, one of my flight colleagues at the 69th became the Secretary of Veterans Affairs in the State of Connecticut under three governorships, and then she went on to work in the Obama Administration as Assistant Secretary for Veterans Affairs. It's this camaraderie that you make.

The great thing about being in Camden is, of course, I get to work with the veteran people right here, Fred Davis, and we're a Purple Heart University. We have, if I can just tell you the numbers, just bear with me, I just got my demographics out, for our School of Nursing, we have 216 veteran students in nursing at Camden. The average age is twenty-nine. Fifty-four percent of them are male and forty-five percent of them are female, so it's kind of exciting for us. 91.7 percent of them receive financial aid. [Editor's Note: Fred Davis serves as the Campus Director of Veterans Affairs in the Office of Military and Veterans Affairs at Rutgers-Camden.]

When they find out their dean is a veteran, they always knock on my door and Fred always sends them my way. In fact, it's really exciting, I don't want to get off the subject, but just talking about veterans, when I first came to Camden in 2018, one of the first people I met was Fred Davis. He made sure the first week I was on campus, he introduced himself, but then he would invite me to local veteran affairs. I would come and greet the veterans when they came on campus. One of the very first events they had I went, and there was a young woman sitting next to me. She was a veteran working in Fred's office, and she said, "There's nothing more I want to be [than] a Rutgers nurse." That's Leslie Demark. She just graduated in 2021. When we did the

snapshots, senior snapshots, on campus, she was one of the last students. I couldn't believe it, I looked at her and I said, "Leslie, you're done already. Where did three years go?" I actually had the privilege of working with her in our vaccination clinics that we did in the community. She was one of my AmeriCorps students. It's really, really exciting to see many of these veteran students coming back to school to become nurses to care for veterans in our community. It's a real honor.

KR: On that topic, how is that recruitment of veterans done? Is it by reputation, or are there active programs to encourage veterans to come to the School of Nursing-Camden? I'm not talking just about the GI Bill. How do you reach out to veterans and get them to come to the Rutgers School of Nursing-Camden?

DN: About two years ago, HRSA [Health Resources and Services Administration] had a call to recruit veterans to become nurses to care for veterans. We applied. There were seven program funded. We were funded and we were the first to fund at 1.5 million dollars. From that program, in the first year, we recruited four or five students, the second year eight students, and now we're up to about fifteen students in our third year. Over those three years, it's been a great recruitment for students who come to Camden who want to come to nursing, so we've been able to offer that to them. Many of the students who come to Camden find out about nursing and come in from health sciences, and some of them come as second-degree students, who already have a first degree and want to come back and get a baccalaureate degree through our accelerated nursing program. It's quite popular. By the way, I just want to give a shout out to Fred Davis. He does a wonderful job taking care of our veteran students here under all conditions. As you see when you spoke to our recent grad [Taylor Lorchak] and she said how the dean helped her out, we do go out of our way to make sure that we provide the necessary support that they need. Again, they have an adjustment. One of the people who works with Dr. [Kevin] Emmons, who is also a veteran along with myself, his program manager is a veteran and Sandy always is very, very polite and takes good care of our veterans. She still calls me ma'am. It's just part of the culture. Some of our faculty are not used to it and it's a little awkward to them, but we're trying to help them get oriented.

KR: You talked about meeting your husband when you were an undergraduate. When you were in the 69th, was this about the time that you were starting a family?

DN: Actually, I dated Michael in my associate degree program, and before he knew it, I was saying goodbye to him and I was going off to the Air Force and he was continuing on for his baccalaureate at NYU. We stayed in touch. I'd come home during holidays and we would see each other. It wasn't until I returned to New York in '78 that we got a little bit more serious. We got married in '82, and then I had my first child in '84. It was the Kingsborough connection. The professor who I was the teaching assistant to, the tutorial assistant, was friends with my husband, and he's the one that introduced me to him.

KR: I just want to check in on time. It is almost four-thirty. How does it sound if I ask one more question for today and then we will continue in a second session?

DN: Sounds good.

KR: What was it like for you to be a Reservist and be a mother at the same time? What was that balance like for you?

DN: In the beginning, it was all easy because I only had one child, and my mother was very close. She'd always say to Michael, "Come help me out." Michael would fill in, especially when I was away for the summers. On the weekends, it wasn't so hard because we lived with my mother-in-law. We had a two-family [home], so she was available to give Michael some assistance. It got a little bit more challenging when I had a second child, almost impossible. My husband had to take vacation when I was gone, because it was just too much for my mother to deal with both children. He had his mother too, so it wasn't impossible, but it got a little harder. Then, when I was pregnant with my third, my husband finally said, "You know what, this is really getting hard. I don't think I can do this anymore." Actually, I was pregnant with my third child during Desert Storm. I was eighteen years in at that time, and my husband just said, "This is hard. Even if you get served orders to go …" I probably wouldn't have gone to Desert Storm, but I would probably have gone somewhere Stateside to serve, because, don't forget, people were being activated and going overseas. It was that time he said, "I think this is not going to work." I got out two years early, believe it or not. It was hard having three children and they were all young. JP was born in '90. Katie was four and Nick was six, so it was tight and my husband was working full time.

KR: Well, let us leave off there for today.

DN: Okay.

KR: I will end the interview, and then if it is okay, we will talk off the record for a few minutes.

DN: Sure.

KR: Dr. Nickitas, thank you so much for doing this oral history interview. It's been an absolute pleasure.

DN: Thank you. It's a lot to recall, but I hope I'm answering your questions, as you need me to.

KR: You are, thank you. This has been wonderful.

DN: Great, great.

KR: I am going to stop the recording.

----------END OF INTERVIEW----------

Reviewed by Kathryn Tracy Rizzi 7/27/2021
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