

Interview with Jeanne Brand Billings--World War II Medical Historian at the Bureau of Medicine and Surgery, conducted by Jan K. Herman, BUMED Historian, North Bethesda, MD, 23 September 1992.

Where are you from?

I was born in Manhattan near Columbia University. I grew up there and also in Huntington, Long Island. I went to St. Lawrence University, took a masters in history at the University of Rochester, and then accepted a fellowship to Radcliffe College for a year to work for a doctorate in history. It was from Radcliffe that I entered the Navy in 1943 as a WAVE (Women's Voluntary Service, United States Naval Reserve) officer.

Had you been interested in history from the time you were a young woman or was it something you developed once you went to college?

As a young girl, I was fascinated by historical novels. I would take endless numbers of them out of the library. The questions of how things happened, and why, was the most absorbing kind of question one could look at. I've always thought that analyzing why events occur is very important. If you do not examine causation, you cannot try to correct the future interplay of forces, and this can lead to disaster.

I've always been interested in history from the time I was a youngster and I could never think of anything I wanted to do more than being a historian. When did your interest start?

Very young in life. I would say age nine or ten, certainly before the teens. I did not know then that I wanted to become a historian as such. I only knew that historical novels were the most fascinating things I could read. When I entered college, it became very clear what I wanted to major in.

What branch of history did you specialize in?

I was originally in English social history. I completed a master's thesis at the University of Rochester on the English middle class of the 18th century.

How did you join the Navy?

I had been a pacifist right up until the Japanese attacked Pearl Harbor. I was really quite a strong pacifist, not that I went out and made speeches, but simply from a personal point of view. The philosophy one grew up with at that time was that Europe has always had its wars, but the United States should not become embroiled in them. The belief in the Monroe Doctrine was a very strong one, but the irrationality of this position came through very clearly to me that year at Radcliffe.

I applied to the Navy earlier in the year, but they wanted me to finish out the academic year. In early July 1943 I went to Mount Holyoke College for 6 weeks of Naval Officers' training.

I became an ensign after going through the U.S. Naval Reserve Midshipmen's School, which was formerly at Smith College. But we were a separate unit at Mount Holyoke in August of 1943. I was then assigned to the Office of Cable Censorship of the Third Naval District in

New York, which was down in the Wall Street area, to become a censor of cable and radio traffic outgoing from the east coast. I first worked as a personal censor in a group of naval officers who reviewed personal cable traffic, and then was assigned to the government and diplomatic section and found that extremely interesting. LCDR Raymond Lisle was head of the section. He later served in the Department of State as a Foreign Service officer and Foreign Service inspector, and then became the Dean of Brooklyn Law School. He still lives in Freeport, Long Island. When the European hostilities ended, the personnel of the Office of Cable Censorship were reassigned and I was transferred to the Bureau of Medicine and Surgery in Washington, DC.

What was your first assignment in the Navy?

With a number of other WAVES, I was assigned originally to an all-male station at the Cable Censor, located at Broad Street in lower Manhattan. The Navy was in charge of all cable and radio traffic out of the country during World War II, and the station was manned by naval officers. After the European hostilities ended, the station was closed down. At that time the Navy looked to where best they could use the people who had been at those stations. They pulled in people from many areas.

What did you actually do as a censor in the cable section?

The cables came in on overhead, moving rubber tracks from the cable and radio companies--International Telephone and Telegraph (ITT) and the Radio Corporation of America (RCA)--into the Navy section of the building. My job was to strike out and prevent cable or radio transmission of material that could prove to be risky in wartime. For instance, any possible dates of ship movements... If a personal cable came in from a neutral country like Switzerland and the message said, "Grandmother died April 24" this would be changed to read, "Grandmother passed away." It was sort of immaterial in some ways and a lot of it was routine.

With diplomatic traffic, much of which was in code, we could decipher it using some country codes which we had available. We then arranged for copies to be sent to pertinent government offices.

There were very bright, interesting people on that station and I enjoyed it. As a matter of fact, I was on duty the night of the Normandy invasion. I was on the midnight to 8 (in the morning) watch. We got the news flash on the invasion even before some of the military knew it, even though we all were aware that it was coming. My only responsibility was to telephone my immediate superior, Ray Lisle, and advise him of the Normandy action. But I had a real sense of participating in the war although, of course, the position was very far removed from the hostilities.

I was then sent to the Bureau of Medicine and Surgery as a historical officer in the fall of 1944. I was assigned to the Administrative History section of the Administrative Division and my job was to write sections on the Allied offensive in the Pacific. I wrote three of those chapters--on the Marianas, the Carolines, and Philippines campaigns. These chapters appear in the *Navy Medical Department at War*. Then, I did another small section, which was about 30 pages, on hospital dispensaries in World War II.

There was a small group of officers attached to this section. The head of it was Dr. Chester L. Guthrie, who later became an official with the National Archives. The other person was Dr. Harold Schultz who eventually went to the University of Vermont. He was a professor

of history. As I recall, I was the only pre-doctoral person assigned. We wrapped up our activities in 1945.

I went on terminal leave in April 1945 and then was put on inactive duty by the Navy in June 1945, at which time I joined the staff of the U.S. Delegation to the United Nations in New York.

Do you recall how you were selected for that job at BUMED? Had you volunteered, having heard that they needed a historian?

No. When Censorship closed down, I had no idea where they would send me. I give great credit to the Bureau of Personnel for assigning me where they did. I was not always aware of it, but I think I was very fortunate to have been given an opportunity to do what I was most interested in, i.e. write history. It was a very pleasant and rewarding experience.

It was very fascinating to get down to the Bureau of Medicine and Surgery and see at firsthand the reports of what the war was actually like in the Far East. I could tell you the sources of some of the materials that were used. The Navy laid all files wide open to us. Some of the material was formerly classified, some was unclassified; all of it had since been declassified. The immediate source materials we used were action reports of ships after every engagement, action reports of naval task organizations, commanders of LCTs [Landing Craft Tank], flotillas, task units, transport divisions, action reports of the land forces (marines) involved in each of the campaigns, commanding general, Fifth Amphibious forces, U.S. Pacific Fleet, the Fourth Marine Division, and every special action report from Marine divisions. We also used the sanitary reports and historical supplements to those for the period 1939-1940 immediately before the war, and then sanitary reports of hospital ships.

The Surgeon General also opened his classified files to us. We could use anything we wanted. When I was looking through my material the other day, I saw a letter that I cited from RADM [Luther] Sheldon [MC, USN] to the Fleet Medical Officer of the U.S. Pacific Fleet in 1944, a letter from ADM [Ernest] King [Commander in Chief U.S. Fleet and Chief of Naval Operations] to the Vice-Chief of Naval Operations, January 6, 1945. This is simply the type of material that was involved in preparing these histories.

We also drew upon some background published materials, but there wasn't much. There was an old standby, Stewart's *Handbook of the Pacific Islands*, a reliable guide to all the inhabited islands in the Pacific Ocean, published as far back as 1921. There were inspection reports in the files of the Surgeon General which contained the comments of inspectors who had been sent out to see hospitals and other Medical Department activities. There was really quite a range of primary materials.

We did not carry out oral history interviews. We were shown some uncut direct films, not color films, but black and white films of the engagements, sanitary operations, the burial of the dead. I remember the feeling of shock at the time looking at them. I see that I did not cite any films in my source materials [referring to her notes], probably because I was not sure how to cite them. At the time historians were making relatively little use of oral or film materials.

When did you get to the Bureau?

It would have been in 1944. I was there from the fall of 1944 to the end of April when I went on terminal leave, even though I was formally a part of the Bureau until June '45. During

that period, I wrote the sections I mentioned before. It all totals about 230 pages. At my present stage of life that seems to me to have been a very speedy operation. I certainly took much longer than that to write my doctoral dissertation and subsequent books. But then everything was so readily available. It was a task to be done, and we went ahead and did it.

Although you worked for the Medical Department you were not connected to the Hospital Corps or anything like that.

I was not in the Hospital Corps. I was simply attached to the Administrative Division of the Bureau of Medicine and Surgery in the historical section.

Do you have any personal recollections of the Bureau?

I can't identify the particular building but I remember the group I worked with, especially Harold Schultz, Henry Stroupe, and Chet Guthrie. One man was a professor of history in Berkeley, California--Aubrey Neasham. There were at least two other people that I can't recall, but their names must be some place in the published files.

[Officers (Historians):

LCDR Chester L. Guthrie, H(S) USNR, Officer-in-Charge of Project
LT Robert L. Thompson, H(S) USNR
LT Marion Allan, USNR, (WR)
LT Henry Brown, USNR
LT Miriam Cokely, USNR, (WR)
LT Russell Ewing, USNR
LT Aubrey Neasham, USNR
LT Edwin Small, USNR
LT Henry Stroupe, USNR
LTJG Jeanne Brand, USNR (WR)
ENS Harold Schultz, H(S) USNR

Civilians:

Miss Doris Greeson
Miss Jean Rockey

Enlisted:

Y2/c Mary G. Tennant
Y2/c Barbara Louckes
Y3/c Doris Whitten
PhM2/c Edith Belsher
PhM2/c Ivan F. Harlow
PhM2/c Robert Saylor
PhM3/c George Boyd
PhM3/c Stanley Chartran
PhM3/c Floyd Smith
HA1/c Genevieve Hawkins
HA1/c Ruth Hawkins]

Were you aware of any of the other activities going on at the Bureau? I had heard

that as the war progressed several shifts of people were working at the Bureau.

All I can say is that the Administrative History Section only worked one shift, 8:00 AM - 4:00 PM. We did not interact with anyone else. We were very concentrated on the particular task and had no particular reason to interact with other sections of the Bureau. I know it was a relatively short period of time--7 or 8 months.

So your focus was specifically on medical history.

It was on the activities of the Medical Department during the war in the Pacific and the Allied offensive.

When you arrived on the scene, were you told specifically what you would be working on?

We sat down and talked about it. Some of this was ongoing before I got there. In fact, I was one of the later arrivals and there were sections that had to be done first. In a sense, we laid the project out jointly. Guadalcanal was already done. Somebody was working on the Marshall Islands. So, I decided, with Dr. Guthrie's blessing, that the Marianas, Carolines, and Philippines campaigns would be interesting to work on because we could profit from the experience that happened medically at Guadalcanal and the Marshalls.

So, you were really getting material fresh.

It was fresh. It was an extremely interesting experience. We looked at the planning of the invasion and then observed what actually happened. It was essentially narrative history, except that we tried to comment on the problems and how they were handled and how things could be improved for the next campaign. The histories were action-oriented but you would see the problems. In Saipan, they encountered shortages of litters and blankets that caused much confusion on the beaches. There were no flight surgeons to screen patients for air evacuation and no provision for feeding the casualties for about 24 hours. There were many problems in sea evacuation of casualties that continued after the Marianas campaign. There was a constant retransfer of casualties from the beach to LVTs [Landing Vehicle Track], from LVTs to LCVPs [Landing Craft Vehicle and Personnel] to LSTs [Landing Ship Tank] and then onto hospital ships. I remember the serious problems they encountered in trying to determine in advance the numbers of casualties that would be transported to ships. Some of this resulted because some of the ships that had space for casualties forgot to fly the special Mike flag, meaning that they were available to accept casualties. And there were very serious casualties.

I did put a set of these histories--my only set--all on mimeograph paper--in the History of Medicine Division of the National Library of Medicine. This does not include the other historians' work on the project. I have donated all my papers to the National Library of Medicine, including these particular histories.

That's quite incredible--to have history so fresh, to have data come in from a previous campaign and process it and then make it available. Were these histories made available to the planners?

I don't think the histories, as such, were, but the reports would have been made available to the planners of the next medical campaign, and the people who were planning the medical

action were directly there at the Bureau of Medicine and Surgery. They would have seen these action reports before they reached the Administrative History section, and they were conscious of them. You could find comments on the various reports of ship commanders of how things were improved from one campaign to the other.

So they were making those decisions based on the raw materials and not on your histories.

That's right. The histories were not available because things moved too quickly in the Pacific.

Did the administrative section that you're talking about report directly to the Surgeon General?

It reported directly to the Surgeon General.

Did you ever have any contact with VADM [Ross] McIntire [Surgeon General of the Navy]?

I saw him going in and out, but I had no direct need to speak to him. However, I did use his correspondence. We were in the same offices, as I recall.

The same building?

The same floor as his office which I recall was directly next door because we used his correspondence files from his office and simply took folders. I must say I have a great respect for the Navy in doing this. It had total confidence in the officers they brought in to do it. There were no civilian historians at that time on the project.

All the people working in your office on this project were all Naval officers?

As I recall, during the months I was there, I was the only WAVE officer. The others were all men, reserve officers, who were historians and had been brought in to write the history. To do Dr. Guthrie credit, he insisted that we have access to everything. There was no censorship of the final product except in one instance, and I remember being rather surprised by it at the time. It concerned the use of penicillin at the rear echelon bases in Hawaii to treat syphilis rather than having it available in the invasions. There was one letter I was going to cite originally from one commander who vigorously protested this. I think I included it first and Guthrie went over the report I had written and said, "Well, do you have any more evidence of this?" He was very meticulous about what was documented. In the end, I simply referred to an action report that had been made and I did not cite the protesting doctor's actual words. I guess Guthrie picked up that the Navy could be criticized for doing this and yet it was a military decision--more people could be put out of action by syphilis than those unlucky people at the front who only had the sulfa drugs to treat them. Later in the island campaigns, penicillin was available, but it was still relatively new. It had only come in in the 1940s, so it was not widely used.

Do you recall when penicillin was made readily available to the front line troops in the Pacific? It was used in rear echelon areas like you said at the Naval Hospital in Hawaii. Was it in 1944?

It must have been later than that because these were reports from 1944 and early 1945. I really can't tell you. I would have to look at the primary source material for it, and I didn't reread my section on the Philippine campaign. You might take a look at that, but I can't remember penicillin having come up as a particular problem point. Maybe the Army histories could tell you. Those are very good histories.

Getting back to the mechanics of writing the histories. You had everything available--the Surgeon General's correspondence files, the sanitary reports, and the after action reports. Then you would cull the material and draw out the most essential material to get your story. Once you had a manuscript together, where did it go from there?

I wrote my material longhand. Then it was typed; we had a typist. The final product was simply handed over to Chester Guthrie for his review. I assume this was the same with the other officers. I don't remember discussing it with the others. He accepted what I wrote without question except for that one citation in the text I told you about concerning the penicillin complaint. As I said, I simply footnoted that reference but I didn't cite it in the text. Photo offset copying was then done.

They used a shiny-sided, stiff, film-type of paper and with age, the lettering turns a brown color and starts to disappear. The sanitary reports were reproduced on this stuff.

Yes. It was not the typical ditto machine that one had to put up with.

Do you recall any security arrangements you had in your office to safeguard the material you worked on? Was it locked up in a safe every day after you were finished with it? How did you handle all that classified material?

I can't remember putting anything directly in safes. It was on my desk, but the only personnel that came in there were Naval personnel. You had to identify yourself when you came on the station as you do in most cases, but I really can't trust my memory on this.

So, you worked independently for the most part.

Yes. Quite independently. We each had our own sections and we each went to work. Initially, we had some meetings with Dr. Guthrie for laying out the task, but we were left on our own. It's the way I've always liked to work so I had no complaints. I was very happy and I enjoyed it very much. I was extremely fortunate in both Navy jobs. I enjoyed the Navy years and had a sense of participating in a war that was very crucial.