

MALE ARMY NURSES: THE IMPACT OF THE VIETNAM WAR ON
THEIR PROFESSIONAL AND PERSONAL LIVES

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Dissertation Prepared for the Degree of
DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

August 2000

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Hess, Lucinda Houser, Male Army Nurses: The Impact of the Vietnam War on Their Professional and Personal Lives.

Doctor of Philosophy (History), August 2000, 253 pp.,
references, 85 titles.

As American involvement in Vietnam escalated in the 1960s, the military's need for medical personnel rose as well. A shortage of qualified nurses in the United States coupled with the requirements of providing adequate troops abroad meant increased opportunity for male nurses. To meet the needs of Army personnel, the Army Nurse Corps actively recruited men, a segment of the nursing population that had previously faced daunting restrictions in the Army Nurse Corps (ANC). Amidst mounting tension, the Army Student Nurse Program began accepting men and provided educational funding and support. Additionally, Congress extended commissions in the Regular Army to previously excluded male nurses.

Men answered the call and actively took advantage of the new opportunities afforded them by the demands of war. They entered the educational programs and committed to serve their country through the ANC. Once admitted to the corps, a large percentage of male nurses served in Vietnam. Their

tours of duty proved invaluable for training in trauma medicine. Further, these men experienced personal and professional growth that they never would have received in the civilian world. They gained confidence in their skills and worked with wounds and diseases seldom seen at home. For many, the opportunities created by the war led to a career in military medicine and meant the chance to seek additional training after nursing school, often specialized training. Relying heavily on oral histories and the archives of the Army Nurse Corps, this study examined the role these nurses played in entrenching men as a vital part of the ANC.

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MALE NURSES WHO SERVED IN VIETNAM:

AN INTRODUCTION

For men interested in pursuing the medical field as a profession, American involvement in Vietnam provided new possibilities in the previously closed field of military nursing. A critical shortage of nurses in the United States, magnified by the intense demands of the military during America's involvement in Vietnam, created opportunities for a generation of male nurses whose Army Nurse Corps experiences provided them with educational outlets, as well as personal and professional growth. As military involvement escalated in Vietnam, the Army confronted the problems of providing not only adequate care for soldiers and dependents in the United States, but abroad as well. Additionally, authorities faced the challenge of providing much deserved medical services for veterans from previous wars. Civilian hospitals, struggling to fill staff positions, forced Army hospitals to compete for qualified personnel. In an effort to continue offering quality care, the Army Nurse Corps (ANC) provided educational opportunities and began actively recruiting a previously overlooked segment of the population--men.

From the very beginning of American involvement, military officials assigned medical personnel to Vietnam, especially male nurses. Following World War II, America took the role of advisor in Vietnam in an effort to recruit the French as members of the North Atlantic Treaty Organization (NATO). Attempting to retake their colony after the war, the French demanded American aid in return for their membership in the organization. America responded. The United States continued to aid the French until they pulled out after the military defeat at Dien Bien Phu in 1954. At this time, the Cold War dominated all aspects of American foreign policy. American media bombarded the public with images of the Soviets as the ultimate enemy. In essence, the Cold War saturated America. When the French left the fighting, the United States government felt compelled to continue the struggle alone. After all, given the anticommunist hysteria of that period, presidential administrations beginning with Harry Truman could not risk letting even one country fall to communism.¹

¹For information on the Cold War see: John Lewis Gaddis, The United States and the Origins of the Cold War, 1941-1947 (New York: Columbia University Press, 1972), Louis J. Halle, The Cold War as History (New York: Harper & Row, 1967), Walter Lafeber, The Origins of the Cold War, 1941-1947: A Historical Problem with Interpretations and Documents (New York: John Wiley & Sons, 1971), and William E. Leuchtenburg, A Troubled Feast: American Society Since 1945 (Boston: Little, Brown and Company, 1983).

The worldwide struggle with communism kept America in Vietnam as military advisors for another decade. Then in 1964, reports of U.S. ships attacked off the coast of Vietnam led Congress to pass the Gulf of Tonkin resolution, providing President Lyndon B. Johnson with a "blank check" to conduct the war as he saw fit. American ground troops now arrived in Vietnam. The escalation of the war meant a dramatic increase in casualties. The military need for more and more medical personnel increased drastically. A shortage of military nurses led to specific recruiting efforts aimed at attracting young nurses, male and female, to the service. Thus, the fight against communism helped create military careers for male nurses.

Taking advantage of the newly established opportunities for men in the ANC came with a price--the possibility of duty in a war zone. When American involvement exacerbated the problems of a nursing shortage, male nurses found themselves headed for duty in a foreign country. In some cases, military officials tried to maintain all-male medical staffs; however, they soon found that they needed both male and female nurses.

Examining the experiences of these newly recruited male members of the ANC is a difficult task. Military officials kept few records of nurses serving in the war zone, and very little relating specifically to the male nursing experience.

According to Elizabeth Norman's Women at War: The Story of Fifty Military Nurses Who Served in Vietnam, no list exists of the nurses who served in Vietnam. One researcher for Walter Reed Army Hospital told Norman, "We never thought a record of nurses' statistics was important to keep." In essence, no one knew how many nurses actually served in Vietnam. A matter of record, the names exist among millions of names at the National Personnel Records Center, Military Division; however, as Norman pointed out in her own research, even if the files could be opened, the reality of effectively searching every one to compile a list of names is limited to say the least. Estimates range anywhere from 4,000 to 15,000. Even if records of the number of nurses had been kept, who would have thought to separate out of the nursing statistics the men?²

For the male nurses who served in Vietnam, their professional development was a unique experience. They treated wounds and illnesses unimagined by their civilian counterparts. Male nurses faced the usual challenges of nursing, in addition to those peculiar to a war zone. They learned the value of teamwork, as well as how to operate under the most stressful conditions. Although most of these

²Elizabeth Norman, Women at War: The Story of Fifty Military Nurses Who Served in Vietnam (Philadelphia: University of Pennsylvania Press, 1990), 1-5.

men spent their tours away from the heat of battle, they did have exposure to all of the horrors of casualties from the war. Their experiences with devastating wounds and the techniques developed from the war laid the basis for many of the emergency trauma procedures used in the United States today. Military hospitals experienced hundreds of patients at a time, often with multiple wounds requiring two, three, or even four teams to operate simultaneously. Yet, the supposed safety of a hospital did not exempt the staff from enemy fire. Planners located hospitals throughout the country, setting some hospitals in remote regions. Most hospital units came under enemy fire at some time during American involvement in Vietnam. Nurses at the hospitals experienced attacks on their compounds by the Viet Minh and the Viet Cong. Live rounds that had not yet detonated also exposed many nurses to dangers while treating patients.

In addition to the danger of war and the realities of the severely injured, nurses also dealt with the added dilemma of treating enemy patients. Often they saw the injured Americans next to the individual possibly responsible for their wounds; and although they were military men in a war situation, their sense of professionalism meant that they must treat and care for all of the wounded.

The Vietnam War was unlike any other war in American history. The average age of a GI was nineteen compared to twenty-six for his counterpart in World War II. Two-thirds of the men who died in Vietnam were twenty-one or younger. This was an individual war, with a person's entry to the war and return from the war being "solitary experiences." Soldiers did not come back as an intact unit--battalions and squads did not return home together. Additionally, no "decompression" time, no period of adjustment, eased the transition when veterans returned home. Many found themselves transported from a combat environment back to the United States in less than twenty-four hours. According to records, Vietnam veterans belonged to the best educated Army in American history to that time. Seventy-nine percent of servicemen had earned a high school diploma or had higher education when they entered active duty. In Korea this held true for only 63 percent of soldiers, and in World War II, only 45 percent of veterans had completed high school by the time they left the military.³

Nurses in Vietnam gained invaluable experience working with massive trauma injuries. The wounds seen by the medical personnel included a much higher rate of "permanently disabling wounds" than in any other war.

³Congressional Record. 97th Cong., 2d sess., 1 October 1982, 27559.

Soldiers who would have died before reaching a hospital in previous conflicts not only survived the trip from the battlefield, but lived to return to the United States. The technology available and the skill of medical personnel in combination with a dramatically shortened time between wounding and treatment meant that soldiers lived with multiple amputations and other injuries that would have caused certain death in an earlier time period. The percentage of Vietnam soldiers who experienced amputation or crippling wounds to the lower extremities was three hundred times higher than in the Second World War, and 70 percent higher than the same types of wounds experienced in Korea. Loss of more than one limb, or multiple amputations, occurred at a rate of 18.4 percent compared to 5.7 percent in World War II. Deaths to military personnel reached 57,704 during the war with a total number of casualties from hostilities equalling 47,258 and 10,446 non-hostile deaths. Before 1965, only 246 servicemen died from hostile action, while 303,704 men suffered wounds, with 153,329 requiring hospitalization. Men with 100 percent disability numbered 23,214 when the war ended. Hospital records indicated 5,283 limbs were lost including 1,081 men who returned with multiple amputations.⁴

⁴Ibid., 27559.

This study will address several questions. Who were the male nurses who served the wounded in Vietnam, and what drew them to the Army Nurse Corps? What enticed them to commit to military service? What opportunities awaited male nurses who joined the Army as American involvement in Vietnam exacerbated the shortage of nurses? What did they gain from their service, professionally and personally? How did they feel about their role in the conflict and how did this experience affect their lives?

Oral interviews were used extensively as a research tool to answer the preceding questions. Due to a limited paper trail, this writer had to conduct numerous interviews with male nurses who served in Vietnam. Not only the interviews provide valuable information filling in the gaps in the existing documentary sources, but they also gave this study a human dimension that otherwise would have been lost. On the other hand, the author is aware of the limitations in jogging memories about personal experiences that happened some twenty-five years after the event, experiences that often occurred under very traumatic conditions. Nevertheless, by examining the written sources available, creating outlines and doing extensive cross-checking for corroboration, the author is confident that the accounts and perspectives of the men interviewed are quite accurate.

The men who served as nurses in Vietnam belonged to a highly individualized group. They served in many different locations doing a variety of nursing jobs; however, as a whole, they stand out among those who served. Their education made them older than the average soldier, but their jobs put them at the center of all the horrors of war. Yet, somehow, these men managed to survive the war and continue on to successful lives and careers. Their pride in their work and their time serving the United States permeates their reflections on the war. As professional soldiers, they performed their jobs to the best of their abilities and then came home to friends and family. For the most part they returned stronger, more self-confident, and secure in the knowledge that they could handle any task assigned them. Their growth, both personal and professionally, resulted from the opportunities created by a nursing shortage made only more critical by the horrible casualties of the war in Vietnam. Thus, Vietnam was the defining experience of the professional careers and personal lives of these men.

CHAPTER 1

EARLY AMERICAN MILITARY NURSING:

A FOCUS ON WOMEN

Throughout American history, the responsibility for attending wounded soldiers often fell to their comrades on the battlefield; however, the establishment of an official nursing corps for the U.S. Army diminished opportunities for male nursing by focusing on the role of women in the treatment of the injured. Prior to the American Civil War, no formal training for nurses existed in the United States. The intense medical needs created by the bloody war between the states influenced the opening of numerous nursing schools that included the first training facilities designed specifically for males. "Nursing" of soldiers remained a feminine task, however, from the first battles in the history of the United States, through the Civil War and well into the late 1940s and early 1950s when the first males gained admittance to the nursing corps of the American military. Male caregivers often functioned as corpsmen.

Although the military seemed reluctant to use women for care of combat injuries, an act of Congress in 1901 created a permanent Nursing Corps for the Army and designated the Corps as open just to women. Congress did not remove gender

references and open nursing opportunities to men until 1947. By the time America became involved in Vietnam, the military had developed a very efficient system for the treatment of the wounded. The American government always made quality medical treatment for soldiers a priority, from the birth of the nation onward. With each new military conflict, medical treatment and facilities improved, culminating in the helicopter ambulance service known as air-evacuation and treatment systems perfected during the Vietnam War.

Prior to the American Revolution, colonial governments had paid little or no attention to planning for the care of wounded militiamen, and even after the start of hostilities with England, the new government provided medical treatment only on a limited basis. Often rank played a major role in determining who received medical attention. In most cases attendants provided no anesthesia for patients, so rum and whiskey served as substitutes. (Morphine was not available until 1805.) Cost often prevented soldiers from receiving the best care available. Although malaria reached epidemic proportions during the American Revolution, quinine was too expensive to be used on the common soldier. Furthermore, only nine hospitals had been established throughout the colonies before 1776, six of which were really "almshouses" with infirmaries for the acutely ill. Few of the hospitals had blankets or beds, and they paid no attention to

establishing sterile environments. Doctors performed all major treatments, and male "surgeons' mates" provided the majority of nursing duties. The female nurses acted more like "orderlies," handling the responsibilities for feeding patients and keeping them clean. On rare occasions, nurses administered medicine, but only upon a doctor's request. In fact, congressional references to nurses, dated February 1777, grouped them with clerks, cooks, and washerwomen.¹

During the American Revolution, the Continental Congress addressed the issue of caring for the wounded and established necessary provisions for acquiring military nurses. Dysentery and malaria plagued soldiers along with the lack of proper food and shelter. These problems cost the rebellious colonies more casualties than wounds from enemy fire. Once the Second Continental Congress authorized the establishment of the Continental Army in June 1775, Major General Horatio Gates quickly reported to Commander-in-Chief George Washington the need for quality female nurses. Although competent nurses staffed Canadian hospitals, no trained nurses worked within the colonies, and

¹First quote from Lena Dixon Deitz, History and Modern Nursing (Philadelphia: F.A. Davis, 1963), 127; Second and third quotes from June A. Willenz, Women Veterans: America's Forgotten Heroines (New York: Continuum, 1983), 10. Almshouses were establishments for housing the poor and also were known as the "poorhouse."

no recognized schools of nursing existed until much later, in 1873.²

Thus, in July 1775, the Second Continental Congress authorized medical support for the American troops and made plans for the creation of a Medical Department. In a resolution dated 17 July 1775, Congress provided pay for one nurse attending to every ten sick men. The established salary for these medical attendants was one-fifteenth of a dollar for each day or two dollars per month. Eventually, in October 1776, the Continental Congress increased monthly pay to one dollar per week. Following the Revolution, however, American leaders reduced the military, including medical service, which was limited to the regimental level with care of the wounded relegated to soldiers from each company.³

United States military leaders did not formally organize medical care until the War of 1812. In December

²Carolyn M. Feller and Constance J. Moore, Highlights in the History of the Army Nurse Corps (Washington D.C.: U.S. Army Center of Military History, 1995), 3; Harvey E. Brown, comp., The Medical Department of the United States Army from 1775 to 1873 (Washington, D.C.: Surgeon General's Office, 1873), 34-35, 38; Journals of the Continental Congress 7(1776): 858; Dietz, History and Modern Nursing, 127-128.

³Feller and Moore, Highlights, 3; Brown, comp., Medical Department of the United States, 34-35, 38; Journals of the Continental Congress 7(1776): 858; Dietz, History and Modern Nursing, 127-28.

1814, a general order issued from the War Office established Army regulations and clearly defined the duties of medical officers for the first time; however, the war office saw no need specifically to outline the role played by nurses. The only reference to nurses limited their pay to six dollars or less a month. Although the modern Medical Department of the United States Army, under the direction of the Surgeon General, began with the Army Reorganization Act of 1818, officials generally excluded men from paid nursing positions until after the Civil War. A reference to nursing in Surgeon General Joseph Lovell's orders in September 1818 listed nursing under "miscellaneous" and continued to set the number of nurses per hospital as one to every ten patients. Lovell established a salary of five dollars a month for these medical attendants. Additionally, positions as hospital stewards did not open to men until 1865, when military officials allowed men to serve in this capacity, considering them equivalent to non-commissioned officers.⁴

The Civil War led to the beginning of professional medical treatment for the wounded. Clara Barton, who would later found the American Red Cross, treated Union soldiers

⁴Brown, Medical Department of the United States Army, 94-97, 120; Statutes at Large, 15th Cong., 1st sess., 14 April 1818, 426-427; Quote from Feller and Moore, Highlights, 2; Willenz, Women Veterans, 13; Dan Freedman and Jacqueline Rhoads, eds, Nurses in Vietnam: The Forgotten Veterans (Austin: Texas Monthly Press, 1987), 7.

in Washington, D.C., during this conflict. Because of the shortage of nurses, the Secretary of War appointed Dorthea Lynde Dix to serve as Superintendent of Women Nurses for the Union Army on 12 April 1861. Although given only a vague job description, Dix supervised approximately six thousand women, including Catholic nuns, United States Sanitary Commission employees, and volunteers working in Union hospitals. Another thousand nurses worked for the Confederacy.⁵

As the Civil War continued, the serious deficiency in medical care became apparent. At the onset of hostilities, only 150 hospitals existed in the United States, with not a single school of nursing established. Within six months after the beginning of the war, 30 percent of Union soldiers suffered from malaria, typhoid fever, smallpox, or dysentery. To treat these illnesses, as well as battle injuries, the military established its first hospitals in barns and tobacco warehouses converted into care facilities for wounded men. Conditions were crude, and the study of bacteriology and sanitation had not yet developed. Although ether had been discovered in 1846, and chloroform in 1847,

⁵Feller and Moore, Highlights, 2; Willenz, Women Veterans, 13; Freedman and Rhoads, Nurses in Vietnam, 7.

neither was widely used. In addition, the supplies most needed by hospitals seldom arrived at scheduled times.⁶

Regardless of the female domination of the nursing field, men still attended to those wounded on the battlefield. Even after the Civil War, soldiers continued to perform many patient care duties. Once the war ended, the military replaced female nurses with men. In March 1887, Congress set up the Hospital Corps, consisting of enlisted hospital stewards and privates, as a permanent attachment to the Medical Department. Military authorities allowed eligible enlisted men to transfer into the Hospital Corps as privates to perform duties as cooks, nurses, stretcher-bearers, and ambulance attendants. Congress designated thirteen dollars a month with increases scheduled to account for length of service as pay for this position. The military developed training programs for the Army Medical Department and thus made medical services a viable career choice for enlisted personnel. Captain John Van Rensalaer Hoff organized the first company of instruction for members of the Hospital Corps at Fort Riley, Kansas, in 1891.⁷

⁶Dietz, History and Modern Nursing, 128-29.

⁷Feller and Moore, Highlights, 5; Willenz, Women Veterans, 13; Congressional Record, 49th Cong., 2d sess., 1 March 1887, 435.

Trained nursing in the United States resulted from the work of women during the Civil War. Despite a lack of formal education, those practicing patient care during the war developed practical skills in the treatment of sick and wounded soldiers. As the war continued, the first organized schools for trained nurses developed, a trend that continued after the war ended.⁸

After the Civil War, a few opportunities opened for men in the nursing field. The first nursing school for men in the United States was the School for Male Nurses, part of the New York Training School for Nurses, on Welfare Island. Before it closed in 1903, this school graduated 140 men, most of whom went on later to become doctors. Another school for men opened in 1888, the New York Mills Training School for Male Nurses, connected to Bellevue Hospital. Philanthropist Darius Ogden Mills made the school possible with a monetary gift, insisting that his contribution be used to educate male nurses. The two schools came under the direction of one faculty in 1929 and later became associated with New York University as the division of Nursing of the College of Medicine in 1942.⁹

⁸Dietz, History and Modern Nursing, 105.

⁹Ibid., 111.

Soon another armed conflict brought the importance of patient care to the attention of military leaders. In April 1898, the Spanish-American War created a need for the appointment of "contract nurses" to the Army. More than 1,500 nurses signed contracts to provide services to the military. Although lasting only nine months, this war had far-reaching effects on the medical field. When the war began, both the Army and Navy were reluctant to employ women for nursing positions. Military officials instead elected to use regular corpsmen to care for casualties until a typhoid epidemic and the outbreak of yellow fever among forces in Cuba overwhelmed the corpsmen and facilitated the use of female nurses. Although the origin of yellow fever was unknown, medical reports claimed that patients who survived the illness developed an immunity. As a result of this discovery, the military employed 100 untrained women who had recovered from yellow fever to care for patients with the illness. As in the Civil War, many of the nurses who served came from religious orders. On 15 September 1898, at the peak of the war, 1,563 nurses served under government contracts. With the war over, the military retained the female contract nurses until after a typhoid epidemic in the United States was finally under control. Once this medical crisis ended, officials cut the number of nurses contracted to the military to 700 and then to 210 by

the end of June 1900. Throughout the war, reports recorded the deaths of only ten nurses, including eight from typhoid.¹⁰

During the Spanish-American War, Army officials appointed Doctor Anita Newcomb McGee the official head of nurses. Under McGee's direction, these nurses laid the foundation for the Army Nurse Corps. The Spanish-American War forced the military to recognize a need for nursing care, not only in the Army, but in the Navy as well. In June 1889, war activities prompted the Navy to purchase the SS Creole and convert her into a hospital ship christened the USS Solace. The Navy recruited male attendants from Bellevue Hospital in New York and gave them the title of "ship's cooks." Congress soon passed an act creating the Hospital Corps of the Navy.¹¹

The experiences of the war forced an acknowledgement by the American Red Cross and the American Nurses Association of the need for a permanent and well-run Army nurse service. Unconvinced, Congressional committees rejected the first attempt to secure an official act of Congress but then

¹⁰Congressional Record, 55th Cong., 2d sess., 28 April 1898, 4419; Feller and Moore, Highlights, 5; Dietz, History and Modern Nursing, 140-141; Eloise Engle, Medic: America's Medical Soldiers, Sailors and Airmen in Peace and War (New York: The John Day Company, 1967), 59-60.

¹¹Feller and Moore, Highlights 5; Dietz, History and Modern Nursing, 140-141; Engle, Medic, 59-60.

relented on the second effort to pass the bill. In 1901, a bill came before Congress to establish a permanent Nursing Corps for the Army. At the request of Surgeon General Sternberg, Doctor Anita Newcomb McGee wrote a bill seeking the establishment of a female Nurse Corps. Her proposal eventually became Section 19 of the Army Reorganization Act of 1901, thus earning Dr. McGee the title of "Founder of the Army Nurse Corps."¹²

In February 1901, Congress designated the Nurse Corps (female) as a permanent part of the Medical Department under the Army Reorganization Act. Officials appointed Mrs. Dita H. Kinney to head the Army Nurse Corps (ANC). The Navy soon followed suit, establishing its own nurse corps in 1908. Nurses, however, were not commissioned as officers in the Regular Army until 16 April 1947. The Army Reorganization Act of 1918 redesignated the Nurse Corps (female) as the Army Nurse Corps. The bill allotted a pay increase of \$120 for nurses and set up a graduated pay scale based on years of service. Congress noted that reserve nurses would receive pay equal to ANC nurses with corresponding service records while on active duty. The bill established a ten-dollar stipend for nurses stationed outside the continental

¹²Quote from Dietz, History and Modern Nursing, 145-46, 148-151; Willenz, Women Veterans, 15; 1919; Congressional Record, 66th Cong., 1st sess., 1919, 146.

United States (with the exception of Puerto Rico and Hawaii).¹³

As the United States entered the twentieth century, global conflicts strengthened the need for improved military medical care. The American Nurses Association requested that the War Department award definite status and authority to nurses. Nursing leaders argued that unless given some rank and authority, nurses would be unable to give orders to orderlies and aides. When introduced in Congress, however, a bill calling for commissioned rank for nurses failed due to pressure from the War Department, but proponents proposed the same bill in 1919. Nurses received support from surgeons who had served with them during the war and from General John J. Pershing. After a five-month battle with the War Department, organized nurses saw the bill approved by Congress on 28 May 1920, and signed into law by President Woodrow Wilson on 4 June 1920. Once enacted, this bill allowed Army nurses to wear the insignia of rank, but it did not entitle them to the pay, rights, and privileges accompanying that rank.¹⁴

¹³Dietz, History and Modern Nursing, 145-46, 148-51; Willenz, Women Veterans, 15; Congressional Record, 66th Cong., 1st sess., 1919, 146.

¹⁴Dietz, History and Modern Nursing, 145-46, 148-51; Willenz, Women Veterans, 15; Congressional Record, 66th Cong., 2d sess., 1920, 552, 767-768.

During World War I the Army employed 33,000 nurses, with another 6,000 actively serving in the Navy. Approximately 10,000 nurses served overseas. Not only did the nurses deal with expected battle injuries, but they saw many patients suffering from the effects of poison gas, as well as from an epidemic of Spanish influenza. These nurses attended to 237,135 wounded military personnel during the war. Death totals for the conflict included 49,000 killed in action with another 59,000 dying due to illness. As a result of service, 300 nurses died from diseases, while others received battle and non-battle related wounds. The Germans captured nurses and held them in prisoner-of-war camps. Because their status in the military had not yet been fully defined, nurses held as prisoners went unpaid during their imprisonment. Congress did, however, make arrangements for transportation of the remains of the nurses in the event of fatalities. Additionally, in April 1920, Congress granted honorably discharged nurses eligibility for burial in national cemeteries.¹⁵

During the Second World War, the military medical services continued to develop, and they "perfected" the hospital evacuation system; however, with improved

¹⁵Dietz, History and Modern Nursing, 145-46, 148-51; Willenz, Women Veterans, 15; Congressional Record, 66th Cong, 1st sess., 1919, 146; Congressional Record, 66th Cong, 2d sess., 1920, 552, 767-768.

techniques came increased need for skilled attendants. Within six weeks after the declaration of war against Germany and her allies, the United States had relocated six base hospitals across the Atlantic Ocean. Hospitals, known as "gangrene tents," soon spread with the dispersion of troops, and a call went out for Red Cross nurses. To meet the wartime demand, some schools shortened nursing courses, allowing early graduation, and Congress organized the Army Nurse Reserve Program, appropriating funds for student nurses and nurses taking postgraduate classes. The War Department did not consider reopening the Army Nurse School of World War I during the Second World War because the National Nursing Council for War Service decided to offer nursing education in existing schools rather than a new central school. Congressional Representative Frances Payne Bolton of Ohio sponsored a bill in Congress that created the United States Cadet Nurse Corps. A recruiting drive began and used the slogan "Join a Proud Profession." Placed under the Division of Nurse Education of the United States Public Health Service, the Cadet Nursing Corps provided scholarships for worthy students. Approximately 95 percent of all nursing students who attended school during this time

were members of the Cadet Nursing Corps, which reached a total enrollment of 179,000.¹⁶

During the war nurses served in base hospitals, mobile hospitals, camps, and on board hospital trains. They helped to create hospitals in seemingly impossible situations, including an open-air hospital in the jungle on Bataan and a tunnel hospital on Corregidor. At peak strength the Army and Navy combined nurse corps had 69,000 members. During the war the American Red Cross certified 104,500 nurses for military duty, and another 171,000 civilian nurses worked in the United States. Although they lacked the aid of helicopters, military medical personnel used an efficient method of transporting wounded to the chain of hospitals behind lines, including cargo planes that carried supplies and troops to front lines and then reloaded and converted to ambulance planes. Specially trained flight nurses cared for the sick and injured soldiers. These nurses faced the challenge of dealing with patients at an altitude of ten thousand feet and had to understand the principles of aeromedical physiology and therapeutics. Records indicate that of the 173,527 patients attended by flight nurses during 1943, only eleven died during flights. During World War II,

¹⁶Quotes from Dietz, History and Modern Nursing, 151, 155, 158-59; Congressional Record, 77th Cong., 1st sess., 1 July 1941, 484.

approximately two hundred Army nurses died in combat, and eighty-two Army and Navy nurses spent time as prisoners of war. The military decorated more than 1,600 Army nurses for "meritorious service and bravery under fire."¹⁷

The struggle for military rank which occurred after World War I had ended with some degree of success for nurses. In December 1941, as America entered the Second World War, both Army and Navy nurses received rank that ensured the same pay and allowances of other officers of the same grade. In 1944, Congress granted nurses of both branches commissioned rank "for duration and six months," but did not pass an act providing permanent commissioned rank for Army and Navy nurses until after the war, on 16 April 1947. In addition to gaining status, nurses profited from advances in education and medical treatment by learning more sophisticated care techniques.¹⁸

With the onset of the Korean War came the use of "medevac" [medical evacuation] helicopters and the aeromedical evacuation system, a system later perfected in Vietnam. Now soldiers could be transported from the battlefield by helicopter to an evacuation hospital in a

¹⁷Dietz, History and Modern Nursing, 151, 155, 158-59; Freedman and Rhoads, Nurses in Vietnam, 7-8; Quote from Dorothy E. Curtis, "Nurses and the War: The Way it Was," American Journal of Nursing (October 1984): 1253.

¹⁸Dietz, History and Modern Nursing, 158-59.

matter of minutes. In the most severe cases, soldiers found themselves on an Air Force evacuation plane returning to the United States. As well as this system worked, medical personnel saved an estimated thirty thousand more lives in Vietnam employing improvements in medical treatment that developed after Korea. Officials reported the mortality rate for wounded American soldiers in Korea at 22 percent. In Vietnam this number would be reduced to 13 percent. Both statistics improved over World War II, where 28 percent of all wounded American soldiers died.¹⁹

Involvement in the Korean War in 1950 underscored the shortage of qualified nurses still prevalent in the American military. Once again, Frances Bolton took the cause of nurses before Congress. Bolton addressed the House of Representatives on 4 January 1951, concerning education and training of nurses. She stressed 3,000 vacancies in military hospitals and pointed to the fact that if the involvement of United States' forces were increased as planned, a need for as many as 20,000 more nurses would develop. She also emphasized 53,000 World War I veterans entitled to and needing care provided by nurses. To answer

¹⁹Freedman and Rhoads, Nurses in Vietnam, 8; Robert M. Hardaway, Care of the Wounded in Vietnam (Manhattan, Kansas: Sunflower University Press, 1988), 12-13.

these demands she called for additional funding for nursing students.²⁰

American involvement in Korea required nurses not only to treat American soldiers, but to attend men from other countries under the direction of the United Nations as well. Pentagon policy only allowed women to serve in the medical field. On 9 August 1955, Congress passed Public Law 294, introduced by Bolton and signed by President Dwight D. Eisenhower, which authorized commissions for male nurses in the United States Army Reserve for assignment to the Army Nurse Corps Branch. Bolton had previously introduced HR 911 on 4 January 1951, attempting to provide for appointments of men as nurses in the Army, Navy, and Air Force. Public Law 294 now authorized the appointment of men as reserve commissioned officers in the Nurse Corps of the Navy Reserve and as reserve officers in the Air Force as nurses or medical specialists. It revised the Army-Navy Nurses Act of 1947 by replacing all references to women with gender-neutral terms. As a result of this law, Edward L.T. Lyon was commissioned a second lieutenant in the Army Nurse Corps Reserve on 1 October 1955. Lyon, a nurse anesthetist from Kings Park, New York, entered active duty on 10 October 1955

²⁰Congressional Record, 82d Cong., 1st sess., 4 January 1951, 41-42; Willenz, Women Veterans, 33; Feller and Moore, Highlights, 27, 29.

after receiving the first male commission to the Army Nurse Corps.²¹

Finally, with gender references eliminated in regard to military nursing and the first male commissioned into the Army Nurse Corps, the doors of opportunity began opening to men. Continued involvement in Asian countries would soon prompt military officials to actively recruit male nurses. Officials opened educational and professional opportunities only available to women in the Army Nurse Corps to men. During the Vietnam era, many young men would take advantage of these openings, and for many the result would be a tour of duty in Vietnam.

²¹Congressional Record, 82d Cong., 1st sess., 4 January 1951, 41-42; Willenz, Women Veterans, 33; Feller and Moore, Highlights, 27, 29; Congressional Record, 84th Cong., 1st sess., Public Law 294, H.R. 2559, 30 July 1955, 12238; 1 August 1955, 12590; 2 August 1955, 13080.

CHAPTER 2

MALE NURSES IN THE AMERICAN MILITARY:

ANSWERING A SHORTAGE

From the birth of the American nation, females seemed to dominate the nursing profession; however, as the United States increased involvement in the conflicts of Asian countries, the demand for nurses increased and helped to open the field to men. Growing military involvement first in Korea and then in Vietnam magnified vacancies in American hospitals. America not only needed nurses at home, but also in military hospitals abroad. This country's involvement in Vietnam escalated after the introduction of male military nurses in 1955. Thus, military officials targeted men as recruits to fill the growing shortage of qualified nurses. The Army Student Nurse Program and recruiting efforts therefore provided both educational and career opportunities for many men.

During the fifties, opportunities opened to males interested in professional military nursing. The Korean War spotlighted the shortage of qualified nurses and led to additional funding for the training of nurses. Then President Dwight D. Eisenhower signed a law allowing commissions for men as nurses in the United States Army

Reserve. Congress had also finally removed all gender references from the Army-Navy Nurses Act of 1947. Still, shortages continued, complicated by American involvement in foreign conflicts.

When the United States sent armed forces into the Republic of Vietnam in 1961, the majority of nurses were white, Protestant and Catholic daughters of World War II veterans. Men serving in medical capacities usually assumed the roles of doctors, medics, or orderlies. In fact, the first American soldier to die in Vietnam fulfilled one of these established male medical roles. Specialist James T. Davis of Tennessee died as a result of enemy fire on 22 December 1961. Davis served as an Army medic at the time when this country was sending military advisors to that area. During America's continued involvement in Vietnam, 303,704 military personnel suffered wounds from battle. Survival of the wounded demanded prompt, quality care.¹

In reaction to a continuing shortage of nurses, the Army introduced the Army Student Nurse Program (ASNP) on 18 April 1956. The ASNP provided financial assistance, pay, and allowances of a private first class (E-3) to nursing students at the end of their second year in either a three-

¹Elizabeth Norman, Women at War: The Story of Fifty Military Nurses Who Served in Vietnam (Philadelphia: University of Pennsylvania Press, 1990), 7; Craig Roberts, Combat Medic-Vietnam (New York: Pocket Books, 1991), xv-xvi.

or four-year program, and at the end of their third year in a five-year program. After completion of the programs and obtaining state licenses, students received commissions as second lieutenants in the United States Army Reserve with an obligation to serve on active duty for two or three years, depending on the length of the time they had been in the nursing program. The program also included provisions for registered nurses (RNs) with diplomas who wanted to earn degrees. The military replaced this portion of the ASNPs with the Registered Nurse Student Program (RNSP), a twelve-month program during which the nurses were commissioned and given rank with full allowances and pay according to their educational and experience level. The RNs had to pay their own tuition, and officials restricted the program to single nurses only. Upon completion of the degree, the nurse had a two-year service obligation. By June 1957, the first two female participants in the ASNPs received commissions in the Army Nurse Corps Reserve and reported for a two-year tour of active duty.²

²Carolyn M. Feller and Constance J. Moore, Highlights in the History of the Army Nurse Corps (Washington, D.C.: U.S. Army Center of Military History, 1995), 28-30; Delores Gunuskey, "The Build Up," in History of the ANC in Vietnam and Southeast Asia, 65-70, (Army Nurse Corps Historian File 314.7, "History, Vietnam," U.S. Army Center of Military History, Washington, D.C.), 7.

When revised in December 1960, the ASNP authorized a student enrolled in the last two years of a four-year degree-granting school of nursing to be commissioned six months before graduation and to receive full pay and allowances for the grade held during that period. This revision also permitted payment of tuition, books, and other fees. The following year, in November 1961, the ASNP opened to graduates of a hospital school of nursing with a diploma program seeking to complete their baccalaureate degree on the condition that they graduate within twenty-four months. By 30 June 1963, the Army Student Nurse Program had commissioned 1,188 nurses.³

As the Army Student Nurse Corps began to produce commissioned graduates, increasing American involvement in Vietnam required assignment of military personnel to that country. By the end of April 1956, the military had assigned the first three Army nurses, all women, to temporary duty with the United States Military Assistance Advisory Group (MAAG) in Saigon, Vietnam. In March 1962, the first ten Army nurses assigned to the 8th Field Hospital in Nha Trang arrived in the Republic of Vietnam. Declared

³Feller and Moore, Highlights, 30; Note from Major Kennedy, "Subject: The Army Student Nurse Program," no 53037, 2 January 1964 (Army Nurse Corps Historian File 350, "Education, ASNP, 1964, U.S. Army Center of Military History, Washington, D.C.), n.p.

operational 18 April 1962, the hospital's mission in the three years before the 1965 build-up of American forces was to support the United States military in South Vietnam. Officials assigned five more nurses to a dispensary that opened at Soc Trang in 1964 prior to the arrival of the 3rd Field Hospital in Saigon in April 1965.⁴

On 23 February 1963, the Department of the Army launched "Operation Nightingale," an intensive nationwide recruitment plan aimed at increased public awareness of the role of Army nurses and explaining the need for approximately 2,000 nurses. The shortage of nurses had once again surfaced as a priority during 1962 with the Cuban Missile Crisis and military build-up in Berlin. Numerous Army hospitals suffered severe shortages when nurses assigned to field units were forced to report for duty. Even with 3,000 Army nurses in military service at that time, officials deemed the number as "inadequate" and unable to serve all of the nursing needs of Army personnel and their family members around the world. Addressing the Ninth Annual Conference of Civilian Aides in Fort Myer, Virginia, Secretary of the Army Cyrus Vance called the Army's need for nurses "acute." He further announced the nursing shortage to be one of the Army's most serious personnel problems.

⁴Feller and Moore, Highlights, 29-30, 34, 38.

Vance remarked that the Army would have a shortage of 2,000 nurses in 1963, despite the many civilian nurses employed in Army hospitals. The campaign for recruits included nurses and nursing students touring military hospitals and learning about educational and financial opportunities offered by the Army Nurse Corps. As a result of the subsequent recruiting campaign, the number of Army nurses reached 2,928, including 956 Regular Army and 1,972 reserve officers on active duty. Additionally, some 1,400 civilian nurses supplemented Army nurses at Army medical treatment facilities in the United States, Japan, Puerto Rico, the Republic of Korea, Thailand, Okinawa, Turkey, the Republic of Vietnam, Iran, Ethiopia, Germany, France, and Italy.⁵

As American soldiers continued to serve an advisory role in Vietnam, and as the need for more military nurses increased, officials extended nursing education benefits to encourage recruitment. In early 1963, the Army expanded the Army Student Nurse Program to include men. Male nursing students in approved schools could apply for financial

⁵Feller and Moore, Highlights, 36-7; First quote from "What's going On? Operation Nightingale," Recruiting & Career Counseling Journal, 17(June 1963)6: 23 (Army Nurse Corps Historian File 291.3, "Gender, Male, 1963," U.S. Army Center of Military History, Washington, D.C.), 8; Second quote from "Shortage of Nurses is Personnel Problem," Recruiting & Career Counseling Journal, 16(April 1963)4: 8 (Army Nurse Corps Historian File 291.3, "Gender, Male, 1963," U.S. Army Center of Military History, Washington, D.C.); Gunuskey, "Build Up," 5-6.

assistance. Now men in nursing schools had the option of enlisting in the Army Reserve and earning tuition costs and book money, in addition to military pay. The length of obligation depended on the amount of time they spent in the program, just as for the women. The Recruiting & Career Counseling Journal for the Army declared the reasoning for this move was to include "the rising cost of nursing education and the need for more Army nurses." Male nurses began to benefit from the nursing shortage.⁶

Military activity abroad continued to accentuate the growing problem of employing adequate numbers of nurses. In May 1963, the Army established a policy allowing nurses to select their first active duty assignment in the continental United States (CONUS) in an effort to entice nurses. As the number of military advisors in Vietnam increased, the membership of nurses in the ASNP also rose. In November 1964, the Pennsylvania Hospital School of Nursing for Men in Philadelphia had the largest single number of male student nurses to join the Army when seven male nurses from the ASNP received commissions. By 1965, military officials dispatched Army nurses with medical units to support the

⁶"Army Student Nurse Program Expanded to include Males" Recruiting & Career Counseling Journal 16(April 1963)4: 23 (Army Nurse Corps Historian File 291.3, "Gender, Male, 1963," U.S. Army Center of Military History, Washington, D.C.) 8; "Shortage of Nurses," 8.

rapidly growing number of American soldiers in Vietnam. As the build-up continued in 1965, Army nurses helped staff hospitals in Saigon, near Bien Hoa, and in Qui Nhon. Additionally, the Army had assigned five male nurse anesthetists to the 1st Air Cavalry Division with the 101st and the 173rd Airborne Units having one each, as well. Army Nurse Corps strength grew to 3,200 during the year, and 475 were male members. Despite this growth, a shortage of 1,800 nurses persisted with an acute shortage in the specialty areas of medical-surgical, operating room, and anesthesia.⁷

In August 1965, the Department of the Army announced a policy that allowed registered nurses qualifying in surgical nursing and certified by the American Nurses Association to volunteer for direct appointment in the Army Nurse Corps and assignment to medical units in Vietnam, after completing the basic orientation course at the Medical Field Service School at Brooke Army Medical Center in Fort Sam Houston, Texas (San Antonio, Texas). During the course of the war, approximately 9,410 nurses completed their six-week basic

⁷Feller and Moore, Highlights, 29, 38, 39; "Medical Aid Escalates: More Nurses Set for Vietnam Duty", from Army Times, 9 March 1966, (Army Nurse Corps Historian File 314.7, "History, Vietnam, Publicity, Early, 1967," U.S. Army Center of Military History, Washington, D.C.)⁴; Richard Redman, "The Nurse and the Draft in the Vietnam War," American Association for the History of Nursing, (Winter 1986), 1 (Army Nurse Corps Historian File 320.2, "Draft, Male Nurse, 1966," U.S. Army Center of Military History, Washington, D.C); Gunuskey, "Build Up," 6.

training course at Fort Sam Houston, and officials estimated that men comprised 20 percent of those graduates.⁸

By the end of 1965, military records indicated 215 Army Nurse Corps officers on duty in field, evacuation, and mobile Army surgical hospitals (MASH units) in Vietnam. These nurses, along with their naval counterparts, served at eighteen hospitals, nine dispensaries, and aboard naval hospital ships. Numbers grew rapidly as another 650 nurse recruits entered the Army by 1966.⁹

Many of the Army nurse recruits came from Operation 500, a push by recruiters to fill all nursing openings developed in late 1965. Colonel Mildred Clark, Chief of the Army Nurse Corps, reported that the "increased draft calls and the buildup in Vietnam" had caused a "critical state" in the need for nurses both in the United States and overseas. According to Colonel Clark, the "greatest need" of the military involved replacing the nurses at home who received assignments outside of the United States. Another problem for the ANC involved the number of nurses who had enlisted during World War II and who had now reached the time of

⁸Feller and Moore, Highlights, 29, 38, 39; Dan Freedman and Jacqueline Rhoads, eds, Nurses in Vietnam: The Forgotten Veterans (Austin: Texas Monthly Press, 1987), 8.

⁹Feller and Moore, Highlights, 38-39; Freedman and Rhoads, Nurses in Vietnam, 8; Willenz, Women Veterans: American's Forgotten Heroines (New York: Continuum, 1983), 35.

normal retirement. She noted, however, that the current number of nurses applying for service in Vietnam exceeded the number of available openings. Clark observed, "Nurses have always rallied in gratifying numbers to the service of their country in times of need and crisis." Nurses volunteering for duty signed on for a minimum two-year tour of duty with a guaranteed first assignment or special post graduate nursing courses.¹⁰

As 1966 began, officials extended "Operation 500" through 30 June 1966 and renamed it "Operation 900." The Army Nurse Corps exceeded its goal by the middle of May, and as of the official end of the program, it had 1,090 applications on file. Declaring that current strategies for nursing recruitment had proved insufficient, Secretary of Defense Robert S. McNamara authorized a drive to increase

¹⁰Feller and Moore, Highlights, 38-39; Freedman and Rhoads, Nurses in Vietnam, 8; Willenz, Women Veterans, 35; "500 Volunteers Sought by Army Nurse Corps," 14 December 1965 (Army Nurse Corps Historian File 870.59, "ANC 341, Recruiting, 1965" U.S. Army Center of Military History, Washington, D.C.); Mary Fortson, "Army Urgently Needs Nurses As Many Choose Viet Nam," from Atlanta Constitution, 23 November 1965, in "News Clips," Office of the Surgeon General, U.S. Army, 29 November 1965, (Army Nurse Corps Historian File 341, "Recruiting, Buildup," U.S. Army Center of Military History, Washington, D.C.)²; Quotes from George Carmack, "A Crying Need : Viet Nam Aggravates Army Nurse Shortage," in The Washington Daily News, 2 September 1965 from "News Clips," Office of the Surgeon General, U.S. Army, 3 September 1965, (Army Nurse Corps Historian File 314.7 "History, Vietnam, Publicity, Early," U.S. Army Center of Military History, Washington, D.C.).

recruitment of nurses and support the continued expansion of the war effort in February 1966. The push focused on both male and female nurses with casualties from Southeast Asia stated as one of the primary reasons for the growing demand. In addition to seeking more active duty personnel, the drive included calls to expand the number of both full- and part-time civilian nurses used in military hospitals throughout the United States. Reports approximated the need for additional Army nurses at 3,000.¹¹

When America's involvement in Vietnam escalated after the Gulf of Tonkin Resolution in 1964, the need for more military nurses accelerated as well. In an effort to recruit more of the necessary nurses, the Army established the Warrant Officer Nurse Program. Under this new system, graduates of two-year associate degree programs in nursing education received appointment as warrant officers with a two-year tour of active duty. More than ninety registered nurses served as warrant officers in the Army Nurse Corps before the Army suspended the program on 3 April 1968. Warrant officer appointments carried a two-year service

¹¹Feller and Moore, Highlights, 29, 38, 39; Freedman and Rhoads, Nurses in Vietnam, 8; Willenz, Women Veterans: America's Forgotten Heroines (New York: Continuum, 1983), 35; "Military Departments to Begin New Nurse Recruiting Program," in "News Release," no. 113-66, Office of the Assistant Secretary of Defense, 11 February 1966 (Army Nurse Corps Historian File 3314.7, "History, Vietnam, 1966," U.S. Army Center of Military History, Washington, D.C.).

obligation. Applicants were required to be citizens of the United States between the ages of eighteen and thirty-five who had graduated from an accredited two-year academic program in nursing education. The Army announced the first warrant officer nurses 12 April 1966 and appointed them by May of the same year. By February 1966, nearly three hundred military nurses, both male and female, served in Vietnam as part of the Army, Navy, or Air Force. More than two hundred nurses served in the Army.¹²

As the need for nurses continued at critical levels in 1966, Congress authorized the first and only nursing draft in American history. When the Army announced the first warrant officer nurses, the drafting of nurses began. In April 1966, the Department of Defense issued Special Call Number 38 for the draft of 900 male nurses, 700 for the Army and 200 for the Navy. This call resulted in 27 warrant officers and 124 commissioned officers for the Army Nurse Corps. This special call took effect in April 1966. Signed by President Lyndon Baines Johnson on 18 January 1966,

¹²Feller and Moore, Highlights, 39; "New Warrant Officer Program for Technical Nurses," no. 17-66, 14 January 1966 in "News Release" Office of the Surgeon General, U.S. Army (Army Nurse Corps Historian File 210.03, "Warrant Officer, 1966," U.S. Army Center of Military History, Washington, D.C.), 1-2; "First Nurse WOs Named," ANF: Army News Features, 30 May 1966 (Army Nurse Corps Historian File 210.03, "Warrant Officer, 1966," U.S. Army Center of Military History, Washington, D.C.).

Executive Order 11266 excluded female nurses. According to releases by the Department of Defense, "the increase in the active military strength of the Armed Forces and the added medical services needed for treatment of casualties from Southeast Asia" necessitated the order. The military never reached its goal of obtaining 700 Army nurses. The Army only obtained 86 male registered nurses and 17 warrant officer nurses. Officials blamed the "shortfall" on the facts that most eligible men had either "completed their military obligations" or had surpassed the age limitations. Male nurse volunteers, however, did increase after the draft began.¹³

Even with the draft in place, efforts continued to attract and retain male nurses. Congress began to take steps to make military nursing more attractive to men. On 30 September 1966, the 89th Congress authorized commissions in the regular Army, Navy, and Air Force for male nurses. Having sponsored earlier bills allowing male nurses to hold reserve commissions in the Army Nurse Corps, Representative Frances Bolton authored this bill. In the discussion of

¹³Feller and Moore, Highlights, 38-40; "New Nurse Recruiting Program," n.p. ; First quote from "Department of Defense Requests Selective Service to Provide 900 Male Nurses" in "News Release," Office of Assistant Secretary of Defense, no. 142-66, 23 February 1966 (Army Nurse Corps Historian File 291.3, "Gender, Male, 1966," U.S. Army Center of Military History, Washington, D.C.), n.p.; Second and third quotes from Gunuskey, "Build Up," 9.

this legislation, members of Congress noted the valuable contributions to the military made by men serving as general nurses, psychiatric nurses, operating room nurses, and nurse anesthetists. Additionally, reports showed that male nurses provided needed services in airborne units and with Special Forces. Records indicated ninety-seven male nurses currently served in Vietnam with a total of 730 male nurses on active duty. Men comprised one-fifth of the Army Nurse Corps. As part of the reasoning for the bill, supporters claimed that this action would help to alleviate the critical shortage of nurses. In addition, representatives believed that male nurses could "remain on active duty" for longer periods of time than their female counterparts, who were more likely to leave the military because of "family responsibilities."¹⁴

To facilitate reserve officers applying for regular Army appointments, Congress enacted a two-year grace period

¹⁴Congressional Record, 89th Cong., 2d sess., 13 September 1966, 22332; Congressional Record, 89th Cong., 2d sess., 15 August 1966, 19283-19284; Feller and Moore, Highlights, 39-40; "Regular Army commissions for Men Nurses," no. 10-67, 5 September 1967 in "News Release," Office of the Surgeon General, (Army Nurse Corps Historian File 291.3, "Gender, Male, 1967," U.S. Army Center of Military History, Washington, D.C.), n.p.; "Ask Regular Rank for Male Nurses," from Journal of the Armed Forces, 6 August 1966, in "News Clips," Office of the Surgeon General, U.S. Army, 9 August 1966 (Army Nurse Corps Historian File 291.3, "Gender, Male, 1966," U.S. Army Center of Military History, Washington, D.C.), n.p.; Gunuskey, "Build Up," 10-11.

for candidates exceeding the age limit of thirty-five. Officials hoped this bill would attract male nurses interested in making the military a career. This action provided men previously restricted to Reserve Officer commissions with the same promotion and career opportunities as female nurses. It also made men eligible to hold the positions of Chief or Assistant Chief of the Army Nurse Corps. In an increased effort to retain military nurses, officials decreased time requirements for each rank level and prohibited registered nurses from retiring if their specialty proved needed. In 1967, Major Maurice H. Hensley, a nurse anesthetist serving in Korea, became the first male nurse commissioned into the Regular Army. In June 1967, The first male nurse to receive a regular Army commission in the United States was Major Eugene J. Phillips, a nurse anesthetist who had served in Korea, 1961-1962, and in Vietnam, 1965-1966. The year 1966 proved a successful year for the ANC. Male nurses increased from 470 to 769 with half of that number working in the specialty areas of anesthesia, operating room nursing, and psychiatric nursing. By the end of June, the ANC numbered 3,725.¹⁵

¹⁵Congressional Record, 89th Cong., 13 September 1966, 22332; Congressional Record, 89th Cong., 15 August 1966, 19283-19284; Feller and Moore, Highlights, 39-40, 43; "Regular Army Commissions for Men Nurses," no. 10-67, 5 September 1967 in "News Release," Office of the Surgeon General, (Army Nurse Corps Historian File 291.3, "Gender,

Even with equal opportunities opening for male nurses in the American military, a shortage remained. By August 1967, the Department of Defense once again called for additional nurses. At this time the military sought an additional 2,500 nurses. Although the advisory commission on the draft considered drafting female nurses at this time, it dismissed the idea after a brief study. Congress, however, extended the draft for four more years and allowed for the continuation of the male nurse draft if needed. Draft orders did contain a provision that called for a potential exemption for male nurses. The United States Department of Labor listed several "critical occupations" essential to national health, safety, and interest and included professional nurses. The deferment was left to the discretion of local draft boards, which apparently decided the shortage at home was not critical enough to release the

Male, 1967," U.S. Army Center of Military History, Washington, D.C.), n.p.; "Ask Regular Rank for Male Nurses," from Journal of the Armed Forces, 6 August 1966, in "News Clips," Office of the Surgeon General, U.S. Army, 9 August 1966 (Army Nurse Corps Historian File 291.3 "Gender, Male, 1966," U.S. Army Center of Military History, Washington, D.C.), n.p.; Gunuskey, "Build Up," 10-11. The first three male nurses reported to Fort Campbell, Kentucky, for airborne training on 3 December 1956. In February 1970, First Lieutenant John D. Ford became the first anesthesia student commissioned under the RNSP.

nine hundred nurses targeted for the draft from their obligation to military.¹⁶

With involvement in Vietnam remaining one of the primary reasons for the critical need for nurses, many of the newly commissioned males spent a tour of duty in the war zone. Experience with patients from Vietnam was not exclusive to male nurses "in country." Nurses throughout the chain of military hospitals treated patients from Vietnam. To help with the treatment of soldiers, the Army assigned the Medical Command in Japan to care for the sick and wounded from Southeast Asia. Four Army hospitals existed in Japan by 1966, including the 7th Field Hospital (400 beds), the 249th General Hospital (1,000 beds), and the 106th General Hospital (1,000 beds). The fourth hospital, the United States Army Hospital at Camp Zama, had been the only one operating in 1965. Originally housing only 100 beds, the military increased this number to 700. During 1968, 280 nurses served in Japan, treating soldiers injured in Vietnam. On 30 June 1969, the organizational title for the nursing activities within Army hospitals became the Department of Nursing.¹⁷

¹⁶Redman, "The Nurse and the Draft," 1-3.

¹⁷Feller and Moore, Highlights, 41-42.

While U.S. involvement in Vietnam continued, the shortage of nurses remained critical, but as the seventies began, the American military presence in Vietnam decreased. By 1970 the number of nursing recruits peaked at 1,436, declining during the next three years to 395 by 1973. As the war came to an end, the Department of the Army established greater restrictions for nurses. In October 1972, a bachelor's degree with a major in nursing or evidence of progress toward a degree became a requirement for nurses seeking appointment to the Regular Army. On 29 March 1973, the last of more than five thousand nurses departed from the Republic of Vietnam, two months after the cease-fire. The lasting legacies created by the demands of war included greater opportunities for male nurses in the military; however, the advances created by the war came at the cost of human life.¹⁸

The demands of American involvement in Vietnam and around the world led to new opportunities in the ANC for a generation of men. Beginning with the admission of men into the corps in 1955 and continuing through the 1960s, male nurses took advantage of critical shortages. Men joined the ASNP and the RSNP and took advantage of educational opportunities available. The Army actively recruited men

¹⁸Ibid., 45.

through drives like Operation Nightingale, Operation 500 and then Operation 900. When these efforts failed to secure all of the nurses needed, Congress instituted the draft. The draft was aimed specifically at male nurses. They joined the military at a time when American involvement in foreign conflict forced officials to seek out and provide enticements for male nursing professionals. Those men who were drawn to military nursing as a way of life often had common characteristics such as previous military experience and were influenced by family and friends already in the nursing profession. A number of the men who received educational benefits through the new programs would make the service a career.

CHAPTER 3

PORTRAIT OF A MALE NURSE: TAKING ADVANTAGE OF ARMY NURSE CORPS OPPORTUNITIES

During the sixties and early seventies, many of the male nurses who took advantage of opportunities offered by the Army Nurse Corps (ANC) and found themselves stationed in the Republic of Vietnam had similar personal histories and ambitions. The Department of Defense reported that the majority of those who served in Vietnam volunteered for military service. Certainly those who had chosen military medicine as a career could not expect to escape a tour of duty in Vietnam. The majority of the men had joined the military for continued nursing education or as part of the Army Student Nursing Program (ASNP). Their education would now include first-hand knowledge of trauma care. For each nurse, the attitude toward duty in Vietnam reflected a combination of many things, including previous life experiences, nursing experiences, marital status, and political attitudes; however, an examination of those who served shows common threads throughout the male members of the ANC.¹

¹Elizabeth Norman, Women at War: The Story of Fifty Military Nurses Who Served in Vietnam (Philadelphia:

In an Army news release dated 12 November 1970, the military provided three typical profiles for the 854 male members of the Army Nurse Corps numbering 4,781 at that time. The first of the three profiles involved a single white male in his late thirties. A former medic in Korea, this man left the military to become a nurse. He then returned to the Army and acquired both a bachelor's of science degree in nursing and a master's of science in hospital administration. Profile number two involved a white male in his late forties with a wife and adult child. Having served in World War II, this man returned to the United States and went to work in a hospital. This sparked an interest in nursing that led him to rejoin the Army and earn both a bachelor's of science in nursing and then a master's of science in health care administration. The final profile described a young, single, white male in his late twenties who joined the Army Nurse Corps to "fulfill his military obligations." He enjoyed military life and stayed in the service, including a tour of duty in Vietnam.²

University of Pennsylvania Press, 1990), 7.

²"Facts About the Male Army Nurse Corps Officers," 12 November 1970, no. 330 J Day in "News Release," Office of the Surgeon General, U.S. Army, (Army Nurse Corps Historian File 291.3, "Gender Male, 1971," U.S. Army Center for Military History, Washington, D.C.), 3-5.

One characteristic described by the profiles that seemed to hold true for male nurses who served in Vietnam involved prior experience in the armed forces as enlisted men. Two of the examples described men who had military backgrounds before attending nursing school and subsequently returned to the service as a nurse. For those men who enjoyed military life, returning after nursing school certainly made sense.³

Military life brought certain advantages for men who joined. In addition to a chance to earn a degree as a member of the ASNPA, Army recruiters touted the opportunity to travel and good retirement pay as additional benefits for military men. Army officials bragged that "pay and promotion opportunities" exceeded "comparable civilian positions." Hospitalization and health benefits also served to invite potential corps members. In addition, specialty courses offered as advanced education opportunities to military nurses also attracted many young men. As a result of these factors, men seemed to gravitate toward military nursing. In the early seventies recruiting coordinators reported that nine hundred of the five thousand registered nurses in the Army were men, a rate of approximately 18 to

³"Facts About the Male," 3-5.

22 percent. This ratio proved much higher than the civilian rate of 2 to 3 percent male nurses.⁴

For future male nurses, prior military experience often included a form of medical service. For some, service as an operating room technician or as some other type of medical technician provided the exposure that sparked an interest in nursing that led to a new career. Young men entering the military after high school often found that their military assignments involved work in the medical field. For some this led to a new career field. Male nurses from Vietnam reported having worked in the medical fields of all branches of the military. Before becoming a nurse, C.G. Hausser had served ten years in the Air Force as a medical lab technician. Sam Blomberg experienced life as an Army medic, while both Larry Canfield and John Evans served four years as enlisted men in the Navy.⁵

⁴Quotes from "Facts About the Male," 3; Note from Major Kennedy, "Subject: The Army Student Nurse Program," no. 53037, 2 January 1964 (Army Nurse Corps Historian File 350, "Education, ASNP, 1964," U.S. Army Center of Military History, Washington, D.C.), 3; "And Now...A Word from Our Male Nurses" from Foghorn, 1 February 1971 (Army Nurse Corps Historian File, 291.3, "Gender Male, 1971," U.S. Center of Military History, Washington, D.C.), 14-15.

⁵"Facts About the Male," 4-5; C.G. Hausser, "Oral Interview with C.G. Hausser," OH 874 (University Archives, Willis Library, University of North Texas, Denton, Texas), 2; Sam Blomberg, "Oral Interview with Sam Blomberg," OH 1191 (University Archives, Willis Library, University of North Texas, Denton, Texas), 1-2; Larry Canfield, "Oral Interview with Larry Canfield," OH 863 (University Archives, Willis

After serving as a medic in the Air Force, C.G. Hausser waited for an opening to go into nursing with a desire to work in the field of anesthesia. At that time few schools accepted males in nursing classes. After ten years in the Air Force, Hausser received an opportunity to attend nursing school. After earning a degree from Akron University and becoming a registered nurse, he tried to go directly into anesthesia; however, regulations required him to spend at least six months in the operating room, and the military sent him to Vietnam before he could attend anesthesia school. He ended up in the Army rather than the Air Force, because, he claimed, "the recruiters messed up the paperwork." Apparently, he exceeded the age cut-off for the Air Force.⁶

Sam Blomberg not only had prior military service in the medical field, but he also had the influence of a family member already in the nursing profession. He believed that his "hitch" in the Army as a medic directed him toward a career in the medical field. With his mother-in-law, a licensed practical nurse, he "entertained the idea of having a convalescent home." At twenty-four he was the oldest

Library, University of North Texas, Denton, Texas), 2-4; John M. Evans, Jr., "Oral Interview with John M. Evans, Jr.," OH 876 (University Archives, Willis Library, University of North Texas, Denton, Texas), 2-9.

⁶Hausser, OH 874, 2.

person in his nursing classes at Flint Junior College, and the only male. Graduating with an associate's degree, he did not qualify for a commission in the Army, but he was eligible for the warrant officer program, which developed because of the nursing shortage during the Vietnam era. During his military service, he earned his bachelor's of science degree, which enabled him to receive his commission, and he then attended anesthesia school.⁷

After graduation from high school and completion of one year of college, Larry Canfield enlisted in the Navy where he worked as an operating room technician. While he was stationed in Cuba, Canfield's mother sent him a hometown paper that included an article about a man who had just graduated from nursing school and taken a commission in the Army. Interested, Canfield inquired into nursing schools, and when he left the Navy, he began training at the Pennsylvania Hospital School of Nursing for Men in Philadelphia during August 1964.⁸

John Evans started active duty with the Navy in 1968 and eventually served as a hospital corpsman striker on the USS Steinacker (DDR 865). When he left the Navy, he attended a year at Bloomsburg State University in

⁷Blomberg, OH 1191, 2-6.

⁸Canfield, OH 863, 2-4.

Pennsylvania, contemplating a career in the medical field. Finally, he decided on nursing, influenced by his mother and two uncles, all of whom worked as nurses. One of the uncles served in the Air Force Nurse Corps. The financial security of military nursing led Evans to join the Army Student Nurse Program. He received his commission and entered active duty in March 1967, later earning his bachelor's degree as well as a master's degree in hospital administration.⁹

The Army Student Nurse Program, which started in April of 1956, enticed a number of male nursing candidates into joining the Army. In fact, according to a series of annual reports issued by the Surgeon General United States Army during American involvement in Vietnam, the ANSP was the "major source" of newly commissioned officers on active duty. For married men, especially those with children, the stipend offered an appreciated economic relief, as well as medical benefits. For others, the program helped ease the financial burdens associated with schooling. Entry into the program also created freedom from the anxiety caused by the fear of being drafted. It meant assurance of entering the military as an officer and a duty assignment in the field for which they had trained.¹⁰

⁹Evans, OH 876, 2-9.

¹⁰Carolyn M. Feller and Constance J. Moore, Highlights in the History of the Army Nurse Corps (Washington, D.C.:

For men joining the ASNP, the Army provided financial assistance, as well as the pay and privileges of a private first class (E-3), at the end of the second year of a three-year program or at the end of the third year in a four-year program. Upon graduation and state licensure, students earned commissions as second lieutenants in the United States Army Reserve with a two- to three-year obligation. Revised by 1960, the ASNP allowed students in the final two years of a four-year program to be commissioned six months

U.S. Army Center for Military History, 1995), 28; Annual Report: The Surgeon General United States Army, Fiscal Year 1961 (Washington, D.C.: Office of the Surgeon General, Department of the Army, 1961), 5; Annual Report: The Surgeon General United States Army, Fiscal Year 1970 (Washington, D.C.: Office of the Surgeon General, Department of the Army, 1970), 76; Annual Report: The Surgeon General United States Army, Fiscal Year 1972 (Washington, D.C.: Office of the Surgeon General, Department of the Army, 1972), 79; Annual Report: The Surgeon General United States Army, Fiscal Year 1973 (Washington, D.C.: Office of the Surgeon General, Department of the Army, 1973), 35; "Men Nurses by Marital Status and Activity Status, 1962" (Army Nurse Corps Historian File 320.2, "Draft, 1966, Male Nurse Draft," U.S. Army Center of Military History, Washington, D.C.), n.p.; "Anticipated Questions, HR420" (Army Nurse Corps Historian File 870-5g, "ANC 0321, Legislation, HR 420, 1965," U.S. Army Center of Military History, Washington, D.C.), 1. It is interesting to note that although two of the three profiles from the news release in 1970 described the male nurses as single, statistics indicated that the majority of male nurses were married. Statistics for 1962 showed that according to the American Nurses' Association, almost 68 percent of all male nurses were married. In 1965, statistics prepared for Congress about men in the ANC reported that 65 percent of male nurses were married, but only 9 percent of female nurses held the same marital status.

prior to graduation and to earn pay for a second lieutenant at that time. The revision also allotted payment for tuition, books, and other fees.¹¹

The profiles of typical male nurses provided by the Army focused on the benefits of educational opportunities. Once commissioned into the Army, male nurses, including those who graduated under the ASNP, had the benefit of additional schooling. For those who qualified, this meant the ability to specialize, while the military paid their salary. Officials usually relieved nurses attending school of other work duties. Male nurses gravitated toward specialty courses such as anesthesiology, operating room nursing, and psychiatric nursing. A fact sheet released by the military in 1966 reported that men comprised 17 percent of the Army Nurse Corps. Of that number, 51 percent served as medical-surgical nurses, 23 percent as nurse anesthetists, and another 8 percent as operating room nurses. Interestingly, males comprised 30 percent of the nursing population in Vietnam during that year with 38 percent in anesthesia and 21 percent in operating room nursing. Of the thirty-five Army nurses in anesthesia school at that time, twenty-nine were men. The only area the military excluded male nurses from practicing was

¹¹Feller and Moore, Highlights, 27-30; "Note from Major Kennedy," 3.

obstetrics. Military officials reportedly did not use men in this field because they thought this specialty "more appropriate for females."¹²

Recruiting brochures for nurses during the Vietnam era focused on the advanced educational opportunities offered by the Army. They enticed new members with descriptions of available clinical specialties. Anesthesiology required an eighteen-month course given at one of the military's five designated Army Medical Centers. The course prepared students to pass the qualifying examination of the American Association of Nurse Anesthetists by teaching the latest techniques of anesthesia as well as stressing safety. Basic operating room nursing consisted of a twenty-two-week course, offered at two hospitals. It focused on areas that included "preparation of the patient for surgery," "preparation and sterilization of supplies," and "nursing aspects of anesthesia related to the operating room." It also concentrated on "surgery in combat areas." Advanced operating room nursing involved a thirty-seven-week course at Walter Reed General Hospital in Washington, D.C., preparing nurses for "positions as supervisors in operating

¹²"Men Nurses in ANC" (Army Nurse Corps Historian File 291.3, "Gender, Male, 1966" U.S. Army Center of Military History, Washington, D.C.); Quote from "Facts About the Male", 3-5.

room sections" and stressing "supervisory, administrative and teaching functions."¹³

Anesthesia school proved to be a major impetus for men considering the military. One of the benefits of military service involved additional training. For those qualifying for anesthesia school, the military paid them while they earned their certification in the field. Men such as William Dunphy and Robert J. Wehner wanted to attend anesthesia school when they joined the military. Influenced by a neighbor and a cousin who practiced nursing, Dunphy discovered anesthesia during nursing school. Since Dunphy was married and had one child and another on the way, the military provided him the financial means to support a family and get the training he needed to become an anesthetist. Just five months after he joined the service in 1963, he began attending the eighteen-month program in Washington D.C. at Walter Reed Army Medical Center. Wehner went into nursing because of his interest in anesthesia.

Influenced by a male nurse that he knew who had spent four years enlisted in the Air Force, he joined the Army

¹³"Educational Opportunities and Financial Assistance for Nursing Students", United States Army Recruiting Brochure (Army Nurse Corps Historian File 341, "Recruiting 1965," U.S. Army Center of Military History, Washington, D.C.); Quotes from "A New Career...U.S. Army Nurse Corps," (Army Nurse Corps Historian File 314, "Recruiting," U.S. Army Center of Military History, Washington, D.C.), n.p.

after the Air Force recruiter told him it had fulfilled its quota of male nurses for 1963. The Army sent him to the operating room course at Fort Benning, Georgia, and eventually to Vietnam before he attended anesthesia school.¹⁴

Another consideration for men during the Vietnam era involved draft eligibility. Thus, some male nurses chose to join the Army before the Army chose them. Volunteering for military service meant an assurance of officer status and the promise of placement in the Army Nurse Corps. Prior to April 1966 and Special Call Number 38, which instituted the draft of male nurses, military officials considered those drafted part of the general population and placed them as enlisted men in any position needed. Once the Department of Defense made the decision to conscript nurses, the men became specific targets. Since Congress decided not to draft women, the Army sought 700 male nurses through the draft signed into effect by President Lyndon Baines Johnson on 18 January 1966.¹⁵

¹⁴William Dunphy, "Oral Interview with William Dunphy," OH 1197 (University Archives, Willis Library, University of North Texas, Denton, Texas), 1-2; Robert J. Wehner, "Oral Interview with Robert J. Wehner," OH 940 (University Archives, Willis Library, University of North Texas, Denton, Texas), 1-6, 29-30.

¹⁵Feller and Moore, Highlights, 38-40; "Department of Defense Requests Selective Service to Provide 900 Male Nurses," no. 142-66, 23 February 1966, in "News Release," Office of Assistant Secretary of Defense (Army Nurse Corps Historian File 291.3, "Gender, Male, 1966," U.S. Army Center

As one of the male nurses drafted into the military, Thomas E. Parr received his notification in 1966. Having worked at a state psychiatric hospital in Madison, Wisconsin, before deciding to go into nursing, Parr recalled, "They didn't care if you were half-dead; they were going to take you." He found himself in Vietnam in 1971 as a captain. After fulfilling his obligation, including a tour of duty in Vietnam, Parr chose to remain in the service for twenty years before retiring. This career path closely resembled the male nurse profile of a young man who joined the ANC to "fulfill his military obligations, and liked it so well he stayed." According to the characterization of the Army, this type of young man entered the health care field to "serve mankind."¹⁶

Having entered nursing school at Craig Colony Hospital School of Nursing in 1964, the possibility of being drafted influenced John Sherner to join the Army. He decided in August 1966 that, due to his age and the intensity of the Vietnam War at that time, he needed to prepare. Sherner hoped to avoid being drafted after finishing school, but before notification of passing his nursing boards. He knew

of Military History, Washington, D.C.), n.p.

¹⁶Thomas E. Parr, "Oral Interview with Thomas E. Parr," OH 884 (University Archives, Willis Library, University of North Texas, Denton, Texas), 2-4, 9; "Facts About the Male," n.p.

it had happened to "several previous graduates" from his program. If this occurred, he could have been drafted into the enlisted ranks. After looking into the programs of the Army and Air Force, he joined the Army Student Nurse Program during his senior year. Sworn into active duty on 13 February 1968, he found himself with orders for Vietnam that following summer.¹⁷

One attitude that numerous men who worked as nurses during the late sixties and early seventies seemed to share involved the desire to volunteer before they could be drafted. For Larry Hilliard, who entered nursing school in September 1967 hoping to continue to anesthesia school, the chance of getting drafted loomed prominently. He reasoned that if this might happen, he should join the Army Student Nurse Program. He appreciated the stipend of \$150 dollars a month and reasoned that if he had been drafted, he would have spent two years in the military anyway. He joined in his second year of school and attended basic training after his graduation in May 1969. In May 1970 he received orders for Vietnam.¹⁸

¹⁷John Sherner, "Oral Interview with John Sherner," OH 953 (University Archives, Willis Library, University of North Texas, Denton, Texas), 2-5, 35.

¹⁸Larry Hilliard, "Oral Interview with Larry Hilliard," OH 930 (University Archives, Willis Library, University of North Texas, Denton, Texas), 5-6.

Even before arriving in Vietnam, some of the men experienced treating actual casualties from the war, so they knew what to expect. Those who had served a tour of duty in Japan during America's involvement in Vietnam experienced the full gamut of wartime casualties. In 1965 the Army established a varying fifteen- to thirty-day evacuation policy that became a thirty-day policy by the middle of 1966. Hospital staff members kept patients who could be treated and returned to duty within this period of time "in country" when injured, while they evacuated patients with more serious injuries as quickly as possible. Patients transported from Vietnam traveled by propeller-driven planes from Tan Son Nhut and Qui Nhon to Clark Air Force Base in the Philippines and then by large jet planes to Okinawa, Guam, or Japan. In 1965, only one Army hospital existed in Japan, the United States Army Hospital, Camp Zama, with 100 beds. With the influx of patients from Vietnam, officials raised the capacity of the hospital to 500 beds, and then later to 700 beds. The Army established three additional hospitals to help with the patients from Southeast Asia: the 7th Field Hospital with 400 beds at Johnson Air Base, the 249th General Hospital with 1,000 beds at Camp Drake, and the 106th General Hospital with 1,000 beds at Kishine Barracks. In March 1968, the 7th Field Hospital moved to

Camp Oji. In 1968, the Army stationed 280 nurses in Japan, 92 being men.¹⁹

For Dick Hooper, who joined the Army in February 1964 hoping to go to anesthesia school, the Vietnam experience began with three years at Kishine Barracks in Japan. According to Hooper, the 106th General Hospital only took care of casualties from Vietnam. Arriving in December 1965, Hooper helped to set up the hospital, which opened in early 1966. He worked with young men being evacuated from Vietnam until the end of 1968. Hooper recalled that during the entire time he saw only two female patients, both staff members (one with a bad back and one an appendicitis). He recounted the results of the war:

They just kept coming by the busloads. We had a square and the buses would come in, and they'd vomit sixty patients at a time...We'd sort them out, direct them over here, direct them over there, and then we'd start working in the morning and operate all day long. We'd do fifty, sixty, sometimes seventy cases in a day--out of four

¹⁹Spurgeon Neel, Major General, Vietnam Studies: Medical Support of the U.S. Army in Vietnam, 1965-1970, (Washington, D.C.: Department of the Army, 1973), 60; Edith J. Bonnet, "The Army Nurse Corps in Japan," AMEDD Bulletin, United States Army, Pacific, 2 (Sept-Oct 1968), 39-41 (Army Nurse Corps Historian File 314.7, "History Vietnam, 1968," U.S. Army Center of Military History, Washington, D.C.).

little operating rooms.

He described this period of time as providing a lot of experience, but as a lot of hard work.²⁰

The military sent Oscar Houser to Japan at a time when he expected orders for Vietnam. He arrived at Camp Zama in November 1967 to find a 200- to 225-bed medical center. Because of his interest in anesthesia and previous operating room experience as an enlisted man in the Air Force, he wanted to work in the operating room. The former member of the Army Student Nurse Program worked in an officers' surgical ward and then a psychiatric ward for the first four to five months until a series of more than 100 simultaneous attacks by the Viet Cong and North Vietnamese Army during Tet of 1968 forced the hospital to use all nurses with operating room experience. At that time the hospital received more than 100 patients a day:

At that time they had three operating rooms and a broom closet which we used. We were doing forty and fifty cases a day in this little three-room place, and they were big cases. Everybody was working hard--twelve, sixteen hours a day sometimes.

²⁰Dick Hooper, "Oral Interview with Dick Hooper," OH 869 (University Archives, Willis Library, University of North Texas, Denton, Texas), 13-15.

He described the wounds he saw as "multiple, multiple wounds. Limb loss. Some of those guys were just cut in two." In Japan the medical personnel saw patients three to five days after the initial injury. He remembered the difficulty of dealing with these types of wounds. "We got used to it, I guess, because we didn't have any choice." Patients that required a hospital stay of six months or less remained in Japan, while those needing more long term care returned to the United States. Those who recovered in Japan usually returned to duty in Vietnam. He found it difficult to send them back to the war zone. Some patients came through the hospital two or three times during 1968.²¹

Because of the time required to obtain a nursing degree, both male and female nurses exceeded the average age

²¹Oscar S. Houser Jr., "Oral Interview with Oscar S. Houser, Jr.," OH 922 (University Archives, Willis Library, University of North Texas, Denton, Texas), 10-12; Reinberg, In the Field, 216; Stanley Karnow, Vietnam: A History, The First Complete Account of Vietnam at War (New York: Penguin Books, 1984), 523; "Vietnamese Holidays" in Welcome Information Packet (Army Nurse Corps Historian File 314.7, "History, Vietnam, Welcome Info/Mobilization Info," U.S. Army Center of Military History, Washington, D.C.), 14-18. Tet (Tet Nhuyen Dan) is the Vietnamese lunar new year festival. It occurs in late January or early February and corresponds to the appearance of the new moon. It takes place between the winter solstice and the spring equinox. Traditionally it was a time of peace in Vietnam with at least three days during which work and business stopped. Because of this, the attacks that took place starting 30 January 1968 were a shock. The attacks moved the war from rural areas to South Vietnam's urban areas and included an assault against the U.S. Embassy in Saigon. It proved to be a turning point for American support of the war.

of soldiers in Vietnam. Congress reported the average age of soldiers in Vietnam as nineteen. Yet, for nurses, the median age was 23.6 years. Records of the Army Nurse Corps showed 65 percent of the nurses with two years of experience or less. Much of the male membership of the ANC, 21 percent of the corps at that time, had previous military experience and were older than their female counterparts. According to Dick Hooper, at twenty-seven he was "almost an old man." With age and experience came the knowledge of the dangers involved in working in a war zone.²²

In many cases, the men who took advantage of ANC opportunities in the early Sixties and Seventies and eventually served a tour of duty in Vietnam had similar backgrounds. For some the desire to enter nursing came through connections with family members and friends already in the nursing profession. Many had prior military experience as enlisted men, often in the medical field. The exposure to the world of medicine often prompted a desire to pursue a career in this area. Numerous young men serving as technicians in operating rooms found the field of anesthesia alluring. As the opportunities in the Army Student Nurse

²²Congressional Record. 97th Cong., 2d sess., 1 October 1982, 27559; Iris J. West, "The Women of the Army Nurse Corps During the Vietnam War" (Army Nurse Corps Historian File 314.7, "History, Vietnam," U.S. Army Center of Military History, Washington, D.C.), 3; Hooper, OH 869, 17-18.

Program opened to men, many chose to receive benefits and pay in return for service upon graduation. Many men desired the continued education that the military offered its service members. For men wary of the draft, volunteering meant an end to the uncertainty and assurance of a position practicing in their field. In addition to the educational and financial benefits of service, some men sought the opportunity to travel. This chance to see the world, however, came with a trade-off. For many, the price of the benefits meant a tour of duty in Vietnam. Yet, an assignment in Vietnam brought with it an education as well. Most nurses went to Vietnam with only a few years of experience in their field, but left more knowledgeable and confident of their own skills.

CHAPTER 4

WORKING WITHIN THE SYSTEM: AIR EVACUATION AND TRIAGE IN VIETNAM

Even the most qualified and efficient medical staff require a well-designed system in which to work. In Vietnam, military officials faced the challenge of designing a medical structure that would allow competent staff members to meet the needs of soldiers. Officials developed an air evacuation policy that served as the basis for the emergency trauma system developed in the United States after the war. Nurses played a crucial role within this process. Their place in the evacuation system helped to ensure that wounded soldiers received the best possible care as quickly as possible.

After their acceptance in the Army Nurse Corps, these men quickly entered almost every aspect of military nursing, especially the specialized areas of the field. Male nurses tended to focus on anesthesia, operating room nursing, emergency room nursing, and other specialty areas. Nurses with experience in these areas proved crucial to American efforts in Vietnam. One of the few areas remaining closed to male nurses involved obstetric nursing. During the war

in Vietnam, however, this was one area for which the military had little demand.

In 1965, the Office of the Surgeon General released a mission statement for the United States Army Medical Service in Vietnam. The primary mission involved providing effective medical support to the United States Army and other United States military and civilian personnel in that country. Second, the mission sought to provide required medical advisory assistance in support of the Military Assistance Advisory Program. Third, medical personnel were to participate actively in the Medical Civic Action Program. And finally, the Army encouraged medical personnel to provide, train, and equip medical teams for participation in the Military Provincial Hospital Assistance Program. In an effort to accomplish these goals, the Army Medical Corps assigned officers, including nurses, to hospitals, medical helicopter evacuation units, medical units organic to combat elements, and other medical support units.¹

Until 1965, the 8th Field Hospital at Nha Trang with 100 beds was the only United States Army Hospital in Vietnam. Four medical detachments attached to the hospital

¹"Facts Sheet: Medical Support of U.S. Army Troops in Vietnam," no. 874-65 in "News Clips," Office of the Surgeon General, U.S Army, 7 December 1965 (Army Nurse Corps Historian File, "History, Vietnam, Publicity, Early," Center of Military History, Washington, D.C.), 1.

provided specialty care but relied on the main hospital for administrative and logistical support. The Navy maintained a dispensary in Saigon. Because of the limited number of Army hospital beds in-country at this time, the Army established a varying fifteen- to thirty-day evacuation policy. By the middle of 1966, the number of available hospital beds allowed military officials to set a thirty-day evacuation policy. Patients who could be treated and returned to duty within this time period remained in-country, while others were evacuated as quickly as possible. Military officials hoped not to exceed a bed occupancy rate of 60 percent in order to allow for unexpected casualties from hostile actions. Patients exceeded this desired rate only twice, once in May 1967 at 67 percent, and then again during the Tet Offensive in February 1968 when it reached more than 65 percent.²

Between the time the 3rd Field Hospital arrived in Saigon in April 1965 and December of that same year, two surgical hospitals, two evacuation hospitals, and several field hospital units deployed to Vietnam. By the end of 1965, the total number of hospital beds in the country

²Spurgeon Neel, Vietnam Studies: Medical Support of the U.S. Army in Vietnam, 1965-1970, (Washington, D.C.: Department of the Army, 1973), 60.

reached 1,627. During this year, separate clearing companies worked interchangeably with hospitals.³

In 1965, medical facilities in Vietnam included the 2nd Surgical Hospital at An Khe, the 85th Evacuation Hospital at Qui Nhon, the 8th Field Hospital at Nha Trang, the 3rd Surgical Hospital at Bien Hoa, the 93rd Evacuation Hospital at Long Bien, and the 3rd Field Hospital at Saigon. The Army extended the thirty-day evacuation policy to sixty days in the Far East, but a lack of beds often forced numerous patients farther up the chain of hospitalization. New Army hospitals in Japan alleviated this problem by 1966. More than 90 percent of medical evacuation involved air transportation.⁴

The military completed the buildup of medical units in 1968 with the arrival of one surgical hospital, three evacuation hospitals, and additional field hospital units, as well as eleven Reserve and National Guard medical units. The 312th Evacuation Hospital, the largest Reserve medical unit sent to Vietnam, arrived in September 1968, taking over buildings previously used by the 2nd Surgical Hospital at

³Ibid., 60. Clearing companies were one step above an aid station in the evacuation chain. They often treated ten patients for up to three days, or as many as thirty patients for one day, before sending them on to hospital units.

⁴Robert M. Hardaway, Care of the Wounded in Vietnam, (Manhattan, Kansas: Sunflower University Press, 1988), 15-16.

Chu Lai. By December 1968, the Army had 5,283 hospital beds at facilities throughout the country. These medical facilities included the 18th Surgical Hospital at Camp Evans, the 22nd Surgical and 85th Evacuation Hospitals at Phu Bai, the 95th Evacuation Hospital at Da Nang, the 312th Evacuation and 27th Surgical Hospitals at Chu Lai, the 71st Evacuation Hospital at Pleiku; also included were the 17th Field Hospital at An Khe, the 311th Field and 67th Evacuation Hospitals at Qui Nhon, the 91st Evacuation Hospital at Tuy Hoa, the 8th Field Hospital at Nha Trang, the 6th Convalescent Center at Cam Ranh Bay, the 2nd Surgical Hospital at Lai Khe, the 45th Surgical Hospital at Tay Ninh, the 12th Evacuation at Cu Chi, the 7th Surgical at Xuan Loc, the 24th, 93rd and the 74th Field Hospitals at Long Binh, the 3rd Field Hospital at Saigon, the 36th Evacuation Hospital at Vung Tau, the 3rd Surgical Hospital at Dong Tam, and the 29th Evacuation at Can Tho.⁵

Except for the 22nd Surgical Hospital, which moved from An Khe to Chu Lai on 8 May 1967, military officials limited the movement of medical facilities before 1968. The problems encountered by the 22nd Surgical Hospital in its

⁵Neel, Vietnam Studies, 61; Hardaway, Care of the Wounded, 27-37; "U.S. Medical Units Digging In, 1966 May See Job As Routine," 6 April 1966 from "News Clips," Office of the Surgeon General, U.S. Army, 8 April 1966 (Army Nurse Corps Historian File 314.7, "History, Vietnam," Center of Military History, Washington, D.C.), 3.

transfer from Da Nang to Phu Bai proved an excellent example of the problems caused by hospital movement in Vietnam. While the unit moved by LST (landing ship, tank) from Saigon to Da Nang, enemy activity caused the closing of the road between the two cities, leaving the personnel of the 22nd Surgical Hospital stranded for several days. While awaiting air transportation, the unit was in a vulnerable position, and the number of sorties required to ensure a safe completion of the move resulted in further delays.⁶

The Army modified the minimal movement of hospitals in 1968 and 1969. The 22nd Surgical Hospital and other medical units traveled to Phu Bai; the 18th Surgical Hospital moved to Quang Tri, to Camp Evans, and then back to Quang Tri; the 17th Field Hospital left Saigon to operate in An Khe; the 27th Surgical Hospital relocated to Chu Lai, while the 95th Evacuation Hospital functioned in two different parts of Da Nang. The 29th Evacuation Hospital supported operations in the Delta at Binh Thuy, but deactivated when the 3rd Surgical Hospital from Kong Tam relieved it. The 91st Evacuation Hospital went to Chu Lai from the area around Tuy Hoa, and the 85th Evacuation Hospital transferred from Qui Nhon to Phu Bai. Select personnel from Chu Lai went to Phu Bai to operate a 100-bed facility previously operated by the

⁶Neel, Vietnam Studies, 61.

Marines to ensure retention of the facility and provide medical coverage for the area until a larger hospital could be constructed. When the 85th Evacuation Hospital took over in Phu Bai, the 2nd Surgical Hospital moved to Lai Khe.⁷

Male nurses in Vietnam arrived at medical facilities that combined the most modern equipment for that time with the shortest time between injury and treatment ever seen by this nation's military forces. The realities of involvement in Vietnam required modifications to the standard practices of hospitals serving in war zones. One of the most immediate problems involved the lack of a clearly defined "front," or designated fighting area. As a result of these conditions, the military built "semi-permanent, air-conditioned, fully equipped hospitals" at a number of locations throughout the country. Unlike their activities during World War II and the Korean War, hospitals did not follow the Army as it advanced. Generally, hospitals remained in fixed locations. The nature of the war limited ground ambulatory transport of the wounded to transfers between landing areas and hospitals or between hospitals in close proximity when officials declared roads secure. Air

⁷Ibid., 61-62.

evacuation of the injured became the norm for medical operations in-country.⁸

The entire combat medical system revolved around acquiring the most immediate care possible for casualties. Military planners spread the hospitals throughout the country, providing access to a facility within a reasonable distance from all locations. The Army used helicopters as air ambulances to link battle sites and hospitals and achieve the goal of getting patients to treatment centers as quickly as possible. The most modern medical equipment and facilities in Vietnam allowed doctors and nurses to achieve their full potentials in patient care. Thus, the treatment allotted soldiers in Vietnam exceeded all previous military conflicts.⁹

The air evacuation system that evolved proved the most effective and efficient method of transporting the wounded available. This system quickly became the most successful method for removing soldiers from the dangers of the battlefield and placing them at treatment facilities within minutes. The skills of technicians, helicopter crews, and hospital personnel made the medical evacuation procedures a well developed reality. This system set the standard after

⁸Quote from *Ibid.*, 59; "U.S. Medical Units Digging In," 3.

⁹Neel, *Vietnam Studies*, 59.

the war for trauma centers and care flights that could transport the most seriously injured patients from accident sites to hospitals sparing precious little time. The system of air evacuation perfected in Vietnam quickly developed into routine procedure.¹⁰

Field evacuation and hospitalization of the wounded in Vietnam differed from any previous war. Even during American involvement in Vietnam, evacuation and care varied from place to place and from time to time within the country. The lack of front lines and the traditional chain of medical care made the situation more difficult. In general, wounded soldiers received wounds while isolated and engaged in a small group or unit action somewhere within the jungle. Patients frequently suffered multiple wounds, often covering the entire body. The care given by company corpsmen, however, mimicked that of previous wars. As of 1969, the location of field, evacuation, and surgical hospitals ensured that no tactical area was more than thirty minutes away by helicopter. This minimized the time between injury, evacuation, and treatment.¹¹

¹⁰Ibid., 59.

¹¹Hardaway, Care of the Wounded in Vietnam, 1; Bruce Lafollette, "Division Medical Service" in "Treatment Forward of the Hospital" in Care of the Wounded in Vietnam by Robert Hardaway, 61-64.

Most casualties resulted from mines and booby traps encountered by platoon-size units outside of fire support bases. As a result, no battalion surgeon was present. The search patrols did have a corpsman, although he frequently had little experience at the beginning of his tour. Corpsmen served their comrades by applying pressure dressings in the field, performing necessary resuscitation techniques, and maintaining open airways. They also started intravenous fluids. Corpsmen seldom used morphine, because despite the availability of the drug, pain usually proved not to be a problem at that point, and medical technicians wanted to avoid the depressant effects of the drug. In most cases helicopters evacuated the patient within minutes. The equipment aboard the rescue craft depended on whether it was a medical ("dust-off") helicopter or a combat helicopter. The administration of intravenous fluids continued aboard "dust-off" helicopters where medical technicians utilized other emergency equipment as well.¹²

¹²Hardaway, Care of the Wounded in Vietnam, 1; Bruce LaFollette, "Division Medical Service" in "Treatment Forward of the Hospital" in Care of the Wounded in Vietnam by Robert Hardaway, 61-64. A platoon is defined by Linda Reinberg's In the Field: The Language of the Vietnam War as "a subdivision of a company-sized military unit, normally consisting of two or more squads or sections, and commanded by a lieutenant." A squad is "usually 8 to 10 men commanded by a sergeant." (New York: Facts on File, 1991), 168, 207.

The destination of patients aboard the helicopters varied. In some cases they went to aid stations or medical companies, but most often the patients went directly to a surgical hospital. Aid stations and medical and clearing companies generally provided blood and electrolyte solutions and had some surgical capabilities. Battalion aid stations at fire support bases were primitive bunkered structures that had equipment for clearing airways, inserting chest tubes, or performing tracheotomies and starting necessary fluids. Patients encountered complete surgical facilities, including anesthetists, at clearing companies, but no definitive surgery there. Occasionally, battalion surgeons flew to a forward site, bringing blood and other supplies with them.¹³

Army nurses practiced at three types of medical facilities scattered throughout the country. The smallest type of medical unit was the surgical hospital. Usually, a lieutenant colonel commanded these MASH (Mobile Army Surgical Hospital) units with a staff of 119. Officials placed surgical hospitals near division clearing stations. Averaging sixty beds, these hospitals provided resuscitative surgery and treatment needed for patients. Once doctors

¹³Hardaway, Care of the Wounded, 1-2; Lafollette, "Division Medical Service," 61-64; Richard V. N. Ginn, The History of the U.S. Army Medical Service Corps (Washington, D.C.: U.S. Government Printing Office, 1997), 309.

considered the patient stabilized, officials transferred him to other facilities for more definitive care. Staff members at these facilities could perform major abdominal, chest, and brain surgery. The 3rd Surgical Hospital in Dong Tam was one of these units. Dong Tam had twenty-four beds in the receiving ward and twenty-four in the main ward. Generally, specialized cases could not be handled at these small units, those cases were sent to larger Army evacuation or field hospitals.¹⁴

Evacuation hospitals treated patients transported from surgical hospitals and from the surrounding areas. Usually, full colonels commanded these facilities with 309 staff members, including thirty physicians. Many patients evacuated to these larger hospital facilities went to places like the 91st Evacuation Hospital in Chu Lai, which had 350 beds. Here nurses worked with battle casualties, medical illnesses, and civilians. Depending on the current evacuation policy, patients generally stayed no longer than five to seven days. After that soldiers either traveled back to their units or transferred to a longer care facility. Many were sent to a rehabilitation hospital in

¹⁴Elizabeth Norman, Women at War: The Story of Fifty Military Nurses Who Served in Vietnam, 76; "The Hospitals," 21 Aug 1986 (Army Nurse Corps Historian File 314.7 "History, Vietnam," Center of Military History, Washington, D.C.), 1; "U.S. Medical Units Digging In," 3.

Vietnam or to a hospital in Japan, Guam, Okinawa, the Philippines, Thailand, or the United States.¹⁵

Field hospitals and convalescent centers resembled medical centers in the United States. Here patients received specialized treatment. Doctors, nurses, and assistants treated large numbers of patients. Technically, field hospitals were designed to operate in noncombat areas away from the front lines. Commanded by a lieutenant colonel, they generally held a staff of 213. During the Tet Offensive in 1968, the 6th Convalescent Center at Cam Ranh Bay housed 1,500 patients. More than 400 of these men were recuperating from hepatitis, while many others were recovering from malaria, hookworm, and various other tropical illnesses. At these centers surgery cases also recuperated and waited a return to duty.¹⁶ After stabilization, patients requiring several months of treatment traveled back to the military hospital nearest their hometown in the United States. The limit on time needed for recovery before transfer varied from one month to six, depending on the evacuation policy at that time. As American officials began the process of withdrawal, the time

¹⁵Norman, Women at War, 76; "The Hospitals," 1.; "U.S. Medical Units Digging In," 3.

¹⁶Norman, Women at War, 76; "The Hospitals," 1; "U.S. Medical Units Digging In," 3.

limit lessened. Forty percent of those injured in hostile action, and 70 percent of other surgical patients returned to duty in Vietnam. Because the entire Republic of Vietnam had been designated a combat zone, long-term care for patients was not available. Serious burn cases, for example, went to Brooke Army Medical Center in San Antonio, Texas. Unlike Korea, where the trip from the war zone to the States took at least ten days, wounded soldiers could be transported from Vietnam to home within eighteen hours. Those transferred out of the country traveled by plane to Clark Air Force Base in the Philippines and from there to the United States, the Ryukyu Islands, or to Japan until 1966, when direct evacuation from Vietnam to the United States began with only one stop in Japan. Those returning stateside cleared through Travis Air Force Base in Fairfield, California, and spent the night there before traveling to their final destination.¹⁶

Hospitals, whether surgical, field, or evacuation, generally fulfilled the same purpose. They were mostly "semi-permanent" buildings, usually based on concrete, air-conditioned, and equipped with all of the equipment standard

¹⁶"The Medics' New Strides In Vietnam," from Newsweek in "News Clips," Office of the Surgeon General, U.S. Army, 7 December 1965 (Army Nurse Corps Historian File 314.7, "History, Vietnam, Publicity Early," Center of Military History, Washington, D.C.), 5; Neel, Vietnam Studies, 69-70; "U.S. Medical Units Digging In," 3.

to the best hospitals in the United States. Although the military adapted some pre-existing buildings into hospitals throughout Vietnam, in most cases it established new facilities. The most common pattern for medical buildings became the "X formation." This design allowed a view of all patients from a centrally located nurses station.¹⁷

Some nurses worked in newly developed MUST hospitals (Medical Unit, Self Contained, Transportable). In 1966 the 45th Surgical Hospital opened as the first inflatable hospital with three wards set up to service twenty patients each plus expansion capabilities for forty more. Made of rubber, these transportable units contained electric capabilities complete with air conditioning, heating units, and all the latest equipment used in hospitals at home. The military moved these units by truck, helicopter, or other aircraft after deflating them, and they could be reinflated with equipment ready for use in thirty to forty minutes. There were difficulties, however, that plagued these units, including maintenance problems and the "vulnerability of the inflatables to enemy attack."¹⁸

¹⁷First quote from Hardaway, Care of the Wounded, 2-4; Second quote from Iris J. West, "The Women of the Army Nurse Corps During the Vietnam War," (Army Nurse Corps Historian File 314.7, "History, Vietnam," Center of Military History, Washington, D.C.), 5.

¹⁸Quote from West, "Women of the Army Nurse Corps," 5; T.G. Nelson, "MUST Portable Front-Line Hospital: A Complete

Nurses in Vietnam worked with soldiers who would have died before reaching medical treatment in any previous American war. The survival rate for those patients reaching medical facilities was approximately 98 percent during the war. Mortality from battle wounds fell from 27 percent during the Korean War to 17.5 percent in Vietnam. This resulted from the reduction in time between wounding and treatment. The availability of the helicopter to provide rapid evacuation resulted in a higher number of the wounded reaching medical facilities alive. Although the percentage of hospitalized wounded surviving did not markedly improve over the earlier conflict, the number of soldiers arriving at the hospital alive increased greatly. Thus officials saw an increase in the percentage of individuals surviving battles. It is an accepted principle in the military that most wounded who die, do so within four to six hours if untreated. The reduction in "lag time" from 9.8 hours in Korea to 2.7 hours in Vietnam was the most significant factor in reducing the mortality during the ten-year involvement in Vietnam.¹⁹

Field Medical Service Environment Mushrooms in Vietnam" Army Digest, July 1967, 25-26.

¹⁹Alfred S. Kissack, "Principals of War Surgery," in Medical Bulletin of the U.S. Army, Europe, 36 (November/December, 1979) 6: 11.

Before nurses treated patients, the enlisted men serving in the medical corps treated injured men in the field. Also called corpsmen, the soldiers in Vietnam had many names for these soldiers, including "ninety-one band-aid," "ninety-one bedpan," "pecker-checker," and "chancre mechanic." The medics out with the patrols in the field units treated the wounded as best they could. Oscar Houser, the only nurse anesthetist at the 67th Evacuation Hospital in Pleiku from 1972 to 1973, was sometimes responsible for assigning medics to various units in the field. While also serving as chief nurse of the hospital, he was responsible for about thirty medics. He recalled, "It was tough when they came in wounded, my medics." Some of them did not survive.²⁰

The helicopter ambulance provided immediate response to medical emergencies. At the peak of combat operations in 1968, 116 air ambulances transporting six to nine patients

²⁰First four quotes from Linda Reinberg. In the Field: the Language of the Vietnam War, (New York: Facts on File, 1991), 138; Oscar S. Houser, "Oral Interview with Oscar S. Houser," OH 922 (University Archives, Willis Library, University of North Texas, Denton, Texas), 27, 30. The term "ninety-one" used in many of the nicknames for medics refers to the MOS number of medical personnel. For a brief history of the medics see Craig Roberts' Combat Medic-Vietnam (New York: Pocket Books, 1991). The book provides oral histories of the men who served in this position and provides an appendix entitled "A Short History of the Field Medical Soldier" that takes a look at treatment on the battlefield from Ancient Greece and Rome and through American History up to the Vietnam War.

at a time provided air transport for the wounded. The UH-1 ("Huey") used as these air ambulances held a crew of four, including pilot, co-pilot, and medic, as well as a crew chief responsible for "preventive maintenance." With an average medical evacuation flight time lasting thirty-five minutes, these helicopters brought medical capabilities closer to the front than ever before. Preliminary evaluations of patient injuries could be made during the flight with the use of the radio network, which allowed for redirection of patients to the nearest hospital best able to treat the needs of the patient. Those evacuation helicopter units not assigned to divisions earned the title "dust-off," taken from the radio call sign of Major Charles L. Kelly, MSC, killed in action on 1 July 1964. These flying "medics" often took their unarmed helicopters into hostile areas, risking their own lives to save those of others. In one two-year period, thirty-nine crew members died, and another 210 received injuries during evacuation missions. The Medical Department lost 199 helicopters in Vietnam with 211 crew members killed and 925 wounded or injured by hostile fire or crash. The number of patients evacuated by these helicopters rose from 13,004 in 1965 to 67,910 in 1966, to 85,804 in 1967 and peaked at 206,229 in 1969. These numbers included members of the Army of the Republic of Vietnam (ARVN), Vietnamese civilians, and Free World Forces, as well

as American patients. With a tally mark recorded for each time a patient moved, patients transported from one hospital to another counted twice. During 1969, Army air ambulances completed more than 104,112 aeromedical evacuations while flying approximately 78,652 combat hours.²¹

Command radio net handled all calls for air evacuation. The Brigade/Battalion Tactical Operations Center (TOC) received the request from the field on command frequencies and relayed to the air ambulance radio control over the standard air evacuation frequencies. A physician monitored this frequency at all times. It required approximately nine minutes for an aircraft to be in the air from the time the TOC received a request, even if the air crew was in bed.²²

When patients reached hospital facilities in mass casualty situations, nurses and doctors faced the difficulty of making immediate life and death decisions. The first step in treating patients required staff members to separate living and dead. During the intensity of the battle, soldiers did not have time to make the distinction. Highly

²¹First and second quotes from Ginn, Medical Service Corps, 321; Third quote from Neel, Vietnam Studies, 72-73, 75-76.

²²Louis Winkler, "Medical Service in an Airborne Brigade" in "Treatment Forward of the Hospital" in Care of the Wounded in Vietnam by Robert Hardaway, 66-70.

visible targets, helicopters and air evacuation planes had to be kept running as soldiers placed the casualties on board. Thus the job of categorizing patients for treatment order fell to nurses, physicians, and medics.²³

Once patients arrived, hospital staffers began the task of establishing priorities for the treatment of patients, a job known as "triage." During this process, medical personnel classified the wounded with numbers to determine who would receive priority in treatment. Necessary for efficient use of limited personnel, equipment, and facilities, triage philosophy simply meant "salvage as many as you can." This essentially involved allowing the least injured patients to enter the operating room first. Usually, the most experienced surgeon assumed overall responsibility for triage, but the nurses generally decided in what order or priority patients would go into the operating rooms. Patients with head injuries often required six hours of valuable operating room time. Because surgeons could operate on ten other patients during those six hours, these patients went to the back of the line to wait their turn.²⁴

²³Norman, Women at War, 36.

²⁴Norman, Women at War, 37. Triage is a French term for "sorting."

First priority patients needed relief from asphyxia and control of blood loss either by transfusion or by early corrective surgery. Often this group of patients did not survive if left untreated for four to six hours. First priority patients often suffered from hemorrhage or shock. This included major external or internal hemorrhage, major abdominal injuries, heart and chest injuries, massive muscle injuries, multiple fractures, and wounds or burns over 20 percent of the body. One characteristic of the wounds of first priority patients involved extensive tissue damage, which gave this group of patients the greatest risk of dying in the post-operative period because of infection. When a large number of casualties overwhelmed a facility, staff members reclassified some of the patients from this group as "expectant."²⁵

Patients labeled second priority in the triage hierarchy included lesser visceral injuries, vascular injuries requiring repair, but not exhibiting ischemia or extensive muscle destruction, closed cerebral injuries with progressive loss of consciousness, and burns covering less than 20 percent of the body, but in special areas (face, hands, genitalia, and perineum). These patients rarely expired if not operated on within four to six hours. Minor

²⁵Kissack, "Principals of War Surgery," Medical Bulletin of the U.S. Army, Europe, 12.

wounds of the abdomen included such things as a perforated ulcer or acute appendicitis. Surgery for these conditions could withstand delays of up to twelve hours without reasonable threat of mortality. Second priority patients required in-hospital treatment, but if medics initiated first aid, including fluid resuscitation and antibiotics in the field, these patients could be successfully moved over miles and for many hours. Transports took them to evacuation hospitals further away from the battlefield in the rear areas.²⁶

Third priority patients were classified as "expectant" if they fell into the area of brain and spinal cord injuries in which decompression was necessary. At times when hospitals saw large numbers of casualties, this category expanded to include some patients previously tagged as first priority. Also included in third priority listings were patients with minor injuries such as soft tissue injuries requiring debridement but with muscle damage qualifying as less than major, lesser fractures and dislocations. Facial injuries that did not hinder breathing and burns covering less than 20 percent of the body and not involving sensitive areas made up this group. Psychiatric patients fell into

²⁶Ibid., 12. Ischemia is a deficiency of arterial blood supply to a specific area of the body. The perineum is the area from the anus to the genitals on both sexes.

this category with physicians ordered to treat those suffering from the exhaustion and fear of battle by resting, feeding, cleansing, and returning them to duty without evacuation to the rear.²⁷

Unless soldiers received an initial lethal wound, their survival depended upon correction of asphyxia, blood loss, and infection. Reversal of oxygen deprivation and volume loss was critically related to the time between being wounded and treatment. The surgical situation in Vietnam was very similar to the civilian experience. A controlled number of casualties arrived at well equipped and staffed "fixed" hospitals at an average time of 2.7 hours after wounding. In triage terms, many priority one patients survived because of this short "lag" time.²⁸

Triage was both practical and necessary. Decisions were important but had to be made with haste. The method of treating the worst patient last was diametrically opposed to the triage practiced in the United States. With more than adequate personnel and space, the most critically injured patient obtains top priority. In Vietnam, however, nurses had to adapt to wartime demands.²⁹

²⁷Ibid., 12.

²⁸Ibid., 14.

²⁹Norman, Women at War, 37.

Another type of triage practiced, but unwritten as far as policy, meant treating Americans first, before any Vietnamese. In both Army and Navy facilities with busy operating rooms, Vietnamese patients waited until doctors and nurses had treated all Americans. For the Air Force this doctrine meant no wounded Americans left behind on the battlefield. In case of a full aircraft, Vietnamese waited for the return flight. The only exception to this policy was children. Medical personnel treated all children as quickly as possible.³⁰

During triage, physicians, corpsmen, and nurses identified many soldiers who had no chance of survival. These patients were generally unconscious and usually had severe head wounds. The attending medical personnel would place these soldiers in the corner of the receiving ward or intensive care unit behind screens to die. There was little time to spend on those cases deemed hopeless. These patients were classified "expectant." Even while attending to the other patients in the hospital, nurses were required to monitor the vital signs of expectant patients until their hearts stopped beating. This type of mass casualty situation sometimes continued for twenty-four to forty-eight

³⁰Ibid., 37.

hours before nurses, doctors, and corpsmen took breaks to rest.³¹

The evacuation system perfected in Vietnam brought about an "evolution in trauma and combat casualty care." Emergency and intensive care nursing became the norm for nurses in the combat zone. Specializations in trauma care and trauma units originated from practices established for wounded soldiers in Vietnam. Nurses tested their abilities and ingenuity and succeeded under the most difficult of circumstances. They participated in every step of the process. Some supervised medics traveling with soldiers in the field. Some traveled with air ambulance and transportation services. They helped to organize the wounded upon arrival at hospital units during the triage process. Then they worked with individual soldiers through their specialized fields of nursing. Through all of this they provided outstanding medical care while sharpening their own skills.³²

³¹Ibid., 37-38.

³²West, "The Women of the Army Nurse Corps During the Vietnam War," (Army Nurse Corps Historian File 314.7, "History, Vietnam," Center of Military History, Washington, D.C.), 8.

CHAPTER 5

NURSING IN A WAR ZONE: CREATIVITY AND TEAMWORK

Serving as a nurse in Vietnam proved challenging for male and female nurses both personally and professionally. Living and working in a war zone meant dealing with numerous problems. The realities of the situation required nurses to deal with injuries and diseases that most had never seen before. Along with new experiences, nurses addressed problems commonly seen in the United States, such as drug abuse and racial conflict. The hardships of wartime nursing often meant improvising under less than desirable circumstances. Service in Vietnam challenged the knowledge and ingenuity of nurses and other medical staff. The experience of caring for soldiers in combat gave nurses responsibilities that their civilian counterparts were denied. Additionally, the working and personal relationships took on a unique character, for teamwork between all staff members was crucial.

Before 1965, chronic shortages of supplies existed. Until June of that year, one officer, five enlisted men, and eight Vietnamese citizens oversaw distribution of all supplies from Nha Trang. By October the 32nd Medical Depot became fully operational, handling all medical supplies that

arrived in Vietnam from the United States through Okinawa. Three twenty-four-man platoons handled the supplies, and in December 1965 they distributed four hundred of the five hundred tons of supplies they received.¹

Although an expected experience of war, shortages in a medical setting threatened the lives of patients. Despite the denial that a shortage of blood existed in Vietnam, nurses witnessed calls for donations. By late 1965, military hospitals in Vietnam received whole blood from Camp Zama, Japan, collected from American troops there and in South Korea. In December 1965, 4,156 blood and 200 plasma units arrived in Vietnam twice a week by air. A branch of the 406th Medical Laboratory operating at the 3rd Field Hospital in Saigon distributed 3,103 units of blood to installations throughout the country. For nurse anesthetist Tillman Barrington, the Special Services Officer at the 95th Evacuation Hospital in Da Nang from 1969 to 1970, scrounging for supplies needed by the hospital came with the job. He found a way to acquire whatever anyone needed. With connections transcending service branches, he often used his contacts to solicit blood donors. Because blood loses

¹"U.S. Medical Units Digging In, 1966 May See Job As Routine," 6 April 1966 in "News Clips," Office of the Surgeon General, U.S. Army, 8 April 1966, (Army Nurse Corps Historian File 314.7 "History, Vietnam," Center of Military History, Washinton, D.C), 2.

platelets as it ages, which creates clotting problems that might jeopardize patients, the hospital needed a constant supply of fresh blood. Barrington recalled that the hospital might require calls for blood donors "monthly or sometimes even more frequently than that." Although hospital staff members served as potential donors, authorities preferred to use their personnel only when necessary; however, nurses often transfused patients with their own blood. Problems arose due to the refusal of the Vietnamese to provide blood donors for their own people because of religious reasons. According to Barrington, the Vietnamese almost required "gun point" to get donors for their own troops.²

Larry Hilliard testified to the frequent shortages of medical supplies at the 18th Surgical Hospital at Quang Tri, where he ran the emergency room. When the hospital drained its blood supply, medical personnel announced the need for donors through the radio station. Hilliard even trained chaplains to draw blood when they expressed a desire to do more to help. Once the word went out, helicopters full of

²"U.S. Medical Units Digging In," 2-3; Barrington, "Oral Interview with Tillman Barrington," (University Archives, Willis Library, University of North Texas, Denton, Texas), 21-23; Elizabeth Finn, "Nursing, Intensive Care and Recovery in a Combat Environment," from 93rd Evacuation Hospital Quarterly Newsletter, 10 October 1967 (Army Nurse Corps Historian File 314.7, "History, Vietnam, Tet 68," Center of Military History, Washington, D.C.), 40.

volunteers flew in from fire bases "everywhere." Often, within fifteen minutes, the hospital had "two or three hundred volunteers to donate blood." The hospital at Quang Tri also experienced some shortages of equipment, although Hilliard did not remember ever running out of IV needles or fluids. Whenever the hospital got low on supplies and could not wait for regular supplies, helicopters flew into Da Nang or whatever location had supplies, and the hospital was restocked quickly.³

A shortage of oxygen sometimes caused problems. Oscar Houser, who served at both the 95th Evacuation Hospital in Da Nang and at Pleiku during 1972 and 1973, experienced this shortage. He remembered traveling to Saigon to pick up oxygen stored in "H" tanks, about five feet tall and eight to ten inches in diameter. The hospitals did not have piped-in oxygen or gas. Anticipation about the end of the war created problems with supplies, and new supplies did not arrive. According to Houser, they had accumulated about "five hundred empty tanks." Nobody wanted to ship the tanks

³Larry Hilliard, "Oral Interview with Larry Hilliard," OH 930 (University Archives, Willis Library, University of North Texas, Denton, Texas), 28-29.

in or out, so he loaded a pallet of empty tanks, took them to Saigon, and returned with a new pallet load.⁴

Some areas, for example, Long Binh, saw few medical equipment shortages. The 935th Medical Detachment at the 93rd Evacuation Hospital operated separately from the regular hospital, treating "very little pathology." The personnel treated "a lot of schizophrenic episodes induced by drugs." Primarily responsible for keeping patients medicated so that they could be evacuated, nurses had no trouble with their supply of medicine. Instead, they saw shortages of clothing and sneakers.⁵

Nurses reused much of the equipment in Vietnam to alleviate some supply problems. For example, they worked with reusable endotracheal tubes, and they "cleaned and washed and resterilized" their instruments and equipment. They did not have the disposable equipment common in hospitals today. The facility at Pleiku had been a 400-bed hospital before it was downsized to thirty-five beds. Because of this situation it had sufficient equipment available. According to Oscar Houser, "It wasn't always as

⁴Oscar S. Houser, "Oral Interview with Oscar S. Houser," OH 922 (University Archives, Willis Library, University of North Texas, Denton, Texas), 36-37.

⁵Larry Canfield, "Oral Interview with Larry Canfield," OH 863 (University Archives, Willis Library, University of North Texas, Denton, Texas), 18.

sophisticated as what we wanted, but it got the job done." Nurses often experienced the same process of reusing supplies after sterilization, and they frequently used the same four or five needles over and over again.⁶

For many nurses, improvisation became the norm. Necessity forced nurses to draw upon their own resources and creativity in order to do their jobs. When they needed weights for traction, they either put stones in a Red Cross bag, or they filled buckets with water. If they needed a straw, they improvised with a piece of plastic tubing. Plastic dressing wrappers became colostomy bags. In a crunch, nurses made a "nebulizing oxygen apparatus" from an I.V. bottle. They transformed soap bottles into chest drainage devices. Nurses even found old ammunition cans useful as wastebaskets or supply containers. When necessary, nurses rationed drugs when supplies proved inadequate.⁷

⁶Quotes from Houser, OH 922, 36-37; Sharon I. Rickie, "Echoes From the Past...Lessons for the Future: A Vietnam Oral History," USAWC Military Studies Program Paper (Army Nurse Corps Historian File 314.7, "History, Vietnam," Center of Military History, Washington, D.C.), 19.

⁷Iris J. West, "The Women of the Army Nurse Corps During the Vietnam War," (Army Nurse Corps Historian File 314.7, "History, Vietnam," Center of Military History, Washington, D.C.) 9; Quote from Finn, "Nursing", 39; Richie, "Echoes From the Past," 19-20.

The war in Vietnam not only taxed the creativity of nurses, but it also tested their knowledge gained from nursing school. With only 35 percent of nurses having more than two years of experience, some panicked and brought textbooks with them. While most did not use the books taken with them, others who left them at home wished they had not.⁸

Nurses witnessed wounds and diseases they had never encountered back home in the United States. As in previous wars, doctors treated more patients for disease than actual battle injury. Between 1965 and 1969, medical authorities credited diseases for 69 percent of hospital admissions. In 1965, Medical Support released a facts sheet stating that 75 percent of all hospital admissions for that year resulted from disease. The report identified the number one cause of hospitalization for soldiers in Vietnam as diarrheal diseases with the second most common being malaria. Other diseases encountered included viral hepatitis, skin diseases, venereal diseases, and fevers of unknown origin (FUO's). Army hospitals gave inoculations in an effort to prevent outbreaks of hepatitis, flu, and bubonic plague.

⁸Richie, "Echoes From the Past," 4; West, "Women of the Army Nurse Corps," 3.

They treated FUO's with tetracyclines, and gonorrhoea, the most common form of venereal disease, with penicillin.⁹

Of the tropical diseases treated by nurses, malaria proved one of the most significant problems. Carried through mosquitoes, malaria destroyed red blood cells and caused serious threat of kidney damage or failure. During October 1965, more than five hundred cases came through military facilities. Malaria topped the list of medical diseases that the military warned incoming nurses about in their transfer information. Officials advised soldiers entering the country to roll down their sleeves at sundown, to use head and bed netting, and to employ repellents frequently. Many soldiers opted not to follow the last bit of advice due to an odor that could be detected by the Viet Cong. In 1965, Colonel Spurgeon Neel, Jr., Chief Medical Officer of the United States Military Assistance Command in Vietnam, described malaria as "the thing that American troops in Vietnam" talked about most "next to girls."¹⁰

⁹West, "Women of the Army Nurse Corps," 7; "Facts Sheet: Medical Support of U.S. Army Troops in Vietnam," no. 874-65 in "News Clips," Office of the Surgeon General, U.S. Army, 7 December 1965 (Army Nurse Corps Historian File 314.7, "History, Vietnam, Publicity Early," Center of Military History, Washington D.C.), 2; "Medial Diseases in Vietnam," Welcome Information Packet, (Army Nurse Historian File 314.7 "History, Vietnam," Center of Military History, Washington, D.C.), 9.

¹⁰"Medical Diseases in Vietnam," in Welcome Information Packet (Army Nurse Corps Historian File 314.7, "History,

Medical officials tried to control malaria through preventative programs, but they still faced the challenge of treating the sickness. Soldiers took chloroquine-primaquine tablets weekly. They received 300 milligrams of chloroquine and 45 milligrams of primaquine. Additionally, soldiers in some areas with drug-resistant strains took an additional daily dapsons tablet.¹¹

In some cases medical personnel resorted to the old standard quinine pill. The drug-resistant strains led the medical service to search for new vaccines. Many soldiers who contracted malaria required long enough treatment for their evacuation back to the United States. Some strains of

Vietnam, Welcome Info/Mobilization Info," Center of Military, Washington, D.C.), 8; Quotes from "Medicine: Infectious Diseases," from Time, in "News Clips," Office of the Surgeon General, U.S. Army, 7 December 1965 (Army Nurse Corps Historian File 314.7, "History, Vietnam, Publicity Early," Center of Military History, Washington, D.C.), 4; "The Medics' New Strides in Vietnam," from Newsweek, in "News Clips," Office of the Surgeon General, U.S. Army, 7 December 1965 (Army Nurse Corps Historian File 314.7, "History, Vietnam, Publicity Early," Center of Military History, Washington, D.C.), 5.

¹¹"Medical Diseases in Vietnam," 9; George Carmack, "Army's Aim is Disease-Proof GI" from The Washington Daily News in "News Clips," Office of the Surgeon General, U.S. Army, 7 December 1965 (Army Nurse Corps Historian File 314.7, "History, Vietnam, Publicity Early," Center of Military History, Washington, D.C.), 4; "Medicine: Infectious Diseases," 4; "The Medics' New Strides in Vietnam," from Newsweek in "News Clips," Office of the Surgeon General, U.S. Army, 7 December 1965 (Army Nurse Corps Historian File 314.7, "History, Vietnam, Publicity Early," Center of Military History, Washington, D.C.), 6.

the disease needed five to eight weeks of treatment and convalescence. With a fifteen- to thirty-day evacuation policy, these patients rotated out of country. Even soldiers who finished their year long tour of duty and traveled home were not worry-free. Officials supplied discharging veterans with an eight-week supply of pills. The military alerted civilian doctors to the potential threat of malaria in soldiers returning from Vietnam.¹²

Doctors and nurses often saw patients with traumatic and multiple wounds. Most wounds resulted from the use of assault rifles, rocket-propelled grenades, and booby traps. The use of rapid fire weapons created multiple wounds, and patients often received more than one wound in more than one area of the body. Blasts from mines and booby traps caused severe injuries and left the injured covered with dirt and shrapnel. Soldiers were often hit in paddy fields or in water contaminated by animal and human waste. This situation multiplied the chance for infection. The most frequently seen wounds included multiple fractures, loss of limbs, crushing chest injuries, severe abdominal injuries,

¹²"Medical Diseases in Vietnam," 9; Carmack, "Army's Aim is Disease-Proof GI," 4; "Medicine: Infectious Diseases," 4; "Danger to War Vets--Malaria," from San Francisco Chronicle in "News Clips," Office of the Surgeon General, U.S. Army, 3 January 1966 (Army Nurse Corps Historian File 314.7, "History, Vietnam, Publicity Early," Center of Military History, Washington, D.C.), 1; "The Medics' New Strides in Vietnam," 6.

and eye injuries. In many cases, patients had a combination of injuries.¹³

Dealing with challenging wounds and supply shortages required teamwork by nurses and other medical staff members, which in turn made the work less difficult. Nurses described relationships between hospital co-workers as "tight." This sentiment resonated when male nurses recounted their experiences from Vietnam. Describing his experiences at Pleiku, Oscar Houser said, "Everybody was 'tight' like brothers or family. You'd do anything you could for them." They depended on each other, and everyone knew each other on a first-name basis, with one exception. They called their commanding officer (CO) "'Chief.'" Talking about the 22nd Surgical Hospital at Chu Lai, Robert Wehner remembered the relationships during his tour in Vietnam as "like no other time" during his life. C.G. Hausser depicted the 12th Evacuation Hospital at Cu Chi as "one big, happy family most of the time." Larry Hilliard, who served at the 18th Surgical Hospital in Quang Tri, observed, "We had a high level of morale in our unit.

¹³West, "Women of the Army Nurse Corps," 8; Finn, "Nursing," 40.

People loved each other, and as best they could, they tried to help each other."¹⁴

The relationships developed quickly and crossed all kinds of barriers, including age, experience, and rank. John Sherner, who worked as both a ward nurse at the 24th Evacuation Hospital at Long Binh and then later as an emergency room nurse, told of establishing a "very quick, rapid closeness to the people you work with." He felt close to the general medical officers right out of medical school training, as well as the corpsmen. He described both of his chief nurses during that time as "very, very supportive." Dick Hooper, operating room nurse at Quang Tri, recalled that "you don't tend to have the class distinction--doctor, nurse--when you're all sitting there in the same sweaty hole and drinking the same warm beer and patching up the same bodies...." Although the doctors were all majors and higher ranking officers, nurses did not address them by rank, except for the commander. In many cases, male nurses and doctors shared living quarters, or "hootches." Of course, conflicts arose, and some people seemed more difficult than

¹⁴Houser, OH 922, 40; C.G. Hausser, "Oral Interview with C.G. Hausser," OH 874 (University Archives, Willis Library, University of North Texas, Denton, Texas), 16-18; Hilliard, OH, 32; Robert J. Wehner, "Oral Interview with Robert J. Wehner," OH 940 (University Archives, Willis Library, University of North Texas, Denton, Texas), 13.

others, but in general hospital staff members enjoyed good working relationships.¹⁵

Living near female nurses proved an advantage for the men. According to nurse Dick Hooper, "If you're going to war, you need to go with a hospital, especially if it's got pretty girls with it." Apparently, the young women had a talent for "securing things." The women could take advantage of the fact that most men had not seen a "round-eyed, white-skinned girl in so long that they just gave them whatever they wanted." A short visit to a neighboring camp could end with a gift of a case of steaks, chicken, or anything else that they were willing to share with the men in the hospital compound. Often the men would send something such as a bottle of liquor that the women could use to barter or trade. Whenever they needed something for a party, they sent the female nurses to secure it. At times the Army tried having all-male hospital units. Although it would seem that the original reason would be safety in hazardous locations, it really came from a desire for "increased mobility and the need not to divert manpower to prepare double housing and latrine facilities." Some units

¹⁵John Sherner, "Oral Interview with Colonel John Sherner," OH 953 (Univeristy Archives, Willis Library, University of North Texas, Denton, Texas), 29-31; Dick Hooper, "Oral Interview with Dick Hooper," OH 869 (University Archives, Willis Library, University of North Texas, Denton, Texas), 31, 32; Hausser, OH 874, 16.

without female nurses experienced what they considered a deterioration of standards. They needed women for "bargaining power."¹⁶

For this reason officials claimed that the 22nd Surgical Hospital at Phu Bai needed female nurses. When female nurses joined both the 22nd and 18th Surgical Hospitals, officials noted "considerable improvement." In at least one case early in the war, the Army discouraged the use of male nurses at a particular facility. In a note written to Colonel Mildred Clark, Chief of the United States Army Nurse Corps, Major General Delk Oden indicated a preference that she assign only female nurses to the 8th Field Hospital. Although he did not question the "proficiency" of male nurses, he believed that the "healthy psychological lift" and the "atmosphere" created by the presence of the women should be considered. He also noted that the nurses looked "great in their white uniforms."¹⁷

¹⁶First, second and third quotes from Hooper, OH 869, 30-31, 35-36; Fourth and fifth quotes from Althea E. Williams, "Letter from Colonel Althea E. Williams to Colonel Jeanne M. Treacy," 15 August 1968 (Army Nurse Corps Historian File 211, "Nurses, Male, Vietnam," Center of Military History, Washington, D.C.), 2; Mary T. Sarnecky, A History of the U.S. Army Nurse Corps (Philadelphia: University of Pennsylvania Press, 1999), 345-347.

¹⁷Hooper, OH 869, 30-31, 35-36; Williams, "Letter to Colonel Treacy," 2; Delk Oden, "Note from Major General Delk Oden to Colonel Mildred Clark," 30 December 1964 (Army Nurse Corps Historian File 211, "Nurses, Male, Vietnam," Center of Military History, Washington, D.C.), n.p.; Sarnecky, A

In the rear areas, life often closely paralleled life at home. Troubles in the United States soon surfaced in the war zone. Because the late 1960s and early 1970s were times of racial discord in the United States, this problem followed the men to Vietnam. What seemed to be the pattern with the medical units mirrored that of the other units during the war. The less threatened an area, the more problems seemed to occur. Nurse Larry Canfield served at one of the three hospitals in Long Binh. He worked for the 93rd Evacuation Hospital as part of the permanent evening shift (3:00 to 11:00 pm) on the psychiatric ward. Although not directly involved in any "racial incidents," he knew that they occurred in the area. Working with numerous African-American technicians, as well as an African-American psychiatrist, Canfield observed that "a self-imposed segregation" existed including "hand signs and things like that." He thought that their presence was an advantage because they "could relate to the black patients who had trouble relating to the white caretakers."¹⁸

Another problem faced by the military in Vietnam involved illicit drugs. Oscar Houser observed that among the enlisted men with whom he worked, there were some morale

History of the U.S. Army Nurse Corps, 345-347.

¹⁸Canfield, OH 863, 9, 19.

problems. This led some of them to smoke pot. Houser remembered a few of the troops identified as "potheads" and efforts to keep them separated from the rest of the men. Officials gave one known user the job of keeping the colonel's car clean.¹⁹

According to Houser, one of the tricks of drug pushers in Vietnam involved giving the soldiers marijuana laced with heroin. After using the laced cigarettes, soldiers became addicted to heroin. When officers discovered anyone abusing marijuana, they tried to "get rid of them immediately." They sent known drug abusers to Long Binh to a drug rehabilitation unit. Once they left, they did not return. Larry Hilliard, nurse at Quang Tri in 1970 and 1971, mentioned a "high number of people who used marijuana" at that time, and he observed some racial problems as well. The hospitals, however, according to Hilliard, had less of these problems than was apparent in other units.²⁰

In Vietnam, some soldiers used drugs for relaxation like others used alcohol. The use of drugs seemed to be used much like alcohol, as a way to relax. The most popular drugs included marijuana, hashish, opium, and heroin. American soldiers found all of them available. In Women at

¹⁹Houser, OH 922, 42.

²⁰Houser, OH 922, 42-43; Hilliard, OH 930, 29.

War: The Story of Fifty Military Nurses Who Served in Vietnam, Elizabeth Norman included personal narratives in which some veterans admitted using substances during battle. In the study done for this work, four of the fifty nurses she interviewed admitted to smoking marijuana regularly with their friends. This conduct reflected the growing drug culture back in the United States. For the younger nurses, smoking marijuana seemed almost as acceptable as using alcohol to relax was to the older nurses. The punishment for a female nurse caught using drugs included a trip back to the States for "military discipline" and "the possible loss of her nursing license." Yet the realities of the war seemed to overshadow the possibilities of getting caught.²¹

Thomas Parr worked with men removed from duty because of drug problems. Upon his arrival in Vietnam, he went to Long Binh, where he worked as the chief nurse on a "KO" team removing psychiatric casualties from the field. They decided whether these soldiers could return to duty or should be evacuated to the United States within a seventy-two-hour period. When the Army opened up the drug detoxification center, the 9th Convalescent Center at Cam Ranh Bay, it assigned him as the assistant chief nurse

²¹Elizabeth Norman, Women at War: The Story of Fifty Military Nurses Who Served in Vietnam (Philadelphia: University of Pennsylvania Press, 1990), 62-63.

during the last nine months of his tour of duty. According to Parr, the place looked like "a prison camp" enclosed by a wire fence with concertina wire on top of it. Guard stations surrounded the compound. During his stay there, the unit "ran about three hundred patients a day, admitting and discharging about sixty to seventy a day." Patients usually stayed an average of about five days in order to "detox" before returning to the States. The staff treated soldiers addicted to heroin. Parr described the problem as "quite vast." They administered to more than ten thousand people in a nine-month period. According to Parr, soldiers could purchase 98 percent pure heroin, paying only two dollars for a "little vial." Paul Starr corroborated Parr's account in The Discarded Army: Veterans After Vietnam, where he describes using heroin as a "social activity." He said a 250-milligram vial of heroin was available for two dollars at about 96 percent pure, a much higher grade than the 3 to 10 percent heroin available in the United States at that time. According to reports, most soldiers smoked or sniffed the heroin, while about 5 to 10 percent injected the substance. Heroin left few traces, and unlike the distinct odor of marijuana, it left no identifiable smell. In Fire in the Lake: The Vietnamese and the Americans in Vietnam, Francis Fitzgerald asserted that the heroin came largely from Burma and Laos and usually entered Vietnam by "air

drop." Much of it passed by Vietnamese customs officials at Tan Son Nhut Airfield who were paid to look the other way. Dealers openly sold heroin in the streets.²²

Parr claimed that this was "mainly a problem with rear area people." The people "out in the bush" doing the main fighting "policed" each other. They depended on each other to stay alive. The men Parr treated "were not volunteers." Many got caught "on the urine test" before they could rotate back home, and he described them as not being "happy campers." Nurses had to keep these men busy with physical activity and keep them hydrated. If not entertained, they created a real problem. According to Parr, they started riots. "Their behavior was really criminal-like for a lot of them. It was not a group of your stalwart citizens." In the fall of 1971 a "major riot" occurred at the

²²Thomas E. Parr, "Oral Interview with Thomas E. Parr," OH 884 (University Archives, Willis Library, University of North Texas, Denton, Texas), 4-6; Myra MacPherson, Long Time Passing: Vietnam and the Haunted Generation (New York: Doubleday and Company, 1984), 677-678; Frances Fitzgerald, Fire in the Lake: the Vietnamese and the Americans in Vietnam (New York: Random House, 1972), 564-565; Loren Baritz, Backfire: A History of How American Culture Led Us into Vietnam and Made Us Fight the Way We Did (New York: Ballantine Books, 1985), 310-311; Richard V.N. Ginn, The History of the U.S. Army Medical Service Corps (Washington, D.C.: U.S. Government Printing Office, 1997), 317; Paul Starr, The Discarded Army: Veterans After Vietnam, The Nader Report on Vietnam Veterans and the Veterans Administration (New York: Charterhouse, 1973), 113-121, 136.

detoxification center at Cam Ranh Bay and two barracks were burned.²³

The "battle with drug abuse" created a "second front" for officials during the Vietnam War. Growing more evident from 1968 to 1971, the problem gained priority with military officials. By June 1971, the military instituted testing for heroin by the use of urinalysis tests required of American troops prior to leaving Vietnam. By August 1971, the 90th Replacement Battalion in Long Binh collected approximately 60,000 specimens with a 5 percent positive rate. Soldiers trying to avoid detection could, however, purchase "clean urine" on the black market for twenty-five dollars an ounce.²⁴

In trying to end the drug problem, the government employed "punishment and scare tactics," unsuccessfully, and even resorted to an "amnesty" program. Under this "three-pronged system [of] enforcement, education, and rehabilitation," soldiers could voluntarily seek help for addiction. Only available for soldiers with "possession," other related charges such as "sale of drugs" carried

²³Parr, "Oral History," 6-7; MacPherson, Long Time Passing, 678; Starr, The Discarded Army, 141.

²⁴Richard V.N. Ginn, The History of the U.S. Army Medical Service Corps (Washington D.C.: Office of the Surgeon General and Center of Military History United States Army, 1977), 317-318.

penalties for anyone convicted. Soldiers still faced the possibility of losing their security clearances, job classifications, and flying status. The Army added the length of time a soldier spent in a rehabilitation facility to his time for his tour of duty in Vietnam. In addition, the military could dock the soldier's pay, and there was only one chance to participate in the program--no second chances. A similar rehabilitation program for soldiers with an alcohol problem also existed.²⁵

The number of soldiers returning from the war addicted to drugs drew investigation and debate. In October 1982, the Vietnam Veterans Leadership Program presented Congress with a "Vietnam Veterans Factsheet," stating that only 1.3 percent of all Vietnam Theater veterans remained addicted to narcotics after the war; however, that rate, if compared to this group's own figures of 2,594,000 men and women who served within the borders of South Vietnam from January 1, 1965 to March 28, 1973, meant approximately 33,722 men, hardly a minimal number. This report did not include the 50,000 men who served between 1960 and 1964, which would

²⁵Paul Starr, The Discarded Army, (New York: Charterhouse, 1973), 116-117; First, second, fourth, and fifth quotes from MacPherson, Long Time Passing, 678; Third quote from William C. Westmoreland, A Soldier Reports (Garden City: Doubleday and Company, 1976), 451.

bring the number of men returning to the United States as heroin addicts at over 34,000.²⁶

According to statistics released by the Pentagon, only 11 percent of these men had ever touched heroin prior to service in Vietnam. Although no hard data could be found to pinpoint the exact number of heroin users in Vietnam at one time, the Department of Defence estimated the heroin addiction among Army enlisted men at 7 percent in 1971. This report did not consider those using "speed, opium-laced grass, barbiturates, and alcohol." In Backfire, Loren Baritz reported the number of troops using hard drugs closer to 28 percent, with more than a half-million becoming addicted before the war ended.²⁷

Any efforts by the government to control the drug problem seemed ineffective. The military did conduct urine testing (conducted in what the GI's referred to as "The Pee House of the August Moon"), but the tests were unreliable. Many soldiers found ways to flush the drugs out of their system before the testing occurred. The men referred to the urinalysis checks as the "golden flow." In 1971, the government instituted checks for drugs, requiring a "drug-

²⁶MacPherson, Long Time Passing, 676; Congressional Record. 97th Cong., 2d sess., 1 October 1982, 27559.

²⁷Quote from MacPherson, Long Time Passing, 677; Baritz, Backfire, 310-311.

free" urine test as part of the physical examination before discharge. A soldier who failed the test could expect to find himself a patient in a treatment facility rather than a civilian. When writing of this problem, General William Westmoreland, Vietnam Field Commander from 1964 to 1968 and Army Chief of Staff from 1968 to 1972, stated, "The misuse of drugs...had spread from civilian society into the Army and became a major problem." He added, "A serious dilution over the war years in the caliber of junior leaders contributed to this and other disciplinary problems."²⁸

Although the techniques of nursing used for treating patients remained the same as in civilian hospitals, providing care in Vietnam differed because of "the creativity required of the nurse to achieve the same quality nursing with improvised equipment, procuring supplies in critical demand and directing young inexperienced corpsmen and nurses." In addition to the traditional duties of treating patients, nurses dealt with shortages of needed materials. They adapted to the limitations of the environment and provided the highest quality of care possible. They worked as a team with doctors and

²⁸First quote from Ginn, Medical Service Corps, 317-318; Second quote from Linda Reinberg, In the Field: The Language of the Vietnam War (New York: Facts on File, 1991), 94; Third and fourth quotes from Westmoreland, A Soldier Reports, 451.

technicians facing the horrors of battle wounds, as well as diseases which they had little or no experience with during training or in the civilian world. Additionally, the unique problems created by practicing medical care in a war zone multiplied with the influence of the turmoil faced back home to make the situation even more complex. Drug abuse and racial conflict existed in Vietnam, just as in the United States during this time period. Nurses not only met the challenges of their jobs, they excelled, even while facing the dangers of living in a war zone.²⁹

²⁹West, "Women of the Army Nurse Corps," 9.

CHAPTER 6

ADJUSTING TO LIFE IN A WAR ZONE

Providing the best possible care for wounded soldiers in Vietnam required that doctors and nurses leave the safety of home and adjust to working in the midst of the war. Medical personnel treating patients faced the added difficulty of living in the war zone as well. The safety and convenience of life in the United States seemed very far away. There was no real escape from the dangers and the hardships of the situation. Once a male nurse left home, he could be totally immersed in the war by the next day. This was a war with no clear fronts, and hospitals were often in the line of fire. The war did not disappear with the end of the shift. Hospital staff members not only worked together, they lived together. Additionally, treating some injuries actually threatened the lives of those caring for soldiers. Unexploded rounds, for example, meant imminent danger.

Leaving the comforts of life in the United States and traveling to Vietnam generally took about twenty-four hours. Nurses left family and friends behind and flew directly to Vietnam. Most military men, including male nurses, made the trip in their working fatigues. Female nurses arrived in

dress uniforms. For numerous individuals the trip seemed an endless silence.¹

The first impression of life in Vietnam developed as the country came into sight and then after the plane landed, as the soldier stepped off of the plane. This action marked the commencement of the 365-day tour for each soldier. One pilot welcomed soldiers to Vietnam by joking over the intercom as the plane landed: "Temperature outside is 103 degrees, and ground fire is light to moderate." Those who arrived at night or during the early hours of the morning witnessed from the windows the flashes of light signaling a "firefight." Others stepped off the plane and went directly into the dangers of war. On occasion, passengers had to exit the aircraft at full sprint.²

¹Elizabeth Norman, Women at War: The Story of Fifty Military Nurses Who Served in Vietnam (Philadelphia: University of Pennsylvania Press, 1990), 17-19; Dick Hooper, "Oral Interview with Dick Hooper," OH 869 (University Archives, Willis Library, University of North Texas, Denton, Texas), 17-18.

²Iris J. West, "The Women of the Army Nurse Corps During the Vietnam War," (Army Nurse Corps Historian File 314.7, "History, Vietnam," U.S. Army Center of Military History, Washington, D.C.), 4; Norman, Women at War, 18-19; "Sara McVicker" in A Piece of My Heart: The Stories of Twenty-six American Women Who Served in Vietnam by Keith Walker (New York: Ballantine Books, 1985), 139-140; Quote from Mark Baker, NAM: The Vietnam War in the Words of the Men and Women Who Fought There (New York: Berkley Books, 1981), 36.

Departing the plane quickly proved easier for male nurses traveling in khakis rather than the female in full dress uniform, including skirt, stockings, and high-heeled shoes. Nurse Jacqueline Navarra Rhoads remembered exiting the plane and lying on the cement pavement after landing at Tan Son Nhut. Often, crew members ordered arriving soldiers to stay "down low" and run because of incoming artillery rounds.³

Most nurses recalled a first impression of Vietnam involving an enduring, yet unique, odor and a sudden blast of heat with the opening of the door. Male nurse Darrell Harrington referred to the "very strong, potent odor" as the thing he remembered most about landing in Vietnam. He described it succinctly: "It stunk." Larry Canfield called leaving an air-conditioned plane and encountering the "hot, humid stench of burning feces" a "somewhat traumatic" experience. Nurse Karen Bush described the scent as "the smell of fish, nuc mam, and shitburners," referring to a strong-smelling sauce made from fish into which the

³West, "Women of the Army Nurse Corps," 4, Norman, Women at War, 18-19; "Jacqueline Navarra Rhoads," in Nurses in Vietnam: The Forgotten Veterans, ed. by Dan Freedman and Jacqueline Rhoads (Austin: Texas Monthly Press, 1987), 11; "Information for Army Nurse Corps Officers on Orders to Vietnam," 20 June 1967 (Army Nurse Corps Historian File 314.7, "Vietnam, History, 1967, Welcome Letter," U.S. Army Center of Military History, Washington, D.C.), n.p.; Quote from Baker, NAM, 48-49.

Vietnamese dipped their food and GIs referred to as "armpit sauce." Some recalled the smell as the "burning of cesspools" with diesel fuel or kerosene. Still others described the odor as "an old urinal." or "all the nasty smells" imaginable. The temperature only intensified the situation. Oscar Houser described the heat as similar to "a blast furnace." He remembered being immediately drenched in sweat and that the uniforms of the soldiers were soaked.⁴

Once in Vietnam, soldiers reported to the nearest replacement depot. Armed forces personnel could arrive at Cam Ranh Bay with the 22nd Replacement Branch or, on rare occasions, at Pleiku Air Base. Those who landed at Tan Son Nhut Air Base went to the 178th Replacement Company at Camp Alpha. Soldiers arriving at Bien Hoa Air Base checked in at the 90th Replacement Battalion at Long Binh, twelve miles southwest of Saigon. During 1967 and 1968, almost all Army nurses arrived at Bien Hoa at the request of the chief nurse

⁴West, "The Women of the Army Nurse Corps," 4; Norman, Women at War, 18-19; "Karen Bush," in Nurses in Vietnam, ed. by Freedman and Rhoads, 78; Quote five from Linda Reinberg, In the Field: The Language of the Vietnam War (New York: Facts on File, 1991), 154, 197; Quotes seven and eight from Baker, NAM, 48-49; Darrell Harrington, "Oral Interview with Darrell Harrington," OH 1188 (University Archives, Willis Library, University of North Texas, Denton, Texas), 2; Larry Canfield, "Oral Interview with Larry Canfield," OH 863 (University Archives, Willis Library, University of North Texas, Denton, Texas), 8; Oscar S. Houser, "Oral Interview with Oscar S. Houser," OH 922 (University Archives, Willis Library, University of North Texas, Denton, Texas), 18. Note: nuc mam can also be spelled nuoc mam.

in Vietnam. New nurses met with the current chief nurse, or one of her representatives, for an interview, orientation, and assignment. Here nurses were assigned to one of the three types of hospitals: evacuation, field, or surgical. Possible duty stations covered the four corps areas that the military had divided South Vietnam into: I, II, III, IV. The IV Corps was the most southern area, near the Mekong Delta and largely inhabited by ethnic Vietnamese. The III Corps area of South Vietnam encompassed the Iron Triangle, a jungle region heavily occupied by the Viet Cong lying between the Thi Tinh and Saigon rivers. The II Corps area included the Central Highlands, an area populated by the Montagnard tribes, and the I Corps area consisted of the northernmost region in South Vietnam nearest the Demilitarized Zone. In Vietnam the chief nurse assigned nurses to units on the basis of manpower needs rather than on the military's TOE (Table of Organization and Equipment) authorization. The goal at the replacement center involved reducing the stay of nurses to the shortest time possible.⁵

⁵West, "Women of the Army Nurse Corps," 4; Norman, Women at War, 17-19; John Sherner, "Oral Interview with John Sherner," OH 953 (University Archives, Willis Library, University of North Texas, Denton, Texas), 5; Delores Gunuskey, History of ANC in Vietnam and Southeast Asia, 1965-1970 (Army Nurse Corps Historian File 314.7, "History, Vietnam," U.S. Army Center of Military History, Washington, D.C.), 10-11; Spurgeon Neel, Vietnam Studies: Medical Support of the U.S. Army in Vietnam, 1965-1970 (Washington, D.C.: Department of the Army, 1973), 143; Harry G. Summers,

Usually, the chief nurse of Vietnam personally assigned nurses to their hospitals. She called new arrivals in as a group and handed out assignments. Occasionally, she allowed nurses a choice of assignment. After arriving in October 1969, John Sherner reported to the 90th Replacement Center and then to the office of the chief nurse where he was given three camps from which to pick. Because he had friends in Long Binh, Sherner elected an assignment at the 24th Evacuation Hospital there, rather than two different prisoner of war camps. Other male nurses had no input in the selection of a duty station. Larry Hilliard remembered his meeting with the Chief Nurse of Vietnam Operations, Colonel Patricia T. Murphy. The day after arriving, he reported to her office. Inside, a map of Vietnam with hospitals marked throughout the country hung on the wall. Colonel Murphy began giving the seven nurses in the room their assignments. As she proceeded, she began at the bottom of the map and worked her way up through the country. At the last two locations, she stood on her tiptoes and

Jr., The Vietnam War Almanac (Novato: Presidio Press, 1999), 207-208; Linda Reinberg, In The Field, 38, 52, 115, 138. The Iron Triange was a heavily forested area with tunnels and fortifications. It served as base for terrorist activities that targeted Saigon and as a supply depot. The DMZ was the demilitarized zone that divided North and South Vietnam as designated by the Geneva Convention in 1954. A fifteen mile buffer zone surrounded the line on both sides. It was also known as "The D and Z," "Dead Man's Zone," "Dead Marine's Zone," "The D" and the "Ultra Militarized Zone."

assigned the nurse beside of Hilliard to the 85th Evacuation Hospital at Phu Bai. Hilliard thought to himself: "Good Lord! There's only one more red dot on that map, and it's just ten miles south of the DMZ!" The chief nurse then got a stool to step on so she could reach his assignment. As she told Hilliard that he would be going to Quang Tri, the 18th Surgical Hospital, Hilliard's thought again was: "My God!"⁶

Dick Hooper remembered seeing the same map when he learned his duty assignment in 1969. After arriving in Vietnam, Hooper traveled to Med-Com [Medical Command] Headquarters in Saigon, and he reported to the chief nurse the next morning. There, he and a roomful of female nurses met with the assistant chief nurse of the area, who introduced herself as Colonel Bloomer. She welcomed them to Vietnam and explained their mission before handing out assignments. He recalled the same map of Vietnam that Larry Hilliard had seen, and her pointing to each duty station, moving further and further north as she continued. She assigned Hooper to Camp Evans. From Saigon, the trip to the

⁶John Sherner, OH 953, 5-6; Larry Hilliard, "Oral Interview with Larry Hilliard," OH 930 (University Archives, Willis Library, University of North Texas, Denton, Texas), 12-14; "Chief Nurses/Nursing Consultants" (Army Nurse Corps Historian File 314.7, "History, Vietnam, 1963-1973, Chief Nurse Assignments," U.S. Center of Military History, Washington, D.C), n.p.

northernmost unit in the country, the 18th Surgical Hospital, took two days to complete.⁷

Military officials designated the first position held by an Army nurse at Headquarters as that of Nurse Consultant in the Office of the Surgeon, United States Army Vietnam (USAV). Until 1965 the nurse who held this position also served as Chief Nurse of the 3rd Field Hospital in Saigon. The Nurse Consultant position became a full-time position in September 1965 and in May 1966 the Army authorized a Nursing Division in the United States Army Republic of Vietnam (USARV) Surgeon's Office. The position gained the title Chief Nurse, USARV. The responsibilities of this job included handing out assignments to newly arrived nurses, coordinating nursing activities in Vietnam, establishing "standard operating procedures," and "overseeing the quality of patient care." Each hospital had its own chief nurse to assist the Chief Nurse, USARV, and a chief wardmaster responsible for supervising the enlisted personnel.⁸

Chief Nurses/Nursing Consultants held one-year assignments in Vietnam. Colonel Margaret M. Clarke served as the first Chief Nurse for Vietnam from 3 February 1965 to March 1966, while also serving as senior nurse at the 8th

⁷Hooper, OH 869, 19-21.

⁸Quotes from West, "The Women of the Army Nurse Corps," 3; Neel, Vietnam Studies, 142-143.

Field Hospital in Nha Trang. She did not transfer to Headquarters in Saigon until 20 July 1965. The Army awarded Clarke the title "U.S. Army Nurse of the Year" for her efforts during 1965. Lieutenant Colonel Marion A. Tierney replaced Clarke from March 1966 to March 1967. In March 1967, Colonel Jennie L. Caylor took over the post and held it until February 1968 when Colonel Althea E. Williams became the Chief Nurse. Colonel Nellie M. Henley replaced Williams in January 1969 and held the position until January 1970. In January 1970, Colonel Patricia T. Murphy held the title until her replacement, Colonel Maude M. Smith, took over in January 1971. Smith performed the duties for six months until Lieutenant Colonel Barbara E. Lane took over in July 1971. Lane stayed one year, and then Lieutenant Colonel Marion L. Minter served as the last Chief Nurse of Vietnam until March 1973.⁹

Most male nurses did not know of their duty assignments until after they reached Vietnam. One exception to this was Robert J. Wehner, who had a delay in reporting to Vietnam because of the illness and subsequent death of his sister. Originally slated to arrive in September, he reported in November 1968. The orders he received prior to his

⁹West, "The Women of the Army Nurse Corps," 3; "Chief Nurses/Nursing Consultants, Vietnam, 1965-1973," n.p.; Neel, Vietnam Studies, 142-143.

departure indicated that he would assigned to the 22nd Surgical Hospital at Cam Ranh Bay. After arriving in Vietnam, he reported to the replacement depot and then took the first available helicopter to Chu Lai, where he was dropped off with his two duffel bags without anyone to assist him. Soon a jeep pulled up, however, and took him to the 22nd Surgical Medical Battalion.¹⁰

One of the most shocking introductions to life in Vietnam came shortly after the Chief Nurse gave male nurses their assignments. Once given a duty station, the men had to make their own way there. The necessity of finding one's own ride served as a rude awakening to the realities of life in Vietnam. William Dunphy, who arrived in Vietnam in August 1969, described this process as having to "hitchhike to the war." Soldiers personally found transportation to areas they often had never even heard of before. These trips from the replacement depots to the hospitals could also bring danger. The realities of the war often set in quickly.¹¹

¹⁰Robert J. Wehner, "Oral Interview with Robert J. Wehner," OH 940 (University Archives, Willis Library, University of North Texas, Denton, Texas), 8-9.

¹¹William Dunphy, "Oral Interview with William Dunphy", OH 1197 (University Archives, Willis Library, University of North Texas, Denton, Texas), 3, 23.

For Oscar Houser the trip to his duty station in Da Nang included a plane ride. Ordered to report and catch an airplane, he arrived with his duffel bag and a small overnight bag. He boarded a C-130 with approximately fifteen other soldiers. The plane made a stop at Phu Cat. When the plane landed, Houser noticed that all of the men with weapons "started loading up, locking and loading." He could not decide if he wanted to stay close to the plane or with the soldiers and the guns. After their arrival in Da Nang, no one met the soldiers. Since he was a captain, he held the highest rank among these men, so the men looked to him for direction. None knew where they were or what they should be doing. Because all of them were medics, Houser decided to call the hospital and contacted someone to send a truck to come and get them. Houser said, "I kind of suspected we were in trouble when we were driving over there, and kids were throwing rocks at us." As the senior person, he rode in the front seat, a location that made him uncomfortable.¹²

For other nurses the introduction to the war began during their first night at their new home. Finally asleep after arriving at the 18th Surgical Hospital at Camp Evans, Dick Hooper heard a horrendous noise and ended up under his

¹²Houser, OH 922, 19-22.

bed. His reaction was what he had been taught to do in the military. With the second shot he realized that the rounds were out-going rather than in-coming and crawled back into bed. He later discovered that the hospital was situated between a 155-millimeter howitzer battalion and a Cobra heliport. Their facilities located in the middle of two heavy combat units, the hospital staff got used to the sounds of the helicopters arriving and departing, as well as the guns firing. Hooper learned to listen for the sirens that alerted the staff if the compound came under fire. The hospital had been "hit" a couple of times, primarily by Vietnamese aiming at the helicopters, and military officials decided to move the hospital further north to Quang Tri.¹³

For all nurses, adjusting to life in Vietnam included the challenge of adapting to the climate. The weather in the country varied greatly during the dry and rainy seasons, and also because of the different geographical regions. With the exception of the mountain areas, temperatures during the rainy season, from May to October, generally averaged a daily high of ninety degrees fahrenheit. During the dry season, from November to March, temperatures averaged seventy degrees fahrenheit. In the highlands, the

¹³Hooper, OH 869, 23-25.

average temperature ranged from sixty to sixty-eight degrees throughout the year.¹⁴

For nurses living with different units, arrangements varied. Some conditions proved primitive, while others seemed quite comfortable. Until 1967, nurses lived in tents, but subsequently most lived in buildings of some type, usually Quonset huts known as "hootches." A few nurses stayed in air-conditioned trailers. As the build-up continued and more hospital units arrived in Vietnam, some nurses began living in tents again. Stationed at the 3rd Field Hospital in Saigon throughout 1972 and 1973, Sam Blomberg lived in quarters converted from an old Vietnamese hotel. Each unit was usually shared with another person and had its own bathroom. The room contained two beds, lockers, and closets. He had a maid that came every day to clean. One of his most valued possessions was an old air conditioner. Blomberg thought he was "living in the lap of luxury." ¹⁵

¹⁴"Climate Patterns" in Welcome Information Packet (Army Nurse Corps Historian File 314.7, "History, Vietnam, Welcome Info/Mobilization Info," U.S. Army Center of Military History, Washington, D.C.), 8.

¹⁵West, Women of the Army Nurse Corps, 5; Linda Reinberg, In the Field, 108; Sam Blomberg, "Oral Interview with Sam Blomberg," OH 1194 (University Archives, Willis Library, University of North Texas, Denton, Texas), 12-13.

Living conditions at the 24th Evacuation Hospital in Long Binh proved rather good for nurse Joe Gonzalez during 1970 and 1971, as well. He took over a room from someone who left a few weeks after he arrived. The deal included keeping the departing soldier's air conditioner and an AK-47. Gonzalez spent quite a bit of time improving the room because he knew he would be spending the year there. His improvements included painting the floor, putting beams on the ceiling, and installing molding. He acquired most of his building materials from a prison that was being built across the street. He and the other men had phones in their rooms, although they were all connected to the same line. Gonzalez also had a little Sony television on which he watched taped sports events through the Armed Forces Network. From his "hootch" he heard bombing in the distance, but inside his room he could escape the war. The fighting seemed far away.¹⁶

Life in the camps differed greatly from location to location. For some areas, such as in Saigon, life was not much different from any hospital location in the United States. For others, those farther out, the dangers of the war remained a constant and a serious reality. There were

¹⁶Jose Gonzalez, "Oral Interview with Jose ("Joe") Gonzalez," OH 1191 (University Archives, Willis Library, University of North Texas, Denton, Texas), 8-12.

no safe areas in Vietnam, for officials declared the entire country a combat zone and no clearly defined front lines existed, no FEBA (Forward Edge of the Battle Area), to contain hostile action. Danger surrounded everyone. Although some areas obviously seemed more dangerous than others, all of the American military locations were "subject to fire harassment." Most nurses, male and female, feared for their safety at some point in their tour of duty. Nurses like Gayle Smith at Binh Thuy could hear the enemy every night, just a few miles away. Pat Johnson heard rocket attacks intended for the nearby airstrip during her tour with the 71st Evacuation Hospital during 1967. She remembered, "If you could hear the whistle [of the rocket passing you by], you knew you were safe." This was a rule known to the male nurses as well. If soldiers heard mortar fire and could count to seven, they were fine.¹⁷

¹⁷West, "Women of the Army Nurse Corps," 10-11; Althea E. Williams, "Letter from Colonel Althea E. Williams to Colonel Jeanne M. Treacy," 15 August 1968 (Army Nurse Corps Historian File 211, "Nurse, Male, Vietnam," U.S. Army Center of Military History, Washington, D.C.), 2; Richard V.N. Gunn, The History of the U.S. Army Medical Service Corps (Washington, D.C.: Office of the Surgeon General and the Center of Military History, 1997), 309; "Gayle Smith," in Everything We Had: An Oral History of the Vietnam War by Thirty-Three American Soldiers Who Fought It by Al Santoli (New York: Ballantine Books, 1981), 142-143; "Pat Johnson" in A Piece of My Heart by Keith Walker, 62; Houser, OH 922, 44-45. Linda Reinberg's In the Field defines FEBA as Forward Edge of the Battle Area.

For Sam Blomberg in Saigon, the war seemed very distant. In his case, life continued the same as in any other military base. Although most male Army nurses worked in the "lightweight olive drab fatigues," he and his fellow medical personnel wore the Class A uniforms to work, just as nurses at the 8th and 17th Field Hospitals did. He lived in a converted hotel rather than a quonset hut. Very few times during his tour of duty did the war hit close to home for him.¹⁸

William Dunphy served in Saigon from August 1969 to August 1970. He and his roommate, an Air Force comptroller, managed to acquire not only an air conditioner, but a refrigerator as well. Dunphy shared his good fortune with other male nurses. Several of his former classmates from the Army Career Course were also in Vietnam, and they came in from the "boonies" and slept on a cot that Dunphy and his roommate kept for visitors. The top of the hotel contained a restaurant, and the Helicopter Pilot's Club was located behind the hospital, so they would take their guest out for "a real meal." As he recalled, "Saigon was not a great hardship." Despite the relative comfort and safety, just before he returned to the United States, someone hung a satchel charge [a canvas bag filled with explosives] to the

¹⁸Blomberg, OH 1194, 9-12; Quote from West, Women of the Army Nurse Corps, 6.

back of the hospital fence right outside of the operating room one night, and it knocked the window out. Everyone panicked.¹⁹

The majority of male nurses in Vietnam lived in wooden "hootches". Often the walls were solid halfway up and then screened in with wire mesh extending to the ceiling. Fifty-five gallon drums or sand bags filled with dirt surrounded the building to protect occupants from shrapnel. According to Carl Horton, his first duty station at Dong Tam in the Mekong Delta had "no amenities at all." He described living conditions as "pretty primitive." He lived in a bunkered room with a nurse anesthetist. One side of the building was all-screen above the bunkers, and the side with the door was built of wood. They had a tin roof on the A-frame structure, and as he described it, "It was real hot and real damp when it rained." They stayed busy for long periods at a time, and if they were not working, they slept on cots.²⁰

After they were there seven months, the 9th Division pulled out, and the MUST unit moved into a fixed hospital at Can Tho, ninety miles south. At the new camp, living conditions improved. Male nurses experienced luxuries such

¹⁹Blomberg, OH 1194, 9-12; William Dunphy, OH 1197, 8-9, 19-20; Linda Reinberg, In the Field, 192.

²⁰Houser, OH 922; Carl Horton, "Oral Interview with Carl Horton," OH 1198 (University Archives, Willis Library, University of North Texas, Denton, Texas), 6-7, 12-14.

as running water and hot showers. Although nurses still lived in wooden buildings, the rooms contained real floors and real walls with screened-in windows. Dick Hooper referred to his accommodations at Quang Tri as "spartan." He and twelve other men slept on cots in one long Quonset hut. The showers were hot one day and cold the next, if they worked at all. Their one luxury was a refrigerator they stocked with beer.²¹

Larry Canfield's living quarters in Long Binh consisted of a two-story building. He had a small room that contained a bed and a desk and a closet. Between his room and the next one on the opposite side of the building was a wall that opened at the top allowing him to hear what was going on around him. According to Canfield, "Your living conditions depended on how well you could commandeer things." Canfield decorated his room with a Vietnamese flag, straw hats hanging on the walls, and a series of lighted Budweiser beer signs. He also acquired a bookcase and a big locker in which he kept an Ak-47, an M-1 carbine, and approximately three thousand rounds of ammunition. In addition to this weaponry, he had a .45-caliber pistol.²²

²¹Horton, OH 1198, 6-7, 12-14; Hooper, OH 869, 27.

²²Larry Canfield, OH 863, 11,12.

Danger was something the men lived with in most camps. Some camps had curfews, such as the 10:00 p.m. to 6:00 a.m. curfew in Saigon. Different types of alerts were common depending on the level of activity involved. Alerts came in the form of different colors: red alert, blue alert, yellow alert, and white alert. A red alert, the most serious, meant impending enemy attack and involved placing patients under the beds for protection, wearing flak jackets, and all nonessential personnel heading for the bunkers. In some cases nurses had to place patients in bunkers. Despite the threat of attack, the hospitals in Vietnam continued to provide patients with the "highest quality care" available. The enemy attacked several hospitals in Vietnam more than one time. The 45th Surgical Hospital at Tay Ninh, the 3rd Field Hospital at Saigon, and the 12th Evacuation Hospital at Cu Chi all fell into this category.²³

Oscar Houser described a period when he received word that the camp at Pleiku might be over taken and that the hospital staff would have to surrender. He faced the responsibility of informing the NCOs [Non-Commissioned Officers] of their impending fate. Official reports described them as surrounded by an enemy division. He

²³Sherner, OH 953, 12-13; Reinberg, In The Field, 181; Quote from Neel, Vietnam Studies, 144; Harrington, OH 1188, 15.

recalled the reaction of the NCOs as a refusal to surrender because they did not believe that the Vietnamese would take prisoners who were not officers. Houser admitted that he had never really thought about the issue before then, but their statement made him realize that he had little knowledge of enlisted POWs.²⁴

Having been enlisted in the Air Force prior to his Army career, Houser felt an empathy toward them and decided, "If they're going to fight, so am I." He and the men "procured" their weapons and took their stations. Fortunately for Houser and his group, the division went around the camp and only "dropped in a few mortars and rockets" to let the camp know they were passing. The entire ordeal lasted a couple weeks, with the men working during each day and then taking positions in bunkers and at guardposts during the evening hours. The officers took turns relieving the enlisted men so that they could get some sleep because they still had to work their shifts on the wards and carry out their regular assignments.²⁵

At Pleiku, Houser also had an encounter with a person protesting his duty in Vietnam. Houser described an incident where the Chief Nurse escorted a new nurse to

²⁴Houser, OH 922, 40-41.

²⁵Ibid., 40-41.

Pleiku because he was a conscientious objector and had no desire to "come up there where people got shot and killed." The Chief Nurse left him as Houser's responsibility. "One of the first things he wanted was his weapon." According to Houser, "When the mortars and rockets and bullets started flying...he forgot his objections or lost conscientiousness or something." When the conscientious objector requested his own weapon, Houser thought, "He's going to come along okay."²⁶

Often hospitals came under fire because of their location. Medical facilities often sat next to large air fields or near combat division headquarters, supply depots, or large troop areas. These were all legitimate targets for the enemy. Hospitals near these areas had guards, barbed wire and even the sounds of artillery in the background. Enemy attacks hit some hospitals. During an attack nurses not only took care of their own safety, but they protected the patients as well.²⁷

John Evans experienced an attack on 7 August 1969 on the base at Cam Ranh Bay. He lived in a two-bedroom unit with a combined living room and dining area built from what had once been one long barracks and now housed several

²⁶Ibid., 39, 40.

²⁷West, Women of the Army Nurse Corps, 10-11.

living quarters. Not only did they have a refrigerator, freezer, and air conditioner, but they had tile floors and plastic on the screens to keep out the sand since they were located on the ocean. Evans estimated the time of the attack as 12:50 a.m., because when he found his watch after the attack, it had stopped at 1:05.²⁸

He remembered going to bed and awakening to loud noises. Suddenly the roof fell in on him. As he crawled out from under the rubble, he put on the only shoes he could find--his shower shoes. He called for his roommate, but got no answer and could only see a hole in the wall between their rooms and the next living unit. The fire began to spread. Because he did not hear anything, he assumed the blast had killed his roommate. He returned to his room looking for his glasses and then made his way to the door.²⁹

Outside he heard "small arms fire" and "rifle fire," and he could see the Vietnamese. "I could still see them in their black pajamas up there, and they were shooting down at us as we were trying to come down out of our building." Because there was no cover on the open sand, he made his way to the front door. Although he could still see the snipers,

²⁸John M. Evans, Jr., "Oral Interview with John M. Evans, Jr.," OH 876 (University Archives, Willis Library, University of North Texas, Denton, Texas), 15-17.

²⁹Ibid., 15-17.

he had no choice but to leave the burning building. He made his way behind the shower under some low hanging clothes lines and ducked behind a bunker to wait until the shooting ended. Once the shooting had apparently stopped, Evans and another male nurse headed toward their emergency battle stations to assist the wounded.³⁰

The two men ran down the rampway and cut through one of the barracks where they saw wounded soldiers inside the building. Evans remembered pulling one soldier out from under the rubble only to discover that an explosive had blown off the bottom half of both of his legs. He and the other nurse continued on to encounter more wounded GIs, carrying them along with them as they headed toward the battle dressing station in the ICU [Intensive Care Unit] area. Once there, they participated in the triage process. They moved some of the patients out of the units and into quonset huts to make room in the ICU.³¹

Eventually, the situation stabilized. The Air Force sent helicopters to help transport patients to the Air Force hospital at Cam Ranh Bay, but the men were unable to return to their rooms to view the damage that had been done until after nine o'clock in the morning. At the time they had no

³⁰Ibid., 15-17.

³¹Ibid., 17-18.

idea as to the extent of the damage done to the area. Looking over the camp, they estimated that between six and ten Vietnamese had come in as a sapper team and sneaked right through the camp, starting at the BOQs [Bachelor Officers' Quarters] and traveling into the wards where they opened the doors and threw charges inside while the patients slept. They had blown up the chapel as well.³²

The building that housed Evans burned to the ground. The only items left were metal objects, including an air conditioner (broken beyond repair), the locker, and the bed frames. He did find some "trinkets" such as belt buckles, a melted pair of glasses and the watch that had stopped. Luckily for the women of the camp, the approximately thirty charges found in their area had failed to detonate.³³

Evans remembered that the danger really hit him the next day when he noticed that the entire side of the latrine and showers area which he had passed as he ran from his barracks had been destroyed. The metal roofing on top looked as if it had been folded back, and there was a hole in the ground six or eight feet from the route he had run. Shaken, he realized that the building had been intact when

³²Ibid., 17-18; Reinberg, In the Field, 191. A sapper team involved Viet Cong guerrillas infiltrating American and South Vietnamese bases with explosive devices.

³³Evans, OH 876, 20-22.

he passed. He described his feelings about that night and why the attack had happened:

It really was scary that I just didn't realize how lucky I'd been until that point in time...It was when President Johnson was talking about how safe and secure Cam Ranh Bay was...I think they did it to us to prove a point.

Evans's roommate, Dr. Dave Allred, stayed safe that night because he was the MOD [Medical Officer on Duty] and working in the sickbay area. "He was probably very lucky because that blast probably would have killed him had he been there." Evans saw him when he got to the triage area. Later, they talked about how fortunate they had both been.³⁴

The next day soldiers found two boats that the Viet Cong team had used to come in by sea. They had come over a sand dune and attacked the hospital area. One of the female nurses in the camp, Joan Waradzyn Thomas, who had been at Cam Ranh Bay less than ten days at the time of the attack, reported that after that she slept under her bed, fully clothed in fatigues for a month, just in case they came under attack again.³⁵

³⁴Ibid., 20-22.

³⁵Ibid., 20-22; "Joan Waradzyn Thomas," in Nurses in Vietnam, ed. by Dan Freedman and Jacqueline Rhoads, 152.

According to a newspaper report, twenty 107-millimeter rockets hit the complex at the same time the sappers hit the compound with a "series of explosive charges." Fifty-seven patients received new wounds, and two patients died as a result of the attack. Despite, or perhaps because of, the standard Red Cross insignia, the enemy destroyed one hospital ward and severely damaged three others. Until this incident, the military considered this area to be "one of the most secure areas in Vietnam."³⁶

Not all danger came in the form of a direct attack from the enemy, for even wounded patients presented some danger. Joe Gonzales remembered one patient that he encountered. He had just come on duty when a call came into the hospital that a helicopter was coming in with a soldier who had a "live round" in his abdomen. The soldier, an ARVN, had a grenade embedded in his abdominal area, but it failed to explode. The team had to meet him at the tarmac because of the danger involved with bringing him into the hospital. Gonzalez could not take his anesthesia machine with him, so he took an endotracheal tube, some drugs, a tank of oxygen, and some tubing. Wearing a metal helmet and a flak jacket, he headed out with a medical team to treat the man. He

³⁶Jim White, "VC Blast Hospital At 'Safe' Cam Ranh," from Stars and Stripes (Army Nurse Corps Historian File 314.7, "History, Vietnam," U.S. Army Center of Military History, Washington, D.C.), n.p.

started an IV and paralyzed the patient, but with no monitoring equipment, he could only take a pulse. He hooked up an endotracheal tube to 100 percent oxygen with a connector and bag and helped him breathe by squeezing the bag, which he did from underneath the gurney on which the patient lay. Once the doctors removed the grenade, they were able to get the soldier into the operating room. Gonzalez received a Bronze Star for his actions.³⁷

Life in a war zone involved serious adjustments. While on duty nurses worked in ways previously unimagined, often extending themselves to the breaking point. They worked hard. Living conditions, although varied throughout the country, usually rated as primitive when compared to the comforts of life back home in the United States. Yet, most male nurses managed to make the best of the situation. They made their "hootches" appear more like home. And despite the alleged safety of the hospital environment, they faced the dangers of war. At times they risked their lives for the safety of their patients.

³⁷Gonzalez, OH 1191, 24-28; Reinberg, In the Field, 11-12, 215. ARVN was the abbreviation for the Army of the Republic of Vietnam--the South Vietnam Army, also known as the Army of Saigon. Nicknames for these soldiers included "Arvin" and "Marvin Arvin." Tarmacs were "large metal plates used as helicopter landing pads or as runways for small planes."

For male nurses, as well as other soldiers, remaining sane meant escaping the realities of life in a war zone whenever possible. Through diversions such as recreation, reading, and hobbies, the men occupied their minds and bodies. Some used alcohol as a form of relaxation. They kept themselves busy and tried to think about anything but the war. Mostly, they dreamed of home. Some even left Vietnam through leave programs and visited the family and friends that each soldier wanted so desperately to return home to permanently.

CHAPTER 7

AFTER HOURS: FINDING WAYS TO FILL FREE TIME

Finding a way to spend non-working hours was important in the war zone. Working there was an intense experience, and playing in a war zone proved equally intense. Nurses not on duty found numerous ways to spend their time. They shopped and ate at government facilities; they worked at hobbies and sought educational opportunities. Nurses also spent much of their free time trying to keep in contact with family and friends back home. They took trips to see the sights in Vietnam and also took advantage of the much needed Rest and Recuperation (R & R) trip where soldiers escaped the war. Some nurses even managed trips back to "the World." They took advantage of many physical exercise facilities on the compounds where they lived. Trying to forget the reality of war took up much time for nurses, and for many it meant partying. For some, alcohol proved an easily accessible means of unwinding. Thus, whenever the work stopped, nurses sought to fill time with some activity.¹

¹Linda Reinberg, In the Field: The Language of The Vietnam War (New York: Facts on File, 1991), 178, 242; Elizabeth Norman, Women at War: The Story of Fifty Military Nurses Who Served in Vietnam (Philadelphia: University of

Under normal circumstances, most nurses worked twelve-hour shifts six days a week with the possibility of incoming casualties requiring their return to the hospital at any time. Nurses were constantly on call, and they never knew what hour of the night or day they might be forced back to work. During mass casualty situations involving more than ten to fifteen wounded soldiers arriving together, nurses and doctors worked twenty-four to forty-eight hours straight, or even longer. The physical demands of wartime nursing could be overwhelming, testing the physical, mental, and emotional limits of the nurses. Nurse Donald Hansen, who served during the Tet Offensive of 1968, remembered that when faced with an onslaught of casualties, he and fellow workers continued treating the wounded until they were "dead exhausted," or until they could no longer work because of a lack of supplies. Treating patient after patient under the most difficult of conditions tested the limits of human endurance. Jacqueline Navarra Rhoads, a nurse with the 18th Surgical Hospital at Quang Tri in 1970 and 1971, described these situations as "mass chaos, bordering on panic."²

Pennsylvania Press, 1990), 60. "The World" used here refers specifically to the United States of America, but at times it was used by GIs to represent any place other than Vietnam.

²Iris J. West, "The Women of the Army Nurse Corps During the Vietnam War," (Army Nurse Corps Historian File 314.7, "History, Vietnam," U. S. Army Center of Military

It was not unusual for the nurses to be on duty for seemingly impossible periods of time in order to treat wounded soldiers. Lorraine Boudreau, who served two tours as a nurse in Vietnam (1965-1966, 1969-1970), remembered working eighteen to twenty hours at a time while the hospital administered to more than two hundred patients during one mass casualty situation at the 93rd Evacuation Hospital at Long Binh. Carl Horton, who served at both Dong Tam and Can Tho, described days where the patient load kept the staff busy from "daylight until the next daylight," while Tillman Barrington said that at times he and his comrades spent thirty-six straight hours in the operating room at Da Nang. Other staff members brought Barrington and his co-workers food, allowing them to eat quickly and continue working. James Kelsh, a doctor with the 91st Evacuation Hospital in 1967, recalled operating for seventy-

History, Washington, D.C.), 6, 9-10; "Shirley Menard," in Nurses in Vietnam: The Forgotten Veterans ed. by Dan Freedman and Jacqueline Rhoads (Austin: Texas Monthly Press, 1987), 114; Sharon I. Richie, "Combat Nurses: You Won't Be Alone," Military Review, 86(January 1989)1: 68-69; Norman, Women at War, 36; Hansen quoted from James D. Odom, "The Vietnam Nurses Can't Forget: Letters Home Chronicle Long Hours of Surgery and Gunfire," American Journal of Nursing (September 1986): 1036; "Jacqueline Navarro Rhoads" in Nurses in Vietnam ed. by Freedman and Rhoads, 13; Oscar S. Houser, "Oral Interview with Oscar S. Houser," OH 922 (University Archives, Willis Library, University of North Texas, Denton, Texas), 38.

two hours with only short "catnaps" when he became exhausted.³

Frustrations such as limited supplies and patients for whom little could be done compounded the stress that nurses faced. The terrible wounds that nurses witnessed added another level of difficulty to the situation. Nurses treated patients with massive and multiple body injuries. They saw patients with missing limbs, sometimes with all four limbs gone. Often, three or four teams of doctors and nurses worked on a patient simultaneously: one on the head, one or two on the arms and legs or abdominal area. They treated gunshot and fragmentation wounds all over the body. They dealt with severe burns, as well as penetrating wounds of the head, abdomen, and chest. In addition to caring for debilitating and devastating injuries, the nurses experienced the strains of living and working under

³"Lorraine Boudreau" in Nurses in Vietnam ed. by Freedman and Rhoads, 27; Carl Horton, "Oral Interview with Carl Horton," OH 1198 (University Archives, Willis Library, University of North Texas, Denton, Texas) 11; Tillman E. Barrington, "Oral Interview with Tillman E. Barrington," OH 898 (University Archives, Willis Library, University of North Texas, Denton, Texas), 10; James M. Kelsh, "Fighting Forces: In French, 'Triage' Means to Sort Out. But on the Battlefield it Means Life-and-Death Decisions.," Vietnam (December 1993), 14, 20. A push at hospitals in Vietnam inevitably resulted in a big influx of patients throughout the chain of evacuation which caused the same marathon work situations for nurses and their co-workers at military hospitals including those in Hawaii, Japan, and back in the States.

conditions that threatened their own personal safety. Nurses often witnessed firefights surrounding their hospital compounds, and some experienced enemy attacks first-hand as their own units were hit. For some nurses, rocket and mortar attacks were a weekly occurrence.⁴

In the midst of the realities of war, nurses sought to make the most of every available free minute. For many male nurses, keeping busy meant not having to contemplate the reality of their situation. Donald Hansen observed: "I never held still the whole time I was there...if I stopped, I would have to think. I just didn't want to think."⁵

General William Westmoreland, who commanded in Vietnam from 1964 until he became the Army Chief of Staff in 1968, said that the Army maintained Post Exchanges (PXs), clubs, food facilities, and recreational facilities to "keep troops out of the cities" and to help "reduce piaster spending." He maintained that such facilities were good for morale. During the war, the government operated more than two

⁴Odom, "Vietnam Nurses Can't Forget," American Journal of Nursing, 1036; West, "Women of the ANC," 10; Norman, Women at War, 81, 94-95; Kelsh, "In French," Vietnam, 14; Houser, OH 922, 38; John M. Evans, Jr., "Oral Interview with John M. Evans, Jr.," OH 876 (University Archives, Willis Library, University of North Texas, Denton, Texas), 15-22; "Lorraine Boudreau," in Nurses in Vietnam ed. by Freedman and Rhoads, 32; Richie, "Combat Nurses," Military Review, 69.

⁵Odom, "Vietnam Nurses Can't Forget," American Journal of Nursing, 1036.

hundred outlets throughout Vietnam. Soldiers could shop at a PX at the largest military installations in the country. Smaller compounds had base stores, and individual units used annexes where soldiers could buy tobacco, candy, toiletries, stationary and other "convenience articles." All bases, no matter how remote, had barber shop facilities.⁶

For convenience, soldiers could mail order items from the Pacific Exchange (PACEX) catalog and have items delivered to Vietnam or to the United States. Nurses and other soldiers purchased items like jewelry, watches, dolls, china, cameras, radios, tape recorders and stereo equipment. For the male nurses who were married, the catalog provided a convenient way to send gifts home for wives and children. Popular items included toys for children and china and silverware for wives. China also proved to be a popular gift for the mothers of single GIs.⁷

⁶William Westmoreland, A Soldier Reports (Garden City: Doubleday & Company, 1976), 358-359; Quote from Helpful Hints for Personnel Ordered to the Republic of Vietnam (Washington, D.C.: Government Printing Office, 1970), 14-15, 30-32; Harry G. Summers, The Vietnam War Almanac (Novato: Presidio Press, 1985), 357-359; Reinberg, In the Field, 167. A piaster was the currency of South Vietnam which was replaced by the "dong" in 1978. In 1960, the rate was 755 piasters to one dollar; in 1966, 100 piasters equaled eighty-five cents; in 1970, 100 piasters was worth one dollar and fifteen cents.

⁷Helpful Hints, 30-32; Larry Canfield, "Oral Interview with Larry Canfield," OH 863 (University Archives, Willis Library, University of North Texas, Denton, Texas), 20-21, 29-30; Larry S. Hilliard, "Oral Interview with Larry S.

Soldiers had access to local military dining facilities known as mess halls, which the military touted as serving "restaurant-type food." One U.S. Army Commissary Resale Store was located in Cholon, the Chinese section of Saigon. Throughout the country in the areas of "heaviest troop concentrations," snack bars operated. Soldiers in the more remote areas had access to snack-mobiles and snack stands, which served hamburgers, hotdogs, grilled cheese sandwiches, soft drinks, coffee, and tea, as well as ice cream and milkshakes. Some installations had restaurants contracted by civilians, such as "The Loom Foom," a Chinese restaurant at Quang Tri.⁸

If none of the food possibilities provided by the military seemed appetizing, soldiers were able to eat at most restaurants. The Army placed only a few Vietnamese food establishments off-limits, and it advised soldiers to select "larger, well-established" places to eat and to

Hilliard," OH 930 (University Archives, Willis Library, University of North Texas, Denton, Texas), 64; Jose Gonzalez, "Oral Interview with Jose ("Joe") Gonzalez," OH 1191 (University Archives, Willis Library, University of North Texas, Denton, Texas), 33; Robert J. Wehner, "Oral Interview with Robert J. Wehner," OH 940 (University Archives, Willis Library, University of North Texas), 15; William Dunphy, "Oral Interview with William Dunphy," OH 1197 (University Archives, Willis Library, University of North Texas, Denton, Texas), 13.

⁸First and second quotes from Helpful Hints, 12-15; Third quote from Canfield, OH 863, 29-30; Reinberg, In the Field, 42, 139.

select "hot, well-cooked foods." Military officials warned the men to avoid civilian ice and water if at all possible.⁹

Nurses often took up hobbies to help pass time. Some camps had craft shops where soldiers could work with wood or leather. Pleiku had one of these shops, and some men spent hours there working with leather. Many male nurses took numerous pictures and slides during their tour of duty, and some installations even had dark rooms for those interested in photography.¹⁰

For those who enjoyed reading, the military provided library services. Several installations in Vietnam had a library and a combined collection of 4,000 to 9,000 hard bound books. Additionally, magazines and paperback books were available. Tape listening facilities were also part of this system. For those not near the libraries, bookmobiles and branch libraries offered reading materials. Each month current magazines and recently released paperback books were mailed directly to company-size units throughout Vietnam. The military published three newspapers for soldiers:

⁹Helpful Hints, 12-15.

¹⁰Helpful Hints, 34; Houser, OH 922, 38; Darrell Harrington, "Oral Interview with Darrell Harrington," OH 1188 (University Archives, Willis Library, University of North Texas, Denton, Texas), 23; Sam Blomberg, "Oral Interview with Sam Blomberg," OH 1194 (University Archives, Willis Library, University of North Texas, Denton, Texas), 16; Hilliard, OH 930, 40.

Pacific Stars & Stripes with daily news from around the world, The Observer, and The Army Reporter with weekly events and news from Vietnam. Soldiers could also choose to read two commercial papers published daily in Saigon.¹¹

Reading provided nurses with a way to escape the routine of the war zone. Larry Hilliard used his time at Quang Tri voraciously reading. The hospital had a little library, and he began reading Perry Mason novels by Erle Stanley Gardner. He estimated that he read about forty books during his time there. The library resembled a little closet, and the books were haphazardly scattered in it. They came from the Red Cross and from friends and family back in the States. Carl Horton liked reading, too. He described his reading as "garbage" books, anything to pass an hour or two.¹²

Radio and television programs helped some nurses to fill time. In some areas of the country, soldiers watched American television via AFRTS, the American Forces Radio and Television Service, which operated out of Los Angeles, California. They recorded and then replayed popular shows from stateside, as well as world and national news and sporting events. Nurses listened to a mixture of

¹¹Helpful Hints, 33, 37.

¹²Hilliard, OH 930, 32, 34; Horton, OH 1198, 16; Wehner, OH 940, 15.

contemporary rock and roll, country and western, easy listening, and jazz music through daily programming on AM radio. This station transmitted throughout Vietnam. The FM radio station had a range within fifty miles of major cities and played "down-tempo" hits from easy listening, standard, classical, and current categories.¹³

One of the most important free time activities involved contact with home. For male and female nurses, as well as other soldiers in Vietnam, a link to family and friends back in the United States proved most important to morale. They wrote letters, sent tapes back and forth, and whenever possible made phone calls. Mail and packages from home were usually the highlight of a soldier's day. Any day with mail was a "good day." Authorities claimed that first class mail service should have mail at its destination within three to five days. Soldiers stationed in Vietnam had free mailing privileges for air-first class letter mail and sound recording tapes. The post office only required that soldiers include their complete return address and a handwritten "Free" in the place where a postage stamp should be for mail going to the United States, Puerto Rico, or any other territory of the United States. Any package of five pounds or less and smaller than sixty inches "length and

¹³Quote from Helpful Hints, 32-33; Gonzalez, OH 1191, 10-11; Dunphy, OH 1197 14; Houser, OH 922, 44.

girth combined" qualified for space available air-mail (SAM). Larger packages incurred additional cost. Most post offices provided free wrapping paper and string for members of the armed forces.¹⁴

Writing letters and recording tapes to send home was one of the most popular ways for male nurses to spend their time off-duty. C.G. Hausser sent some reel-to-reel tapes home instead of writing. He usually sat down and made notes about what he had to say and then talked until he ran out of subjects. He wanted his family to be able to hear him, and he really didn't like to write letters. He later remarked, "I'd try not get into the work. I'd talk about watching water buffalo or the Vietnamese in the fields, that sort of thing..." His family then sent him tapes, and he heard their voices and kept up with their lives. Hausser admitted that both he and his wife kept any problems they were having from each other. Trying to send only positive letters and tapes seemed to be a standard procedure for most nurses, both male and female. Hausser found out about her problems

¹⁴First quote from Dick Hooper, "Oral Interview with Dick Hooper," OH 869 (University Archives, Willis Library, University of North Texas, Denton, Texas), 36; Second and third quotes from Helpful Hints, 21-22; "Guidelines for Army Nurse Corps Women Officers on Orders to Vietnam," (Army Nurse Corps Historian File 314.7, "History Info/Mobilization Info," U.S. Army Center of Military History, Washington, D.C.), 3-4.

only after he returned, for she had handled them personally. One of the problems faced by Hausser and his family was that his son Nathan thought he was dead. Nathan, who was four or five at the time, did not realize until his father came home on leave that he was still alive. Larry Canfield recalled that his daughter, who was less than two years old, began calling the microphone her mother used to make tape recordings "Daddy." Male nurse Darrell Harrington suggested that many of the men thought that writing and sending tapes was so important because the separation seemed harder on family members back home. For those in Vietnam, the work kept them busy much of the time.¹⁵

Commercial phone calls to the United States went through the United Service Organization (U.S.O) Club in Saigon or at "call home" facilities in Da Nang, Cam Ranh Bay, Qui Nhon, Long Binh, and Nha Trang. Soldiers had a chance to use the phones on a "first come, first served basis." These calls used Vietnamese commercial facilities and cost the soldier nine dollars for three minutes and then three dollars for each additional minute. Person-to-person

¹⁵C.G. Hausser, "Oral Interview with C.G. Hausser," OH 874 (University Archives, Willis Library, University of North Texas, Denton, Texas), 26,29, 30; Norman, Women at War, 61; Canfield, OH 863, 27-28; Harrington, OH 1188, 24-25; Houser, 922, 43; Carl Horton, 1198, 17-18; Sam Blomberg, OH 1194, 18; Larry Hilliard, OH 930, 64-65; Barrington, OH 898, 15-16.

rates were twelve dollars for three minutes and three dollars for each minute thereafter.¹⁶

Soldiers also had access to phone lines, and they made Military Affiliate Radio System (MARS) telephone calls to the U.S. by using ham radio equipment. MARS operated at forty-seven Army stations in Vietnam. With a policy of "first-come, first served," it allowed phone patching and message service for all soldiers. Rates varied depending on the "radio point of contact" in the United States and the location of origin. These calls generated collect charges with the party called responsible for the bill. MARS patched through the parties on the phone, and it required that each sentence to be followed by the phrase "over." Sam Blomberg reported that if a soldier could get patched through to Senator Barry Goldwater's station in Arizona, the call was free, paid for by the senator. William Dunphy called home several times, but learned that the time difference meant that he was reaching home at two, three, or four o'clock in the morning. The phone ringing that early always frightened his wife and her family.¹⁷

¹⁶Helpful Hints, 40-41.

¹⁷Reinberg, In the Field, 136; First and second quotes from Helpful Hints, " 40-41; Blomberg, OH 1194, 18; Harrington, OH 1188, 20; Houser, OH 922, 43-44; Wehner, OH 940, 21; Dunphy, OH 1197, 18. For an explanation and demonstration of a MARS call, see Al Santoli's Everything We Had: An Oral History of the Vietnam War by Thirty-Three

Another way to escape the stress of life in a war zone involved leaving the country or taking "leave" and getting away from the hospital. The highlight for most male nurses was the Rest and Recuperation Program leave that enabled them to vacate the country. During each twelve-month tour, soldiers received one six-night out-of-country R&R leave. After serving at least three months in Vietnam, a nurse earned the right to apply for leave. Soldiers had their choice of an approved destination: Bangkok, Hawaii, Hong Kong, Sydney, Taipei, or Tokyo. For most of the soldiers, Hawaii was the destination of choice; and for a married man, a week with his wife earned top priority. Some soldiers referred to trips where they met their spouses as "rape and run." On rare occasions, men got to see their children. When Tillman Barrington took his R & R trip to Hawaii, he met his wife and his eighteen-month-old daughter. Some single nurses met their girlfriends and spent the week together. Other male nurses met friends or family members at other locations for a vacation. Carl Horton visited his brother, who was stationed in Japan. John Sherner and a friend from nursing school also went to Japan. The program filled available spaces by giving priority to those who had served the greatest amount of their tour. The military paid

American Soldiers Who Fought it (New York: Ballantine Books, 1981), 129.

for the cost of travel to and from the location while the soldier was responsible for all other costs.¹⁸

In 1971, Darrell Harrington became one of the first nurses allowed to take his R & R in the United States. The trip proved expensive because he had to pay for his own transportation. Anyone extending their tour by at least ninety days earned an additional R & R trip outside of Vietnam. Many nurses saved their trip until at least the halfway mark of their tour. The plane trip to return to the war zone was much different from the original flight to Vietnam, for this time soldiers had no misconceptions about what to expect.¹⁹

For some nurses, R & R meant a trip within the borders of Vietnam. The military provided an in-country R & R center comparable to a beach resort at China Beach in Da Nang, where soldiers could spend three days. Soldiers "living under hardship or austere conditions" had priority for reservations. Here soldiers had free accommodations,

¹⁸Helpful Hints, 34-35; Quote from Westmoreland, A Soldier Reports, 358-359; Reinberg, In the Field, 178; West, "Women of the Army Nurse Corps," 7; Norman, Women at War, 25-26; Horton, OH 1198, 17; Dunphy, OH 1197, 15-16; Wehner, OH 940, 18; Hilliard, OH 930, 36-37; Canfield, OH 863, 25-26; John Sherner, "Oral Interview with Colonel John Sherner," OH 953 (University Archives, Willis Library, University of North Texas, Denton, Texas), 34; Barrington, OH 898, 15.

¹⁹West, "Women of the Army Nurse Corps," 7; Norman, Women at War, 25-26; Harrington, OH 1188, 26-27.

including special rations with free beer and soft drinks. Soldiers also had available free movies and sun decks. Other activities for the entertainment were swimming, fishing, boating, and water skiing.²⁰

In addition to R & R, nurses had other options for free time. The military authorized soldiers serving a one-year tour of duty in Vietnam one regular leave of up to seven days. This leave could not be taken with the R & R leave; however, soldiers could travel to any of the R & R destinations, Okinawa, or any location within Vietnam. Soldiers were free to sign up for "space available" flights, but they were required to pay for civilian flights if these spaces filled. Officials prohibited troops from taking a trip back to the United States. Anyone extending his or her tour for at least six months earned "special leave" of thirty days not counted as ordinary leave. Travel time to any destination in "the World," including the United States, did not count as leave, either. The military provided free transportation.²¹

During their year in Vietnam, soldiers also had opportunities to visit other locations within the country. Some nurses visited friends at other camps. A weekend in

²⁰Quote from Helpful Hints, " 35; West, "Women of the Army Nurse Corps," 7.

²¹Helpful Hints, 35.

Saigon, where living conditions for nurses seemed quite comfortable, provided some much needed relief. John Evans described traveling to Long Binh to visit his friend Larry Canfield: "Every once in a while we could catch a 'hop,' catch a C-130, and go back and forth." Tillman Barrington traveled to other compounds when he did not have to be in the operating room.²²

A few nurses traveled outside of the country on work-related trips. George Haag accompanied a patient on a flight to Manila; and in an unprecedented move, the Chief Nurse of Vietnam ordered Darrell Harrington to Korea for thirty-two days during his tour of duty. Leaving a war zone for an assignment in a non-war zone was a shocking assignment for Harrington, but his superiors told him that, since both places fell under the same command, such an assignment was permissible. After completing his assignment at the hospital in Korea, Harrington returned to Vietnam.²³

A few fortunate male nurses had opportunities to return to the States during their tour of duty or to travel to another location for work-related activities. Larry

²²West, "Women of the Army Nurse Corps," 7; Evans, OH 876, 28; Barrington, OH 898, 13-14.

²³George Haag, "Oral Interview with George Haag," (U.S. Army Nurse Corps Historian Oral History File, U.S. Army Center of Military History, Washington, D.C.), 25-26; Harrington, OH 1188, 6.

Hilliard not only went on the standard R & R trip, but he also took advantage of an opportunity to take "Christmas Leave." Nurses also returned to the United States in the case of family emergencies such as a serious illness. C.G. Hausser came home on leave when his wife miscarried at five months. It took approximately a month-and-a-half before he could leave the country. Contrary to official policy, George Haag was able to take his R & R where he met his wife in Hawaii and then follow it with a week in Maryland, where he got to see his daughter graduate from high school. Joe Gonzalez received permission to travel back to the United States to attend the wedding of his brother in New York and might have been able to make another trip if his wife had contacted the Red Cross when his son was hospitalized for an eye infection.²⁴

A popular free-time activity for many nurses was physical recreation. At Pleiku and Camp Evans, for example, the nurses had volleyball teams. Another sport frequently played was basketball, and at Long Binh there was the possibility of playing handball. Some units organized football teams and played against each other, or even

²⁴Hilliard, OH 930, 38-41; Helpful Hints, " 35-36; Hausser, OH 874, 24; Haag, "Oral Interview," 24-26, 31; Gonzalez, OH 1191, 34-35.

against other units. Soldiers who enjoyed more individualized physical exercise took up jogging.²⁵

At Long Binh, Larry Canfield frequently used the swimming pool, which was built about halfway through his tour at the end of 1969. Since he started work at 3:00 in the afternoon, he went to the pool in the morning. Pleiku also had a pool. For those men lucky enough to be stationed near the beach at Cam Ranh Bay, the beach provided something to do during off-duty hours. At Chu Lai, Darrell Harrington remembered that when they spotted sharks, the sirens sounded a warning to close the beach, and helicopters circled the water with crew members shooting at the sharks. Some nurses and other Army personnel returned from Vietnam with wonderful tans from sunbathing.²⁶

Tillman Barrington volunteered his services as the special activities director and spent time bartering for athletic equipment and whatever else might be needed. During his time at Da Nang (1969-1970), he saw several things built, including a photo lab, a baseball field, and a basketball court. The military also provided boats for

²⁵Canfield, OH 863, 20; Houser, OH 922, 38; Hooper, OH 869,30; Gonzalez, OH 1191, 22-23; Harrington, OH 1188, 31; Wehner, OH 940, 17.

²⁶Canfield, OH 863, 20; Evans, OH 876, 28; Hilliard, OH 930, 33; Harrington, OH 1188, 23, 31, 32; Sherner, OH 953, 32.

water skiing in Da Nang harbor. Barrington learned to scuba dive with equipment that could be checked out from a nearby Air Force base. The SEAL team at a nearby Navy base filled the tanks for them. One of the rewards of scuba diving was lobster, which the men caught and brought back to the compound to be grilled.²⁷

The recreational activity had physical benefits for some men. Many reported weight loss during their tours of duty. Larry Canfield stated that he left for Vietnam weighing close to 200 pounds but came back at about 170 pounds. Carl Horton reported a weight loss of thirty pounds. He left for Vietnam weighing 195 and returned at 165 pounds.²⁸

During off-duty hours many soldiers, nurses included, used alcohol as an escape from the war. Each camp area had some sort of club. Partying was a release from the pressures of the war, and any occasion provided an excuse. People filled the officers' club and planned parties for the most spurious reasons. Promotions, going away parties, birthdays, any reason for celebration called for a party. For nurses, drinking was the most common way to unwind. It

²⁷Barrington, OH 898, 13,14; Reinberg, In the Field, 194. Seal forces are elite Navy special warfare Sea-Air-Land units.

²⁸Canfield, OH 863, 20; Horton, OH 1198, 26.

was an acceptable wartime behavior. Not only that, but alcohol was cheap as well. A case of beer cost about the same as a case of Coca-Cola. Although some soldiers in Vietnam used drugs like marijuana, hashish, opium and heroin to relax and escape, most medical officers did not.²⁹

The widespread consumption of alcohol sometimes proved a problem. C.G. Hausser said that drinking was used to relieve the boredom, loneliness, and the pressures of war. "We always had parties...all in the middle of the night." He remembered one night when he was off-duty but on call, and he attended a party. He consumed a six-pack of beer in about forty-five minutes: "I was feeling fairly good [slightly inebriated] and got called back to work." Because of the alcohol consumption, he began to have trouble manipulating his hands as he tried to put blood bags into pumps. As it turned out, he performed techniques on a patient who was dead: "The doctors wanted to try and do something. They had some new techniques they wanted to try." Hausser stated, "That was the last time I drank when I was on duty." The possibility of harming a patient was

²⁹Norman, Women at War, 7, 60, 62-63; Sherner, OH 953, 31; Harrington, OH 1188, 15. Keith Walker's A Piece of My Heart: The Stories of Twenty-six American Women Who Served in Vietnam (New York: Ballantine Books, 1985) has a female nurse relaying the story of her going away party on page 331 and another nurse discussing going to the NCO club on pages 275 and 276.

not something he was willing to risk from that point on. The massive amounts of alcohol consumed became a problem for some nurses.³⁰

Off-duty drinking was another matter. Nurses worked twelve-hour shifts at Quang Tri. Hausser said once they moved from Cu Chi, nurses did not get called back, and he reached a point where he could go "through a fifth of Chevas Regal in about four hours." According to Hausser, "Everything was rationed. They had cigarette rationing and beer rationing." Each individual could buy a certain amount from the PX. Those who did not smoke would trade cigarettes for alcohol coupons. Officers' clubs received copious quantities of alcohol. The cost of liquor and beer was much cheaper through the military exchange system than stateside.³¹

For at least one nurse, a side effect of the war was what might be considered an addiction to soft drinks. Being on duty normally meant abstention from alcohol. With local water supplies unsafe, soft drinks proved an alternative. Soda rather than alcohol was the beverage of choice for

³⁰Hausser, OH 874, 12,13; Dunphy, OH 1197, 12. See also: "Cheryl M. 'Nicki' Nicol," and "Karen 'Kay' Johnson Burnette & Donna B. Cull Peck" in A Piece of My Heart by Keith Walker, 199, 358.

³¹Hausser, OH 874, 13, 14, 15: "Guidelines for Army Nurse Corps Women Officers," 4.

nurses unsure of when they might be called back to duty. For Cheryl Nicol, who served at the 91st Evacuation Hospital and then the 8th Field Hospital during 1967 and 1968, this habit was one that never diminished. She admitted, "Even today I'll drink six, eight, ten [soft drinks] a day."³²

Card playing, "hanging out," or drinking helped to pass the time, and parties filled whatever off-duty time left. According to C.G. Hausser, nurses held most of the parties late at night. For example, they had a spontaneous Christmas party in October that started about 1:30 or 2:00 in the morning. He was "feeling blue" and began listening to a recording of Christmas music his father had made and sent to him. Someone came through, inquired what he was doing, and suggested a party. By 3:30 a.m. they had Christmas tree lights strung all over his "hootch" and about forty to forty-five people dancing, talking, and drinking. The party continued for three hours, and then they cleaned up to go to work. Darrell Harrington and fellow personnel at Chu Lai had a hootch they called "The Villa," where they could always go to party. It was very casual, with no

³²"Cheryl M. 'Nicki' Nicol," in A Piece of My Heart by Keith Walker, 358.

attention being paid to rank, and there was always music and alcohol.³³

Dick Hooper remembered that alcohol consumption played a major role in all off-duty activities. Loitering at the officers' club, playing cards, and "cookouts" were all popular activities for male nurses and their co-workers as well. Hooper thought that the beer rations were close to three cases per person per month. Being at Camp Evans made his unit one of the last stops on the supply line: "As it went up the line, the good stuff, the better stuff...just kind of disappeared. So, when we got up there, we got rusty cans of beer and things like that." They drank Stag and Miller, anything that came through.. Liquor was difficult to find. Whenever the nurses heard that the PX had received a shipment, those not on duty slipped off and shopped for everyone, since one could use another person's ration card with permission.³⁴

Movies were another means of passing time, and most compounds had them. Some individual films ran for a long time. For example, the 95th Evacuation Hospital at Da Nang showed "The Good, The Bad, and The Ugly" with Clint Eastwood

³³Canfield, OH 863, 20, 22, 23; Houser, OH 922, 38; Evans, OH 876, 31; Hausser, OH 874, 14; Hilliard, OH 930, 33; Harrington, OH 1188, 16.

³⁴Hooper, OH 869, 35; Harrington, OH 1188, 16, 17.

over twenty times. John Evans said he and his friends went to the movies almost every night at Cam Ranh Bay.³⁵

Much free time was spent sleeping, especially when the men were suffering from some depression. Larry Hilliard said that sleeping was a frequent activity during the monsoon season when it was gloomy and cold with heavy rains. During hot weather sleeping was not easy, so he took advantage of the seasonal change. Monsoon season varied throughout the country depending on the geographic location. In the northeast coastal areas from Nha Trang north, the rainy season lasted from September to December. In the lowland and delta regions, including areas around and south of Saigon, rains fell from the middle of May to the middle of October; and in the highlands north of Saigon and extending to North Vietnam, rains fell from May through October. While Carl Horton was at Dong Tam in the Mekong River Delta, he and his co-workers were so busy that all they seemed to do was work or sleep.³⁶

Religion helped get some men through the rough times in Vietnam. The military provided religious services for troops throughout the country with chaplains assigned to

³⁵Norman, Women at War, 60; Evans, OH 876, 28; Sherner, OH 953, 32; Horton, OH 1198, 16.

³⁶Hilliard, OH 930, 32,33; Helpful Hints, " 3-4; Sherner, OH 953, 31; Horton, OH 1198, 6-7.

various units. Some bases had designated chapels. Larry Hilliard frequently read his Bible. Sometimes he read the Bible daily and "found a great comfort and help." Yet there were periods that he might go a month and not read it at all.³⁷

Thus, the nurses sought various means of filling off-duty hours. For male nurses, keeping their minds off the war, off the loneliness of being away from friends and family, and off the dangers associated with their tours of duty was crucial. Writing and talking to friends and family took top priority, as did taking advantage of any opportunity for leave. For others, escaping the realities of war meant expending any leftover energy through physical activity. Reading also provided an outlet for many nurses as well, while some nurses quelled the harsh realities of the environment through alcohol. Trying to relax and unwind sometimes proved difficult, but the ultimate goal was survival, physically and mentally, until the end of the year-long tour of duty. Keeping busy until the end of the day brought an opportunity not to have to think about the war. It meant marking another day off the calendar and being another day closer to returning to "the World."

³⁷Hilliard, OH 930, 35; Helpful Hints, " 38.

CHAPTER 8

LIVING AND WORKING WITH THE VIETNAMESE

For soldiers stationed in Vietnam, contact with the people of the country proved inevitable. It came in many different ways. As part of their duty experiences, male nurses dealt with patients from both North and South Vietnam; however, they also came in contact with native civilians working within their camp areas. Some nurses chose to work with local Vietnamese hospitals and interacted with their medical counterparts at these facilities. Other nurses helped care for Vietnamese children at local orphanages. Many nurses took part in Medical Civic Action Programs (MEDCAPS), providing the Vietnamese people with much needed medical service. The attitude of regular soldiers toward the Viet Cong and North Vietnamese was simple--kill or be killed. But for nurses caring for the local Vietnamese and sometimes called upon to treat the enemy troops, the issue became ambivalent.¹

¹Elizabeth Norman, Women at War: The Story of Fifty Military Nurses Who Served in Vietnam (Philadelphia: University of Pennsylvania Press, 1990), 39; Lynn Hampton, The Fighting Strength: Memoirs of a Combat Nurse in Vietnam (New York: Warner Books, 1990), 49.

The tactic of using women, children, and the elderly as direct participants in the war created major difficulties for soldiers not experienced by those participating in previous American wars. The lack of a distinguishable front line only compounded the problem. Soldiers never knew for sure exactly who the enemy might be; therefore, all Vietnamese fell under suspicion. As Dr. Byron E. Holley wrote in his journal during his tour of duty in 1968 and 1969:

One of the biggest problems for any American over here--just who is the enemy, and how can you tell him from the typical peasant farmer who lives out in the paddies and wears black pajamas and thong sandals just like Charlie.

This knowledge, however, meant ignoring the most basic of human instincts. Soldiers had little problem imagining Vietnamese men as the enemy, but the children? The women?²

As a form of protection from the uncertainty of identifying the enemy, some male nurses chose to have very little contact with the people of the country; however, within the hospitals, nurses could hardly avoid or ignore Vietnamese patients. Tillman E. Barrington, who served with

²Byron E. Holley, Vietnam 1968-1969: A Battalion Surgeon's Journal (New York: Ivy Books, 1993), 21; Norman, Women at War, 40, 100.

the 95th Evacuation Hospital in Da Nang, estimated the percentage of Vietnamese patients he treated to be around 20 to 30 percent. The hospital in Da Nang contained its own Prisoner of War (POW) ward, where contact with the enemy patients could not be avoided. Because of the language barrier, Barrington could not communicate directly with the Vietnamese civilians who came through the hospital, but some degree of interaction had to occur.³

For nurses, perhaps the most difficult situation involved caring for known enemy patients. Injured prisoners often arrived at American medical facilities for treatment along with the same American troops they fought. Not only did nurses have to overcome their own attitudes toward the enemy, but they had to deal with the attitude of the enemy toward them. Operating room nurse C.G. Hausser recalled a time when he knew he was working on North Vietnamese Army (NVA) soldiers and two enemy soldiers arrived at the hospital "in their little black pajamas." According to Hausser, they were "a little better fed than the Viet Cong... and a whole lot better disciplined." One of the two

³Tillman E. Barrington, "Oral Interview with Tillman E. Barrington," OH 898, (University Archives, Willis Library, University of North Texas, Denton, Texas), 23; William Dunphy, "Oral Interview with William Dunphy," OH 1197 (University Archives, Willis Library, University of North Texas, Denton, Texas), 17-18; Carl Horton, "Oral Interview with Carl Horton," OH 1198 (University Archives, Willis Library, University of North Texas, Denton, Texas), 18-19.

men had an abdominal injury that was causing him to bleed into his catheter. Not understanding the actions or intentions of the medical staff, "He was swearing that we were draining off his blood." The patient believed that the medical personnel were "nasty Americans" out to torture and kill him. He did not want to let the Americans treat him. Simple medical procedures appeared evil and treacherous to patients who did not understand and could not communicate with medical personnel.⁴

According to Dick Hooper, who served at Quang Tri in 1969, he and his fellow workers "never abused prisoners." Nurses attended to all patients, including the enemy soldiers. They kept them clean and fed them three meals a day. Hospital staff members did attempt to separate the injured Americans from enemy patients. Hooper observed that prisoners usually had wounds serious enough that they did not care who slept next to them. Once in a while the hospital received a patient who appeared to be "feisty." As a result, enemy patients only remained at American hospital facilities long enough to stabilize. As quickly as

⁴C.G. Hausser, "Oral Interview with C.G. Hausser" OH 874, (University Archives, Willis Library, University of North Texas, Denton, Texas), 31; Norman, Women at War, 41; Linda Reinberg, In the Field: The Language of the Vietnam War (New York: Facts on File, 1991), 154. The NVA was also referred to as the People's Army of Vietnam. It was first organized in 1954. A catheter is a tube inserted into the bladder to drain off urine.

possible, the Americans transported these patients to Vietnamese hospitals. Sometimes, however, hospital personnel called the local facilities to check on transferred patients, only to find that no one knew their location. According to Hooper, "Sometimes they disappeared on the way to the hospital."⁵

Stationed at the 24th Evacuation Hospital in Long Binh in 1969-1970, John Sherner often saw POWs come through the emergency room. His feelings about treating the enemy "vacillated from day to day." The situation forced him to call upon his nursing training and to remember that all injured people deserved care. Still, the reality of war made that difficult. When nurses realized that the prisoners they treated may have wounded or killed the men they worked on the day before, the issue weighed heavily upon their minds. Sherner indicated that he took care of these patients "matter-of-factly." Most of the male nurses serving at Army hospitals faced this same dilemma at some point during their tour.⁶

⁵Dick Hooper, "Oral Interview with Dick Hooper," OH 869, (University Archives, Willis Library, University of North Texas, Denton, Texas), 42-43.

⁶John Sherner, "Oral Interview with Colonel John Sherner," OH 953, (University Archives, Willis Library, University of North Texas, Denton, Texas), 27-28. For another example of a nurse dealing with the issue of treating POWs, see "Lily Jean Lee Adams" in A Piece of My Heart: The Stories of Twenty-six American Women Who Served

Attending an enemy soldier who had probably wounded American soldiers proved especially tough. Robert J. Wehner, an operating room nurse at the 22nd Surgical Hospital in Chu Lai, remembered one occasion when a GI they had treated died from wounds that the Vietnamese patient next to him had caused. "I had to remind myself that this was war involved, and both sides were trying to kill each other, and that's just their job. But it was very hard." The anesthetist there gave enemy soldiers the anectine, a muscle relaxer or paralyzer, to administer to themselves because he did not want to do it.⁷

According to Larry Hilliard, most of the prisoners who came through Quang Tri seemed scared. He believed that they had been "brainwashed" to believe the Americans would kill them. Hilliard described enemy patients as "surprised" at the quality of their care. He thought that some of them appreciated the treatment they received. Like John Sherner, his feelings about treating these patients fluctuated. He admitted that at times he felt as if it would not bother him

in Vietnam by Keith Walker (New York: Ballantine Books, 1985), 391-392.

⁷Robert J. Wehner, "Oral Interview with Robert J. Wehner," OH 940 (University Archives, Willis Library, University of North Texas, Denton, Texas), 19-20. For another example of nurses not wanting to treat POWs, see "Grace Barolet O'Brien" in Keith Walker, A Piece of My Heart: The Stories of Twenty-six American Women Who Served in Vietnam (New York: Ballantine Books, 1985), 391-392.

if one of the enemy patients died, or that he might be able to just ignore the enemy, but he found he could not do that. He claimed the staff members treated 90 percent of these patients just as they did the Americans.⁸

According to Robert Lawyer, who served in Vietnam during the Tet Offensive of 1968 at the 3rd Field Hospital in Saigon, although medical personnel sometimes looked at prisoners "as if they were less than human," they always treated them. Although not always treated as quickly as American soldiers, they received quality care. He described his personal feelings about working on enemy patients:

It rubs against you sometimes. Patching these young guys up that have put their life on the line. And you see some of the people coming in that may have done it. It gnaws at you....

For male nurses, choosing to respond to the call of duty and treat wounded prisoners came easier than dealing with feelings of anger and disgust for the enemy.⁹

⁸Larry S. Hilliard, "Oral Interview with Larry S. Hilliard," OH 930 (University Archives, Willis Library, University of North Texas, Denton, Texas), 47-53.

⁹Robert A. Lawyer Sr., "Oral Interview with Robert A. Lawyer, Sr.," OH 1233, (University Archives, Willis Library, University of North Texas, Denton, Texas), 33-34. For another example of not viewing the enemy as human see Gayle Smith, "The Nurse With Round Eyes" in Walker, A Piece of My Heart, 143-144.

Some hospital personnel came into contact with the Vietnamese people through voluntary medical missions. Military leaders set up Medical Civic Action Programs (called MEDCAPS) to provide Vietnamese civilians with American health care. According to General William Westmoreland, these medical ventures helped to keep morale up among the American troops and provided a satisfaction through helping the people of Vietnam. They also kept medical personnel busy during so-called downtime. These programs were developed as part of a larger attempt to win the "hearts and minds" of the Vietnamese people. This objective played a central part in the development of United States policy. According to Westmoreland, the aim of the program involved creating an "economically and politically viable society" where the people of the country "could live without constant fear of death or other physical harm." The MEDCAPS thus helped fulfill one of the officially stated missions of the United States Army Medical Service in Vietnam.¹⁰

¹⁰Reinberg, In the Field, 138; Larry Berman, Lyndon Johnson's War (New York: W.W. Norton & Company, 1989), 14; Quotes from General William C. Westmoreland, A Soldier Reports (Garden City, New York: Doubleday & Company, 1976), 82, 266; "Facts Sheet: Medical Support of U.S. Army Troops in Vietnam," no. 874-65 in "News Clips," Office of the Surgeon General, U.S. Army, 7 December 1965 (Army Nurse Corps Historian File 314.7, "History, Vietnam, Publicity, Early," U.S. Army Center of Military History, Washington, D.C.), 1.

MEDCAP missions went through three basic phases in Vietnam. Prior to 1965 the MEDCAP missions provided basic health care for the Vietnamese, but they allowed Vietnamese medical personnel to take credit in order to promote allegiance to the government of South Vietnam. After 1965, however, military officials aimed at improving relations between the American military and the civilian population, as well as enabling the Vietnamese medical system to provide care for its people. As American involvement declined after 1970, the goal of these missions shifted toward developing an independent Vietnamese system for providing care for the public.¹¹

Public health missions consisted of a wide range of activities. Medical personnel worked in civilian hospitals, performed physical examinations for prisoners, dispensed medications, provided dental care, and taught "how to use soap and water and how to dress a war wound." Most often medical personnel traveled into the villages and provided medical care for civilians. Elizabeth Norman's book, Women at War: The Story of Fifty Military Nurses Who Served in Vietnam, told of a female nurse who helped establish a venereal disease clinic for the local prostitutes. Medical

¹¹Mary T. Sarnecky, A History of the U.S. Army Nurse Corps (Philadelphia: University of Pennsylvania Press, 1999), 340-341.

personnel stationed at the 67th Evacuation Hospital at Qui Nhon served a local leprosarium. One popular form of aid that nurses gave the Vietnamese involved assisting at various orphanages throughout the country. Many of the nurses even solicited help from back home. The male nurses distributed gifts of clothing and toys sent to them by relatives and friends and as donations from churches and other charitable organizations back in the United States. Both Robert Lawyer and Larry Hilliard remembered donations sent from their hometowns.¹²

Larry Hilliard's mother organized a group of women from the local Baptist church and collected donations for the children at the pediatric hospital in Quang Tri. She also traveled to other local churches and enlisted their help in collecting needed clothing and other supplies. His mother's group sent "boxes after boxes after boxes after boxes." In fact, the support continued after he returned to the United States. Items sent included, "baby clothes, tennis shoes, anything they [the women] could send." Robert Lawyer's

¹²Quote from Norman, Women at War, 22-23; Reinberg In The Field, 138; Andre J. Ognibene and O'Neill Barrett, Jr., eds., General Medicine and Infectious Diseases, vol. 2 of Internal Medicine in Vietnam (Washington, D.C.: U.S. Army Center of Military History, 1982), 14, 36; "Maureen Walsh" in A Piece of My Heart by Keith Walker, 258-259. Another part of the MEDCAP program included dental missions, known as Dental Civic Action Programs (DENTCAPS), where dentists and medical assistants performed dental work and taught oral hygiene to the Vietnamese.

mother also motivated her own local group to send supplies to the men working with children. Lawyer and his fellow medical staffers supported local orphanages around Saigon, and they also convinced some of the local military clubs to donate extra food for the children.¹³

The primary goal of the missions to orphanages was providing medical treatment. Many nursing trips involved administering immunizations to the Vietnamese children. Sam Blomberg, who served at the 3rd Field Hospital in Saigon during the last year of American involvement, organized a "handful of nurses" and obtained the permission of the chief nurse to treat children at a local orphanage. Although Blomberg had little firsthand knowledge about giving immunizations, he managed to learn the necessary information from some of the hospital staff and located the needed medications. Over a period of three to four months, the group visited the home regularly, until the situation in the country became too unstable for them to travel. "Our thinking was that even if the kids didn't get all of their immunizations, anything that they could get that would help

¹³Hilliard, OH 930, 43; Lawyer, OH 1233, 45.

them build up an immunity would be better than nothing at all."¹⁴

MEDCAPS provided medical personnel close contact with the people of Vietnam in their own setting. John Sherner participated in actions where doctors and nurses left the military compounds to treat the civilian populations. Sherner and his fellow soldiers at Long Binh took care of small wounds, infections, and dental work. If villagers needed more serious attention, medical personnel transported them to a civilian hospital in Bien Hoa and operated there rather than taking them back to the American compound. Sherner recalled, "It was disgusting to go to that hospital because it was a really terrible place to go, but it was the only place that they had." By participating in these actions, nurses and other medical personnel witnessed the working and living environments of the native population.¹⁵

The medical aid groups from Long Binh usually included about eight to ten doctors and nurses along with a dentist and some corpsmen. Being off the base made Sherner and the others "a little bit nervous," but Vietnamese guards escorted them in armed vehicles for protection. The group

¹⁴Sam Blomberg, "Oral Interview with Sam Blomberg," OH 1191, (University Archives, Willis Library, University of North Texas, Denton, Texas), 20.

¹⁵Sherner, OH 953, 25-27.

would make the five- or six-mile trip up river by boat or take an ambulance ten or twelve miles. According to Sherner, nurses did not have to go far off the compound at Long Binh to find themselves in the midst of the civilian population. While serving his tour of duty, he participated in four or five MEDCAPS.¹⁶

American nurses treated many Vietnamese children. One of the common civilian contacts for nurses stationed with the Army facility at Quang Tri involved a pediatric hospital that Army nurses referred to as "The Jungle." When he had recently arrived in Vietnam, hospital officials rotated Larry Hilliard to two weeks of duty at the children's hospital. For many of the nurses, this duty proved very difficult. According to Hilliard, most of the nurses hated this duty assignment, a feeling he shared at first. Hilliard recalled, "I tried to be hard and think, 'I hate these damn people'...But you see those little babies, and they're suffering from malnutrition and the things that I saw them have..." After seeing the condition of these youngest victims of the war, Hilliard attempted to make time every week to help out in some way. Although the hospital held twenty-five beds, staff members served as many as

¹⁶Ibid., 25-27.

forty-five to fifty patients, two to a bunk. The hospital staff refused to turn needy children away.¹⁷

Although Hilliard and the other nurses sensed that a lot of the children had ties to the Viet Cong, all still received care. Hilliard suggested that helping these children might explain why the closest rocket attack to their camp hit about a mile away from the hospital, but never within the compound. The kindness offered to the children earned hospital personnel protection. "Of course, they have a heart and a soul, and the Viet Cong kid doesn't look any different than anybody else, so we just took care of them." C.G. Hausser, who served at Quang Tri with Hilliard, expressed the same feelings about the camp being "protected." He remembered discovering that the interpreter they used at the pediatric hospital was "one of the leading Viet Cong partisans" in the area. Hospital personnel did not realize that the barber they all used held the rank of Viet Cong general. Hausser believed that the camp "was well-infiltrated, but we didn't have any problems because we were treating their kids."¹⁸

Nurses worked at the childrens' hospital with many Vietnamese nurses despite the language barrier. They handed

¹⁷Hilliard, OH 930, 42-46.

¹⁸Ibid., 42-46; Hausser, OH 874, 22.

out medication, treated wounds, and started IVs. Finding medication for these children proved to be no problem. Hilliard recalled that he had the opportunity to do procedures that he had never done before, including gaining experience performing spinal taps. He witnessed diseases that he probably would not have seen in the United States, including two children dying of bubonic plague. Officials required all American soldiers to be vaccinated for the plague, and although officials did find rats carrying the plague in a few Army compounds, no cases of infected American personnel were ever reported.¹⁹

Nurses also treated children in the military facilities throughout the country. The successful MEDCAP program could not, however, begin to address all the needs of the Vietnamese population. By April 1967, the Secretary of Defense approved a plan for the Civilian War Casualty Program (CWCP), which resulted in the assignment of pediatricians to Vietnam. Under this program Vietnamese civilians were treated at American facilities until they could be stabilized. Then the civilians were transferred to a civilian hospital. The military designated 300 beds for this purpose at the 27th Surgical Hospital at Chu Lai, the 95th Evacuation Hospital at Da Nang, and the 29th Evacuation

¹⁹Hilliard, OH 930, 45-46: Ognibene and Barrett, General Medicine and Infectious Diseases, 36.

Hospital at Can Tho, and it assigned them the responsibility of taking care of civilians. By 1968 all American military hospitals in Vietnam accepted Vietnamese patients "on a space-available basis," and a year later six pediatricians practiced in the country.²⁰

Physicians treated children for a variety of illnesses and even performed operations previously unavailable in Vietnam. Larry Hilliard treated local children with wounds caused by the war in the emergency room of the Army hospital. "They'd get a hand shot off, or their foot would get blown off because they'd stepped on a land mine or something." Hilliard remembered one child in particular. He was working in the emergency room and recalled that they were working a lot of casualties that day. [We had] "close to about 160 casualties, and we were so busy...." He turned around to see a little child about six or seven years old holding his own hand. According to Hilliard, the boy had been shot by a bullet from an M-16 that had almost completely severed his arm about two or three inches above the wrist. The hand hung onto his arm by a little bit of skin. "He was sitting there, not crying, and he was holding his arm." Because the severed arteries had gone into spasm, very little bleeding occurred. Hilliard expressed the

²⁰Quote from Ognibene and Barrett, General Medicine and Infectious Diseases, 43; Neel, Vietnam Studies, 166-167.

belief that the Vietnamese were "taught how to handle pain" and had "an unbelievable pain tolerance."²¹

Nurse Robert Lawyer not only worked with children at orphanages around Saigon, but also at a local hospital in Cholon. The hospital in Cholon treated many children in need of orthopedic care. Although the equipment that the staff at the Vietnamese hospital worked with was twenty to thirty years old, "it was the best they had." Lawyer remembered that the hospital staff would have the children assigned four to a bed: "Instead of having them length-wise, they had them across the bed, they were so crowded."²²

Dick Hooper began his tour with the 18th Surgical Hospital at Camp Evans and later helped move the facility to Quang Tri in 1969. He served as part of the advance party that set up the hospital where C.G. Hausser and Larry Hilliard would later work. At the new location in Quang Tri, Hooper had frequent contact with Vietnamese workers throughout the compound, for they worked in the hospital, in the mess hall, in the laundry, and in the barber shop. He

²¹"Montagnard Girl Saved By Surgery," from The Army Reporter, 11 February 1966 in "News Clips," Office of the Surgeon General, U.S. Army, 25 February 1966 (Army Nurse Corps Historian File 314.7, "Vietnam, History," U.S. Army Center of Military History, Washington, D.C.), n.p.; Hilliard, OH 930, 45-46.

²²Lawyer, OH 1233, 44-45.

remembered that civilian employees had to check in and out each day.²³

Working with the advance team at Quang Tri, Hooper experienced some of the local cuisine. While setting up the hospital, Hooper established a friendship with the interpreter, a Marine captain with a local interrogation team. The captain and his men went into local villages and talked to the Vietnamese and as part of one journey took Hooper out to dinner. Hooper and the other men ate with the local village chief. He described the taste of what he later learned was a "doggie dinner" as "different." Hooper also remembered the favorite local sauce called nuc mam, which he said was made of "rotten fish heads." According to Hooper, the Vietnamese mixed garlic, salt, and other spices, pressed them, and used the juice on their rice, meat, and almost all other food. He struggled to describe the taste, admitting "putrid is not the word for it." This was Hooper's first contact with the Vietnamese outside of the compound.²⁴

Oscar Houser also participated in MEDCAPS. He and fellow soldiers from Pleiku would "load up a trailer" with medical supplies and distribute them to Vietnamese patients.

²³Hooper, OH 869, 37-39.

²⁴Hooper, OH 869, 38-39.

Because most of the nurses spoke only English, they always included an interpreter on these trips. According to Houser, medical personnel had to give the Vietnamese very specific instructions. If nurses gave them a pill for an ear problem, they had to tell them not to put it in their ear, but to swallow it. Each patient they examined received something. At the very least, nurses gave each of the Vietnamese patients vitamins. Much of the local population suffered from malaria, and the nurses quickly learned to recognize and treat this illness. Another of the most common medical problems was worms. Houser reported giving the Vietnamese patients medicine for worms that would keep them "worm-free" for a few weeks, only to have them come in to be treated again. According to Houser, it was not uncommon for doctors and nurses in the operating room to find worms inside of the Vietnamese patients: "Worms would come out the bullet hole, and sometimes it'd make you a little sick." Some surveys of Vietnamese school-age children reported a 100 percent infestation rate.²⁵

Robert Wehner also made trips to treat Vietnamese civilians. Twice during his year in Vietnam, a group of

²⁵Oscar S. Houser, "Oral Interview with Oscar S. Houser," OH 922, (University Archives, Willis Library, University of North Texas, Denton, Texas), 33-34; Ognibene and Barrett, General Medicine and Infectious Diseases, 14-15, 17.

medical personnel from the 22nd Surgical Hospital in Chu Lai, usually two doctors and two to three nurses, went to Chejido Island. There they treated children for any diseases they might have, including an infectious skin disease known as impetigo. They also administered vaccinations.²⁶

Another civilian group encountered by male nurses was an indigenous people known as the Montagnards, who were tribal groups originally of Malayo-Polynesian descent living within Vietnam. Often referred to as the "hill people," they tended to live in the Vietnamese highlands near the Cambodian border. South Vietnam contained about twenty-seven major tribes of Montagnards, with an estimated sixty ethnic groups and other subdivisions or "splinter groups." The Montagnards maintained a population of approximately five million people.²⁷

The main American contact with these tribes began when the American Special Forces units began to build isolated camps in the Annamite mountain range which ran "like a backbone" down the center of the Southeast Asian peninsula. The Americans attempted to train the Montagnards to fight

²⁶Wehner, OH 940, 17.

²⁷Quotes from Peter G. Bourne, Men, Stress, and Vietnam (Boston: Little, Brown and Company, 1970), 145-147; Reinberg, In the Field, 143-144; Ognibene and Barrett, General Medicine and Infectious Diseases, 5.

the Viet Cong. The Montagnards did not get along with the Vietnamese and had never built the rapport with the South Vietnamese Army that they achieved with American forces. American soldiers described the Montagnard people as "intensely loyal, brave" and having "an open almost childlike sincerity."²⁸

When local tribes accepted the American medical personnel and other soldiers, they often gave them a bracelet designating that person as a friend for life. For Oscar Houser, this bracelet was one of the most valuable awards he earned while in Vietnam. Each bracelet had markings that identified the tribe. According to Houser, "They were very grateful for it [the medical attention]" and treated the medical personnel very well. The bracelets that the Montagnards awarded adopted tribal members were usually given in tandem with a "circle of honor," a ceremony that included sampling their "wine." Told that he had to participate or risk insulting the tribe, Houser drank a "stick of wine."

They had this vessel, and it had a stick across the top of it and another stick sticking through

²⁸Quotes from Bourne, Men, Stress, and Vietnam, 145-147 (both quotes); Reinberg, In the Field, 143-144; Ognibene and Barrett, General Medicine and Infectious Diseases, 5-6.

it; and it was filled up to the level of the stick, and the stick was about an inch.²⁹

The tribe that Houser came into contact with was the Jarai, one of the most important of the Montagnard tribes in Vietnam. The Jarai were actually one of the first to gain the attention of Special Forces civic action efforts, since they lived around Pleiku and throughout the area near the Cambodian border. Medical workers attempting to help the Jarai found that their religion often hindered health efforts. The Jarai religion involved a number of spirits collectively referred to as the Yang. The spirits were associated with items of nature such as mountains, rivers, ancestors of tribal members, or animals. These spirits could be good, bad, or even neutral. Tribe members believed the entry of one of these spirits into the body, or a spirit wishing illness upon an individual, caused illness. For this reason, medics with pills, shots, and instructions for boiling water often encountered resistance. These approaches did not complement the Jarai belief of the nature of the illness. The Jarai did accept treatments of ointments and salves because this resembled their own practice of using "pig dung" to drive evil spirits out of the body. They understood the use of shots as a result of

²⁹Houser, OH 920, 31-32, 52; Reinberg, In the Field, 138, 143-144.

their contact with the French during their occupation of Vietnam. On the other hand, tribal members had no reference point for pills and medicines and refused to take them for fear of being poisoned.³⁰

Another group that Houser and other nurses worked with was the Vietnamese Irregular Defense Force, commonly called the "Ruff Puffs." These units usually consisted of recruits from a local region. Most volunteered for service, but they only joined to avoid being drafted into the Vietnamese Army. They spent most of their time protecting the hamlets and villages from attacks and radioed for support from the Vietnamese Army whenever necessary. Houser worked with the Rangers and Special Forces going out into the villages to treat the people. Because he was the only anesthetist at Pleiku, he had to stay in radio contact and be available by helicopter at all times. On these trips a dental technician looked at the villagers' teeth while the nurses checked the children. According to Houser, the Vietnamese took their families with them when they went out into the field, and these were the children he and fellow medical personnel were treating. Dick Hooper, an operating room nurse at Camp Evans, recalled that when they received a wounded ARVN [Army of the Republic of Vietnam] soldier, his wife, his mother,

³⁰Bourne, Men, Stress, and Vietnam, 155-157.

and his children would be "in the bed with him." According to Hooper, "You couldn't get to the guy to take care of him." Hospital staffers literally had to force the families to leave the ward areas.³¹

For male nurses who preferred to limit their contact with the Vietnamese people to those employed on the compounds, women known as mama-sans or "hootchmaids," might be one of their only local contacts. Almost every nurse had a mama-san who performed housekeeping chores and laundry for pay. Larry Canfield, who served in the 935th Medical Detachment to the 93rd Evacuation Hospital at Long Binh in 1969-1970, remembered paying his mama-san ten dollars once a month. Her duties involved taking care of his bed, cleaning his room, and doing his laundry.³²

Joe Gonzalez remembered sharing his "hootchmaid" with three other men in the same "hootch" at the 24th Evacuation Hospital in Long Binh during 1970-1971. The men did not pay the maid directly. Rather, they paid the base personnel section, and personnel issued her pay of five dollars a month. In return, the Vietnamese woman washed and ironed

³¹Houser, OH 922, 30-31; Hooper, 869, 43-44; Reinberg, In the Field, 11-12, 182, 188; Harry G. Summers, Jr., The Vietnam War Almanac (Novato: Presidio Press, 1999), 334.

³²Reinberg, In the Field, 108, 135; Larry Canfield, "Oral Interview with Larry Canfield," OH 863 (University Archives, Willis Library, University of North Texas, Denton, Texas), 11.

clothing, polished boots, kept bed linens clean, and cleaned the "hootch." He recalled that every time she replaced the sheets with clean ones from the laundry, they were "either gray or stained." To prevent this, he acquired new sheets--green operating room sheets--and traded her a carton of cigarettes every month to wash and return the same sheets to his bed. He knew they were his sheets because he marked them. He believed she probably sold the cigarettes on the black market. Other than his maid, the only other contact he remembered with the Vietnamese was a young girl who worked in the operating room cleaning the equipment.³³

Sometimes the service provided by a mama-san came as a big surprise. Robert Lawyer remembered one instance when he found himself with company while taking a shower. "I was in the shower, and the next thing I noticed [was that] I had another pair of hands on my body washing my back." Lawyer paid his mama-san five dollars a week and remembered having to sign a piece of paper allowing her to take a gift home because security guards searched everything that civilian personnel carried off the compound.³⁴

³³Reinberg, In the Field, 108; Canfield, OH 863, 11; Jose Gonzalez, "Interview with Jose Gonzalez" OH 1191 (University Archives, Willis Library, University of North Texas, Denton, Texas), 43-44.

³⁴Lawyer, OH 1233, 17-18.

Nurses who worked with civilian employees in the hospitals and who had Vietnamese women cleaning their living areas knew that the workers faced periodic searches. John Evans remembered one of the female nurses saying that the guards at the main gate of Cam Ranh Bay held surprise body checks to make sure workers were not "pilfering items off the compound." One of the female nurses reported some personal clothing items stolen only to have the guards find one of the Vietnamese women wearing them during a surprise check.³⁵

Hospital units employed other Vietnamese workers throughout their camps. In addition to his mama-san, John Evans came in contact with locals working as support staff who cleaned the ICU unit, as well as the rest of the hospital. Additionally, Evans noticed a few male construction workers within the compound that were Vietnamese. The PX and the barber shop also employed local workers. As far as he could remember, "They never really were any problem."³⁶

Robert Wehner said that the civilian population that worked within the compound of the 22nd Surgical Hospital at

³⁵John M. Evans, Jr., "Oral Interview with John M. Evans, Jr.," OH 876 (University Archives, Willis Library, University of North Texas, Denton, Texas), 27-28.

³⁶Evans, OH 876, 28.

Chu Lai could be gauged to predict an attack. As he was nearing the end of his tour, he became a little more "fearful that day would be the last day" because of rocket attacks in the area. He reported that hospital personnel would watch the Vietnamese interpreter and the mama-sans. When the Vietnamese employees would mysteriously disappear during the day, they knew they should head for the bunkers. "You'd look around, and there wouldn't be any [Vietnamese] around. So we knew."³⁷

Many nurses shared a common experience of visiting and helping the local medical facilities. Tillman Barrington remembered the provincial hospital used by the Vietnamese military near his duty station in Da Nang. He tried to help local anesthetists with some equipment and assisted the local Vietnamese surgeon in doing an operation on a young girl with a heart defect. Barrington took the chief of surgery from the 95th Evacuation Hospital with him just in case of complications. He described the conditions at the local hospital as "pretty primitive," although the hospital did have a relatively modern anesthesia machine.³⁸

C.G. Hausser described his opportunity to do surgery with a Vietnamese surgeon as "one of the neatest things" he

³⁷Wehner, OH 940, 20-21.

³⁸Barrington, OH 898, 17,18.

experienced in Vietnam. Just before the end of his tour, he worked an operation with a Vietnamese doctor, an American surgeon, a Vietnamese sergeant, an American anesthetist, and two corpsmen, whom he described as combining to make "one fairly decent scrub nurse." Although none of the Americans spoke Vietnamese, the surgeon spoke broken English, the Vietnamese sergeants spoke only Vietnamese, and the American surgeon spoke English and French, they were able to operate using French. The two surgeons translated for both sides. Hausser remembered the experience, but after more than twenty years, he had forgotten what type of surgery they did. The operation took three hours, and Hausser recalled, "It was really terrific to see us all mixed together....We were working as a team even though five out of the seven couldn't speak Vietnamese."³⁹

Some contact took place away from the military areas. The Army provided male nurses with welcome packets that included information on Vietnamese customs for those occasions when soldiers came in contact with the local population. The packets stressed the importance of family in Vietnamese culture. Additionally, tips on etiquette gave nurses information on what gestures to avoid. The information warned nurses never to tap a Vietnamese on the

³⁹Hausser, OH 874, 40-41.

head because it would be seen as an "injury" to human dignity and "a blow to his ancestors as well." The literature suggested a "hands off" policy. The information advised nurses invited into individual homes to nod silently rather than to shake hands. Sam Blomberg served his tour in Saigon where he befriended an American missionary couple. Through contact with this couple, he visited the home of a Vietnamese family. He remembered that the Vietnamese man made a special effort to get Coca-Cola for his American guests, and that in one of the upper corners of the living room, the family had set little "token gifts" for their ancestors. "They would set meals up there sometimes with food articles for these people." It was unlike any custom he had ever witnessed in the United States. Welcome packets also warned nurses not to touch any part of an ancestral shrine and advised that, if they sat with legs crossed, to make sure not to point either foot at the shrine. When eating with Vietnamese, nurses learned to allow the elders to begin eating first and to always leave one or two things remaining on the serving plate so that the hostess would not feel she had not prepared enough food. All food on the individual plate, however, was to be eaten in a show of appreciation for the hostess. Nurses were also warned to watch gestures. Hands should remain "palm down" to keep from offending others, and the finger should not be used to

"beckon someone." Getting used to the customs of another culture and remaining inoffensive required vigilant attention.⁴⁰

Venturing out beyond the walls of any hospital compound could mean imminent danger for male nurses. Still, the lure of experiencing the culture drew nurses onto the local economy. Some repercussions for leaving the base involved more than the threat of enemy fire. Robert Laywer left his hospital compound to visit Saigon and ended up in a confrontation with one of the local citizens when he ran over a chicken belonging to the man. The accident cost Lawyer \$400 because he had to pay for the eggs the chicken would have laid if it had lived. Lawyer also described local "peanut kids" who would run up and hug GIs and steal their wallets at the same time. Children stealing wallets were not the only threat faced by touring nurses. Sam Blomberg remembered "cowboys," young men who rode around on mopeds. According to Blomberg, "they would come along and slap you around and take your watch."⁴¹

⁴⁰First, second, third, sixth, and seventh quotes from "Vietnamese Customs" in Welcome Information Packet (Army Nurse Corps Historian File 314.7, "History, Vietnam, Welcome Info/Mobilization Info," U.S. Army Center of Military History, Washington, D.C.), 11-12; Fourth and fifth quotes from Blomberg, OH 1194, 17-18.

⁴¹Lawyer, OH 1233, 18-19; Blomberg, OH 1194, 15-16.

A few male nurses had little to no contact with the Vietnamese people. William Dunphy, who spent his tour in Saigon, recalled that he had hardly any contact with the Vietnamese. He saw a few Vietnamese patients who came through the operating room, but as far as dealing with the natives on the local economy [off base], he reported, "I just didn't know who to trust, so I didn't trust anybody." He referred to himself as "compound-bound," choosing not to expose himself to anymore danger than necessary. Carl Horton, who served as an operating nurse at both Dong Tam and Can Tho, also wanted as little unnecessary contact with the Vietnamese as possible. Since missions to treat Vietnamese civilians were voluntary, Horton recalled, "I sort of volunteered to stay in the compound." He described himself as "not too big on going into the village." He did occasionally assist at a local ARVN hospital, but its primitive nature limited what he was able to do. He did furnish them some supplies, but the inability to work with outdated equipment and less modern techniques hindered any further assistance.⁴²

Thus, hospital personnel had plenty of opportunity to acquaint themselves with the people of Vietnam. Many took the opportunity to help the civilian population through

⁴²Dunphy, OH 1197, 17-18; Carl Horton, OH 1198, 18-19.

MEDCAPS and through volunteering to help at local hospitals and orphanages. They got to know their fellow workers in the hospitals and on the compounds. They were especially generous and caring with the children of the country. Their military assignment in Vietnam afforded them an opportunity to learn about another culture that few would have encountered otherwise.

Yet, as each male nurse neared the conclusion of his tour, contact with the civilian population declined dramatically. Men with little time left "in country" seldom took trips requiring them to leave the hospital compounds at which they were stationed. Any experiences gained through exposure to another culture paled in comparison to the thoughts of completing the tour of duty safely. Some men withdrew from activities and friends as the end of their tour neared. After surviving a year in the war zone, no one wanted to endanger themselves in any way. Getting home was the main priority.⁴³

⁴³Norman, Women at War, 105-109.

CHAPTER 9

LEAVING VIETNAM: ANXIETY AND EXHILARATION

No matter how devoted the nurse, the tour of duty in Vietnam centered around one thing--counting the days until one could go home. When a soldier's time came down to the last few weeks "in-country," he was labeled "short." Unlike World War II or the Korean War, soldiers in Vietnam knew that when their 365 days were up, they were headed home. From the time they arrived in Vietnam, male nurses counted their days; they knew exactly the number of days "and a wake up" they had left to serve.¹

Every nurse kept a calendar to help mark the passing of time. Each man had his own calendar marking down the days until his Date Eligible to Return from Overseas (DEROS). According to Dick Hooper, all of the soldiers kept calendars: "You had one at work, you had one on your locker, you had one anyplace that you could stick it-- just to keep track of the days." Usually, the "short-timer's calendar" consisted of a sheet of paper with spaces numbered one

¹Elizabeth Norman, Women at War: The Story of Fifty Military Nurses Who Served in Vietnam (Philadelphia: University of Pennsylvania Press, 1990), 111; Quotes from Linda Reinberg, In the Field: The Language of the Vietnam War (New York: Facts on File, 1991), 197-198, 237.

through 365. Each number represented a day in Vietnam and was "blackened" as the day passed. The last day marked the end of a soldier's tour of duty. The calendars took many different shapes and forms. Cartoons were always popular, especially Snoopy. But for men in Vietnam there was another alternative. Robert Wehner's calendar was a "nude woman." When the days marked off reached her private parts, it was time to go home. A friend made Larry Hilliard a "short-timer's list" that told him every day what percentage of his tour had been served." He recalled, when you got down to days with only two digits, you were a "double-digit midget." For those just arriving, the presence of a "double digit midget" with less than 100 days to go was comforting. It meant that if one were careful and worked hard, he too could go home.²

From the very beginning of a soldier's tour of duty, he knew when he could expect to be leaving Vietnam. When originally devised, military officials believed the one-year

²Dick Hooper, "Oral Interview with Dick Hooper," OH 869 (University Archives, Willis Library, University of North Texas, Denton, Texas), 44-45; Robert J. Wehner, "Oral Interview with Robert J. Wehner," OH 940 (University Archives, Willis Library, University of North Texas, Denton, Texas), 22; Larry S. Hilliard, "Oral Interview with Larry S. Hilliard," OH 930 (University Archives, Willis Library, University of North Texas, Denton, Texas), 55-56; Reinberg, In the Field, 60-61, 66, 198. Other terms for double-digit-midget included "double-digit-fidget," "two-digit-fidget," and "two-digit-midget."

tour would be good for troop morale because it would give the soldier a tangible goal. According to General William Westmoreland, it was also advisable from the standpoint of health, and it spread the burden of a long war over a broader spectrum of both Army regulars and American draftees. Military leaders hoped that bringing the soldiers back on a regular basis would help avoid the public pressure to "bring the boys home."³

This plan also led, however, to some problems. The constant rotation of staff complicated war efforts. In the cases where entire hospital units arrived at the same time, they ended their tours simultaneously, meaning complete turnover. To help alleviate this problem, Army officials assigned nurses to hospitals already operating and then transferred them as new units began receiving patients. This helped to stagger DEROS dates. From a psychological standpoint, the one-year tour of duty also caused problems for the individual soldier. As they neared the end of their tour, some soldiers suffered paranoia, while others felt guilt over leaving their comrades.⁴

³William Westmoreland, A Soldier Reports (Garden City: Doubleday and Company, 1976), 358.

⁴Spurgeon Neel, Vietnam Studies: Medical Support of the U.S. Army in Vietnam, 1965-1970, (Washington, D.C.: Department of the Army, 1973), 148; Norman, Women at War, 107-108, 111-112.

A common phenomenon reported during the Vietnam war was "short timers" who became cautious or superstitious enough to limit their activities as much as possible. Male nurses reported knowing comrades who "wouldn't go anywhere." These men limited their activities to traveling between work and their "hootches" or from their "hootch" to the the officer's club or "the bunkers." Many had friends bring them their food.⁵

C.G. Hausser said that leaving and being "short" did not really bother him until the day before he was scheduled to leave. He woke up to find his "hootch" being "all aglow." According to Hausser, that was the first time he became anxious to get home as fast as possible. Suddenly, the reality that he might not survive his last days in Vietnam hit him. He wondered if he would make it home.⁶

These feelings of anxiety were not limited to the men. Nurse Lynn Hampton, who chronicled her tour in Vietnam in The Fighting Strength, said that final nights at any assignment were always "complex," but the last night "in country" was the worst. She worried over "unfinished business." She remembered thinking about how ironic it

⁵Hooper, OH 869, 45.

⁶C.G. Hausser, "Oral Interview with C.G. Hausser," OH 874 (University Archives, Willis Library, University of North Texas, Denton, Texas), 33-34.

would be to be mortared on her last night in Vietnam. She fell asleep worrying that the ceiling fan above her might fall and cut off her legs if the base were attacked during the night.⁷

Yet, even though the end of the tour meant returning to "the World," it sparked bitter-sweet feelings among the nurses serving their country. Returning to the United States and reuniting with family and other loved ones implied that they would have to leave behind the war and the deep friendships they had developed. The support system so critical to psychological survival during the war had to be left behind. For many soldiers, the joy of returning was tempered with the guilt of leaving friends behind. Dick Hooper termed returning to a "normal life" and his family "a real mixed bag." He wondered how his friends remaining in Vietnam were going to fare. Hooper said, "They were glad to see you go, and you just had to know that they were next, and they were coming home behind you."⁸

These thoughts applied not only to male nurses, but to female nurses and the regular soldier as well. In her own personal narrative, Home Before Morning, Lynda Van Devanter

⁷Lynn Hampton, The Fighting Strength: Memoirs of a Combat Nurse in Vietnam (New York: Warner Books, 1990), 170-171.

⁸Hooper, OH 869, 46.

expressed mixed feelings as she flew home from Vietnam. Once safely in the air on the plane that would carry her home, an "uneasiness" came over her. There was the anticipation and anxiety about what she would face back in the States, but there were also feelings of guilt and sadness, which she sensed the others on the plane felt as well. "Each person on that plane suspected in some part of his or her heart that we all should have stayed behind to help them survive.... Who would look out for our friends?"⁹

Elizabeth Norman's study of fifty military nurses who served in Vietnam, Women at War, also addressed the issue of ambivalent feelings toward returning to the United States. These mixed feelings were often a surprise to the nurses who had dreamed of returning home. Norman stated, "They thought going home would be simple." But this was not the case. The nurses dwelled on the future of friends they would leave behind and wondered how their comrades would handle "enemy attacks and the mass casualties?" How would the green newcomers adjust to the situation and replace them? Would the replacements be able to provide the best possible care for the wounded men? The closeness and camaraderie forced upon them and fostered by the war would not be found back

⁹Lynda Van Devanter, Home Before Morning: The True Story of an Army Nurse in Vietnam (New York: Warner Books, 1983), 243-244.

home, and most of the nurses realized this as they prepared to leave Vietnam.¹⁰

Larry Hilliard remembered a slight personal feeling of depression as he prepared to leave the country. Yet he had no intention of extending his tour of duty in Vietnam. He was not prepared to wait until any of his friends completed their tours so that they could leave together. Hilliard did, however, extend his time so that he could receive an "early out" of his military obligation for educational purposes. Army officers, including those drafted, could "request voluntary release to attend school or to accept teaching positions" if they could be deemed "not essential." Hilliard received his release in order to attend anesthesia school. Because he could only deduct ninety days from his time, he reenlisted for five days in Vietnam.¹¹

Nurses were not alone in having contradictory feelings about leaving the war. Narratives written by soldiers who served in other capacities expressed the same mixed feelings about the trip home. In his book Platoon Leader, James McDonough described how, although being happy to greet his

¹⁰Norman, Women at War, 111-112.

¹¹Hilliard, OH 930, 55-60; Quotes from "Early Release of Obligated Officers to Attend School or to Accept Teaching Positions," in "Personnel Separations, Officer Personnel, Effective 15 May 1971," (Army Nurse Corps Historian File 323,31, "Vietnam, 1971, Downsizing," U.S. Army Center of Military History, Washington, D.C.), 3-24.

wife and son at National Airport in Washington, D.C., he "mourned for the men" he left behind. In a letter written from Vietnam on 24 May 1967, Sergeant John Hagmann wrote his parents that "there are a lot of mixed emotions" about leaving Vietnam. He said there was "always...regret leaving your buddies behind" in what he described as a "hell hole." He closed the letter telling his parents, "In our hearts we wish we could all go home together...."¹²

Some male nurses never completed an entire 365-day tour in Vietnam. There were exceptions to the standard tour of duty rule, and the return trip to the States came more quickly. Joe Gonzalez received a "thirty-day drop." He gave up his scheduled "R and R," and was able to leave Vietnam after only eleven months. As the United States began its withdrawal from Vietnam, the early releases became possible.¹³

¹²James R. McDonough, Platoon Leader (Novato: Presidio Press, 1985), 184; Hagmann quoted from Bernard Edelman, Dear America: Letters Home From Vietnam (New York: Pocket Books, 1985), 301. Lieutenant Jim McDonough, who graduated from West Point in 1969, served in Vietnam from the summer of 1970 to the summer of 1971 with the 173rd Airborne. Sergeant John Hagmann served two tours in Vietnam, February to October 1965 and July 1966 to July 1967, based at Di An with the 337 Radio Research Company, 1st Infantry Division.

¹³Jose Gonzalez, "Interview with Jose ("Joe") Gonzalez, OH 1191 (University Archives, Willis Library, University of North Texas, Denton, Texas), 36; Reinberg, In the Field, 68.

Although he left Vietnam about the time his one-year tour ended, John Evans spent the final months of his tour recovering from knee surgery. He had been playing football in the sand at Cam Ranh Bay and twisted his knee, which locked on him. He traveled to the Air Force hospital to have a torn meniscus repaired and returned in "a state of convalescence." He was "air-evaced" back to the United States where he finished his convalescent leave until his knee healed.¹⁴

Those male nurses stationed in Vietnam during the 1970s experienced the closing of American facilities. After 1970, the military placed a ban on any new construction, but the facilities already in use required continual maintenance. From 1970 to 1973, officials supervised a steady "shut down" with fewer and fewer facilities serving troops throughout the country. In January 1970, fifteen Army hospitals operated within Vietnam. During that year, the POW hospital at Long Binh closed, while the 2nd and 45th Surgical Hospitals, the 17th Field Hospital, and the 12th and 71st Evacuation Hospitals all left the country. Hospital closings continued in 1971. In March the 18th Surgical Hospital and the 93rd Evacuation Hospital closed. By June,

¹⁴John M. Evans, Jr., "Oral Interview with John M. Evans, Jr.," OH 876 (University Archives, Willis Library, University of North Texas, Denton, Texas), 34.

only nine hospitals operated in Vietnam with 1,873 beds available plus another 1,500 beds at a Convalescent Center. In July the 27th Surgical Hospital closed followed by the 91st Evacuation Hospital in November. In January 1972, the 85th Evacuation Hospital stopped operation, while the 3rd Surgical Hospital and the drug treatment facility at Cam Ranh Bay discontinued service in April. By the end of May, only 370 beds remained available at four Army hospitals. One hundred nineteen members of the Army Nurse Corps remained in-country. By July, only the 67th Evacuation Hospital at Pleiku, the 95th Evacuation Hospital at Da Nang, the Drug Treatment Center at Long Binh and the United States Army Hospital in Saigon remained operational.¹⁵

Some male nurses who served in Vietnam in 1972 never finished their tour because of the peace agreement. Henry Kissinger, National Security Advisor to President Richard M. Nixon, and Le Duc Tho, head of the North Vietnamese delegation in Paris, formally signed a peace agreement on 27 January 1973. At this time, Secretary of Defense Melvin Laird announced the end of the draft in the United States. American soldiers began exiting the country, and the hospital units continued to shut down. The last American

¹⁵Delores Gunusky, "Withdrawal Period '70-'73," History of the ANC in Vietnam and Southeast Asia, 65-70 (Army Nurse Corps Historian File 314.7, "History, Vietnam," U.S. Army Center of Military History, Washington, D.C.), 2.

troops left two months after the ceasefire on 29 March, and the POWs left 1 April. The final American presence would not be removed until 7 May 1975.¹⁶

The signing of the peace treaty came to be known as "X" day. On 18 February 1973 (X + 21), the 95th Evacuation Hospital at Da Nang still had sixty-seven staff members in-country. On the 4 March, twenty-two staff members remained in country; however, by 9 March, the unit was deactivated, and everyone had shipped out in accordance with General Order No. 30, Headquarters United States Army Pacific.¹⁷

Male nurses played a major role in the closing of all American military hospitals. In most cases, they turned over buildings and equipment to the Vietnamese. Oscar Houser and Sam Blomberg were the last two nurse anesthetists in Vietnam. They had graduated from the same anesthesia class in 1972, along with the third-to-last nurse anesthetist in country, James Anderson. Houser remembered

¹⁶Richard V.N. Ginn, The History of the U.S. Army Medical Service Corps (Washington, D.C.: Office of the Surgeon General and Center of Military History, United States Army, 1997), 308; Norman, Women at War, 101; Stanley Karnow, Vietnam: A History, The First Complete Account of Vietnam at War (New York: Penguin Books, 1984), 655, 685-686, 690-691, 702; Iris J. West, "The Women of the Army Nurse Corps During the Vietnam War" (Army Nurse Corps Historian File, 314.7, "History, Vietnam," Center of Military History, Washington, D.C.), 11.

¹⁷"95th Evac" (Army Nurse Corps Historian File 314.7, "95th Evacuation Hospital, 1971, Vietnam," U.S. Army Center of Military History, Washington, D.C.), n.p.

closing out the hospital as "a hard time." As chief nurse of the 67th Evacuation Hospital at Pleiku, he and his assistant, along with the senior NCO (non-commissioned officer), decided who went home and in what order they would leave. They decided that all personnel, regardless of rank, would rotate out based on who held the longest time in-country. As each man left, Houser said they were happy for them, but at the same time they wished they were the ones leaving because "nobody wanted to stay there." Before he left, at least a month after the signing of the treaty, he and his men had "stripped" all of their equipment and given it to the Vietnamese. This included all weapons, ammunition, and other supplies. They took everything labeled "U.S. Army" and burned it in a pit. He remembered throwing away "thousands and thousands and hundreds of thousands of dollars worth of narcotics and anesthetics." They gave equipment and reusable supplies to the local hospitals, to the Rangers, and to Special Forces units remaining in the area. Sam Blomberg was the final nurse anesthetist to leave Vietnam. He and fellow staff members prepared equipment to be turned over to the Seventh Day Adventists, who ran a hospital in-country. Blomberg turned his narcotics keys over to a Vietnamese anesthetist named

Phuc, who was eventually brought out of Vietnam with the Seventh Day Adventists when they left the country.¹⁸

As a male nurse prepared to leave Vietnam, there was outprocessing to be done. Leaving involved packing up belongings and giving away or selling what was to be left behind. Larry Canfield sent his things home in a big footlocker. William Dunphy shipped home the items he wanted to keep and then sold his mattress to his replacement. He also left behind an air conditioner and a refrigerator. Darrell Harrington got rid of everything and sold his air-conditioner to another male nurse who had moved into the room. Air conditioners were one of the most valuable items that a nurse could leave behind or sell at the end of their tour.¹⁹

Once everything was packed up and shipped home, sold, or given away, soldiers usually traveled to a Replacement

¹⁸"Chapter III: The Hospitals," 21 August 1986 (Army Nurse Corps Historian File, Washington, D.C.), 37-41; Oscar S. Houser, "Oral Interview with Oscar S. Houser," OH 922 (University Archives, Willis Library, University of North Texas, Denton, Texas), 46-48; Sam Blomberg, "Oral Interview with Sam Blomberg," OH 1194 (University Archives, Willis Library, University of North Texas, Denton, Texas), 21-29.

¹⁹Larry Canfield, "Oral Interview with Larry Canfield," OH 863 (University Archives, Willis Library, University of North Texas, Denton, Texas), 32-33; William Dunphy, "Oral Interview with William Dunphy," OH 1197 (University Archives, Willis Library, University of North Texas, Denton, Texas), 22-24; Darrell Harrington, "Oral Interview with Darrell Harrington," OH 1188 (University Archives, Willis Library, University of North Texas, Denton, Texas), 34-35.

Depot, just as they had when they arrived, and waited for a flight home. Larry Hilliard went to Qui Nhon where he waited for his name to be posted on a huge blackboard listing the names of people leaving, their flight numbers, and the time of departure. Those assigned a flight usually had twelve to fifteen hours notice. He stayed there for two or three days before he saw his name. Carl Horton went to the personnel center in Long Binh for processing and then spent most of his time waiting for his flight in the club. He was relaxing because he finally knew he would not be called back to work. The club was right next to the barracks where he and everyone else waiting for the plane stayed during their "slack time." According to Horton, they spent their time "telling war stories" and "buying beers."²⁰

Darrell Harrington's friends got a jeep and drove him down to the airfield. They kept him company and "hung around drinking Cokes and coffee" and whatever else they could find until it was time for him to leave. For Harrington saying goodbye was difficult since the men were like brothers to him.²¹

²⁰Hilliard, OH 930, 60-61; Carl Horton, "Oral Interview with Carl Horton," OH 1198 (University Archives, Willis Library, University of North Texas, Denton, Texas), 24-25.

²¹Harrington, OH 1188, 35.

For most soldiers the actual trip on the "freedom bird" was relatively uneventful. Soldiers waited in line to board planes, and once safely off the ground and on their way, cheers and yells officially gave notice that the tour of duty in Vietnam had come to an end. As crew members announced the plane had left Vietnamese airspace, soldiers often broke into spontaneous applause. Those on the plane were grateful to be alive and returning from the war.²²

For a few the flight out of Vietnam drove home the reality of the dangers faced during the past year. Robert Wehner traveled to Cam Ranh Bay where he spent the night before flying out the next day. As they prepared for take-off, a rocket attack began. The pilot ordered everyone to board quickly, and then they took off abruptly. Wehner described his emotions at that time as relief that he had survived the year in Vietnam that had included two firefights. By the time Sam Blomberg left the country, Vietnamese officers supervised everything. He observed, "You knew who was in charge at that point."²³

Male nurses traveling home generally wore the khaki uniform, just as they had when they entered the country.

²²Quote from Reinberg, In the Field, 88; Norman, Women at War, 112; Houser, OH 922, 49. "Freedom birds" were the airplanes that returned troops to the United States at the end of their tours.

²³Wehner, OH 940, 22; Blomberg, OH 1194, 29.

From Vietnam they traveled back to the United States, sometimes stopping to refuel at locations such as Yakoda, Japan, or Anchorage, Alaska. Nurses landed at military or civilian locations along the West Coast, including Fort Lewis and Seattle-Tacoma, Washington, and various places throughout California, such as Los Angeles, Travis Air Force Base, and San Francisco.²⁴

For some nurses, returning to the States resulted in the possibility of coming in direct contact with those who did not support the war. Dick Hooper flew into Seattle-Tacoma in his Class A green uniform, including shirt, tie, and ribbons. He believed that people were staring at him, and he overheard comments. Conversations stopped when he approached the coffee counter. He admitted that perhaps he was a little paranoid, but he was uncomfortable enough that he changed clothes for his civilian flight home. Despite the fact that he was not ashamed of his uniform and felt that his service to his country had been "honorable," this was the first time he took his uniform off because he disliked the "static" associated with it. John Sherner was bothered by the fact that for two years after he returned in

²⁴Hilliard, OH 930, 61; Houser, OH 922, 49-50; Canfield, OH 863, 33; John Sherner, "Oral Interview with Colonel John Sherner," OH 953 (University Archives, Willis Library, University of North Texas, Denton, Texas), 40; Harrington, OH 1188, 36; Horton, OH 1198, 25; Dunphy, OH 1197, 24.

1970, officials discouraged soldiers from wearing uniforms off-post for their own protection from protesters and to avoid unnecessary attention. For male nurses returning to the United States, confrontations with protestors were rare.²⁵

Oscar Houser's trip home became complicated when his fatigue jacket was stolen along with his list of phone numbers. Suddenly, he had no way to reach his wife when he reached San Francisco. Her phone number was unlisted due to harassing phone calls she had been receiving. Finally, he talked an operator into calling and asking his wife if she would accept a phone call, but the operator refused to give him the phone number. His wife accepted the call, and he was able to tell her he would be home the next day. Houser did not think his wife recognized him when he exited the

²⁵Hooper, OH 869, 46-47; Sherner, OH 953, 45. Bob Greene's Homecoming: When the Soldiers Returned from Vietnam (New York: Ballantine Books, 1989) relays both positive and negative experiences of returning soldiers. It is comprised of letters mailed in response to Greene posing the question: "Were you spat upon when you returned from Vietnam?" in his syndicated newspaper column. Charles Nystrom tells how he retaliated by washing a hippie's hair in a urinal when the hippie urinated on his leg in the restroom at Chicago's O'Hare Airport in "Soldier Rejects Attitude: Rude Hippie Gets Toilet Training on Proper Manners," The American Legion Magazine 147 (September 1999) 3:20.

plane because he was twenty-five pounds lighter, very tan, had grown a mustache, and no longer wore a "flattop."²⁶

Returning home took very little time. Within twenty-four hours, a soldier went from the jungles of the war zone to the streets of the United States. There was no adjustment period, no easing into life back home. Suddenly, after a year's separation from wives and children, nurses found themselves once again emersed in family life. In some cases, married male nurses not only had to get used to living with children, but also to a new balance of power within the marital relationship. C.G. Hausser had been "King of the Hill" with a subordinate wife when he got married, but after a year of self-reliance on her part, the roles had to be readjusted. Carl Horton remembered that his children could not understand why he was telling them what to do, when their mother had been the boss for the last year. William Dunphy recalled that it took a while for things to get back to "normal." It took time to adapt to being part of the family again. Larry Canfield mentioned that reestablishing a relationship with his wife took a

²⁶Houser, OH 922, 50-51; Reinberg, In the Field, 83. "Flattop" was slang for a very short crew cut.

little time, but that it was not a difficult process, especially with friends and support.²⁷

One of the adjustments that male nurses and other soldiers returning from the war had to make was related to language. Dick Hooper remembered, "There was a lot of foul language among your peers. Doctors, nurses, female nurses, they all used the same foul language." Everything had an adjective associated with it--an adjective "not socially acceptable at your dinner table." He had to make an effort to think about what he was saying. Hooper's father told him that he had the same problem after the Second World War. John Sherner said that although he never swore before he went to Vietnam, he did when he returned. Darrell Harrington admitted that after he returned, he had a reputation for having a "nasty mouth."²⁸

The completion of the tour brought a combination of joy, guilt, anticipation, and sadness. Returning home was exciting, for it had been the objective from the very beginning of each man's tour in Vietnam. Family and friends

²⁷Hausser, OH 874, 35-36; Horton, OH 1198, 25-26; Dunphy, OH 1197, 25-26; Canfield, OH 863, 35.

²⁸Hooper, OH 869, 49-50; Sherner, OH 953, 48; Harrington, OH 1188, 40. Lynda Van Devanter's Home Before Morning: The True Story of an Army Nurse in Vietnam (New York: Warner Books, 1983), 256, told of her family's shock with her language at the dinner table after she returned from her tour of duty as an Army nurse at the 71st Evacuation Hospital in Pleiku in 1969-1970.

awaited the male nurse as he returned to "the World." Still, there were nagging questions as to the fates of friends and co-workers left behind. In numerous cases, male nurses left the country realizing that they would never again experience the bonds with fellow soldiers forged by the hardships of war. They had counted down the days until they could leave, but in the process they had relied on those around them to provide a surrogate family. Leaving signaled that they had survived, that they had done their job and served their country. They returned to their wives, children, mothers, fathers, and friends. All nurses would return changed by their experience. It took time to get used to being home again, but it was an adjustment that none of the soldiers minded.

As they returned to the United States, many of the nurses looked back and reflected on their experiences. Many tried to make sense of a year gone from their lives. They had used their nursing skills in the most difficult of situations and believed that they had grown personally and professionally. The passage of time found the American government involved in another crises, the Gulf War. For some of the male nurses this brought emotions from Vietnam back to the surface. More than twenty years had passed, but for some male nurses, resentment about how they and other soldiers were treated once they returned remained.

CHAPTER 10

CONCLUSIONS ABOUT THE WAR IN VIETNAM AND ITS EFFECTS ON MALE MEMBERS OF THE ANC

Returning to life in the United States from the war zone in Vietnam meant necessary adjustments for soldiers, and the male nurses were no exception. After living in the "hootches" away from their families for a year, reverting to the role of husband, father, or son required a period of transition. Most male nurses reflected upon their wartime experiences with pride. Not only had they served their country, but they had helped others. Yet, some of the male nurses expressed reservations years later about the political implications of the war.

When they ended their tour of duty, male nurses faced important decisions concerning their careers. Would they stay in the military? Would they continue to practice nursing? Should they seek higher education or move into administration? Regardless of their decisions, the men believed that their experiences had enhanced their professional development. During the war many took advantage of the opportunities to experience and exhibit greater independence and responsibility in nursing. On a personal level, the nurses returned as changed individuals.

As for the role of men in the Army Nurse Corps, the period of American involvement in Vietnam brought a myriad of opportunities. The drastic need for nurses to treat war casualties resulted in increased recruitment of men, so it meant educational opportunities previously unavailable to men. Yet, as the war ended, these opportunities began to disappear. As the crucial need for nurses subsided, restrictions again developed. The nursing experience in Vietnam, however, entrenched men in the ANC and assured their continued importance within the corps as well as in the civilian communities.

For the vast majority of male nurses, their tour of duty in Vietnam served as a continued source of pride. They not only practiced their profession, but they grew professionally as a result. They described their feelings about their service as patriotic and described the experience as a positive one. John Sherner took every opportunity to speak to groups about his tour of duty as a nurse in Vietnam after his return, and he declared: "I was proud of my experience...and I still am." Sherner expressed

concern over the publicity afforded negative representations of the nursing experience in Vietnam.¹

One common attitude regarding Vietnam service involved feeling appreciated and receiving recognition for work. Male nurses won individual recognition, as well as serving as part of units that earned citations. Units earned Meritorious Unit Citations for displaying "exceptional meritorious conduct" while providing "outstanding services" for a continuous six-month period and facing an "armed enemy." This award paralleled the individual Legion of Merit. Units displaying "gallantry, determination, and esprit de corps in accomplishing their mission under extremely difficult and hazardous conditions," setting them "apart and above" units in the same campaign, were awarded a Presidential Unit Citation, equivalent to the Distinguished Service Cross. Some nurses such as John Evans received Purple Hearts for wounds from enemy attacks on hospitals. A number of male nurses returned home with Bronze Stars for "heroic or meritorious service" during the war. Carl Horton earned two Bronze Stars. Some male nurses earned promotions

¹John Sherner, "Oral Interview with John Sherner," OH 953 (University Archives, Willis Library, University of North Texas, Denton, Texas), 40, 44-45, 49-50; John M. Evans, Jr., "Oral Interview with John M. Evans, Jr.," OH 876 (University Archives, Willis Library, University of North Texas, Denton, Texas), 38; Larry Canfield, "Oral Interview with Larry Canfield," OH 863, (University Archives, Willis Library, University of North Texas, Denton, Texas), 37.

during their service "in-country." The Vietnamese government rewarded the men with honors and awards including the Republic of Vietnam Gallantry Cross, the Republic of Vietnam Civil Actions Medal, and the Armed Forces Honor Medal.²

When they returned from their tour of duty, male nurses faced decisions about their futures. For some the decision involved continuing a career in the military. Tom Parr, who had been drafted, decided to stay. Many of the male nurses who served in Vietnam also opted to remain in the military and become career soldiers. John Sherner expressed the opinion that the continuity of military life provided contact with those who understood the shared experiences of war. Perhaps those who stayed had less problems than those who left the military as soon as possible. Although a difference existed between military nursing in Vietnam and

²Quotes one through five from Harry G. Summers, Jr., The Vietnam War Almanac (Novato: Presidio Press, 1985), 248; Quote six from Linda Reinberg, In the Field: The Language of the Vietnam War. (New York: Facts on File, Inc., 1991), 28, 233; Evans, OH 876, 34-35; Canfield, OH 863, 34-35; Oscar S. Houser, "Oral Interview with Oscar S. Houser," OH 922 (University Archives, Willis Library, University of North Texas, Denton, Texas), 51-52; Dick Hooper, "Oral Interview with Dick Hooper," OH 869 (University Archives, Willis Library, University of North Texas, Denton, Texas), 48-49; Sherner, OH 953, 42-43; Joe Gonzalez, "Oral Interview with Jose ("Joe") Gonzalez," OH 1191 (University Archives, Willis Library, University of North Texas, Denton, Texas), 23-28; Carl Horton, "Oral Interview with Carl Horton," OH 1198 (University Archives, Willis Library, University of North Texas, Denton, Texas), 31-32.

back in the States, an even greater disparity existed between the duties ANC nurses and those of their civilian counterparts. Sherner suggested that if he had not remained in the military, he might have left the field of nursing. One of the things that convinced him to stay in the military was the possibility of attending anesthesia school. Military life offered continued recognition for the work done in Vietnam. In Women at War: The Story of Fifty Military Nurses Who Served in Vietnam, a study of female nurses who served in the war, Elizabeth Norman claimed that the military provided "a sense of camaraderie" that nurses in civilian hospitals did not experience. Although the shared experiences with other service members did not mean talking about common activities from the war, Norman found that the knowledge that others knew where one had been and what one had been through made the nurses who stayed in the service feel less isolated.³

Male nurses also faced decisions regarding specialization in nursing. Some male nurses migrated toward

³Thomas E. Parr, "Oral Interview with Thomas E. Parr," OH 884 (University Archives, Willis Library, University of North Texas, Denton, Texas), 9; Evans, OH 876, 36; Sherner, OH 953, 37, 39, 46; Houser, OH 922, 53; Tillman E. Barrington, "Oral Interview with Tillman E. Barrington," OH 898 (University Archives, Willis Library, University of North Texas, Denton, Texas), 28; Elizabeth Norman, Woman at War: The Story of Fifty Military Nurses Who Served in Vietnam (Philadelphia: University of Pennsylvania Press, 1990), 125-126.

areas that would require additional training and education. Among the most popular was the field of anesthesia. Some chose to change their specialization to remove themselves from areas where they had worked during the war, while others changed to areas such as anesthesia that they had become more interested in during the war. John Sherner believed that his tour of duty provided a "good foundation" for anesthesia school. His nursing experiences during the war, including starting IV's and performing intubations, prepared him for some of his anesthesia training. Not only did Sherner specialize, but he also continued his education through the military and eventually earned a master's degree. Larry Canfield, who worked as a psychiatric nurse during the war, made the move into anesthesia because he grew "tired" of dealing with drug patients. C.G. Hausser and Dick Hooper also went into anesthesia. Larry Hilliard left the military and entered anesthesia school as soon as he returned from Vietnam. Some ventured into the field of hospital administration. Tillman Barrington left anesthesia and earned a master's degree in hospital administration, an area in which he worked for a while before returning to anesthesia after he retired from the military.⁴

⁴Sherner, OH 953, 46; Canfield, OH 863, 38-39; Barrington, OH 898, 30; Larry S. Hilliard, "Oral Interview with Larry S. Hilliard," OH 930 (University Archives, Willis Library, University of North Texas, Denton, Texas), 56-58;

For male nurses the lessons of the war included invaluable experience working with trauma cases. They worked with patients who had multiple, traumatic wounds, and they also saw soldiers with multiple amputations. The work they did, along with the air evacuation system established with helicopters, provided the fundamentals for the emergency trauma system used by hospitals in the United States. As American involvement in the war came to an end, trauma centers specializing in providing emergency treatment for "acutely injured patients" within the first critical hour after injury began to develop throughout the country. They borrowed the concept of "centrally located trauma stations" from America's wartime experiences. With trauma centers usually located in urban areas, rural patients needed the fast and reliable transportation provided by helicopters, just as wounded soldiers in the fields of Vietnam needed to receive the best treatment as quickly as possible. Standard hospital emergency rooms used the techniques perfected by military medical personnel as well. Doctors, nurses and medics in Vietnam experienced wounds comparable to, if not more severe than, any seen in the modern trauma centers. Prior to the Vietnam war, a

Hooper, OH 869, 50; Norman, Women at War, 129-131.

specialization in emergency room medicine and trauma care had not existed for medical students.⁵

One reality of wartime nursing experienced by the men included greater autonomy within the medical treatment system. The demands of war meant that nurses had to develop skills and perform tasks restricted from their civilian counterparts. Efficiency demanded that doctors give nurses greater responsibility. Based on inspections of hospital units in 1968, Colonel Althea E. Williams, USARVN Chief Nurse, described the role assumed by some male nurses as "pseudo physicians," particularly nurse anesthetists and OR (operating room) nurses. For these nurses the freedom served as a "double-edged sword." They developed skills and routinely performed procedures that they would not be allowed to practice after the war. For many this fact led to job-related frustration.⁶

⁵Barrington, OH 898, 29; Marie Bartlett Maher, Flight for Life (New York: Pocket Books, 1993), xii; First quote from William C. Shoemaker et. al., Textbook of Critical Care, 2nd ed. (Philadelphia: W.B. Saunders Co., 1989), 1231; Second quote from "Trauma Center" Compton's Interactive Encyclopedia, copyright 1995, Compton's NewMedia, Inc.; Iris J. West, "The Women of the Army Nurse Corps During the Vietnam War," (Army Nurse Corps Historian File 314.7, "History, Vietnam," U.S. Army Center of Military History, Washington, D.C.), 8.

⁶First quote from Mary T. Sarnecky, A History of the U.S. Army Nurse Corps (Philadelphia: University of Pennsylvania Press, 1999), 346; Barrington, OH 898, 31; Second quote from Robert J. Wehner, "Oral Interview with Robert J. Wehner," OH 940 (University Archives, Willis

On the professional level, as well as the personal level, male nurses expressed an increased confidence level. They sharpened their nursing skills as they worked with diseases and injuries they had only heard of or read about prior to being stationed in Vietnam, diseases such as malaria and black water fever. Nurses also relied upon their own ingenuity and knowledge of their profession to make equipment that was not available when they needed it. They understood that they could handle any emergency situation, and this experience accompanied the nurses after their tour of duty.⁷

On the personal level, the war changed the men. Some male nurses reported a loss of patience with ineptitude. One of the nurses commented: "You were still in that frame of mind where you didn't put up with a lot of 'crap'." Darrell Harrington said that his wife got angry because he let people "run over" him; however, when he returned from the war, that situation had completely changed. He recalled: "I didn't take anything off of anybody." After working with the horrible wounds from the war, nurses

Library, University of North Texas, Denton, Texas), 24-27.

⁷Evans, OH 876, 38; Houser, OH 922, 54; C.G. Hausser, "Oral Interview with C.G. Hausser," OH 874 (University Archives, Willis Library, University of North Texas, Denton, Texas), 36; Hilliard, OH 930, 85.

expressed the opinion that little could "shock" them as far as injuries. For Oscar Houser, however, operating on children bothered him during the war and has continued to do so to this day. He said that when he sees children injured he would "have no qualms" about "harming" those responsible for the injuries. For some nurses, the war brought the realization that they could and would defend themselves if necessary. As Robert Timberg described it in The Nightingale's Song, Vietnam veterans were not "immune to the occasional dark thought."⁸

Twenty years later, in the aftermath of the Persian Gulf War, some male nurses expressed anger or resentment for the way they were treated or ignored when they returned from Vietnam. Male nurses, who had never thought about how their treatment affected them, suddenly felt "bothered" that they had not received recognition. They had returned individually to a nation in turmoil, facing hostility, ridicule, and in many cases indifference. As they returned from their individual tours, most veterans experienced no parades, no celebrations, no flags, no great displays of patriotism and pride. When they shared their feelings with

⁸Houser, OH 922, 51, 54-56; Darrell Harrington, "Oral Interview with Darrell Harrington," OH 1188 (University Archives, Willis Library, University of North Texas, Denton, Texas), 40, 180; Robert Timberg, The Nightingale's Song (New York: Simon & Schuster, 1995), 86.

their friends, they found that they felt the same way as well.⁹

At the time of their service, most male nurses fully supported the war. Yet years later, some came to the opinion that the government had wasted a year of their lives and had not allowed the soldiers to complete their tasks, a sentiment shared with combat veterans. In 1982 a "Vietnam Veterans Fact Sheet" provided by the Vietnam Veterans Leadership Program reported to Congress that 82 percent of veterans believed that the soldiers in Vietnam had not been allowed to win the war. Although proud of their service, and still feeling patriotic about the United States, male nurses appeared disgruntled with the politics of the war. They had grown up with the tales of heroism and patriotism from World War II and Korea. and they had served their country because of a sense of loyalty and duty.¹⁰

When American involvement in the war began, both Congress and the media supported American policy about

⁹Sherner, OH 953, 45, 52; Canfield, OH 863, 36; Barrington, OH 898, 33; Timberg, The Nightingale's Song, 86, 89-90. Examples of the patriotism and support for the returning Persian Gulf War veterans can be seen in Welcome Home: Army Times Special Edition 51 (June 1991) 47.

¹⁰Congressional Record. 97th Cong., 2d sess., 1 October 1982, 27559-27560; Sherner, OH 953, 45; Evans, OH 876, 40; Canfield, OH 863, 36; Hilliard, OH 930, 75-79; Barrington, OH 898, 33; Gonzalez, OH 1191, 46; Harrington, OH 1188, 31; Houser, OH 922, 53-54.

Vietnam. Yet, as the public began to express growing dissatisfaction with the war, the press grew more and more critical of the actions taken there. As the cost of the war rose and the number of casualties escalated, public opinion turned against the presence of the military in a "foreign war." In August 1965, 61 percent of the public reported approval of American policies, while only 24 percent disapproved. By October 1967 the numbers were more evenly split with 44 percent supporting and 46 percent disapproving. By the time of the Nixon administration, only approximately one-third of the public backed the war, while more than half of the public opposed American actions in Vietnam.¹¹

Two male nurses stated that, despite their own participation in the war, they did not want their sons involved. Joe Gonzalez said that if his sons had been old enough, he would have sent them to Canada. Darrell Harrington told his wife, who was bitter about him having to go to Vietnam, that they did not know how long the war would last, but that he could return as many times as he needed to in order to prevent their son from going. The shortage of nurse anesthetists allowed him to do this. If his son had

¹¹Timberg, The Nightingale's Song, 86, 89-90; Quote from Summers, The Vietnam War Almanac, 81, 83, 289-290.

gone to Vietnam, he would have been an infantryman.

Harrington hoped to keep his son "out of Vietnam."¹²

For some veterans, nurses included, the war had psychological and physical after-effects. Some nurses experienced what became officially recognized in 1980 as Post-traumatic Stress Disorder (PTSD). Although stress is a natural reaction to traumatic events such as war, when the recovery process is delayed or interrupted, people experience such things as nightmares, exaggerated startle response, trouble concentrating, a feeling of detachment from others, survivors' guilt, and sleep disturbance. Although some of the male nurses expressed the opinion that this condition was over-diagnosed or even non-existent, some reported symptoms of the disorder. According to Elizabeth Norman in Women at War, those nurses suffering from PTSD generally tended to be younger, "less seasoned" nurses. A study appearing in the Journal of Clinical Psychology in 1989 found that nurses assigned to Vietnam with less than two years of experience were "more at risk for negative outcomes." Norman's work pointed out that the older nurses with military careers did not understand those who reported major emotional reactions after the war. Many of the male nurses fell into this latter category. Generally older and

¹²Gonzalez, OH 1191, 46; Harrington, OH 1188, 31.

tending to stay in the military, they could not relate to those who later blamed the war for personal problems. Tillman Barrington believed that some of the people with "psychological problems" after the war actually had them before they left the States. He described the diagnosis as a "crutch" to cover pre-existing conditions. Others thought that people needed to get on with their lives after the war.¹³

Despite the fact that American involvement in Vietnam ended almost thirty years ago, at least one possible side-effect of the war is just now being discovered. According to recent studies, including one printed in Military Medicine, a growing number of veterans suffer from Hepatitis C Virus (HCV). According to reports, 95 percent of those infected with HCV are unaware of being infected, a fact that has earned the virus the title of the "silent killer." Many of the approximately 2.8 million veterans from the

¹³Summers, The Vietnam War Almanac, 285-286; Norman, Women at War, 147, 151; Rodney R. Baker, Shirley Menard, and Lois A. Johns, "The Military Nurse Experience in Vietnam: Stress and Impact," Journal of Clinical Psychology 45(September 1989)5: 736-738, 743-744; Elizabeth M. Norman, "PTSD: The Victims Who Survived," American Journal of Nursing (November 1982): 1696-1698; Elizabeth A. Paul and Jacquelyn S. O'Neill, "American Nurses in Vietnam: Stressors and Aftereffects," American Journal of Nursing 86(May 1986): 526; Wehner, OH 940, 29; Barrington, OH 898, 28-29; Dunphy, OH 1197, 30; Sam Blomberg, "Oral Interview with Sam Blomberg," OH 1194 (University Archives, Willis Library, University of North Texas, Denton, Texas), 32; Horton, OH 1198, 36-37.

Vietnam war are now testing positive for Hepatitis C after twenty to thirty years of dormancy. Of the 95,000 HCV tests given by the Veterans' Administration (VA) Hospitals in 1998, 64 percent of the positive results belonged to Vietnam veterans. The 172 VA Hospitals in the United States reported a 285-percent increase from 1991 to 1994. The VA has admitted that the rise in reported cases of the virus which can cause liver disease, fibrosis, cirrhosis, liver failure, and liver cancer, is higher in veterans than in the general population. The most common source of infection appears to have been blood transfusions or blood contact which occurred during immediate and secondary treatment of battle wounds. Within the two-year period from 1967 to 1969, approximately 365,000 transfusions occurred. Because the virus did not have a name until 1989, and the first reliable screening test for the virus was not even available until 1992, it was not even a consideration during the war. Of those people exposed to Hepatitis C, 85 percent become infected for life. Not only is Hepatitis C the most common "blood-borne" virus, it is the leading cause of liver transplants and has created a serious shortage of transplant organs. As of June 1999, there were 11,000 patients waiting for transplant organs to become available. New treatments, however, improved hope for those diagnosed with the virus.

Forty to 50 percent of patients using a combination of the drugs Ribavarin and Interferon showed promising results.¹⁴

VA hospitals have recently begun a \$250 million program to screen veterans and begin treatment of those testing positive. One problem, however, is that VA hospitals only treat ailments proven to be service-related. To deal with this detriment to treatment, Senator Olympia Snowe (Republican-Maine) and Representative Vic Synder (Democrat-Arkansas) have introduced legislation in Congress guaranteeing that veterans who meet specific requirements be treated by the Veterans' Administration. Nurses are among this group, which includes those who received a blood transfusion before 31 December 1992, those exposed to blood, and those involved in healthcare occupations.¹⁵

¹⁴Laura Bell, "Unexpected Battle: Hepatitis C is Lingering Effect of War for Many Veterans," The Dallas Morning News, 8 November 1999, 1A, 12A; Gary A. Rosell, Linda H. Danko, Charles L. Mendenhall, "A Four-Year Review of Patients with Hepatitis C Antibody in Department of Veterans Affairs Facilities," Military Medicine, 162 (November 1997) 11: 711-714; Quotes from Allison Wright, "'Silent Epidemic' Plagues Vietnam Vets: Hepatitis C, a blood-borne virus, is now appearing in an alarming number of Vietnam Vets After Lying Dormant for Years," VFW: Veterans of Foreign Wars 86 (June/July 1999) 10: 30-31; Karen Kopp Du Teil, "Are You At Risk for Hepatitis C?" The Retired Officer Magazine 56 (February 2000) 2: 68, 71. According to recent reports, HCV infects more people than HIV--the virus responsible for aids.

¹⁵Bell, "Unexpected Battle," 1A, 12A; Rosell, et al., "Four-Year Review," 711-714; Wright, "Silent Epidemic," 30-31.

As American troops withdrew from Vietnam and military leaders implemented President Richard M. Nixon's policy of "Vietnamization," which involved turning the war over to the South Vietnamese Army, continued, the opportunities for men that had been cultivated by the demands of the conflict dwindled. The draft of male nurses ended. Slowly, the requirements for military service in the ANC constricted. Restrictions tightened for the student aid programs of the ANC, the Army Student Nurse Program (ASNP) and the Registered Nurse Program (RNP). Degree sections of the student programs closed, and officials discontinued the warrant officer nursing program. In October 1972, a bachelor's degree with a major in nursing, or "evidence of progress toward such a degree," became the standard for ANC members enlisting in the regular Army. Then in October 1976, the military required a bachelor's degree with a major in nursing for all new ANC members. By March 1980, approximately 95 percent of all Army nurses on active duty held a bachelor's degree.¹⁶

¹⁶First quote from Reinberg, In the Field, 234; Second quote from Carolyn M. Feller and Constance J. Moore, eds., Highlights in the History of the Army Nurse Corps (Washington D.C.: U.S. Army Center of Military History, 1996), 44, 49, 52. Vietnamization was a phrase developed by Defense Secretary Melvin Laird and was a promise of Nixon's 1968 Presidential campaign. The plan was implemented in June 1969.

Despite the end of the draft of male nurses in June 1973 and the limitations to student financial assistance, the percentage of male nurses in the ANC remained steady. In fact, the number of men increased from 25 percent in 1973 to 28.4 percent in 1984. Male nurses persisted in becoming an essential element of the corps. The war provided men many opportunities in the ANC, opportunities which they took advantage of and enlisted in the military.¹⁷

In the years following the war, men continued to play a vital role in the Nurse Corps and advanced to some of the highest levels of leadership. On 2 March 1974, Lieutenant Colonel Lawrence W. Scheffner became the first male colonel in the Army Nurse Corps. Between 1975 and 1978, at least five men had been promoted to full colonel, while there were more than seventy-eight lieutenant colonels, and more than six men serving as chief nurses of hospitals. Colonel John M. Hudock served as the Assistant Chief of the ANC from 1 October 1987 to 29 September 1991. In 1984 Lieutenant Colonel James D. Vail became the first male to win the Dr. Anita Newcomb McGee Award and earn the title "U.S. Army Nurse of the Year." Proving that men had become fully integrated into the Army Nurse Corps, the Secretary of

¹⁷Mary E. Viehdorfer Frank and Robert V. Piemonte, "The Army Nurse Corps: A Decade of Change," American Journal of Nursing 85 (September 1985): 985-986.

Defense announced on 10 February 2000 that the Secretary of the Army had selected Colonel William T. Bester as the first male Chief, Army Nurse Corps and had been nominated by President William J. Clinton for an appointment to the grade of brigadier general.¹⁸

Whether in an emotional, physical, professional, or personal sense, the Vietnam war had a lasting impact on the male nurses who served there. The nursing shortage made even more critical by the demands of the war resulted in increased opportunity for men in the ANC. Once the Corps welcomed men, the male nurses used the financial and educational incentives to their advantage. Male nurses joined the Army Student Nurse Program; they earned degrees; they became specialized. Those who served a tour in Vietnam expanded their nursing skills and grew more professionally confident. They faced personal danger to provide much needed service for their country. They saved lives. Although some earned recognition from the military during their service, their efforts went largely unrecognized by the civilian population. After the war, many chose the

¹⁸Feller and Moore, Highlights, 46, 72-75; Margaret E. Bailey, "A Historical Review of Minorities (Black Nurses and Male Nurses) with Emphasis on their Role in the Army Nurse Corps," (Army Nurse Corps Historian File 291.3, "Gender, Male," U.S. Army Center of Military History, Washington, D.C.), 7; "Colonel William T. Bester Nominated As 21st Chief, Army Nurse Corps," The Connection: Retired Army Nurse Corps Association 25(March 2000)1: 1.

familiar setting of the military as a career and remained in the company of those who shared their experiences. The military offered them opportunities for advancement and continued education. They earned even more recognition, received promotions, and paved the way for future men. Their work fully entrenched male nurses within the membership of the Army Nurse Corps.

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