

**Donna-Marie (D.M.) Boulay**  
**Narrator**

**Kim Heikkila**  
**Minnesota Historical Society**  
**Interviewer**

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**at the Minnesota Historical Society**  
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**KH:** It is Friday, June 10, 2005. I am here at the Minnesota Historical Society with Donna-Marie Anne Boulay doing an interview for the Women Vietnam Veterans Oral History Project. My name is Kim Heikkila and I will be doing the interview today. I'm going to call Donna-Marie "D.M." from time to time on the tape.

Can you state and spell your full name for me and any other names that you might have been known by?

**DB:** I've only been known by Donna-Marie Boulay, except for my nickname, my initials, D.M. My name is spelled D-o-n-n-a hyphen M-a-r-i-e. My middle name is Anne, A-n-n-e. My last name is spelled Boulay, B-o-u-l-a-y.

**KH:** And your date of birth?

**DB:** November 30, 1942.

**KH:** Where were you born?

**DB:** I was born in Lowell, Massachusetts.

**KH:** Your racial or ethnic background?

**DB:** I'm Caucasian.

**KH:** And the branch of service that you served in?

**DB:** I served in the Army Nurse Corps.

**KH:** The dates of your military service?

**DB:** August 1966 to August 1968.

**KH:** Your beginning and ending ranks?

**DB:** I began as a lieutenant. I ended as a captain.

**KH:** What were the dates of your service in Vietnam?

**DB:** February 1967 to the beginning of March 1968.

**KH:** We'll get to the details and location and all the other details as we continue. You were a nurse in Vietnam?

**DB:** Yes.

**KH:** Tell us a little bit about what you're doing now in terms of a job.

**DB:** Well, I'm mostly semi-retired. I write legal self-help books. I arbitrate. I mediate and practice a little non-profit law.

**KH:** You have no further affiliation with the military at this point?

**DB:** Only in my memories.

**KH:** All right. Thank you. So, D.M., if you could just start by telling me a bit about your family and where you grew up.

**DB:** I grew up in Dracut, Massachusetts, which is thirty miles north, northwest of Boston on the New Hampshire border. There is a little town between Lowell and New Hampshire, and that's Dracut, Massachusetts. I have one sibling, a sister, sixteen years older than myself.

**KH:** Wow.

**DB:** Yes! My father died when I was a senior in nursing school in 1963. My mother died in 1991. My sister has five children.

**KH:** What did your parents do for jobs when you were a kid?

**DB:** My father worked in a textile mill, about a quarter of a mile from the house. He was called a finishing foreman. He supervised the finishing of blankets, the end product, the blanket. My mother had worked as a weaver for a short while. She did do some work in the Raytheon Plant in Massachusetts for a short period of time. That's about all I remember.

**KH:** So was she working when you were a child?

**DB:** Yes.

**KH:** Both parents were working?

**DB:** Yes. My father had been laid off sometime before his death. I would say in the late 1950s perhaps, or early 1960s, because the mill was getting ready to shut down. My father smoked himself to death, which is why he died so early in 1963.

**KH:** How old was he when he died?

**DB:** It was just before his fifty-sixth birthday.

**KH:** Oh [unclear].

**DB:** Yes.

**KH:** How would you describe your family's socio-economic status?

**DB:** I didn't realize it until I was a much older woman, but we were very poor. My mother graduated from high school; my father did not. He ran away and joined the Navy. He lied about his age. He went in when he was sixteen. He told them he was eighteen.

**KH:** Wow.

**DB:** Well, poor kids do things like that. Back then, he could get away with it and he did get away with it. He came home and married my mother.

**KH:** But you said that you weren't aware of the fact that your family was poor until you were older?

**DB:** No. No, I had no idea.

**KH:** So, it wasn't part of your self-consciousness?

**DB:** No, no, absolutely not.

**KH:** What about the town that you grew up in? Were most people working in the textile mills?

**DB:** That, and there were some farmers, small truck farms. My uncle and aunt lived across the street. My mother, her oldest sister lived across the street. Her husband was a train engineer. So it was very typical. It was rural, small town, working-class. And it was unusual for people in my parents' generation to have an education outside of grammar school, which was what elementary school was called then.

**KH:** So your mother for having graduated from high school was well educated.

**DB:** It was a big time deal, yes. My sister finished a couple of years of college, developed rheumatic fever, was bedridden for a year, then married one of her fellow students, and never finished college. I was the only daughter, the only child to finish college.

**KH:** How would you describe yourself as a child?

**DB:** Oh, dear.

**KH:** [Chuckles]

**DB:** I was shy. When I finished third grade, there were five of us in my grade who were promoted to the fifth grade, so we never did the fourth grade. So I figured out I probably had more intellectual skills than my peers, many of my peers. But that was a socially bad thing to do to me, because that enhanced my shyness. I had a very tough fifth grade, but I got my act together by the sixth grade. We used to have S's and U's, Satisfactory and Unsatisfactory, in the fifth grade, and I had a whole bunch of U's and I was just appalled. My mother had taught me the fourth grade that summer. I do remember that.

**KH:** Did you like school, with the exception of the adjustment of fifth grade?

**DB:** I did, but I must have had a lot of anxiety, because I can remember the pit of my stomach being hard going to school—it was just a short walk up the road—and I must have been very anxious.

**KH:** What about high school?

**DB:** High school, same thing. I was shy. I was retiring. I was a baton twirler. Somebody tried to teach me how to play basketball in phys-ed [physical education] course. I was just klutzy. [Chuckles] I never could. My mother told me I had to learn typing, so I took a typing class. And my typing class teacher, who was accustomed to people who would graduate and become professional secretaries, told me I really ought to take a study period instead. [Laughter] But I did learn the keyboard and I can type now. Thank God, because I can't get by without my computer.

**KH:** Yes.

**DB:** My first date was my senior prom. I went with a gay guy.

**KH:** Did you know that at the time?

**DB:** I don't know. I knew there was something about Roger that made him different, but I didn't know about boys anyway, so it didn't make any difference to me. [Laughter] He was just a nice guy. I graduated when I was sixteen.

**KH:** What year was that?

**DB:** That was 1959. I had no money, so I went to work in a department store. I did inventory. This sixteen-, seventeen-year-old kid was doing inventory and supervising the sales clerks, because the buyer thought that I had those skills. The women who were sales clerks had no education. I'm the kind of person who, to this day, loves math and did figures in her head. [Laughter] So I think the buyer thought that anybody who could add in their head probably could supervise people.

**KH:** Naturally.

**DB:** But I love clothes. I do love clothes, so it was a great place to work.

**KH:** Did you have any thoughts at this time, or even while you were in high school, of what you wanted to do long term or of going to college?

**DB:** Oh, I knew I had wanted to go to college, but you know, I just didn't have any money. Then my Aunt Veronica's friend had come to town to visit, and he said I really should go to nursing school and I should go to St. Vincent's in Worcester, Massachusetts because that was the best nursing school in the state. Somehow, that appealed to me. I had had my appendix out and it had been rather complicated, and the nurses were so kind to me when I was like ten, eleven years old. I remembered that experience and I remembered what this guy said. And I was looking for something in my head, and I'd saved every single penny I earned, so I went to nursing school.

**KH:** At St. Vincent's?

**DB:** At St. Vincent's in Worcester, about fifty, sixty miles from where I lived.

**KH:** Did you move to Worcester?

**DB:** Yes, yes. It was the kind of nursing school where you lived with the nuns in the dormitory.

**KH:** So it was a Catholic—?

**DB:** It was definitely Catholic. Yes, I grew up Catholic. It was a Catholic nursing school, but that was the typical way a nursing school was run in those days, regardless of religious or non-religious affiliation, was you lived in the dormitory. You could go home on weekends.

**KH:** So, it was a residential experience?

**DB:** It was.

**KH:** Hands-on kind of training?

**DB:** Yes. Yes.

**KH:** Now this is backing up just a bit. You said that your dad had served in the Navy?

**DB:** Yes.

**KH:** How long had he served?

**DB:** You know, I really don't know. But I would gather it would have been two or three years, whatever the commitment was.

**KH:** Do you know what years?

**DB:** Well, let's see. It would have been in the mid-1920s.

**KH:** Did you have other relatives, uncles, brothers, aunts, anybody who served?

**DB:** No.

**KH:** Just your dad?

**DB:** Yes.

**KH:** Did he talk about it much?

**DB:** No. I knew that he had been a cook, that he had gone to the Philippines because his ship was based in the Pacific Ocean, that he brought my mother home a beautiful fringed scarf. I think we have a picture of him in his sailor suit, thin as a rail, smoking a cigarette.

**KH:** What sense, if any, was there in your family of what it meant to be an American citizen when you were growing up?

**DB:** Well, this was New England, so it was more than family that was permeated with an awareness of the role that New England and New England people had played in the Revolution [unclear]. I can remember celebrating the town's 250<sup>th</sup> founding when I was a kid. I think it was somewhere around 1950. You know, one of the first poems that school children, myself included, were taught to memorize was Longfellow's *Midnight Ride of Paul Revere*. My Aunt Mary, who lived across the street, was married to a train engineer. She had a free pass on the railroad, so we would go down to Boston, which was a twenty-six mile on the train. We'd go to the museums. Long before there was a Freedom Walk, we visited places that are now on the Freedom Walk, like the Old North Church. History classes in high school were taught from the perspective of the Revolutionary War. Service to country was a baseline-given attitude. [Pauses] That was growing up. That was New England.

**KH:** It was much more a regional characteristic than a family or a local—?

**DB:** Yes, I think so. I do. I really do. I think it was the sixth or the seventh grade, I entered a writing contest by either the VFW [Veterans of Foreign Wars] or the American Legion. I've got

the medal at home. I won the essay contest on, “What it Means to be an American,” back then. I guess I was maybe twelve years old. I remember my sister proofreading my stuff for me.

**KH:** Do you remember what you said in the essay?

**DB:** No, I have not a clue. I think my sister has it somewhere, but I’m not sure.

**KH:** Was there any sense, either in your family or again, regionally, that this sense of service to country was different for women and girls than it was for men and boys?

**DB:** I knew you were going to ask that question.

**KH:** [Laughs]

**DB:** And the answer is: no. I had absolutely naively *no* understanding of the difference between boys and girls.

**KH:** And that’s true [unclear]?

**DB:** On just about anything, for that matter.

[Laughter]

**KH:** That’s true for most of your youth, your childhood, your high school?

**DB:** Yes. Yes. I’m at a loss these days why there’s a difference between how girls are treated in math class or science class. I mean, that was just not my experience. It could be in part because my math teacher, Mary Hall, just had mostly girls in her class.

**KH:** So you never felt, either in school or in your family or in your community, that you were treated differently for being a girl?

**DB:** True. I never knew that there were real differences between boys and girls academically or intellectually or what you did in life until I got to college. I went to mostly an all-boys school, and that’s why I found out, because when I left St. Vincent’s after three years, I went to Boston College [BC]. We were among the first girls on campus.

**KH:** Oh! Interesting. Before we get to that, let’s talk . . . what year did you start at St. Vincent’s?

**DB:** 1960.

**KH:** So you worked for maybe a year?

**DB:** I worked for a year.

**KH:** Then went off to St. Vincent's?

**DB:** Yes.

**KH:** Because you had saved your money and you could do it?

**DB:** Yes, and scholarships.

**KH:** What would you like to say about your training at St. Vincent's? Did you like it?

**DB:** Oh, well, sometimes yes and sometimes no. It was quite rigorous because we had classes eight hours a day for an entire year. There was no such thing as a summer break. You know, it was a lot of reading, a lot of research, a lot of homework, which was done in your room or in the library. I met people for the first time who were not small town Massachusetts, because there were people from Boston, from New York. Women had been sent from all over the state to go to that school so it was educational there. We had a School of Medical Technology and so we had postgraduate lab med techs that were taking their internship, I think it was, and they were from all over the country. I worked with Filipino nurses that the hospital had sponsored to come to work.

**KH:** They were already working as nurses?

**DB:** Yes.

**KH:** They were not students?

**DB:** No.

**KH:** What about the student body? Was it mostly white?

**DB:** Oh, we were solidly white. We were solidly female. It was more diverse in Dracut, more culturally diverse in Dracut, but the people who were attracted to that school were . . . and the nuns would have had nothing to do with having guys in the school. [Laughter]

**KH:** So still, at this point, you would say that you were still unaware of male/female differences, issues?

**DB:** Unaware.

**KH:** Did you think while you were in school that, "Oh yes, I made a good decision to become a nurse, to go to nursing school"?

**DB:** Absolutely. Absolutely. It had a good feel right from day one. It was intellectually stimulating, as much as I sweated organic chemistry and I hated to memorize every bone in the body. Mostly, it was extraordinarily interesting and it was also quite demanding, physically

demanding, because I think we started having clinical experiences in our first summer. So we went to classes and we started clinical experiences. Made beds. I think that was probably the first thing we did. [Chuckles] That was a clinical experience.

**KH:** This is a three-year diploma program?

**DB:** Yes.

**KH:** So much more hands on than, say, a college nursing program?

**DB:** Yes, that's how those programs were designed back then.

**KH:** You start in 1960. You graduate or finish in—?

**DB:** Finished in 1963, in August of 1963, and started Boston College in September of 1963. The nuns had told us that if we were going to be career women, we had to have a college education.

**KH:** Really?

**DB:** Yes. BC gave us credit for a year and a half of our studies at St. Vincent's. I think there were five of us from St. Vincent's who went into the program at BC right away.

**KH:** So the nuns who had helped train you to be nurses at St. Vincent's so that you finished your three-year program, still said, "No, you need something more. You need a college degree"?

**DB:** Yes. If this is your career, if this is the future. And I knew that this was going to be my future. So I took their advice. BC was very generous with their scholarships for me, so I was able to start right away.

**KH:** So what was the difference between your experience at St. Vincent's and at Boston College?

**DB:** Well, the work got harder, because I got my nursing license immediately, took my exam, passed my boards and went to work at Beth Israel [Hospital], 11:00 [p.m.] to 7:00 [a.m.], while I went to school during the day. But we only had four days of classes at BC because they gave us either a Monday or a Friday off so we could work, and I needed more money than that, so I worked nights for the first year. [Sighs] Then I went to work in an ICU [Intensive Care Unit] at Peter Bent Brigham [Hospital] because it paid better and I could get evenings.

**KH:** You said that it was at this point, when you're at Boston College, that some of these gender issues came to the fore for you.

**DB:** [Laughs]

**KH:** Tell me about that.

**DB:** Oh, well, the class before us of women who went into—you went into the general school population to take English literature, theology, philosophy. The Jesuits were big on having you study philosophy. You started with logic and you worked all the way on up. The women before us were getting all A's and the undergrad guys launched sort of an effort to get us off campus and out of classes because we were beating them at the grade game. There was a little hostility by guys to have us in classes. We had the advantage of being older than most of the men anyway.

**KH:** True.

**DB:** So what's one more little bratty brother? [Laughter] Even if you didn't have a little bratty brother, you understood what adolescence was all about. You just went and did your thing. Another difference was we didn't have as much science to deal with at BC, because we'd already had a year and a half. You know, for once in my life, chemistry was easy. I didn't cringe at the organic chemistry class, because I basically had had basic organic chemistry, and it wasn't as frightening. I loved English Literature and took enough classes at BC to have minored in English Lit, which was something not available to us at St. Vincent's, because it was all science, nursing science, basic sciences.

The clinical experience I had at BC was in public health. I did my public health clinical in South Boston . . . [sighs] I followed up on—I haven't thought about this in years—patients who had had positive TB [tuberculosis] tests. And decided I didn't like it when this black woman threw me down her stairs, because I showed up with my white face. [Laughter] She said, "Get out of here, honky. I don't want anything to do with you," and pushed me down the back flight of the stairs.

**KH:** Did you get hurt?

**DB:** I fell down into somebody coming up the stairs. It was some big guy and he picked me up. So I went back to the station—I haven't thought about this in forty years—and told my teacher I was *never, never, never* going back out hunting down people for tests. It turns out that the woman was an activist, a black activist, just beginning to get going in South Boston. I was the wrong person at the wrong place at the wrong time.

**KH:** This is early to mid-1960s?

**DB:** That would have been, yes, 1964, 1965, something like that.

**KH:** So when the Civil Rights Movement is kind of spinning off and there are becoming more militant, radical activists?

**DB:** Yes.

**KH:** And there you were.

**DB:** And there I was! [Laughter] I was a bit of a radical activist myself.

**KH:** You were?

**DB:** Oh, yes.

**KH:** In what way?

**DB:** Well, not only did I get to find out that there were boys when I went to Boston College, but I found out that there was discrimination against blacks. We had one black guy in our college class at BC who had gone to nursing school at McLean Hospital School of Nursing north of Boston, and he'd gone with a couple of my classmates who were female and white, and Prince was black. He also turned out to be our valedictorian. He wanted to move close to campus, so he went looking for an apartment that first year. That would have been the summer of 1963. Every apartment he went to that was advertised, there was a reason it was not available.

So these two classmates, Joy and . . . I can't remember the other woman's name; I think her name was Betty. They went. They found an apartment that he wanted most of all. They went on their own. They told the landlord that they were looking for their brother, and their brother was still down working on the Cape for the summer. The landlord gave them the apartment so they signed his name to the lease. [Laughter] Of course, when Prince moved in, he was black. They were telling us about that story when we all got together at the very beginning, and I thought, you know, this is just strange. This shouldn't be. So I started paying attention and I joined the Medical Committee for Human Rights.

[Tape interruption]

**DB:** . . . Leon Kass, who was a resident over at—he was a physician in residence at one of the Harvard hospitals. I don't know which one. I don't remember anymore whether it was Boston City [Hospital] or Mass General [Massachusetts General Hospital]. I don't know if it's the same Leon Kass who is based in Chicago now, who is often on the tube [television] pontificating about Right to Life issues, stem cell research, and all that. He organized us to go down to Alabama on the Freedom Rides. I spent a lot of weekends on call; I never got to go.

**KH:** You never got to go south?

**DB:** I never got to go south, because my weekends just never coincided with an action. But that illustrates where my head was.

**KH:** Yes. Were you involved in any other kind of Civil Rights activities in the Boston area, even if you couldn't go south on the Freedom Rides?

**DB:** No.

**KH:** This was something you said: that this kind of awareness of race difference, racism, was something that you became aware of at this time.

**DB:** Yes.

**KH:** Not when you were growing up?

**DB:** Not really, because our town was . . . We had people of varying . . . it's a polyglot of ethnicity. At least it was when I grew up. My background was French Canadian. My aunt married someone with a Finnish background. There were Portuguese neighbors next door. There were some Chinese folk on the other side of town. It was just filled with many people of diverse backgrounds, so I didn't have an appreciation that there was what I now know as vicious racism.

**KH:** Yes, let's talk a little bit more about the context of these years when you're at nursing school and at college. You start at St. Vincent's in 1960, so [President John F.] Kennedy wins the election. Do you remember that election? Do you remember having [unclear]?

**DB:** I remember sitting down in the TV room downstairs in the dorm we had. We didn't have TVs in our rooms; we had one in the basement. We listened . . . we saw the inaugural speech. We all packed into the TV room to listen to that. So yes, I remember it.

[Brief tape interruption]

**KH:** . . .JFK [John F. Kennedy] and the inauguration.

**DB:** Yes, his challenge to all of us to ask what we could do for our country and not merely for our selfish little selves. That did resonate with me. It was part of what got me into the military.

**KH:** His call to service?

**DB:** Yes, for the country.

**KH:** Do you remember, too, thinking about Communism or what you thought about Communism at this point?

**DB:** [Laughter] I only had, you know, what I had learned in grade school, that they could drop a bomb on us. I remember we did have one or two drills as a school child, but we weren't much on it, because I don't think that many New Englanders believed that there was much of a personal threat. Now, there might have been pockets in the region, but in Dracut, it was sort of a little laid back compared to what I've heard other people talk about. I do remember the [Senator Joseph] McCarthy Hearings. What I remember most about that was my mother and how appalled she was with McCarthy and how could he possibly treat people so meanly? She thought he was a drunk. That's mostly what I remember. My thinking was colored. This was something to understand, but nothing to be all that afraid of.

**KH:** Which brings me to this question: do you know what your parents' kinds of political persuasions were?

**DB:** Yes!

**KH:** Were they open about it?

**DB:** My father was a Republican and my mother was a Democrat. To this day, I am an Independent.

**KH:** Ah ha. [Laughter] When do you finish at Boston College?

**DB:** January 1966.

**KH:** How do you get into the military?

**DB:** In Christmas of 1965, I had gone home. It was the first Christmas that I'd been able to get home since I started nursing school, because I used to work them. I'd gone home to Dracut from Boston. There was this little guy that I had known. He was maybe four years younger than I, Stanley Pavlicek. He was my Aunt Veronica's neighbor. Veronica and Leo, my uncle, they lived on a brook that we used to fish at, and when they built the dock into the brook, I remember Stanley moved into the neighborhood and I taught him how to fish, because I was so proud of myself. I'd learned how to put a worm on a hook. [Laughter] I wasn't squeamish about it, but I was never very good at it. I remember teaching Stanley that.

I remember then when I got home at Christmastime, by then, Stanley had gone into the Marines out of high school. He was in the first wave of Marines in 1965 who had gone ashore in Da Nang. Stanley came home with a plate in his head. He must have suffered severe brain trauma, because he sometimes didn't know who his mother was. I think he would have been nineteen by then, maybe eighteen, nineteen. He needed to walk with assistance. By then, I'd had two and a half years of intensive care unit experience and things began to gel. I understood that there was a war going on. I'm an idealist. I felt I had an obligation to people like Stanley. I was—and still am—a pacifist. I was torn between using my skills for my country that was engaged in war versus using my skills for people like Stanley.

Well, the people like Stanley won in my head, so I decided I wanted to go to Vietnam. I discovered that the Army was the one employer who would guarantee my assignment over there as a nurse. The Navy could not guarantee me such an assignment. I liked the Navy uniform. My father had been in the Navy. Oh! My brother-in-law, Bill, served in the Navy—I forgot about that—my sister's husband, in the late 1940s. So I went down to the Army recruiter.

**KH:** You sought the Army out?

**DB:** Yes. I went to the Navy first and the Navy guy said, "Sorry, we can't guarantee an assignment. But the Army can, and they're down the hall," so I went down the hall.

**KH:** You were not, then, part of the Army Student Nurse Program? There were no tuition benefits; you were done?

**DB:** Yes, I was done. I was working by this time. I was graduating in 1966, January of 1966. After I got back to Boston from Christmas, I went sometime in January to the recruiter.

**KH:** Now, you said that you are a pacifist. Then and now?

**DB:** Yes.

**KH:** What were the origins of that, of your pacifism? How did you come to that?

**DB:** I don't know. I don't like violence. I never could countenance violence in any form, and I can't tell you the origins. I can tell you why now, but I can't tell you the origins. I do not know. I just have always been opposed to war as a solution, to violence as a solution to problems. How I came to that conclusion, I don't know.

**KH:** What had you been hearing and/or thinking about the war by the time you went off to see the recruiter? This was early 1966, so we've been there for almost a year, officially.

**DB:** [Pauses] I really can't recall what I'd been hearing about the war. I knew nothing about Vietnam. The only thing I knew about Vietnam was what I read in Graham Greene [*The Quiet American*]. Even the Army, when they had us for six months down in Fort Sam [Fort Sam Houston, Texas], they didn't teach us much about Vietnam.

**KH:** About the country, the people?

**DB:** No. So I really cannot tell you. Joining was not a political statement on my part. I was an idealist, this was the right thing to do.

**KH:** Because you had these skills?

**DB:** I had these skills. I knew that people would need them. Of course, I'd read my [Ernest] Hemingway and I understood war and nurses. I understood Walt Whitman's contributions on the Civil War battlefields and Clara Barton. I understood. It just seemed to me that that was where I wanted to be and where I wanted to work. I viewed it as a place to work.

**KH:** Did you view yourself primarily as a nurse who worked in the Army or as a soldier who was also a nurse?

**DB:** No, I was a nurse who was in the Army.

**KH:** So nursing was first and foremost in terms of your view of yourself?

**DB:** Yes, still is.

**KH:** What do you recall the recruiter telling you when you went to visit him or her?

**DB:** It was a him. Hmmm . . . I don't recall anything other than the fact of him saying, "Oh, well, yes, of course we guarantee we will send you to Vietnam." I remember signing a paper to that effect. He probably thought I was exceedingly strange.

**KH:** [Chuckles] But they didn't have to do a major pitch because you came looking for that?

**DB:** I walked in their door. They never would have found me.

**KH:** This is in January of 1966. When do you then end up at Fort Sam for your basic?

**DB:** The end of August of 1966.

**KH:** Seven months.

**DB:** Must have been.

**KH:** What do you recall of your first impressions of military life at Fort Sam?

**DB:** [Laughter] First of all though, you should have been around when I told my family. Of course, my father had died in 1963. My mother was horrified. My sister was horrified. My brother-in-law was horrified. Everybody in my family was horrified.

**KH:** Why?

**DB:** They had a lot more common sense than I. They understood that war was a bad place to be, and bad things could happen to the person that they loved. Of course, I had the aura of youth, that nothing happens to you when you're that age and that young, which is a contradiction when I fully understood what bad things had happened to Stanley. But of course, I was invincible.

**KH:** So their concerns were more for your safety and well being than they were shock and horror that you, as a woman, has decided to join to the military?

**DB:** It was my sister's shock and horror, which she put in writing to me at some point in time. "I couldn't understand how a pacifist like you would go over to a war."

[Brief tape interruption]

**DB:** I don't recall where we were on the tape. My family was shocked, not because of my gender, but because of my personality, my philosophy.

**KH:** Did you get any reactions relative to gender issues from anybody that you recall?

**DB:** No.

**KH:** So Fort Sam, what was that like?

**DB:** Oh, that was like six weeks at a fraternity party.

**KH:** Really?

**DB:** Yes, everybody partied every evening, all evening. We were a large class of nurses. I think there must have been about sixty of us. The poor guy who was . . . his title was our commanding officer, and he was a new West Point graduate. [Laughter] This was his first assignment. He must have thought he'd died and gone to hell. There were a few guys with us. There must have been about maybe twelve, fifteen, but the balance of us were female. Of course, he had had nothing of contact with women and here he was commanding a whole bunch. The poor guy. I don't remember his name; I can still see his face. But he had a hard time of it. We were all older than he was. That was not something he was expecting. Very few of us took him seriously. No one taught me I couldn't bring my umbrella when it was going to rain, and I was in uniform and he was trying to teach us to march. He made me put my umbrella down. I didn't understand that, and he didn't understand that.

**KH:** [Chuckles]

**DB:** I remember very little of what they taught us in Fort Sam, because it was mostly irrelevant. I think they had us doing tracheostomies on goats. I said, "You know, how many goats are we going to meet up with over there?" The doc who was teaching us said something unflattering. I don't remember what it was, but he thought I didn't have my head on straight. Then, there was the master sergeant when we went out to Camp Bullis, which was to live in a tent and eat in the field. We were supposed to go on the firing range and shoot guns, and I absolutely, positively refused to pick up a gun. He spent hours talking me into trying to go and use a gun. I said, "You don't want me using a gun. I don't have any eye-hand coordination. [Chuckles] I'm a nurse. I'm not a fighter." I said, "You're going to have to protect me. I'm not going to protect anybody." "Well, if the VC [Viet Cong] are in the hospital?" I said, "Well, then, you know, life's over with. It's not going to depend on my shooting a gun. I'd be more likely to shoot my foot than some VC." I remember that quite well, because I thought it was the silliest thing in the world.

**KH:** How much of the time spent at Fort Sam was about teaching you how to be a good soldier, let's say, versus how to nurse in a war zone?

**DB:** Oh dear, I don't know. They tried to teach us saluting and marching and ranks. I don't know. It might have been fifty/fifty, a little heavier maybe on how to be a good soldier. You know, you had to learn paperwork and military history.

**KH:** Did you like that part of it?

**DB:** I liked the classroom part, yes. But nothing much that I learned at Fort Sam I used in Vietnam. How to tie my boots. [Chuckles]

**KH:** Either when you decided to join the Army, which you've already said you did because you thought that your skills were needed or to help people like your friend Stanley, did a sense of patriotism play any role in that decision or in your Fort Sam stuff?

**DB:** Oh, yes, it certainly did. My nursing school classmate, for example, Pat Barrett, decided to join the Peace Corps, and I thought about that. She knew she was going to go to Brazil and was learning some Portuguese, but she also knew the kind of work she was going to be doing for the Peace Corps. It sounded to me like community activism, and that's really not where my head or skills were. But that was how Pat was going to serve her country. That played a role in my head saying, "So what are you going to do, woman?" I think the question was answered when I went home for Christmas and met Stanley. It was the 1950s and 1960s and serving your country was . . . it was a value question. It was a question of value that was toyed with, talked with, poised with throughout literature, throughout my educational experience, throughout my growing up, and now I had an outlet for me to be able to answer that question that would fit with who I was.

**KH:** Is there anything about your training at Fort Sam that you particularly liked?

**DB:** Meeting all these people from all over the country. Yes. Yes, that was a unique opportunity.

**KH:** What was the group like in terms of oh, say, racial diversity or class background or did you know?

**DB:** I have a recollection that we were mostly female and all white. I know there were several guys. I can remember at least a half dozen that I knew well. I know we had some Hispanic-Americans. I guess I was not social background conscious. If I start thinking of individuals and where they had come from . . . One of my roommates, Judy, had gone to Bellevue School of Nursing in New York and was as tough as nails on the outside, and a so nice and soft and warm on the inside kind of person. Astrid [Ortega] had . . . I can't remember if she was born in Mexico or her mother had just made it across the border in time for her to be born. There was something about that story. I think she was from Texas.

I remember one of the guys had been drafted—well, they didn't draft the nurses. Like the nurses and the docs, they told the guys that they could either join the Medical Corps or the Nurse Corps, as appropriate, or they'd get drafted and, you know, become a private. Tommy Trueblood had been drafted right when he finished his two-year nursing school program. He was on his honeymoon when he got his notice. Dick had been a sheriff in Utah or Nevada. So there were people like that. I would say we were probably mostly . . . there were some . . . The woman who was a major, she had been a teacher, a professor somewhere in the south. I don't quite remember. One of the women who turned out to be my head nurse in Vietnam at the second hospital where I was at, she had been a nun who had left the nunnery, as she used to call it, and was an OR [operating room] nurse in Nashville, [Tennessee]. When she joined the Army, she came in as a captain. She had been from Boston. Those were the kinds of people that . . .

**KH:** Were your relationships with your peers and/or officers mostly congenial? Were there any tensions?

**DB:** At Fort Sam?

**KH:** Yes.

**DB:** I think everybody was pretty much in the same boat as I was. We were all just absolutely fascinated by one another, because it was the first time that most of us had been exposed to people from all over the country. It was more diverse than your average community. And Boston is diverse. We were just interested.

**KH:** Was there anything about your time at Fort Sam that you didn't like?

**DB:** Going to Camp Bullis and being told to shoot a gun. [Chuckles] I thought it was a lot of wasted time and a lot of it irrelevant. The Army did not understand what it had got itself into in Vietnam, and that was reflected in our experience, I believe, in San Antonio. They just didn't know how to prepare us correctly.

**KH:** Prepare you as nurses?

**DB:** As nurses and as humans for what we were about to experience.

**KH:** So they offered you (even if you didn't take it) training in how to shoot guns, how to shoot weapons, but am I correct in understanding that they did not issue any weapons?

**DB:** Correct. No, I believe it was against the Geneva Convention and probably still is.

**KH:** When do you get your orders for Vietnam?

[Brief tape interruption]

**KH:** I think I asked you about your orders to Vietnam, but a question that I'd like to ask before we get to that is: when you come out of Fort Sam, do you come with a designated nursing specialty?

**DB:** I don't believe so. No, I don't recall that. The anesthetists would have had something like that, but the rest of us, no. I can't say that for certain, because I cannot tell you . . . That wouldn't have made sense the way they were doing things then.

**KH:** So then it depends later just simply on where you get assigned once you're in [unclear]?

**DB:** Yes, but you know, nurses are nurses and they want to know what did you do before you got here and try to point you in the same direction.

**KH:** And you had had two and a half years of ICU?

**DB:** Yes. When I got to Vietnam and said, “I want to go to the ICU,” and I had that history, they said, “Oh, you bet! We don’t have enough of you.” Back then, it was just a beginning . . . people were just beginning to segregate patients into intensive care units in the early 1960s.

**KH:** Okay. So to have your skills and experience in that area was a real boon?

**DB:** Yes. Yes, they knew what to do with people like that.

**KH:** After you leave Fort Sam, you go to the Presidio?

**DB:** Yes.

**KH:** How long were you there? You smile.

**DB:** That was San Francisco in the 1960s! That was wonderful! [Laughter] That was a fantastic time. That was from . . . what was it? October of 1966 until February 26<sup>th</sup> of 1967. I remember the 26<sup>th</sup> because it was my Aunt Veronica’s birthday. We got to live in San Francisco. We could not live on base. They didn’t have enough room for us at the Presidio. Yes! Shucks!

**KH:** [Laughter]

**DB:** We wound up . . . Judy and Astrid and I found an apartment in Haight-Ashbury.

**KH:** Oh! So you were in the center of things?

**DB:** Oh, we did things right. It was where we could afford to live. [Laughter]

**KH:** What was that like? Being in Haight-Ashbury in 1966?

**DB:** It was on the cutting edge of things that were about to happen. There were not a lot of psychedelic shops. There were one or two. Drugs were becoming easy to get. You could see people smoking things that weren’t put out by the tobacco companies. I was excited because we lived off of Stanyan Street, and I loved Rod McKuen, his poetry. [Chuckles] He was becoming a bit of a well-known poet. He was at the cutting edge of that . . . part of his life. I was working the ICU recovery room area at Letterman [General Hospital]. . . .

[Tape interruption]

**DB:** They used recovery room beds as ICU beds. And they did do some open-heart surgery, and of course I had been doing post open-heart nursing. One of the anesthesiologists had been a resident at Peter Bent Brigham in Boston and he had gone into the Army, so I met him there, so we got to work together there for a short period of time.

I was appalled at the . . . I didn’t realize, working at Peter Bent Brigham and it being a Harvard hospital, compared to the Army how advanced the Boston Hospital and people were compared to

what the Army was offering. That was sort of a culture shock for me that that was what I was going to face in the Army. I remember sitting on the floor cranking a respirator when the hospital lost power. I had heard about those hand-cranked respirators back in Boston, but of course because they weren't state of the art. I guess that had been something from the 1950s. But [they were] in common use in the Army. And here we were in the 1960s. So that was a culture shock. The lack of equipment already, modern equipment, supplies that I encountered there in that Army hospital [Letterman Hospital] really impressed me and scared the living daylights out of me; that I was going to have to leap back a decade or two.

**KH:** What kinds of patients were you caring for in San Francisco?

**DB:** Well, since I was in recovery rooms, in the surgery recovery room area, it was all sorts of general surgery, except for a few open-heart patients that they had worked on that they had probably put in valves, because valves were beginning to be replaced, and everybody was wanting to do them. Some trauma from car accidents.

**KH:** Were you seeing anybody coming back from Vietnam?

**DB:** No.

**KH:** Now, being in Haight-Ashbury in San Francisco in 1966, early 1967—granted, the Summer of Love isn't until the summer of 1967 and you weren't there then . . .

**DB:** Yes, yes.

**KH:** Was that counter culture, to the extent that it was present at that time, appealing to you?

**DB:** Oh! Yes, indeed! [Chuckles] Yes. It was intellectually stimulating. You could go to coffeehouses. I loved Boston College for several reasons, one of which is I loved studying philosophy, so you could go and talk philosophy of all kinds in some of the coffeehouses and some of the bars. It was kind of like being in Boston in that you could strike up a conversation with an absolute stranger and engage in an intellectual discussion without being hit upon. [Laughter] Or if you were hit upon, you'd just tell the guy to leave you alone, and they'd take, "No," for an answer with ease. It was a good social and intellectual time.

**KH:** Were any of those discussions focused on the war in Vietnam?

**DB:** No. One group that I had somehow become acquainted with, the guy owned The Library, which was a bar in town. He was fascinated that I was in the military. That I was always showing up in denim. Then I went to a party one day in a dress, and he was one of these snobs who was disappointed I'd showed up a red and white wool dress or something. [Laughter] I laughed. I began to understand the superficiality of some folk. That was a good lesson for me.

**KH:** You get your orders to Vietnam—well, you go to Vietnam in February of 1967.

**DB:** Yes. Now one of the things that's interesting about that experience, is that my Fort Sam Houston class all went over together. And that was, apparently, a unique thing.

**KH:** Yes?

**DB:** Most of our predecessors and our successors went over either individually or in groups of twos and threes, but we had an entire plane filled with all of the people. It was kind of like a reunion all the way across the Pacific because we had all come in from various and sundry assignments.

**KH:** Wow. After Fort Sam?

**DB:** After Fort Sam, we spread out. They must have earmarked us. We had a mission: we were to go over and open up a hospital in Tuy Hoa, which was up the coast a bit. So we got to the 90th Replacement Battalion in Long Binh. I think we spent a week there waiting for our assignment, but, as it turns out, the physical facilities had not been finished up in Tuy Hoa. So we were then all broken up and sent to various and sundry hospitals. About a dozen or fifteen of us were sent to the 36th Evac [Evacuation Hospital], which is where I went. Some were sent to the 93rd Evac and some to the 24th. I don't know where other people went.

**KH:** So, your togetherness didn't make it once you were—?

**DB:** No, but I think there were . . . oh, I have to calculate. There must have been twenty of us who went down to the 36th Evac in Vung Tau.

**KH:** So that's still a good chunk of familiar faces.

**DB:** Yes. Yes.

**KH:** You talked a little bit about what your family's reaction was when you decided to join the military. I assume they knew that you joined in part because you wanted to go to Vietnam?

**DB:** Oh, yes! [Laughter] They knew exactly.

**KH:** Now you've got orders; you're going. What is their reaction? Anything different?

**DB:** [Chuckles] No, just intensified. Mother was convinced she was never going to see her baby again—and she didn't. I went over a baby; I came home . . . [tearfully] a grownup. [Pauses] Sorry. Hadn't thought about that.

[Pause]

**KH:** What were you thinking about on your flight to Vietnam? How were you feeling about the whole thing?

**DB:** Because our flight was filled with people we hadn't seen for a while, that passed the time and kept you from having to think. However, I'm someone who always has something to read, and I hadn't read *Gone With the Wind*, so I read *Gone With the Wind* during part of the time that we flew, during part of the time we stayed in the 90th Replacement. And the night we had to wait on the airfield because the plane wasn't ready for us to get us down to the 36th Evac. I sat there on my duffle bag and finished reading *Gone With the Wind*. That began a pattern of something that I did to keep my sanity.

**KH:** Reading?

**DB:** Reading. I didn't have to think. I didn't have to feel.

**KH:** What was your first impression—well, first of all, did you fly into the Saigon area?

**DB:** In a sense, we flew into Bien Hoa. Bien Hoa is northwest of Saigon by about twenty miles. We did not fly into Tan Son Nhut [Airport]. Then from Bien Hoa to the 90th Replacement, heck, we used to walk and thumb between the two spots, so I would guess it was about five miles, maybe. So they put us in buses and hauled us over to the 90th, and then back to Bien Hoa to wait for our plane. The time we spent there was hot at the 90th Replacement, and we spent the entire time partying in the officer's club. The officer's club had four walls (four wooden walls) and a cement floor and a ceiling and a bunch of fans and a bar. [Chuckles]

**KH:** Air conditioning?

**DB:** No.

**KH:** Oh!

**DB:** Yes.

**KH:** So it was hot.

**DB:** It was hot.

**KH:** Another woman I interviewed—now that you're talking about the 90th Replacement—I remember her distinctly saying, because she was there for a bit longer than usual for some reason waiting for her assignment, and she was talking about going to the officer's club and being constantly, for lack of a better term, hit on by men because here was an American woman.

**DB:** Ah, sure.

**KH:** Did you have this similar experience?

**DB:** Not at the 90th, because, I mean, they were the guys from San Antonio. Yes. Most of those wound up at the 36th Evac. And there were so many of us there. It was still a three to one ratio of women to men.

**KH:** Okay, because you had come in as a group?

**DB:** We had come in as a group, yes. That was not our experience at the 90th.

**KH:** What was your first impression of Vietnam itself when you got off that plane?

**DB:** Well, I had never been to the tropics, so I had never walked through a wet oven before. [Chuckles] Bien Hoa is not far from Saigon and not far from jungles, so it's steamy. I mean, we're talking . . . since I wound up stationed at the 93rd Evac my last six months, which is across the field from the 90th Replacement, I know that the daytime temps were in the 90s and the 100s. The humidity was high. Long Binh had been defoliated with the various dioxins that we used, and then laterite laid down on top. Laterite is a red crumbly dust, red crumbles that produce a lot of red dust. But the jungle trees still surrounded it, so therefore the humidity was, you know, we're talking dew points in the 80s and 90s. So that was Vietnam.

To get from Bien Hoa to the 90th Replacement, across the field from the 93rd Evac, you went past the village of Bien Hoa, which at night belonged to the VC but during the day belonged to us, as was often the case. It was the most, at the time, amazing sight I had ever seen, because the houses were metal huts. It was like looking at a beehive made of metal. And people dressed in clothes I'd never seen before: the long, thin, cotton pants; the long, thin, cotton shirts and blouses; the conical hats, the *ón lá*. I'd looked at poverty of that extent only in *National Geographic* pictures, and here it was in real time. I was just flabbergasted that people lived like this. I didn't know what to expect. I'd been a city girl for so long, city and suburb, I guess, and this was nothing that I could compare it to. There seemed to be a *huge* number of people. Of course, I didn't know things at the time, like this is ours during the day and theirs during the night. I, of course, thought it was friendly territory that we were in. Well, it was twelve hours out of the day, so . . .

The heat took a lot of getting used to, three weeks, I'd say, before—that was my first taste of the red dust. I didn't know then what I can articulate now about how we had decimated the jungle and laid down the laterite in the substances that we had used.

**KH:** The laterite was something that we put down after defoliation?

**DB:** Yes. Yes. It keeps the weeds down, kind of like a mulch.

**KH:** Okay. So, you spent a week at the 90<sup>th</sup> Replacement and then you were assigned to the 36th?

**DB:** Thirty-sixth Evac in Vung Tau.

**KH:** Vung Tau. From what I have heard about Vung Tau, it's beautiful.

**DB:** Vung Tau is absolutely gorgeous—at least it was. I understand the Russians are in there now and they're drilling for oil, so you can see the oil platforms out in the ocean. Vung Tau is on the map, on many maps to this day, as Cap Saint Jacques, because the French that had colonized the area in the 1940s and 1950s and used Vung Tau as a resort town for themselves. It's at the northern edge of the Saigon River, so about forty-five miles southeast of Saigon. I don't know the hypotenuse of the triangle, but it would, therefore, be around sixty miles southeast of Long Binh.

There are wonderful restaurants there. To this day, it still has. There was a restaurant called Cyrno's. The owner was a Vietnamese who had spent some time in Paris and learned how to cook and had read some literature and he named his restaurant Cyrno's. He dropped out the "a." That's just because of his pronunciation. He made a *wonderful* French-baked onion soup that was just marvelous . . . the gold standard still. He did a lovely lobster dish, because there's warm water lobster to be had. It's right there on the bay, so there was a lot of fish to eat. And there was a wonderful Chinese restaurant up at the top of a hotel where we used to go. A big band would play and we'd dance. I ate things . . . to this day, I have *no* idea what I ate, but they were always very good. It was an open-air restaurant at the top. I remember coming down one night and coming up towards us were a couple of guys with a gutted pig on their shoulders hung on a pole. [Chuckles] I thought, "Oh yes, that's normal." They're up there. You've got to get your food up there somehow.

**KH:** You did not confine yourself to eating on base, the American food?

**DB:** Oh heavens, no! The Army food was terrible. We ate on the economy as much as possible. We couldn't live on base; they had no room for us. We lived at an old French hotel. It was three stories high. It was the Villa DuBois. Most of them were double-bed rooms with bathrooms. I think there was one single room, and that was our commanding officer's. She had that. She was down at the end of the hall from us. I lived with a woman from Upstate New York, Chris Ramirez, who I had met in Fort Sam. I didn't wind up being assigned with her because I knew her, just because they assigned us rooms. And, actually, my husband had met her in Fort Sam, too. [Laughter] Both he and I knew Chris. She worked in the OR during the day and I tended to work evenings and nights. So it made for a good relationship in a *very* small room.

**KH:** The less you see of a roommate, the better.

**DB:** The room was big enough for two twin beds, a couple footlockers, one chair.

**KH:** Tell me about your first day on duty at the 36th.

**DB:** I don't remember my first day on duty with the 36th. I do know that I was assigned to the ICU. It was a Quonset hut, two Quonset huts, actually, strung together end to end. In the middle it was separated by another Quonset hut that went to the operating room, because we served as the recovery room as well as the ICU. That little Quonset hut area was the operating room

Quonset hut. We weren't unbearably busy, but the type of injuries that we had . . . were devastating to the human body. A lot of guys without limbs, one or more limbs, huge abdominal wounds.

I can remember individual patients to this day, including one who died, although he didn't die while he was with us. [Sighs] They were shipping him to Saigon to find out if there was something they could do. We couldn't figure out why he wouldn't stop bleeding. His name was Jimmy Young. And Jimmy Young was the name of the respiratory therapist that I had worked with in Boston who was a black guy, and this guy was blonde and blue-eyed, except his eyes were getting yellow because his liver was shutting down on us. He had stepped on a landmine or the guy in front of him had stepped on a landmine, and it had been filled with little missile-shaped pieces of metal that probably were about an inch long. They were all nice and sharp, so when the landmine exploded, all of that metal, he caught in his gut. The surgeons, when they had him opened up—and they opened him up twice—never did find one of those pieces of metal that had lodged in his aorta, so he had a slow leak in his aorta. One of our thoracic surgeons was taking him down to Saigon and he died on the way. So they put him in an X-ray in Saigon and that's when they found the piece of metal in his aorta, so at least they knew, which was helpful, so that the next time they had somebody behaving like that, at least they'd have a clue what might be the problem and where to look and how to fix it.

I remember one young guy, we called him "Motown." He was a black guy from Detroit, [Michigan]. He stayed with us an inordinately long period of time because we couldn't get him stable. They had to be stable, afebrile with a stable blood pressure, for at least twenty-four hours. We couldn't get him stable. We couldn't get his temperature down. He had lost all four limbs and most of his rear end. One nurse, Sherry, she took care of him. She stayed with him twelve hours a day every day of the week, until he left. She was the only one he'd allow to take care of him, because she was gentle and she understood him. They had a good relationship.

**KH:** Were your patients at this hospital, when you were caring for them, mostly conscious, so people you could talk to, have conversations with?

**DB:** On that unit, no. Rarely. You rarely got to talk with people. We had that criteria that we had to have them out in twenty-four hours of being stable, not necessarily conscious all during those twenty-four hours. They had to be awake by the time they were wheeled out the door, but that didn't mean they were compositis. They didn't necessarily know what was going on. You kept them filled with pain medication because the wounds were so bad. They were hurting so much that you had to keep them highly medicated. The upcoming trip was going to be pretty bad. The Air Force nurses were wonderful human beings. They had to deal with all that we had to deal with and more in mid-air, so the least we could do to help everybody was to have these guys medicated. There were stories about some of the guys waking up for the first time in mid-air and attacking the nurse, because they didn't know where they were.

**KH:** Right.

**DB:** They woke up back on the battlefield in their heads. So by and large, it was safe to have people medicated. So you really didn't get to have much in the way of conversation, with the exception of people like Jimmy Young and the guy from Detroit.

I do remember, shortly after getting into the 36th, going to work one morning and finding out that the nurses were about the only white people in the unit. A whole bunch of black guys. That was when I began to understand how many of our troops at that time—it was early 1967—were a lot of black guys, a whole lot of black guys. That was fairly constant—not as remarkable as that day. That was the only day that I can recall that everybody was black. There was a larger percentage of wounded black people that were my patients than there were in the general population in this country.

**KH:** That is because of the way the draft was working back here?

**DB:** The way the draft was working, the way they recruited. People recruited blacks heavily.

**KH:** Is that true also of the corpsmen that were working with you, not your patients?

**DB:** The corpsmen . . . oh, the corpsmen were just wonderful human beings. They were almost all conscientious objectors, both at the 36th and the 93rd. Many of them were college grads; many were married people. All were male. All were saints.

**KH:** These were enlisted men who were probably older, better educated than the patients that you saw coming through the hospital?

**DB:** Yes. Yes.

**KH:** Now, can you describe for me and the rest of us a typical path a guy might follow from the time he was wounded in the field and on his way through your hospital, through an evac hospital? Where does he go first and how does he end up in these various places and where does he go after he's been stabilized in twenty-four hours?

**DB:** They would come into the emergency room, which in both hospitals I was at as well as the 24th Evac, which was down the road from me in Long Binh a couple miles . . . all of our emergency rooms were, literally, that. They were rooms. They were a Quonset hut. They were brought to us, delivered to us primarily via helicopter, although not exclusively. There were ambulances. If the fighting was close enough in the area, ambulances would pick patients up and bring them to us. Then, they were triaged in the emergency room. A decision was made as to whether they were going to make it and should be cared for, whether they were not going to live.

[Tape interruption]

**DB:** . . .for the surgical emergencies. There were medical problems, also. They were also seen in the emergency room. If you were sufficiently badly wounded and you went into surgery, your next stop would be the recovery room. From the recovery room, the determination was made

whether you just moved a few beds down into the ICU, whether you went to Ward 1, 2, 3. Ward 1, in most of those hospitals, was a step down from the intensive care unit. Ward 2 was primarily orthopedic. Ward 3—and I worked three months on Ward 3—were minor surgery patients who usually went back to work, as we used to say, to the fighting and the killing, into the risk of being killed. Then there were some medical . . . I had urology medical patients there, guys who'd spent a night in a river or a rice paddy with either no cut or a small cut and become badly infected. They spent time on Ward 3. Ward 7 was reserved primarily for . . . I think Ward 7 was for Vietnamese civilians. Ward 6, I think, was isolation. Ward 4 was medicine, medical problems of GIs and I don't remember what else. Probably 4 and 5 would have been medical problems. Maybe one was surgical infected.

I remember seeing my first case of plague. There was this pathologist from New York who had only seen plague in the textbooks, and here he had it under his microscope from one of the patients, a Vietnamese. Bubonic plague. I remember him coming over so excited to the ICU because the lab was right across the sidewalk from us. He dragged me over so I could look at the slide and see bubonic plague. [Chuckles] I'd never seen it outside of a textbook, either, so I was just as interested. But of course back then, we knew that all they needed to do was give him some antibiotic and that would mostly take care of it.

Once people came into the emergency room, went into surgery or wherever else they were to go, they came out of surgery, went to the recovery room, and we sent them on to whatever ward was appropriate for them. The ones that stayed in the ICU, they had to be stable for twenty-four hours. Then, they were air-evac'ed out. That was a function of when there was flight available as well as when they were stable. So they might be with us thirty-six to forty-eight hours or more, but you had to get them out right away. The Air Force took them on to Japan, Okinawa, Guam. Some went back to the States. That was a long answer to your question.

**KH:** No, that was good. So what was a typical day in your life like when you were at the 36th?

**DB:** Get up. The bus would get us into the hospital. The Villa was about three or four miles from the hospital. Grab something to eat in the cafeteria. Go in, get a report from the night nurses. Since I'd had recovery room experience, I often did recovery room at the 36th to start with. Then, you know, you were assigned one, two, three patients. We had plenty of nurses. I'm trying to remember the . . . I think there were about thirty beds in the ICU at the 36th, so maybe we had five or six nurses on duty and three or four corpsmen. Assignment was based on how sick somebody was. Maybe it was just one person that you cared for. Maybe you had four or five. [Sighs] Then, you got off. [Pauses] Took the bus home. Ate. We always ate on the economy because the food was so bad. [Chuckles] They served Kool-Aid. I cannot touch Kool-Aid to this day. It was Kool-Aid because the water had been disinfected, and with the chemicals, it was just foul.

At the 36th, we had a gazebo that Seabees had built in the front yard, which was probably around, oh, I don't know, ten, fifteen feet square. There were lawn chairs set up along the sidewalk from the front door to the gazebo, which couldn't have been much more than twenty feet long anyway. People spent the evening out there socializing, reading, drinking. There was a

bar in the gazebo. Some guys played poker. There was always a party there on Friday or Saturday night. Some of the units from around town came in. The front gate was always manned by one of our corpsmen. They also pulled guard duty. They also had desk duty. That was a horrible use of corpsmen. When you walked in the front door, there was a desk and the corpsmen kept track of who came in and who left, just so they didn't lose any of us, I think.

Again, we usually ate downtown somewhere. Downtown was probably about a mile down the road. There was a Catholic Church between where we lived and downtown. That was down to the right. Off to the left around the corner was the road to the beach. It was about a mile and a half. We spent a lot of time at the beach getting sunburned, eating unripe bananas, because the mamasans on the beach would sell unripe bananas. They were good. To this day, I like my bananas unripe. Not green, but not quite ripe. They sold seafood aspic, which I think you probably would need a sledgehammer to break up. Oh God, I had that stuff once. Never again. Our beach was across the street from the NCO [Noncommissioned Officer] Club. I don't know if it was an NCO Club or . . . I remember going over there. I didn't know I wasn't supposed to go over there, but I wanted to go there and buy a Coke. Somebody eventually told me I wasn't supposed to be over there, and I just never did pay attention to that, because they always served me.

**KH:** You weren't supposed to be over there because you were an officer?

**DB:** Because I was an officer, yes. We served the Australians in Vung Tau. They had a base in the banana plantation. They had an Air Force group there. At the time, the Aussies didn't have a hospital on the peninsula, on the Vung Tau Peninsula. Apparently they did . . . I've heard since that they opened one up shortly after I left to go to the 93rd in Long Binh. The Aussies . . . we cared for the Aussies, the Navy, including the River Rats. There was a contingent. One of my boyfriends ran the operation down there where the River Rats staged out of at the end of our peninsula. The River Rats would go out two or three weeks at a time. They were called Swift Boats, but they called themselves the River Rats. One minor scratch on those guys and they had to be treated intensively with antibiotics and sometimes surgery because the organisms in the river could be fatal. People lost limbs. Guys lost limbs because of infected river water and the rice paddy water.

I spent three months on the intensive care unit and [after] three months, my head nurse, our chief nurse, called me in and said, "The head nurse in Ward 3 is going home and we need a head nurse, so you're going to be the head nurse in Ward 3." I said, "No, I'm not, because I don't know anything about being a head nurse. I've only been here in this country for three months and I've never been trained, been educated to be a head nurse." She said, "But you're the highest ranking nurse I've got, so you have to go there." I said, "No, I don't want to go there. I'm not capable. I'm not confident." She said, "You don't have a choice." And I didn't. So she moved me to Ward 3. Now Ward 3 was exceedingly difficult for me. It was, perhaps, the hardest work or the hardest environment I had to work in because those men had minor wounds and our job was to heal them up, get them through their physical therapy, and send them back into the fighting. That proved too emotional, traumatizing, for me to take after a while. So I asked to be

sent to any hospital that had an opening in an ICU because at least I knew those guys, as badly off as they were, they were out of there.

**KH:** How long did you end up staying then on Ward 3?

**DB:** Three months.

**KH:** Then, was it that request that prompted your move to—?

**DB:** Long Binh, yes.

**KH:** Do you remember any particular patients from Ward 3?

**DB:** Yes. One young sailor, he was a dry land sailor, and he was stationed where the River Rats, staged out of. [Chuckles] He had weekends off, and he'd go into town like every other weekend. And every other weekend, he'd spend his time with the prostitutes. [Sighs] He would come in with the most god-awful venereal disease infections. It was a sixty-bed unit; two Quonset huts divided into four sections, and fifteen of those beds was all urology. That little guy, he looked to be fourteen. He was thin and tiny and the girls loved him. But, oh my God, he would have these infections. Oh! You know, his commanding officer was one of my gentlemen friends, and he'd just come by and visit him and tell him, "Now son, you shouldn't be doing this."

**KH:** And yet—?

**DB:** He'd be back in a couple weeks later. That was that guy. I don't remember his name. I can see his face. I can see how small and thin and wiry he was. He was a very good worker, so his commanding officer, I think, was ready to give him a whole lot of slack. He needed it. He couldn't afford to put him in the brig or anything like that. That was rather a general mindset. The Army forgave a whole heck of a lot, as did the Navy—this guy was Navy—because they needed the manpower or the womanpower.

One of the other patients I remember had been a Tennessee plowboy, as he was fond of saying. He used to play the guitar. I wrote a story about him. He had come in three times with minor wounds and three times, we sent him back out again. Then I went off to the 93rd. And of course I wound up my last month in country was during the Tet Offensive. This guy showed up one night. I was working nights. He'd been exceedingly badly wounded. He lasted a couple of nights. But I was on duty the night that he died, and I held him in my arms as he died. [Pauses] So like my worst fears . . . it's the story that illustrates my worst fear from being on Ward 3.

**KH:** So there was no limit to how many times they could come through that ward and keep getting [unclear]?

**DB:** There was, and it was three times.

**KH:** Oh.

**DB:** So the third time they sent you back out, but then . . . yes. Or maybe it was two times. I'm not sure. It was either two or three times. Maybe on the third time he should have been sent home. I'm not sure. I don't know. Maybe they didn't enforce it when they should have. I don't know the answer to the question. So yes, I remember patients there, and I remember the . . . everybody thought it was such easy duty, and it was the hardest.

**KH:** Now I take it that the patients in Ward 3, because they did have only minor wounds, that they were conscious and talking?

**DB:** Yes, absolutely.

**KH:** And you could get to know them?

**DB:** Yes, we had sixty very active individuals. [Laughter]

**KH:** Ah ha.

**DB:** Sixty teenagers. If you recall, most people were eighteen or nineteen years old.

**KH:** Did that make it harder or easier to do your job, that they were awake and conscious and somebody you could talk to?

**DB:** Everybody kept them pretty busy and upbeat. Evenings were down times when they were finished with physical therapy. If they were at all ambulatory, they had chores to do. They had cigarette butts to pick up and latrines to clean. When I'd got sick . . . I had gone in some wrong restaurant shortly after I getting in country and I wound up in my own intensive care unit then, along with three or four other nurses. During one of the diarrhea episodes, I had got up and one the guys guarded the latrine for me because it was a Quonset hut for guys. [Laughter] They did things like that. Pulled my chain about it, but . . .

I was still working in the ICU. They put the three or four of us in there and plugged IVs [intravenous] into us and gave us bedpans. All in my own ICU, mind you! I don't remember if the other women were ICU nurses or not. Anita's boyfriend came in to see me. She was one of the women I had met in Texas. She was also stationed at the 36th. Her boyfriend was the resident CIA [Central Intelligence Agency] guy and he came and he visited those of us who were sick. I don't know what he brought the other girls, but he gave me a little happy lamp, which is a little votive candle in a little blue glass thing, hangs on a lantern. I've had that in every kitchen I've ever lived in since.

I don't remember the man's name, but I mean, he was a touch of home. Here was a guy, he'd visit the sick and he was living his old-fashioned values, even though his job led one to think that he, perhaps, wouldn't think of things like that. Yes, we were all away. We were all a half a world away from home, and anything we could do to make it like home, we did. So we met wonderful people that way. That was the other thing that was so fascinating about Vietnam, as well as what's in especially Vietnam, was you met even more people from more places and got to know

wonderful, wonderful human beings. That's the rich legacy of that experience. We, perhaps, wandered a little far afield for you there.

**KH:** No. You're talking about bringing a touch of home to Vietnam. I have read and heard from other people I've interviewed that nurses, in particular female nurses, often ended up playing a surrogate sister, wife, mother, girlfriend for patients who hadn't seen a woman, an American woman, for a while, and who just needed somebody to talk to about little things, big things, whatever. Did you find that to be the case for you?

**DB:** Oh, yes. Patients . . . I have more brothers than I ever knew. Patients, guys from other units, the docs you work with, everybody . . . [Pauses] The closest thing I . . . well, there were two experiences I had that came close to being socially unacceptable. One was when I walked between the 93rd Evac and the 24th Evac, guys would whistle. They'd be at the end of a truck going past and perhaps made some uncomplimentary verbal comments. Many were just plain complimentary.

**KH:** Did you get a sense that sexual harassment was a common problem faced by women in Vietnam?

**DB:** No. No. Absolutely not. Not during my time.

**KH:** Did you get any other sense that the military, either in terms of its policies towards women or the way its personnel, its officers, your superiors, treated women differently, as a different kind of [unclear]?

**DB:** Well, there was a lot more gallantry than I'd ever thought. I'd been not in that kind of environment where men were quite gallant. So, in a sense, it was quaint and helpful. Some of the men I dated were married, but it was more a platonic, I-need-a-social-companion kind of thing, and that was all right with me. That was just fine with me. The guy who ran the Navy base had graduated from Boston College in the year I was born, and for all I knew had grandchildren, but he never spoke of them. The closest physical contact you had was someone to hold your elbow to guide you up the stairs or something like that. So the gallantry, I thought, was just useful. Yes, they treated us differently.

The military treated us differently. [Pauses] They got around to figuring out that our feet were configured differently, so finally we got jungle boots that fit, but for the longest time, everybody had to wear men's boots, and they didn't exactly fit well. Shortly after I got in country, I got some jungle boots that fit. Everybody was surprised that people were now getting jungle boots to fit. They did have uniforms, by and large, that fit. They allowed us to live together, women together, in one place, but the men also lived with us, at least in the 36th. At the 93rd, the women were segregated from the men, so they did treat us differently that way. [Pauses] The male nurses were treated like we were.

So it was more of an occupational way of regarding people. We were non-combatants, and because of our skills, we were highly prized human beings. We were safe places. We lived in a

safe place. We worked in a safe place. And what we did was valued. [Pauses] Like that West Point guy who had his vision of a very starched-collar military, that was his expectation, and I expect it was others' expectations: that women had to conform, not women necessarily, but anybody who was military had to conform. He didn't know how to handle those of us who were women who wouldn't conform, a goodly number of us. One of the things about Vietnam was that everybody was a half a world away from home, and even those people who were regular Army, who had made the Army their career, they, too, found Vietnam to be an extraordinarily unique experience for living and surviving. So the value was on coping creatively with that experience, as opposed to male versus female. It was the need for the....

[Tape interruption]

**DB:** One way to illustrate the level of tolerance and creativity is that I had to get home from Vietnam and be back in the States before I found out—this was after I'd gone into the military, served, got out—that lesbians and gays were not supposed to be in the military. I had no idea. The reason I had no idea is because there were several of us who were lesbians or gay guys as nurses, physicians, some of the Navy guys.

**KH:** And fairly open?

**DB:** Yes, nobody said anything. They pulled their weight at their job and that was highly valued. That was the point.

**KH:** So in your experience then, they did not suffer any particular persecution from their peers or colleagues?

**DB:** Right. From their peers and colleagues, no. No. Certainly not. Now we're talking the Nurse Corps and the Medical Corps and we tend to be understanding of human beings in all their configurations, so when you're at war, there's no difference. My husband is fond of telling the story that one night at the 24th Evac, you know, one of the infantry officers approached him and wanted to dance and Alan said, "Well, no, thank you. I don't dance very well." [Chuckles]

The value was, there might have been in units where there was nothing to do, but in the busy units that I worked in, and even the 36th . . . some people had nothing to do in the 36th and they got very bored. One person built a clinic for civilians. That's what they did with their boredom. I would say that, you know, we had a few people who drank too much. One of our cardiac surgeons was always drunk. One of our thoracic surgeons was always drunk, which was outstanding because he had these beautiful blue eyes and they were always bloodshot. [Chuckles] More energy went into keeping him cutting straight than disciplining him. I mean, you needed his skills; he was good. The byword was skill and your ability to do your job. That led to respect as a human.

**KH:** This is a bit off on a tangent here, but was your husband in country the same time that you were?

**DB:** Yes.

**KH:** And you met him there?

**DB:** Yes.

**KH:** At the 24th? He was at the 24th?

**DB:** He was at the 24th.

**KH:** You were at the 93rd?

**DB:** Yes. He had gone into the military . . . I went in in August. He went in in October, the beginning of October.

**KH:** Also medical?

**DB:** Also medical. Yes. He was an OB-GYN [Obstetrics-Gynecology] who got drafted. He had just started his OB-GYN residency, and they did to him what they did to the other docs. “No, you really didn’t have a deferral in medical school. You can either join up in the Medical Corps now, or when we want you, we’ll put you in the artillery.” So he joined. He had finished his internship in July or June at the old St. Paul Ramsey [Hospital], which is now Regions.

**KH:** Okay.

**DB:** It was, I believe, the older building, which is not there anymore. It was in another part of town, off of West Seventh Street. He had had a fair amount of trauma experience, and he was only into his residency a few months. He got to Fort Sam, which is where he met Chris, who was my roommate down at the 36th. In any event . . . [laughs] the Army, in its infinite wisdom, put him—he went from Fort Sam to Vietnam, and they stuck him up in the highlands, up by Pleiku. He was up in the boonies doing general surgery out-of-a-tent kind of thing. Then he was transferred down to the 24th after, I don’t know, about eight months or something like that. I’m not just sure when he got there. His commanding officer, the brigade commanding officer, was going through records and found out that he had someone with a little OB-GYN experience, so he took him out of the field and put him down in the 24th Evac and spread out the word that there was an OB-GYN running the emergency room at the 24th Evac. The emergency room at the 24th Evac is part of a neurosurgery hospital, so this OB-GYN is in an emergency room that’s neurosurgery. [Laughter]

**KH:** Wow.

**DB:** Oh, God! What we don’t do to our patients. So, anyway, I met him over there one Friday night at a party in the officer’s club.

**KH:** You started dating then?

**DB:** Well, we became friends. I didn't want really too much to do with him, because he was married. He got home from Vietnam and his wife filed for divorce and we struck up a relationship a couple years later.

**KH:** So you had kept in touch [unclear] after you got back?

**DB:** Yes.

**KH:** You said earlier that not much of what the Army did by way of training you in Fort Sam really proved to be too useful to what you experienced in Vietnam. How so or how not so?

**DB:** They gave you no concept of volume, [sighs] no concept of severity of wounds and no concept of what living there might be like, absolutely none.

**KH:** Living there meaning in a war zone, in the country?

**DB:** In the middle of a war zone. It was one thing not to teach us about the country, which I fault them quite seriously for. No history. No understanding of the language. We took to getting Vietnamese lessons from some professor from Saigon who'd come down to Vung Tau and spend nights teaching us.

**KH:** Oh, you did?

**DB:** Yes, but we did it on our own, because somebody knew somebody who knew somebody, that kind of thing. He'd drive down from Saigon on his own, and we'd go to somebody's room while we did that. I think it was Tony's room.

In part, they had not the foggiest notion about guerilla warfare and sending people to live in a guerilla war. It's awfully hard to . . . you know, it's . . . the Army is so political that to be able to admit to what Vietnam is like would be a political statement, and they're not supposed to be political. So it's what wrong with the institution, as opposed to—at least back then—what was wrong with what they were doing.

The Tet Offensive was so unexpected. Some people knew it was coming. Some of the intelligence people knew it was coming. But the way they prepared for such an eventuality was they built us a bunker outside of our little building, our nurses' quarters at the 93rd, and it was a little room [sighs], oh, half the size of what we're sitting in right now, made of sandbags. I remember when we woke up on January 31<sup>st</sup> at 3:00 a.m., some woman telling me to get my pot—that's the helmet—and flak jacket and get out to the bunker, where I sat freezing to death for about four hours knowing that the temp was in the 70s. [Chuckles] You never knew when that next sound was going to be an incoming round landing on top of you.

So the Army had no idea how to prepare adequate space for us if the Tet Offensive happened. I mean, somebody could have dropped a bomb atop us, and I wouldn't be here to cry about it. It was wholly inadequate. They built the hospital, the 93rd Evac, less than a mile down the road

from the ammo dump. And of course one of the first things that the sappers got when the Tet Offensive started was the ammo dump. It exploded big time the first time around 8:00 a.m. on January 31<sup>st</sup>, caved in one of the ICU walls of the Quonset hut, the one that faced it. So they had no appreciation of what guerilla warfare was like, how to plan for it, how to plan safely for it. Not a clue. Those are the things we were not prepared for.

The devastation to the individual human bodies . . . When the ammo dump went up at 8:00 a.m. that first time, I was standing by the bed talking to my supervisor, one of our lesbian nurses, a tiny little creature. We were standing by a bed that had a guy, a great big, husky guy, who was in a body cast from under his arms to his toes. The dump went up. We didn't know it was the dump going up. Poof, the wall comes blasting in. There's this huge sound. She'd been in the Korean War, so she knew what to do. She said, "Grab his IV and we'll put him under the bed." So this tiny little creature—and I'm not all that big—she and I picked up this great big, heavy guy in his great big, heavy cast and put him under the bed on the cement floor. The reason he was in that cement cast was not because anybody knew how to care for the wounds. The surgeons knew; they devised that method on the spot when they were in Vietnam. When somebody had severe wounds in their chest and trunk and maybe their legs, the best way to hold them together and keep the infection out was to wrap them in plaster. They didn't tell us that in Fort Sam because the guys hadn't devised it in surgery in Vietnam then. It was just sort of a safe container. Somebody figured it out.

A lot of war has got . . . Wars are different from one to the other, so there has to be a lot of creativity and flexibility that goes into living and surviving and working in one, and that, I understand. I didn't appreciate it fully before; I began to during, and certainly since, I understand. You can't fight the last war. You can't live in the last war. You have to accommodate for the situation, such as it is. There were some simple things you can learn about. You can learn that you don't put up signs in English when the country speaks only Vietnamese or Iraqi, whatever the Iraqis speak. You put them up in that language. Those are the repetitive mistakes that the institution, the Armed Forces keep making, those kinds of things.

So there will be people like me who come in ignorant and who have to learn how to cope while they're there. That's both good and bad. It produces important results for the next experience. One of the great things that everybody learned in Vietnam was no matter how bad the wound was, how devastating it was to the individual soldier, if you got that person from the battlefield or from the rice paddy or wherever into the emergency room within one hour, you had a better chance of that person surviving. We use that principle today in civilian life. But that's only something they learned during Vietnam.

**KH:** It was an amazing success rate for people who were wounded and evacuated.

**DB:** Yes.

**KH:** It was something like ninety-eight percent, wasn't it, of people—?

**DB:** I don't know.

**KH:** I have read it, and it's amazing how successful . . .

**DB:** Each war brings about some unique sort of thing. This one in Iraq, they've learned that they induce a coma for the badly wounded head injuries until they get them home here and can care for them. Every war brings something different.

**KH:** When was the first occasion that you recall in Vietnam where you went, "Oh yes, I am in a war zone"?

**DB:** That happened shortly after I got to the 36th Evac. I don't think it was as much as a month. It might have been three weeks, something along those lines. Part of the responsibility of working in the ICU was to staff the emergency room, so that when casualties came in, you responded. You went over and switched hats from being ICU or recovery to doing triage. That afternoon that I got my first call, some Australians had been fighting just off the edge of the peninsula, the end of the peninsula. They had a base camp out there and no hospital on the peninsula at the time, so they naturally brought them in to us. We received about a dozen into the little . . . I say little. It was only half of a Quonset hut, so we only had bays for maybe a dozen people. The place was filled, and I rushed in.

I remember having to haul the medication box. The medic and I, who was also assigned and on call, the two of us carried that thing in there. I remember it being rather heavy. It must have been six feet long, and it was filled with medications and equipment. Rushed in, dropped it, and ran up to the first guy, and his eyes were wide open and the back of his head was gone. My medic started to . . . he wanted to resuscitate him, get up and pound on his chest. I had to convince the medic that the guy was dead. I was shaking like a leaf. There were several other dead eyes. The place was chaos with nurses and doctors running hither, thither and yon, starting IVs . . . [sighs] and putting on tourniquets and trying to make a diagnosis as to who was alive, who was dead, who was treatable and who should go into surgery first. That's when I figured out that I was at war.

**KH:** How do you deal with the stresses of being in a war zone?

**DB:** My favorite technique, that I taught myself very well, was push it down deep, very, very deep so it doesn't surface for years to come.

**KH:** It was—?

**DB:** Full-scale denial, I suppose. I don't know if it's repression or what it is, but it's effective for getting you through a short period of time. It is not effective for how to handle emotionally traumatic situations.

**KH:** Do you think that was common with the people that you worked with? Did they do similar things?

**DB:** It wouldn't surprise me. I certainly know my spouse, from what I've learned over the years, did pretty much the same.

**KH:** Did you all talk to each other when you were in country about—?

**DB:** Rarely. Alan was the first person I ever talked to about it, because he was safe to talk to. He was just a plain safe human being.

**KH:** And you talked to him while you were in country or long after?

**DB:** Sometimes during in country. Definitely after—to this day.

**KH:** Did the military prepare you at all for *that* element of war, that psychological stress?

**DB:** Oh, no. No, no, no! No. And that's something they should have known about, because they were fresh out of World War II and the Korean War. So that's unforgivable.

**KH:** Yes.

**DB:** Now why did they set up a system? I understand they've set up a system a little bit better now to handle people, give people the opportunity to deal with the emotional trauma they're experiencing. But . . . it was an institutional do-your-work-and-don't-let-anything-interfere . . . A lot of people drank too much, which I suspect is one way of coping, erroneously, but nevertheless . . . Drugs were not prevalent. Marijuana was not prevalent during most of the time that I was there. The psychiatrist at the 93rd knew a little bit about it, and if anybody would know, he would have known, because they had a psych unit at the 93rd. I can recall discussing things with him one time, but it was not a problem. It was just on the verge of being a problem.

**KH:** Now that you bring up the issue of drugs, how would you characterize morale, in general, among either your colleagues or the patients that you were treating while you were there?

**DB:** Most of the patients were too busy being miserable. I remember one guy who was probably typical. He was a mechanic who had both his arms cut off above his elbows in traumatic amputations. He ran about the ICU pushing his own IV pole. In order to survive, you had to have that kind of willingness to ignore what had just happened to you whether it be physical or emotional. Those that did get through it. Therefore, I would say at the time the morale was pretty good. At the 36th where people were less busy, during the time of the war where it was less busy, people found things to do in order to keep themselves busy, to find something, whether it be learning Vietnamese or starting a clinic, writing letters to the States to get equipment and supplies donated, going out with cement and trowel and building it, quite literally. People did things. They kept themselves busy. That, I think, kept morale up.

**KH:** Did you ever see any anti-war sentiment in country?

**DB:** I think that's fair to say . . . yes. [Laughter] An unqualified yes, mostly in very obscene terms.

**KH:** Ah ha. From patients? From colleagues?

**DB:** Not necessarily from patients, no. From colleagues. Most nurses—not all. Most physicians—not all, but the vast majority of us who were there. We were citizen soldiers. Every day, one more day that you stayed there, each day more that you stayed there, you got more and more opposed to war in general and that war specifically because of the carnage, not only to GIs, to U.S. citizens, but to the civilian population. It wasn't exclusive. There were some people who—I can think of one nurse in particular. [Pauses] There was a child who had been wounded, a baby, during the Tet Offensive. Someone had brought it in. It was a boy. It had no adult . . . it wasn't old enough to talk. I would sit and rock the child. I found a rocking chair and I would rock it and hold it when I wasn't at work. One night, she turned up the IV and let the IV go in a little too fast, killed the baby, and all because he was Vietnamese. She was taking her hostility out on that baby.

**KH:** So she did this intentionally?

**DB:** You bet.

**KH:** It wasn't a slip?

**DB:** No, it wasn't a slip. That was her signature. She was . . .

**KH:** Did anything happen to her in consequence?

**DB:** No. No, nobody had time. We were working twelve hours a day, and we had no time outside of patient care to do any more.

**KH:** You said that of course you had been a pacifist. You went in to the military as a pacifist. Did your year plus in Vietnam affect your views of that war in particular in specific ways versus this is just evidence that all war is wrong? Did you find something particularly wrong with U.S. involvement in Vietnam?

**DB:** Yes, yes, yes. Yes, it was clearly quite racist, because there was a fair amount of racism that you could detect in the language of GIs and other soldiers. They would refer to Vietnamese as "gooks," to the military police that wore white helmets as "white mice." I thought that it was clearly an outlet for racism. It made no sense that if Vietnam . . . it never did. If Vietnam fell to a certain political persuasion, then the Communists would soon be knocking on San Francisco's door. It seemed so silly to me then and it seems sillier to me now. I never did buy the domino effect. It didn't stand to reason once I started learning about Vietnam, which has always been an independent entity within the Asian community. They had proved themselves ungrateful to many neighboring Asian countries before. I just . . . I always thought it would be laughable and silly if it weren't so horribly tragic.

**KH:** You said that you came to some of this realization after you started learning about Vietnam and its history?

**DB:** Yes.

**KH:** You started learning about that while you were there?

**DB:** In part. I had started reading Graham Greene, which I had read at Fort Sam. I read some history books that somebody . . . I think it was Tony Zuniga who had rounded them up at the 36th. The man who was coming to teach us Vietnamese at the 36th had someone who came and talked to us about what Vietnam was all about. I know he was a professor. His English was better than my Vietnamese, but I still could not understand much of what he had to say. Only some stuck.

**KH:** What kind of overall contact did you have with the Vietnamese people and/or culture while you were there?

**DB:** Well, the people who washed our clothes, for example, the mamasans. The people who cut my hair, did it up in curlers. [Chuckles] We had people, Vietnamese hair stylists. People at the restaurants. One of the nurses had, one of the male nurses, formed a deep and abiding relationship with one of the prostitutes in Vung Tau. She was a delight. She was learning English, so we got to learn and talk with her. The people at the beach who sold us food. Some of the patients. Particularly at the 93rd and during the Tet Offensive, I had several—I worked the night shift from 7:00 p.m. to 7:00 a.m.—Vietnamese patients because the provincial hospital was overflowing. So we took the very sick overflow, and they came in with the families that were still alive.

Many people, many Vietnamese, were old enough to have been around during the French and they spoke some French and I still spoke some French, so we could carry on conversations sometimes. I went to volunteer in a couple of clinics, one at the 36th, and went on some trips out into villages to look in people's ears and mouths and toes and stuff like that, dispense soap. Soap is one of the great public health inventions. We thought we were doing such a great job of cleaning up the world by giving people bars of soap. Then you'd go downtown and the soap was in the marketplace being sold. [Chuckles]

**KH:** Well, perhaps useful in a different way.

**DB:** Yes. Useful in a different way. [Laughter]

By and large, the Vietnamese people I met, regardless of educational or linguistic skills, were as close to Americans as Australians or Europeans, maybe more so than Europeans. Hardworking, very hardworking, industrious people. By culture, a very intense group of folks, and it's understandable. Certainly, in Vung Tau, there were a lot of people who had to earn a living by fishing. That's a hard life. Farmers, that's a very hard life. Rice farming is very hard. Even the little kids who were old enough and strong enough to walk around would have the next youngest

child on a hip. That was their job, to care for the next one down in line. So everybody worked hard—very, very American, something we could all identify with.

**KH:** Did you get a sense of the Vietnamese people's attitudes towards you as an American person present in their country?

**DB:** Well, most people who would talk to us or say anything along those directions were happy about us, because we were there taking care of them. Remember, we had a specialized mission in life: we were there to care for the sick. And they knew full well that we would care for them should they need it, regardless of what they were in real life. In Vung Tau, we lived with the VC. Vung Tau was a sanctuary where both Americans and VC went on R & R [Rest and Recuperation]. We had VC walking the streets. One West Pointer pointed out, "I never understood why there were so many draft-age Vietnamese walking around Vung Tau." [Laughter] Well, let me tell me you . . .

**KH:** Did you ever feel unsafe?

**DB:** Not in Vung Tau, no.

**KH:** Because it was kind of understood that this was R & R?

**DB:** Yes, not to worry. And even during the Tet, Vung Tau suffered very little damage compared to everywhere else. There had, apparently, been a tradition, as best I can trace it, down to the Second World War, where Vung Tau—there was a Japanese bunker there. I assume it's still there. You know, Japan occupied the country. As far as I can understand, it was a sanctuary then; it was a sanctuary in the early 1950s when the French had their problems. It was ideally situated for that, because it's a peninsula, and it's beautiful, just gorgeous. You can find some pictures online. Lovely, lush green.

By and large, people were fairly healthy. There were certain interesting behaviors that led you to raise your eyebrows. The first time I went to the clinic to see patients, give out soap, this older woman came in, and her teeth were all black. Oh, my God! So I put in an emergency call for the dentist. [Laughter] The dentist came running over. He said, "Oh, she eats lychee nuts." "Oh, what does that do?" He said, "You're new here, aren't you?" I said, "Yes." It turns teeth black. [Note: betel nuts are the nuts that turn teeth black when chewed.]

Well, bubonic plague, I assume, was endemic, but not a big problem at all. It just wasn't big. Tapeworms were a problem. But nutrition in Vung Tau was very good because the fruits of the sea were available. Fresh vegetables and fruit were always available, right down to the not quite ripe bananas. [Chuckles] I don't know enough about the people who worked for us in Long Binh. We had a Vietnamese hairdresser who had her shop in our nurses quarters. She was healthy and happy and spoke very good English. She had a good and safe job until the Tet.

**KH:** Did you ever have any qualms treating or caring for Vietnamese patients?

**DB:** I did not. No. To this day, I don't believe somebody's politics or somebody's immorality justifies treating anybody differently when it comes to health care. I have a pretty heavy mindset on that.

**KH:** Clearly, not everybody you worked with shared that?

**DB:** No. No, not at all. I would say the vast majority of people did, fortunately. We had a prisoner of war ward over at the 24th Evac, and I know there were some nurses over there who wouldn't work on it. I know full well we took care of some VC during the Tet, but then we also shipped them off to the 24th Evac to go to the prisoner's ward when we got finished with them. [Pauses] I guess I have in my head that there is a division and that when you're caring for someone as a health care provider, you are not judge and jury in a legal sense; you are merely a health care provider and that's your job. The other part of the system can deal with whatever anti-social behavior they've done. If you're an enemy warrior, then somebody else will do their job and take of you, but my job is to heal you up. I told you I was an idealist. [Laughter]

**KH:** Tell me a little bit more about Tet.

**DB:** [Sighs] At the 93<sup>rd</sup> in Long Binh you could lay in your bed and the room was big enough to hold a bed. It was about six feet wide, maybe eight feet long, and the bed was maybe under six feet. You could lie there and you could listen to the outgoing rounds, because they were shelling on the other side of the base, the Long Binh Base. But when Tet started, the rhythm changed. The sounds started sounding differently. And then there was the knock on the door to go out to the bunker. I have never been so cold in my life, even in a January in Minnesota. [Laughter] That was the coldest I've ever been. My teeth were rattling, I was so cold. Well, it was an emotional shock. It took me two decades to figure that out. You know, when you're in that bunker and it's in the seventies and so is the dew point, you should be hot. I sat on my hard helmet and my period started. You know, everything went wrong. That was the beginning of the Tet. They told us not to leave the bunker.

Towards daylight, they told us to go to work at seven o'clock. So we went on as usual. Actually, I was due to go on at three o'clock, but I went on at seven. It was not busy to start with. That was why at eight o'clock, when the ammo dump went up, I was standing there with the supervisor who'd come around to help us, she and I were assessing how many beds did we have, how many people we could move out now, who had to stay, how many nurses did we need, that kind of thing. I was assigned to the recovery room for several days. The recovery room was a Quonset hut with maybe fifteen beds. The beds were always full for at least three or four days. I ran constantly, taking vital signs, measuring bodily fluids, figuring out where people ought to go. They usually came with a guess from the surgeon that they were to go to ICU or Ward 1 or 2, so that made life a lot easier. It was the rare person who was awake by the time I shipped them off to whatever ward they were to go to.

We had several Vietnamese come through. I was at the front desk when a corpsmen reached over to one of the Vietnamese and the Vietnamese whipped out a knife. [Chuckles] So he obviously was quite awake. So we had some excitement there. The patient had to be subdued. Whether he

was a VC and frightened out of his mind or an innocent civilian or what, we have no idea and we'd never know. No way of knowing. Oftentimes, the Vietnamese had a different reaction to anesthesia, so when they came out of anesthesia, they were often disoriented and violently so.

But, you know, you wanted the time to be scared or for your heart to slow down, but you didn't have time, because it was non-stop. The 93rd, because we were so close to Saigon, we got a lot of casualties in. We had the "Dust Offs" in our backyard. The MedEvac choppers were headquartered at the rear end of our hospital, between us and the 90th Replacement, so they, naturally, tended to bring a lot of folks to us. Triage, a lot of the times, was done . . . triage, in terms of where does somebody go. Head wounds normally went to the 24th, and the major abdominal and chest wounds came to us. But sometimes they got mixed up, and sometimes somebody with a head wound had all other kinds of wounds.

When the ammo dump went up at 8:00 a.m. that morning, the 24th Evac freaked out, because they stayed in contact with us via radio, and of course the explosion broke the radio contact. And all the 24th Evac could see, the people over there could see, was this huge plume of smoke, kind of a mushroom cloud. It was the ammo dump; it wasn't us. But they thought it could very well be us. [Chuckles] So they had more anxiety than we did about us.

The Tet . . . I wound up being assigned 7:00 p.m. to 7:00 a.m., which I preferred. I'm a night owl—at least I was in my youth. The nights were exceedingly busy because the casualties would take place during the night. They'd come in during the day, and by the time I got there at 7:00 p.m., you know, I'd have another fifteen exceedingly badly wounded that were all bleeding and in respiratory crisis. So it was the busiest . . . There was no time to think or to feel, especially because I'd become *really* good at stuffing feelings down. I knew how to do my job and not cry. Well, now that I'm sixty-two, I can cry when I think about it.

Somewhere in the middle of the month long Tet, I went out to get a unit of blood from the lab across the way around 3:00 a.m. or, I don't know, somewhere in the middle of the night. As I was coming back—it was only across a little sidewalk through the Quonset hut, which was surrounded by sandbags across the way. We had covered sidewalks to keep the rain off—it rarely rained—and into the labs. So coming back kitty-corner, all of sudden, there was this huge flash and boom. You spoke earlier of what did you think of the Communists? Well, the nuclear threat, the atomic threat of an A-bomb going up was in my head. [Laughter] It must have been, because I thought, "Oh, my God! We've been nuked!" Well, my corpsman was coming back, too, from somewhere. I don't know what he thought, but he picked me up and threw me into the sandbags and went in behind me to protect me. Of course, when nothing happened, we got up and we thought, "Well, we're alive," and went back in. We eventually figured out it had been the ammo dump going up again.

**KH:** Oh. This was February of 1968?

**DB:** It's February of 1968, somewhere in the middle of Tet. You know, the ammo dump had gone up before, but this time it was dark out and we were outside. The other time, we'd been inside. That was my memory of the Tet. We were supposed to go home February 25th, I

suppose. We couldn't get any transportation for us, safe transportation to get us down to Saigon to Tan Son Nhut where our flight was to take off, so we were delayed a few days. So we left in early March.

**KH:** Okay. Really, you left with Tet being your last in country experience?

**DB:** Yes. Yes.

**KH:** That's going out with a bang.

**DB:** Yes, quite literally. [Laughter] It was a challenge in terms of memory and Tet. Tet was, in the grand scheme of things, brief but awful. I remember walking across between the nurses' residence in broad daylight and the hospital, which was only across a street, a dirt street, but nevertheless, a street. I felt so fatalistic that here I was, this one tiny human being in the middle of this great big war, and what's the use of wearing a helmet and a flak jacket, because any VC worth his salt is certainly going to be able to get rid of me with a bullet or two. I felt emotionally numbed. I must have been severely depressed. I didn't recognize it, didn't have time. I must have been horribly afraid. I didn't know it.

The reason I was thinking about being a victim of a sniper was because we'd been having patients come in who had been standing in line for some reason at the 90 Replacement Battalion across the field, and there'd been VC snipers out picking them off over there, so they'd wind up coming to the ICU or the recovery room. So, you know, we knew there were snipers around. People were doing things that they could try to make things safe. We had "Puff" [Puff, the Magic Dragon, AC-47 gunship] roaming around up there day and night shooting tracer bullets into the surrounding area so that any VC that might be sleeping during the day or trying to get at us at night or, more importantly, the ammo dump probably would be taken care of.

We had a very strange CEO [Chief Executive Officer] at the hospital at the 93rd who, during Tet, decided he was going to send the medics out, our corpsmen out, to patrol our perimeter. He gave them guns to do that with. Of course, they're all conscientious objectors. He said, "Well, no bullets in your gun," so they were out patrolling the perimeter with side arms and no bullets. [Laughter] I'm thinking, "Well, even if you believe in guns, it's a very off the wall kind of thing to do. So absolutely one hundred percent useless."

**KH:** Yes.

**DB:** Those guys were sitting ducks out there. They were our corpsmen. Oh, God! The Army, some people in the Army, just didn't think things through. I mean, the poor man was the hospital administrator. He'd been in the Army, a career Army officer. He had never seen such a situation in his life. He wasn't good at making judgments, and he must have been impaired in his judgment making.

It was about ten, fifteen years ago I met a guy who had to have been one of my patients, because we got to talking about the 90th Replacement. And he had been there at Tet, and he'd been

wounded, standing in line when he was hit by one of the snipers, and he said, “The next thing I knew, I woke up in the intensive care unit.”

**KH:** Wow.

**DB:** I said, “Oh, hi.” [Laughter] “I don’t remember you. I just remember the likes of you.” That was an interesting experience.

**KH:** That’s something.

**DB:** Yes. So that was Tet. It was a bad experience.

**KH:** Tell me about leaving Vietnam.

**DB:** Went down to Tan Son Nhut on a bus that had hand grenade screens on it. Got there safely and uneventfully. Had to go down to Tan Son Nhut in my fatigues, but they wouldn’t let us on airplane in fatigues. So I took my fatigues and my boots off, found some lieutenant who let me change in his quarters, a tiny little room. I put my boots and my fatigues underneath his bed and left them there. [Laughter] And changed into the green summer cords. We flew to Hong Kong.

**KH:** Were you excited to be leaving?

**DB:** Relieved, I think. [Laughter] Yes, I think I’d use the word relieved. I didn’t have enough energy to be excited. I was really tired. In fact, I tend to weigh, always have in my adult life, somewhere between 125 and 130. When I got home, I weighed 110. Didn’t have much time to eat and ran a lot during Tet.

**KH:** Yes.

**DB:** I was tired and lost a lot of weight. So I ate, slept, shopped, went home to . . . what’s that base outside of San Francisco?

**KH:** It’s not Travis, is it?

**DB:** Travis, yes. Landed at Travis [Air Force Base] and caught a bus home, got a bus into the city, went into a hotel in Union Square and went to sleep in the middle of the afternoon. Woke up, it was evening. Except that it was the following evening.

**KH:** Oh!

**DB:** So I slept the clock around, plus.

**KH:** Wow.

**DB:** I was a little disoriented.

**KH:** I can imagine—or maybe not.

**DB:** That was a San Francisco sleep. That was coming home.

**KH:** Did you arrive in San Francisco in uniform?

**DB:** Had to have. Yes, because in order to fly military, I would have had to. Going into Travis, I encountered no problems whatsoever in any way, shape, or form. I've heard women talk about the problems, but . . .

**KH:** No protestors gathered at the gate? Nothing like that?

**DB:** No.

**KH:** How long were you in San Francisco?

**DB:** A few days.

**KH:** And then where?

**DB:** Went home to see my mother and my sister and my sister's children and husband. Then was assigned to Madigan General Hospital in Tacoma, Washington.

**KH:** So you crisscrossed—?

**DB:** Yes—at least I think I did. I had to have gone home right from San Francisco, my sister says. I can't really remember going, but my sister assures me that I went home. But I cannot remember.

**KH:** You said earlier, when you were talking about your mother and her concerns about you joining and then going to Vietnam, that she was worried that she would never see her baby again. And in some ways, she didn't, because you came home a different person. How—forgive me if the answer seems obvious—would you say that the war changed you or your time in Vietnam changed you?

**DB:** Before I went into the Army, if you recall, I was basically in academia. I'd spent five and a half years in school. Although my adolescence wasn't delayed because of the profession I chose, I think I was extraordinarily naïve. And Vietnam was an aging experience for me. I'm sure I matured ten years during the first few months. I also became a lot more cynical. I was never cynical till I got to Vietnam. I was naïve. [Pauses] I saw too many dead men, and more than enough in the world of acutely ill and injured that I probably had burned out....

[Tape interruption]

**DB:** My assignment after Vietnam was Madigan General Hospital in Tacoma until my discharge, and I just worked on a unit where it was surgical isolation, and that's where I met all the same kind of patients I had cared for in Vietnam.

**KH:** Okay.

**DB:** Maybe not the individuals, but . . . A lot of them came home infected. I stayed there as a civilian for a few months, maybe two or three months, trying to figure out what I wanted to do. Went back to Boston then, to the same hospital I'd worked at, the Peter Bent Brigham, and asked for a job. I had been a staff nurse in ICU when I left. I came back and I knew the director of nurses, of course, and she must have seen a change in me, because suddenly I was now the night supervisor for the hospital. I didn't think I was up to that. It was kind of like the Army nurse in Vietnam who made me become a head nurse. [Chuckles] This woman—much better people skills—said, “We need somebody. You've got a lot of experience. Give it a try.” And I did.

I lasted there until . . . I think it was around Thanksgiving when I woke up . . . I was living in a nurse's residence. There were six of us in this big, old Victorian house, and I was the newest one, so I lived in a small room off the front porch. One of the nurses had come home with a date one night. I was sound asleep. It must have been my time off. You have to remember that my room at the 93rd Evac was this tiny little thing, six feet wide and eight feet long. I'd spent the Tet Offensive there worried, absolutely certain I was going to be killed. Well, my dreaming self heard the noise outside and it triggered my first nightmare, which I call my “wake-me-up-screaming” nightmares. I can laugh at myself now. There was this unseen, unheard presence coming into my tiny little room to do me harm, and so I needed to scream. Well, I did. I woke up screaming.

Well, Marian heard me, and Marian was a recovery room nurse, and her instinct was to call the cops, so she called the cops. The woman who is standing on the front porch with her date, they hear me screaming. My door is locked, so they're trying to get into my room and I hear it. All the other nurses rushed down from upstairs, and they're pounding on my door trying to get in. There must have been a cruiser in the neighborhood, so the cop comes up right away. [Chuckles] So I spent the rest of the night apologizing to people that I was having a nightmare. I knew the origin of the nightmare. I'd been home for about nine months. I stayed around for about six months, but I figured if I was going to live in that house, I couldn't keep waking people up.

**KH:** Did they all know you had been in Vietnam?

**DB:** I don't know. I don't remember anymore. Some people I had worked with before at the Brigham were out in L.A. [Los Angeles, California] and they'd set up an open-heart surgery unit out there at Cedars of Lebanon [Hospital]. So I called up there and said, “Need anymore nurses?” They said, “Oh, yes. Come on out. We need more.” So I moved out to L.A. and I worked at Cedars of Lebanon in their ICU while I worked at L.A. County General [Hospital] in the emergency room. Well, when you come out of the Army you're penniless and you're a single woman and you're a little at odds. You don't know what to do with yourself. A safe place is to work. So I held two jobs for a while.

**KH:** Were you talking to people about your Vietnam experiences?

**DB:** Oh, no. But L.A. in 1969 was full of smog. I had to work nights there so I could breathe, because I'm allergic to everything. My eyes would run. My nose would run. It was miserable. So I'd been in contact with Alan and he said, "We don't have any air pollution problem in the Twin Cities." So I came out here and, yes, it was June and it was beautiful.

**KH:** You could breathe again.

**DB:** You could breathe. The humidity was decent. And I've been here ever since.

**KH:** That's a good time of year to get a good taste of the good things in Minnesota. January?

**DB:** Yes! Let me tell you about January.

**KH:** [Laughter] So now we're in 1968, 1969. The Anti-War Movement is becoming more visible and vocal. What were your thoughts about the Anti-War Movement?

**DB:** I got involved with the Veterans Against the War, but I was supervisory—well, I was a combination of head nurse/supervisor at Hennepin County General [Hospital], which was in the old building. It was a huge challenge. I used to go work there at 7:00 a.m. and get off at 11:00 p.m. out of choice. But I found some time to get involved, and there was a protest on and we all got black armbands with the peace symbol, the missile inside the circle. So I pinned it to my arm and went to work. Boy! Did I catch flak for that. That's when I started talking to people. I said, "I served in Vietnam. I know what war is about. That's why I don't like it. And that's why I'm protesting." That shut up an awful lot of people.

**KH:** Who was giving you flak about it?

**DB:** Patients, docs, nurses.

**KH:** Thinking that you were not a veteran and—?

**DB:** Everybody soon found out. So I did things like that. I went to one of the "U" [University of Minnesota] protests when the cops threw [tear] gas. [Chuckles] I didn't like that. Also, because I don't like violence.

**KH:** From cops or otherwise?

**DB:** Yes, yes. Cops or students or . . . Students and people were throwing things at one another. That's just not my scene. It's as close as I ever got to any kind of activism against the war. I couldn't take the violence. I still cannot. I try to get myself down to the Lake Street Bridge on Wednesday afternoons. I can't do it. I can't get that close to war. And peace activism is as far away from war as you can get, but for me, it's too close.

**KH:** Were you an active—did you officially join Vietnam Veterans Against the War?

**DB:** I have no idea.

**KH:** Did you sign up?

**DB:** I don't know. I don't know. I don't remember. I knew about meetings and I'd go, and I knew about events and I'd go . . . One or two events.

**KH:** I know you mentioned this earlier, when you were talking about coming home to San Francisco, but, you know, there are still raging debates among some scholars and some veterans about the relationship between the Anti-War Movement activists and veterans coming home, some saying that it was hostility and speaking in very acrimonious . . .

**DB:** It was, yes.

**KH:** And others saying it was not.

**DB:** Yes. Yes. A lot of people encountered a lot of very negative anti-social behavior. It was during the time when it was popular to blame the warrior, a convenient sort of thing.

**KH:** Did you encounter any of that kind of attitude or behavior from—?

**DB:** I encountered a fair amount of that when I was volunteering with the Vietnam Women's Memorial Project. That's when I first encountered that.

**KH:** And from whom? Or what kinds of people?

**DB:** Oh! A lot of people on the hill in Congress, staffers in particular. Some of the press. I was dealing with the National Press Corps during that time. Occasionally, the phone would ring and we would get some person vomiting verbal abuse upon us.

**KH:** What was the . . . I mean, what were they saying? What was the nature of their vitriol?

**DB:** Oh, everything from, "You're a woman. How could you serve in war?" "How could you defend our country when we were doing such nasty things?" "Were you a whore?" That was my very first phone call at the project that was negative. We got some nasty letters.

**KH:** I do want to talk about the memorial.

**DB:** Okay.

**KH:** But before I get there, I want to ask you about the long—because you said earlier that one way you dealt with the stress of being in Vietnam and in a war zone was to stuff stuff down and that that was effective in the short term. What were the long-term effects of that for you?

**DB:** The nightmares. And when I agreed to do this project with you, I had a “wake-me-up-screaming” nightmare, which I haven’t had in years. And I was in a bad accident in 1979, and, wouldn’t you know, I started having nightmares again, because it’s the “come-into-the-small-room-and-do-some-harm-to-me” nightmare. That interrupts your sleep.

I burned out of nursing, and was really very slow to figure that out. I got into a shouting match with a resident at Hennepin County General. I never shout. I don’t raise my voice. I don’t get angry and have a hissy fit. I simply don’t; that’s just not my style. I might get angry and we’ll have a heavy discussion about it. [Laughter] But I don’t scream. He and I screamed at one another over something he had done. That started giving me a clue that something was wrong with me and nursing. I still worked for another couple of years as a nurse. So there was, you know, that consequence.

The technique of stuffing my emotions down deep gives me high blood pressure sometimes. I have genetic tendencies toward high blood pressure, so I add to my misery. [Chuckles] I would guess right now that my blood pressure is sky high, but I take Prinivil for hypertension, so not to worry.

**KH:** [Chuckles]

**DB:** I exercise well, so I’m able to chill out often. [Laughter]

[Brief tape interruption]

**DB:** Start the question again for me.

**KH:** Did you ever seek any medical and/or psychological help if you realized that something was not quite right?

**DB:** No, but I did fall in love deeply with someone who is also a physician, and he and I have been able to talk through things. Certainly the work for the Vietnam Women’s Memorial, that was an outlet in a slightly different way, explaining over and over and over again . . . How I got the memorial going to start with was I had to explain to people that I was a Vietnam vet and listen to the response, “I didn’t know women were there.” That made me explain more and more to more and more people. And to this day I continue to do that as a way to remind people that women also serve. More of us have got to do more of that, and that’s the reason I’m participating in this project, is so more people understand. There are a whole lot of women now in Iraq, and people still don’t appreciate that fact, and they’re in roles that are combat, direct combat, and people still aren’t getting the picture. That has consequences for public policy in terms of health care, both physical and mental.

**KH:** Did you have any contact with the VA [Veteran’s Administration] when you came home?

**DB:** No.

**KH:** No? Speaking of policy and health care, I know they were not at all prepared or even receptive to women Vietnam veterans.

**DB:** Yes, I've heard that over the years. Also, I was done with the military. I didn't want anything to do with the military.

**KH:** So should you need any help, you would seek it elsewhere?

**DB:** Yes.

**KH:** Not at the VA?

**DB:** That's right. [Chuckles]

**KH:** So let's talk about the memorial. How did this start for you?

**DB:** Well, after law school, I worked for an insurance company, and was not the corporate type, and moved out and into some office space across from the Metrodome in the old Control Data building over there. It looks like a bunker. The Vietnam Veterans Leadership Project was in there. It was run by a couple of Marines. We got to talking. Steve Markley and John Smith. There was another guy who was there fairly frequently, who also had been a Marine in Vietnam, Jerry Bender. Jerry has since died of his exposure to Agent Orange. No, I take that back. He was badly exposed. We don't know whether his ruptured aorta aneurysm was a result of his exposure, his severe exposure. Most all of us were exposed. He died of a ruptured aneurysm about six years ago, just before the [unclear] of the Center.

I got to know the guys, and we'd been talking about Vietnam. This was in 1982, and they wanted to know if I was going out to the dedication of the Wall [National Vietnam Veterans Memorial]. I said, "Well, no." I was going to be out there at that time anyway, because there was a conference going on. The American Association of Nurse Attorneys was having its first organizational meeting, and I'd been helping to organize that, so I felt I had to be there. I did stop by the day after. I couldn't bear the thought of being there on the Dedication Day with all those people. Crowds are not my favorite place. So I waited until the next day. [Sighs] And then I watched the statue of the men [*Three Soldiers* by Frederick Hart] go up in 1984.

There'd been this ongoing discussion with these three ex-Marines. One of them said, Jerry Bender, in fact, said, "There's this guy in northeast Minneapolis who's been talking about doing a statue of an Army nurse." So Roger came over, Roger Brodin, who has since died. Roger also smoked himself to death. He brought with him a sketch. He had sketched it out. He had a model, his friend's girlfriend, who was a 911 dispatcher, Rhonda, sit while he sketched her and did a model of her. She had the flu that day.

**KH:** Oh, no.

**DB:** And she was feeling pretty miserable. She was tall and thin. She was in her twenties. She looked just like what he conceived a young woman ought to look like with her feelings on her face. Diane Carlson Evans, who lived . . . where was she living at the time? I think it was River Falls, [Wisconsin]. She was a nurse. She looks an awful like me. She was an Army nurse. She had approached Roger about sort of memorializing her service. She wanted him to do a statue of herself, but Roger had already had in his mind Rhonda. So they compromised, and she gave him her boots to use as a model. So he used Diane's boots. Then she and Roger brought this whole thing over to Steve and Jerry and John and myself, and they said, "What are we going to do with this?" So we talked about it. "Well, you know, they're putting up a statue of the men, for the guys who served. What if we do the same for women?" So that's how the whole thing came into being. That would have been 1983, 1984, about that time.

So I started making contact with the Vietnam Veterans Memorial Fund [VVMF]. The chair was Jack Wheeler, former West Pointer. [Pauses] In 1984, there was the Agent Orange litigation that was getting going. I'd been asked to—Steve Markley had told somebody involved with that that there was a woman lawyer who's been a nurse in Vietnam, so I was invited to join the group of veterans that Jack Weinstein was putting together, who was the Federal judge who oversaw the case. He wanted to hear from people who had been in Vietnam. So I was part of that group. There were about fifty or sixty of us. He sat and he listened to us talk about perceived effects of the toxin. Jack Weinstein was in charge of the class action lawsuit. I don't want to leave out an important couple words there. He was chief judge in Federal District Court in Brooklyn. He made it a practice when he had done class action lawsuits to hear from many of the people of the class.

So we talked to him about the process for the lawsuit in terms of him perhaps having town meetings around the country to listen to all the vets. We talked about studying Vietnam vets. So then he used all of that information and settled the lawsuit. Then, when he did that, he got five of us to oversee the distribution of the funds of that lawsuit; Al Danforth, Tim Martin, John McElrath, Chuck Hagel (who is now the Senior Senator from Nebraska) and myself. Al and I were the lawyers. He's a Philadelphia lawyer. Actually, as I found out later, Chuck said that he was the one who wanted me on there, because Chuck was looking for a broad spectrum of people. He chose a black man, a woman, Army and Marines. So the five of us oversaw that. We started doing that in 1984.

Well, as a result of that . . . Chuck was still with Firestone, I think. He was just leaving Firestone. He was a lobbyist for Firestone, and then he started his own telecommunications company. Then he sold that, went to work for the USO [United Service Organization]. He was the chief executive officer for the USO. He was a great connection in [Washington,] D.C., because that got me pointed in all the right directions for who to see on the Hill [Capitol Hill].

**KH:** For the memorial?

**DB:** For the memorial.

**KH:** Okay.

**DB:** That's how I got into lobbying. [Chuckles] I didn't know anything about lobbying. The memorial project wasn't going anywhere for two years until I went to, in January of 1987, see Senator [David] Durenburger. All of a sudden, when I went in and said, "Look, this is what we want to do. We want to add a statue to the Vietnam memorial. There's one for the men. I need help to do that, and I'm not getting any. Can you help?" All of a sudden, he called in the director of the National Park Service to his office, and said, "Listen to what this woman says." I had this guy crying by the time he left. All of sudden, we got our first permit. He got me an appointment with the Secretary of the Interior, Donald Hodel. Then I went with a bunch of vets to Donald Hodel. I thought he was going to eat me alive, but the Senator came with me. His only question for me—I brought the statue, the mock-up of the statue. It was a statue of a woman carrying her helmet on her hip. He said, "Well, what happens when the water builds up in the helmet?" [Chuckles]

I had the statute that created the Wall. I had that memorized. I had discussed it. I had people tearing my brains apart on that thing as to what the strengths and weaknesses in it were. I knew all about the approval process with the Fine Arts Commission and the problems that you could encounter there. I thought, "You know, he's going to lay everything on me, and it's going to be miserable. And all he wants to know is the helmet going to overflow." [Laughter] I said, "Well, we'll drill a hole in the bottom." He said, "Well, yes, that would make sense." He said, "Okay, I'll get you an appointment with the Fine Arts Commission." The next thing we knew, we had an appointment with the Fine Arts Commission. We get in there and the chairman of the Fine Arts Commission does not want this statue.

**KH:** And is it J. Carter Brown?

**DB:** J. Carter Brown. And J. Carter Brown makes a mistake. He said—which really ticked the Hill off, and there were journalists in the room—"Are you telling me that if we have a statue of a woman up here, well, that means we're going to have requests from the Canine Corps." Oh, my. The next thing you know, the *Washington Post* and *USA Today*, the following day, suggest that J. Carter Brown has likened the service of women in Vietnam to dogs, the service of dogs. So he got that. That triggered what the Congress was all set to pass it. So everything was pretty much now all greased and taken care of. I accidentally raised all the money.

**KH:** Accidentally, did you say?

**DB:** Yes. I think it was accidental. I just started calling around and found a corporation that wanted to give us \$700,000, that kind of thing....

[Tape interruption]

**DB:** They said, "Well, the Senator's wife is a nurse." I met her. I said, "Is there anything that you can do to help us? Because our real need now that we have the legislation is the money." She said, "Call this person." Well, that person was one of the big pharmaceutical companies, and the pharmaceutical company thought we were great. Then Miss Evans decided that she was not

getting properly credited for her early work, and she brought things to a halt for a while. The consequences: Roger Brodin's statue was not added; somebody else's was.

**KH:** Now, I should tell you, not that I've been not telling you, I know a little bit about the memorial. I interviewed Diane for my dissertation.

**DB:** Oh, good! Good. She has an entirely different take on life than I do, and her experience in Vietnam was much different.

**KH:** The funny thing is, was when we did the interview, I talked mostly about the memorial and I realized later I didn't talk that much to her about her in country experiences.

**DB:** Oh.

**KH:** At any rate . . .

**DB:** Maybe you should, because she has an entirely different experience.

**KH:** Yes, I'm hoping that she'll . . . I think she's still out in Montana. I'm hoping that she'll do a phone interview for this, since she has a Minnesota connection.

**DB:** Yes. She was born and raised here.

**KH:** Yes.

**DB:** In Buffalo.

**KH:** Now, having said that, what was I leading up to here?

**DB:** You were telling me that you had interviewed her, and I was going to tell you that you ought to find her, because she's one of the few women from Minnesota who served.

**KH:** Yes. Are you willing to explain what you mean by how she kind of brought things to a halt for a while on the project?

**DB:** [Pauses] No. No. There were consequences and that's all that mattered.

**KH:** So the consequence was that Brodin's statue [*Nurse*], which I have seen both at the VA, and I think they have that little maquette over in Wisconsin at the Neillsville Veterans Memorial Park or something. Anyway, I have seen it. But the consequence was that that is now *not* what is in D.C. and Glenda Goodacre's statue is what is there?

**DB:** Yes.

**KH:** Can you tell me what you think was the significance or the importance of having this memorial built for women on a bigger scale, culturally?

**DB:** Yes. Culturally, that is what always was the driving force for it and that was that people remain ignorant of the service of women to their country. My husband used to play games with people when he would introduce me someplace. He would say how he was a Vietnam vet and everybody would turn their attention to him. He said, "But my wife is, too." People would invariably say, "I didn't know women served in Vietnam." So he and I would team up to teach people. It's one of the reasons that the Hill was a marvelous experience, because you could teach young people on the Hill, young staffers, that there were women who served in Vietnam, women who served in the military.

**KH:** Were the people on the Hill or the Congress fairly receptive and interested once you finally did get in there and start talking?

**DB:** Yes. By and large, yes. One of the most effective advocates was my husband. Women love my husband, so we'd send him around to all of these young staff women on the Hill to explain. [Chuckles] He'd go around. He'd have this little spiel about how he worked with women in Vietnam and now is the time to honor their service and could she please get her boss to sign on? And he got like thirty people in one afternoon. People would rush to sign on then.

It wasn't easy getting going on the Hill until Senator Durenberger came in. But, I think that's the nature of lobbying. Until you have some strong advocate in a position of power, it doesn't happen. Senator Durenberger's staffer, Randy Scheuneman, was assigned to us. Durenberger was a Republican. Randy called across the Hill to a Democratic congressman, Sam Gejdenson, from Connecticut—he has since died—a young man, and they made an interesting team: a Senate Republican and a House Democrat. They got some momentum going, because Randy was able to cross over, had the skills to cross over. He was one of the young staffers who could do that. Randy is from Apple Valley, [Minnesota] originally, a graduate of Fletcher School of Law and Diplomacy. He now works for a think tank. I don't know the name of it, but he's fascinating, lots of good skills, and he had some good power that he brought to bear.

Then there were more energetic Republican southerners to come on board and Donald Hodel, the Secretary of the Interior, was a Westerner whose administrative assistant was a Southern lady. She was very helpful because they have a mindset that the military is very important and respected and, oh my, we just left out a piece of them here, of the women, so let's do something about it. She made a lot of phone calls that were very, very helpful. It was an educational experience. It remains one of the ways to demonstrate to a cross-section of people that women served, because everyone who goes there has the opportunity to see that memorial.

**KH:** Now, in the 1980s when most of this work is taking place, starting even in 1982 when the Wall comes out and ERA [Equal Rights Amendment] goes by the wayside, you know, to use Susan Faludi's term, it's kind of a backlash era against some of the social movements of the 1960s and 1970s. She argues that it's a backlash against the feminist movement.

**DB:** Yes.

**KH:** You've already talked a little bit about getting some really nasty phone calls and J. Carter Brown not being particularly supportive of this memorial. Did you encounter other obstacles and/or opposition in your quest for this memorial?

**DB:** I spent months taking the chairman of the Vietnam Veterans Memorial Fund to breakfast. We would have breakfast at 7:00 a.m. [Sighs]

**KH:** Wheeler?

**DB:** Yes, Jack Wheeler. At 7:00 a.m. at the Hyatt Regency on the Hill, because he worked at the SEC [Securities and Exchange Commission]. He was the chief operating officer. He was a lawyer who was the chief operating officer over there. So it was physically close. I would sit and I'd talk to Jack about Vietnam, about working to put a statue of a woman there. He'd had it with me one morning, and he looked at me and said, "D.M., I don't remember any woman rushing to get *my* seat when *I* had to go to Vietnam." I said, "Jack, she's paying for your breakfast this morning." And he laughed! [Laughter] We had a turning point. That was the breakfast that changed things.

**KH:** So then he does come out in support?

**DB:** He did. He made it possible, because then he went to Jan Scruggs, who did not have a good relationship with Miss Evans, and went to Jan and got Jan's head turned head around. We got a letter from him, from the Vietnam Veterans Memorial Fund, which we could then take around the Hill, saying—I'm sure the project has a copy of it—something about wanting the statue there, that they had no objections to it. Something that made it possible for us to add that particular heavyweight to our bandwagon.

**KH:** Was that the crux of his earlier opposition or hesitation, that women hadn't played that big a role or—?

**DB:** I'd say that was a part of Jack's problem at the time, relative to the memorial. It had been a particularly vicious experience for them, building that Wall, and none of them wanted to relive anything like that ever again. Part of the problem had been, you know, with the statue of the men coming up; that had been a distinct and unhappy process. Duncan Hunter from California, representative from California, still wants to put a flag at the apex of the Wall. They fought that off, apparently. That's pretty much laid to rest from everybody else's perspective. They had been traumatized by the experience. They had been followed around Washington, D.C. You know, it was scary. It was nasty. So here was someone coming up again to say, "Let's reopen the old wound." It took a while to nurture Jack along to get to the point where he could trust me and think that we would not do anything as nasty.

Then when we had the press conference announcing the passage of the bill—I think it was the American Legion hosted us—I handled the Washington Press Corps for all the national papers at

the time and I was very gracious towards the Vietnam Veterans Memorial Fund. You know, I got a question like, “Well, how do you feel that they excluded women from the memorial?” I didn’t take the bait. That press conference was a great healer for the VVMF folk. Those were all steps in the healing process that I had to participate in before we could get movement of any significance and support from them. That was necessary.

**KH:** What kind of response did you get from average non-leader kinds of Vietnam veterans, male and female? Do you recall?

**DB:** You know, ask that question of Diane. She worked mostly with veterans’ groups.

**KH:** Okay.

**DB:** So she would be better to answer that question than I. She had the experience.

**KH:** Can you describe, maybe more specifically, the different kinds of work you both did on this project? Like you said, she did a lot of the work with veterans’ groups. It sounds like you did a lot of the lobbying.

**DB:** Yes, I was the lobbying, fundraising. She did the office management for a while, up until 1986. Then, we hired an executive director. And, you know, she gave her boots to the cause.

**KH:** Are you satisfied with the statue that is there now?

**DB:** Can we go off the record?

[Brief tape interruption]

**KH:** The question was what kind of message do you think the Glenda Goodacre statue, the memorial as it exists now, sends about what women did and/or do in war generally and the Vietnam War in particular?

**DB:** The message it sends is that women were nurses in Vietnam, and that is a false message, because it isn’t true. That was one of the mistakes that we made at the beginning of the project; we called it the Vietnam Nurses Memorial Project. That was out of our own ignorance. There were women in the Army. There were 620-some WACs [Women's Army Corps] who served in the Army over there. There were Air Force women in other occupations. There were Marines in other occupations. So it sends the wrong message. It is just not accurate.

**KH:** Because even the press—in my research, looking at press coverage at the memorial then and even now, people will very unconsciously refer to it as the nurses’ memorial.

**DB:** Yes, because it’s got women holding this badly wounded soldier. That’s the problem with it. We admitted our mistake up front about calling the project the Vietnam Nurses’ Project. Plus, one of the things was, yes, the stethoscope that hung around the neck can go; that’s no problem,

but . . . So that's what's wrong with the memorial. It does have women there, so that's the good news.

**KH:** What did you personally take from your involvement in the memorial project?

**DB:** Oh, so much. I can barely begin to tell you. I met such wonderful people. I met people I hadn't seen in a million years. I learned how to be a lobbyist and get a major piece of legislation through—maybe not major, but in my lifetime, and what I've done, it was big time. I guess it was mostly the people. Truly. [Pauses] And knowing that when I leave this world, there'll be something behind that's tangible that talks about an issue that I care about and that's women's service to their country. Yes, it's not perfect, but what in life is?

**KH:** Is it fair to say that your participation in the memorial, the memorial now itself as the end result of that, played a useful part in your—and I don't mean to use the word overly much—healing from your experiences in Vietnam? Did it play a part in coming to—?

**DB:** No. I can't honestly say so. I've thought about that. But not really. It did more for me as a human being in things that I could accomplish, the things that I learned, the people that I met and talked with. That enriched my life immensely. I made some long term, good friends during that time. [Pauses] Because, see, I had my spouse. And that's mostly how I've done my healing.

**KH:** Because he's a vet and a physician?

**DB:** Yes. Yes, and somebody you can talk to, somebody safe to talk to, someone safe to cry with, someone that you can go to the memorial with every few years and you can cry together, see it by moonlight and hug and kiss and feel safe and comfortable. One of our terms of endearment with each other is, "Love you, GI." Then we laugh, because we both are the antithesis of GIs. [Chuckles]

**KH:** How long have you been married?

**DB:** Since 1974.

**KH:** Oh. Thirty-one years.

**DB:** Yes!

**KH:** Commendable.

**DB:** Oh, seems like yesterday. Yes, we're pleased. We've been through a lot together and we're tight as drums and we love each other deeply and we're looking forward to the next thirty years. But that's how I've done my healing, is my relationship with my spouse. The memorial? That was a great experience. The memorial building aspect of it was a great experience.

**KH:** Were you at the dedication in 1993?

**DB:** No, no. But somebody sent me a shovel used to break ground. Actually, I think it was Jack Wheeler who sent it to me. It came anonymously. [Chuckles] It was after the unfortunate experience Diane Evans and I had, and he wanted to make sure that I had something from it.

**KH:** Have you been to the WIMSA [Women in Military Service to America] Memorial, the new one in Arlington?

**DB:** No. No, I'm going to wait until I'm a whole lot older. I don't like the notion of sticking women in a cemetery when they're still alive! [Laughter]

**KH:** All right then.

**DB:** Wilma [Vaught] came to us very early on and we had a good relationship. Somebody convinced her that that was the place to go, and I gave her my input at the time, "No." [Chuckles] The powers that be in Washington didn't want that memorial inside the Beltway, in the Memorial Circle.

**KH:** [Unclear]?

**DB:** Yes. So they got her to compromise on that and she did, so it's there. The important thing is that it is there and that it's much visited. That was part of its selling point. It is much visited. The area is much visited. It always will be. But I'm going to be another thirty years old before I go there. I'm going to be ready to be in Arlington as a resident before I see that! And I won't participate until such a time. [Chuckles]

**KH:** We are, perhaps, at long last near the end of this interview. Is there anything else that you want to talk about or that you think is important for people to know about your specific service in and after Vietnam or women's service in general?

**DB:** Women's service in general is what interests me. [Pauses] Women's service should be an aspiration that is taught from Kindergarten onwards to serve your country, not necessarily in the military. I don't believe in the military because if you have a military, you use it and death results as a consequence and maiming results as a consequence. You have horribly injured people, psychologically and physically, when the military is used. I don't necessarily believe that women ought to serve in the military, but I *do* believe that women ought to serve their country by whatever vehicle that can be and in responsible positions whether it's leadership in the Red Cross, whether you work in the Peace Corps, whether you work in VISTA [Volunteers in Service to America], whether you organize your neighborhood playground, fund raisers for the United Way or the Leukemia Society.

There ought to be something that you do to serve your community every year of your life. And that is the job of parents and grandparents and schools to help people to understand, both men and women. Women, traditionally, do low-level volunteer work. My point is that that's all right sometimes. Running a bake sale for the church is okay, but it's not enough. That means teaching women leadership, that people ought to be learning about . . . People ought to have service-

learning in their curriculum so that they take that into their lives as adults and do some major work, maybe serving as a politician, which is, I think is, these days a big sacrifice, bigger than it used to be. That's what I think about when I think about service. I think about it in broader terms than the military. I have mixed feelings about the draft, but I don't think that women ought to be excluded if we absolutely, positively must have one. I don't think we should have had one in Vietnam. I think we ought to have one now.

**KH:** Why?

**DB:** Because I think that some opportunist, some country that is a military opportunist, will take advantage of us in the near future, because our military is getting weaker and weaker and weaker. If we are to defend ourselves, women ought to be on the front line.

**KH:** Why?

**DB:** Why? Because they have every responsibility that every man has: to take care of this country. They have to take care of their home. It's an obligation of citizenship. [Pauses] And pray that there be no more war.

**KH:** But we have to be ready for it?

**DB:** [Sighs] I'm cynical enough to think that, yes, we do.

**KH:** What does America mean to you or stand for?

**DB:** [Pauses] It stands for freedom of the individual, responsibility of the individual. It ought to stand for the common welfare, the protection of the general welfare, to care for those who are less fortunate, and to do so as a unified whole. No one has ever asked me that question before. Thank you.

**KH:** Sure. Is there anything else you want to get on the record?

**DB:** [Long pause] I can't think of anything. I'll probably think of a million things. I'm great for second-guessing myself. The wider circulation that you can get for the end results of your project, the better. I urge you to be creative in your putting together the final product and in the distribution of the final product. This is something that belongs not only in the Minnesota history museum, but it belongs in the National Archives, for example, which is where we put all of our Agent Orange material from that lawsuit.

**KH:** Really?

**DB:** Yes. We put it on a CD and gave it to the archives with a grant to keep it up so that researchers, and only bona fide researchers, can go in there and research diseases. Because [they] had 40,000 applications for benefits from the class [action suit].

**KH:** Wow.

**DB:** All of those medical records, because they were all required to give us . . . They had to have permanent and total disability and have served in Vietnam and have been exposed to Agent Orange. We had exposure consultants craft us a grid, which was a function of time and exposure, time and distance from the spraying, or where the things were, the barrels of the various chemicals, were stored. There was a large storage house in Vung Tau, for example, where the Air Force flew out of. "Ranch Hand" was the code name for the Air Force's spraying missions, but they had to keep the barrels. The dioxins and the various chemicals had different colors on them: pink and green and purple and blue and orange. The vast majority of what was used was orange. I cannot pronounce the name of the chemical that dioxin is. They are in the archives.

**KH:** Good.

**DB:** I mean, all of those records, looking at the various and sundry rare cancers that are teaching doctors about the exposure. I don't have anything else that I can think of right now. Thank you so much.

**KH:** No, no. Thank you, D.M. This was a great and very enlightening interview. I hope you're not thoroughly drained.

**DB:** Oh, I'm wasted. Yes! I don't know how [unclear] is.

Minnesota's Women Vietnam Veterans  
Oral History Project  
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