KH: It is May 25, 2005. I’m at the University Club with Mary Beth Crowley doing an interview for the Women Vietnam Veterans Oral History Project for the Minnesota Historical Society. I’m just going to start by getting some basic information before we start getting into the actual interview.

Mary Beth, can you state and spell your full name?

MC: It’s really Mary Elizabeth Crowley, C-r-o-w-l-e-y, but I go by Mary Beth Crowley.

KH: Can you tell us your date of birth?

MC: February 5, 1946.

KH: And you were born where?

MC: Fort Snelling, Minnesota.

KH: We’ll get to the intervening years in a few minutes, but tell me what branch of the military you served in.

MC: I was an Army nurse.

KH: Your dates of service?

MC: I joined the Student Nurse Program in December 1968, and I graduated from the U [University of Minnesota] in June 1969 and went to basic training in July 1969. I returned from my last duty station, which was Fort Ord, California, about the July 1, 1971.

KH: Can you tell me your beginning and end ranks?

MC: In the Student Nurse Program, for about a month maybe, I was an E-3. Then I was commissioned, I think it was, about December 1968 as a Second Lieutenant, and my father
swore me in. Then in December 1969, I was made a First Lieutenant. When I got out of the Army Nurse Corps, I was still First Lieutenant.

KH: Tell me again the dates of your service in Vietnam and where you served.

MC: February 1970 to February 1971. I think it was about February 21st, the date that I went. I was in An Khe, South Vietnam, which is in the Central Highlands, between Pleiku and Qui Nhon. I was there for nine months. That hospital closed down, and my final three months were spent in Qui Nhon at the 67th Evac [Evacuation Hospital].

KH: What was your MOS [Military Occupational Specialty] or your job title?

MC: I was a staff nurse, about as general as you can get. [Laughter]

KH: Okay. Again, of course, we’ll get to the details of all of these as we get into the interview. Tell me what you do now for work.

MC: I am a home care director working for Presbyterian Homes and Services, I work in a facility in downtown St. Paul called Central Towers. I work with the population fifty-five to probably ninety-eight years old, a poorer population of elderly.

KH: And your current military status?

MC: I resigned my commission in, let’s see, in about 1983. I was worried about being called up to another war. And after one war, I didn’t think I could do that again. So I resigned my commission at that point.

KH: All right. Thank you. We got some basic bio information out. Can you just start by telling me a little bit about your family background?

MC: I grew up in St. Paul. I grew up in the home where my mother was born. The same family was in the home for probably seventy-three years. I have two sisters, one who is thirteen months older than I am and one who is four years younger than I am and a younger brother who is eleven years younger than I am. My mother stayed at home. She was a mom all the time. My father had been in the Army in the Second World War and then remained in the Reserves and he retired with the rank of colonel. He retired in . . . I think he had thirty or twenty-nine years in by 1971, so when I came back from my Army duty, that was the time that he was getting out of the Reserves, so we kind of had our . . . My parents had a party and invited their military friends that had been in the Reserves with them, and I remember they called it, “Hanging up the shovel.” [Laughter] So we did it together.

KH: Wow. So that’s how it was that he swore you in?

MC: Yes. That was kind of nice. My parents didn’t push me one way or the other when I had talked about going into the Student Nurse Program. I probably was in it for six months and I
wished I had gone in sooner and had more of my education paid for. At the time, I was in my last year of school and decided that that was a good way to see the world, so I joined in December then. I look back and I never talked to either of my parents about ending up in Vietnam. Now that I’m older and think, “At the time I wonder what my parents went through when I left to go to Vietnam and the year that I was there?” I know now if I were the parent of a son or daughter who is in a war zone, I would be totally frantic. And I never got that impression from my parents. My father was pretty stoic, but I’m sure my mother was a wreck the whole year, but never really related that to me. You know, she just kind of was part of life.

KH: Do you remember your father, when you were a kid, talking about—? I mean, was the military a very present part of his life? Did that influence your decision at all?

MC: I think it did. The one thing I remember as a child about him being in the Reserves was most of the people I knew growing up went on summer vacations, and he spent his summer vacation in the Reserves. So growing up, we never went anywhere on a summer vacation ever, grade school, high school, college. We never went anywhere. He went for his two weeks’ training in the summertime, for his summer camp, and then he went every Monday night to a Reserve meeting. A lot of the people from the Reserves had a lot to do with each other outside of the Reserves. My parents belonged to the Officers Club. And when I was growing up they had a pool and we went. It wasn’t heated, by the way; it was like forty degrees. You got used to it. So that was kind of our social life, too. We’d go there swimming when we could. We didn’t have a second car when I was in grade school, so we didn’t get there that often. But my parents would go there for dinner once in a while on a weekend or they’d go to the parties that they had, so it was a part of our lives. You know, people who went on vacation, it was kind of odd, because the people who my parents socialized with were like my own father and no one ever went on vacation. That was just part of life.

I had an older sister who graduated from the U in 1966, who was a myofascial therapist. She went into the Student OT [Occupational Therapy] Program. She went to the Navy. When she graduated, she went through basic training then in Newport, Rhode Island, and then she was assigned to Great Lakes [Naval Station, Illinois], and she spent two years there, I think, working with psychiatric patients. She ended up getting married in the Navy, and her husband was in the Navy for a couple years after she got out.

KH: Was there, given that you had military traditions in your family as you were growing up, discussion about being patriotic or what it meant to be a U.S. citizen, that kind of stuff?

MC: I think probably in that era the greatest influence was John Kennedy as president. I think I was a freshman in high school when he was inaugurated. Everybody knew in my age group (and I’m sure older, too) part of his inauguration speech about, “Ask not what your country can do for you, but what you can do for it?” So I think that was probably a starting point, and then when he was assassinated, and then Vietnam kind of rolled on from there. I can remember in college listening to the news then, and everybody would be in bed and I’d be up watching the news. You know, it’s like it is today; you saw what was going on in the war and you saw helicopters landing and carrying wounded people out and things. I sort of started thinking...
Oh, I knew another girl in my nursing program who had joined the Student Nurse Program, and I had talked to her some, and I thought, “Well, you know, this is a way to kind of see the world. So I think I’ll do it. Opportunity is knocking.” I think, initially, I thought I would go to Vietnam. When you’re in basic training, they kind of prepare you for some of that, not what it’s really like but just some kind of outlines of things, scenarios that may happen.

My first duty station was at Walter Reed Army Medical Center in D.C. [District of Columbia]. I moved there with my grade school friend, Nora. She wasn’t in the military. She was a secretary and she could get a job pretty much anywhere, so the two of us moved to D.C. I’d met some other nurses when I was in basic training who were going to be assigned there, too. You kind of had a base of people you knew. I think I signed in on Labor Day of 1969. My sister had driven out there with me. I can’t remember when Nora came, my friend Nora, but my sister Nora drove out there with me and then she flew back. I signed in the day after Labor Day. At that time, the military was kind of laid back. You know, nothing was a big rush.

We had no place to live yet. I think we were staying with friends at that point, but we didn’t have an apartment and had just started looking for it. I remember Walter Reed had no on-base quarters for people, you know, because it’s right in the city of D.C. So I went into their housing office where they can give you apartments, and then you can go look at them and see if they have any openings. As I look back, I think it took me almost a month to find an apartment. I’d go in there every week and I’d say, “I still don’t have an apartment.” And they’d send me someplace else, and we drove through Maryland and into Virginia. We finally found a place in Takoma Park, Maryland, and we ended up initially in a one-bedroom, and they would have a two-bedroom a month later. I had moved stuff there through the Army, so we had furniture. So we had that delivered, and then a month later Nora and I hauled all our furniture then up to the two-bedroom apartment we were in. It was probably within fifteen minutes of Walter Reed.

There were a number of military people in this apartment complex. There were probably two other nurses. There were three or four guys who had already been to Vietnam and had been back and had been injured. They weren’t out of the military yet. One was getting a master’s [degree] in something, and the other one was in law school, and I can’t remember what the third one. . . . They were all still kind of out-patients at Walter Reed and getting further education and planning on military careers. One of them had graduated from Annapolis and then went Army, which is sort of unheard of, but he ended up in the Army.

I think I started finally working on a floor by late September, early October.

**KH:** Of 1969?

**MC:** Yes. Four-year degree programs, at that point in nursing, were somewhat ethereal and based more on education and very little experience. I had worked since the 1967 summer at a VA [Veterans Administration] Hospital in Minneapolis on the orthopedic floor and saw many of the vets coming back from the war with missing arms and legs.

[Brief tape interruption]
MC: I started working probably the beginning of October after we found an apartment to live in, and we weren’t living out of suitcases on someone’s floor by then. I remember the wards were numbered, so I was assigned to Wards 9 and 11. [Ward] 9 was the general surgery floor for officers and [Ward] 11 was the neurology floor for officers.

Oh! I remember in 1967 to 1969, I had worked on the orthopedic floor and had met lots of Vietnam vets. Now that I’m talking about it, that probably was the influence for my going into the Army, because of the experiences I had there.

KH: You were working at this VA while you were in nursing school at the U?

MC: Yes. I remember the summer of 1967; I had applied to every hospital, I think, in the Twin Cities. Nobody would hire me because I didn’t know anything. [Chuckles] But I was willing to learn; I was willing to learn. It was after my sophomore year of nursing, and we had, at that point, no experience in the hospital. We didn’t know how to take a temperature or blood pressure, nothing. I applied everywhere, and nobody would hire me.

I ended up at the VA, which I had never even heard a thing about before. It was a big brick building that had a six-foot or seven-foot wrought iron fence around it. It was sort of foreboding. I remember I went in there and asked if I could apply for a job as an aide. I remember the chief nurse . . . that’s what they called the nurse executives. The VA is based on the military model, so it was the chief nurse who interviewed me. She told me if I could find five or six other students from the U, they would give us a one-week crash course on being a nursing assistant [NA], and then they’d give us the chance. I found other people in my nursing program who wanted to work as aides, too, so we went through the one-week course. Since we really had very little nursing background, like nothing, pretty much, we had to take a test then. I remember the thing that made us all the most nervous was that as soon as we were done with this class, we were all going to be assigned to different areas to work in the hospital. They had taught us how to do enemas, and that seemed to be kind of a big job of the aide, to do the enema. I sweated that enema. I remember going to lunch that first day on the ward, and a couple of them had to do the enema in the morning, and I finally got to do it in the afternoon, and I was like [gasps], oh, my God. But I got through it okay.

It was a sixty-bed orthopedic floor. This is when they were first starting to do prosthetic hips. At that time, I bet if you had a hip replacement, you were probably in the hospital a month. People who had fractured femurs were in traction for six weeks, and then they were put in a body cast from their armpits to their ankle on the affected side and to their knee on the unaffected side. So people were pretty disabled at that point. None of this happens nowadays, but that’s the way things were treated. The first year, I think I was a NA-3. At that level, you couldn’t work evenings, so I worked just day shift, and I’d work every other weekend. Most of the time there would be one RN [Registered Nurse] and usually an aide and maybe an LPN [Licensed Practical Nurse] on the post-op [operative] area. And then on the area where they were kind of waiting surgery, there would usually be an aide, maybe two aides, and an RN.
So the aides would do all baths, all [unclear], all the showers, shave everybody, do the [unclear], do the respiratory treatments. Then it was called IPPB, Intermittent Positive Pressure Breathing. We’d haul this machine around and do that. Then we’d do everybody’s temp. I can’t remember if we did all their vital signs: blood pressure, temp, and pulse—I think we did all that—once a day, at like one in the afternoon. Then we’d pass out ice water. So I learned how to be organized and prioritize before I got in real nursing, which I think was [unclear] to me then afterwards as a nurse. A lot of people in my program didn’t work through school, so [they] got out and it was like, “Now I’m an RN and I don’t know what I’m doing.” So I really felt fortunate to have that background.

Oh! They let me come back and work on vacations, so I’d spent Christmas vacation at the VA and Easter vacation at the VA working. Then the next summer, by now I was a Nursing Assistant-4, so I could work evenings. I had summer school. You had to go to summer school between your junior and senior year for nursing classes, because that was the only time they offered them. So I went to school probably fifteen or sixteen hours a week and then I worked forty hours. And I lived through that big time. Then my senior year [unclear], I worked every other weekend and then one evening during the week. Then I worked vacations again. I left, I think, in June, probably right before I graduated from college. I left then because I was going into the Army.

The head nurse, I was saying . . . she was in the Reserves. At that point I think she was a major in the Army Reserves and just a really good person for a young nursing student to be around, because she would answer all the questions I had and she’d teach me things. Really more of a mentor than a boss kind of thing. She was a crack nurse, too. Back in the late 1960s, four-year RNs, there weren’t that many of them around, and he was a four-year RN from Madison [Wisconsin].

[Brief tape interruption]

**MC:** …a lot of stuff and we had lots of [unclear] that you’d end up doing. I remember for our evening shift, it would be one RN and two aides for sixty patients. There wasn’t any dilly-dallying, but you always got your half hour for lunch, and they made sure you had like a ten-minute break twice during your shift, too. That was just the way it was. I know through later years as a nurse, all that kind of got lost. You never did that. Probably that got lost, I’d say, in the 1980s. Pretty soon, nurses stopped taking breaks. You know, you’d try to get lunch down. You knew if you were on this team, this is what time you had lunch. This is what time you had a break. Through the years that got totally lost—anyway, at the VA, it did.

Then I started at Walter Reed, took care of retired military people there. Walter Reed had a VIP [Very Important People] Ward. It was Ward 8. That was where [President Dwight] Eisenhower had died, on Ward 8. He’d been in the Army, so he went to Walter Reed. I think 1969 was when . . . Oh, no, I can’t remember, but I think William O. Douglas, who was a Supreme Court justice, died at Walter Reed—when I worked there—on the VIP Ward. [William O. Douglas died in January 1980.] The ward that I was on took the other officers, so we would have officers from second lieutenants up to brigadier generals on the wards I was on. And then the VIP [Ward] was
Two Star [generals] and above, and senators and that kind of thing. I remember in the general surgery area that I spent some of my time in, we had the wife of the vice president from some South American country. She had her whole entourage with her. She had some kind of surgery done. Anyway, they kept opening up the windows and then complaining it was too hot and the place was air-conditioned. It was old, but it was still air-conditioned. So you tried to explain to them to keep the windows shut, and the next time you’d go back, the windows were open. I think she finally went home.

I don’t think we saw a lot of Vietnam vets on this floor, in this area. I think the Vietnam vets ended up on the enlisted orthopedic floor, and then they had an officer’s orthopedic floor. A lot of the injuries were ortho. When I’d be walking into work or sometimes we’d maybe walk around during lunch time on the grounds, I remember seeing a lot of these younger men with both legs missing, you know, in wheelchairs. Or maybe they’d be out with a therapist learning how to walk on artificial limbs then. I’d already kind of had my taste of war at the VA.

I remember one fellow I took care of there as an aide was a triple amputee. He’d lost both arms and one leg. He was a cool guy. He was married. I don’t think they had any kids. The one leg that he had left pretty much wasn’t of any use to him. He was undergoing further surgeries during the time when I aided him. He had artificial limbs that I think he’d probably gotten in a military hospital. I, once in a while, would eat lunch with him. We’d go down to the canteen. This is when you could still smoke in the canteens, so he smoked cigarettes and he could pick up the ash from his cigarette with his hooks on his artificial limbs that you couldn’t do with your fingers because it would crumble. [Chuckles] But he could do that with these hooks. You know, I thought he was a pretty cool guy, because he could do this kind of stuff. I didn’t really see him as being terribly disabled for some reason, even though he was missing a lot of his parts. He could talk about stuff and laugh. I think that’s what I found with a lot of the Vietnam vets. They never really talked about what happened to them. They were kind of living in the now and didn’t really... I can’t really remember much about stories that they would tell about the war. I think that was behind them and they were kind of doing today now.

KH: How long would it have taken for them to say get from Vietnam when they were injured to the VA?

MC: It would all depend. I think at that point, in the military anyway and the VA, it sometimes took somebody a year to be discharged from the military hospital and their care turned over to the VA. These guys who lived in our apartment building were on convalescent leave, they’d call it. They’d maybe only go back once a month for a doctor visit, but they were still in the military, active duty. Then people who weren’t going to be able to stay in the military, I think the military medical centers would do the care that needed to be done and the surgeries and give them their artificial limbs and things. Then I think they’d be discharged home to their families. When they’d need revisions or if they needed more surgeries, they’d come to the VA.

KH: So they had been dealing with their injuries for quite some time?

MC: Yes.
KH: At this point, when you are at the VA and you’re still in nursing school and you’re seeing these veterans from Vietnam who would come in, what are your thoughts about the war itself? What do you know about why the U.S. is in Vietnam?

MC: When I first started in 1967, I was a student. And in 1966, I worked for the state government during the summer in the Driver’s License [Bureau] and, you know, I was just doing what a college person did. I was working in the summertime, and I worked during school, too, and I went to school, and I didn’t really have a lot of . . . I wasn’t really into the news. I think I was more into college and that kind of stuff. Then in 1967, working where you saw the remnants of war, at that point, I became more interested in the war. As I recall, in 1968, during the Democratic National Convention, there was a brouhaha with war protestors, and people were beginning to protest the war more, and it only got progressively more protesting going on. In 1968 anyway, I still thought that we were doing some good in Vietnam. Even at Walter Reed, I thought that at that point. I really didn’t have a political viewpoint. Being in the military, going in right out of school, I think I had the military viewpoint. I believed in what I was told. In my basic training class, there were probably three hundred RNs and probably one hundred and fifty doctors, so I mean it was a large number of people in health care.

[Tape interruption]

MC: I pretty much got into the military mindset in basic training. And probably after six weeks in Vietnam, I kind of had a change of heart. I thought, “I wonder what we are doing and why we are here, because it sure seems to me that the people really don’t want us here.” I remember reading a book called The Ugly American, which was popular probably . . . I think I read it in grade school. I remembered the story then. It had to do with the country and the Pacific Rim somewhere, you know. Probably it was after Vietnam. It just told about going in to try to help countries out and ending up the country didn’t want us there in the first place. I really started to believe that after a fairly short time in Vietnam. What are we doing here? I saw not only young men from our country at the height of their health and their energy and everything . . . They’d go out in the field and be in perfect condition. Next thing, they’d be back and they’d have injuries to limbs and heads and eyes and chests and abdomens. I thought, “Well, geez, I don’t think we’re making much headway here.” I’m not a military theory person, but it sure seemed to me we were kind of fighting the wrong way. They’re guerillas and we’re kind of marching around. I thought, “Geez, I don’t think we’re going to win this thing, and I don’t think they want us here in the first place. So what are we doing here?”

I went over there thinking, “I’m going to help care for soldiers,” which is an honorable thing to do, and I never thought about caring for children. That never entered my mind, ever. We had a Vietnamese ward in An Khe. I started out on the medicine floor where you took your people with hepatitis, malaria, TB [tuberculosis] . . . kind of boring. I thought, “I came to see a war, so I think I’d prefer being in a surgery area.” So I went to the surgery area and then started seeing the kids of war. A lot of them weren’t from war injuries so much; it was from illnesses that don’t happen in this country. Then we took care of children, too, from accidents.
I remember a small girl; she probably was about seven or eight. And she had burns all over her, probably seventy percent of her body. There’d been a fire at her home. A kerosene lamp spilled and she ended up being badly burned. I remember going to work the next morning. I’d taken care of her that day. We didn’t have hot water. I had to put her in this little tub. At that point, the treatment for severe burns was sulfamylon, which is made from sulfa, that kind of drug. It was sort of a thick paste you’d slap on the burns and then you’d wrap them up. In this country, there’s whirlpools and warm water to take that off. I remember trying to wash the sulfamylon off in a tub filled with cold water. And I mean, she’d be screaming. It was like, “Oh, how can I do this?” I remember going to work after I’d taken care of her for a few days. You always knew when somebody had died, because the corpsmen would take the bed outside. [Whispered tearfully] And they’d wash the mattress down and put the bed outside the door. I walked in and the bed was out there. I thought, “She died.” [Whispered] And she had. I thought at the time [pause as Mary Beth cries] that I was happy that she died because I didn’t think I could do that anymore to her. Oh. Then, after you think back on that kind of stuff, then I feel guilty for thinking that. That it happened. I think I got better though as the war progressed and I didn’t try to be God anymore. [Tearfully spoken] But I think every time somebody died, part of me died, too, with them.

I never cried at work, just one time. And it had been a little child who died. I think it was a little boy who was like four years old. Most of the kids had their mamasans with them. We’d let the mamasans stay all night. All the Vietnamese help would have to leave at five o’clock and then you’d have to know enough Vietnamese and they’d have to know enough English to know what the person needed anyway. This happened during the daytime. This little boy had his father with him, and the child died. I remember the father squatting down on the floor just sobbing. This big corpsman—he was a cute kid, just this big kind of football player—knelt down on the floor and put his arms around the man to comfort him. [Tearfully spoken] You’d see stuff like that all the time. The people, the big tough guys, and here they’re the ones that are doing the comforting, and here I’m the nurse and I’m crying. Most of the time I didn’t cry at work. I used to cry in the shower. I used to think, “Oh, that’s good for me.” I started thinking that crying was an emotional shower. I still tell that to people today.

You know, at the VA, I worked with a lot of new grads and the first time somebody died, the nurse would be crying and I kind of had tears in my eyes, too, and I’d say, “It’s okay to cry.” [Tearfully spoken] I will always cry. I’ll be a nurse for a hundred years, and if somebody dies, I’ll tell their family member, “I’m so sorry that they died, so it’s okay to cry.” I think the family feels better anyway knowing that somebody cares.

KH: Did you have any outlet for the stress that you were dealing with?

MC: I smoked. [Chuckles] Cigarettes were very cheap. You could probably buy a carton for two dollars. And I drank. I wasn’t an alcoholic by any means—I don’t think I was anyway—and you couldn’t do it all the time. We worked six days a week for up to fourteen hours a day, so you couldn’t really have a hangover and go to work. I think there was only one time that I really was sick from it. [Laughter] I think it was somebody’s going away party. We used to make punch with 180-proof alcohol that they use in a cooling blanket to bring somebody’s temperature down.
They’d mix it with Hawaiian Punch. You know, it really didn’t taste like it had alcohol in it. I can remember going to work one morning, and I’d had it the night before, and in the Army, you don’t call in sick. You’re not sick. You go to work. So I went to work. [Chuckles]

My friend, she was the night nurse and I was coming on days to be the only day nurse on that area. I couldn’t hold my head up during reports. So here I am, like this [unclear]. We didn’t have anybody who was terribly, terribly . . . they weren’t dying. I had a couple corpsmen. So I said to my friend Pam Burns, “Pam, could you give me a shot of compazine to help this nausea and I’ll go lie down in a bunker.” The corpsmen looked after the nurses. I wasn’t hardcore at all. I was kind of soft. I said, “If the chief nurse comes and she wants to know where I am, just tell her I went to the pharmacy and then come get me.” [Laughter] In those days, when we picked up narcotics, we had to bring our narcotic book with us and walk over to the pharmacy area, and they’d give you your narcotics. It would take you like twenty minutes to do this little task. The chief nurse would come around a couple times a day. She came through and the corpsmen said I was in the pharmacy. I probably had slept, by this time, four hours, and I was much better. So I went back to work then. That was the only time I really had a hard time getting to work. I used to drink, maybe not every day, but I would have something nearly every day.

KH: Do you think that was fairly typical of others working with you?

MC: I would say most of the people, yes. We were in a field hospital, so we didn’t have that great of an officer’s club. It was sort of like a little wooden shanty, and it wasn’t very big, the inside part. The only food you could get there were steaks and French fries or shrimp and French fries. They had picnic tables outside on a cement slab with a parachute over it. So you’d place your order and get whatever you wanted to drink, and then you’d go sit outside under the parachute. That was our club.

When we worked nights, usually on nights there were probably four RNs on for the whole hospital. We weren’t that big. We had one hundred and twenty beds, which is kind of big considering that you’d have one nurse in the medicine area who was responsible for probably seventy patients. You know, there’d be a corpsman on each side. It was doable. Then on the GI surgery floor, which was our ICU [intensive care unit] kind of, there’d be a nurse there, and maybe thirty patients there. Then the Vietnamese ward would maybe have, between the two wards, twenty to thirty people. We might have like seven kids and twenty adults. But most of the time it was okay. It wasn’t that you were tearing your hair out all night. I can remember a few times having somebody really very sick that you’d be with the whole night just making sure they’d live till the next shift came.

When we’d get off work at seven in the morning, we’d go up to our quarters. I can remember sitting with Pam, who was my good friend in Vietnam, or this Bernie [Palya Miller]. We’d have our rum and Coke, and we’d have snacks or something. We’d sit outside in the sun and drink rum and Coke at eight in the morning. We’d have to go to bed at least by ten or eleven, because you had to get up, like, at five to go back to work. So you’d have to sleep some. It helped you sleep, too, if you were working nights.
KH: Did you ever talk to each other about the emotional stress of what you were doing?

MC: Yes, probably more to the nurses, and to the people who were your friends. We weren’t that big of a hospital, so I bet there were, counting the OR [Operating Room] nurses and the chief nurse and the nurse anesthetists and stuff, maybe twenty to twenty-five women, and probably forty corpsmen, and probably twenty physicians, surgeons and medical doctors altogether. We’d drink together and eat together in mixed groups. Once in a while, we’d talk about stuff, talk about what had happened that day, but I don’t think anybody did a lot of that, about who died and that kind of stuff. I really don’t remember doing a whole lot of that. I remember talking about what you’re going to do after you left Vietnam and talking about where you were going on R&R [Rest and Recuperation] or if you’d been on R&R, what you’d done and what you’d bought. Other than that . . . When you weren’t working, you didn’t talk seriously, as I remember. I remember playing games like Charades, and everybody had a boyfriend over there. They were easy to come by. Very easy.

KH: Corpsmen? Officers? Doctors?

MC: You know, it was hard with corpsmen. I never went out with a corpsman. When we worked together, we’d have fun at work, you know, because they were always kind of acting goofy if something terrible wasn’t happening. I never had a boyfriend who was a doctor either. I’d meet them as patients, and nowadays, that’s very frowned upon. But back in those days that was acceptable. You know, they’d maybe have a frag [fragment] wound or something and come in. I remember one guy lived near St. Cloud. We didn’t really date. We’d do stuff together on my day off and when he was off. We’d go to the PX [Post Exchange]. We went up on top of this mountain one time and would just do stuff like that. You’d just sort of meet people. And if somebody wanted to meet you, then you’d meet them for dinner.

KH: Did you have a particular boyfriend?

MC: Hmmm . . . Not the whole time. I kind of had a lot of boyfriends.

KH: How old were you, at the time?

MC: Twenty-three. I kind of made up my mind before I went to Vietnam that I was not getting into the sex business. I remember one nurse at the second hospital I was at. She was dating one of the doctors who was married. People would kind of start hanging out with married people, and I’d think, “I don’t think I care to do that.” I mean, I was brought up Catholic, so there’s all this guilt to begin with. That would kill me.

KH: [Chuckles]

MC: That would put me right over the edge. So I kind of knew beforehand that I wasn’t going to be doing that kind of thing. I knew it wasn’t real life. I knew it was part of life for a short time, but it wasn’t going to be real life.
I had one kind of special boyfriend, closer to the end when the hospital closed. He was in An Khe, and he was in . . . It was like they’d kind of work with the Vietnamese, interrogate people and stuff. Then the hospital closed, and we had sort of planned on seeing each other back in the States and seeing what maybe would happen. He came to see me a couple of times in Qui Nhon. Then we sort of never saw each other again. It didn’t really break my heart at all. I mean, I didn’t search the world for him. He never heard from me and I never heard from him, and I’m not going to search him out at this point. [Laughter] Maybe if I lost eighty pounds, I would. [Laughter] He’d say, “My God! She looks the same!” My last couple months in Vietnam, I just would hang out with people and nobody in particular.

KH: Now that we’ve kind of broached the topic already . . . You can answer this in terms of your family or your friends, your family, perhaps, with your sister having already gone in and your father was fine with the idea that you would join the military. But what was it like to be a woman in the military?

MC: I think every woman sort of has a different perspective. I never had trouble throughout my whole life. I don’t know, I must have an aura or something about me. But I’ve never really had any problems with any man I’ve worked with coming on to me or with patients. I think there are some women that maybe give off pheromones or something, but I don’t think I do that. Throughout my life as a nurse, in any situation, I’ve always been treated respectfully. In Vietnam, I never had anybody get really pushy with me, forceful. I remember one guy in Qui Nhon. [Laughter] I think he was a corpsman I’d worked with. You know, at night, we’d just be talking. I’d be working the night shift, and he’d be on. And he used to say to me, “Lieutenant Crowley, you know you’re sitting on a gold mine, don’t you?” I said, “That may be, but I guess that gold will just have to stay where it is.” [Laughter] I think he maybe wanted to be my pimp or something. [Chuckles] I said, “No, I don’t think that’s really [unclear].”

KH: There were assumptions, certainly, from World War II forward, that women who joined the military were lesbians or whores.

MC: Loose women.

KH: Did you get a sense of that from the public, from anybody?

MC: Hmmm . . . I think the public . . . I think at times, I was perceived that way, especially after I came home from Vietnam, but I know in Vietnam . . . We’d be walking to the PX. You know, we didn’t have a car or anything, so we’d have to walk over there. Then you’d have to hitch a ride back on a truck or something if you were buying a case of pop or something. It was maybe a mile away. We’d be out there with our thumbs out with our fatigues on. Half the time, the people in the jeeps would be driving the hootch maids around, the Vietnamese women. [Laughter] They would pick us up. Granted, very few people look really good in olive drab.

KH: [Chuckles]
MC: My hair, at that point in time . . . I didn’t get it cut the whole time I was in Vietnam, so by the time I left . . . It was like ear length when I went and it was below my shoulders when I came home. About the only thing I could do with it was put in pigtails. So I put my hair in pigtails, parted down the middle and in pigtails. I’d wash it and put it in pigtails. And the more humid the day was, the bigger my hair got. [Chuckles] So that when I came home, my older sister—who has always liked to not be the most complimentary person—she’d ask me if I could get through a door with my hair. [Laughter] But that was her anyway. I mean, I used to wear makeup, wear blue mascara and I’d wear blue eyeliner.

[Brief tape interruption]

MC: I remember when I got my orders for Vietnam, I was the first nurse to go to Walter Reed since October, and this was like January 21st and nobody had gotten orders. So I kind of thought I was home free. I thought, “Maybe I’ll be here two years.” At that point, I thought, “I might like to live in D.C. This is interesting.” It’s a great city, you know, a lot to see and do and eat and everything. I got my orders and I was the only one that had gotten orders. I thought, “Oh! I’m going alone. All my friends will still be here and I’ll be over there.”

It was a Friday when my supervisor told me that she’d gotten orders for me. She took me up to talk to a captain who had been in Vietnam and had come back. I remember this nurse said to me, “You know, just keep wearing makeup. The guys like that. Wear mascara and lipstick and you’ll look good and wear perfume. One thing to do is buy real fancy underwear before you go over there and, even though you’re wearing fatigues, you’ll still feel nice in your underwear.” “Okay, I’ll do that.” I kind of wrecked all of it. The hootch maids would do the laundry, but I decided I’d wash them myself, like in a sink. I’d never really used bleach before, and I used bleach and all the color went out. [Laughter] So I wrecked all my good underwear. I’d write home to my mother and say . . . I used to wear Clairol #91. It was like a pearl pink lipstick. I’d say, “I need a couple more things of blue mascara and the eyeliner.” So she’d send me makeup all the time.

KH: You couldn’t get that at the PX?

MC: Oh, no. No. We could get tampons. Thank God. But that was pretty much the only feminine product, the only thing really for a woman. Oh, you could get perfume. You could get different kinds of perfume.

KH: Do you feel like the military itself as an institution, versus the individuals that you might have met, treated you differently because you were a woman?

MC: No. No. Corpsmen were always very respectful. They were all younger than I was. They would be like eighteen, nineteen, twenty. I remember we had a ward master who was a career Army person. We thought he was old. I think he was thirty. My God! He was old. Yes. The corpsmen at An Khe would have nicknames for everybody. Like one nurse was kind of—she was young, a year younger than I was—tough and never smiled much, kind of buxom, and they used to call her Black Bart, because she was mean. They called me Gracie Slick. [Laughter]
They’d say, “Oh, Gracie!” I don’t think that they called Black Bart that to her face, but behind her back they called her that. And I’d just kind of laugh at them.

We’d tell stories. We’d play music. Music was real big and one thing you could buy in the commissary and that you could order, like mail order through, it was called PACEX, which meant Pacific Exchange System. So you could order all kinds of fancy stereo equipment and it would be delivered to you in Vietnam. My friend Pam, she had a reel-to-reel tape thing. I didn’t have any of that stuff. I had a little portable cassette player. Then a lot of people belonged to music clubs, like Book of the Month, Tape of the Month. So we’d get all kinds of tapes through mail order stuff. We sort of liked to work on the Vietnamese floor, because we could play tapes all day. We didn’t do it so much with the GIs, because a lot of them needed their rest. Most of them were fairly ill. But with the Vietnamese ward, we’d play music, and they kind of liked it, too.

**KH:** What kind of music? What were your favorites?

**MC:** Fifth Dimension. My favorite song of all, forever, is called *Save the Country* by the Fifth Dimension. If think if John Kerry had adopted that as his tune, I think he maybe would have won. If you ever hear it, it’s a wonderful tune. It’s about, “Come on people. Come on children. Come on down to the glory river. Gonna wash you up and wash you down. Gonna save the country now.” It’s a wonderful song. The Fifth Dimension did it wonderfully. I liked them and I liked Jethro Tull and Vicki Carr. I still have all these tapes. I don’t listen to them very often, but I still have them. That music will always be for me Vietnam. I think I talked about this when I showed slides, too, where my friend Pam and I have stethoscopes, and we’re singing into them, and my hair is like, out to here. She’s being very stylized singing into it. That’s when we used to do the . . . What was the corpsman’s name? Roy. We’d do the Roy [unclear] and we danced to the Fifth Dimension, and we called it the changing of the guard. We’d do it morning and night, and it kind of got you ready to work. If you were going home, it got you ready for going home. I think music really was an important aspect. You just took the late 1960s and 1970s. Music was a lot.

**KH:** Shifting a bit . . . You’re in Vietnam in 1970 until 1971. At this point, the policy of Vietnamization is effect where ground troops are being withdrawn and [President Richard] Nixon is office. What is your sense of the morale of military people in the country, at this time?

**MC:** Probably starting in August of 1970, we saw more drug usage among our own corpsmen. There was a corpsman whose name was Howie Bersky, and he was from Brooklyn, New York. He was a Jewish kid from Brooklyn. He was a good corpsman. He was nice to work with. Howie, I think, had a drug problem when he came to Vietnam, which became worse. He kind of helped some other people, other corpsmen, into it. This one that had just been just the sweetest guy, he ended up on heroin. We were having a lot more of our corpsman coming in as patients.

Our CO, our commanding officer’s name was Colonel Chamberlain. He was an internist. He was a physician, but he was like the administrative top person. He was a wonderful man, just a wonderful man. I never remember any of these older officer types coming on to any—or maybe
they did, but I didn’t know it—of the nurses. They really didn’t. We were all pretty young and cute, really cute, and good shapes and fun to be with and stuff. But I don’t remember any of them kind of pulling rank on us, trying to take advantage of somebody. The hospital closed in November, and the whole place was split up, and I think he ended up going to run the drug program down in Cu Chi.

[Tape interruption – interview resumes a few weeks later]

**KH:** We previously were talking about the corpsman from Brooklyn who had some drug use issues.

**MC:** I think he probably had come with those issues, but ended up getting some other people involved in IV [intravenous] heroin use. As I remember, it would have been August or September of 1970, and I was working in the ER [Emergency Room] at that point, and he came in one day because he thought he might have hepatitis. He kind of admitted then that he had some drug issues. We were trying to draw his blood and couldn’t draw his blood, so he tried and he drew some blood. He knew where to go.

**KH:** Oh, sure.

**MC:** I guess I didn’t realize at the time, probably till I came back, but the corpsmen who were using IV things usually wore their sleeves down, you know, and I never really thought about that until later.

**KH:** You said, when we last were talking about this, that he ended up going to some kind of drug program?

**MC:** I can’t remember what happened with him, but I know the hospital director where I was ended up going to another place, I think in Cu Chi, and running a drug rehab program then.

**KH:** In country?

**MC:** In country, yes.

**KH:** So it was a significant enough problem that they were having in country?

**MC:** Yes. Yes. I didn’t know this until 2003 when I read this book about it, that this nurse had written about her experience in Vietnam after things were going on. She worked on a medical floor, and she worked then with this physician who had been our commanding officer. He was the one who had headed it up.

**KH:** Did you see in your year in Vietnam that kind of stuff, drug use, getting worse or was it a fairly constant?
MC: I didn’t really think of the IV kind. I think there were people who maybe smoked marijuana. I don’t really know where they got it from, but you probably could buy it from the Vietnamese people, and I’m sure that’s where the heroin came from. After I left An Khe and went to Qui Nhon for the last three months, I remember a corpsman there who, I think, was heavily into drugs, too. This might have been his third tour of duty over there, and he didn’t want to come back [to the States] because he knew he wouldn’t get the drugs then. He really didn’t want to leave, which was kind of sad. I must have talked to him about it, because I remember asking him how he’d get the stuff. In Qui Nhon, it was all kind of walled in, the hospital area. And he said, oh, he’d go out someplace by the fence and somebody would be there and, you know, he’d throw the money, pass the money, and they’d throw the drug.

KH: Some people have argued that drug use was one of the signs of declining morale and a frustration with the war itself. Is that the way you would look at it or did look at it?

MC: I think so. I was there in 1970. People, even I, became disillusioned.

KH: Yes, now you mentioned that the first time we talked, that after maybe even six weeks in country that your views of the war started to change.

MC: A lot of the soldiers, they’d kind of make comments about . . . They’d take one hill, and then pretty soon it would go back, and then they’d do the same thing over and over again. So it was like one step forward and three steps back, and they never really saw a lot of progress with it.

KH: So hearing their stories and their frustration about stuff kind of affected your views?

MC: I think so. I kind of got the impression, too, that the Vietnamese people weren’t that thrilled with having all the Americans there.

KH: What gave you that impression?

MC: Just some of the people who worked in the hospital. Then we’d get patients, too, who were Viet Cong at times. You know, it’s sort of like they . . . I sort of had the impression that they could have really gone either way. They could have been with the Americans or with the Viet Cong. It just depended on who was going to help them the most. It was sort of like, why are we here? This is their country. Maybe they need to figure that out then, where they want to be.

KH: Did you see signs of anti-war sentiment among the troops in Vietnam?

MC: Not there. No. Before I left, I remember, it was Veterans’ Day, 1969, and I was stationed at Walter Reed. I had gone home for a couple days, so I was coming back on Veterans Day. At that time, you had to wear a uniform in order to fly anywhere. Flying into National [Washington National Airport] and I lived in Maryland, we had to go fairly close to the Washington Monument, and there was a big anti-war demonstration. I remember saying to the cab driver, “Please, don’t go near the Washington Monument. I sure don’t want to get ripped to shreds.”
KH: When you were in Vietnam, did you hear much about the Anti-War Movement that was going on at home?

MC: I think people who were around where there were televisions knew what was going on. We were in a mountainous region, so we didn’t have television. The only radio we could get was the Army station, the Armed Forces. We didn’t get the newspaper that came out for the Armed Forces. Everything we’d hear would be a couple days later, if not even longer. Kent State [riots] happened while I was in Vietnam. We did hear about that. I can’t really remember all that much. I remember when it happened, in the springtime. Kind of the impression that we had gotten was that these were just students that, all of sudden, the National Guard started shooting for . . . nobody really knew why, you know. I think that was probably the only thing that I heard. When I came back, though, I heard about other demonstrations. I think, at that point, they were all over. They were at the university here, too. My family and friends, they would never have written and told me that.

KH: So you did keep in touch with family and friends? You were writing—?

MC: Oh yes, but they just didn’t . . . And I think I’m glad they didn’t. I probably would have felt bad had I known that. We were pretty isolated. We really didn’t see that many outside people. [Chuckles] We didn’t get Bob Hope and all the entertainers, didn’t get those people.

KH: [Unclear]?

MC: Well, they didn’t come. It was kind of in a hill site. So they didn’t really come to see us.

KH: You are in Vietnam in 1970 to 1971. Let’s go back to the 1968 election, Johnson and Nixon. Do you remember who you voted for?

MC: Oh, it was [Hubert H.] Humphrey and [Richard] Nixon.

KH: Oh, right, right, right! Johnson had dropped out.

MC: Humphrey . . . Who do you think? Humphrey. My goodness! At that point, I was still in school and I was going to summer school even. Part of the nursing program was you take two sessions of summer school in order to get some of your nursing classes in. Then I worked full time, so I kind of vaguely remember the Democratic Convention. But I think because I was putting in a sixty-hour week, I didn’t really know a whole lot. I think back now and I think, “Geez, this part of history, where was I? Why wasn’t I there?” But of course I voted for Humphrey.

KH: But Nixon wins.

MC: Yes.
KH: He wins, in part, because he had campaigned on this pledge to get us out of Vietnam, because he has a secret plan to do so. Then he was talking about peace with honor. What did you think about Nixon and what he was doing in Vietnam?

MC: He pledged that in 1968. Then I was there in 1970, and things slowed down in 1971. So it seemed like he really didn’t do a whole lot. You know, it seems like it takes years after to really find out what the truth is . . . with [William] Westmoreland dying. And who was the Secretary of Defense?


MC: McNamara and all that. Then you even wonder if they are telling the truth later on, so you really don’t know.

KH: Did you get, from talking to your friends while you were in Vietnam, any sense of what others thought about the war, Nixon’s policies, Vietnamization?

MC: Hmmm . . . I don’t think anybody really said a whole lot. I think all of us were young enough and in careers or getting newly married and that kind of thing, that people didn’t . . . We weren’t terribly political. I always sort of had the impression, too, being in the service that you aren’t terribly political then. You can’t really have a lot of views being in the military because, God knows, you might get in trouble for that. So it was something you’d have to wait till you were out to really think about.

KH: The other thing that has been written about with some frequency, especially with regard to the later years of the war—there was a decline in morale and drug abuse—was the discussion of racial tension among U.S. troops and between U.S. troops and Vietnamese people. Did you see any of that?

MC: The first place I was at, I really didn’t. We had a number of Afro-American people who worked in the hospital, who were corpsmen. We had an Afro-American nurse even, probably one of the very few. Even with the corpsmen and everything, people got along. But then when I went to Qui Nhon, that was the first time I saw that hand-rapping kind of stuff [the dap], you know, the handshake that went on for a while. I had never seen that before. And I think there it was a much bigger place, but it seemed like there, there was a lot more division between whites and blacks.

KH: Was it blacks primarily?

MC: Yes. It sort of would depend who you talked to. But it seemed like in An Khe anyway, the corpsmen were okay with taking care of Vietnamese people. They really didn’t treat them any differently than you would have a GI. They were all okay with it. They didn’t have a problem dealing with the enemy either, the Viet Cong. I mean they all kind of got the same treatment. In Qui Nhon, I think there was more dislike of the Vietnamese there. In Qui Nhon, the Vietnamese were all in the same ward with the GIs. I think that maybe had something to do with it. I think it
might have been a forty-bed ward, one long Quonset hut with just bed after bed. All the GIs were on one side, and the desk was in the middle, and then the other side was the Vietnamese people. In An Khe, we had separate wards, so if the GIs were really sick they were on Ward 3, and all the Vietnamese, whether they were really sick or not, were on Ward 2, which was for just Vietnamese. I think that maybe worked better, because the soldiers who had maybe been shot and things didn’t have the people, some who were their enemy, on the same floor with them.

KH: These Vietnamese in An Khe and the Vietnamese [unclear] or in Qui Nhon, were your Vietnamese patients both civilian and military?

MC: Yes.

KH: So they were mixed.

MC: Yes.

KH: So you could have a Viet Cong just so many feet away from an American?

MC: Yes. I remember a couple Viet Cong patients in Qui Nhon. It seemed like in An Khe . . . well, I was there longer, so we had them more often. We’d always have an MP [military police] there guarding them, whether it was a woman or a man or anything. I think it was just harder having them all together the way it was in Qui Nhon.

KH: You talked, in the first part of our interview, a bit about Vietnamese patients that you cared for particularly. What were your impressions of the people of Vietnam yourself?

MC: Hmm . . . I think after I’d been there for a little while, I really kind of saw them . . . I didn’t really see them so much as the enemy, the ones who were Viet Cong or North Vietnamese. It just seemed that somebody had gotten to them first with propaganda. They seemed pretty much the same as the South Vietnamese, except they just had a different political viewpoint. It seemed like a lot of the South Vietnamese didn’t really have a political view on things. It was hard enough just getting by everyday with the illnesses, and if they worked in a field, just trying to make enough money to feed their families. The North Vietnamese seemed to have more idealism. I don’t really know why that would be, but that’s just sort of the way it seemed. They all seemed pretty much the same kind of people. I guess when I took care of the Viet Cong and things, in An Khe anyway, I didn’t really think, “Oh, you’re out there killing GIs.” I didn’t think that, for some reason. I thought, “They’re people, too, and lots of people get hurt in a war.” I think, probably, there were a lot of Vietnamese we took care of that we didn’t know what their political viewpoint was. They maybe could have been Viet Cong, too, but they hadn’t been caught yet.

KH: Did you ever care for any ARVN?

MC: Yes. Army of the Republic of Vietnam. Yes. I have a picture and I think you’ve probably seen that. It’s of an ARVN soldier who’s got his backpack on, and he might have even been
holding a doll. He was going back to service then. We had some Kit Carson Scouts, as I recall, who were fairly young people, you know, teenagers who would act as interpreters on things.

KH: What was the general view, if there was a general view, of the ARVN among your colleagues or the American troops?

MC: I think the troops probably thought they weren’t a lot of good. It seemed like they had equipment. They had uniforms and things, so it seemed like they had equipment. I don’t think I ever really heard anything too terribly positive. I don’t really think they had a large group of troops even. You’d hear about the people who acted as interpreters, and I think they were valued for what they could do, but I don't think I heard that many good things about the ARVNs at all. I remember hearing about Koreans. They used to call them ROKs [Republic of Korea forces].

KH: Yes, and what did you hear about them?

MC: Oh! That you didn’t ever want to get on the wrong side of one of them, because they were really tough. They’d just as soon kill you. [Chuckles]

KH: Did you ever happen to run into any ROK?

MC: I think we took care of a couple.

KH: Did they seem more—?

MC: No, but I already probably knew that, at that point, so I wasn’t going to press my luck. [Chuckles]

KH: Did the military give you any kind of education, training, about Vietnam, the country, the people, the culture, before you went over?

MC: Not a whole lot. In basic training, we went to, they called it, Camp Bullis. It’s in Texas and it’s just out in the wild kind of thing. When I went there . . . I think nurses before were made to stay overnight there, but I think they didn’t have enough facilities for as many as were in the group that I was in. They’d get us up at three in the morning, and then we’d wait till about five for a bus to pick us up to drag us down there. Then we’d wait for the sun to come up. As I recall, they had a Vietnamese village kind of set up, so you’d know what it looked like. I don’t recall a whole lot about the culture or the politics that was the reason for the war. I don’t remember any of that. Maybe we did . . . I mean, we were in classes for six weeks, but I don’t recall a lot of that.

KH: Did you learn any Vietnamese while you were there?

MC: We had interpreters who were there usually from seven in the morning till five in the evening. Then they made everybody leave. All the Vietnamese people in An Khe had to leave then. If you worked on the Vietnamese ward, you had to know enough to get by. There usually
was a patient who could do some interpreting, you know, with basic things. You knew the word for pain and doctor and poop and pee, enough to get by.

**KH:** The basics.

**MC:** Very basic.

**KH:** You alluded to some of this already, but the more you talk about it, the more I think I should ask straight out. How would you describe the differences in terms of facilities, location, whatever, between your hospital at An Khe and Qui Nhon?

**MC:** An Khe was considered a field hospital. I think they’ve got to name them something. At that time, it was a Quonset hut. Then, in Qui Nhon, I think the hospital initially had been run by the Air Force for something. So it was like a permanent kind of structure. It was a two-story building, glass on the windows, indoor plumbing, totally air conditioned, right on a runway, as I recall. I don’t remember what the eating facility was like there, for some reason. I remember the one in An Khe well. In An Khe, we had a covered hallway and then these Quonset huts came off of either side. We had air conditioning in the GI ward and I think in the OR. Yes, the OR was air-conditioned. The rest of the places weren’t. We had big fans and things.

We had cold running water in the hospital. There were outdoor toilets for everybody in the hospital. I never even saw where the showers were for the patients. That was something the corpsmen did. I’m sure if they were in the field, they didn’t mind having a cold shower. They weren’t heated, by any means. I know sometimes when somebody’s fever would be really high, and we didn’t have cooling blankets back then, we’d try ice packs on their groin and their armpits. It was from malaria, usually. If their fever was really high, we’d have the corpsmen haul them out to the shower and put them in the shower and let the cold water run on them.

**KH:** It was cold water, even in Vietnam where it’s so hot?

**MC:** Yes, it was cold. Yes. That usually helped bring their fever down, but it was for people whose fevers were like 104, 105. We had tried the Tylenol and everything at that point, and it wasn’t doing any good.

Even the nurses, we had outdoor bathrooms, too, at the hospital. At the nurses’ quarters, we had toilets. It must have been sort of like a septic system, though I never saw them come and empty it. We usually only had two toilets that were working. We did have sinks. One side was toilets and one side was sinks, and then over here were showers. The showers were sort of creepy, because there’d be bugs and things in there. It was raised up, you know; it had wooden slats over the cement floor. I remember one time, I was in the shower and it was some kind of a big bug that was about, oh, maybe two, three inches. There was an old gasoline can in there. Maybe it had gasoline in it. Anyway, I just picked the can up—it was real heavy—and put it right on top of that bug. So you didn’t spend a lot of time in the showers. [Laughter]
KH: No. This is a big aside, I realize. Aside from the fact that you were now living and working in a war zone and caring for people who were wounded, what, in kind of practical terms like you’re talking about, was the hardest thing to adjust to in Vietnam?

MC: Hmmm . . . In retrospect, none of it seems that bad. [Laughter] But I think, at the time, it probably was the outdoor bathrooms, because it was just so foreign. For the women’s bathrooms, we had two of them. There was one for the nurses and one for women, for the Vietnamese. The nurses’ one was locked. You’d have to get a key to go out there. It was just a hole over a big fuel can or some kind of thing. Then they’d haul them out and burn them. So it wasn’t like an outhouse. It really wasn’t smelly that way. It had a lid and a seat and everything. The Vietnamese one had a lid and a seat, too, but they didn’t use the bathroom the way that Americans did. They’d stand up on the seat and then kind of squat down, so it could get kind of messy if their aim was bad. That was just kind of different. I think just bugs and things. I think most everything had been killed off from Agent Orange, because we didn’t have a lot of bushes or trees. It was just kind of one big, wide-open space with buildings in it. I think they’d come and spray, too, probably every week. There’d be bugs outside and sometimes in the bathroom, but it wasn’t around a lot. And not a lot of mosquitoes, so they must have sprayed probably DDT for that.

KH: Oh, great.

MC: Everything was killed—well . . . [Laughter]

KH: Yes.

MC: I think the people who were out in the field and in the jungle had a lot of trouble with bugs and mosquitoes and all of that. I don’t recall ever having very many mosquito bites at all. So they must have done something.

KH: At An Khe, what was the ratio in terms of the staff of men to women?

MC: Just in the hospital?

KH: Yes.

MC: Oh, I’m trying to think. We must have had about twenty nurses at least, and I’d say there were at least twelve physicians and probably at least forty corpsmen. There were at least double the [number of] corpsmen than there were nurses.

KH: Corpsmen are enlisted men who do medical work in the hospital?

MC: They do vital signs and bathing and some dressing changes, you know. They’d do whatever needed to be done. The nurse usually did all the meds [medications] and did really heavy dressing changes. Other than that, they’d do whatever needed to be done.
KH: You said, when you were talking earlier, that your working relationships, and even social relationships, with the men that you worked with were very collegial, very safe.

MC: Yes.

KH: You never felt bothered or harassed?

MC: No.

KH: What were the working relationships that you had with the other women then?

MC: There were some in there who were . . . that this was sort of the time of their life, that maybe hadn’t had much experience with dating or anything, and now, suddenly, they become one of a very few number of women with maybe a total of 20,000 troops around. So I think for some people, it kind of went to their head. [Laughter] And they became like the . . . oh, like the dating queen. I think for some women, they suddenly became a hot item and did what they could with it, you know, and probably had a lot of sex there. Two women who I can remember who were pretty plain, overweight and very plain-looking, I think both of them got engaged before they left Vietnam. I don’t know if anything ever happened from it or not, but they both ended up getting engaged. Then there were some who . . . I don’t know if it was love or what, but kind of got involved with married physicians, and I’d say the majority of them were married.

KH: Of the physicians?

MC: Yes. Now, of those who I can even remember, I can think of maybe two who weren’t married, and the majority of them were married. There were some nurses, you know, who got involved with these people, and kind of spent their time with that one individual then. I remember just one nurse who had met her fiancé in Vietnam. When they opened up the hospital, they came with the same group then, and I think they met there and fell in love. I don’t know if they got married when they came back, but I would assume that. Then there were people like me, who realized that this really wasn’t the real world.

You know, I went out a lot. There wasn’t a whole lot to do, except eat and drink. If there was ever a party and I wasn’t working, of course I’d be there. I didn’t really meet anybody that I thought I’d continue with after. I thought there might be this one person, but then I think he left before I did, and then I never heard from him again. So I thought he was probably married, too, so I’m glad I didn’t put out. [Laughter] There were people who . . . I remember one nurse who . . . And this guy used to kind of hang around, too, hang around the nurses. He was a first lieutenant or something. I can’t remember what his job was, but he used to kind of hang out at the officer’s club. He came in one night when I was working and I knew this one nurse was interested in him, and he had been bitten by a snake, so because of the kind of snake he’d been bitten by, they put him on the seriously ill list. So he had this piece of paper then, like who to notify. Here there was a wife listed!
As I recall, I didn’t say anything to this other nurse, because I thought she was an adult and all. Then I went to Qui Nhon then and she ended up going with the majority of the people to open up a hospital in Tuy Hoa maybe. I can’t remember exactly. She went there. Then, later, I heard from another friend who was at a different place in Vietnam—they had gone to the same school together—that this friend ended up going to have an abortion then. I think she probably got pregnant from him. Yes. I think there could have been more of that going on that I wouldn’t even have known about. I think it was all kept fairly quiet. If that’s what somebody wanted, they would find that for them. They’d go to Japan for a few days. I think Vietnam presented an opportunity for people to really screw up their lives and not just because of the war.

KH: Did you ever hear of any gay or lesbian relationships?

MC: I never did, but I can remember thinking there were a couple nurses who I would have thought . . . not because they ever did or said anything to me, but just the way . . . I mean, you know, real tough-looking. Two of them were young women, like my age.

We had older nurses, who at the time seemed real old to me, who were career military. One was our chief nurse, who probably was in her mid-to-late forties, I bet. Then I remember a nurse anesthetist who might have been in her early fifties. I’m trying to think if there were any other older nurses. There might have been one or two in their thirties, but these other two, I don’t think they really hung together. I vaguely remember the nurse anesthetist. I kind of felt sorry for her, because she didn’t really didn’t have a peer group. She’d go to the officer’s club, and then I think she probably drank in her room. The younger nurses all hung out together. I think one might have been a lieutenant colonel and I think one was a colonel, so they didn’t really hang that much with us. You might eat dinner with them at the officer’s club, but other than that, they didn’t really have anybody to have fun with.

KH: What were some of the most memorable experiences or people from your time in Vietnam?

MC: I think about some of the people. We had a corpsman whose name was Roy White, who was from Mississippi, who was just quite the guy. He was a good corpsman, too. He could always see the sunny side of things, and he’d plan tricks on people and jokes. I remember this one night, I must have been working in the ER. I worked on the ER for maybe seven weeks. It really wasn’t for me. At this point, I didn’t even have a year of experience then. [Sighs] And I didn’t really think that I was cut out for that kind of thing. I worked there for a while, and then I think somebody else came in who had more experience, who would have been better at it than I was. I didn’t feel that comfortable there.

I think that particular night I was working the night shift, and this Roy White decided to play a trick on this other corpsman, whose name was Darby. Roy must have been on the GI ward and Darby must have been on the Vietnamese one. Anyway, Roy White calls up the one guy and says, “We’re having a cardiac arrest up here. Get up here! Bring the arrest board.” We didn’t have a lot of equipment, you know. No defibrillators. No EKG [electrocardiogram]. No monitors. [Chuckles] We didn’t have any of that stuff. Darby always kind of walked slow, so he
came up. And then he sees Roy White doing CPR [cardiopulmonary resuscitation] and he takes that board and just goes running with it. It turned out it was just a big joke.

**KH:** [Chuckles] What’s an arrest board?

**MC:** Oh, it’s wood, so that when you’re resuscitating somebody on a bed, you don’t push down into the mattress. You put this underneath them to make it hard.

**KH:** Oh, okay.

**MC:** You know, you need a hard surface to do it on. That’s what he had.

**KH:** Was Darby amused by this joke?

**MC:** Oh, not at first, but then he kind of laughed. I think he might have been from Georgia. He was just kind of a country boy, but just the cutest little thing. He was cute. We used to have some good . . . we did a lot of laughing. I think my father sent me five pounds of bubble gum. [Chuckles] So we had a bubble gum blowing contest.

**KH:** [Chuckles]

**MC:** When I came back, the first time I went to see a dentist, the dentist said to me, “Do you eat a lot of caramels?” I said, “No.” He said, “All your fillings are loose.” I said, “I’ve chewed a lot of bubble gum in my day. It could be from that.” So we’d always be doing something. We played games. We played *Password*, just kind of silly games like that. I remember when I went to Vietnam, I had been hooking a rug for probably a few months by this time, so my Mom said, “Oh, why don’t you take that along? You’ll have time for that.” I thought, “Yes, I’ll probably have it finished in no time.” I never did it. I just never had time for that.

And then I remember right before I left home, my parents were trying to teach me how to play poker. “You’ll probably play a lot of poker!” Well, I never played poker. [Laughter] It’s a good thing I never really caught on either. It seemed like we always had something to do. It wasn’t television. Once in a while, we’d have movies that would come in and most of them were old movies. We had an outdoor screen and then just wood benches to watch the movies on. That was for the patients. So if you were a nurse or the corpsmen not working, then you’d either have to stand up or bring a lawn chair and fit it in. But it wasn’t that big of an area. Most of them weren’t that current of movies, but we did get the movie *M*A*S*H*.

**KH:** You did?

**MC:** Yes. We had it for about twenty-four hours. I was off. I didn’t work that evening shift, so I remember I watched it on the benches. Then, the next day, my friend Pam who’d worked the night shift . . . They had to turn it in and the only place that they could see it that it was dark enough was in the chapel, so they all sat in pews and watched the movie *M*A*S*H*, with popcorn and rum and Coke. We used to drink a lot of rum and Coke.
KH: Did everybody like M*A*S*H?

MC: Yes. Yes. We found a lot of it very similar to what it was. This one doctor’s name was Saviston, and he was a lot like Hawkeye; he was a lot like him. He must have misbehaved somewhere, and then he got sent to us. He was just a hoot. I think this was even before M*A*S*H was out, but he got a big volleyball tournament going on. The doctors’ quarters were right across from the ER. Like here was the ER and right here was their thing. So they had a volleyball court set up there. They must have had probably eight teams of people, maybe even more. It was physicians, corpsmen, and every team had to have one nurse on it, kind of like their handicap. [Chuckles] This doctor—I don’t remember his first name—got everybody really into this, and he was betting money, too. And he bet all his money that he’d saved up for his R& R on his team. And his team was in the finals, but they lost. I wasn’t betting or anything. But I think a lot of the doctors bet fair amounts of money. And he lost it all. The people who he lost it to said, “That’s okay. Take it back. Go on R&R.” He said, “No, I lost it fair and square, so I’m spending my time here.” And he did. [Laughter]

KH: He was an honorable [unclear].

MC: Yes. And he must not have had a wife, because I’m sure if he’d had a wife, they would have found the money somehow to go. So he spent his R&R with the people he worked with and played with.

KH: Did you travel anywhere for R&R?

MC: You got a leave when you were there, like seven days of leave, and then R&R didn’t count against your leave time. So I went to Bangkok in October 1970. Then I went to Hong Kong in January 1971. You’re pretty much guaranteed where you want to go on R&R, but for leave you just sort of ended up going where you could get to, where there was a flight out. When we were leaving, we had to go to Tan Son Nhat [Airport] in Saigon, and because we were going out of the country, leave all our fatigues and everything. We left this big pile of clothes. I think we were going to try to go to Hong Kong. I was with another nurse. That would have been too hard, so then we said, “Well, can we get on a flight to Bangkok?” They had a Thai military flight going to Bangkok. They told us we had to have our fatigues on though, so we had to go back and dig through this room for fatigues, find our fatigues that have our name on them, you know, and our boots are there and everything. So we get dressed up in these wrinkled fatigues and go to the airport, and we got on the Thai flight then. It took about an hour to get there. I don’t think they’d seen a whole lot of nurses in fatigues before in the airport or in the hotel we went to, because they were asking us if we were flight attendants wearing this outfit. [Laughter] We said, “Yes, we work for Frontier.”

KH: [Laughter]

MC: Here we go. I think we ended up staying ten days in Bangkok. Then, to fly back, we had made arrangements ourselves, but then they screwed up our . . . We wanted two tickets. They screwed up the thing, and they only had one ticket. We said, “Okay, we’re not going to leave one
here and one go.” So I think we ended up on a military flight back to Cam Ranh Bay, the Air Force Base. We must have gotten on an Air Force flight. We had to get back in our fatigues then to get on that. We stayed overnight there. Every year, I guess, in Vietnam, all the MPC, military-something currency [Military Payment Certificate], changed over. So you had to turn in all your military currency that you had for the new bills. I guess it had something to do with the black market or something. Anyway, the day that we were going to try to fly back to An Khe was the day that was going on, so there were no flights. We had to stay another day there, and then we got out the next day. We took a smaller plane to Pleiku first, and then it dropped us off in An Khe where we got off.

KH: You said that one of the reasons you wanted to join the military, one of them was to see the world.

MC: Sure, so I did.

KH: Do you feel like you got that out of your experience?

MC: Sure. I do. Yes. I’ve never been back to Bangkok. I’d like to go again sometime. The other nurse that I went with had gone through the Walter Reed Army Institute of Nursing program, so one of her instructors—I’m not sure what her job was in Bangkok—had an apartment there in Bangkok, so we went to see her. We had bought these temple rubbings, so she arranged to have them framed and then shipped back to our homes in wooden boxes. There was someplace we signed up to go to see a military family and have dinner with them. So I remember we went to this couple’s—they had a couple of kids, too—house for dinner. We went to a movie. I think the movie was in English. As I recall, it was one of the Airport movies. I think it was the one about the blizzard. It was done in Minnesota. So we saw that.

Then this Pam wanted to go bowling. Bowling is very big in Thailand. This bowling alley was kind of near the hotel we were staying in. I bet it had sixty lanes. It had a walkway and then on either side were lanes going out. Probably two weeks before we had gone to Bangkok, these two other nurses had gone, and somebody had told them about this man who would drive you around. So anyway, we called him up and paid him a certain amount of money, and then he’d drive you around the whole time you were there. But sometimes we sort of wanted to just go on our own. He was like a detective. He would find us wherever we were, so here we had walked to this bowling alley. Probably a half hour after we were there, there he was. I mean, he was there wherever we went.

KH: Did he speak English?

MC: Yes. He took us to meet the wife when he took us to the airport. She worked as the receptionist in one of those places where GIs would go to pick out a girl for the week. She worked there. I’m glad that I went there, because I wouldn’t have believed it. You know, she was married, and she had her receptionist outfit on. Then there was this plate glass window, probably as big as this room. I don’t know if it was a two-way mirror. I think they could maybe see us, too. Anyway, there were all these girls who had shorts and a top on. They all had little light coats
on and a number then down here, so you’d pick them by their numbers. So the GIs would go in there and then they say, “Oh, I’d like to try Number 15.” So then they could take 15, you know, for a spin. Like they could have the woman give them a bath or something. And if that went okay, then they could sign her up for the week. That’s the way they make their living.

KH: A whole economy based on . . .

MC: Yes, yes. I’m sure there were lots of these places, but this is the one I happened to get to see. That was interesting.

We did a lot of touring, through a tour place from the hotel. We went to this place out in the country. It’s sort of like a circus atmosphere, where they have elephants doing tricks. The one thing I remember . . . they had this huge snake that about eight people were holding, and they were feeding the snake. It must have been a big python. That was a big deal for me. We went to the River Kwai, where the movie, *Bridge over the River Kwai*, was made. Inside the mountain areas was this monastery. We went down into the monastery and they did some kind of fortune telling with sticks and stuff. Oh, we went on a floating market tour, and I always tell people that Thailand is like an Oriental Venice. A lot of the people live around the rivers. I think it’s the Chao Phraya River. That’s like their source of transportation and water and washing and toilets, everything, in this river. Everything just sort of goes right in there. That was interesting, too. We went to a lot of the temples: the Temple of the Reclining Buddha, and the Temple of the Dawn, and the Temple of the Emerald Buddha. We saw a lot of them. It’s a fascinating city.

KH: That’s what I’ve heard.

MC: Yes. It’s just beautiful. We had a good time. We probably were gone almost two weeks.

KH: Thus far tonight, we’ve been talking about leisure activities and travel. But, you know, this was a war. When was the first time that you really realized that, oh, I’m in a war zone?

MC: Well, probably the first time was when I got off the plane from the States. [Laughter] It was about five in the evening on a Sunday night, and it was getting dark. They took us to this Replacement Battalion where the next morning we’d meet the chief nurse and stuff. There were two other nurses on the plane with me, so at least we weren’t alone. They dropped us off at this place. I think we had a couple people in a room. This was in Long Binh. They had outdoor bathrooms, which I find very odd. Maybe they’re getting you ready for the war. We had to go maybe twenty feet to get to the bathroom, so two of us were going out to go to the bathroom, and, all of a sudden, these flares go off. I’d never seen a flare in my life before. It lights up the sky, but it sounds like gunfire. I remember the two of us just starting screaming. [Laughter] We were thinking they’re killing us. They’re shooting at us. “We’re going to die the first day we’re even here!” [Spoken loudly] So we made it through that. They weren’t shooting at us. We didn’t get killed that time. Then, the next day, it didn’t really seem like a war, and they told us it was flares that . . . I think we were the only three even staying in this building. We kind of learned that they weren’t shooting at us then.
We found out the next day where we were going, and then the next day, they’d tell you to go to the airport and tell you a plane is going to pick you up, take you up north. So we waited all day, probably twelve hours, and the plane never came. So we went back again to the Replacement Battalion, and got up the next day again to wait for the plane. I think it finally came at like five in the evening, so we flew up to Da Nang. I think we stayed at the hospital at least one night, if not more. It took me seven days to get to where I was going to be stationed from when I got in. I got in at five o’clock on a Sunday, and I think I got to An Khe the following Sunday, so it took about a week to get there, because lot of these planes don’t show up.

From Da Nang to An Khe, we took a helicopter. I remember there was another nurse who I’d flown into the country with. I was in the middle. She was on this side, and then there was a physician. I think he was going to be a battalion physician, so kind of an out-in-the-field physician. This was a courier flight. As they were going from Da Nang to An Khe, which is . . . An Khe is kind of up here in the northern part, and Da Nang is there and An Khe is kind of in the middle of the country. We had several stops to make along the way. They were dropping off mail and whatever else they needed to do. Probably the first four or five times that we landed were fine, and there would be somebody waiting for the helicopter. They didn’t stay very long on the ground. They did what they had to do and left. One of the places, I thought, “I really am in a war zone now.” We went from maybe twelve hundred feet to the ground in ten seconds, because I guess they were being fired upon. So we went from here to here, and the three of us were still in the back seat going . . . [Laughter] The guy crawls out to the helicopter to give them what he had to give them and take what they had to take, and then, oop! Off we went. That was scary.

Then I really didn’t get scared again until probably April of 1970 when we had our first red alert, which means there’s enemy within your boundaries, you know. The place that we were was pretty big. I’m not good at measuring, saying how big something is, but it must have been several square miles of area that was all pretty much Army buildings with no trees, no bushes, nothing. It was after midnight. I remember my nightgown even, because I bought it when I was in San Antonio going through basic. All this noise starts up, and it was like midnight, twelve-thirty. Then a siren in the air, like an air-raid siren. We had an MP who stayed in the building at night with us, and he came around and was pounding on everybody’s door and telling us all to leave, to go to the hospital. So we had to put on our helmets and our flak jackets, and I had my nightgown on and my little flip-flop shoes.

I remember walking down to where the bunker was. At this point, they were blowing up a lot of helicopters in a field that was probably a half a mile away from where the hospital would have been. We were kind of up higher and all this was kind of down this way. You could see all these explosions and all this noise and then all these helicopters in the air. I guess they’d gotten in and blew up several helicopters that night. The people who flew the helicopters lived right there, too, so all of them were out trying to get their helicopters off the ground so they wouldn’t shoot them. There was all this commotion. I remember I was trying to move as fast as I could. I’ve never been a good runner, but I was trying to really go quickly. I remember my legs were shaking so hard, I could hardly walk. I even remember, at the time I thought, “This is the scariest time I’ve had so far in my life.” And I think it’s the scariest time I’ve ever had. Just where you can hardly walk, you’re so frightened from all that commotion.
KH: The MP had come and told you to go to the hospital because it was safer there?

MC: What we would do in a red alert was they’d evacuate all the patients from the hospital, and then we’d go sit in a bunker with them just because it was safer there.

KH: Okay.

MC: We had a bunker where we were, but it was sort of part underground and water in it. Nobody . . . I never went in it. So we’d all go down there, and the corpsmen were all there and the physicians were all there. We had a couple of bunkers.

KH: How long did you end up staying there?

MC: Till six that morning. I’ve told this story before. For me, it truly was a red alert, because I’d gotten my period like the day before that, and you couldn’t…. [Tape interruption]

KH: Did any people get killed, injured that you knew of in that red alert?

MC: Not at that time, no. But later on, some of the helicopter pilots who would hang out a lot at the officer’s club, some of them ended up being injured and sent home then from the war. But not from that particular time. I think after I went through the first time . . . and it happened then twice a week for a while, so you kind of got used to it. I think in May was when they were sending troops to Cambodia and Laos and saying they weren’t. We were affiliated with the 4th Division. It seemed like every other night for probably ten days we were on red alert; every other night. If you were not, you prayed you were working nights, because then you can sleep in the daytime. If you’re working days, you can’t sleep in the night if you’re up. They’d never let us go back till the sun was up. If things were quiet, people would get to take maybe two hours off to go rest.

After the first couple of times, we knew it probably would happen more. Not tonight; probably tomorrow night. That didn’t mean you went to bed any sooner; you certainly didn’t do that. That was back in the days, too, when Ritalin, which is used for . . . I think back in those days you could get it from a physician even to help with weight loss. It was like Dexedrine. I don’t know why we had Ritalin, but we would have Ritalin on the ward for something. It wasn’t a controlled substance at that point. To stay awake, we’d take Ritalin, so we could be awake for our jobs. [Laughter]

KH: If you’re in that many situations where there’s a red alert, do you get thicker skinned about them? I would assume you weren’t quite as scared those subsequent times?

MC: No. You become pretty blasé about it. We were supposed to always sign out if we went someplace, and I had gone with this one guy to his . . . He was in military intelligence, and it wasn’t that far from where we were. Boy, this was so stupid, and I don’t know why he didn’t just
say, “You’re not going back.” But I said, “I’ve got to get back.” It was probably nine o’clock at night on alert. We kind of ran back to the hospital. Yes, that was real smart, wasn’t it? We went to the Vietnamese bunker. There weren’t that many people in that one. The one where the majority of the patients ended up going was always really crowded, so I just started going to the Vietnamese one. I figured they knew which one was which, so I was probably safer in that one. [Laughter]

KH: We shouldn’t be laughing at that, but . . . Did any of your colleagues from the hospital staff ever get injured?

MC: Before I got there . . . I’m thinking it happened in November. People came to that area in October and opened up a hospital then. I think the 4th Division moved from Pleiku to An Khe. A number of people came in country then and opened up the hospital in An Khe. I think they had hit the corpsmen, their quarters. I had heard, anyway, a couple of the corpsmen had been killed, and I think some had been injured. There were a couple nurses who had gotten frag wounds. One of them was this nurse who was engaged to this male nurse to be married. He left country a couple weeks before she was due to leave. I know when he left that she no longer would stay in her room; she went to the hospital to sleep every night. She’d sleep, you know, near the nurse’s station. That’s where she’d stay. She did that until it was time for her to go home. She was one of the ones that had a slight injury.

KH: Aren’t medical facilities supposed to be non-targets?

MC: I don’t think that was probably true then. At one point, I had heard that the [length of] duty of a helicopter pilot in Vietnam, they considered, was about three months, because they’d get shot down so often. Even the people who flew Dust-Off, who flew the Medevac ones, they’d get shot down, too. It didn’t really matter . . . A red cross; they were painted on them. They were on the helicopters, so it wasn’t that they couldn’t see them. They were painted well with it. Now, I can’t say for sure, but I think Medevac helicopters then started flying with door gunners on them. Sometimes they’d be trying to pick up somebody, and they couldn’t land because they were getting shot at.

KH: Besides some patients, did anybody that you knew, that you had become friendly with, pilots or whatever, die while you were there?

MC: Yes. This was a warrant officer. His mother worked with my aunt when they both worked for the state doing something. I remember hearing that he was going to be coming in country. He had stopped by to see me. It must have been in the summertime. I don’t remember his name or anything at this point. He had stopped by to just see me, because he knew I was a nurse there. He seemed really young to me; he probably was twenty. He was a warrant officer flying a helicopter. Then about a week later he ended up being shot down and killed, you know, shortly after I had met him then.

These guys weren’t killed, but this one who I’m still friends with now . . . He’s on his fourth wife, but I knew him with the first one. I think it was his third tour of duty in Vietnam. I think
he’d been an infantryman, enlisted. Then he went to OCS [Officer Candidate School] and became an officer and then he went back. The third time around he was a helicopter pilot. He ended up being shot down. He flew a Loach, they call them . . . low observation helicopters, those little kind of bubble things. Their whole job would be to draw fire, and then the gun ships would come in and shoot where the firing was coming from. Anyway, he got shot down. Both he and the co-pilot were injured and both ended up being sent home. He was shot through, I think it was, his right arm and into his chest, and ended up for quite a few years not having a lot of function in his right arm. I haven’t seen him for . . . I saw him two years ago. I think his arm, through the years, has gotten better, but initially, he couldn’t cut his own food up. But he ended up getting better, and got out of the service then. And he had planned on being a career military person. He ended up getting out because of that.

KH: You talked the last time about a couple of Vietnamese children that you had cared for. Aside from them, were there any other particular patients that kind of stick with you?

MC: I remember a GI who had come in. There were three of them, and they’d been struck by lightning.

KH: [Unclear]?

MC: Yes. Even at the time, I don’t think, in Vietnam, even during monsoons and stuff, there was some thunder. There are some parts of the world that it doesn’t thunder, so you don’t sort of know that you shouldn’t be hanging out. You should be in your foxhole or something. I remember these three guys came in, and one of them . . . I must have been in the ER at that point. It seemed like the first thing we’d do is take their clothes off to see where they were injured. His zipper was fused together, a metal zipper. You couldn’t unzip it. It was fused. I’m not sure where the entry had been, but it came out of his foot, and he ended up losing his foot from the burn. I remember the other person who’d been struck, too, had had a cross around his neck, and it had burned on his chest then. I was on the ward then, I remember, because the guy was waking up, who had the foot surgery, and there was a cast on his leg, so he couldn’t really tell, and he asked if he lost his foot, and I remember I told him, “Yes, you lost your foot.” [Whispered] “But you get to go home. You had to lose something, but you get to go home.”

I remember in the ER, if we’d get a head injury in, we didn’t take care of them. They went to Qui Nhon where there was a neurosurgeon. I remember this black lieutenant who’d come in, and he’d been shot, I think, in the head and in the neck. They did a trach [tracheotomy] on him there and stabilized him, and then sent him to Qui Nhon for surgery. We didn’t do neurosurgery. We’d do general and some thoracic and orthopedic surgery, but not anything with heads. They had to go. So I remember him leaving.

One night . . . I think it might have been the first night that I was even working in the ER, because they gave you one night with another nurse, and then the next night you were on your own. This other nurse happened to be there, because it was the first night I was working. We got a number of Vietnamese patients in, like twenty or twenty-five of them. Some village had been hit. I remember this child. The corpsmen in the field put something over her abdomen, and I took
this dressing off and her intestines came out, kind of fell out. When you’re with them—and none of them spoke English—we were trying to give them all numbers so you’d know who was who. She ended up being the first one who went to surgery, and then she didn’t make it. I remember this woman, who I have a picture of. She had frag wounds in her head, so we ended up having to cut a lot of her hair off. We just cut where we had to. Then she had this long hair on this other side. I think I have a picture of her where she wanted her hair evened out, so we cut her hair. I remember there were a number of people who had been injured and brought in to us then. It probably was after midnight. I’m glad that other nurse was there. I would have been, like . . . I remember trying to write. Before my legs didn’t work; now my hand didn’t work. I was trying to write down . . . They’d have tags on them and you’d put down what you’d done to this person, started an IV or if you gave them anything for pain or anything. Everything would be there. That probably helped me decide I really didn’t want to be there.

**KH:** In ER?

**MC:** Yes. I really didn’t think that was the spot for me. I think if I’d maybe had a little more experience, it would have been okay. I just thought, “Oh, God! What if this happens and I’m the only one here?”

**KH:** After you were in ER, you moved to—?

**MC:** The surgery area, again. Post-op.

**KH:** Did you have a chance to get to know your patients well?

**MC:** We Medevaced people three times a week. You got to know the Vietnamese ones, because most of the time they’d be there till they were well enough to go back to their homes or back to duty. But the GIs, if they were stable, we’d send them out three times a week.

**KH:** So it was a pretty good turnover?

**MC:** Yes. On the medical ward, it would be people with hepatitis and malaria and that kind of stuff. You’d get them through the critical phase of it, and then they’d end up going probably to Cam Ranh Bay for convalescence, and then they’d be returned to duty. We had almost two wards of those kinds of people. Then we had a ward of minor wounds, like puncture [unclear]. They’d probably be in for ten days for IV therapy and wound care, and I think they would usually go back to duty.

**KH:** Right from there?

**MC:** Yes. Yes, because the wound would be healed and the infection would be taken care of. Then we had the one ward for the bigger surgeries and where we might have people on ventilators and that kind of stuff. Then we had a Vietnamese ward and if we had more Vietnamese patients, we’d have another ward where they could be. The only major kinds of surgeries that would stay were vascular people. If they had had a shot to the aorta or femoral
artery or something, they’d stay with us for two weeks, because of going up, I guess, in the planes in the pressurized cabins. So they’d stay for two weeks and then they’d get Medevaced out. The one criteria that they had to have . . . I think their hematocrit had to be more than twenty-five maybe, which probably would be a hemoglobin of about nine or ten, which isn’t that high. But they had to be at least that or we’d have to give them blood before they could leave.

KH: The patients that you saw then in the post-op unit, were they conscious, cognizant?

MC: The majority of them, yes, because we didn’t have the head injuries. I mean, if they’d had surgery, it would take them a while to wake up. Once either they got better or they died . . . There wasn’t anywhere we’d keep them for a long time to get them better. If they were well enough to fly, they were sent elsewhere. I think the majority of the people we would send out would probably go to Japan, other than Cam Ranh Bay. If they were that seriously injured, I think they’d pick up people in An Khe and then they’d pick them up in Qui Nhon and, maybe, Chu Lai, and they probably had a whole plane by then, and they flew to Japan.

We never sent anybody out on a ventilator. I don’t think they probably would have made it. We didn’t have things to do blood gases to really tell how well people are oxygenating, how much oxygen is getting into their lungs and stuff. I didn’t work in the ICU in Qui Nhon, so I think they probably had better ventilators than we had. But in An Khe, we had to use Bird respirators, which for an anesthetist were real easy to use, but for nurses, we didn’t really know how to dial anything up or even tell what we needed to know. Usually people would just be on enough to wake up, and then would end up being extubated and breathed on their own.

KH: Part of what I’m getting at here is a lot of what I’ve heard or read about from nurses who served in Vietnam was that they often felt that they ended up—and not unwillingly so—being kind of a surrogate wife, girlfriend, mother, sister to their patients because their patients would have a woman to talk to and men can talk to women differently than they can their buddies.

MC: Sure.

KH: Did you feel that way?

MC: Yes, with a lot of them. I don’t know, I must have an aura about me or something. I think some women give off pheromones. You’ve probably known that kind of woman. I don’t think I’ve ever been that kind of a woman. [Laughter] I’ve never had . . . Back when I was younger, I was pretty cute, you know, and thin, but I never really had people who would be following me around in just that way. So I think a lot of times, they’d see me more as a pal, you know, or like a sister. We’d talk about that.

KH: How did you feel about being looked at in that role? Was it just part of the job? Was it burdensome in any way?

MC: No. I went to the beach one time in Qui Nhon, and I’d kind of gotten stuck in this undertow, so I came out and I had my hair in pigtails and I think one of them was here and one
was here. I could barely . . . I’m trying to walk up from the water and I had so much sand . . . I had a two-piece suit on. I had so much sand in this suit, I could barely walk. And this GI runs up and says, “Can we take your picture?” [Laughter] “Are you crazy?”

KH: [Laughter] Maybe not now.

MC: It was sort of like . . . okay. I probably had my head hid or something. I’m sure I just looked like I’d been run over by a train. But, you know, they would do that to you a lot.

KH: Because they were happy to see an American woman?

MC: Yes! Yes! Yes. Or they’d say, “I haven’t seen a woman in six months, could I just take your picture and tell them when I get back that I saw a woman?” “Okay.” [Laughter]

KH: Again, these kinds of encounters were benign?

MC: Yes. I never had anybody come on to me, really. I remember one corpsman . . . It might have been the one on heroin. He had told me, “You know, Lieutenant Crowley, you’re sitting on a gold mine.” I said, “That’s right, and I’m going to keep sitting on it, too.” [Chuckles]

KH: Yes, leave that area alone.

MC: Yes. You’d hear stuff like that. [Chuckles]

KH: Before we leave Vietnam, figuratively speaking, is there anything else that you want to talk about in terms of your time in country, things that I haven’t asked about?

MC: I think one question that people ask of me—I don’t talk about it that much now—is, “Would you do it again if you had to do it again?” I think I would. In some respects, I wish I was young enough and healthy enough to be a nurse in Iraq. Since I’ve been through it the one time, I think I could . . . Maybe I couldn’t manage it; I don’t know. I think sometimes youth brings you resiliency that you lose as you get older. But I think experience sort of brings you a certain calmness to situations. So I don’t know. I think if I’d been younger and healthier, I would have considered it; if I just had to go there and I didn’t have to come back and be in the States working . . . If you could just have people sign up and just do their wartime. I think now, it’s an entirely different kind of war than Vietnam was. I heard this on the news one night and I couldn’t believe it, until I talked to somebody who’d heard the same news report, that twenty-five percent of the enlisted people there are getting divorced and seventy-eight percent of the officers. Isn’t that something?

KH: Wow!

MC: It’s huge. Seventy-eight percent of the officers coming back? Yes, three out of four are getting divorced.
KH: I wonder why the difference between—?

MC: Yes. You’d think it would be the other way around, almost, because the officer would have more education to deal with the trauma of war than a younger enlisted person would. Yes, I couldn’t believe that. Then I saw another news program—I rarely watch the news—that the military is really seeing this as a great problem and that they’re trying to do something about it. So before people even go to [Iraq], they give them a four-day weekend to a resort somewhere. And it just happened that the person they were using was the wife who was the one that was going to be going, as a nurse. So they were sending her with her husband somewhere to kind of steel their relationship before she left.

KH: That’s interesting.

MC: Isn’t it? Kind of frightening.

KH: Yes. Disturbing.

MC: Yes, yes. I don’t know that many people who’ve gone to Iraq. The people who I would have known from Vietnam are all out of the service now. I know there were a couple of people from the VA who went, a nurse and a social worker, who were on a psych team together. When the nurse came back, he was still married. But the social worker is divorced, and even told the wife before he came back that he wanted a divorce. I’d met the wife before and they sure seemed like they were suited for each other, and yet, that’s what his decision was.

KH: Hmmm. People don’t even think about those kinds of things as being a consequence of being in a war situation, whether it’s a direct consequence or indirect.

MC: I think just living with that much fear . . . Like a lot of the GIs in the field had that much fear in Vietnam. I think there’s going to be even more people now from Iraq that have that kind of constant living with fear and never knowing . . . Like you’re driving down a highway, and are you going to blow up? Or is somebody going to bomb the vehicle you’re in? Yes, we never learn.

KH: That brings us back to Vietnam, in many ways, in terms of some of the adjustments, challenges that returning back home to the States in the form of everything from PTSD [post traumatic stress disorder] to . . . and you said, too, that in An Khe in particular, Agent Orange had been dropped pervasively.

MC: Yes, yes.

KH: Did you encounter any issues with either physical health or mental health as a result of your service?

MC: Hmmm . . . I think I could probably connect breast cancer to that.
KH: To Agent Orange?

MC: I think, yes, but I haven’t done that yet. I think probably if I worked on it, I could. Two years ago, I met a Navy nurse who had been the commanding nurse for the Navy, probably in the early-to-mid-1970s. She was an admiral. She developed breast cancer like two and a half years ago. You know, I went up and started to talking to her because I recognized her haircut, which really wasn’t a haircut; it was hair growing back.

KH: Ah.

MC: Yes. She’s an older woman. She’s probably early seventies and had cancer bilaterally.

KH: Now, breast cancer is not one of the recognized effects of Agent Orange, is it? The ones that the VA officially—?

MC: Oh, I think they’re having a harder time now. She had ended up getting it service-connected.

KH: Really?

MC: Yes, because of all the chemicals that nurses work around.

KH: Oh, sure.

MC: I don’t think they’ve really found out how many women have acquired breast cancer after Vietnam, who served in Vietnam.

KH: Yes, I haven’t seen anything about that. That doesn’t mean it’s not out there.

MC: But I’m sure it would be a very small study since they’re not quite sure how many women were there.

KH: Right.

MC: Yes.

KH: Talking more about your coming home. What did you do when you first got home? What was your first experience? “Ah! I’m back”?

MC: I was tired. We left, I think it was on Monday about one in the afternoon, and we got to Tacoma, Washington. And it was Monday, one in the afternoon, and we didn’t stop anywhere. They must have had a tailwind pushing them along, so it took us twelve hours from Vietnam to Seattle, Washington, and with the twelve-hour time change, we got there almost ahead of ourselves.
KH: [Chuckles] Wow.

MC: I had a grandmother who lived in Seattle, so I called her up to meet me at the airport. Back then you had to fly in your uniform, so I had my uniform on. I remember we went to the bar to have a cocktail together and people [were] just sort of looking at me kind of strangely. I might have had a ribbon that showed that I had served in Vietnam. Maybe I had gotten that before I left. I heard somebody make a comment, “Oh, she’s been in Vietnam.” [Whispered] You mean it shows? I remember talking to some people that as soon as they got off the plane—the guys wore fatigues—they threw their fatigues away and changed their clothes. I didn’t get home till probably about nine that night, so I’d been up for a long time. The whole time I was flying in the airplane coming back to Minnesota—I do this all the time in planes—I’m sort of half asleep, and then I think, “Did an engine just quit?” [Laughter] I think I still do that when I’m half asleep. All of a sudden, the sound just sort of changes and I’m like, “Did the engine quit?”

Of course, my family was at the airport just….

[Tape interruption]

MC: …about three and a half weeks off before I had to go to my last duty station, which was from like March 20th until the end of June. It hardly seems worth my while to have gone.

KH: Where did you go?

MC: I went to Fort Ord, California, which was a nice place. I almost ended up re-upping [reenlisting] in the Army.

KH: Really?

MC: Yes. Since I hadn’t re-upped in Vietnam . . . What I wanted them to do was to backdate my rank, because back then, in the service, everything was by your date of rank. So I would have been probably six months behind everybody who’d gone in . . . I was in for two years. Some of the people were in for three years. Then I would have had to put in whole another year. When you’re in your twenties, a year seems like a long time. So I didn’t go and sign the paperwork. I figured, “Oh, if I really want to go in, I can always go back.” And I didn’t. [Laughter] And I don’t think I would have made . . . I could have never been in it as a career.

KH: No?

MC: No.

KH: Why not?

MC: Oh, there’s a lot of . . . I mean, it was okay during the time I was because it was during a war, but I think real military people, there’s a lot of foolishness that goes on that I’d probably end up saying, “What’s the point of this? Why don’t you just let us do our jobs instead of all
this?” That we have to polish our boots . . . We had to do that in Vietnam. I didn’t do it, but we had mamasans who would do that. We’d have inspections. I’m sure the only reason we had them was so that the person who was the executive officer had a job. [Laughter] I think particularly physicians and nurses and people who were corpsmen and not career types probably are the least military of anybody.

**KH:** So is it fair to say that you, yourself, were in the service and in Vietnam primarily as a nurse and then only secondarily somewhere beneath that as a military person?

**MC:** Yes. Because I knew I could never do it the rest of my days.

**KH:** So you were discharged?

**MC:** I went to California and then I was out of the service by the end of June.

**KH:** June 1971. Then, what did you do?

**MC:** I had applied for a job at the VA when I was in California here. I had worked there as an aide before that for two years. Then I was gone for two years. This was back when there were lots of nurses around, so they didn’t have an opening for me until about the middle of September. I really had nothing to do from July, August, into September. I remember thinking at the time that . . . You know, especially when a number of my friends were teachers, so a lot of them ended up going back to school to teach, and here I was, I didn’t have a job. I didn’t have anybody to play with. I had some money, because I didn’t spend it all in Vietnam. So I had some money left. [Chuckles] I remember telling my mother, “Oh, I wish I were working now.” And my mother said, “Oh, just wait. At some point in your life, you’ll wish you had this time when you didn’t have to work.”

**KH:** So you were here for that time?

**MC:** Yes.

**KH:** You came back here right after Fort Ord?

**MC:** Yes. Then I started working at the VA.

**KH:** What were you doing there?

**MC:** This was back in the days that you took a job and they told you on your first day where you were going to be working. That really wasn’t an issue. You know, it isn’t like, “If I’m not working in this place, then I’m not taking that job.” If the job was there, no matter where it was, you took it. So the first day I was there, I ended up in SICU, the Surgical Intensive Care Unit.

**KH:** Oh!
MC: I thought, “Oh, this is a lot different from Vietnam,” where if we didn’t have enough chairs, you sat in a wastebasket. I mean, my butt was just the size to fit in a wastebasket then, so it was comfortable. If you were doing vital signs and you were doing them fairly often, you’d write on your pants leg. Now, I find myself in this thing with all these electronic things and computers and things beeping. It was kind of a challenge, but I managed.

KH: Now some of what I’ve heard about nurses who served in Vietnam and they come back and start working in civilian nursing is that they were very frustrated by having to kind of revert to a civilian nurse role, in that they couldn’t do a lot of what they had done in Vietnam without doctors overseeing it. Was that the case for you?

MC: I think if they probably went to an ICU in a major hospital, they would have been challenged.

KH: Okay.

MC: Yes, just with all the equipment. This was when computers were first coming into hospital use. Probably the U had it and probably the VA and I bet that was it. We had these arterial lines that were placed, and then you’d blood pressure readings off the computer, a lot of that kind of stuff. And EKGs, you had to know . . . we’d have to go to class and learn what these certain kinds of EKGs were. People were arresting and . . . oh!

KH: You didn’t find it boring or trivial in comparison?


KH: Okay.

MC: I think when I left there, I really felt prepared for about anything.

KH: Nursing, professionally?

MC: Yes.

KH: During this time, that summer when you get back or the three years you’re at the VA, where is Vietnam in your life? Are you talking about it?

MC: No. Totally gone. No. I was single. If I would meet somebody, I would never have said that.

KH: That you had been in the service?

MC: Yes.

KH: Why not?
MC: Hmm . . . Vietnam, at that time, was kind of a taboo subject. I sort of had the impression, too, that guys kind of thought that if you were in the military, you must be a lesbian. There’s something wrong with you.

When I was in basic training, it was sort of interesting because the majority of nurses who were in the Army Nurse Corps at that point were four-year RNs, had college degrees. When I went to basic training, just talking with some of them, they were in sororities. They were just like the kind of people I had come with. It wasn’t that they were lower class or anything. A lot of them could have gone through school without the help of the military, but they just kind of saw it as a way to do something different. I would say the people who I met in basic training were really high-class nurses from colleges all over the country. I think if you weren’t there, you probably wouldn’t have gotten that impression even.

KH: Were you talking about it to people you knew, your friends, your family?

MC: No, because there really wasn’t much to say. You know, it was done with, over and done with.

KH: Did you keep in touch with anybody you had known in Vietnam?

MC: Yes. That Christmas, the first Christmas I was here, the guy who has had the four wives, [chuckles] he came through. I think he lived in Nebraska and his parents were in North Dakota. So he came and spent the night at my parents’ house. Oh, my friend Pam, who was married two weeks before she went to Vietnam, she and her husband came over the holidays and stayed with me for a while. Yes.

KH: This is the mid-1970s by the time you are done with the VA. Did you ever need to, for any reason, seek care yourself at the VA?

MC: No.

KH: You didn’t have any experiences as a woman veteran trying to go get any kind of—?

MC: No. And I don’t think I would, just because from working there. You know, it would be like having your medical record . . . even [though] they weren’t on computers then, but at that point, you know, I just never would have done it. I mean people would know how much you weigh and everything.

KH: Yes. Too much information. [Laughter]

MC: Yes. I just wouldn’t have done that.

KH: What did you do after you left the VA?
MC: Another nurse and I moved to New Orleans until 1978. We started out in a private hospital. We went to the VA. We visited down there before we moved, and the person we interviewed with at the VA was just such a drag. So we went to this other private hospital, and health care at that point wasn’t very good in the South. So we stayed there for six weeks. I worked in ICU and she worked in a step-down unit, and we lasted six weeks. Then we both went back to the VA. It was sort of like going home. Because no matter what VA you’re ever in, the paperwork is all the same. You know, the way they do meds is all the same. The way they run things is all the same. So it was sort of like coming home.

KH: How many years in total did you work at the VA?

MC: I had two hours short of thirty-five years.

KH: Two hours short?

MC: Yes.

KH: Wow. Wow.

MC: Yes, because they count your sick leave. They only count it if it’s a whole month. You have to have thirty days of your sick leave to count towards your retirement then. So I had thirty-four years, eleven months, twenty-nine days and six hours.

KH: Oh, wow! That’s a long tenure.

MC: Yes. Yes, it is. When I look back, I think, “I don’t think I’m old enough to have worked that long.” I read obituaries; they’ll say someone worked thirty years somewhere, and I think, “My God! I’m still going!” Oh!

KH: How many of those years were spent here at the Minneapolis VA?

MC: Well, from 1967 to 1969 and 1971 . . . like two and a half years, so that’s four and a half. And I spent four and a half . . ., and I spent two years in the Army. So about twenty-eight and a half, I think. Yes.

KH: Did you have occasion, when you were working at the VA, to deal with any women veterans?

MC: Oh, yes. When I was a student, I worked on ortho, and I can’t remember any women. But then, in the ICU, once in a while we’d have a woman. Then through the years there were more and more women. I took care of one of the women I met after Vietnam who was in a woman veterans’ group, a PTSD woman’s group. Probably some of them you’ve met already: Ann Rudolph and Kay [Catherine] Bauer.

KH: Yes.
MC: They went through this month PTSD group just for women. I probably could have used it, too, but I didn’t want that . . . I mean, I worked there; I didn’t want that . . .

KH: Yes.

MC: Yes. I think we’d meet, like . . . After the group finished, we maybe met every month, every Monday.

KH: For how long?

MC: For a few years, anyway. I still see all of them.

KH: Were you at the thing at Kay’s this summer?

MC: Yes.

KH: [Unclear]

MC: Yes. Oh, there’s maybe ten of us who still see each other. But, I hadn’t seen this one gal, this Joan Paulson, from probably 1992. She was at Kay’s, so it was nice to see her because I haven’t seen her in that long. And she just works at St. Joe’s [St. Joseph’s Hospital, St. Paul], but didn’t see her then.

KH: During the 1980s, let’s say—because that’s when most of this is happening—did you get involved in anything like the Vietnam Women’s Memorial, that kind of thing?

MC: Yes. I’m trying to think how I got into that. I can’t remember. But it was still when it was fairly small, and it was Diane Evans and D.M. [Donna-Marie] Boulay, the two who started it. Then they were getting the word out about the role of women. So I went and did some speaking. Probably the first couple times that I did, I started crying. One of the times, I’d gone to the Open School in St. Paul to talk—it’s a K-12 public school—to a history class. They had been studying the Vietnam War, and I think they’d already had two men speak. I think, at that point, it must have been about 1985 or 1986, because the movie Platoon had just come out. I remember the kids had asked the GIs about the movie. Then I started talking about just what it was like being a nurse, you know. I probably talked for about ten minutes and then I started crying. I was still talking, but I couldn’t really stop crying. I kept saying, “I don’t know why I’m crying. I can’t believe I’m doing this, because I don’t think about Vietnam, really. I don’t talk about it,” that kind of thing. It, obviously, still was there for me. I think I’ve had some PTSD through the years.

KH: What makes you think that?

MC: I had a period of time, like in the late 1970s, where I would just cry for no reason. I remember I had everything physical checked out. I was just fine. If somebody would ask me if I’m depressed, I think I would have said, “No.” I had no reason to be depressed. I was thirty-two. I wasn’t married, but that had never really been an issue for me. I remember I ended up moving
back to Minnesota then. I went to see a psychiatrist, which was a big waste of money (for me anyway). Because I’d sit there, and I’d probably cry the whole time. I think he thought I was kind of goofy then, too. He asked me, “Is it because you’re not married?” I said, “I don’t think so.” “Then, why are you crying?” “I don’t really know.” [Spoken as if crying]

KH: Did you tell him that you had been in Vietnam?

MC: Yes. Do you know who brought it up? My mother. I’d just have this terrible sadness for no reason at all. I wasn’t really dreaming about Vietnam or anything. It was like I didn’t have much confidence in myself, and there had been nothing that had happened. There had been no thing . . . I hadn’t broken up with somebody or done something terrible at work. Nothing, like, bad. I remember Mother went with me one time, because I called him and I said . . . I wasn’t suicidal. I wasn’t going to end my life. I can remember, at the time, having some fear about driving over a bridge, for fear that I’d lose control of the car and have an accident. I never had an accident, so why would I have one now? It was like, “I don’t want to kill myself, but I think it might happen.” I don’t think I’m controlling that. I wouldn’t take a pill or anything. But it would be some kind of accident would occur where I’d end up getting killed then, that I had no control over. I remember I called him this one time when I was just shaking and everything, and my mother went with me. She even said to him, “Do you think this could have something to do with Vietnam?” This was 1978. And he said, “Absolutely not.” It wasn’t really spoken of then. I think he was a fairly well-known psychiatrist, who later was found to be a pedophile.

KH: Oh. [Unclear] [Laughter]

MC: Yes. So who’s nuts here? I think, at that point, dealing with adults and stuff . . . I probably went every week for a while. I really didn’t feel any better. Then he put me on some antidepressants. They sort of helped. I don’t think I went to see him for that long a time. After a while, I went off the antidepressants, and I was fine for a number of years. I wasn’t that bad anymore. But I think I need to be on those kinds of medications. I’m trying to think now. Probably the last time that I’ve even felt like that was nine years ago. See, I’ve always sort of gone off of them. Like, they get me through where I’m really a wreck, and most of the time, I’ve worked through all of this. I’ve gone to work every day, and I’ve maybe gone home and cried all night, but I’ve always managed to go to work and stuff, and nobody would ever know that I felt this way. I think I’ve finally reached a point where I guess I have a chronic illness.

KH: Have you ever thought of any kind of help specifically for PTSD as it might relate to this?

MC: I think I’ve talked about it so much now that it’s sort of like I don’t think I need to keep talking.

KH: Talked about it in terms of going to classes or something like this?

MC: Yes. And I’ve cried in front of people. You know, it was very sad, a very sad time, but yet, you go on. That was then and this is now. During the Vietnam Women’s Memorial Project, I talked a lot then, different places, and I was the state coordinator and I was the regional
coordinator. And then in 1988—I’m trying to think who would have been there—I think it was Diane Evans and D.M. Boulay who asked me if I would go with them. And there were some other women, too, and we spoke before a subcommittee in Congress. I cried when I did it, but I could do that.

**KH:** So you were *very* involved in the Memorial project.

**MC:** Yes. Yes. And it finally got there.

**KH:** There it is.

**MC:** Yes, and I think it helped a lot of people.

**KH:** Do you see your involvement in that project as part of . . . because you said when you first home you didn’t talk about it. Was it this project that got you to talk about it and be public about it?

**MC:** Yes.

**KH:** And as you suggested, perhaps, maybe its own form of therapy?

**MC:** Yes. I think it really helped. You know, it used to be when I’d do that, when I’d go and talk someplace . . . Probably the largest group we ever talked to before was like a thousand kids at a high school for her-story. Instead of history, we did her-story, I think we probably did an hour and a half. When I’d do those kinds of things, when I’d go home that night, I would just be wiped out, like, like I couldn’t really do anything. I’d just be ready to go to bed and sleep, because I’d be just worn out. The older I get, I don’t feel that way anymore.

**KH:** What did you get from speaking so much about Vietnam?

**MC:** I think it made it okay for me. You know, in the 1970s, I never would have said anything. I mean, my friends knew that I was there and when I came back, I showed them pictures and stuff, but didn’t really talk that much about it. I probably talked most to my mother, but not a whole lot about it even. I never remember crying after I came home. I cried a lot in Vietnam. I used to cry . . . Once in a while, I’d cry on the ward, but I didn’t do that that often. I used to cry in the shower a lot, you know. I think that’s what got me through. If you ever talk to Diane Evans, she never cried. I think her brother died shortly after she came home, and I’ve heard her say this before, that even during his funeral, she couldn’t cry. The fact that I could, I think helped me get through a lot of it. Knowing that other people had trouble because of it, too . . . I don’t talk to people even now about being on anti-depressants. That’s kind of a secret. [Whispered] Some of them may be, too. I don’t know and I don’t think I want to know.

**KH:** How much do you think your reluctance to talk about Vietnam initially came because there was such a stigma attached to that war versus anything particular about being a woman veteran [unclear]?
**MC:** I think that probably all tied together. I think it was one big package there. Yes. I think, initially, it was because it was such an unpopular war. I think even years later, a lot of GIs kind of still felt that it was their fault, if you talk to older veterans. I think probably [unclear]. Well, I think it probably was all at the same time, about being in Vietnam and being a woman in the service, in the military.

**KH:** Speaking more specifically about the Memorial itself, what do you think is the significance of that statue and where it [unclear]?

**MC:** I think it honored women for their role in Vietnam . . . the first time that any group of women have been honored for their role in a war. I’ve never met a World War I vet, but I’ve read some books by World War II Army nurses, and they had one speak. I’m sure she probably thought this was her war and compared to what went on in World War I, it was a piece of cake for her. After I read this book and heard her story, I’d think, my God! Vietnam was a piece of cake compared to what they went through, being in tents, running a hospital in a tent and being bombed. One of her friends was hit during an air raid they had, and she ended up caring for this friend, and the friend died. I mean, they were like best friends for three years, till the friend ended up dying. Went through basic training and were stationed every place together and all and then ended up losing her friend. I think, “Oh! That would have been a tough thing to deal with.”

This woman didn’t write this book until she was well into her seventies, and felt it was somewhat of a catharsis for her to do that. I’m sure it was, because she had said she never really did a lot of talking with her family. She married and had some children and probably never talked to them. When she came to speak, her daughter came with her, who’s an oncologist, and the daughter had never heard some of these things that the mother talked about then.

**KH:** So I take it that you were at the 1993 dedication of the Memorial?

**MC:** Oh, yes.

**KH:** Were you there in 2003 for the ten-year reunion?

**MC:** Yes. In 2003, I ran into a nurse who I hadn’t seen since January 1971. Bernie is her name.

**KH:** Wow.

**MC:** She lives in Missouri now, but she’s from Pennsylvania. I don’t know how I got myself into this either, but the Manchester VA has been doing, probably since 1997, 1998, a fair amount of interviewing with women Vietnam vets, and it’s the only psychological study that’s been done with women.

**KH:** Hmmm.

**MC:** There was a picture up there and I saw this picture of her, so I recognized it and I gave them my address and, then, she had written to me one time. It seemed like I just never could get back to her. Then, I saw her again in 2003, and she looks the same, except she has gray hair.
Other than that, she looks exactly the same. That was nice, and now I have her e-mail address, so I can keep in touch with her that way. I think it was the Women’s Memorial that really got women out there and willing to talk about it.

KH: How do you think your experiences in Vietnam most significantly have affected you?

MC: I probably think that most things in life aren’t that terrible. After you’ve been through a war, the rest of life is kind of like, you know, this is pretty easy what we do. Even working where I did at the VA and SICU, a lot of times we worked with old patients. Old in the 1970s was like sixties and seventies and a few in their eighties who maybe had cancer, and they were doing surgery on them. Sometimes they didn’t make it, but they’d lived their lives, most of them. It was the younger . . . I think in Vietnam, dealing with so many young people that really hadn’t had their chance yet. So it kind of tainted my perspective of the rest of life, that I don’t find . . . I sort of think everything though that happens to me kind of changes my perspective some. So I think after having breast cancer, then I find, well, that wasn’t so bad. So I sort of think I’m ready for…. [Tape interruption]

MC: So I always try to think of something worse, and then I feel okay. [Chuckles]

KH: Yes, well, hey, whatever works.

MC: Yes. I just think of the worst thing, and it’s never that bad.

KH: Yes. [Unclear]

MC: Yes, yes.

KH: Anything else? We have a brand new tape for a final few comments. Anything else you want to say?

MC: I think I’m a better person for having been there. I guess none of us ever know how we’re going to react in a situation until we’re in it. I made it through a war, so I guess . . . I always think of myself as being really tough, even though I can cry a lot. I think I’m a pretty tough person when it comes to situations. I think other people are sometimes shocked by that, because they maybe don’t know how tough I really am. I’ve been through a divorce, so I’m really tough.

KH: You’ve been through a lot.

MC: I made it through the VA.

KH: Yes.

MC: I think there can’t be anything worse left for me to go through. [Chuckles]
KH: Here’s hoping.

MC: Well, you know, I don’t have any children, so I think that would be a terrible thing, but I don’t have that. I think when it comes to spouses and things, you know, people don’t live forever.

KH: Yes.

MC: So even that kind of loss I think I could deal with.

KH: How did your service in Vietnam or in the military in general, or does it, shape your view of what it means to be a citizen of the United States?

MC: [Sighs] I think I kind of learned, at that point, that you can’t always trust your government. I think the older I’ve gotten, the more I believe that’s true. Even though this is the best country that there exists in this world, I think there’s a lot wrong here, and it think it’s getting more wrong as it goes on. I mean, really. At least I think in the 1960s and 1970s, we heard the truth a lot, but I think nowadays the news is what we are told. I don’t think it’s necessarily what happens, you know. That part is really frightening. I think going through Vietnam made me hope that maybe we would learn from this and not do the same thing to another generation of people. I think the current war . . . If I were a spouse or a mother of a soldier who’s over there for the second time, it would make me believe that we need a draft, because I don’t think what’s going on is fair.

KH: That kind of extension of tours and backdoor drafting?

MC: Oh, yes. I think that’s terrible. I’m sorry, but if you want to live in this country, I think it’s time that people pay the price, whatever it may be. I don’t think it should just be the poor or the people who can’t afford education who are over there. I think everybody needs to take their turn, you know. I’d like to see those twins [George W. Bush’s twin daughters] over there driving a truck, and maybe things would change. I think everybody needs their chance.

KH: Some kind of service?

MC: Yes. Yes. Israel does it. I think they’re probably a lot better off than we are. I think sometimes if we ever had a war in this country, would we all just all cave in? Or would we survive, like they have in Israel or like in Poland in the late 1930s and stuff? I wonder what we’d do. I think we would just roll over. The World War II people are going to be gone soon, and the Koreans from that war will be gone and the Vietnam people are sort of disillusioned, probably still. I think people, you know, who were born in the 1980s, 1990s and stuff kind of think the world owes them.

KH: This is backtracking a bit . . . Do you remember what you thought in April 1975 when Saigon, Vietnam, was totally taken under control by the Communists?
MC: I remember I was getting ready for work and I had to leave probably about ten to seven. I had the news on and was watching some of this. Then I went to work and probably didn’t think about it because I was working. Then, when I came home that night, one of the nurses I’d been with in Vietnam who I hadn’t heard from since then and I haven’t heard from since, but this Marge called me up and wanted to know if I knew . . . We had a Chinese girl who lived in Vietnam; she was of Chinese decent who worked for us, and her name was Lucy. One of the corpsmen, I think, had been engaged to her. You know, a lot of the Vietnamese workers would be engaged to GIs, which I think meant free sex for them, and they’d get left behind then. So I don’t know if she ever married the guy or what. But this Marge called me up to see if I knew anything about her. I said, “Not since I left Vietnam have I heard anything from her.” Yes. It seemed, at that point, what was the use? It was how many years? Thirteen, fourteen years of war for what? I think about Iraq and I think, “Oh, I hope we’re not there for the next fourteen years, because these troops that are back on their second and third tours are going to be pretty sick by then.” They’ll probably all move to Canada, and I wouldn’t blame them. I’d probably give them a ride.

KH: What do you think is something that we, as a nation, should learn or take from the U.S. experience in Vietnam?

MC: You know, I think it’s too late. I think what could have been learned is already out the window, because of where we are today. So I don’t think we really learned anything. Maybe how to grieve. Some people probably learned how to grieve, and that’s probably about it. They made major steps with medicine and that, in dealing with someone who’s had multiple injuries and adult respiratory distress syndrome. A lot of times, it takes a war to learn this kind of stuff, and I think they learned a lot in Vietnam when it comes to modern medicine. But as far as people fighting wars, I don’t think we’ve ever learned. That’s why we’re still fighting them and probably have been since the beginning of time and probably will be till the end of time.

KH: Well, that’s kind of a sorry note to end on.

MC: Yes, that’s kind of the way it is.

KH: Anything else before I shut this off?

MC: No, you can shut it off. [Laughter]

KH: Thank you, Mary Beth, very much for your willingness to talk to me over two segments.

MC: Sure. You’re welcome.

KH: It’s been very helpful.