Kara Vuic: Okay. Well, I’ve got the tape recorder going. Like I said, my name’s

Kara Vuic and this is an interview with Dick Berry. It’s August the twelfth on a
Thursday, 2004. So why don’t we just start with where you were born, where you grew up?

Dick Berry: I was born in Danville, Pennsylvania. It’s a town of about eight or nine thousand. It’s famous for the Geisinger Medical Center. They did have a state hospital there for the mentally ill and—oh, hold on a second. I got another call.

KV: Okay.

DB: Hold on. That’s an ex-Army nurse.

KV: Oh. (Laughing)

DB: Across the river from Danville was what made it well known is they had a Merck Sharp & Dohme drug company, which they still have. So the town now is probably closer to fifteen, twenty thousand.

KV: Is that near Pittsburgh, Philadelphia? What part of the state is that in?

DB: It’s between Harrisburg and Wilkes-Barre. It’s on the Susquehanna River.

It’s in the coal regions. It used to be famous for coal all around there, but they don’t do that much mining anymore. But it was a great experience with public school for—there were no discipline problems. People left their doors open at night. No crime. Just a small town, everybody knew everybody. Quite different from my wife, who was born and raised in New York City.

KV: (Laughing) I would imagine. What year were you born?
DB: I was born in 1940.

KV: 1940, okay. What did your parents do?

DB: My mother was an aide at the state hospital and eventually became an LPN (licensed practical nurse) at the state hospital. It was for the mentally ill. My father was a plumber and got a job at the Merck Sharp & Dohme drug plant and became in management. So he worked his way up through the ranks.

KV: Did you have brothers and sisters?

DB: I have two brothers. My older brother is two years older than me. He is a retired school teacher. He went to Bloomsburg State University and stayed pretty much in the area of Danville, within thirty miles and taught at a couple different schools and retired in Mifflintown, Pennsylvania. My younger brother, George, is a retired Army nurse.

KV: Oh, okay.

DB: He’s married to a retired Army nurse.

KV: So you could say this runs in your family?

DB: Yeah. I got interested in nursing. I had a job at the Geisinger and I pushed around a hospitality cart, which I sold magazines and candy bars and newspapers and things like that to the patients. I went room to room and just really enjoyed the contact with the patients. There was an opportunity in Philadelphia that was a School of Nursing for men. My parents encouraged me to apply there. I did and got accepted. So I went to the school in Philadelphia.

KV: Had you—or, was this experience working in the hospital the first time you had really been interested in medicine and in nursing?

DB: Yes.

KV: So your parents were pretty supportive of this decision to go then, they liked that idea?

DB: Oh, yeah.

KV: Did you—?

DB: At that point they really didn’t have the money for college, and there was no tuition at the nursing school I went to.

KV: Oh, wow.
DB: It was a three-year diploma school.

KV: There was no tuition?

DB: No tuition. In fact, you got a stipend because they used us as staff on the wards, you know, to help escort patients and vital signs and things like that and doing a lot of the nursing care, the beds and the baths and all that. So because I was married, I got sixty dollars a month and the ones that weren’t married got thirty dollars a month. So it was kind of a free education, something I was interested in, and it gave me a little bit of money.

KV: Did you get married before you went to nursing school then, or at some point during?

DB: I did. I got married a few weeks before I went to nursing school, and I was going to go and I’d come home a couple weekends. I was down there just a few weeks and missed my wife and had her move down. But the school was—they took fifteen students in every six months. So thirty a year and then you—the first year you were there, you got all your basic nursing classes and microbiology and stuff like that. Then the second year, you did nine months of med-surg and OB (obstetrics) and the other portion of our hospital, which was the school I trained at was mainly psych. The other hospital downtown, Pennsylvania Hospital, was med-surg and OB. Then for pediatrics, we did three months at Saint Christopher’s Hospital in Philadelphia.

KV: You were expected to do the OB training just like everybody else? There was no issue with you being a man and this being OB?

DB: Oh, no. No. We attended deliveries. We worked in newborn nursery. Yeah, no we did the same as the females.

KV: How many males were in your class?

DB: Fifteen.

KV: Oh, wow.

DB: We started with fifteen. There were no females.

KV: Oh, okay. So this was an all-male nursing school?

DB: Yes.

KV: Oh, okay. Well, that’s different.
DB: The female portion of our class, which we didn’t even consider our class, they went to the med-surg hospital downtown, Pennsylvania Hospital. It’s a hospital—it’s right down near Independence Hall with the Liberty Bell. It was founded by Ben Franklin. It’s one of the oldest hospitals in the country.

KV: Okay. So this was all men in your classes?

DB: Yes. Then where we went to school at the psych portion, we would get female nurses in from several hospitals in the area to do their rotation on psych. They would come in for twelve weeks on psych. They overlapped every six weeks.

KV: So when you decided to go to nursing school, did anybody—I mean, there weren’t too many men in nursing at this point. Did you face any stigma, or did anybody question why you were going into nursing or anything like that?

DB: No. I think I had the advantage of in my hometown, there were some male nurses that were in anesthesia and were well thought of in the community. I did go to an all-male school, so stigma, maybe for people that you just meet offhand and you tell them what you are or what you do, but I didn’t really have much trouble with that.

KV: Well, that’s good. You kind of hear these horror stories sometimes of men who went into nursing and then people kind of questioned what they’re doing and you know all of those kinds of things. So do you think your nursing school experience was different because it was an all-male nursing school? Did that shape your experience at all, do you think?

DB: I think it did because when I went back for my BSN (Bachelor of Science in Nursing), I was the only male in the class, but this was all males. The curriculum was the same as the females then, but we were kind of a work structure. Like when you’re a senior student, you might have to work evenings and night shifts, and they’d actually use you to work. So we’d spent half the time in class and half the time on the wards, but we got the same basic training. A diploma school, they taught you how to do a lot of things. You had to put down NG (nasogastric) tubes and put in Foleys. Things like that. Some of the BSN schools, you might be in your senior year before you finally get to do it. So I think there was an advantage, in a way, to go to a diploma school because they kind of taught you how to do things, but not so much why you did them. I don’t think we did so
much with understanding blood gases and the different electrolytes and chemistry lab slips that they teach the BSN, but then that wasn’t our job.

KV: So what year was this? Was this ’59, ’60? You were in nursing school then?

DB: I went to nursing school in ’59. Yeah.

KV: ’59. So it was a three-year program, so then ’62 you graduated?

DB: Yeah.

KV: Okay. At what point did you decide to go into the Army Nurse Corps?

DB: ’65.

KV: ’65. Had you heard much about the Army Nurse Corps before that?

DB: Yeah. We had some people that were in the student program, some of the students out there. But at the time I had a wife and three children, the oldest was two.

KV: Wow.

DB: I had a two-year-old, a one-year-old, and one that was just born. So I went into the military because I wanted to get my family out of Philadelphia. The money wasn’t that great, but they did have health care for my family. I’d been in the military since December of ’57 in the Reserves, so it wasn’t completely new to me. I mean, I liked it so I made the choice to go in.

KV: So you joined the Reserves then right out of high school?

DB: I was still in high school.

KV: You were still in high school. Wow. Was that legal? I mean, were you old enough to join the Reserves? How old did you have to be?

DB: You can join at seventeen if your parents sign for you.

KV: Okay.

DB: Same today. You can join the Army if your parents sign for you.

KV: What made you decide to join the Reserves at that point?

DB: Well, it was something that almost—they had a unit right in my hometown. It was something that a lot of my friends did, and so I joined. I went to the six months training when I got out of high school. Then after that I came home, worked a couple months, and applied for nursing school and just waited till nursing school started.
KV: So while you were in nursing school, did recruiters come to the school and try to kind of talk about the different nursing corps and the different branches and things like that? Do you remember?

DB: Not that I’m aware of.

KV: But you said there were already people in your program who were in the Student Nurse Corps Program?

DB: Yeah. I had friends that were signed up, which is probably what I should have done, I really—because it would have given me more active duty time and I would have gone in as a first lieutenant instead of a second lieutenant. I lost two years there. They paid pretty well for the students.

KV: Is that kind of the first time you had heard about the nurse corps program?

DB: Yeah.

KV: Did—I mean, was this something that the guys who were in the program talked a lot about, or was it just, you sort of gathered information through osmosis or kind of by observation?

DB: Well, I knew some of the guys that were going in. I really, my goal was to get my family out of Philadelphia. I was already in the Reserves. So I went down and talked to a recruiter. They didn’t come and talk to me. I certainly didn’t go in for the money. The money was I think at that point, a second lieutenant got 222 a month. I was making 360 a month at the hospital I was at.

KV: Wow. So you took a pay cut to get in?

DB: Yeah.

KV: Was Philadelphia just not what you wanted? You know, did you have kind of a desire to travel, or was it just mainly to get out of Philadelphia?

DB: Well, I just don’t like big cities.

KV: Okay.

DB: I like living near them, but not in them.

KV: So you went and talked to the recruiter and said you wanted to join the nursing corps, right?

DB: Right.
KV: Did the recruiter—I guess they didn’t really have to persuade you at that point. You were kind of already then persuaded?

DB: Right.

KV: So you joined the Army Nurse Corps program, and where did they send you first? Did you go to Fort Sam for your basic training immediately?

DB: I did. That was in the spring of ’65. After that in the summer, I went to Valley Forge and six weeks after I got to Valley Forge, they sent me to Vietnam.

KV: Oh, wow. That was fast.

DB: Yeah.

KV: Did you think when you signed up for the Army Nurse Corps that that was a possibility?

DB: You know, I really didn’t know much about Vietnam when I signed up. Because I went with an original unit, so it didn’t dawn on me that I’d have to go to any war because there wasn’t anything going on when I went to basic. We had advisors over there, but I didn’t follow it very much.

KV: Right. Right. Did the recruiter not mention that that was a possibility? The one you talked to?

DB: No. I don’t think so.

KV: No?

DB: He may have, but then I would have said, “Well, I’m still signing up.” I mean, it wouldn’t have stopped me from going in.

KV: So what’d you think when you got your orders then?

DB: You know, why me? I’ve got a wife and three kids. I was settled into a nice house at Valley Forge off base. My wife’s sister was—this was my first wife, now. This is not the wife I have now. Her sister lived in Philadelphia. So I knew she’d have someone to look in on her all the time. I thought, sure, I’ll go. I didn’t raise my hand to go, but I didn’t try to get out of it either.

KV: Could you have gotten out because you had the babies and a newborn?

Could you have gotten out, do you think?
DB: I don’t know. I guess people can get out if they can find someone to switch with them, but I think it was put together so fast that they just said, “You’re going.” I don’t know if I could have gotten out of it or not.

KV: Had other people in your family served in the military before? Was that kind of a family tradition of being in the military or being in wars?

DB: Yeah. My older brother was on a submarine for three years. My younger brother, he hadn’t done anything yet. He was still in high school.

KV: Had your father served in the military?

DB: My father served in the Navy in World War II.

KV: Was that something you kind of heard growing up, the talk about military and about service and all of that? Was that—I mean, did you have kind of a sense of duty or patriotism or anything like that?

DB: Oh, yeah. Absolutely. Yeah, you know, growing up they used to have in the ‘40s and ‘50s, at the movies they always had a newsreel. They always showed clips of the war, World War II and then Korea. So I mean, I think everyone in my hometown had gone to World War II, people’s parents.

KV: You said there wasn’t much talk about Vietnam at that point, about the war?

DB: No, not on the news either. If it was, I just didn’t—it wasn’t a big issue.

KV: Right. You said you went with an original unit?

DB: I did.

KV: That just means that you were a group when you left and you were sent all to the same place? Is that what you mean by that?

DB: No. They gathered people from all over the United States and we went to Fort Bliss, Texas, where I’m at now. We had a couple—first week we got all our shots and some classes and then the second week, we had a few classes. Then the third week they said, “We don’t have anything and we’re going to leave on the fifteenth of August, but we’re not telling you where you’re going.”

KV: Oh.

DB: So we were allowed to even go home for a week, if we wanted to. So then we all left Fort Bliss here and went up to Oakland and got on a ship and spent seventeen days crossing the ocean.
KV: You didn’t even know that it was Vietnam at that point?
DB: Well, we pretty much knew, yeah.
KV: Okay. You had an idea, but they didn’t spell it out for you?
DB: Right.
KV: Okay. Okay. So seventeen days on a ship, what was that like?
DB: We played pinochle all the time. We had no duties. The officers had rooms
with one or two roommates. I don’t know if you’ve ever been on a cruise ship or not.
KV: No.
DB: Limited space, but the food was great. They had movies in the evenings and
like I said, we played pinochle the whole time.
KV: What was the percentage, or I guess what were the numbers of male nurses
that were sent?
DB: Our unit had sixty nurses and seventeen were male.
KV: Wow.
DB: We had no female enlisted.
KV: So all the females were in the nurse corps?
DB: Right.
KV: Where did you get sent to once you got to Vietnam?
DB: Qui Nhon.
KV: Which hospital was that?
DB: It was the 85th Evac.
KV: 85th Evac. How large of a hospital was that?
DB: I think we had set up two hundred beds, but then we expanded because of all
the malaria patients, which were—you could take care of a lot of them and they didn’t
need a lot of care, but they went back to duty. An Evac hospital, most of the wounded
stayed a couple days and then we got them out, but we did get a lot of malaria. But Qui
Nhon was, we took our hospital with us, all of the supplies and everything in the ship. So
we were there to support the 1st Cavalry Division and the 82nd Airborne and the 101st. So
we got there before they did.
KV: Okay.
DB: We set up. We watched them bring their stuff in by helicopter.
KV: What month did you arrive?

DB: We arrived in the early part of September.

KV: In ’65?

DB: Right.

KV: Okay. Okay. Was there a lot of activity around Qui Nhon?

DB: As far as fighting?

KV: Or just anything. Two hundred beds and then you had to expand, sounds like a lot for a time when there weren’t a lot of ground troops or anything yet at that point.

DB: Oh, no. We didn’t have much activity for the first couple weeks. No. We didn’t have much activity at all the first couple weeks. But once—I think we started getting a lot of casualties at the end of September.

KV: Were they brought in from all over the country or just from around your area?

DB: Well, there was only one other hospital functioning at the time, and that was at Cam Ranh Bay. Then there was the one down in Saigon, which was really far away from us, so but yeah. We didn’t get too many because the 1st Cav then came in and the 101st. We got real busy after September. We didn’t start getting the malarias until maybe November and December.

KV: What kinds of wards did you have up and running at that point?

DB: We had mostly surgical and orthopedic and very few medical patients until we got the malaria. People were in pretty good shape physically.

KV: Wow. What was your duties at this hospital? Which wards did you work in?

DB: I started out on the surgical ward and then pre-op. Then we got so many malarias in that I wanted to work with them. So I went to the malaria wards for two months and then went back to surgical ward.

KV: So you sort of saw your way around the hospital?

DB: Yeah. Yeah. The only place I didn’t work was in the intensive care unit and OR (operating room).

KV: What kinds of things did you do in the surgical ward?
DB: Mainly gave out medications. Everybody that was wounded got an IV of Chloromycetin and penicillin.

KV: Then the pre-op was mainly getting people ready for surgery I assume?

DB: Well, yeah. They all got the same things there, too. But sometimes pre-op was full, so they just put people on the ward. You can only do so many cases at a time. There were times when we got in a lot of casualties where you’d actually have to triage and decide who was going to go first and so on. I know that a couple head injuries died, because we just didn’t have the ORs and personnel or the time to do that. We didn’t have any other places that we could evac them to. Yeah. They would do the chest and abdomens first. But that only happened like, twice. The other times, we got enough. We would get casualties enough that we could take care of. It was a lot like M*A*S*H. You know the choppers come in and you don’t have much notice, but then people just, the doctors and anesthesia just run down and take care of them. We did work shifts on our wards, but if they got real busy like a lot of choppers come in, everybody just went to work, so, most people. I would go in.

KV: Were these eight hour or twelve hour shifts?

DB: Eight hour.

KV: Eight hour. Generally six days a week, is that what you worked there as well?

DB: Yeah. Yeah.

KV: Wow. So did you have much time to yourself, or was it mainly work and then recovery from work?

DB: We did have a decent amount of spare time. I was in a tent with sixteen other guys, physicians and nurses. But I mean, there were other units around us that would have—everybody had a movie at night. You’d find out who had what movie, and sometimes we’d go to the movies. Sometimes we’d play cards. Sometimes we’d read. Sometimes we’d go out on the economy and eat.

KV: Did you get to see a lot of Qui Nhon then during your year?

DB: Oh, yeah.

KV: What’d you think about it?
DB: Well, it’s a port city, but it’s pretty small, compared to Saigon. The people, the Vietnamese treated us well. We were only in danger for the first month or so we were there. Then the Koreans came in and set up a hospital about twelve miles from us. The Koreans are very fierce fighters, so the Viet Cong did not bother with Qui Nhon anymore.

KV: You said you were in danger when you first arrived? Was the hospital rocketed? Perimeter infiltrated? I mean, what kinds of things?

DB: We could hear mortar shells and small arms fire occasionally in the perimeter. When we first got there, they took us like ten miles from Qui Nhon out in this big cow pasture. We started to set up the hospital. We were there about three weeks and then all of a sudden they said we were moving. We moved and the next day they shelled the valley we were in. So they had prewarnings from intelligence that the hospital was going to be mortared, and we got out of there.

KV: Did you ever have to sort of stand guard at the hospital?

DB: No.

KV: While you were building or anything?

DB: No.

KV: What was that like, putting the hospital together and getting everything ready? I mean, did you have to really construct the hospital and do sort of construction work as well as getting the equipment together?

DB: For the ORs, they’d use plywood and put an air conditioning in the back of it, a big box for the ORs. Everything else was in tents. Tents that had, you could put about twenty-five beds into it.

KV: These are tents, tents. Canvas tents, not like Quonset huts or anything like that?

DB: Well, that was the thing we started after we moved into town. They would pour concrete for the floors, because we just had the dirt floors initially. Then every week or two weeks, they would build a Quonset and take the tent down. So from day one, everything got better. Every day, something better happened. We started out with C-rations, which they don’t even make anymore. Then we went on what they called—that was for about six weeks. Then we went on what we called B-rations. B-rations is
when they use big cans of stuff and they cook it. Then you go through a chow line. C- 

rations are, they just give you a box and you eat it on your own.

KV: Right.

DB: Then a couple months after that, we got A-rations, which is frozen food and 

vegetables and stuff from the States or the local economy. So the food improved slowly. 
The living conditions slowly improved because the Quonsets, some of them were air-

conditioned. The ICU (intensive care unit) was air-conditioned, pre-op and orthopedic 
wards were air-conditioned. I mean, this took like, six or seven months until this 
happened, but like I said, it improved a little each day.

KV: Right. What about your tent that you lived in with the sixteen other guys? 
Was that you canvas tents and they eventually got better, or—?

DB: Never.

KV: Never?

DB: No. I worked a lot of night shifts. It’s pretty much impossible to sleep in 
the tent. It was like over 130 inside, because it was a 110, 120 outside and very humid. 
So I would pee twice a day. When I got up in the morning and before I went to bed at 
night. I had some habit, I guess. I mean, it was hot.

KV: Wow. So you worked a lot of nights. Did that help you to sleep better? 
Being more tired maybe in the day?

DB: No. It was hotter during the day. I didn’t get much sleep when I worked 
nights.

KV: Did you choose nights, or was it sort of rotated?

DB: It rotated.

KV: Okay. Which shift did you prefer?

DB: Well, I would prefer the day shift. Evenings weren’t too bad because we got 
off at eleven and still had pretty good sleep, the days and evenings. Nights, it was just 
hard to sleep, being so hot. Some people, it doesn’t bother them, but it did me.

KV: What was that like being away from home for that long with the babies and 
all of that?

DB: Well, you know the whole year seemed like six months, it went so fast 
because we were so busy. I bought like two tape recorders and some tapes and I sent one
tape recorder to my wife. We sent tapes back and forth and the kids were on the tapes.
So it wasn’t too bad.

KV: Did you have an R&R (rest and recuperation) during the year?
DB: I did have an R&R. I went with another male nurse to Tokyo.
KV: What did you think of Tokyo?
DB: Well, I was very impressed with it when I first went there. The exchange rate was four hundred yen to a dollar, so things were really cheap. I was stationed in Japan for three years in the early ‘80s. The exchange rate was a hundred to a dollar, so quite a difference. But we enjoyed getting out and getting different food and stuff. I took a lot of pictures. Just to know we were off the island.
KV: Yeah.

DB: Not the island, but the southern peninsula. We bought a lot of clothes and you could get stuff tailor-made and all.

KV: During your year working and things, what kinds of things do you remember most about the year, working on the wards and with the patients?
DB: Oh, that’s easy. That’s the American GI. The only person, the only GI I ever saw cry in Vietnam was a chaplain who was passing a kidney stone. The GIs themselves always worried about their buddy. I mean, they could be a double amputee, and the first question they would ask is, “How’s”—(Dog barking)

KV: Yes. She likes to let us know when the mail’s coming, apparently. Sorry.
DB: Well, I got three of them here, so (unintelligible, dog barking).
KV: Hold on one second. Sorry. Okay, so you said they always worried about their friends and—
DB: “When can I get back to my unit?” I mean, it’s just absolutely amazing, people that they’re not exposed to combat cannot grasp what I’m saying. I mean, people are in the military and they think they know it, but it’s nothing like the guys that are putting their life on the line. It’s just absolutely amazing. I wonder where these people come from.

KV: They were pretty young in Vietnam too.
DB: Oh, yeah. Oh, yeah.
KV: You were a little bit older than these guys?
DB: I was twenty-five. Yeah.
KV: So did you try to spend a lot of time on the wards in your spare time, or did you get to talk to many of the GIs?
DB: Oh, yeah. Yeah. One of the things that was different with the nursing than what we do now is, we did not do much documentation. We used the old cardex system. I don’t know if you’re familiar with that. But we just transferred everybody’s orders onto a cardex and we wrote—there was a place to check off meds and a place to write nurse’s notes and a place to write doctor’s orders. So we didn’t have tons of paperwork to do. If you gave somebody something for pain, you recorded it but you didn’t go back and record the results an hour later, whether they had relief. I mean, you just didn’t have time. We took a lot of shortcuts. But we were an evac hospital and the main thing was, stop the bleeding and give them pain and get them started on the antibiotics and then they were going to get them out. They did what they called—they debrided all the wounds and they left them open.
KV: That’s because of infection, right?
DB: Yeah. Then they would send them out to like Hawaii or the Philippines or to the west coast. Then at those hospitals, they’d do what we called a DPC, a delayed primary closure. So they’d get them, they’d open the dressings, take them to the OR, scrape their wounds, and then sew them up. They didn’t close them up in Vietnam because a lot of amputees after Korea were because they did close the wound and then they got overwhelming infections. Yeah. During Vietnam, we still didn’t have a broad spectrum of antibiotics that they have now. We had penicillin, chloromycetin, and streptomycin. That was it.
KV: Wow.
DB: We didn’t have all the butterfly to start IVs. We had an 18-gauge needle. It came in a pack with a box. So I mean things were quite different. Like I said paper wise, we took a lot of shortcuts. We didn’t have unit dose for medications like we do now. We’d never survive the way nurses have to do it now if we had to do that back then.
KV: Just a lot more paperwork and recordkeeping now?
DB: Yeah. The paperwork was the least of our problems. The main thing was that the note that the doctor in Vietnam wrote to the doctor that was going to get it. Get the patient.

KV: Did the patients come straight from the fields to the evacuation hospital?

DB: Yes.

KV: Okay.

DB: Most of them came in by helicopter and some of the lesser wounds came in by ground there.

KV: How were relationships between the nurses and the doctors? I mean, did everybody work well together? Were there any kind of morale or discipline issues or any problems?

DB: I think overall everything went well. I mean, we were kind of a family for seventeen days coming over on the ship. The officers ate in a separate area from the enlisted men. So we got to know—and then we had the four weeks before we came. So we knew people pretty well and we all left together and arrived together. So it wasn’t like, “Well, we’ll send some of them and the rest of the unit will come later.” We all went as a unit. So we got to know people pretty good and I don’t think we really had any—maybe one or two prima donnas, but we didn’t really have—I mean everybody was there for the mission. So I would have to say that they got along pretty well. Discipline, I don’t think so. Some of the nurses might have gotten drunk or so, nothing big.

KV: Was that something that was pretty common, was drinking in off hours?

DB: It was. It was the thing to do. Vietnamese beer was thirty-five cents and it was like a quart and a half. Yeah. People, that’s what they do, is just go out and drink beer.

KV: But it wasn’t a problem? It wasn’t like something to be concerned about? It was just kind of pass the time or coping or—?

DB: Yeah, I don’t think it was a problem. I mean, there were some people that got pretty shit-faced every once in a while, but it wasn’t a problem at work. Some of them just drank for the first time because that’s what their buddies did. They were expected to get snockered I guess. We had one doctor in our camp that drank way too
much. He was buying liquor by the case. But I don’t know that he was any problem on
duty.

KV: Who would have had to take care of that if it was a problem? Would it have
been the chief nurse or maybe the XO (executive officer)?

DB: Well, each section had a chief. You know, chief of medicine, chief of
surgery, chief of orthopedics. So whoever’s service he was under. Hold on a second, I
got another call.

KV: Okay.

DB: One of the docs wanted to talk to me, but I’ll call him back. Hold on, I got
another one.

KV: Okay.

DB: It was my wife.

KV: So let’s see. You said you all arrived together and then you all left together.

So you didn’t have that—

DB: No. We didn’t all leave together.

KV: Oh, okay.

DB: Some of the doctors only had like four or five months left on active duty. So
when their time was up they went back and got replacements in. I don’t think any of the
nurses left early. I think it was just the physicians.

KV: Who did the male nurses, in your spare time did you hang out more with the
doctors or with the female nurses, or maybe with the corpsmen? I guess, how did kind of
social groups form?

DB: Well, when we first got there, when we were—remember I told you we were
out in this valley? The female nurses stayed in town at what was made into the officers’
club. It was a compound. So they didn’t join us out in the valley until like three weeks
later. Then a couple days after that we had to move back in town. They had their own
latrine and tent, a couple tents. We worked out a thing with showers after a while. But
socially, I think it was pretty much guys with guys and girls with girls. I don’t remember
any girls being in our tent. I don’t remember any guys going in the female tents.

Showers were set up so that there were certain hours that ladies used them and certain
hours when we used them. Initially, our showers were—they would truck us out to a
creek and they had some things in the water that pumped the water up and then came
down on top of you. It was muddy water, but it was fine. Then we had—they built us a
shower point, which we called a thirty-sixty. They would turn the water. You’d stand
under, each person would stand under a pipe. There was something like sixteen of them.
They’d turn it on for thirty seconds and then you would lather up, and then they’d turn it
on for sixty seconds to rinse you and that was it. Then we got regular showers where
they ran all the time with hot water.

KV: And clear water? Not muddy water?
DB: Yeah.

KV: Wow. It sounds like your living conditions and things were quite primitive
compared to what a lot of the medical staff had throughout the war. I mean, it seems like
things—I don’t recall hearing stories of baths in creeks, you know, before.

DB: Well, it’s kind of like Iraq now. My son was over there with an original unit
in the desert where they were in tents or just out in the open. Now they’ve got little
houses and trailers for the guys to sleep in. He’s with a hospital unit, too. I mean, yeah,
it was primitive. The first night that we were there, they did set up tents, but it poured
down rain and the water ran through our tent. I looked across the tent and I saw one of
the doctors and he had his head on a towel. We didn’t even have cots. He took the towel
that he was using for a pillow and wrung it out and then laid his head back down on it. I
said, “Well, if the docs have to put up with this, I guess I can.” That was our first night
there. The girls were in town in the village.

KV: Why were they separate? What was the reasoning there?

DB: Well, some of the doctors said it’s because they were special, but I think it
was just that we weren’t set up and it was just better for them to stay in town. We didn’t
really need them as far as—because we weren’t going to be operational. It was just a
matter of housing them and pretty much getting them out of the way until the hospital
was set up. It wasn’t much they could do until the structures were put up. Then they
could come in and help move things around, unload them and put things away.

KV: But were you expected to help set the structures up? I mean, were the male
nurses sort of there to help with the building?
DB: Well, I think we unloaded stuff, but I don’t think—no, the tents were—they were put up by an advance party.

KV: Wow. So you were at this hospital for your entire year?

DB: Yes.

KV: Did it get progressively busier as the year went on?

DB: No.

KV: No?

DB: No. The last three months I was there, the 67th Evac came in and their hospital wasn’t built. They were going to build a permanent structure on the airstrip in Qui Nhon. So they didn’t have a place to work. So they came and worked with us, so we had an overlap. So we actually had more nurses than we needed at the end. I would not say that we were understaffed. I guess we would if you were going to work eight hours a day and people wouldn’t help out when you got busy, but it wasn’t a problem. I think everybody just pitched in.

KV: So you came back home then in September of ’66?

DB: August ’66.

KV: August ’66. Okay. Where did you come through on your way home? I mean, did they send everyone home on a plane and not a boat this time?

DB: Yes. They flew us into Travis Air Force Base. I was assigned to Fort Monmouth, New Jersey.

KV: Was that close to where your wife was?

DB: Yeah. She was at Valley Forge.

KV: So did you have to then move your family, or was it—?

DB: I did a couple weeks later, yeah.

KV: Okay. What was coming home like? What was that experience like?

DB: Well, I can remember my oldest, my two daughters looking at me real strange, like “Who is this guy?” Of course, they were one and a couple months when I went.

KV: Did you just sort of pick up where you left off?

DB: Yeah. I mean, the tapes helped. We were able to write quite a bit. I mean, we were able to send mail free from Vietnam. I was actually making a lot more money
than I thought because I got promoted over there. We got pay raises and we got combat
pay and separation pay. I was sending money home in addition to my checks.

KV: So what was your new assignment like? What kinds of things did you do at
this hospital?

DB: I worked on the surgical ward.

KV: Were you treating a lot of people returning from Vietnam yet, or was it
mainly families and things of people on the base?

DB: At Fort Monmouth, it was mostly people on the base. The people, the
hospitals that got ones from Vietnam were the medical centers. Hawaii got a lot of them.
Well, the 25th Division was over there, and they took a lot of casualties. The 25th
Division was from Hawaii. But San Francisco had a hospital at Presidio. Bliss had a
medical center and Brooke got a lot of the burn patients, at Fort Sam Houston. But they
didn’t trickle down to the smaller hospitals unless somebody was going to require a lot of
other surgeries like skin grafts, something that could be done and to put them close to
home. But if it couldn’t be done there, they wouldn’t send them there, depending on
what—I mean if they had a fractured femur and they just had to recover, they might send
them near their home.

KV: Did you stay in the same type of nursing?

DB: I did.

KV: You mentioned earlier that you went back for your BSN. Was this after you
came back from Vietnam, then?

DB: Oh, yeah.

KV: At what point was that at? What year was that?

DB: Well, when I came back from Vietnam, I went to (unintelligible, dog
barking) for two years. Then Fort Monmouth I went to Hawaii and I worked on
orthopedics there. Then we had a lot of patients from Vietnam. Then from Hawaii, I
went to recruiting. From recruiting, I was top in the nation both years. They said, “You
can go wherever you want. You can do whatever you want to do. What do you want?” I
said, “I want to get my BSN.” So they sent me to school for two years. They paid for
everything.
KV: What was Tripper—Tripper—sorry, Tripler like, being in Hawaii? Was that—I mean, was that what I would think it would be, living in Hawaii? Or was that a good assignment?

DB: Yeah, the first time. But I’ve had two tours since, and I hate it over there.

KV: Oh, really?

DB: It’s a great place to go once. It’s a horrible place to live. It really is. The traffic, it’s expensive, I mean there’s just nothing good I can say about it. I have a lot of good friends over there. Now, we meet them in Vegas all the time. But it was—we got a lot of people that were from the 25th. They had to have—some of those people were in the hospital the whole three years I was there because they had to have different stages of surgery.

KV: Were their families able to come visit them there at different points, or were they just sort of out there?

DB: Oh, yeah. The only thing they wouldn’t do—they’d put them out on convalescent leave if they lived in Hawaii. If they didn’t live in Hawaii, say they lived in Chicago, they would not send them on convalescent leave because they wouldn’t come back. They would just sign in to another facility and then technically, they were not AWOL (absent without leave). So they wouldn’t come back. So they wouldn’t let anybody go on convalescent leave that lived on what we called the mainland, the United States. But if you lived on the islands, you could get some surgery done, go on convalescent leave for a month and come back and get some more surgery. There were a lot of people that maybe had thirty or forty surgeries.

KV: Wow.

DB: That needed a lot of grafts and stuff.

KV: Did you like the work? Did you like working with those patients?

DB: Oh, I did, yeah. Not so much the ones in Hawaii though, because some of them got to be disciplinary problems.

[Audio ends]

KV: So just were they bringing the drugs back from Vietnam?

DB: No.

KV: Were they kind of coming back home addicted? Was that the problem?
DB: I don’t know. They were getting it from somewhere. I imagine the families there on the island. A lot of them got busted, fined and stuff.

KV: Now why do you think the problem existed like that?

DB: Well, I think a lot of it might have just been boredom. I mean, I think some of them if they could have gone on convalescent leave and come back, that would have done part of it. Some of them had some pretty frightening experiences in Vietnam too. It didn’t dawn on them probably till they got back. Like I said, when they were over there, they always worried about their buddy and always wanted to get back to their unit.

KV: So you were in Hawaii for three years and then you were assigned to recruiting?

DB: Right.

KV: Is that right? Was that an assignment that you requested, or did they come to you and ask you if it was something you wanted to do?

DB: They came and asked me.

KV: What did you think about that assignment?

DB: Let’s see. I was supposed to be in Hawaii for thirty-six months, which would have got me out in September and my kids would have missed the first couple weeks of school. So I told them, if you can get me out of here in July instead of September, I’ll do it. They did it. So I only did thirty-four months in Hawaii instead of thirty-six.

KV: Where were you sent to, then? Where were you based?

DB: I was sent to Richmond, Virginia, and I had the southern East Coast. I didn’t have Georgia and Florida and I didn’t have above DC. So I had North Carolina, South Carolina, Virginia, West Virginia, Kentucky, and part of Ohio and Indiana.

KV: Wow. That’s a large area.

DB: Yeah. But we were, at that time we’re only working diploma—I mean, college BSN schools.

KV: Oh okay. So they had stopped recruiting at diploma schools at that point?

DB: Right.

KV: So you were recruiting for the Army Nurse Corps, right?

DB: Right.
KV: Okay. This is one of the things I’m interested in is the recruiting.

DB: Oh.

KV: So if you could talk as much as possible about this.

DB: You need to have a conversation with my wife.

KV: Does she do recruiting too?

DB: She did.

KV: She did? During the Vietnam era?

DB: No.

KV: Okay, after that.

DB: Yeah.

KV: Okay.

DB: She was the best they had, too. She even became a commander, which is unusual for a nurse to be a commander. The program I had to sell was so great, it wasn’t hard to sell. At that time, we offered almost through the last two years of school, we offered them almost five hundred dollars a month and paid for their books. Then they would go in as a first lieutenant. We had to—actually the other students pretty much sold it for us. The University of Virginia in Charlotte always had people in the student nurse program. They were riding around in nice cars and all and you’d say, “Where do you get your money from?” They say, “Oh, I’m in the student nurse program.” So we—but then the last six months I was in recruiting, they shut it down. We weren’t taking anybody.

KV: Why was that?

DB: Because Vietnam was over.

KV: Okay. So just the end of the war?

DB: Yeah. We already had committed for the next two years with bringing a lot of nurses in, were sufficient enough of nurses to bring in. So we weren’t out actively recruiting because we would have been way over in numbers. Then so the last six months, I had been going part time to school in the evenings to get my BSN. My commander said, “Why don’t you take this course that you need?” It was during the day, and he said, “Take it.” So I went to school during the day two days a week. Then the rest of my time, I just maintained PR (personal relations) with all the deans of the schools and the students that we had in the programs. In other words, we just went around and
made contact. We made friends with everybody, but we weren’t really actively 
recruiting.

KV: Let’s see. So you traveled around to—did you go mainly to large 
universities? Did you go to small universities? Did they kind of figure out that you 
needed to go to certain parts of the country or I guess more apt to join up than others? I 
guess, what were kind of your tactics?

DB: Well, I had an NCO (non-commissioned officer) at some of the bigger 
places. I had one in West Virginia. I had one in Louisville. I had 
one with me in Richmond. They worked the schools and then I was allowed to talk to 
them. They worked the applications and stuff. It got to the point where depending on the 
school, they got into this minority thing, which you could get into the nurse corps. I 
mean, this is the facts, me being negative or anything. You had to put a statement on the 
coversheet that this person is a member of such-and-such minority. You could get them 
accepted with a 2.0 average of an average school or a poor school and people with a 3.5 
from University of Virginia, they weren’t going to take. I mean, the handwriting was on 
the wall. We had to get—the WRAIN (Walter Reed Army Institute of Nursing) program 
was shutting down at the same time, but for the last year and a half of WRAIN, they did 
the same thing. They took a large number of minorities in as WRAIN students and 
turned down a lot of others.

KV: Was it just a race issue? Was it they’re trying to get more African- 
Americans? Was that the issue?

DB: That was the issue.

KV: Okay. Were there other groups that they were trying to get as well?

DB: Well, if you were American-Indian or Hispanic.

KV: Okay.

DB: I mean, it’s just a fact. I’m not saying anything bad about minorities.

KV: You said that the Army was trying to get more minorities in basically?

DB: Yeah. They would never admit that, but yes.

KV: Okay. It’s not a spell-it-out policy, maybe. Not written down, but okay. So 
what kinds of things did you do? I mean, did you have an office in Richmond that you 
sort of maintained?
DB: Yes.

KV: What did you do in that office? Was it sort of a place where people could come visit, or was it mainly just you getting your work done?

DB: Me getting my work done, because it was on an Army depot and it wasn’t in Richmond. It was actually in Chesterfield, which is a suburb. It would have been very hard for anyone to get there. So it’d be better for us to just say, “We’ll meet you somewhere.”

KV: Okay. So what would you do on your recruiting trips? Say you were going to the University of Virginia or somewhere, what would you do when you visited?

DB: Occasionally we would have time set up with a group of students just to kind of give a lecture, tell them about the Army Nurse Corps, tell them about—I would tell them about my experiences, and then the program. Other times, if we got someone that wanted to meet just like, one-on-one, to discuss the program, we’d go maybe to Pizza Hut or something like that and talk with them.

KV: What kinds of things did you tell them in your speech or in one-on-one meetings?

DB: Mainly about the program.

KV: Sort of the financial benefits and that sort of thing?

DB: Yeah.

KV: What kinds of questions did they ask, usually? What kinds of questions from the audience or what were some of the main concerns of people who were interested?

DB: Well, of course Vietnam was over. So we’d get—some people would ask, “Well, if Vietnam starts up again or if they start somewhere else, would I be sent overseas?” I’d say, “You could be.” I never lied to any students because we didn’t have to, because we had enough in the program that we could turn people down. But that was their main—and someone would ask, you know, “What would I be doing on the wards?” I said, “If you’re going in as a lieutenant, you’re going to work a lot of evenings, you’re going to work a lot of nights, and you’re going to work some weekends, unless you get a job in the clinic.” I was truthful with them. I think that’s one of the reasons I was
successful. I didn’t tell them, “Oh, no. You won’t have to,” or, “You won’t have to work
Christmas Day or New Years,” because it’s not realistic.

KV: What years were you in recruiting?
DB: I was in recruiting ’71 through ’73.
KV: Okay. Did you have your brochures or pamphlets or videos?
DB: Oh, yeah. Yeah.
KV: Do you remember any of those? Do you remember any that you used?
DB: You mean, the number and all?
KV: No. No. No. I mean just the pictures that were in them, or what they said?
DB: Well, they—a lot of them were geared towards travel, Hawaii and Germany
and mostly overseas places. Some were geared towards the program itself, you know, on
going paid this much—hold on a second.
KV: Okay.
DB: So the brochures. Yeah, they—a lot of them didn’t feature male nurses. It
was mostly female nurses and they showed—some of them would show pictures from
actually working on a ward. There were some that were geared towards the different
specialty schooling that the Army had, like you know the OR or anesthesia or—I’m not
sure if we had a course for ICU then. I don’t think we did. We’ve got a lot of courses
now with it, but we did have an OR and community health. These weren’t guaranteed.
These were just available, things that you could do.

KV: You mentioned that a lot of these brochures didn’t have pictures of male
nurses. Was that something that you found offensive?
DB: Oh, no. No. I think when I was in the—I think the percentage of men was
six or eight percent, something like that. I don’t think it was that high. It’s much higher
now. No. I was never offended by it.

KV: Were you—I mean, did you sort of get directions from someone higher or
someone from DC or from the recruiting command that said, “We want you to do these
things,” or were you just sort of said, “Go recruit,” and left it up to yourself how to do
that? You know what I mean, did they give you sort of instructions on where to go and
what to do, or did you just sort of feel it out yourself?
DB: What they did is they gave you an objective for every three months or your total for the year. They didn’t care where you got them or how you got them. No. I mean, I suppose someone that was in trouble making their numbers, they may have gotten more guidance from DC, but I was not in a situation where I was worried about my numbers. I had some real good NCOs that had been in the program long before I got there and were still there when I left. Recruiters, especially enlisted, if they do a good job they can homestead for a long time. No. I didn’t get much guidance.

KV: Did they just sort of send you packets of brochures or things to use and then—I mean, is that how you got your brochures and pamphlets? Did you have—?

DB: Oh, yeah. Yeah. We got them from I’m not sure if it was DC, but some printing. I mean, all the—see what it would do, it would come into the what’s called RMS, the main recruiting station, where you had recruiters of all types. Part of that would be a nurse, because not every recruiting station has a nurse. Now they’re probably even fewer than when I was on. So if you had a counselor there, you would get those brochures from wherever they sent them from. Then it was up to us to get them down to the local recruiting office.

KV: Okay. Did you ever have to make up your own information or pamphlets or anything?

DB: I did not.

KV: So what they gave you was sufficient, basically?

DB: Yes.

KV: Okay. You said they gave you objective numbers that you had to meet? Do you remember any of those numbers?

DB: I think the first year, I was supposed to make either eight or twelve. I made nineteen. The second year—maybe the first year I had twelve, and the second year they cut it down to eight. Then they changed it. You know as I told you, they just—they cut us off. So I had made my eight before they cut us off.

KV: Where did you get most of the people who signed up? Where did they come from? I mean, what regions or what areas or schools?

DB: My biggest school was of course the University of Virginia. I used to call it little Walter Reed because it had a lot of students like the WRAIN program. Another
good school was University of Kentucky, Old Dominion down near Norfolk. I used to
get people out of these two year colleges that were—they were kind of preps for
University of Virginia or Old Dominion or another school. Virginia had a lot of these
schools, but not a lot. They had three good ones. They had one in Harrisonburg and one
in Fredericksburg and another one in Farmville. We’d go—these were people that were
taking their first two years of not necessarily nursing, but the general stuff they’d need for
a degree in almost anything. Then towards the end of the second year they were leaning
towards nursing. If they got accepted at a college for nursing, we could put them in the
nurse program once they started at the university. So I mean, we could work them up and
then have them ready to go.

KV: Now did you find that, was there a class difference? I mean, did you find
more students who signed up that were sort of middle class or lower middle class as
opposed to upper middle class? I mean, was the money a big drawing factor, do you
think, to get people in?

DB: I think it was, yeah.

KV: Kind of having to pay for the program was going to be a big issue? Did you
find—I grew up in West Virginia. That’s where I’m from.

DB: Oh, really?

KV: So, right outside of Huntington, a little small town. Then I went to Marshall
for my undergrad and lived there for a while. So I’m just kind of wondering—I mean
now, it seems like, and even during the Vietnam War with a lot of the GIs, came from
smaller regions or poorer families who didn’t have a lot of other opportunities. So the
military was kind of the one way out. I’m just wondering if the same thing kind of
applied with nurses as well. If it was maybe more beneficial to go to a place like
Kentucky or West Virginia and not necessarily to go to DC, where maybe your parents
made more money or you had more opportunities. Was that—did you find that to be a
big case at all?

DB: Well, like I said, most of the people I got was from Virginia, West Virginia,
and Kentucky and that a lot of them were like I’d say middle class.

KV: Did they come from military families as well?

DB: Some did, yeah. Some did.
KV: Did you ever have to deal with their parents? Did you ever get worried parents that didn’t want their daughter signing up for the military or something like that?

DB: No. I did deal with one parent, and I’ll tell you about it. I need to take a second to go to the bathroom.

KV: Oh, okay. Okay.

DB: Yeah, be right back. Okay. I’m back.

KV: Okay.

DB: I’m lazy, still late morning here. I had a real good friend in Huntington. Phil Pappas? You may know him.

KV: Hmm. I knew a Pappas. I went to school with a girl whose last name was Papas, but they were from sort of, I’m not sure if you know where it is, Prichard? Kind of out past Kenova and Ceredo and—

DB: I don’t know. I played golf there one day. He and I went to nursing school together. He went into anesthesia. He’s probably retired now because he was a lot older than me.

KV: Did you get—you mentioned you got some people who signed up from West Virginia?

DB: The first year I did, yeah.

KV: What part of the state did they come from?

DB: Around Beckley.

KV: What was the school down there? Do you remember?

DB: I’m thinking they went to school in Kentucky. Like Spalding or—oh, no. Spalding’s in Indiana. I’m not sure that there was a particular school most of them went to, but I didn’t have that my second year. They redrew the lines and I didn’t have Ohio and Indiana and West Virginia the second year I was on recruiting.

KV: You said you had to deal with one parent that was kind of not to happy about their daughter signing up?

DB: Oh yes. Yes. His name was General Henyan. His daughter—he was the commanding general of recruiting. His daughter was dating a guy at the University of Virginia that was going into the Marine Corps. So his daughter wanted to sign up for the Army student nurse, the Navy student nurse program. We got not a direct order, but we
got the message that, “How’s it going to look, me being the commanding general of
Army recruiting, and my daughter signs up for the Navy?” So we worked on Nancy a
lot. But anyway, she took the physical and applied to the Navy. We said, “Well, just in
case the Navy doesn’t take you, you’ve already done the physical. Why don’t you apply
for the Army, too? We’ll just hold your papers back until you make up your mind.” Or
she should get accepted by the Navy. So she agreed and her—the Navy had a deadline
every six months or so where you could put in applications or you put in—the Army
didn’t. Somehow, when it came time for the Navy to put in her packet, her physical
disappeared.

KV: Do you think that was an accident, or—?

DB: We found it at AP (application processing). It was misfiled, but we had
made a copy of it before it got misfiled. So Nancy joined the Army Nurse Corps.

KV: Wow.

DB: She was a hard sell because she was going to be a Navy, I mean Marine.
She was afraid that she’d have a better chance of being assigned. Well, anyway, they
broke up.

KV: (Laughing) So in the end it didn’t matter anyway. Wow. What kinds of
things did you look for in a candidate?

DB: Mainly their grades and their physical was a big thing. I mean, we wouldn’t
even process them—or we could process them, but we wouldn’t put the packet in if they
were overweight. A lot of people were as a lot of people are now. I mean, it’s getting
worse and worse.

KV: Yeah. Do you think the requirement for weight was a fair one, then? I
mean, was it—if you didn’t meet the weight requirement, were you pretty overweight?

DB: Yeah. Yeah. I think it’s fair. We had one girl that was a couple pounds
underweight. We took her to AP (application processing) to get weighed one day, and
she couldn’t—she was still a pound under. So we took her out, got her a bunch of
bananas and ice cream and took her back and weighed her. She weighed enough. But
she really wanted to get in and she was a real, real strong student.

KV: During, I guess during the main years of the war, would they have sort of
overlooked things like being overweight, or—?
DB: Yeah, they did overlook it a lot.

KV: But then once it started to wind down and you could get the numbers elsewhere, it started to be enforced again? Is that—?

DB: Well, it’s pretty much enforced now. It sure is. Well, yeah, for even several years after Vietnam, they weren’t as strict on the weight, but they are now. I mean, you used to see a lot of fat doctors and fat nurses, but you don’t anymore. They don’t stay around.

KV: Did you recruit, or were your numbers—did you find that you were getting mostly females? Did you get any male nurses signing up?

DB: I got two males. There weren’t that many males that were going to school.

KV: Did you ever have to go on, like, local TV or did you ever do radio programs?

DB: Yes.

KV: What was that like?

DB: It was just, the moderator just asked us a few questions and we would answer the questions and he’d let us visually describe our program. But it was usually like six AM in the morning and nobody watching. Yeah, we did that a couple times.

KV: Did you go other places? Was it mostly school visits? Did you have—you know, I’ve seen pictures of like a display stand that some people used that had like, a life-size cutout of a nurse and that sort of thing. Did you ever use anything like that or go anywhere besides the schools?

DB: Oh, yeah. We went to all the conventions. You know, most states have a nursing convention in the fall, usually September and October. We always went to those. We’d get a hospitality room and we’d have all the brochures and things you’re talking about. Then we would serve refreshments there and we’d get people to come in and talk to us about it. A lot of people were—like I remember one we did in West Virginia. It wasn’t in Beckley. It was in Clarksville or Charleston?

KV: Uh-huh. Charleston’s the capitol.

DB: Yeah, it was in Charleston. We got one of the hotels there and had a hospitality suite and went to the local Coca-Cola person and said, “Do you want to us to serve free Cokes at our hospitality?” They said, “Yeah, sure.” They just give you the
cups with Coca-Cola on it and Dunkin Donuts would always donate stuff. That’s the best advertisement you can get for selling a product. You can get stuff for free. Yeah, we’d be available for—we’d stay up until, like, midnight.

KV: Did you ever have to—I mean, did you ever find opposition at any of these nursing conventions? Did you ever feel like they didn’t want you there?

DB: No.

KV: No?

DB: No.

KV: What about opposition to the war? Was that an issue? Once the antiwar movement really got going, was that a problem for recruiters, having to deal with that or answer questions?

DB: Not for nurses, but I’m sure it was for other guys. Because we don’t draft nurses and other people get drafted.

KV: Right.

DB: Everybody else gets drafted. That was the biggest part of the protest was people getting drafted. I don’t blame them in a way. But we didn’t draft nurses. So no, I didn’t have any opposition for that. The Air Force would be there and the Navy and they’d have booths or hospitality rooms and stuff, too. But we were good friends with them.

KV: So not too much competition with the other branches, or—?

DB: Not really. Sometimes we’d share. We’d say, “Well, this girl definitely doesn’t want to go into the Army, but she is interested in being a flight nurse.” We’d give the names.

KV: Did you ever arrange trips? I’ve heard that some places they would arrange trips for interested people to go visit an Army hospital, or visit an Army post so they could see what military life is like.

DB: We did.

KV: What kinds of things did you do on those trips? How did you arrange that?

DB: We’d just get permission of course from the facility and say, “Is there any—what areas are we not allowed to go in?” Usually, we were just allowed to go in every
place else to take a look and let them—usually take them to eat in the eating facility at the
hospital and let them talk to some of the nurses that worked there.

KV: Was it a—what was one instance of arranging this trip? Where did you get
the nursing students from?

DB: University of Kentucky. We got some from there. We went down to Fort
Knox and we got nurses from Old Dominion and Hampton Institute and took them to
Fort Eustis.

KV: Was that an overnight trip, or was it just—?

DB: Oh, no. No. No. We’d probably only be at the facility about three or four
hours.

KV: Was it kind of carefully planned out, or was it just sort of a field trip, and
then what happened, happened? Who they ran into, they ran into, or did you kind of
arrange meetings with nurses or people on base?

DB: Well, we would talk to the chief nurse and we would tell them that we were
coming at a certain time, and our plan was to let them—have her nurses be candid with
them if they asked questions. We told them, “We’re going to eat at such and such a
time.” Then some of the nurses did come down and actually talk to them, but we
always—the first thing we’d do would be to introduce them to the chief nurse. We didn’t
really care about the commander or the doctors or anything. If they ran into them in sort
of a ward, that was fine, but that wasn’t—not so much structure as us showing up and a
nurse would be available if they wanted.

KV: Right. Right. I’ve read—I’ve been to the Army Nurse Corps archives in
Falls Church. I’ve found records of—there was one trip they took nurses on an overnight
trip and they actually put them on a plane and sent them somewhere. There was all of
this concern that the nurses, or the people interested, would meet officer men and that
they would sort of get to hang out and meet these eligible bachelors. It all seemed kind
of choreographed. They wanted to make sure that they could meet potential dates or
something. It sounded kind of funny to me, but that one seemed kind of like an overnight
trip and a long visit and that sort of thing.

DB: Well, that might have been from one of those areas having trouble making
their numbers. I didn’t have to resort to that.
KV: I just wondered if on that trip if they’d had a male nurse, if they would have had pretty girls around for him to meet or you know?
DB: No. With me, you got what you got.
KV: You said you went to Hampton Institute as well?
DB: Yes.
KV: That’s African-American, right?
DB: Pretty much.
KV: I’m thinking of the right place, right?
DB: Yes.
KV: Okay. Did you have to deal with different issues there than you did say at University of Virginia, or answer different questions? Were there different concerns or was it all pretty much the same?
DB: It was all pretty much the same. Yeah.
KV: You weren’t ever given your specific numbers, you know, “You have to have this many white nurses and this many African-American nurses.”
DB: No. No. I mean, you could read between the lines what they wanted, but no, I was not. Like I said, that happened the first six months of my second year. So we only did it for that six-month period.
KV: You said you could read between the lines?
DB: Yes.
KV: How did you get that idea? What did they say that made you think, “I need to get more minorities”?
DB: Well, we could get it from our commanders, but not from Washington, DC. In other words, it didn’t come from the Pentagon. It didn’t come from there, but nobody knew where it came from.
KV: Was it in, like, memorandum or just conversations or—?
DB: Memorandum. But it was vague, you know. On the cover sheet, we had a cover sheet that went on the packet that was sent. We’d give the person’s name and the university they’re going to, and what they were applying for. Then they sent a memorandum out that when you give their name, you say, “Is a member of such and such a minority.” They could dodge that. They can just say, “Well, we’re just doing a survey
and we want to know how many applied from different races, not that it means anything.”
I mean, there’s always ways of getting out of things.

KV: Yeah, that’s interesting.

DB: But it was, that was the big thing on affirmative action. Those words weren’t used, but we knew what was going on. They used to take people, applications of people out of WRAIN and submit minorities in their place. So we knew what was going on.

KV: So going to Hampton or places like that was one way to kind of boost those numbers or to try to get more minority applicants I guess?

DB: If they wanted to apply, yes.

KV: Right. Right. Did you find that you were successful at a place like Hampton? I mean, were people generally interested when you went there?

DB: Some were, some weren’t. I mean, some worried more about leaving their families and they just couldn’t. That’s a good possibility that you’re going to be sent somewhere where you don’t want to be. I mean, to submit a packet and say someone says, “I want to come in, but I only want to be going to Hawaii.” I couldn’t guarantee that.

KV: Right. Right.

DB: I don’t make assignments. I only submit packets so that you can get accepted. I have nothing to do with planning. You can do that with, if you’re already an RN (registered nurse) and you go to a recruiter, you can do that.

KV: Then you got your first choice if you were already an RN?

DB: Yeah.

KV: Oh, but not if you were in the student nurse corps program?

DB: Right.

KV: Do you think a lot of people misunderstood that in the student nurse corps program?

DB: No, I don’t think so. None of mine did ‘cause I told them.

KV: By the time that you were in recruiting in ’71, did anybody that you signed up for the—I guess two years later, nobody would have gone to Vietnam?

DB: No.
KV: No. Okay. But in ’71, was that a concern that they might get sent to Vietnam?

DB: Yeah. Some, yeah. But I didn’t tell you. To me, I spent almost thirty years in the Army. Almost thirty-one years in the Army, and without a doubt, Vietnam was the most rewarding year of my career to me.

KV: What made it rewarding, do you think?

DB: Just that you knew you were helping people and just to see the type of people you were helping. I was amazed. One good thing about an evac hospital is you don’t have time to get fond of somebody or make a close relationship with any patient because they’re going to be gone because that’s the purpose of an evac.

KV: Is that kind of contradictory to nursing in general? I mean in nursing, generally are you supposed to sort of develop a relationship with patients? Was that a problem, or do you think it was a benefit of the war that you didn’t really get close to people?

DB: I think it was a benefit for the nurses. I mean, the GIs were so thankful. It didn’t matter who you were. I mean, it’s just so rewarding.

KV: Was it a problem for you that once they left, you never really found out what happened to them, or if they recovered or how they were doing? Was that a problem or kind of disheartening?

DB: Well, there was one that I was concerned about because he had come in twice. He was in the 101st Airborne Division. He was from near my hometown. We found this out by chatting. The second time he came in, he asked for me. I talked to him again. Then he came back a third time and got killed. He’s on the Wall. They did a big, maybe cover of Life magazine, shows him on there with a dressing on his head the second time he got wounded.

KV: Wow. So after you did your years in recruiting, then you went and got your BSN?

DB: Yes.

KV: Did you get to pick your school or did they give you a list of choices?

DB: Well, I had to be accepted into the school, but yeah I could go to class anywhere I wanted.
KV: Where did you choose to go?

DB: East Carolina. The reason I chose that was one of my fellow recruiting counselors that was on the year before me, one of my competitions, she went there and I kept in touch with her. She really enjoyed it, being at the school as a retired Army nurse. She said, “You’ll love it down here.” It was close enough for me to go down with my family and look at it. So I applied and I got accepted.

KV: Did you like it?

DB: I did. I was a thirty-five-year-old student.

KV: That was a coed program then?

DB: No. I was twenty-nine, something like that and it was coed.

KV: Was that different than your initial nurse training in the diploma program? I mean, did you find that it was a lot different, or did you like it or not like it?

DB: I had a friend in Philadelphia with an LPN, a male. He would always go to these nursing schools to get his degree. He was always saying—he couldn’t hold his tongue to some of the instructors. In other words, he knew more than they did and a lot of times the instructors were wrong, but he had to pipe up. He didn’t learn from it, but he told me if I ever do it, he said, “If they say a dog is a cat, it’s a dog.” So I just went with the flow and I got along fine. (inaudible, both speaking) in a lot of things, but you know from my experience, but I just went with the flow. I did enjoy it.

KV: Did you feel like you, having so many years in nursing already, that that sort of gave you a better ground, or did you find that nursing school was easier than it would have been years before? I mean, did you kind of already know some of the stuff they were teaching you?

DB: Oh, yeah. Yeah.

KV: Was nursing education different then than it was when you first went to nursing school?

DB: Yes. You mean back in the late ‘50s, early ‘60s?

KV: Mm-hmm.

DB: Yeah. It was a lot different. We only had a handful of meds. We didn’t have to worry about any lab work other than how to fill out the lab report. In other words, they didn’t teach us to interpret results. We weren’t allowed to start IVs.
KV: That’s something you had done routinely in Vietnam, right?
DB: Oh, yeah.
KV: So what was that like, when you come back and they said, “Oh, well you
can’t do that. Nurses don’t do that”? Was that—?
DB: Well, eventually we were though. Well, in Vietnam, everybody got one.
We didn’t do it, who was going to do it?
KV: Right. So you finished up your BSN, and then what did you do in the
military?
DB: I finished up my BSN and went—I was evening-night supervisor in a
medical center in San Antonio awaiting the career course. So I did that for like four
months, and then I went to the career course.
KV: What made you decide to make the military a career at that point?
DB: Oh, I had made it a career, a point earlier. I think I knew when I went in,
unless I had a bad experience, this was going to be my career. I never had what I
considered a bad experience.
KV: Did you like San Antonio?
DB: I didn’t like the weather there, but yeah.
KV: It’s pretty hot.
DB: It’s muggy. I mean, it gets hot here, but I can tolerate it here a lot better.
KV: How long was the career course?
DB: The career course was six months.
KV: Six months? Then where were you assigned after that?
DB: I went to Fort Mead and was the chief nurse. From Fort Mead I went to
Japan for three years as the chief nurse at a clinic. I came back and was chief nurse at
Fort Monmouth again. Then I went to Denver, to the medical center there. I was
evening-night supervisor. Then I went to Hawaii and retired.
KV: But that trip to Hawaii wasn’t as fun, you said before?
DB: No. I got real sick, really depressed. I had gotten divorced and remarried
and things happened with my ex-wife. When I got to Hawaii, I felt trapped. It was an
island and I was just very, very depressed. I ended up with electric shock treatments and
everything, but one good thing happened with the electric shock therapy. When I was in
Vietnam and when I came back, about once a month or once every three weeks, I’d have this dream about a Viet Cong pitching a grenade into our tent and it would go off and I’d wake up. I’d have it like every three weeks or every month or so for ten, twelve years. Then I had my electric shock. I’ve never had it since.

KV: Huh. Well, did you ever have other problems with nightmares or any of that?

DB: None. Nope, just that recurring dream all the time.

KV: You said you remarried in Hawaii. Is this the wife that I’ve talked to through email?

DB: Yes.

KV: She’s in the Army Nurse Corps as well, right?

DB: Yes.

KV: Okay. So now you’ve got a whole family in the Army Nurse Corps.

DB: Oh, yeah. Oh, yeah. I was married twenty-five years to my first wife. I’ve been married seventeen years to my current wife.

KV: Have you retired then from the military now?

DB: Yes.

KV: What year did you retire?

DB: ’89.

KV: ’89. Okay. Have you stayed in nursing since then, or have you done other things?

DB: I have a couple years at Fort Hood. I worked as supervisor at a great hospital there, but that’s it. Hold on a second, I’ve got to put one of my dogs out.

KV: Okay.

DB: I’ll be back in a second.

KV: So what have you done since retirement then?

DB: Well, I take care of the house. I do all the shopping. My wife has cooked me four meals in twenty years, so I do the cooking. I love to cook. I go to cooking classes. I bowl a couple days a week. I’ve got three dogs. They take a lot of my time, or I give them a lot. I do foster care. My wife works very long hours, very hard. So when she has a couple days off we always do something. We like to travel. We like to go to
Vegas. We like to go to different places like New Mexico and check out different towns, stay overnight. So she works hard, but she parties hard when she’s off.

KV: What was your favorite assignment?

DB: I think Denver.

KV: Denver?

DB: It’s towards the end of my career, but I liked that because I liked my job. I think evening-night supervisor is the best job you can get, mainly because everyone’s gone for the day. You make rounds. You get to spend time with the staff. You get to spend time with the patients. You get to make all the decisions, but you really do get to spend a lot of time with the nurses and staff. You do a nine-hour shift. You don’t have any—other than doing some evaluations on some of the staff that worked with you, and the case, maybe you had to go to some mandatory classes, you do eight and a half, nine hours. You’re done. Now, you have—my wife works at least fifteen hours a day, every day, every day. On the weekends, if we don’t go somewhere, she’s on the computer. She’s at home, but she’s on the computer. So she’s an overachiever.

KV: Have you seen the nurses’ or the women’s memorial in DC by the Wall?

DB: I have.

KV: You have?

DB: Our hospital in Vietnam had a reunion the day it was dedicated. We were there the day it was dedicated.

KV: What did you think of it?

DB: Oh, I liked it. My daughter and son-in-law and two of my granddaughters came down. They live just to the north of DC. My granddaughter went back and wrote or did a drawing. She has the flag in it, the memorial, she had the Vice President, who was there to speak, the people. I mean it was amazing what she remembered of it. I think at that time she was only about five years old. So yeah, I was there for the dedication.

KV: Does your hospital get together very often? Do they have reunions still?

DB: They had one other one and they’re planning on another one. I think the next one they’re going to have in Vegas, so they know I’ll come. We’re only an hour and fifteen minutes away by plane. We’re in El Paso.
KV: Do you read much that’s been written by nurses?

DB: I don’t.

KV: You don’t?

DB: I don’t. I read—my favorite reading is true crime cases, Ann Rule. That’s my favorite thing. I don’t read—the only time I read is when I go to bed.

KV: You said that your year in Vietnam was one of the most rewarding years you’ve had in the Army?

DB: Absolutely. Absolutely. For me. I always wanted to go back, but I knew if I put in for it, my wife would never forgive me, but I would have liked to have gone back. I might not have liked it so much the second time. I think I liked it so much when I went was because we started from scratch, you know? Like I said, every time something would get better. I sponsored a guy when I was in Hawaii that came back from Vietnam. I went to the airport to pick him up. I don’t know if you’re familiar with the sponsor program or not.

KV: I’ve heard of it, but not a lot about it.

DB: When you’re going from one post to another, they assign you someone, one of your peers, that writes to you and they check on housing and schools and different things or what you might need when you come in. So anyway, when I went out to meet him. I said, “How was Vietnam?” He said, “Oh,” he said, “It was horrible.” He said, “One of our air conditioners didn’t work all the time. Our stereo, we had trouble with our stereo.” I thought, you son of a bitch. The only air conditioning we had in Vietnam was in pre-op and the ORs and the orthopedic ward and intensive care. None of the wards had them. None of the tents had them.

KV: Well, was there anything that we didn’t talk about that you thought we might or that you wanted to mention?

DB: No. I guess the main thing was that we didn’t have the equipment and stuff that we have now. The females worked well. The males, a couple of them were anesthesia, but the rest of them worked on the wards. There was no difference as far as the type of work that we would do. I think maybe one of the females might call one of us and ask if we could put in a Foley in somebody or something like that. But other than that, no.
KV: Everybody did the same job?
DB: Yeah. Yeah, we did. We didn’t have the greatest leaders in the world, but the section chiefs were pretty good.
KV: Okay. Well, I really appreciate it. If you think of other things you want to add or something, just let me know and that we can do that. That’s fine. If I think of other questions too, I may give you another call back.
DB: Yeah. I’m here most of the time.
KV: Okay. Well, we’ll end this for right now.