Kara Vuic: This is May 30, 2004, in San Antonio, Texas, at the Army Nurse Corps or Army Nurse Corps Association Convention and I’m with Pat Gorman.

Pat Gorman: No, no, no. Pat Gorman.

KV: Gorman.

PG: G-o-r-m-a-n.

KV: Sorry. This is where I had it spelled wrong earlier. Pat Gorman. And I’m Kara Vuic. So let’s just start with where you grew up and were born and raised.

PG: I was born in Brooklyn, New York. I grew up there. I was educated there. I lived there for many years and that’s when I started my existence. Parents, married of course. We were a regular family. I had only one living sibling. There was another child who died before I was born. So growing up, really, it was just my sister and myself. She’s younger than I am. We lived in a neighborhood initially called Crown Heights and then when I was a teenager, we moved to a place called Bay Ridge and I lived in Bay Ridge until I finally left New York City. In interim, I went to Roman Catholic parochial school, grammar school, St. Gregory’s; high school Bishop McDonnell [Memorial] High School. And at the end, the senior year in the high school, I decided to go into nursing. And the why of that, I’m still not certain why. I was not a child who had always wanted to be a nurse. But in the last year, the last several months of my high school, I had been going around, had been accepted to several colleges and I think I was worried to some extent about the financial expense. So I thought, well, it would be good if I could go to some kind of school that didn’t cost a lot of money, but that would enable me to make a
living and then be able to pursue my education as I desired. That was part of it. It was all very complicated. There was no reason and there were some reasons. So I decided to go into nursing school. There were several of my good friends in the high school who were going to nursing school, so we all went to the same place. And I went to a three-year nursing school, a diploma school. I was very fortunate and I’ve been fortunate throughout my career, mentors. And the, well, I was going to call it a chief nurse, but in its fitting place, it was called director of nursing and she advised me to start going to school to get my degree as soon as possible. And I did and she accommodated my going to school by letting me work different shifts. So I worked evening shifts for about four years so I could go to school in the daytime. And then I worked night shift for about three or four years so I could continue going to school and get my masters degree. And after that, I became a faculty member at the school of nursing at that particular location. And during all of that time, my clinical nursing experiences were in emergency room, medical nursing, dialysis nursing, intensive care nursing. And then kept going to school and became a supervisor in the clinical setting as well. Then became a faculty member at that school of nursing. And I stayed there for a total of too many years. I stayed there altogether, through the clinical nursing, going to school, and teaching for about ten years. And then I decided, “Enough is enough,” and I looked for some other opportunities. And then I became a faculty member at a baccalaureate school of nursing in Detroit, Michigan, Mercy College. It’s now part of the University of Detroit. Well, I was there for three years and in the back of my mind, I had always thought, not seriously, but it was always there. I had been interested in military nursing. At the end of three years at Mercy College, I said, “Well, I have enough of this kind of experience. I’d like to go on and try something new.” And at that time, I became, I came in contact and I don’t remember how, I came in contact with the Army nurse recruiter and of course, then, they were building up in Vietnam and they were having casualties and they needed healthcare personnel and they were out recruiting. And I said, “Well, that sounds like a good place to get a different view of the healthcare world and the nursing world.” And so I joined the Army.

KV: And do you remember talking to the recruiter a lot?

PG: No.
KV: Anything she told you or was it a he or she?

PG: It was a she. A young own officer, very personable, not pushy, and her life was complicated by the fact that I was at a juncture, so she was recruiting me in Detroit, but I was moving to New York to make a decision about where I was going because I wasn’t staying at Mercy College. I wanted to go on and do other things and as I say, I was at a juncture and she had to put up with me being in Detroit, but moving to New York. I don’t remember a lot of— I don’t remember any pushing. I don’t remember anything but helpfulness and trying to show me what advantages of the military might be.

KV: And what did she say those advantages were?

PG: I don’t remember. (Laughing)

KV: (Laughing)

PG: I don’t remember, because at that point, I’d been a professional for a lot of years. I had a lot of experience, I knew that I wanted new experiences and I knew that I had something to offer in any organization that I went to. So, it was kind of that I was a completely different input than a young person who’s coming right out of school and is looking for the monetary educational experiences or advantages that they might get, as well as travel around the world. Maybe travel was of interest to me because I was interested in that time in travel. So maybe travel was of interested. But I don’t remember getting a lot of push from the recruiter.

KV: Did she have brochures or things you remember getting or posters you saw or anything like that?

PG: I might have seen a poster of somebody in uniform, but I really don’t remember a lot of that PR type of stuff, I really don’t. So then I went off back to Brooklyn and they transferred my paperwork and they transferred the action to the nurse recruiter in New York. And I remember that I had gotten my physical while I was in Detroit and then the recruiter in New York—a very nice young lady, she was a captain. And I had to go to this old building in downtown Manhattan. What I remember most about that place, it was one of the ones that had one of those old cage elevators that went up the middle of the building, that’s what I remember. Whitehall Street, I think it was. And she continued the process for me and addressed me by a rank and she made a comment to me and she said it’s going to be very interesting for me, she said, because
I’m a captain and you’re going to be getting this rank of major. And rank had no meaning to me at that time. And I learned later, I got my letter of acceptance, my papers, my official papers and it was addressed to major. And at that time, it turns out that they were giving, what did they call it? They were giving a lot, they were giving credit for advanced education and experience and it was a certain term which escapes me now. Constructive credit, that’s what they called it. They were giving constructive credit for education and experience, so I was given the rank of major when I first came in. So my process was completed and I was commissioned in New York City. And at those couple of months I was home, I went back to Brooklyn to stay with my folks while I was waiting for all of this to settle out. And because of what was going on in Vietnam, I said, you know, in my head, I’m saying, “That would be an interesting experience to go into a combat zone and see what that kind of…that would certainly be different from what I’ve been doing,” and that’s what I was looking for, something different. So I asked for what they called a “guaranteed assignment” and that is one of the things that they used to bring people in, was that you were given a guaranteed assignment and you could ask for wherever you wanted to go, and I asked for Vietnam. So I got orders and I was given a guaranteed assignment. So I went down to basic training here in Ft. Sam and a funny story happened then. The recruiter said to me, “Well, you’re going for basic at Ft. Sam Houston, Texas. Report on a certain date.” So I had no idea where Ft. Sam Houston, Texas was, so I was proceeding to…excuse me…go to the airport and I was planning on buying a ticket to Houston, Texas, because of course, Ft. Sam Houston had to be in Houston, right?

KV: (Laughing)

PG: But no, luckily she caught me before I did that and told me, “No, you should go to San Antonio.” So I came down to San Antonio, I think it was July or August of 1966. Hot. Big basic classes because again, the big push in Vietnam for medical personnel. So there were immense classes, a physicians, nurses, medical service corps officers who were the administrators, and other types in hospital care, veterinary corps officers. I think our Army Nurse Corps basic class was probably almost three-hundred people. And we were assigned to quarters. So we went through all the processing, which was a whole new world, just like getting registered in school. If you can get through
registration, you can get through anything. Well, if you can get through in processing,
you can get through anything, really. So we got in processing and we got assigned to
quarters. We were living in big, not barracks, we were living in high-rise apartments or
bachelor officer quarters they called them at that time. And you would probably—I think
the buildings are still in existence on Ft. Sam Houston. And they warned us, you know,
because of safety reasons, we should always make sure our doors were locked and that
kind of thing. But it was so hot. I remember we all kept our doors open, you know, just
gave us a little air at nighttime.

KV: What were they afraid of?
PG: Well, you know, intruders and your physical safety. You know, they didn’t
want robbers coming in and killing you while you were in basic training, that kind of
thing. Because it was a fairly open, I think, it was an open post. I think there weren’t a
lot of guards; they had the guards posted at the gates, but nobody—people could’ve
gotten in if they had really wanted to. So, anyway, it was like if you were staying in a
hotel. They don’t want you sleeping with your doors open in a hotel. So, we came and
processed in and the first day then, we got together as a class. I was called out of the
classroom and brought up to the office of the man who was in charge of the basic training
part of the training process at Ft. Sam Houston, Texas, and informed, nicely, but
informed that since I was the senior person in this group of nurses that was reporting in,
that I would be the class leader. Well, I almost had a heart attack. What did I know
about the Army? Class leader. But in terms of rank and in terms of also probably age, I
was the senior person, so I was going to be the class leader. Thank goodness that my
executive officer, so to speak assistant, who was in the basic, that same class, was a man,
Ed Cummings. I’ll never forget him and he had had service, before becoming a nurse, he
had had service as a Marine in, I think, Korea. So he saved my life. He was really good.
So we went through our basic training and it was quite an experience and some of the
people that I met there are still friends today and it was a unifying experience. And then
after basic training, I didn’t go straight to my guaranteed assignment. I went for an
interim assignment at Letterman Army Medical Center in San Francisco. And that was
for me, very, very valuable because since I had this advanced grade, I was expected to
have knowledge of and be able to perform as a major. You didn’t get any slack for the
fact that you’re brand new walking in the door, so I had to run to catch up for quite
awhile. And the people who were at Letterman—the chief nurse there, Colonel Rosasco,
who just died recently—they were wonderful to me. They provided me an orientation
program that was superb. And I had been in education and training a lot as a civilian, so I
knew and I had hoped that something like that would happen, but it was beyond my
hopes and it was really a wonderful experience in terms of the people I met and the
experiences they provided for me. Then that was—I got there, I think, in October and we
got orders finally that we were going to go overseas to Vietnam. Our reporting date over
there was, I think, the end of March. But anyway, we were there for several months and
a lot of the people who were assigned at Letterman were assigned to the same unit going
overseas, so that was a nice bonding experience that you got to know these people that
you would be working with in that environment.

KV: Had you really thought about the war politically at that point?

PG: No, after we talked, I thought to myself, and no I didn’t. Philosophically,
politically, that was not part of my mindset. I was not thinking about, but I was only I
think thinking of it in terms, American soldiers were getting hurt and I had the capability
to provide some assistance and I thought it would be a good idea to go. But in terms of
political terms and philosophical terms about the war in Vietnam, that was not part of my
psyche at the time, no. So I went over there in a strictly apolitical mode.

KV: Just nursing.

PG: It was nursing.

KV: And had you heard anything about maybe World War II nurses or did you
know anything about wartime nursing?

PG: The reason I had an interest in military nursing, many years before, that was
kind of in the subconscious level in my mind was when I was in my basic nursing
program, they did have recruiters from the military nurse services come and talk to us. I
remember there were three came representing the Army, Navy, and Air Force. They gave
a very interesting presentation and that’s, you know, of basic interest. And along the line,
while I was doing nursing at the place where I went to school and where I worked for so
long, a lot of the physicians there had been men who had been high school graduates and
then had been drafted into World War II and then had come out and used the GI bill to go
to college and to go to medical school. So a lot of them had that bonding and you would
hear the talk, you know, when they would talk about those experiences in the personnel
and how they were docs and they were just very interesting. And the same thing with
Korea. Some of them had come out of high school or college and gone to Korea as
physicians and come back and you know, you hear that kind of experience. And more
than one of them talked to me about Army nurses. I remember that. So all of that was
there in my experience, but I don’t know that that really pushed me because by the time I
was leaving Detroit and going on to different things was probably more on the uppermost
of my mind than those previous conversations about military nursing. But it was in my
background. I did have that knowledge. So when I went to Vietnam, like I say, I was
apolitical. And I continue to be that way because I don’t remember being concentrated
on anything but the living and working while I was there. You know, we didn’t have the
kind of email you have nowadays where news gets around the world before you can blink
an eyelash and newspapers were hard to come by and *The Stars and Stripes*, and the folks
used to send me some of the other magazines. So, in those terms, no. The one thing that
was very different for me and for several of the—but because that class of nurses that I
came in with, that almost three-hundred strong class, were rather atypical, I think,
because while a lot of people coming into the military at that time were young, right out
of school kinds of people, this class particularly had a lot of experienced nurses in it. We
had a lot of people in that class, probably at least half of them if not the majority of them
who had been nurses for quite awhile and who were not brand new out of school. So, it
wasn’t the young dewy-eyed people coming down the street. But in terms of talking
politics while we were in school, I don’t remember. That wasn’t the major thing on our
minds going through that basic class. And when we got to Vietnam, this group of nurses
that were assigned to this particular hospital, again, were probably half and half by the
time the full compliment of nurses arrived because that was an evacuation hospital and I
think at that time, the TO&E equaled fifty-seven nurses in an evacuation hospital. And it
probably was half and half, experienced people with a lot of civilian experience, we had
experienced people with a lot of Army nursing experience, as well, and then about half
were fairly new, were new graduates, so it was kind of “even-Steven” in terms of the
nursing staff. And I spent the whole year in Vietnam at the one location. Many nurses
went to several locations while they were there. And I came back and where was I
assigned next? Oh, I know. I came back and I was assigned at the old Medical Field
Service School, now the Academy of Health Sciences where they do all the training.
And that, again, was another—and of course, I should speak about the experience in
Vietnam, tremendous learning experience in terms of professional nursing. I had always
been very interested, particularly in communicable and infectious diseases. And we saw
things there that you would never see here in the United States, because we took care of
people in the hospital. We took care of native Vietnamese as well as our own troops as
well as enemy troops as well as foreign nation troops. So we saw things you would never
see in the United States and that was of a lot of interest to me.

KV: And what work did you work on?
PG: I was the head nurse at the medical intensive care unit, but then I was there
during Tet, as well. I came home about six to eight weeks after Tet. And overnight, my
medical intensive care ward turned into a surgical intensive care ward. So, along the line,
I got both sides of the coin. And it used to be concerning to me because, of concern to
me, because people didn’t appreciate, for my medical patients, the people who had, say,
acute malarial episodes. I don’t think a lot of people appreciated that these people were
just as much, what’s the word, as somebody who was shot, they were just as much
victims of the circumstances as someone who was shot by a bullet. And you know, just
because they were shot by a bug, didn’t make them any less important in the whole value
scheme. So that was interesting. And then when I came back, I was assigned at the
Medical Field Service School and that was another learning experience for me because
again, I had to be running to catch up to be teaching people some of these concepts about
the military and the Army and Army nursing while I had some background and that was
over a year, maybe two years, and here I’m doing this. I worked with some wonderful
people, some women who were wonderful mentors to me. In fact, some of them are here
at the conference and I still feel like they are some of my best friends. And some of the
people that I’m staying with are people that I met while I was assigned there, people who
were on the faculty with me. So it was very positive in that regard. And then I went,
where did I go from there? Medical Field Service—oh, then at the end of that
experience, they assigned me to go to the career course, which is a six month course for
Army medical department officers and they teach you all of these big concepts that I had
to learn about kind of on the fly to be able to be teaching in this school before I went to
this school. But nevertheless, one adapted. That’s one of the major needs is to adapt.

KV: And that meant you were in the Regular Army then?
PG: No, I was not because when I came in, I was too old to go Regular Army.
KV: Oh, okay.

PG: At the time I came in, there were kind of two horns that you had to meet to
go Regular Army, well three horns probably. You had to be no older than a certain age.
You had to have at least so many years of service, and that killed me right there because I
was too old to begin with. And then the third horn was of course you had to have
outstanding officer efficiency reports and recommendations from Regular Army officers
to go before the board. And over time, I continued in what they called “career reserve
status.” I was a reserve officer on active duty, but I forget when it was. It was sometime,
I think, in the 1970s when the law was changed and there was about a six-month period
of time in which I became eligible to go Regular Army. And I remember, I think I was
assigned in Washington, D.C. at the time and we sent—and we of course looked through
all of our records and we sent letters to everybody that we considered eligible because of
the change of law and because they met the requirement in terms of outstanding records
and recommendations from people. And we asked them, did they want to go Regular
Army. And of course I said yes because I enjoyed it very much. Of course, one of the
big differences between being in the voluntary indefinite in career reserve and being
Regular Army was how long you could stay on active duty. The career reservist had to
get off active duty at twenty years service. The Regular Army officer could stay longer.
Of course, all of this based on whether or not your performance stayed at a certain level
and whether or not you made it up through the promotion scheme because the promotion
scheme was mostly up or out. I think it was two opportunities to become promoted to the
next grade and if you failed on the second opportunity, you were invited to leave.

KV: Invited to leave. (Laughing)
PG: Yeah, well, you know.
KV: But you had decided to make the Army a career?
PG: Yes, because at that point, I had decided I liked the people. That was always uppermost. And every day wasn’t roses, but I had so many kinds of experiences. And the thing I liked about it, I had so many opportunities to progress in an organization where I had opportunities to do different things. In a civilian community institution you would continue doing clinical, clinical, clinical. And that’s what some nurses want to do. They want to do nothing but clinical nursing their whole career. I was interested in doing different things. And the Army gave me the perfect opportunity to be able to do that within the framework of the same organization. So clinical, administrative, education, research. All these opportunities were there and on top of that, the people that I got to work with, the places that I got to go, it was very positive as far as I was concerned. Like I said, every day wasn’t a glorious day, but overall it was a wonderful opportunity and I never regretted a single day that I spent. And so I went on to different experiences and different places. And my last series of assignments were all in Washington, D.C. I was brought back to Washington, D.C. from Tripler Army Medical Center and there was a position at that time called chief of nursing education training and that was the Army Nurse Corps officer who was responsible for coordinating across all of the facilities and all of the places where Army Nurse Corps officers were assigned. You had responsibility for the continuing education program. Because in nursing, in order to maintain your licensure, you have to have so much continuing education credit and also the Army Nurse Corps has always been very interested in the continue in education of its officers. And so this person is responsible for coordinating that across the corps, across the AMEDD (Army Medical Department). And it was at that time when the states, the individual states were starting to legislate continuing education and putting down very particular requirements for approving continuing education. So the person in that office had to make sure that all of the programs, that all of the Army Nurse Corps facilities were AMEDD facilities where Army Nurse Corps offices were assigned, making sure that all of their continuing education programs would fit within the requirements of all of the states. So that was a very interesting experience. You got to know people outside of the military because you had to coordinate with civilian institutions, state health institutions, the legislative groups, the professional organizations. You had to coordinate with other specialties, as well. So I have an intense curiosity about everything and that helped
satisfy that curiosity because you were always finding out more and more about more and
more and I really enjoyed that. That really kept me busy. So I came, I was chief of
education and training, then what did I do? Oh, boy. Then I think, that was ’82. Oh, then
I was selected to be assistant corps chief in ’83. General Slewitzke was selected to be
chief of the Army Nurse Corps and she selected me to be her assistant. And that was a
good experience. And in a way, I had gotten preparation for that because in the Army
Nurse Corps at that time—I don’t know how it is now because I’m living apart from it
and I don’t know a lot of the inside workings—but we were always interested in helping
people prepare for what their future responsibilities might be. And at one assignment, I
was in Washington in the mid 70s in what we called the Career Activities Office. This
was the place where you planned the assignments of Army Nurse Corps officers and you
planned for their professional development, as well. We had a wonderful chart—I hope
somebody still has it—it showed a thirty-year progression for Army Nurse Corps officers
in terms of their education, in terms of their assignments, and in terms of their specific
responsibilities during their assignments. And that’s what the professional development
branch of that office was responsible for. Well anyway, I was assigned there and at the
time I was assigned there, one of the corps chiefs had been one of the officers that I
knew. She was certainly very senior to me. But she had been at the Academy when I was
assigned when I came back from Vietnam at the old Medical Field Service School. And
the people in the corps chief’s office used to do a lot of traveling. So they needed
somebody to cover their office while they were gone to do the work, to make sure that
nothing fell through the cracks, so on and so forth. And so they kind of plucked me out
of the job in the Career Activities Office to go over and be the filler when they weren’t
both there. Of course, the thing was, there was nobody to do the job in the Career
Activities Office while I was doing the filling. So what I did during the daytime, I was
over in the chief’s office and evenings and nights and weekends, I went back and did my
job in the Career Activities Office. So that was a great learning experience. But in
essence, it prepared me for the future when I was selected to be assistant chief of the
Army Nurse Corps. So I spent four years, a very satisfying, very stimulating four years,
you know, because General Slewitzke is something—and we had never worked together.
I really didn’t know the woman, but we meshed very nicely. Her specific interests were
here; mine were there and we kind of met in the middle and she was very accepting of the fact that I considered myself the “naysayer-in-chief” because I felt as a staff officer, it was one of my major responsibilities to try to figure out every angle of a proposed action or things that were going on. I had to try to find out all the pluses and all the minuses and all the possibilities of what could happen well and what could go wrong. And when I put them on the table, she was always accepting of the fact that I—you know, I never said it in so many words—but if there was some objection to be found, I would find it because I felt that was my responsibility in terms of planning and getting the corps forward. So that was a very interesting four years. And it’s a four-year term and when it was finished, I was still relatively young in terms of years on active service. I was still just around twenty or so years of active service or maybe a little bit more. And so when the new corps chief was assigned, was selected, I asked her, I said, “I’m not ready to retire yet and is there some position that you think I could fill for you and support the activities in the corps?” And there was coming open the position of a nursing consultant to the surgeon general. There was a separate staff of consultants to the surgeon general at that time and the different specialties with AMEDD. So I went into that position and I stayed there until I retired. So my last ten years or so were spent in the Washington, D.C. area. And then I retired and then Nancy Adams, who is currently Major General Nancy Adams, retired, and she’s here at the convention now, she stepped into that position as consultant and since then after that then was selected to be corps chief. And that worked very nicely for her because that put her in position to really get a look at what was happening across the board in the organization. So again, another instance of someone who went through the system, was mentored, was developed and then was in a series of positions, which were very helpful to her, were very helpful to the Army Nurse Corps, and were very helpful to the organization as a whole. So I retired and I retired out to Santa Monica, California, and very happily so. I purposely went far away because I was so involved totally in the work of the AMEDD and the Army Nurse Corps, that I knew that I stayed in a place that was close by I get all wrapped around the axle about everything that was happening. So I figured I’d get myself away from it and I think it was a good decision. So I’m retired and that’s where I am. Now it’s your turn. Any questions?
KV: (Laughing) Well, you mentioned that you were a bit older than most of the nurses when you got to Vietnam. How did that affect your experiences versus their experiences? Were they still similar or different?

PG: Well, I was more mature and—how do I want to put it? Because I don’t want to just sound negative, but I think, in my eyes, even though it’s probably not provable statistically or scientifically, a lot of people who came out with problems probably went in with problems. And I’m not referring now just to nurses, I’m talking to people in general. And I think as a mature person, more mature, you’re learn that, you know, life is tough and everything can’t be ideal even though you make it try to be ideal and they were torn in so many directions because things weren’t the way they expected them to be, things were very different than they expected them to be and maybe they hadn’t, you know, they were younger, and so they hadn’t been able to learn to roll with a lot of punches and that made life more difficult. But professionally speaking, any of the nurses that I worked with in Vietnam, they worked like dogs. They worked so hard. When we first got there, they were still building the hospital and I remember we went into the—we had a Quonset hut, where we had our ward, and we got there in time to open up the big boxes, the Conex boxes as they called them where all the equipment was. So we opened the Conexes. Well, before we opened the Conex boxes and equipped the ward, we helped paint the ward, we helped put in the electrical wiring, we helped put in the plumbing, what little plumbing we had because we mostly, you know, had to carry the jerry cans full of water and take care of things like that. And they all worked so hard doing those kinds of things, and then setting up the ward and taking care of patients. None of them, none of them slacked in terms of their professional nursing. And maybe that’s why some people had difficulties personally because they worked so hard professionally. I don’t know. I just know that the young nurses with me did a fantastic job.

KV: Did you have any male nurses?

PG: Yes, I did. I had two male nurses assigned to my nursing unit and we had other male nurses in the total unit, particularly in the anesthesia section, I think. Not all, but most of the nurses in our anesthesia nursing section were male. But what happened to the male nurses assigned to my nursing unit, my medical intensive care unit. I forget
when it happened, but it was fairly early, the first three months, four months. They were
opening a hospital or they were taking over a Navy hospital up north of us and for
whatever reason—I forget all the gory details—but for whatever reason, they wanted to
have the majority of the staff be male nurses. So, I lost my male nurses. And they went
up and I met a couple of them afterwards and they said, “It’s just as well you didn’t go up
there.” Because I was willing to go up, I said, “I’ll go to any new hospital that you
wanted to set up” because again, I was interested in new experiences. But when a couple
of them came back, you know, they had a chance to come back and visit just a little bit,
they said, “You don’t want to come up here. You know, if you think it’s not too nice
down here, it’s not even nicer up there.” So, I said, “Okay.”

KV: Do they mean in terms of living conditions or—?
PG: In general, you know, I guess the—we were fortunate where we were
located. We were at a place called Tuy Hoa. Actually, we’re outside Tuy Hoa, down
south a little bit of the town. We were on a beach. It was the South China Sea, the
beach, the location of the hospital. Of course, we were surrounded by—there was an
aviation unit here, big Chinooks that used to carry big supplies and equipment. There was
a helicopter unit. And there was a POL (Petroleum, Oil, Lubricants) dump, and I don’t
know why they put a hospital next to petroleum and oil, you know, because if anything
got blown up, everything got blown up. But anyway, we were on a beach in essence and
if I hadn’t had that beach, I think I might’ve gone bonkers while I was there. But I love
to swim and I love the beach. And after a period of time, they found a couple of men in
the complement of our unit who had been lifeguards in civilian life, so we were able to
use the beach periodically if you had a few free hours. So that was wonderful. So our
physical location where we were, while it was hot, you know, the way in Vietnam, it’s
hot. It was one of the garden spots, as far as I was concerned, of the country compared to
some of the locations where other hospitals were located. So I think the place up north,
its physical location was not as pleasant as where we were. And I don’t think that the
working conditions were as pleasant, either. I don’t know why that was? Was it in terms
of the physical structures that they were given, the availability of supplies or what they
found when they got there? So anyway, but, so I was not there to see what they were
dealing with, I just got the impression that it wasn’t as pleasant as what they had left.

Where were we going, I forget?

KV: We were talking about male nurses. I’ve heard that sometimes they would want male nurses on a location that was thought to be more hostile or that maybe there was a threat that the hospital might be infiltrated, that they would put all men there and not let any of the female nurses go.

PG: That might be, I have no idea. I just know that when you look at the names of the eight nurses who were killed in Vietnam, there’s only one man and I think his death was due to a plane crash. So, that speaks. And of course, you see now, in the business in Iraq, that frontlines don’t mean anything anymore in combat. Where a female as assigned in terms of her duties or in terms of the unit she’s assigned to, she’s just as susceptible to being killed or injured as anybody else except maybe the men who were carrying, who were in a frontline infantry company or the Marines, you know.

KV: And did you feel that you were in danger or threatened, you know, in Vietnam?

PG: I don’t. I did not. Some of my staff did. I think the only time I was afraid was when a typhoon came through. I was really—because you can’t do anything. I mean, bullets, you can duck if you’re lucky. But typhoons, Mother Nature you don’t fool around with. At one time, and we were located on the beach, as I said, and then the big main road and the rice paddies, but we were kind of almost semi-circled by mountains. And what happened, luckily we had a lot of, we had forewarning, so we stuffed sandbags, we put them on the roof and all that. But what happened, when the typhoon came in, it kind of circled around inside the mountains and really did a lot of damage, particularly in places out here. So, we were lucky because we got things weighted down with sandbags, but we did lose a life. And of course, the quarters we were in, we were very fortunate. In the quarters, we had these, we called them hooches and they were kind of like Venetian blind-sided buildings with netting up on the top of the wall in the area where you slept. So, I think we were shoveling out sand for ages, you know. But the buildings that were closed buildings, like the wards, they were pretty good except where some of the roofs were blown off and that kind of thing. So I think that bothered me. Oh, and then, of course, we had, when I was there for Tet, we had lots of red alerts because things were
happening, but I was so tired. You were so busy taking care of patients and then when you weren’t taking care of patients, you were so tired. I just don’t remember being afraid. I know I read a book. One of my young nurses, my young nurses, anyway, her name was Lynn Hampton and she wrote a book, and I forget the name of the book. I read it in paperback and in it, she says, “Major Gorman came back from the meeting and said she was afraid.” Well, I know I never said that I was afraid because I was never afraid until the hurricane or the typhoon came through. But that’s a good illustration of what happened there as what happens in a lot of places. As I said the other night, two people in the same place at the same time at the same event, and you’ll hear two completely different stories from them. And then you just have to realize that people are having their own experiences and you can put what your experiences are right on top of that and you can discuss it. But you’ll not always come to a meeting of the minds. So that was my experience in terms of fear.

KV: Do you read a lot of other books about, that other nurses have written?

PG: I don’t make a habit of it consciously or unconsciously because I do so much other reading. At one time when those kinds of books were first coming out, I kind of made a collection of them and tried to read them all and then I get, enough is enough. I got other things to do with my life than read the same kinds of books. Except talking about books, there is a new book out, came out just the last couple of months about the nurses in World War II. It is outstanding and if you’re interested at all, this is beyond your need to do your work for your doctorate, it’s called, *If I Should Perish*. It is so well written. It’s just a good read as well as documentation that has not been captured in the same way elsewhere. It’s really something that I’ve been telling everybody, “You need to go out and buy that book.”

KV: Go read this book.

PG: Yeah.

KV: Yeah. Well what was it like being a woman in the military in the 60s? I mean, did you feel that you were limited or did you feel you had more opportunities?

PG: Initially, I had no feeling about it at all because again, I was kind of, I guess, I was older. I knew who I was. My own good opinion of myself is probably more important to me than anybody else’s opinion. So that kind of thing didn’t, you know,
didn’t bother me too much. I guess I started being somewhat aware of that kind of thing when I became older in the military, and more experienced than I was in staff positions when I was at a higher level. When I was not involved in clinical care, I guess that’s it. Once you’re involved, you know, being involved in clinical care, that’s your major interest and all of this, a lot of this other stuff, you know, goes at least for me, went by the boards. But when you get up into staff positions where you have to be cognizant of all of the influences that are operating and you have to write staff papers or you have to make presentations or you have to push for or against certain positions, rules, regulations. Then you become across some of that. But I don’t, and I don’t think I’m being foolish when I say this, it never really bothered me personally and I think part of that had to do with me as a person. And in fact, which may sound silly, but the fact that I’m so tall and I don’t think I was ever treated as a cuddly, young little thing, which some men tend to treat some women, regardless of position, because of physical stature. And that had never happened to me. So that was not in my way of operating or reacting to things. So the business of women in the military, I was aware of it, but not on a personal level. It had to do with the fact that I had to examine, encourage, or discourage policies and I think that’s what bothered me the most. Maybe once or two times I maybe, I would have to stretch to say that I was personally involved, but a couple of times, I think it was more personal than man and woman kind of thing. And you just react as you react as a person, but more as a professional and deal with whatever the consequences are, you know.

KV: I mean I’ve read, you know, like in World War II, they would take these nurses and send them to basic training and you’re taught nursing and the Army life, but then you’re also taught what color lipstick you can wear and how to fix your hair. They’re not doing that anymore. So I’m just wondering if—

PG: I never heard of that in the Army. Maybe some other people have related that to you.

KV: Well, earlier times and I’m just wondering if you felt, you know, the 60s, if they wanted you to be pretty or feminine or any of that?

PG: Never heard of it, never heard of it. Well, as a prejudice, you know, I’m an Army nurse, you must understand and I am prejudice about the other nurse services. And I think very much of—and I used to laugh because the Air Force always seemed to have
the most beautiful women in the nurse corps. I used to swear they must have their photographs up front and they must require that they meet a certain standard of beauty. But other than that, apart from the fact that you should be well groomed and if you are in uniform, there are certain uniform requirements. And of course, not looking like it, but I never saw anything about lipstick. We might have had something about nail polish. I don’t know if that had to do with uniform or as a professional nurse, you would never wear colored nail polish; at least I would never wear colored nail polish in clinical care. It was just inappropriate. And the same thing for appearing in uniform, I never thought it was particularly appropriate to have these long, well, I never had long nails to begin with, but to have long colored fingernails in uniform, it’s just not appropriate because if you’re in uniform, for the most part, you’re in a working uniform. So, but no, I never heard any rules like that.

KV: Yeah, I didn’t think that they were still around in Vietnam, but I wondered if there were any kind of left over things that were just happening, but not policy, you know.

PG: No, and you might, there’s a couple of women here from World War II. You might try to locate them and see if that was part of their orientation. There’s one gal who I think she’s using a walker, you might see her at the luncheon today or you might ask someone, one of the officers of the organization will probably be able to point her out to you. She’s very attractive and she’s, oh, she’s a wonderful lady to talk to. And you can just ask her that one specific question about World War II. When she came in in basic, how much attention did they pay to wearing lipstick and nail polish and that kind of thing. Yeah, and that might give you a particular timeline on when it stopped because I never heard of it as a requirement, no.

KV: And you mentioned that you thought more about women in the military when you were in new higher positions. Did the women’s movement kind of change the military policies or did the military have to react to, you know, more equal rights and women’s liberation and that sort of thing that was starting to happen?

PG: I think it was part of a whole cultural thing. I think it came out of President Johnson’s civil rights activities and then the equal opportunities. And I don’t know how much of the military was reacting to civilian or that was reacting to law. And I’m sure
some of them had their definite feelings about it, but one interesting place to go—while I was in Washington, they dedicated one corridor in the Pentagon. And since you’re doing something on the military, you really need to get to the Pentagon. I don’t know what the situation now is with the security requirements because of the war and the terrorists goings on, but the Pentagon has a wonderful collection or had a wonderful collection of displays, a lot of picture art, paintings, pictures, photographs, and also some sculpture work, different memorials to different people, different elements in the military. And they dedicated while I was up there a women’s military corridor, a military women’s corridor, rather. And it is wonderful and in there, you would get a good history, I think, because they have these different things dated, the events that they’re portraying and you might get a better sense than I can give you about how or why or when the military responded. But I think in terms of women, even though nothing’s perfect in this world, I think maybe they are in the same stance of giving opportunities to women as they are in terms of equal opportunity based on race, which they’re probably far ahead of a lot of other places in this world. But you know, they have to deal with what the general population accepts in terms of women. The combat placement policy for women—I’m sure probably has another title now—they did a very extensive and detailed study of why and where women could be assigned in different kinds of units and why they should or should not be excluded from different, they called them MOSs, but now they’re areas of concentration, AOCs, specialties like pilots or like tank drivers, that kind of thing. And you assigned a code to each position and based on what the code was—which was developed because of all of these factors that you had to consider—based on what the code was, that determined whether or not a female could be assigned in that position. So they didn’t just say, “Well, women can’t be in this position.” They really, you know, all of these factors and they came up with this code and then determined it. I’m sure that, you know, that has been changed and massaged over the years based on different things that have come about. I know, of course, a large part of the coming about has been due to the performance of women in unexpected ways and different positions.

KV: Were there specific problems that you had to deal with as a head nurse on your ward in Vietnam?

PG: What kind of problems?
KV: Maybe, did you have any kind of discipline problems or morale problems? Did you have to settle any, you know, problems among the nurses or any just regular issues that came up?

PG: No, everybody worked twelve-hour shifts, including me. I rotated shifts with my nurses, as well. I didn’t just stay on the dayshift, you know, and Saturday and Sunday off, I rotated shifts. I think the only morale problem we had, at the one time with enlisted personnel, it was kind of a—it was an organizational thing really and it had to do with enlisted grade. And some of the men who had been in the military a long time had gone through training and were licensed practical nurses and their grade was Specialist 6. And if they, their insignia grade had a curved surface to it, and then some of the men who had not been through that training had not become license practical nurses, their grade was maybe E5 or E6 and they were called hard stripers because they were that sharp, you know, triangularly it’d look. And sometimes there was a little bit of, not friction, I don’t want to use that word, but you knew that there was a little bit of turmoil between the enlisted who were the hard stripers and the soft stripers, depending upon the grade, if it was an equivalent grade. That was the only thing and the men on my unit, my enlisted personnel; there was never any acting out of that. I just knew that that was something going on in the organization, but in terms of on my ward, it was never acted out. I had a ward master who’d been in the Army for umpty ump years and he knew I was relatively new to the Army and he was so supportive and helpful. And the only discussion we ever had that had a little bit of heat to it was he called me aside one day and he said, “You know, head nurses in the Army don’t do those things.” And I said, “Oh,” because I figured I was there to do nursing. So I was doing the nursing and he thought, his idea of the role was that head nurses should sit behind a desk. No, that’s not for me. But after that, we were fine. We had a wonderful year and he was an outstanding guy, gave outstanding patient care and he was good with the men. And I was fortunate because we had a couple of older enlisted personnel on the ward, as well, and they were particularly comforting to our patients because when patients were admitted, they had to leave their weapons. They could not have their weapons with them. And that made some of them, particularly older enlisted personnel, very uncomfortable not to have their weapons in their hands. But Mac, this gentleman, one of the older personnel, he had been in Korea
and, you know, he would get to talking and they appreciated the fact that he was an old soldier and that he’d take care of them. So that helped very much. So no, I didn’t have any personnel problems. I had some individuals with personal problems, but they didn’t have to do their relationships with other personnel or with taking care of patients on the ward.

KV: How did some of those older, the corpsmen who had been in for awhile and were maybe older than some of the nurses who were still enlisted, how did they feel about these young twenty-two, twenty-three year old second lieutenants coming, they ranked higher than them or having to take orders from them? Was that ever a problem?

PG: No. It might’ve been in other places, but I never saw it because it’s a question of mutual respect. If you and I, and I was fortunate with the nurses, the young nurses on my ward, there was a mutual respect and you respected that person. He’d been in the military for a long time and he brought these skills, you brought these skills. No, I didn’t see that. Now, again, as I told you before, certain people, somebody who worked on my ward might come and tell you, “Oh, it was terrible, absolutely awful.” So I’m not saying that I saw everything.

KV: But they just didn’t voice it to you.

PG: It wasn’t in my awareness. It never affected the work of the ward.

KV: That’s interesting. Were there problems with alcohol or drugs or any of those problems?

PG: I was told there were, and I had one person who was affected by alcohol. But that was minimal. And drugs, I think there were drugs because every once in a while, you could smell marijuana, but I don’t know if that was patients, personnel, or the local indigenous in the personnel who worked in the area. So I know that those things were there and I know that there were some personal problems, probably more with alcohol than anything else. Because I was there in Vietnam before, relatively early on and those really became problems later on. So, I mean, one person that had to deal with, again, a personal problem that might’ve, you know, float over onto the professional, but other than that, no. I was aware of it, but didn’t see it, the affecting things.

KV: What other kind of things did you do as a head nurse on your ward?
PG: Well, you took care of patients. You interacted with physicians. You tried to get the supplies that you needed. We were pretty much in that regard. You tried to make sure that your personnel were trained to deal with any new circumstances that might come up because most of them didn’t consider working on a medical—that’s one thing I considered a major task and tried to do, and spent a lot of time at, is trying to help them see the excitement in caring for medical patients. Because most people think that the excitement is just caring for people who are wounded in action rather than the people that had the medical diseases. And I was always very excited about medical stuff and bugs and communicable disease and that kind of stuff. That really turned me on. So I tried to help them develop that as well, and tried to develop systems that would help them do their work more easily. And we were fortunate. For example, we had a psychiatric tech, his specialty was psychiatric technician, but he had been through some basic nursing care courses before he went to the psych tech course. And I remember during Tet, we were so busy and I remember coming into the ward one morning and he was working the night shift with one of the nurses. I came on in the morning and he said, “Guess what?” I thought, “Oh, what happened now?” He said, “We have gotten all the patients have had their morning care already.” And I thought, “Oh, what a gift that was.” And so when you saw things like that happen, you thought, “Oh, somebody’s gotten the word,” you know, and it’s really exciting to do these kinds of things. So, nice things happened as well as problems. So you did your patient care, you tried to educate personnel. You tried to interact with other units, you know. Because sometimes we had patients with very bad veins and I wasn’t the best getter into a vein, you know, I wasn’t the best putter in of IVs ever developed in the world. And so I’d go up to the anesthesia department and get one of them to come down and put the needle in because the nurse anesthetists could get it into anybody’s veins. Or you went up to the pad section, the admissions and start discussions to settle certain problems of when patients were coming and when patients were going. One problem we did have—but this was more with the admissions and other sections of the hospital—when patients were discharged, most of them from my ward were going back to their units and just really bothered me terribly to have them have to put back on dirty fatigues. And sometimes that was all that was available. So I made a big stink about that, that really we need to do something to get their fatigues laundered. I
mean, that may sound, you know, picky to you. But he’s come in, he’s gotten some rest, he’s gotten his iteration. He’s okay. He’s ready to go back to duty. It’s bad enough that he has to go back to duty, but to go back to duty in worn, dirty fatigues? So, I thought, at least I can do that for them. And one other problem, oh, one time, I forget what was going on, were we surrounded or we—the road was blocked, something, we weren’t getting supplies. Anyway, weren’t getting food supplies and the mess hall—and we had to serve our patients breakfast one morning. (Laughing) We had—it’s nothing to laugh at, I’m sure—we had to serve them bologna sandwiches or something because we weren’t able to get the other stuff. And that was probably, that lasted for two or three days, but then things opened up and we got our supplies. And again, maybe it’s because the human mind, at least my mind, I tend to forget the bad and retain the good when something that has a little bit of humor to it.

KV: Do you think on your ward you were able to become more attached to patients than on some other wards where they—?

PG: No, because our patients stayed, probably stayed less time.

KV: Okay.

PG: It’s very iffy. Some of the surgical patients, they were sent out quickly. As soon as they were stabilized, they were moved out quickly. But some of the surgical patients just were so terribly, desperately ill that they kept them for long, long periods and they became very attached to them. On my ward, it was kind of medium-medium. You became attached to them. We had some Vietnamese patients who stayed for a long time. We had some infants that they brought in. You became very attached to them. We had one little one, I still have some of the pictures with him at home, and we had to do a trach on him, tracheotomy. So, he was with us for quite a while until he could be rehabilitated. You became attached to them, whether they stayed short periods or not. I remember at Christmastime, we had—one side of the ward was practically all men from the 4th Division and the other side was all from the 101st Airborne. It was interesting. But anyway, because it was always a little bit of rivalry, you know, between different units, so that was interesting. But the Red Cross brought us decorations to decorate the wards. And I remember going, we had decorated, we had a little tree. My folks and their friends and my friends back home had sent me stuff of stockings and we put stockings on the
the beds and we stuffed the stockings. And we put up the tree and we hung garlands around the ward. One of them from each of those units had made a wonderful display. They had taken one of those old bed screens that have those curtains, like, suspended. They had cut out—I don’t know where they had gotten it—but they had cut out a silhouette of the Christmas crib scene and they had positioned it in a corner and they had put one of those old goose-neck lamps behind. It was beautiful. It was this wonderful silhouette scene of the Christmas scene of where the Christ child was born. They had this wonderful thing. They had done that. I was so impressed. The other thing I was impressed with was that we had stuffed all the stockings on each of the beds and during the Christmas time some of the men that were in each of those beds were discharged. They went back to their units, most of them. Without exception, they took one or two things out of the stockings at the end of their bed, and they left things for the next man who would come in. Isn’t that lovely? Most of these were youngsters. I just thought, “Isn’t that wonderful that they would do such a thing?” Not take everything with them and just leave something for the next guy that comes in. I thought that was wonderful. So, a lot of different things happened.

KV: In your little bit of time off did you socialize with the other nurses on your wards or with some of the other higher-ranking people or with the nurses, or did it matter?

PG: That was interesting. When I first got there we were all distributed through—all of the nurses, regardless of rank, were distributed through the hooches that were available. So, I stayed in a house with people I had known at Letterman and a couple of people I had met on the way over and we got kind of close. As they built more hooches, one of them was designated for field grade officers. Since I was a major, I was a field grade officer and I was supposed to move to that hooch. There was only one other of the senior officers that I was at all friendly with—I am still friendly with her to this day. There were a couple of others who were acquaintances that I’m friendly with now, but not as close as I was to this other person. So, I stayed in my hooch. Finally, I came back one day and the chief nurse had had the stuff moved from where I was to the field grade hooch. But the thing of our working hours, I worked rotation shifts. A lot of the other field grade people did the same thing, so it wasn’t a question of—I socialized with the
people with whom I was friendly, regardless of grade. I probably, because of age, most of
my friendships were probably with captains because they were more in my age range.
And the lieutenants, you know, they were young and they don’t want these old folks
bothering them, so they were doing their own thing. But we had the beach and then we
finally built a little officers’ club where we could go over and just have a few hours off,
you know, socializing. Then people from other units would come over because they liked
the beach and they would enjoy the officers’ club. So, you got to meet people from other
units. We were not supposed to go traipsing around the country, so we didn’t do a lot of
sight-seeing. I think I got into the town of Tuy Hoa about twice while I was there because
it was a long drive. You had to get someone with a vehicle because we didn’t have easy
access to vehicles. We would get someone with a vehicle and then ride along Highway
One and there was this choke-point. There was this bridge across this big river, and
because of the bombing and stuff it could only take traffic one way at a time. So, you had
to wait to get across. Vietnam is lovely, beautiful country. If they had air-conditioning
over there it would be a Mecca for tourists. The little town of Tuy Hoa was an old French
colonial town and it had a big market. The size of the vegetables in that area, because
they used human fertilizer, you would swear that all of the vegetables were force grown. I
mean, the carrots were yea big (gesture) and the tomatoes were this big (gesture) and the
pumpkins, etc. The people in that area were luckier than a lot of other Vietnamese
because they had the produce of the land, which was very generous in that area. They
also were a fishing community. The size of the fish you would not believe. It took five of
us once, and we could not finish one big crayfish. That’s how big stuff was. You always
had to be careful, though, about cooking. There was a little French bakery some place
around there. Enlisted personnel were always able to go find the French bakery and bring
back French baguettes and all that kind of stuff. I never went to the bakery, but some of
my enlisted men did. They always brought me back a couple of pieces. So, I got into Tuy
Hoa twice. I got down to Nha Trang once. I never saw Saigon. I got into country late one
night and as soon as they opened the door to the plane the heat just hit you like a wet
blanket. We were on busses into the replacement depot with screens on the sides to
prevent grenades from being thrown in. So, we stayed in the replacement depot for about
three days before we went to up-country where our hospital was. We went up on a plane
and when we got to the airport—what airport did we go into? Cam Ranh Bay, I think.

Then the chief nurse and the commander at our hospital had arranged with one of the local helicopter units to come and take us by helicopter from Cam Ranh Bay to our unit up near Tuy Hoa. So, they picked us up and gave us kind of a sight-seeing tour of the area before they dropped us down. When we arrived at the unit, it was just a wonderful experience in a way because a lot of the enlisted personnel had been there for a couple of months. They had gone over early and were building the buildings that were necessary. As they finished a building, then it would be used for whatever purpose. That’s why the nurses didn’t come up for so long because the hooches weren’t there to live in and the buildings weren’t there to accept patients. So, when we first opened the hospital, we had the admissions area, we had the emergency room, we had the operative area, the pre-anesthesia operative, and we had the surgical intensive and we had the medical intensive care unit. We continued to build the hospital as time went on. As more building was done and we could accept more patients, more personnel were assigned. But it was the enlisted medics for the most part who built all of the hospital. The only thing that the engineers did was lay down the concrete pad. Once the enlisted medics saw them do it, they were able the same things themselves. The enlisted medics built the whole hospital and as they finished one more building and could accept more patients, we would take a couple more enlisted personnel off the building teams and put them into the patient care areas. But anyway, the day we arrived—just as an illustration as to how the enlisted personnel were so wonderful for the most part—we landed at the local helicopter pad and they take us on trucks over to the hospital. We’d get off the trucks, this complement of nurses, and the first thing we’d do is they’d say, “We know you’re tired and we know you’re hungry.” So, they brought us into the mess hall and the enlisted personnel who were assigned to the mess hall had prepared a wonderful dinner. It was the first meal we had eaten in days because down at this replacement depot it was catch-as-catch-can in terms of any nourishment. We had a wonderful meal and then they brought us over to where we were going to sleep. They had made up our cots for us. Oh! I thought it was the most generous gesture and the most welcome gesture. So, that was a good start to our experiences. I don’t know what the point to that whole story was, but that was the first day there and that was the experience. That gives you a flavor of why I think we felt so strongly about
our enlisted personnel because we were all very much part of a team and cared for one
another. We had difficulties. It wasn’t all perfect. But for the most part, it worked well.

KV: Did you ever have problems with nightmares, flashbacks, or any of those
things after the war?

PG: The only thing that I noticed sometimes—not all the time—I seemed to have
a very active startle reflex. Like if I’m concentrating on something, if I’m reading or if
I’m heavily into doing something and somebody comes up and starts talking to me, I’ll
jump a little bit. But that’s about it. That’s the only thing I notice. That might be because
I’m hyper anyway. I wouldn’t contribute it specifically to Vietnam. But that’s the only
thing—when I read all the books and I read all these symptoms that you could have if
you have this PTSD stuff, is a startle reflex. But that could be a normal thing anyway.

KV: Is there anything that we didn’t talk about that you wanted to talk about, or
you thought that we would?

PG: I’ll probably think of it afterward, as usual. But, no. If I see anything in the
questionnaire that’s not covered and I think is particularly pertinent, I will ship it off to
you. We did go on missions outside, and that made our life a little less boring in terms of
being in the same location the whole time. We did go on what they called “MEDCAP”
missions out into the communities. We’d either go on trucks or we’d go in helicopters
and provide health care outside the hospital perimeter. I remember when I was there on
Thanksgiving, I went on a MEDCAP up to a Special Forces base someplace up in the
mountains. When we were coming back in that helicopter we did get shot at a few times.
Maybe my heart rate went up a bit then, but we were so quickly out of the range—but it
was an experience. But most of the other MEDCAPs were very peaceful. So, that’s about
it. I made a lot of friends while I was there, and before that when I was in basic, and since
then we’re still friends. I feel like we pick up with one another after years—we pick up as
though it was just yesterday. Interestingly enough, it’s not a lot of “Do you remember
when?” It’s what we’re doing now in the recent past and what we’re doing in the future.
It’s not conscious avoidance of it, it’s just that there’s more to life. I think that’s the one
thing with most of the nurse officers that I’ve met. It’s a big life out there and you need to
be fully involved. It’s a whole generational change now because the young people that
are coming in today have a whole new set of where their minds are at. It’s not the group
of single females and some men. It’s a group of people and nursing is one part of their 
lives and they’ve got a whole other set of things that they’re involved with.

KV: Interesting. I really appreciate it.

PG: Well, I hope it gets you some information.

KV: Yes. That will end the interview.