Kara Vuic: I’m Kara Vuic and I’m with Mary Messerschmidt. It’s May 29th, 2004 in San Antonio at the Army Nurse Corps Association Convention. So we’ll just start with where you grew up and where you were born and raised.

Mary Messerschmidt: Okay, okay. Well, I was born and pretty much raised in Ohio, in southeastern Ohio a long time ago. My dad kind of had the travel-itis. So we moved to Florida when I was four and World War II started. As they were bombing ships and things in the harbor and missed and caused a lot of excitement in the city and we moved back.

KV: Which city was that?

MM: It was, let’s see, Clearwater, Clearwater, Florida. You could actually see and that’s the one thing I remember as a child, you could actually see the ships firing at each other out there. You had to drive with lights off and everything. So my dad, who was 4-F, once they hit that harbor and the whole town shook, we came back to Ohio. So we did not stay down there. I don’t even think we were there a year and moved. He moved. I think when I joined the service in 1964 and had to fill out the forms, I had already lived in thirty-seven places. They wanted to know everything about—I had no idea where most of them were. We moved a lot.

KV: Your dad just liked to move around a lot?

MM: The grass was always greener on the other side, yeah. So travel was— moving was not new to me when I came into the Army. But decided at a young age, I was going to be a schoolteacher. I have an aunt that I was named for. I was called Mary
Lou growing up and still am at home. I didn’t like her. Her name was Mary Louise Messerschmidt also before she was married. I didn’t care for her. So my mother had been in nursing school before World War II and didn’t finish. She got mad at them because they made everybody stay in. She had a date and so she left three months before she graduated. But she did work as a nurse for years and years and years till they got strict about registration. I kind of liked the hospital environment, so—in grade school, I decided I’m going to be a nurse. I’m not going to be a schoolteacher. Not if I have to be like my Aunt Mary. From that point on, that’s what I wanted to do and what I did. She tried to talk me—she didn’t try to talk me out of it, she said, “If you’re going to commit to this, you’ve got to commit all the way.” So, I went to nursing school in Zanesville, Ohio, a three-year diploma program. When I finished, didn’t know much about degree programs. That wasn’t talked about very much, but decided I wanted my degree because they had asked me to teach and I didn’t have a degree. I thought you should have a degree to teach. So I did do some clinical teaching, but then decided to go to college, took a couple of courses at Ohio University, had a little campus there. So went to Cleveland, went to Western Reserve when it was Western Reserve instead of Case Western, and got my bachelors. While I was there, I decided to—a friend and I saw a sign in the nursing office at the university that said they needed Army nurses. This was really a surprise. This was in 1963. It must’ve been 1963 because I didn’t know they had nurses in peacetime in the Army. How would I know? I mean, I wasn’t in a military family then or anything. So we called—on the weekend, we went down to Cambridge, Ohio, my home, and said—the recruiter came in on Saturdays to the post office. So we both went up to the post office and said, “Do they take Army nurses into the Army?” He was ecstatic. He was a sergeant. He said, “I get double points for this.” So, by Monday, this was Saturday, by Monday when I was back up at school, the recruiter was calling. I said, “My, they are fast. They must be an efficient organization.” So I got to join—we both joined as first lieutenants under two years for pay purposes. They let me finish that year of school. So when I actually went to basic, I had my bachelors in science, bachelors in science and nursing. They paid me for a whole year, first lieutenant under two, full quarters, all of that. We call that kind of bootstrap. It wasn’t the traditional degree completion, but they just kind of let you go to school because they were short of
nurses. Vietnam was building up. I went out and bought a new mustang. Mustangs were brand new in the market and gee, I was getting all this money now. So I went out and bought a brand new—the bank and I bought a brand new mustang, 1964 ½ mustang. I hated it. I took it to basic, hated it. It didn’t have air conditioning in San Antonio in the summertime. So I got rid of it as fast as I could, but I wish I had it back. It’d be worth a lot of money today. I mean, they made it easy for me to come in and to finish my degree and paid me every month. I took a cut in pay—I was working part time—but I took a cut in pay and didn’t have to work during that year. Then they got—just several months after I’d come in, they had a major pay raise in the military. I went to basic in 1965 at Ft. Sam Houston and was one of the senior people, got to be a platoon leader and march. I had been in the band for six years in junior high and high school, so I knew how to march. They just kind of made it easy to do these things. My first assignment was BAMC, Brooke Army Medical Center in San Antonio. It was much like civilian nursing and I wasn’t real tickled with some of the things that I saw. I volunteered to leave. Vietnam was building up very rapidly. They were deploying nurses all the time. I was the third head nurse. In six weeks, the third lieutenant head nurse, I just was out of basic. I had come in with three years experience in nursing and my degree. I asked to go and sure enough, got to go to Japan with the unit, deployed with the unit. We were among the first units to deploy by air. Up until about that time, they were deploying people by ship. So we got to go, a general hospital, a thousand bed general hospital made three, must’ve been 707s at that point in time, three trips to Japan in the 707 with the oldest stewardess in the world. I guess for these special overseas flights, they had top priority, went to the senior people. Of course, I was twenty-six or seven. I thought they were 532 or something. But it was a real team building effort. I had never run into this thing kind of thing before because we went over as a unit. We unpacked cartons and cases and set up a thousand-bed hospital. We got there just immediately before Christmas of 1965. Kind of Christmas came, families weren’t over yet, people—really, it was a team by this time. Our hospital didn’t have any elevators, but it had three story buildings, four separate three story buildings. Plus many other buildings around the area had been an R&R (rest and recuperation) center during the Korean War I believe. Gosh, it was so nice, all these people working together. I got picked fairly early. I was a head nurse on a unit and I got
picked fairly early by the chief nurse because I had my degree to be the training nurse. So, I was still a first lieutenant and then got promoted to captain. I was supposed to get out of the Army. I will tell you, there was an old sergeant, Sergeant Bell who was the epitome of what you read about and hear about sergeants. He was an old black sergeant who did nothing. He expected his troops to do nothing that he didn’t do. He was Johnny on the spot. He was there religiously to help take care of patients, to clean up the place, to do whatever. One day, Sergeant Bell said to the lieutenant, because I was getting out of this chicken shit outfit as fast as I can. I would work hard, payback my time, my two years for school and I was leaving. He said, “You protest too much.” I went off on him, “Why I don’t know what you’re talking about. I wouldn’t stay in this outfit for all the tea in China.” It was about this time they had asked me to be a recruiter and to go listen to this recruiter because that would be a place I could be assigned to. I said, “I wouldn’t do it.” I wouldn’t do it. There were just things that I just didn’t care for. So while I was there, the chief nurse, Col. Rita Guys whose now dead was just fantastic, very personable. People got to know you. You got to do varying things. We said one day to her, this friend and I, “What if we decided to go to school or something and stay in the Army?” Well, she was excited. I had, while over there, had written to Ohio State and was accepted to the graduates program in nursing and had my little letter, said, “You will be accepted,” because I knew when I was getting out of the service in ’67. She said, “Jeez,” you know. So I wrote a letter to career activities, our assignment branch and said would they consider sending me to graduate school. They wrote back, “If I went Regular Army, yes, they would consider sending me to graduate school.” What is Regular Army? What do I know? Then they said—I went down, I talked to the chief nurse. Oh, she was excited. “Sure, Regular Army.” The whole system of doing that was far different than it is today. So I wrote back, probably in pencil or pen, maybe in pen, but handwritten. “Well, if I decided to go Regular Army and you didn’t let me be in graduate school by such and such a time,” and I was very generous. I gave them another six months. “How would I get out of the Army because you violated my contract?” “Well, you will be in the graduate school no later than”—then in the meantime, they sent a letter almost right away that said, “How would you like to go to the Army Baylor program?” I said, “What’s the Army Baylor program?” It was a graduate program in hospital
administration. Now the thing as a young nurse that surprised me is I said, “You mean
the administrators go to school?” They act kind of dumb. I didn’t know they ever went
to school. This is the perspective of a young nurse on a ward. They were all excited, the
chief nurse, the executive officer, everybody was really excited that I had been made this
offer. I was the first Army nurse to get to go to this program. It’s at Army Baylor, it’s
held here in San Antonio, as a company grade, as a captain. They’d always waited till
they were at least majors or so. They said, “Maybe we’ve been waiting too long. We
should send people younger.” So then they topped it off by saying I could come back
early to the States from Japan. It was either that or I was going to get out or you know.
So, okay. They brought me back. I did not go to the career course, which was then a six-
month course for nursing and anybody else to learn more about the Army. They waived
that and allowed me to go directly to this Baylor program. It was going to be—I was
going to come home, go to the career course, work a few months and then start the
program, the Baylor program, the following year. But they brought me back in ’67. I
didn’t go to the career course and they started me right away in this graduate program.
There were five nurses in the program. There were a total of sixty people. There were a
couple of docs, a dietician, a physical therapist. The rest were all Medical Service Corps
officers. It was just an excellent year of learning and doing and seeing about how
hospitals work. I saw my first big computer system at USAA (United Services
Automobile Association), which is an insurance company that caters to the military, had
this fairly large building. They now have acres and acres, but at that time, they had this
huge building and almost one whole floor was nothing but computers. It was in the old
day with the big tapes and everything. Well, I was impressed. I had never seen anything
like that before. We went on then to—I did a residency in hospital administration. It’s a
two-year program. You do the didactic year here in San Antonio and then you go off.
You had to do a thesis. I think they call it something else now, but I got to do my thesis
on distribution systems in central material where they have supplies for patients and
equipment and stuff where they sterilize things. I went to the University of Kansas,
University of Kansas in Kansas City, Missouri, is where it was. University of Missouri in
Kansas, whatever one it was up there. So I spent a week up there gathering data and
another week back doing reviews and things later. The Army gave this to allow the
students to do this. They did it based on administrators sending in problems that they wanted a student to take a look at. So they were real life problems that they had. They really published this data. It’s a hardbound—it’s found in the library here on post. I don’t think anybody else has it. But many years after that, and I didn’t ask permission from anybody to quote anything or do anything in this, but there’s a book published and I’ve even forget the name of it that my thesis was quoted in. I said, “Oh my heavens, I’ll probably go to jail,” years later, a hospital administration book of some kind. I said, “Wow.” Following the year at Fitz Simmons in Denver, Colorado, I went to Vietnam. I volunteered to go to Vietnam. I thought Vietnam would be long over before—none of us thought a war would go on that long. I was assigned to the 91st Evac hospital in Chu Lai, Vietnam. It had changed hands. I think it started out as a Marine hospital or Navy hospital or something. The 91st itself had moved around the country, but it was at that time, it was right on the ocean. It wasn’t real nice, but it was right on the ocean. I was there—actually, I was only there for ten months. I was credited with a full year tour. Almost exactly to the day of ten months, my mother died suddenly. So when I went home on emergency leave, I didn’t come back. I didn’t have to come back. They said, “You’ve completed a tour and you can stay in the States.” Now I will tell you, during this whole time, people would say to you, well the reason you don’t have any help to take care of patients is because they’re all in Vietnam. But when you got to Vietnam, you said, “Where’s the help?” “Well, they’re all in the States.” Somewhere along the line, you have to do more with less. That was the philosophy. So while I was in Vietnam, I had volunteered to extend for a year in Vietnam because at early in my time there, they ask you where you want to go afterwards. My parents were on the east coast. So I thought, hmm. They were in Ohio. About the closest I could get, I could guess I could get to Kentucky, but was the Washington D.C. area and I thought would be a neat place to live for awhile. So I put down that I’d like to go do Belvoir, Ft. Belvoir in Virginia, Ft. Meade in Maryland or Walter Reed. So Belvoir, Meade, or Walter Reed. I knew they wouldn’t send me to the medical center because I had been at one medical center and then I had been at the large hospital, a thousand bed hospital. So I figured they’d want me to go to a community hospital just for my education. Low and behold, I got orders for Walter Reed of course. So I tried to get out of that, had already extended and they turned
it down, said I had to go. Then when my mother died, I came back of course a few
months early, earlier than planned. I will tell you that my tour, which seemed to last for a
lifetime at Walter Reed was—Walter Reed’s the best hospital in the United States
military as far as I’m concerned and certainly in the Army. I had been ICU (intensive
care unit) nurse in Vietnam. When I went to Walter Reed, I was treated because I didn’t
have a sponsor or anything because they didn’t know I was coming yet—I was there
early. The chief nurse took me all around the area the day I got in and she allowed me to
go to dinner that night with she and the assistant chief, whose birthday it was. She picked
me up and took me everywhere and the next morning, picked me up again and took me
everywhere. I was impressed. I had never—and most of the chief nurses office up to that
time had been in little closets, little small rooms and things. This lady, this big area, and
oh, I was impressed. I went to ICU and recovery room at Walter Reed and was there for
a couple of years, got to be the head nurse very shortly after I got there. I went on
evenings after I said, “Please help, help, I need a rest,” they let me do evenings and nights
for a while. At that point in ’70—this was ’72, the end of ’72, then General Dunlap had
just been promoted. She had been a chief nurse there for just a few months and got
picked up for general. She came up to me one day and said, “How would you like to go
to the U.S. Army data systems agency? It’s in Frederick, Maryland.” I said, “What is
that?” She said, “Well, they’re putting a team together of nurses and doctors and
computer people. They want to start looking at automaton for patient care.” Well, now
my experience with automaton so far was visiting that USAA building, right. She said,
“We’ve never done this before and this could be a career field.” She said, “I see this as
something that’s really going to grow.” So I was assigned to the data systems agency in
Frederick, Maryland, which was not too far. I drove everyday, sixty miles. Well, it was
about thirty miles up. It was really kind of the beginning of looking at things. Very
shortly, this team grew and grew because the surgeon generals had said—or the
department of defense chief had said, “We’re not going to have three different, the Army
system, the Navy system, and the Air Force system. We’re going to have a healthcare
system of automaton.” I’d been in the Army now close to ten years and I was a major
and I thought, hmm. As a group of nurses and doctors and healthcare people and data
systems people and logistics people, the whole team was kind of represented in this group
that became known as the Tri-Service Medical Information System. I was there when we helped pick the name. I was the first nurse assigned. Then we had a couple of other nurses that joined us. It’s still going on. It’s called the something else now. It’s not TRIMIS (Tri-Service Medical Information System) anymore, but it’s another—DIMS (Data Information Management System), Defense Information Management System. This was in ’72, the end of ’72, starting in ’73. As apart of this job, we decided we did not want to automate what we had. We wanted to modernize how we delivered care and automate that. We probably didn’t realize what we were undertaking. But for the first time ever here are doctors and nurses with a real patient not involved. You don’t have to be concerned you’re going to hurt somebody. We could sit down and fight and argue and agree or disagree without hurting anybody. We came up with a concept. A nurse researcher had said to me, “What kind of nursing are you going to automate?” I said, I shook my shoulders and said, “What kind of nursing?” She said, “Well, yes. What kind of nursing? Are you going to do functional nursing? Are you going to do team nursing? What are you going to do?” I said, “We do functional nursing in the military and did at that time.” She said, “Well, you can’t do that. Come and visit with me.” Now she was an active duty lieutenant colonel research doctoral person. She had been hired by the civilian community to introduce something called primary care nursing at children’s hospital in Washington D.C. I said, “Primary care nursing?” So she asked me to come with her one day when she was giving a lecture and things at that hospital. Jeez, I was impressed. It was sort of a nurse being responsible—and there’s a lot of variations on this—being responsible for a patient from the time, not for its minute to minute care, but for the plan of that care and for the execution of that care from the time they’re admitted to the hospital until their discharged, at least till their discharged and maybe following them into the community, but at least in our concept from admission to discharge. Somebody, single person would be following that person. Well, that sounded impressive, but I thought, hmm, I don’t know. But she helped me write up a little thing to present to the chief nurse at Walter Reed, who became a corps chief shortly thereafter who said, “Well, it looks like something that we used to do a hundred years ago and I don’t think so.” She had a doctoral person just finishing school who was going to come and work for her. I had to wait till that person came. We argued and fought and had a group and even
went to places on our own, at our own expense on weekends to work with a group from Augusta, Georgia, that’s who Frazier—Col. Sue Frazier was the chief nurse down there to come up with some kind of concept that wasn’t the functional nursing concept that was more modern. All the time, I’m working with the automation group. As a result, we also got to travel, our team, our TRIMIS team got to travel throughout the country, going to places that had automated systems, clinical automated systems. There weren’t too many at that point in time, but there were some. Also, different forms of nursing like primary nursing, team nursing, whatever. It might be one of the best things that ever happened to me because at ten years, you get a little restless and gee, maybe the grass is greener on the other side. I got to go out and see what people were doing firsthand and not just one place or two, but many places throughout the time I was assigned to this group. I also worked in the hospital on weekends and things and we started a modeling effort at Walter Reed. We started it on one ward with the docs involved, the dietician, the pharmacist, everybody involved and trying to modernize how we were giving care. It was just a fantastic experience. I really watched a unit that gave deplorable care, did absolutely rotten care of Walter Reed blossom under this concept when we moved it. One nurse that I would’ve fired had I had the option, as a young major, I didn’t. I would’ve fired her long ago. I thought she was terrible. She blossomed. She was an older woman, but she blossomed with the attention she got and with what she was doing and the accolade she received from what she was doing. So I was a strong, firm believer in changing how we did business. From ’70 to ’78, I was assigned to Walter Reed and to this TRIMIS thing. Sort of later on, the nurse that had come to be the project for the chief nurse was moved to become a chief nurse somewhere. I got to take her place over at the hospital, but I still had this close connection with the TRIMIS group and with the hospital. I worked directly for the commanding or for the deputy commander of one star general and got to continue doing, getting ready to move into the new hospital. So, management was introduced, unit dose pharmacy was introduced and I got to oversee much of this stuff. So I was selected then to go to—I was promoted then to lieutenant—I had a secondary promotion to lieutenant colonel. So I got promoted ahead of my peers to lieutenant colonel. In ’78, was selected to go in residence to Command and General Staff College at Leavenworth, which is a
tactical orientation. You learn about fighting and all of that. I knew nothing. I knew nothing. It’s supposed to be the best year of my life. I kind of doubt that, but it was an interesting year and I met—there were nine hundred students at this program. There were five women. It was all kinds of students, all fields. A lot of line officers, a few medical type people, nursing, MSCs (Medical Service Corps), doctors, very few of us. But I got to be a leader of a unit, a group of about sixty at that level too. Nursing hadn’t been allowed to do that. Although, one of our former chiefs, General Slewitsky had been the whole class leader when she had been there. Then they had stopped it and they weren’t letting other—they thought this was for line officers to be in charge, not for other people. But it worked out. It was a good year. I enjoyed almost all of it except all those maps everywhere. From there, I went to Europe as an assistant chief nurse in Frankfurt and worked under who became Gen. Adams Ender and got promoted again, secondary zone to colonel, right before I left there and got my first chief nursing job at Nuremberg Hospital in Nuremberg, Germany. I had decided, there were two jobs that I think are great as a nurse. One is a head nurse and one is a chief nurse. Those two jobs I really liked. When I finished at Nuremberg, I split my three years over there between Frankfurt and Nuremberg. I went back to Ft. Campbell, Kentucky. I arrived at Ft. Campbell the day that they dedicated a brand new hospital called Blanchfield Army Community Hospital. Colonel Blanchfield was the chief of the corps during World War II. During her tenure, they went from just a couple of thousand nurses to fifty thousand nurses. I had also taken care of this woman as a patient when I had been on ICU at Walter Reed in ’71. She died in that year I believe. That was the first fixed kind of facility, large facility that they had ever named for an Army nurse. So the day I signed in, they had this huge dedication ceremony and the surgeon general and all kinds of former corps chiefs. I thought that was nice of them to have this party for me. I spent two years there and was selected by General Slewitsky to go back to Europe to 7th Medical Command where I was able to be the chief nurse and consultant in nursing for Europe. That was in 1984 that I went back in August of ’84. At that point in time, they had eleven hospitals and sixty-four health clinics in Germany. We were trying to set up in case of another war. So we were setting up these fighting hospitals and prepositioning them and getting stuff in. So I got to travel a lot in Germany just in that job. I was there for three years and was allowed
to come back to Walter Reed. So I came back to Walter Reed in 1987, in October of ’87, became chief nurse. A friend of mine was the chief nurse at that time there, Jim Romeo. I became the chief nurse at Walter Reed in June of ’88 and stayed there until December of ’92, when I had been selected by the then corps chief, General Adams, to participate in what became known as Task Force Aesculapius. It really was the worst year of my life. It could’ve been the best, but it wasn’t. There was a lot of medical—we had two doctors, two MSCs and then a smattering of other people in this team. So we were kind of outweighed in many things. The purpose of this group was to reorganize the Army medical department. I think there’d been some edicts handed down from Department of Defense and Department of the Army saying, “You got to modernize your structure and move some people out of Washington,” and things like that. So, at the end of that, I had finished thirty years of active duty in January of ’94. I retired in February 1st in 1994. Oh, I had also been to the War College. I was selected for the War College by correspondence course, which is the Carlisle Barracks. The one school was tactical, this deals with philosophy and higher-level things, and that’s at Carlisle Barracks in Pennsylvania. When I think back to this, “I’m getting out of this outfit just as fast as I can,” and it took me thirty years to do it, I really, I thoroughly enjoyed almost everyday that I spent in the military and can hardly believe I spent thirty years in it, can hardly believe I’ve been out for ten, but it’s just been a good ride. It’s different. It is totally different being in the military than being in civilian nursing. The camaraderie, the esprit. You don’t see that in other situations very often. The magnet hospitals probably come a little closer, but I don’t think they would come close at all. If you just look at this group that’s meeting down here after all these years, some of these people are in their nineties and they didn’t spend a career maybe in the military. They maybe were in just for a couple of years and got out. But something about the military—and there’d been some bad days, but for the most part, they’ve been—

KV: Was it, I mean, did you have any idea about those sorts of things when you went to the recruiter in the beginning? What did you think?

MM: Oh gosh, no. In fact, I was scared.

KV: So what was it that made you—?
MM: Well, our perception that my friend and I thought maybe it’s like going to prison but they’re going to pay us some money to go to school, so maybe we could stand it for a couple of years.

KV: Was that kind of the main motivational factor I guess—

MM: Money.

KV: Was the money?

MM: Money. It wasn’t duty and honor and country, though I had no problems with that. Actually, it was money was the reason I was joining. They were going to pay me to go to school instead of me working part time and going to school. I did not have to work fulltime. My parents were very generous. They allowed me to keep my car. They paid my insurance. They gave me spending money. But you’re twenty-six years old and you think you ought to be out on your own maybe by now and so, why not. It’s kind of a lark. Go try the Army. Vietnam, I don’t know if I—as a matter of fact, there was a Vietnamese student, a graduate student that lived in the dorm where I lived—it’s a graduate dorm. It wasn’t a traditional dorm. But it was kind of off—it was on campus, off campus kind of thing, on the street. We had to go to her and find out where is Vietnam as it started building up. I was there when President Kennedy was killed, actually, visiting in a nursing home as part of my nursing education in undergrad, the day he was shot. As we were walking around, we saw all these—we thought they were old, they probably were my age—people sitting around these TVs and they were all upset. Some of them were crying. We said, “What’s going on?” They said, “The president’s been shot.” We thought, yeah, yeah, right. I mean, what do they know? They probably are senile. I don’t know. Then all of us started, of course, watching as the story unfolded. Sure enough, he had been shot and killed. But it was purely money.

KV: Then what made you stay in? When you said in Japan, you weren’t dissatisfied and wanted out?

MM: Japan was the satisfying portion, the first real satisfying portion. The chief nurse was phenomenal. They made it easy for me to go to graduate school. I mean, I’d been out in the civilian world for a couple of years and I knew that it cost money to go to school. I paid for some of my schooling. Why didn’t I go to Ohio State? That would’ve been cheaper, but I selected Western Reserve. So, it just was easy to stay. Had I gotten
married and had a family, maybe I would’ve gotten out, I don’t know. I don’t know. I liked it. I just liked it. I liked the jobs that I got. I was offered some opportunities that most of us don’t get, with the TRIMIS experience and going out and seeing how the other half lived. Most nurses never see something like that. I’d taken care of the soldier, was good, and I had one soldier—as a matter of fact, when I was in Frankfurt, which was a few years after I’d been in Vietnam. I left Vietnam in ’70 and this was ’78, ’79 probably, I was making rounds on the pediatric ward. A gentleman came up to me who had his son or daughter as a pediatric patient and he said, “I know you.” I said, “Where?” He had been a sergeant in Vietnam and had a troop as a patient on ICU in Vietnam. I had been the nurse taking care of that patient. That had been eight years. Now granted, it’s a little easier, I mean, there’s many, many men there and not very many women, but still, he only saw me for a very short period of time. But when he related the story, I knew exactly what patient it was.

KV: Were there things that made the Vietnam year different than others?

MM: Well, my mother’s death of course. I’m an only child. I had tried—when I found out that she had had a heart attack and was in the hospital—she was fifty nine—and that she was in the hospital, I went to the Red Cross and tried to call back and they wouldn’t let me. They said, “The doctor hadn’t declared her critically ill.” So the next words from the Red Cross were that she was dead. I never was too happy with the Red Cross from that point on, but not all of them were bright. Taking care of patients in that situation—I mean, when I got to Walter Reed and I was again working on recovery ICU, they would call for a bed from the recovery room to come and get a patient that was coming out of the operating room. I took care of many of the same patients I had taken care of in Vietnam at Walter Reed. The names I remembered or the faces I remembered. One patient that I saw who had progressed some was a bilateral amputee who had been going to become an Olympic runner. Of course, when I saw them, they had no blood and they were quite ill in Vietnam. But he approached me in the dining room at Walter Reed one day in a wheelchair. He was going to recreation or something. I mean, he had color in his cheeks and everything. I didn’t recognize him. He recognized me as being his nurse in Vietnam. So, you made an impression on each other and certainly on patients. We had Vietnamese patients as well. My first experience there was taking care of
Vietnamese prisoners of war, North Vietnamese and Viet Cong, as well as family members. We had one ward and we had them separated by a little H bar that had the bathrooms and things in it. The hospital I came from and the job I went into is where the nurse, Sharon Lane was killed by incoming. She had been the head nurse like one before me, although the hospital had changed hands by then. A different group was there.

KV: What did you think about treating the POWs (prisoner of war) and the VC (Viet Cong) and the NVA (North Vietnamese Army)?

MM: Well, they were patients and they were sick or wounded. There were MP (Military Police) standing right there. I really didn’t have a great—I mean, you had to be kind of humanistic about it. If there had been a problem that I had to make some choices, now I never had to make choices between American patients and Vietnamese patients ever—and I’m sure the same thing is true in Iraqi freedom right now—because these patients were separated from American patients. I suspect, if you didn’t just respond to something just out of the blue, if you had a second to think about it, you would certainly try to save first the civilians and certainly the children before you tried to save the prisoners. Except, we didn’t always know if they were truly prisoners, I mean, if they were really bad guys or not. They’d been picked up as bad guys, but how do you know? I mean, some of these prisoners of war were very, very young. I mean, they must’ve been young teenagers, not eighteen or nineteen. Younger, they weren’t shaving or anything. I didn’t have any trouble taking care of them. Had I had to make a choice, then it would’ve been a little bit, not much, the Americans would’ve come first. The American or the allied forces would’ve come first. Fortunately, we didn’t have to make those choices. During that experience, the drug problem in America, this is in 1969, ’70, was becoming very apparent. We even opened up a drug ward because of the problems we were having with people.

KV: Did you ever have to work on that ward or—?

MM: Yes, I was one of the two people that opened it up. Then I fortunately got off of it. That’s not my deal. I’m not a psych nurse. I’m not a drug and alcohol nurse. I prefer med/surg and actually I prefer intensive care or did then.
KV: What kinds of things did you do besides just your regular nursing? I mean, did you have time off in the day or in the evenings, depending on when you worked or did you—?

MM: Well, we worked twelve hour, at least twelve-hour days, six days a week. You slept. The food was awful. I lost probably fifteen pounds there. I didn’t know that they had salad, lettuce and stuff. We didn’t get it over there. Apparently, it didn’t grow over there. If it did, they’d put night soil on it. You know what that is? Human excreta to make it grow. So we didn’t get that. We had a lot of cabbage. I couldn’t look at coleslaw for several years after I left Vietnam. The Vietnamese—when I got home, when they let me go on emergency leave, I mean, they got me out of there very rapidly. Actually, when I got home, my unit—now in today’s Army on the battlefield or in the field, a theatre, they have cell phones and email and all of this. We had one Red Cross phone that you could stand in line at for hours trying to make a call to the States. You had U.S. mail, and that was it. Today, they have—thank God for them. I think it’s so much better, so much healthier for them to be able to communicate in some way with their family and friends. When I got home and the Army very nicely—I had a friend that I came into the Army with that had been a friend since nursing school and the Army allowed her to take emergency leave because she explained to them that I was an only child and there was nobody with my father. So they let her go back from Denver to Ohio to be with my father until I got there from Vietnam because there was a lapse in time before I could get there. Another friend of mine flew in from Denver I guess. She was in Denver too at that time. They were there when I got there. They were there with my father who wouldn’t do a thing until I got there. He didn’t pick a casket or anything. It took a couple days for this to all unfold. It was—they’re undoing my suitcase because all I had was what I threw in a suitcase and much of it had been washed in Vietnam. The odor when they unzipped that suitcase, everybody is going, “Oh,” because they would wash our clothes in a big tank. Everybody’s clothes went into this big tank. Mama sans would—oh, it was terrible. The odor was—the thing that’s always missing in movies and everything is the odor. It’s like when I was assigned to Japan for those two years, one of the nurses that was assigned there at the same time, her mother had come to visit and she had gone down to buy some—the daughter had gone down to buy some fish and brought
It home and her mother said, “That is spoiled.” She said, “It smells just like it does over there.” I don’t know, they had these open fish markets. So the smell of fresh fish is kind of mixed in with the odor of fish that’s kind of old. So, you never get the odors. Maybe that’s good. If they released that odor into the middle of a movie theatre, I think it’d evacuate.

KV: Well, what did your family think about you going to Vietnam? Were they concerned or supportive?

MM: Well, first of all, remember that I was an only child. So here I am, twenty-six when I joined. So, my dad who—he never really ordered me or tried to order me around or anything. He probably thought it was impossible. But he had gone to the local truck stops in Cambridge, Ohio, and he would just talk to strangers as they’d drive in. “What do you know about the Army?” because he hadn’t been in. “Well, what about Army nursing?” “Oh, my sister was an Army and she was great,” or, “I met my wife when she was in Army”—so it was fine. They thought that was a grand idea. When I went to Vietnam, I really didn’t tell them that I volunteered to go. I wouldn’t have had to go obviously, as an only child and stuff—they wouldn’t force you to do that kind of thing. But I wanted to go. Being in the Army, that’s why I came in was to do something like that.

KV: Did you have an opinion on the war? I mean, this is after the big Tet and all of the press about that?

MM: I thought it was my duty to go up there and help take care of the troops. I was not anti-war or anything. I thought, if the president said to do it, then that’s probably what we’re going—president and congress, that’s what we’re going to do. My job’s to go over and take care of the troops. I had a friend that was over there—actually, she’s attending this conference now—when she was there, she’s from Michigan, Detroit, and she was there a couple of years ahead of me. Here she was in Vietnam calling Detroit to find out if her family was okay because of the riots. We said, “Hmm, there’s something wrong with this equation.” Now there, in that day and age, you still didn’t know where the front lines were. You thought you did, but the nurse that was killed was killed right there when an incoming came in. Planes made mistakes and dropped bombs where they shouldn’t. Some dentists at that hospital, right before I got there, they had gotten together
and had somebody—I don’t know if a company or family or whatever—send them a boat that they put together. Not a big boat because remember, we were on the ocean, although it was very rocky and hilly going down. So, they were putting together this boat and they had just finished and it was going to make its maiden voyage into the ocean. They had it leaning up against the dental clinic. It was more than a canoe, but it was not a huge boat because it came through the mail. Anyway, they had incoming and they hit that boat and it became toothpicks. It kind of took out the side of that building and knocked thedentists down and the patient out of the chair.

KV: I’ve heard a similar story. Did you serve with Jennifer Lundberg?

MM: Not that I know.

KV: I’ve heard her say a similar story about some people getting a boat and it getting hit before it ever got shipped out.

MM: Yeah, she could’ve been there when I was not there, because this happened right before I came.

KV: Okay.

MM: So she could’ve been with that unit then. Yeah, that was classic. One day, they had this patient—the Vietnamese when they came in, our helicopters would pick them up and bring them in if they were hurt or injured or something and sick. They were very sick because they had worms and malaria and all of that. So they were usually sick before they even got started. So they had an outhouse. They had a hooch that they could stay in. They had this outhouse and it was on this rocky incline down to the ocean back by our emergency room. Our helicopters, the medical helicopters would come in and they’d swing around and then they’d fly off. This was a field helicopter that came, a bigger one, that brought one of their buddies in. When it swung around, it had a blast on it and it knocked this outdoor john down over this hill and this poor Vietnamese man was in it. Of course, besides what went all over him, he had a broken leg and—but, if anything happened, if there was a major hit somewhere, even if you’d worked twelve hours or something, when you heard those choppers coming in, people would go. They’d go and see what they could do. So, it was a different thing. You don’t find that in the States. People go home. They’re with their family. They drive twenty-five miles to get there. But there, the only thing you had to do—it’s kind of boring. You couldn’t go to
the store or down to the local café. There wasn’t anything. They had a PX (Post Exchange) and you could go get coke or cigarettes or whatever. They didn’t even really have a real club, one that people would put together. One of the things that they did is that they were going to give us air conditioning. So they—I don’t think it was the Coast Guard, but the people that build things came in and—it wasn’t the Coast Guard. It’s the other group. I can’t remember their names right now, but they came in and they built concrete slabs outside our hooches. There were three or four double story buildings.

Then they drilled holes from one end of this thing, so like twenty rooms, down to the other end. That was for the ventilation system to go in. Then one day, they brought these big cranes in and they brought these huge air conditioners and they set them down on these things. The next day, they came and picked them up and took them away. So we were left with a slab and holes. We never got our air conditioner. We did have window air conditioners in the intensive care unit, but that’s the only place—and the operating room, but that’s all. Winter, it was like being in different countries. It’s sort of like being in the United States from Florida to Montana or something. In the winter time or whatever their winter was in say around Saigon, the sun would shine. The earth would crack open. It would be hot, hot, hot. Then, a storm would come up, out of the blue, it would just pour torrential rain. Within an hour, the earth would be cracked open again and the heat and the sun. In Chu Lai, they had—I wrote a friend in saying, “We have had twenty-nine inches of rain this week and it’s cold.” Now cold was a relative term. It may have been sixty or sixty-five, but with all that rain and no heat or anything, it was cold. It was damp. They issued us winter shirts to keep warm. It didn’t stop. For a whole month, it didn’t stop. It rained and rained and rained. One group that received my heartfelt thanks is Sears, Sears Roebuck. They had a catalog system and you could order paint. You could order a toilet seat. You could order anything out of their catalog and they would send it to you as quickly as they could. So, people would order paint to paint their room or a bedspread or whatever, and of course, something from home. I remember one lady got—she went to the dining room and got some eggs. Dining room—it was a mess hall at the lowest order—went to the mess hall and got eggs and her family had sent her some cheese that would keep en-route. She made scrambled eggs and cheese. That was the best food I had in ten months in Vietnam. I mean, we were drooling. It was so
good because they could ruin anything in their dining room. But it was—I never
regretted having gone to Vietnam. I think I would’ve regretted had I not gone. It is not
an experience—I don’t really have any desire to go back. Many of my friends have been
back—I don’t. The lady that does my nails is Vietnamese and came out in ’75 as
things—her husband had been a pilot, a South Vietnamese pilot. So they had to leave.
He was going to die. She’s been back several times and tells me they have cell phones.
Everybody has a cell phone. They don’t have in their homes computers and Internet, but
they have them in these little shops that you can go into and use the computer and the
Internet. Everywhere, every corner has one. But they still have many, many major,
major problems.

KV: Now you were a little bit older than a lot of the nurses?

MM: Uh yeah, well, I wasn’t the oldest, but I had just been promoted to major
when I went over there, which kind of set me aside in the first place. I was thirty-one or
thirty-two when I went over. So, a new graduate would be twenty-two. So I was about
ten years older than a new graduate. But anybody who was a captain or a major or so
was my age, was up where I am.

KV: Was there a difference—?

MM: I think the biggest difference in how you adjusted to having been there and
seeing people’s legs and arms and heads blown off was not as much age as whether or
not you stayed in the military. The people who got out of the military because it was an
unfriendly nation at that point in time, there wasn’t anybody they could talk to—women
weren’t that well recognized anyway. I had a sergeant over there, a field guy, say one
day, “Yeah ma’am, well, yeah, we have it tough out there, but we may go days and days
and never see anybody hurt or injured or sick. You see it all day everyday.” I guess
that’s true. That’s the only thing you see as far as bad things. It’s like being a policeman.
All you ever see is domestic violence, so you think everybody beats their wife. But my
personal opinion in knowing some friends that I had and some of them were younger, but
some of them weren’t and they got out of the service right away. I went to an American
Nurses Association Convention talking to a friend or talking to a friend who had come to
the convention as well. We’re sitting at this table when this older woman, sixty, came
over to the table, a very thin older woman, came over to the table and leaned down and
said, “Were you”—oh, we had to go in uniform in those days to conventions—“Were you in Vietnam?” We both proudly said, “Yes, we were.” She was livid. She was screaming and yelling and I kind of got a smart mouth. I was going to say something and the nurse I was with is a psych nurse and kicked me under the table and said, “Shut your mouth. This lady is off of it.” I mean, she started screaming and swearing at us and all kinds of things about how horrible we were. When she left our table, she went over and sat down caddy cornered from us at our little table and she ordered tea or something. All this time, she’s talking to herself and we’re kind of trying to get our check and get out of there. She needed cream or something for her drink and she asked the waiter for something. She didn’t have it on her table. He came to our table, picked up this whatever it was, I think it was cream and took it over to her. She dumped it right in the middle of the table. I mean, we left.

KV: She was apparently a civilian nurse.

MM: Oh, no. She was just a civilian of some kind.

KV: Oh, okay, not even a nurse.

MM: Just a citizen of something. She didn’t have any accent, so I’m assuming she was an American, but she was just met on the street, just somebody that saw us in uniform and acted so sweet until we said, “Yes, we were in Vietnam.” But it was bad then. They stopped. The Army said, “Don’t wear your uniform places after awhile. Don’t go, don’t travel in uniform. Don’t wear it to conferences,” because we always have had to do that. Now we do it too. But now the young kids do it too. They’re allowed to wear their uniform, but it was bad then.

KV: Did you have problems with flashbacks or nightmares or any of that?

MM: No, I didn’t. I didn’t. I’m fairly pragmatic about things. You do what you have to do and it’s over with. I went to see a movie that was about Vietnam and I’m forgetting which one it was. It’s relatively, you know, in the last ten years. I didn’t think I had any kinds of problems. A couple of the scenes, I was sobbing. I mean, I don’t sob. I don’t cry very easily. I just couldn’t believe that I was doing that. I mean, it just didn’t—now the one thing I had trouble with was adjusting to my mother’s death. It took me several years to really come to grips with that. But what’re you going to do. It happens. She would’ve died whether I was in Vietnam or not. Maybe, who knows, if
you could’ve gotten home and seen her and maybe got a different doctor or whatever.  
But chances are, she would’ve died. Women don’t do well with heart problems. In those  
days, they did very poorly. We don’t develop the collateral circulation that men have  
years to develop. We kind of keep good circulation till we go through menopause and  
then we have to hurry and catch up, developing this collateral circulation. Men start  
young. They’re doing it for a lifetime. But I did not—I probably, had I been twenty,  
would not have had some of the problems that I’ve seen. But then as a young school girl  
and everything, I wasn’t giggling and, “Oh, dear and oh, my,” and, “Oh, he won’t take  
me out.” That was not my style. I saw in some of these people, they are so intense, so  
intense. I think people who are extremely intense about things have a terrible time, not  
just with going to war, but with anything that happens in their lifetime that’s not just as  
they would like. That’s just my philosophy. The same thing will happen with Iraqi  
Freedom and happened in Desert Storm and I was still on active duty. I was chief nurse  
at Walter Reed when Desert Storm happened. Some people are just very dramatic. Some  
of these flashbacks, I think there has to be multiple things going on with people for that.  
But just my personality and nature, I just—I’d rather be in control than out of control.  

KV: Well, is there anything we—?

MM: I feel sorry for them though. I think they need all the support they can get.  

That’s it.

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

MM: I doubt it. I’ve been talking nonstop.

KV: Well, I really appreciate it, very helpful. Well, we’ll end the interview.