Kara Vuic: This is May 1, 2004. We’re in Salt Lake City at the reunion of the 71st Evac Hospital in Vietnam, Pleiku. I’m Kara Vuic and I’m interviewing Diane Carlson Evans. So we’ll start maybe with just your family background, and how that led you to the path that you ended up in nursing in Vietnam.

Diane Evans: Okay. Well, I will start with growing up in Minnesota. I grew up on a diary farm and had four brothers and one sister. My father, of course, was home twenty-four hours a day, everyday of the week ‘cause he was a farmer. So, my dad was always around, but my mom was a registered nurse and worked full time raising six children. So, my role modeling was that I watched a mother go off to work. The other farmers’ wives in the county were farmwives and they didn’t watch their moms go off to work. At times I envied them because this was like, “Well, I want my mother home all the time, too.” But on the other hand, my mother was an incredible role model because I saw that she had independence because she had an education and that she was happy. She loved going to work and she always told me, “I love going to work, Honey, so don’t feel sorry for me.” ‘Cause I would say, “Oh, Momma, I’m so sorry you have to go work.” So, I had a wonderful role model in my mom. I also had another role model, my aunt. My mom’s sister went into the Army in World War II and became a WAC (Women’s Army Corps). She was a college graduate. So she was a lieutenant and talked about her time in the military as a very positive time for her. Obviously, she was an officer and she had her education. She was in some positions that she enjoyed. So, I didn’t hear a negative side to a woman serving in World War II because her experience
was positive. Extra positive because she told me if she hadn’t been in the military and
had the GI Bill, she’d never would’ve gotten her doctorate degree. She went on to teach
in a college in New Jersey. So now I’ve got two women role models, both have
educations, one with a military background. Now it’s the ’60s. I graduated from high
school in 1964 and went to a little one-room country school with one classmate for eight
years in this little tiny, you know, like *Little House on the Prairie* school. No bathrooms,
no running water, a pump outside where you went out and pumped the water, brought it
in and we all our chores. So in the ninth grade, I got on a school bus for the first time in
my life and was very nervous about going to the big city of two-thousand-five-hundred
population to go to high school. I was very shy. I was very worried that I would be
backward, that I wouldn’t dress like the other girls dressed ‘cause I had to sew my own
clothes. That I wouldn’t be able to keep up at school because I didn’t know if I was
going to be behind in math and these kinds of things, but what I found was, because I had
a wonderful teacher, another good role model in my country school, that I was at the
same place as the high school kids were in all my classes and didn’t have any trouble
transitioning into that. So I had four years of what I would say a happy time in high
school. But all my friends were country girls and I related only to the country girls. We
were stigmatized and stereotyped as country bumpkins and we were the girls that had to
sew our own clothes and we were the girls that had to go out and help milk the cows
before we went to school. So I always felt like I was so proud of my parents for working
so hard and being—and we were on a beautiful farm. It was one of the prettiest farms in
Minnesota. So I grew up in a beautiful setting and had my own horses. We all had our
own horses. But I was always made to feel like, well, because I wasn’t a city girl, I
wasn’t really hip or I couldn’t be a cheerleader, heaven forbid. I wouldn’t even try out to
be a cheerleader. My friends all wanted to get married when they were seniors and they
had steady boyfriends. I thought, “How stupid is that to wear a boy’s ring around your
neck that has a piece of tape around it, so if you take it off your neck, it’ll fit your finger.”
I wasn’t interested in boys and I guess the boys knew it. So I was not asked out on any
dates. I went to prom both times with my girlfriends from the country. I know I wore
my hair in braids. I looked like a country girl, too. But I wanted to go to school. I
wanted to go to college. My mother impressed upon my sister and I, more so my sister
because the boys would take over the farm. For boys, it was okay then to take over a
farm and they didn’t have to go to college. At least that was kind of the sense of my
mom. But for us girls, we were going to college and there was no question or doubt
about it and we better start planning for it, which is how wonderful. So, I had three jobs
in high school. I got a job at the telephone office and was a telephone operator and made
a dollar-and-a-quarter an hour and that was the minimum pay at that time. That was good
pay for a sixteen-year old. I worked at the hospital with my mother. On weekends, I
cleaned this lady’s house in town. So I was combining my schoolwork and these three
jobs so that I could have money in the bank to start college. I never spent any of the
money. I took it right to the bank and deposited it. Therefore, I had to still keep sewing
my own clothes. There wasn’t any extra money for any frivolous things, like going to the
drive in and having a hamburger, which was a big thing in the ’60s. So anyway, a long
story short, I decided to go to a three-year nursing program because it was cheaper. I
hadn’t saved enough money for college. I wanted to go to St. Olaf in Minnesota, which
had a four-year nursing program, but I’d only saved enough money to pay for a three-
year program and that’s what my mother went to. She was a good nurse. So I thought,
“Well, I’ll go to the three-year program.” I graduated in 1967 from Saint Barnabas
Hospital and I was in a wonderful place. It was a wonderful school of nursing and we did
our academic work at the University of Minnesota. So I had very good professors and
very good teachers. Our hospital was very progressive, thank goodness, because when I
decided to go to Vietnam, thank goodness the hospital that I was at was just starting
intensive care. Think about it. You think intensive care has been around forever, but it
was just beginning in the ’60s. So in intensive care, I was caring for really seriously ill
patients and they let me start IVs (intravenous). So, I was getting some good experience.
I decided to do my two internships at a VA (Veterans Affairs) hospital and Hennepin
County General Hospital, which was the worst hospital in Minneapolis and got in all the
car accidents. Well, back then it was where the poor people went because they couldn’t
afford the other hospitals. So they got the Saturday night specials, which were the
murders and wounds and knife stabbings and gunshots. The emergency room was an
absolute nightmare, but I wanted to be in that emergency room because by this time I’ve
decided I want to join the Army and I want to go to Vietnam. So I wanted to get all the
experience I could. Then at the VA hospital, I thought, well, if I go to the VA, I’ll be
taking care of veterans and maybe that will help me in the military. You know, who are
these guys? What’re they like? Those two experiences were wonderful and they did help
me. Just think about it, in 1967, when I was doing my internship at the VA, I was taking
care of World War I veterans who were missing limbs, who were having still
complications, who were dying now from terrible wounds from the war, or they were
dying from psychological wounds and alcoholism and all the kinds of things that are a
part of your life, if you look at it holistically, that happened to war veterans. I was taking
care of World War II veterans and Korean veterans and a few Vietnam vets who were
coming into the VA system in the late ’60s. So, I had the whole gamut. I had a century
of veterans that I was caring for. What I found out was, these guys are all alike, they
were just different ages. They’d all suffered the same thing. It didn’t matter what the
name of the war was, these veterans were all the same. The older guys were like my dad
and they were just the sweetest guys. They were so appreciative of their care. They just
were so, just so—you know, back then, we wore these cute little blue and white checked
uniforms with a white pinafore over it and our cute little white hat and our white
stockings and our white shoes. This is still the ’60s. So I came in and I swear those guys
looked at me and thought I was ten years old. I really looked young when I was that age.
It was like, they played tricks on me, really terrible tricks to just kind of make me
embarrassed or laugh. But pretty soon, they found out I’d start playing tricks on them to
get back at them. So it was, like, I made it fun and we really became close. I became
close to my patients. When they found out, after I was about to leave, that I’d signed up
for Vietnam and this one older gentleman said—he had these big tears and I’ll never
forget this man. He got these big tears in his eyes and it was my last day on the unit. He
knows I’m going to Vietnam or I volunteered for Vietnam, there was no orders yet, but
he said, “You take good care of those boys over there.” So I knew then that I was doing
the right thing. I was going to volunteer for Vietnam. Now, step back a minute. I’d
already signed up for the Army Student Nurse Program because I’m a senior now. It’s
1967 [must have seen recruiter in summer 1966, graduated spring ’67]. I’m a senior. I
went downtown Minneapolis and found an Army recruiter and said, “How do I join the
military?” I said, “I think I want to join the Army instead of the Navy or the Air Force
because I think probably an Army will get to go where the action is and where the real
fighting is. I really want to be on the ground and not on a ship or in the air or whatever.”
When you’re that age, you have these, you know, Air Force must be in the air, and Navy,
you’re only on a ship, but I wanted to be on the ground. I’m a farm girl. So this recruiter
said to me, she said, “Well,” she said, “I have the paperwork right here. You can sign it
today if you’d like.” Of course, she’s a recruiter and they have to get so many recruits in.
Was she ever happy to see me? She said, “Where are you at in your nursing program?” I
said, “Well, I’ll be a senior in September.” She said, “Well, the Army will pay your
senior year.” I said, “What?” She said, “The Army has a program called the Army
Student Nurse Corps Program. You don’t have to leave. You don’t have to go outside
your hospital. We pay you to stay. We pay your tuition, your books, your uniform and
we give you a stipend of two hundred dollars a month.” I said, “What do I do with the
two hundred dollars? That’s a lot of money.” She said, “You spend that however you
want.” I didn’t even go downtown for an ice cream cone. That’s how poor I was. So
this was like too good to be true. I wanted to go in anyway and now they’re going to pay
me. So then she explained that the obligation would be two years. She said, “So, you get
a year paid for, and you only have to serve two years.” I said, “Well, I really want to join
because I want to go to Vietnam. Is there any guarantee?” She said, “Well, to be honest
with you, there are no guarantees in the military, but I can almost guarantee you, you will
go to Vietnam if you want to go,” because she knew the war was escalating. This was
[1966]. So I signed up and I didn’t tell my parents. I just did it.

KV: Mm-hmm. That day.

DE: That day. I just made up my mind. This had been brewing for a long time.
My oldest brother fell out of an airplane and injured his knees and was discharged from
the military. He was in the 101st Airborne. My second brother got drafted and was in
Korea and my parents were so relieved. His orders could’ve been Vietnam. He was in
Korea when I went to sign up for the military. Now, going back to kind of the traditional
family that I grew up in and traditional things about serving your country, but in my
family, it was men served their country. I’m thinking my brothers got drafted. They had
to go in the military. They have to go off to strange places. Now the ’60s, this whole
kind of women’s activism and women coming into their own and kind of asking
questions about where they’re at in this society and all the activists. Now there’s the anti-
war protests and women are protesting the war. Men are protesting the war. There’s a
lot of anti-war sentiment already, but that didn’t bother me because I was already sensing,
“Well, I don’t think I support that war either, but I don’t know enough about it at that
point.” Do I support it or not? But it didn’t matter because what I wanted to do was
support the troops who were there and if I was a nurse, why couldn’t I go to Vietnam as a
nurse? That wouldn’t be supporting the war. That’s taking care of the fallout from the
war. So I didn’t have any moral dilemma about, “Gee, I can’t join the Army and go to
Vietnam if I don’t support the war.” That just, you know, didn’t matter to me at all. I
was the only woman in my class who was glued to the six o’clock news. In my nurses
training, in our building, it was all women. We didn’t have any male nurses. We were
confined to our building and couldn’t leave after—we had to be in by nine o’clock at
night. It was all for safety ‘cause it’s downtown Minneapolis. There was one television
for forty-five students within the Student Nurse Lounge. So I was the only student who
went down there at six o’clock every night to watch the Vietnam news. I was glued to it.
I wanted to know what was happening in Vietnam. I was hearing about the casualties,
and I was seeing the casualties. The images, every image that I saw—and I would’ve
remembered if there was an image of a woman, but when I watched the six o’clock news,
there were no images of women in Vietnam, not a single image. They didn’t show a
nurse, a Red Cross woman. I saw images of helicopter pilots. I saw images of body bags
out in the field. They were always referred to as men. Men, you know, scrambling
around and men in tanks and men running and men with weapons and the horrible images
of men wounded, which were very graphic at the time, and no images of women. So it
was like, “Well, gee, I wonder if there are any women there, but there must be some
nurses there.” Of course, the nurse recruiter said there was. I wondered, “Why aren’t we
seeing the women?” Then the broadcaster, the journalist or the anchor person, who
would be talking about the war always said, “The men, this and the men that, and the men
are going here, and the men are going there.” It was never, “The men and women in
Vietnam.” Never, and that’s changed today. You don’t hear first President Bush or
second President Bush ever. It was always the men and women serving in Kuwait or Iraq
or wherever. They always say men and women, but that didn’t happen during Vietnam,
believe me. So I’m already starting to feel isolated, like I’m a little different. I’m a little outside the norm here. Because my classmates all think I’m crazy. First of all, why would you want to do your internship at the VA? It’s dirty. It’s old. It’s depressing. Nobody did their internship at the VA, but that’s where I wanted to be. It was a very positive experience for me. So, anyway, I’m now graduated from nursing and I have to take my state boards because unless you pass your state boards, you can’t get into the military. You have to be a full-fledged registered nurse before you get into the Army Nurse Corps. So, of course I passed that, spent the summer riding my horses and being a camp nurse, taking ticks out of children’s heads in Wisconsin. I went to this camp for disadvantaged children and that was a wonderful experience. A little kid chopped his toe off, so I thought, well, I’ve seen a battlefield amputation. That kid had his axe and chopped his big toe off. Everybody was just like running away, they didn’t want to look at it. I just picked up the toe and I said, “Well, we’re going to put it in a plastic bag and we’re going to put it in ice. We had to drive forty miles to a medical clinic with this little boy and his little amputated toe. I kept telling him, “It’s not so bad, it’s just your toe.” It could’ve been your leg or your arm. I said, “You’ll be okay. They’ll probably even sew it back on. Don’t worry about it.” I was like hugging him and trying to make him feel better. So the camp experience was great. But I get my state boards and I get orders to go to basic training, which I do want to talk briefly about that because I think what’s important in what you’re doing your dissertation on and talking about differences with gender and stereotypes and myths and what women need for training and what men need for training back then was very different. So my basic training was a lot of classroom, which I found fascinating. It wasn’t all that helpful for Vietnam, but we learned about biological warfare, chemical warfare. I don’t think they mentioned Agent Orange though. It was just very, sort of superficial stuff. They didn’t warn us that, “Oh, you may be exposed to Agent Orange and have problems the rest of your life.” They sure did not say that. That was very superficial, very secret. They taught us how to salute and they taught us how to march, which I thought was such a joke. It’s like, “Why do nurses know how to march? Why do they have to know how to salute? We have to salute people, nurses?” It’s like, “Well, that’s the military.” Then they gave us a card that we were to carry at all times in our pocket. It had what it means to be an officer and it had
the rules of being an officer, which are the typical things, “Carry yourself in dignity” or whatever. Then it says, “You are now an officer and a gentleman.” They hadn’t quite got up to speed, and this is even late ’60s, but now I’m a gentleman. So, basic training, once we got out in to the field, was a lot of just playing war games, learning how to carry a gurney, practicing on bodies that, you know, were bloody, and putting on splints, and learning what a lister bag is and learning what some terminology is that when we got to Vietnam, if somebody said, “Go find the lister bag,” you wouldn’t say, “What’s that?” Well, it’s the water bag. You know words like “latrine.” Well, I think I knew what that word meant growing up on a farm. So some of it was just sort of basic, superficial stuff. I knew my whole six weeks in that training that they were not preparing us for Vietnam. I just—after working in the emergency rooms, seeing my mom take care of car accidents come in, like five or six people in a car accident come in and the heinous activity in an emergency room when people come in, in that big of numbers. I thought, “When are they going to really start getting serious about preparing us for Vietnam?” I never felt they really did. I went to basic in the fall of ’67. I think at the time, they were trying. Then later I thought, “Well, how really could they prepare us?” War, you can’t be prepared for war. Only war prepares you for war. That’s the reality. At least I was feeling that I had some descent training. I know I’ve talked to a lot of women who were absolutely terrified. They came maybe out of a baccalaureate degree program, which is the college-based program, which are wonderful programs, but they didn’t get the kind of training we did. They hadn’t started IVs. They hadn’t been to an emergency room for three months and taken care of trauma. They just didn’t feel they had the skills yet. They developed them later. But I felt ready, I mean, maybe that was naïve, too. It was in a way because I really wasn’t ready once I got there, but at least I wasn’t terrified on the airplane. I was worried that—I guess I was worried. I thought about—I guess my biggest fear was that I wouldn’t be good enough and what if somebody died on my watch? I could not let that happen. I think I was already sort of gearing up that I had to be perfect. So I guess, you know, I went to Vietnam feeling like, well, how brave would I be, how quick would I be, how good would I be, would I know my nursing? What didn’t I know about nursing that I would have to do? How would I react to, you know, seeing people my age killed and wounded? It’s different in a car accident, I decided. A
car accident is a car accident. They happen. Or somebody falls out of a tree and breaks their leg and they come into the ER (emergency room). Well, they fell out of a tree. Or in the emergency rooms, the homicides and the people who were drunk stabbing each other. Well, that’s human nature, you know. They shouldn’t be drunk and they’re stabbing each other. Let’s take care of them and get them better and get them out of here. I discovered when I got to Vietnam, my God, our government is killing these young men, our government, for a war that’s wrong because by this time—I went to Vietnam and now let me get back and start there. Had basic training. Then I went to Fort Lee, Virginia, because I had volunteered and they had seen my volunteer paperwork, but in their wisdom, which was wise, they saw that I was right out of nurses training and that they thought I should have at least nine months experience before I went to Vietnam. Now where they came up with nine months, I don’t know, but nine months to the day I was on my way to Vietnam. But I am so glad I had that experience at Fort Lee, Virginia, ‘cause I was on an orthopedic unit caring for soldiers. Now when I say soldiers, I’m saying men. They’re all men back then. We weren’t caring for female soldiers. Although some of us were wounded in Vietnam and certainly they were cared for, but I never cared for a female soldier once. So when I refer to the soldiers, I’m referring to the men. But at Fort Lee, I got to know these guys. They knew I was going to Vietnam and this was my training. So they did all kinds of things to train me. Again, playing tricks on me, and like, “Lieutenant, when you get to Vietnam, you better be aware of this and this and this.” It was really interesting and I just fell in love with all these guys. They were just so great to take care of. I learned how to start IVs even better and I got quick at starting IVs. I learned how to do nasogastric and do a lot of the technical things that I would have to do when I got to Vietnam. But also I learned things like, I was just brand new on duty. They put me on nights. They put all the young ones on nights, the worst duty. So these guys are sleeping. I have to wake one of them up to give him his oral medication. So, getting back to taking care of the patients at Fort Lee, Virginia, in this orthopedic unit, at night, I was going around passing out medications and this guy needed oral medications. So I had to wake him up. So I’m thinking, I went to the end of his bed and I didn’t want to like just startle him. So I just grabbed his leg and shook his leg. He just went hysterical and he screamed and he hit the floor and got under the bed. Talk
about a startle reflex. Well, I had no idea what I had done, but he woke everybody up.

Everybody in there is now awake because it was very noisy when he fell and scrambled
and got under his bed and was holding his head down and he was saying things. He had
been in a deep sleep. I woke him up and, of course, he thought it was a VC (Viet Cong)
or the enemy. He was just looking for his gun. He was like under the bed looking for his
gun. I realized what I had done. So he was so angry, because by now, he’s humiliated
because it’s, “What have I done?” All the guys are like—they know me by this time and
I’m this little red-headed freckle-faced twenty one year old nurse. They just love to tease
me. It’s like, “What the hell do you think you’re doing, Lieutenant? If you do that in
Vietnam, and you’re dead. They’ll have your head.” He crawls out from under the bed
and he said, “Don’t you ever do that again,” because I had frightened him and startled
him enough that he thought he was back in Vietnam. So just realizing, “My God, these
guys are just on alert.” They were still on alert. Of course, they’d just come from
Vietnam. So, they’re not only on alert, they’re hyper-vigilant. Every little sound, every
little thing, they hear it and they wake up. So you had to be ultra quiet. It was impossible
to be ultra quiet. But then they were so good-natured, they took it really well. Then, of
course, I could never live it down. I was going to be the worst nurse in Vietnam. They
said, “There’s no hope for you.” It’s like—so there was a lot of razzing and teasing and
that kind of thing in this unit. What I saw in that was the camaraderie. These guys were
so tight with each other and they were always watching out for each other and offering
each other cigarettes ’cause this is an open unit, an open ward where all the guys are
together and they’re only separated by screens. So everybody can see everybody else,
see how everybody else is doing. They’re always checking up on each other. If so-and-so
isn’t doing well, one of them will come up and say, “Hey, you know, he needs some
pain medication.” Then you run to this guy and say, “Are you having some pain?”
“Yeah,” but they don’t complain. They just wouldn’t complain and you really had to be
observant and go by maybe their vital signs or their body language to see if they’re in
pain because they were trying to be so stoic. When you put young boys with other young
boys, these are nineteen, twenty, young men, they don’t want to look like complainers. If
this guy over here, which some of them were missing legs or were in fifteen different
pulleys, you know, every limb and anything possible is up in a pulley. They had Foley
bags and IVs and if that’s the guy next to you and you’re laying there, and you don’t have
any of that, but you’re in pain, you might not complain of pain because look at that guy,
he’s got it so much worse. So I learned to be observant. These guys weren’t always
going to tell you what their problems were and that they would take care of each other.
Then the little things like, don’t startle them. Learn how to wake them up without, you
know, doing that. I guess the camaraderie really struck me, how much those kids really
cared about each other. Then by the end, they were all sad—now these were long-term
guys. These were in for rehabilitation. So I got close to these guys. I was there nine
months. Some of them would stay a month. Some would stay—some of them were there
six months and some were maybe there for a week and then they were good enough to go
to a VA hospital. They were being discharged or whatever, but I got close to a lot of
these guys and they didn’t want me to leave. So they wrote a petition and they all signed
it. There were like sixty patients on this unit and they signed this petition and sent it to
the chief nurse, Colonel Sears. It said, “We refuse to allow Lieutenant Carlson to go to
Vietnam. She has to say at Fort Lee, Virginia.” So anyway, these guys—I mean, but
what a more wonderful compliment. It was so sweet. It wasn’t going to keep me from
Vietnam. Then I told them—so I get this back from Colonel Sears and this was a secret.
They didn’t let me know they were signing this petition. So Colonel Sears comes up into
the unit and she says to me, she takes me aside and she says, “Lieutenant, did you put
these guys up to this? You don’t want to go to Vietnam? I thought you volunteered for
When are you going to send me?” She said, “Look at this.” So she shows me this
petition. All these patients have signed this that they refuse to allow me to go to
Vietnam. Colonel Sears says, “Well, what can I do, but keep you here?” I got this long
look on my face and I said, “I do want to go to Vietnam, Colonel Sears. I hope you get
orders.” She said, “Well, you’re on orders right now. Your orders have come through.”
I was just going to be a couple of more days on the unit and then I was going to go back
to Minnesota and visit my family. But it was so touching. So I went back to all these
guys and told them how mad I was at them for trying to keep me at Fort Lee, the pit of
the world, you know. Well, Virginia was beautiful and I mean, it was a nice hospital, but
I don’t want to stay there. I wanted to go on to other things. So it was a really nice
farewell and I felt really supported. Now I didn’t get a good sendoff from my community because the war now had escalated. It’s now July of 1968. So it’s the height of the war. We’ve sent more troops to Vietnam. We’re escalating the war instead of deescalating the war, which LBJ (Lyndon B. Johnson) had talked about, but now we’re escalating the war. More and more troops are being drafted. More and more families and communities are irate that the war is continuing and that more troops are going. When I left Fort Lee, Virginia, I had to fly out of Washington National Airport to get to Minnesota. The person that took me to the airport and getting to the airport, you see the mall and the Capitol and the Washington Monument. That was what they called “Tent City”. I looked out and I couldn’t believe it ‘cause I hadn’t been into Washington recently. On the mall in Washington were thousands of tents with war protestors. There were fires all over the city and there were fires in the tents because they were cooking there. Somebody had just blown up a car and blown up a building. There were some bombs somewhere and I saw these little fires around the city. Then the antiwar protestors had their signs up and they were ranting, you know, “Peace, not war”, all the ’60s things that were being said. “Hell no, we wont go.” What were some of the others? I’ll have a flashback of all those things that were being said during the war protests because there were so many slogans. You don’t remember. You’re too young. But, “Hell no, we wont go.” Oh, draft cards were being burned. So that was my sendoff to Vietnam. That’s the way the country felt. There was anti-government, but it also had become anti-soldier. Unfortunately, people weren’t separating the soldier—take it out on the government. Don’t take it out on the soldiers. They were just being drafted and people like me, why take it out on me? I’m a nurse who wants to go take care of these guys. Take it out on the government. But somehow, they didn’t separate that and the soldiers became a scapegoat. I was already beginning to sense that, feel that, and I thought at the time, you know, I’m not supporting this war either. Increasingly, I’m feeling like, “Why are we there and why aren’t things getting better over there?” They’re getting worse and we’ve been there since ’64 or earlier with the advisors. So, I go back to Minnesota, which is very peaceful and my wonderful family on the farm. My younger sister and two younger brothers are crying ‘cause they don’t want their big sister to go away for a year because I’m really close to my younger siblings ‘cause I was kind of their
mother ‘cause my mother went off to work. So my little siblings were, you know—I was really close to them. They didn’t want me to leave and especially to go to a war. I didn’t tell my parents this, but what I had done was I had a picture taken of me in my uniform so I could give that to them before I left. It was a really nice picture in my dress blues uniform so that if something happened to me, they’d have this last picture of me. So I was already thinking, “I might not come home.” I went to a lawyer in town and drew up a will. I mean, now, at twenty-one, what did I have to give away? Not much, but there would be something. I didn’t tell my parents that. I took it to the bank and put it in a lock box in my parents box and then I left a note with the bank that if anything happens to me, contact my parents and give them the key to this box. So I talked to the bank, actually I talked to the bank president because he was friends of my parents. The bank president was friends with my mom and dad and said, “Well, if anything happens to me, give this key to my parents and in that lock box is a letter to them telling them I love them and my will and everything.” So I wasn’t going into this naïve that nothing was going to happen to me. If I had, I wouldn’t have done these things. So, I spent some time with my family. Mom wanted to give me a going away party and I said, “No, Mom, this isn’t party time. I don’t feel like a party.” So, I leave for Oakland, California. There’s another woman on the airplane with me to Vietnam, so we sit together. We’re in these God-awful uniforms that they force us to sit in, you know, with the girdle and the nylons and the pointed toe shoes and the short skirts, ‘cause our skirts had to be the knee. They had to be perfectly hemmed, but we didn’t get issued the jungle fatigues and combat boots until we got in-country. So we’re sitting on a plane for two days feeling really uncomfortable and really out of place in these dressy uniforms when we’re going on to Vietnam. But that’s—we were just supposed to look military and look pretty and look the part, you know. We were advised, of course, at basic training on good grooming and that kind of thing because we were supposed to look feminine.

KV: What kind of things did they tell you?

DE: Well, they actually told us that the Navy had tried—the Navy was grooming their women and they were showing us pictures. The Navy women had to go to classes to learn how to put on cosmetics and do their hair because the Navy really wanted their women looking beautiful in their uniforms. Us Army nurses were like gasping at this.
Like, “If they send me to some school to learn how to put on makeup, I will refuse to go. I’ll probably get an Article 15, and I haven’t even been to Vietnam yet, but I’m not going to be taught how to put on makeup or how to do my hair. I don’t wear makeup.” I didn’t then. I do now. My hair was long, and I just put it behind my head and I didn’t want to be taught how to do my hair. Well, anyway, the Army was threatening to do that to us, to send us to class if we just didn’t really concentrate on our grooming and look the part of being a woman. So we were forced to wear our dress uniforms to Vietnam and were, of course, very uncomfortable. As the minute we got there, we were hot and we had to get out of it. I mean, we have hose on and shoes that are too tight because they were the pointed-toe shoes and these cute little purses that looked like little boxes like Jackie Onassis carried instead of, you know, something functional like gear. Remember, I’m a farm girl and I’m into gear and being functional. I thought this was all the silliest stuff. This was just silly. But anyway, the good thing was they told us that we would not have to wear white uniforms, the starched white uniforms and the white hats, that we would get jungle fatigues. So we did immediately get issued the jungle fatigues and they were so comfortable. The boots weren’t at first, but they became comfortable. Then the next step was to get our orders and I got orders for the 36th Evacuation Hospital in Vung Tau and I was told how lucky I was because Vung Tau was on the ocean. Now, lots of hospitals were in Qui Nhon, Da Nang. Several hospitals were right on the South China Sea. Any nurse that got a South China Sea hospital felt lucky because it was on the beach. So, I was feeling like, “Oh, this is wonderful. I’m going to be in a beautiful place and it’ll probably be safe. It’s on the ocean.” So I had a helicopter ride and I have to say that there were several things that happened to me my first few days in Vietnam where I really—now I know I’m in a war zone. I’m going to have to learn to watch my back and learn from the clues of what’s around me. Again, being a farm girl, I always was watching my back because we had dairy cows. We had bulls. We had horses. We had pigs. We had geese. We had chickens. We had all the dairy farm animals. You were always really careful when you fed them and when you’re out in the pasture with them because if the dog was with you, great, but you know, my brother was rolled by a bull and almost was killed. I don’t know, I think I grew up in an environment that taught me some things that translated to good things in Vietnam. Also, I had been raised with
brothers and was outdoorsy. I think that it was all a combination of things that helped me
over there. I loved my dad and so I really got along well with men and my brothers. I
think that, again, that’s why all my patients in Vietnam, those guys were like my
brothers. They were. It’s like, I have to take care of them like I would take care of my
brothers. I think I said, or maybe I didn’t say and I wanted to say, that when I left for
Vietnam before going to Oakland, California, my mom took me to the airport. It was the
last day of July, so my dad was in the field mowing hay or bringing the hay bales up
because it was going to rain. Now, Minnesota when it’s going to rain, it looks like rain, it
will rain. If you’re a farmer, you’re out there bringing the hay bales in because that is the
priority. So my dad did not go to the airport to say goodbye to me. I’m going off to a
war, but my dad has to get in the hay in. But I understood that. It wasn’t like I hated my
dad the rest of my life because he didn’t go with me to the airport, and I’m going off to a
war zone. It was when you’re a farmer, that’s the priority. So I said goodbye to my dad
and my dad never cries. I had never saw him cry. He gives me this hug and I think he
was unprepared for it, too, but he burst into tears and then he hugged me and he said, “I
have four sons and I sent my daughter off to war,” and broke into sobs. He got in his
tractor and went out to the field. My mom took me to the airport. I did just have to say
that because again, it’s this traditional thing. A father back then didn’t think about
sending his daughter off to war. Also, what I just didn’t say and I need to say, talking
about the gender issues was the stereotypes of women in the military. My two brothers
now, my one brother was in Korea, my other brother was just discharged because he hurt
his knees from his parachute fall, was my brothers did not want their sister in the Army.
They were in the Army and they said, “Women are not treated well in the Army. Why
are you doing this? Don’t go in the Army. You’ll just be treated horrible.” They were
not supportive of my being there because they felt that women in the Army were treated
like less than they should’ve been. I talked to them about that later and learned that they
were enlisted men. So the only women they knew were the enlisted women. They felt
like the enlisted women were not treated with respect and that they were, you know—
boys are vulgar. Things were said about the women that were enlisted. I don’t want to
repeat those because you can imagine what they are. That, you know, only women who
were losers would go in the Army, those kinds of things. Those stereotypes and those
myths that I want to talk about later as I decided to build a memorial to honor women, was I was going to do what I could do to defy that myth and that stereotype because once I got into the Army, I found out, well, those things aren’t true. These are some of the greatest women I’ve ever met, enlisted and officer. Of course, because I was an officer, an Army nurse, yes, I think when I was in the military during the ’60s and ’70s, I think I was treated with better respect than as enlisted women. I didn’t think that was right just because I’m an officer, I should get more respect. You know, what is this caste system? Well, the military is a caste system, but it doesn’t make it right. These young enlisted women would tell me about having to live in the barracks and their job in the morning was with a toothbrush, to get the dirt out of all the cracks between the wood on the wood floors and they’d have to be down there. I thought, what? Toothbrush on the floor, with a mop and soap, getting wood out of the cracks between the wood planks of the flooring? Anyway. All right, going to my first assignment at Vung Tau at the 36th Evac. A memory that will never leave me is when the helicopter came to get me, just me. So, it’s like, “Well, I must be important. This helicopter came in just for me.” Of course, that’s what happens every day in Vietnam. Helicopters come in to take people to get them places. We were forbidden, the nurses, we were briefed and forbidden to ride in convoys because they were very unsafe. So, I thought, “Well, those poor guys. It’s okay for them to be unsafe, but us women, we get to ride in a safer”—not that helicopters were always safe because they got shot out of the sky. But I’m already starting to feel like we’re given some priorities. But, of course, we’re nurses and they want to take good care of us because without nurses—what I discovered was that those guys took good care of us because we were taking good care of them. There was the balance. There was the equality. So those guys would do anything to take good care of us. When I got in this helicopter, there was the helicopter pilot and the crew chief in the front, and sitting right next to me was a young soldier with a bandolier of ammunition that was full and his machine gun and some other weapons that he had. He was—the chopper lifted up. He did not say a word to me. He was extremely quiet. He was looking down at the ground the whole time. He was totally concentrated on what he was doing. He could’ve cared less about this little Army nurse sitting next to him, I thought. So he’s concentrating on the ground. He’s looking down there. He’s looking all over the place. He’s got this gun
poised ready to shoot and I’m thinking, “I wonder what he’s looking for down there.” Of course, I knew what he was looking for, some enemy fire that was waiting to shoot us down. He didn’t say a word the whole trip to Vung Tau. So now we’re flying over the South China Sea. I see the big red crosses on top of the hospitals. I thought, “Wow, those big red crosses on top of the hospitals look like wonderful targets. Why did they do that?” Then the landing pad, we landed. It was time for me to get off and the only thing the door gunner said to me as I left was, “Keep your head down, ma’am, and be safe.” That’s the last thing he told me. I never got his name, but “Keep your head down, ma’am, and be safe.” I mean, his job on that chopper was to get me to that hospital safely and he did. Now he was up and off to do something else. So I was at Vung Tau for five months and working on a busy surgical ward as a staff nurse. Then I got transferred to the burn unit. The burn unit was really tough because it was the napalm, white phosphorous, any kind of burn. Grenade burns, anything that caused a fire and caused somebody to be burned was on our unit. Some of these burns were just horrendous. A lot of them were children because the villages had been bombed and they brought the kids in. Working in a burn unit is just painful to see their pain and that you can’t do anything for their pain because sometimes, especially for the children, we couldn’t really give them much pain medication because it’s not absorbed the way it’s normally absorbed because of the nature of the burns. A lot of it is tactical because you had to touch the burns. You had to touch the wound because you had to debride it. When you debride it, you’re taking off the necrotic dead tissue. So you’re actually, you know, with your instruments, taking off dead skin. Every time you do that, they cry out in pain, but it has to be done ‘cause you have to get the dead skin away so the new overgrowth, the new skin can come. Then you’re smearing sulfamylon all over that burn and it burns. The sulfamylon stings. So everything you do to these patients hurts them and you can’t move them without hurting them. You have to take them to, physically take them to the physical therapy tub where they’re immersed in the water. Then the physical therapist is causing more pain. It’s like for nurses, we’re always trying to ease the suffering. In this unit, it’s like we’re just causing more pain. But although, these patients were so grateful for anything that you’d do for them to help them feel more comfortable and, of course, we did that in as many ways as we could. But now I’m into my fifth month and I’m
down on the South China Sea. I’m really feeling, I don’t know why, but I feel like I need
to transfer. I want to go north, where more of the fighting is. I don’t know, feel more
needed or feel—Vung Tau was a very, considered a safe place. Of course, after I left,
they got rocketed. But I felt like I was in kind of a nice, too nice a place for Vietnam. I
wanted to go someplace where the real war was. So I went to the chief nurse. She said,
“You what? You want to leave Vung Tau?” I said, “Well, I just think I need another
experience and I’d like to go north.” Well, she said, “Well, there’s a lot of people up
there that would like to come here. So yeah, I’ll let you go. I’ll find a place where they
need you.” So, a couple of days later, she said, “Well, we’re sending you to Pleiku.”
Well, when I told my colleagues I was going to Pleiku, they said, “You’re what?” So I
got on a chopper, flew to Qui Nhon, spent the night, and then two chopper pilots took me
over the jungle and I thought, “I’m glad I’ve done this. I’m seeing Vietnam.” Because
when I went over the jungle over the central highlands, it was totally different because
the delta is very different than the highland area. It was just beautiful. It was just
gorgeous, just thick jungle and mountains. Then we landed at Pleiku and I’m wondering,
“Why is this place all brown?” Well, Agent Orange had come in big time and sprayed
everything to defoliate. “Why is all that stuff dead? I just flew over this beautiful lush
jungle. So how did they do this?” Of course, being a farm girl, my dad used 2-4-D,
which has dioxin in it, to get rid of the weeds. But I’ve never even heard of Agent
Orange or Agent Blue or Agent White in these barrels. But then the chopper’s coming
down and not far from I think what was the hospital at the time. There’s all these orange
barrels. I remember seeing barrels, hundreds of barrels that were orange and I thought,
“What is in orange barrels?” Still not knowing or hearing what this is all about. So I
went from Vung Tau to Pleiku. What happened at Pleiku was instantly, she said,
“Lieutenant, you’re going to be head nurse on the surgical unit. It’s a major’s slot.” I’m
twenty-two. I just had my twenty-second birthday. I was twenty-one when I went to
Vietnam. For the first time, now I’m really scared ‘cause I’m a head nurse. See, now are
patients—it’s different. Our patients are coming to us right out of the field. They’re
being injured just minutes away. Sometimes a chopper would come ten, twenty minutes
and bring in the wounded. So now we have fresh casualties right with their uniforms still
on, coming into our hospital and in huge numbers because we’re supporting the 4th
Infantry Division. They’re really being hit up in this area. They’re coming in from
Cambodia. The government is lying to us and saying we’re not in Cambodia. Then we
get patients from Cambodia. So now, also, my whole thing about the war is like, “Why
are these young men dying?” The protests in America are increasing. The protests
against our soldiers who are dying over here is increasing. LBJ is lying to us. The whole
government is lying to us. They’re not giving us a really clear mission about why we’re
staying and the guys are coming in wounded and saying, “Well, we took this hill, but we
just took it two weeks ago. Then we lost it, and we have to go take it again.” It’s like,
“Why are we taking these hills, only to lose them and take them again?” So, thankfully I
had that experience in the burn unit and on the staff unit. But I was worried about being
head nurse. That means I’m in charge, but you quit thinking about that and you just get
busy. A wonderful—oh, this most incredible man was our ward master. His name was
Sergeant Saltese. He was a World War II veteran and his name was Saltese, but I have to
tell you, he was just this salty old guy who was the consummate sergeant who was
wonderful. He was smart. He was fast. He knew his job. He would pat me on the
shoulder and say, “Lieutenant, don’t worry about that. That’s my job.” Because the
chief nurse came into me and said—when I got there, it was a medical unit, but there was
so many wounded coming in, they had to change it to a surgical unit. So the chief nurse
comes in and just dumps this on me because I’m the head nurse. She said, “Lieutenant, I
want this to be a surgical unit by tomorrow.” I was like—and she left. She walked out
the door, but Sergeant Saltese had heard her. He said, “Lieutenant, that’s my job. This
will be a surgical unit tomorrow. You just get busy. You get the IVs in here. You get
the medication. You get everything you need to turn this into a surgical unit. The things
that you need for the equipment, get the respirators.” Well, he got the respirators,
actually. I didn’t have to deal with that. But I got, you know, the morphine. All the kind
of stuff I knew I needed for a surgical unit. The next day, we started getting casualties. It
was—that time from January of ’69 to July 30 of ’69, when I was at Pleiku, was sort of
like we had our Tet. Whereas Tet was, you know, when we refer to Tet, it was the Tet of
’69. We had times when we would get—there was a time we got in two Chinooks of
helicopters and had eighty-four casualties come in at once. That was the night that my
telephone rang. Now remember, I’m working days because I’m the head nurse, but days
for me meant I got on the unit at six and I didn’t leave ‘til eight or nine at night. I left
when my work was done. The phone was ringing in the middle of night and I go answer
it and the supervisor is saying, “Lieutenant, I want you to go open the spare ward
immediately. Mass casualties are coming in.” I don’t remember the name of that unit,
but it was a ward next to ours that was empty just for that. It could be kept as a spare
ward. So she said to open it up for surgical, for casualties, for wounded and I didn’t
know what was coming in. So I called one of the corpsman and we got it set up and had
an IV at every single bed. We hung—I remember, I didn’t remember. I had written
home. I wrote my mother a letter and my dad and my mom saved all my letters
unbeknownst to me. When I reread those letters in the late ’80s, I read about that night
that I had written home, told Mom and Dad we did mass casualties and that I had started
twenty-seven IVs that night with a flashlight because it was blackout because we were in
such a dangerous area, we couldn’t have lights on at night. These guys were dehydrated
and their veins had collapsed. So the corpsman and I, we have an IV at every bed
because we have no idea how many are coming, but we’re ready. Pretty soon the
corpsmen are bringing litters and litters and litters of groaning men in. They had been
triaged. They’d been through the ER. The ones that had to get into the OR (operating
room) first were already there. The ones that were set aside were already set aside. The
guys who needed less immediate care came into my unit and I thought—there’s no doctor
there to give orders, so you just take charge because the doctor isn’t there saying, “Well,
give this guy, you know, normal saline. Give this guy”—it was just like, nobody—so we
just gave the standard IV for hydration. I said to the corpsman, as they start coming in
and that they’re not putting them in beds, I said to my corpsman, whose name I can’t
remember, I wish I could. I said, “You know, we’re not doing anything until we get the
IVs started ‘cause that’s their lifeline. So don’t do anything to these guys. I don’t care
what they want. We’re going to get their IV in first. Once that’s in, then we’ll start with
whatever else—unless they look like they’re bleeding to death or something, we’re going
to have to stop the bleeding.” But I mean, if they’re bleeding to death, they need that IV
and they need the IV first while we can still find a vein because we don’t want them to go
into shock. So it was just like immediate. We couldn’t turn the lights on because if the
hospital was lit up, we were a target. So it’s pitch black in there and he had a flashlight.
So my corpsman held a flashlight while I started these IVs. I could hardly get the IV started because they were so dehydrated, their IVs were gone. But by this time, we were—nurses who started IVs in Vietnam were extremely proficient because we started hundreds and thousands of them. So I’d really gotten good at finding the vein or thinking the vein was there and getting the IV in. So we got all the IVs started. Then we started to do the next thing, was just get them undressed and see what’s wrong with this guy and do our own triage and decide what the next step would be with them. It was just like a nightmare. I saw *Apocalypse Now* years later and somebody asked me who was at the movie. The next day said, “Diane, I saw you at *Apocalypse Now* and you were in Vietnam. That movie was so weird. Was Vietnam like that? What did you think of the movie?” I said, “*Apocalypse Now* was Vietnam.” For me, Vietnam was like one long hallucination, delusional. Like I must have made it up. It was so surreal and *Apocalypse Now* was so surreal that that was Vietnam, like that one night. I’ve actually had to sit down and write about that night just to get it out and try to remember exactly what happened. I was so glad I had written home to Mom and Dad about that night because I remember starting all these IVs. Then just a really quick little aside that I’ll share with you. After I got out of the military and got a job at North Memorial Hospital in Minneapolis on the surgical unit, the order said, “IV,” so I went and started the IV. Well, somebody saw that there was an IV started and the extern hadn’t started it. I had never heard of an extern. Well, so one of the chief nurses or nursing supervisors comes down the hall and takes me aside and says, “Ms. Carlson, did you start that IV?” “Well, of course. The doctor’s orders said IV.” She said, “I told you when you had your orientation that only externs start the IVs or interns.” I said, “Well, you never explained what an extern is, first of all. What is an extern?” She said, “Well, they’re medical students who haven’t graduated yet.” I said, “Well, I thought that’s what an intern was.” “Well, they’re earlier in their”—whatever. She said, “You have to be supervised three times before you can start an IV.” I looked at her and you know what? I couldn’t even tell her. I could not even tell her that I had started thousands of IVs in Vietnam. It was like, I wanted to almost slap her and say, “You don’t know anything. You have not given me any credit for my service. You don’t even care that I was in Vietnam.” Nobody had even asked me, “Well, what did you do in Vietnam?” The only thing that was said to me
on my first week on duty when it kind of got out that I had just been back, because I had
to hand in a—I had to fill out a form to get the job. Like, “Where did you graduate and
what’s your work experience?” Of course, the only place, work experience I had was
Army. So it was on there, Fort Lee and then Vietnam. So this nurse comes up to me,
she’s my age, and she said, “Oh, I hear you were in Vietnam.” She literally looked me up
and down, like she went from my feet to my, you know—and I was in a nice clean white
starched uniform and she said, “Well, you don’t look like you were in the Army.” I
thought to myself, “There’s the stereotype. There’s the myth. I’m supposed to be ugly.
I’m supposed to have warts all over my face. I’m supposed to look like a loser. I’m
supposed to look like I’m looking for a husband.” There was that myth. That was the
only thing she said to me, “Well, you don’t look like you were in the Army.” It was so
derogatory. There was not a, “Thank you for serving” or “You were in Vietnam? Oh,
you must have all those wonderful experiences. I hope I can learn something from you.”
There was no validation. None. So, that’s just a little aside. Okay, so in Vietnam, long
story short, I served in this unit as head nurse from January to July 30 and I’m really
getting tired. The shifts are long. The work is hard. We’re short staffed. Rosemary—
who I hope you interview—was a wonderful nurse. I want to say that right up front,
Rosemary Burke. She was just a wonderful nurse. She was young like me. I was
probably a year older than her, so that’s why I was head nurse. My corpsmen were just
phenomenal. We were such a team, but there weren’t enough of us and they were all
young and none of us had a lot of experience. But we all worked hard and I think the
single thing about us all being young, we were the young caring for the young because I
understand that above the average age of the patient in Vietnam was 19.4, right in there.
They were eighteen, nineteen, twenty, and of course, we had thirty or forty year olds, too,
that came in who were Korean vets and had been World War II vets. So we had all ages,
but primarily young. We were the young caring for the young. Our country hadn’t given
us a clear goal, but each of us had our own goal and that was that we really cared about
each other and we were going to bring each other home alive. That’s why the guys were
so good to us and really looked out for us because we were looking out for them. Now,
another myth, I have to tell you about another myth. There was this myth, was this myth,
and maybe it’s still there, that women can’t serve in combat because if women serve in
combat or are given combat roles, the men won’t get anything done because they’ll be protecting the women. They’ll be so busy caring for the women that they’ll lose their focus, ugh. Or they’ll be distracted or all these things about when men are around women, they get distracted or they get overly protective of this poor little wilting violet over here. Well, in Vietnam, as nurses, we were the women taking care of the men. I’ll give you an example and I’m giving you this example because this is something I did, but it’s something all the nurses did. That was our SOP (standard operating procedure) on a unit, was if we got incoming, which we did at Pleiku, we were hit by rockets and mortars several times. When we weren’t hit, there were lots of times that there were thuds right outside that were very close because they were trying to hit the radar. So, even if we didn’t get hit, it was like, “Oh, shit. That was close.” You ran—your SOP, it was get the helmet and flak jacket on, if you didn’t already have it on to protect yourself. That was the most important thing to do because you weren’t good to anybody else if you got hit in the chest. So, I did grab my helmet and flak jacket, always, was the first thing you did. The next thing you did was make sure all your patients were safe. The ones who hadn’t already dived under the bed, and that’s the guys who could, were already under—they knew what to do. You didn’t have to tell the guys, “Oh, you better get under the bed.” They’d just come from the field, the jungle. They knew what to do. But then there were the guys who were hooked to so many tubes. They had chest tubes. They had tracheotomies. They had IVs in one arm, blood going in another. They had a Foley catheter and who knows what other kind—an NG (nasogastric) tube. They had wounds so horrific, they couldn’t move without being in pain. So you threw mattresses on top of him. We had children interspersed in our whole unit because there was a pediatrician on our unit of all things. The medics, the chopper pilots and the guys out in the field had found out that there was a pediatrician at the hospital, so they’d bring us these sick kids. So we had always these sick, sick kids in our unit. Babies that were burned, and cholera and plague and injuries. It was seventy-five percent—Dr. Roe, who was the pediatrician, I got in touch with. (Editor’s Note: Tape ends) One of the things I asked Dr. Roe when I found him fifteen years after the war ‘cause I wanted to look him up. He was such a great doctor, he just cared so much. He was one of the most compassionate doctors I knew over there. But he was a pediatrician, and he did not want to be there ‘cause he
said, you know, “I don’t know how to take care of adults,” but they put him on an adult
unit. But then the chopper pilots would bring these sick kids in because they heard about
Dr. Roe. So when I talked to Dan, I said to him, “You know Dan, I don’t trust my
memories anymore. Because I want to remember things accurately, and sometimes I
think I made things up or maybe in my nightmares I made things up. Then I
misconstrued things and maybe I’ve exaggerated things. So I’m afraid to talk about
things anymore because people will think, ‘Well, she just made that up.’” Then I’m
thinking, “Maybe I did just make it up.” So you don’t trust your memories until you get
some validation, and I said, “You know, Dan, it’s just all I remember is the children died
in that unit. I hardly remember any of them surviving. Maybe a few survived and I
remember left with their grandparent or their—whoever.” He said—well, he went
through the same thing and he went through his notes. He had documented every child
he cared for and what happened to that child. He said, “We had seventy-five percent
mortality in our ward. Seventy-five percent of the kids that came in died. So that is most
of them.” I said, “Oh, man, Dan.” I said, “That is so sad to think about that, but,” I said,
“It sure validates my memories.” Because it was so hard to lose these little kids. They
were so darling and so in pain. Some of them, their families had been killed and they
were alone. So anyway, getting back to the protection of the women in combat. We are
in combat. We’re in the middle of Vietnam. The whole place is a combat zone, first of
all. We are all doing very well. We’re working hard. We’re doing our jobs. We’re not
shrinking violets running into the bunkers unless everybody is running into the bunkers
because there’s incoming and you’re not in charge of anybody. But when you were on
duty in the hospital, you took care of your patients first and if everybody was taken care
of, then you ran for cover under the bed. You stayed with your patients. You didn’t go
anywhere. You stayed there. So after all the guys were taken care of and I’d thrown
mattresses on everybody, there was this little Montagnard girl who had a circumferential
burn from napalm. She was burned from her neck down to her belly button, there was no
skin. It was just a total circumferential—how that happened, I don’t know. It’s just all
around her body. You could not touch her because she was raw. I couldn’t pick her up
and put her under the bed. I couldn’t put pillows or—I couldn’t put anything on top of
her. You couldn’t touch her. She was just laying there in the open with a few wet gauzes
on the open skin. So I had my helmet and flak jacket on. All the guys were taken care of, so I stood at the bed and I held her hand during the whole rocket attack. I’m not even—you don’t even think. You just do it. You just go into your mode and this is your job and this is what you do. I’m not thinking about dying, you know. I’m just doing what we were taught to do. I look around the ward and it’s just extremely quiet. Everybody was just like, “Well, is this it?” There’s some shrapnel flying around. None of my patients, thank goodness, were wounded in that attack, but there were in some other attacks. I never forgot that moment, because years later, I looked back on that and the one military person when we had our first Gulf War of Kuwait, and for the first time, the American people were seeing women go off to combat, to Desert Storm, in camouflage and carrying weapons. It was like, “Oh, women are going into combat for the first time.” This one military person came on record that he was adamantly opposed to women in combat. He gave all his reasons. They were all the stereotypes. “They’re not strong enough. They’ll run away from any danger. The men will be protecting the women. Physically they’re not capable.” All this crap that he was talking about. It wasn’t until that time, when I was listening to him talk on the news program about why he didn’t agree with sending women off. I’m thinking, “I wish he had been with me that night in Vietnam and seeing me and seeing thousands of other nurses like me, standing there, taking care of those guys and making sure they were okay and willing to risk our life to take care of the guys.” We’re not shrinking violets. We rise to the occasion. It’s not just nurses, because that’s our job is to save lives. So we are in that mode. But, the nature of women—I mean, I’m a mother. I have four children. I realized when I came from Vietnam, I always thought maybe I was more like a pacifist and I could never kill anybody. I just, I was glad that I didn’t have to carry a gun and kill people. I was glad I was a nurse. But when I saw the women in Vietnam, the mothers who were so tenacious they would go to any extremes to protect their children. They would go to the extreme of killing an American GI to protect her children. They would go to all kinds of extremes. You think, “You know, they were protecting their own.” I thought, you know, if somebody ever came into my house back in Wisconsin and my little kids are all asleep, could I pick up a gun and shoot somebody that was about to kill one of my kids? Or if there was a war and I thought, I could do something terrible to
somebody who was going to hurt my child. I learned that about myself, that, you know women, we can be tough and tenacious and do what we feel is right to protect our own. So I’m telling you this because my experience in the military, I was developing this extraordinary admiration for the women I was serving with, because we were so darn young, but we were doing such good work. It took a lot of—it took a lot to do what we were doing. We could have been home playing golf or playing tennis or getting more degrees. We could have been home at dances having boyfriends and doing all the other normal things young women our age were doing. We were in Vietnam, you know, living in this hellhole. There wasn’t even a park to go to at the end of the day or a—well, if you were on the beach, maybe you could go to the beach, but there was no place to escape to just get your sanity back or to—there was no escape. Like at Pleiku, our hospital was surrounded by concertina wire and guard towers. Us nurses were prohibited from leaving the gate because if we did it was dangerous. Well, of course we all did. We snuck out and we went to Pleiku City. I went to all kinds of places. As I look back it was really stupid. Something could have happened, but I was with the MPs (military police), so. The MPs knew that we were supposed to get Article 15s if we left the gate, but those were the guys that would take us out because they knew we were leaving and they wanted to make sure we got back safely. Because I had gone down to Pleiku City with another nurse, but we just said, “We’ve got to get out of here.” So we just pulled our hair up under our helmets, got into the back of a jeep. They knew we were women, but we said to the guys, “Get us out of the gate. We want to go in to Pleiku City.” They said, “Sure. Come on.” We were women. They weren’t going to say no to us. So we were downtown, Pleiku City, and all of a sudden I looked behind me and I said, “Oh, no. We’re being watched.” All of a sudden I realized the military police were following us. I thought they were going to come and arrest us. Take us to the Long Binh jail for defying our chief nurse’s orders. We weren’t supposed to be down there. But we always thought, “Well, we can do what we want. What can they do, send us to Vietnam?” I never even thought that they would ever send us to the Long Binh jail. They needed us too much. We’re the nurses. So I didn’t have any fear of that, but anyway so these MPs are following us, but they didn’t arrest us. They just were following us. Everywhere we went, they were there. Finally we decided we’d better get back to the hospital. Pretty
soon one of the MPs comes up to me and they said, “Um, Lieutenant, are you done now? Are you ladies through?” We said, “Yeah. I guess we’d better get back.” He said, “We’ll take you back. You get in the back of the jeep, put your hair up under your helmet and, you know, squish down and look like guys.” So we did that, just kind of you know, like this in the back of the MPs, took us through the gate, took us up and dropped us off. We never saw the guys again, but they took care of us, you know. But we were doing the same for them. I was just really proud of the women who I served with in Vietnam. I had the greatest hooch-mates. You know, Edie McCoy, Barbie Chimignilo, Maggie Loubarbas, Sara McVicker and Joan Furey. These were some of the greatest women I’ll ever know, and they still are. In 1980, long story short. Now I get back from Vietnam in 19—I’ll wrap this up here soon. I get back to the United States in August of ’69 and all hell has broke loose in the United States. When I was in Vietnam, three hundred men were dying every day. We’re in the war in Iraq now and we’ve lost over a hundred and fifty men this month. That’s terrible. It makes me sick. Every day I hear another American soldier is dead. I could just cry. You know, I think about Vietnam the year I was there, three hundred died a day. How did we do that? How did we get through that? But we did. We did a good job. When I got out in ’69, nobody thanked us. Nobody told us we did a good job. There was hostility. There was humiliating remarks made to us. If we said we were in Vietnam, it’s like we set ourselves up for some sarcastic remark about, “What’d you go there for in the first place?” So I just shut down. Didn’t talk about it and I was very unhappy at North Memorial Hospital where I was told I couldn’t start IVs. I couldn’t do this. I couldn’t do that. So I quit after three weeks and went back in the military and was in the military until 1972. Went to Fort Sam Houston, Texas, was surgical head nurse in the intensive care unit there. I was—that saved my life. I know it saved my life, because I had emotionally shut down. I think I was still in shock. I was so hyper-vigilant I couldn’t even take my clothes off at night. I would just sleep in my clothes on top of my bed. Then that way if I heard anything in the middle of the night I could get up and get out of there and wouldn’t be naked or in my nightgown. So I slept in my clothes so if I had to run, I could get out the door to be safe. That was bizarre. I mean, I wasn’t in an unsafe place, but it was really kind of nutty, now that I think about that. Then my worst dreams at first, because I didn’t get nightmares
until later, was that I’d be dreaming that my legs were numb and I needed to run and I
needed to get out of my bed because I had to get away. My legs were paralyzed. I would
wake up, and my legs wouldn’t move. I thought, “God, they really are paralyzed.” But
they weren’t and I could move, but I was afraid that I wasn’t going to be able to flee, that
flight or fight thing. So anyway, working at Fort Sam Houston at Brooke Army Medical
Center, I was right back taking care of Vietnam vets. I was busy. I loved taking care of
those guys again. Now I was taking care of them on this side of the ocean. It was really
good for me to be back in that environment. Then I met my wonderful husband, and
we’re still married and have four great children. So that was a wonderful thing that
happened, was to meet Mike, who was a surgical intern. I didn’t realize it then, but I was
so emotionally dead, so emotionally not there, I asked Mike, “What did you see in me?
There was nothing there. I was boring. I was uninteresting. I didn’t talk. I didn’t want
to go to parties.” I said, and you know, “I didn’t feel this passion for you. I knew I loved
you, but I kept my distance from men because you didn’t get close to men because men
died or they left you or they”—I came back from Vietnam and I didn’t want to ever get
close to a man because that was just painful. But there was something about Mike that I
was drawn to him. He was just so wonderful. So I said to him, “What did you see in
me?” I mean, I was just not fun. I was just working all the time at the hospital. Of
course, he was too, but he said, “I saw a diamond in the rough.” Isn’t that sweet? But
anyway, we’ve had a great marriage for thirty-three years. He’s been really good for me
through my post-traumatic stress disorder and supporting me with the building of the
memorial. Now I want to go there for the next five minutes, and then I guess the
interview is over. But as I said, I went back into the military. Then Mike and I got
married. In 1972, I was pregnant with our first child. So I stayed in the military until the
last minute. That was the year women who were pregnant could stay in. Then we had
another child and I got out of the service and decided if I was going to have children, I
didn’t want to be in the military. There wasn’t good daycare and that kind of thing. So
then I went into my ten-year mode of being a mom and raising the family. Stay-at-home
mom except working part-time three days a week at a hospital. Then there was an
incident at the hospital where I had a flashback. It scared me to death and I didn’t know
what a flashback was. I was not an operating room nurse. I was working in the recovery
room. The supervisor came and said I needed to go into the OR. I said, “No, I’m not an OR nurse. I’m an ICU-recovery (intensive care unit) nurse.” She said, “Mrs. Evans,” by that time I was married, I had these children. Said, “You have to go. I’m ordering you to go into OR. This child is having an operation. They thought it was an appendectomy. They found it was a Wilm’s tumor. There’s some hemorrhaging. The surgeon needs somebody to count the sponges.” I hadn’t counted sponges since I was in nurses’ training, but she ordered me to go. So I’m standing in the operating room and the surgeon is throwing sponges at me. I could have counted them. It’s not so hard. (Editor’s note: Phone rings) But—that’s probably my son. So, I’m only sharing this because this is something I didn’t share for—I didn’t even tell my husband or another soul. This happened in 1974. I didn’t talk about it until probably about the late ’90s. It was so humiliating. I didn’t know what it was. I found out about what it was when I went to a vet center and the counselor started asking me about what was happening in my life, why I was depressed, why I was having nightmares, couldn’t sleep. He asked me if I had ever had a flashback. I said, “What’s that?” He explained, you know, “Were you ever in a situation where something happened and you were right back in Vietnam and you were just kind of stuck there, and everything else around you was just not there, but you were in Vietnam?” I said, “Well, maybe that’s what happened to me then in the operating room.” When the surgeon was throwing sponges at me, all of a sudden I froze because I smelled the blood. I saw the blood. I smelled the blood. All of a sudden I wasn’t in the operating room, I was in Vietnam, and I froze. I literally froze. I stood there and I couldn’t do anything. The surgeon was screaming bloody murder at me, “Get those sponges counted!” Just screaming at me. All of a sudden I heard this screaming, and I didn’t know where I was. Then the circulating nurse came over and I looked at her and I said, “I have to leave. I have to leave.” She looked at me like, “What kind of nurse are you?” You know, I was a good nurse. I was a good a nurse. I felt so incompetent. I felt so humiliated. It was terrifying. I just said, “I’m not well. I have to leave. I’m sorry, but you’ll have to pull in another nurse now. I am not well.” I knew I wasn’t well. I did not know what was going on, I thought I was going crazy and that was scary, too. But the scariest thing was that I wasn’t—I didn’t feel like a competent, practicing, professional nurse. That’s the first time that ever happened to me, that I couldn’t
perform. So the next day, I went to the nursing, the human resources and resigned. I didn’t tell Mike why I resigned. I didn’t tell anybody. I didn’t tell the nurse why I resigned. I just said, you know, I was pregnant. I said “You know, the pregnancy’s not going well. I’m not going to be able to work here any longer.” So I didn’t even—I couldn’t even tell her the truth. I didn’t give a two-week notice. But it was so humiliating, it was so terrifying. Later when I talked to the vet center counselor, he said, “You know, this was because of Vietnam. This was a flashback. It’s post-traumatic stress disorder. You were not incompetent. You were suffering a consequence of your experience in Vietnam.” I was so mortified and embarrassed and humiliated by all this, I couldn’t tell anybody else. Now, there’s a lot of us nurses when we get together, we do share these things with each other because if we share it with each other, it’s like, “Oh, then I’m not crazy.” Then this nurse will say, “Well, it happened to me, too.” This other nurse will say, “It happened to me, too.” They’re able to share their story or their trauma with each other. We wouldn’t even talk to each other about it for years. That, of course, is the whole issue with PTSD (Post Traumatic Stress Disorder) is we do need to talk about it. So anyway, but real quick now, I had that incident. So I quit nursing that day. Then I got involved in other things that weren’t related to nursing and lots of community-oriented stuff. Then in 1982, I learned that there was going to be the dedication of a memorial to honor the men serving in Vietnam. I knew Sharon Lane’s name was on the Wall. She was killed when I was in Vietnam. I wanted to find the one patient I could remember, Eddie’s name. I could only remember one patient that I cared for who I knew. I just prayed his name wouldn’t be on The Wall. He was from Minnesota where I was from. I struck up a conversation with him and I had remembered his name because he was from Minnesota and he was one of my first patients. So when I got to The Wall, first I told my husband, “I went to Vietnam alone, and I’m going to The Wall alone. I don’t want you with me.” Which he told me later hurt his feelings, but I had to do this alone. I went to the ’68-’69 plates and I looked up and I went, “Oh, my God.” The plates from ’69 and ’68 were the tallest and the longest. Those were the years I was there. First I found Eddie’s name. When I touched Eddie’s name, I had no idea what was going to happen out there. I was afraid that if I ever started to cry, I would never stop. That’s what happened. I touched Eddie’s name. I burst into tears, and just sobbed and sobbed
and sobbed. It was like, you know, in Vietnam we never had a funeral. We never had a wake. We never had a funeral. We were never allowed to grieve over anything. We didn’t grieve over their deaths. We didn’t grieve over their suffering. We tried to shut down after Vietnam to survive, to get on with our lives. Then we felt all this guilt because this horrendous guilt about, “I could have done more. I should have done more.” Or this guilt about, “Why have I forgotten these wonderful people? Why have I forgotten my patients? They were so wonderful and I can’t even remember their names.” So all this guilt and then not grieving. So I guess for me, going to the memorial in 1982 was a wake and a funeral all at the same time. But then after that, I had to go through the stages of grief. I read Elisabeth Kubler-Ross’s book years before, when I was in nurses’ training. I remembered those stages of grief after death. I started going through—I went through the depression and the anger and—I’d gone through denial, let’s face it. I couldn’t have been in any deeper denial, but then anger and depression. I can’t remember which came first. I think altogether. Then I started remembering my patients from Vietnam one by one by one. So it’s like I had a funeral for each one. They would appear to me in the night. I would think of this guy. It was like, “Oh, I remember. He’s here.” I would just see his head, and then I would grieve for him. Then the next one and the next one, and I had a whole lot of grieving to do, but I’m getting more and more depressed. But, you know, I’m a really energetic person that is—I’m a project person. I get things done. I have four kids and kept a great house and scheduled my kids. I’ve spent a lot of time with my children, and I’m an up person. So I’m not going to let this get me down. So I’m trying real hard to stay up and get my work done. Then this hits me. The women who served in Vietnam. All they’re talking about is the men, and then they’re going to dedicate a monument honoring men, which is fine. It was the statue of the three men. I looked at that statue and I thought, “Well, there’s three men there.” You know, they forgot the women. I’m thinking about all these women and how proud I was of them. So very long story short, in the fall of 1983, I started working. I picked up the phone and called a sculptor, asked him, Roger Bordeen from Minneapolis, if he’d ever thought of sculpting a military woman. He said, “Yes. I’ve thought of it, but nobody’s asked me to do it.” I said, “Would you work with me?” So for five months, Roger and I worked on a statue portraying a Vietnam veteran woman. Another long story short, I’ll
make this very brief because that’s another whole story, is the chronology of the Vietnam
Women’s Memorial because it’s ten years. It’s a ten-year story. It’s a very long, intense,
complicated story, which involves so many people who came to help me. I’m not a
unilateral. I didn’t do this on my own. There were hundreds, if not thousands, of people
who helped me with my vision. I had the vision and I led the effort and I never stopped
leading the effort. I was, you know, the personnel front. There were obstacles all along
the way and people who wanted to do everything and tried to do everything they could to
stop the progression of the effort. Every time we made progression, like a hearing would
be successful or anything would be successful, fundraising, you know, raising a million
dollars in one year, when people who were opposed to the idea of adding a statue of a
woman to the Vietnam Veterans Memorial saw that, well, this Evans woman now she’s
making more progress. Maybe it will happen. Then they became stronger in their—they
became real antagonists and tried to put road blocks in our way. So they would impugn
my character or do that or challenge my motives and all kinds of stuff, like I was this
radical feminist coming out of the cornfields using the Vietnam dead to further my cause.
That’s what one paper said. So I was determined that the women I served with needed to
be remembered and honored at the memorial and that the country needed to know that we
were there for their sons. Because we were there—we were often the last person that son,
that young man saw. That young man had a mother and a father. I often thought to
myself when I was with these boys in Vietnam, I felt so bad that it was me with that
young man. It’s not fair. His mother needs to be here. Why is it me? He needs his
mother. He needs his dad. I really wanted a monument that would show, especially all
the parents that lost kids over there, that we were there for their son and that we were
really compassionate people. So a long story short, the first statue was rejected. The
commissions didn’t like it. They wouldn’t let us have the site. So I had to go to
Congress. I didn’t know how to do that, but I got help, lots of wonderful help. Went to
Congress, got a bill passed. It wasn’t—it was too dilute. They didn’t give us the site we
wanted. So I went to Congress the second year, took more legislation to get it site-
specific, which would be the Vietnam Veteran’s Memorial, Area One on the Mall. That
was one of the highlights of my life, outside of having the four babies that I had was we
got the site. Congress gave us the site. Women would have a memorial at the Vietnam
Veteran’s Memorial. But now we don’t have a design. So we had a design competition, which took another year. Then Glenna Goodacre had submitted this design that was so wonderful because it didn’t just portray the women. It portrayed that wounded soldier. Now remember, the women who went to Vietnam were mostly nurses. Ninety percent of the women were nurses. Then there were the support personnel and there were Red Cross women and civilian women. We wanted to remember all these women, not just nurses. So in our design program that the artists were reading, it said that this memorial is to honor all women who served around the world during Vietnam and should reflect their service in many ways, not just nurses. So Glenna came up with the design that has the nurse tending to the wounded soldier. So there’s the nurse, there for that wounded soldier. Then there’s the standing woman who’s an African—or, woman of color, who’s standing up, looking for a helicopter. Now she could be anyone in Vietnam, an Air Force—well, she could be an air traffic controller or she could be a support person in Saigon, or she could be a nurse. If you were an African-American woman nurse in Vietnam, you’re going to look at that statue and say, “She’s me.” So the interpretation is left up to the viewer of the Vietnam Women’s Memorial. Then as you come around it, because it was meant to be a sculpture in the round, is the kneeling woman. That kneeling woman portrays the anguish, the futility, the sadness of the war. Yet that woman still appears strong, but she is human and she looks like we all felt at the end of the day. She looks tired, but—she’s been through a lot. Then the woman who’s the nurse is acting and—so the woman tending to the wounded soldier, of course I look at her and that’s me. I look at the kneeling woman, and that’s me. I look at the woman who’s looking up into the sky, and I’m so proud of this woman because she’s there and she doesn’t have to be. She came there to support all of us. What do we do in wartime without the cooks and the supply sergeants and everybody? Then there were the dieticians and the physical therapists and all the professional—all the other professional women, the women who were CIA and photojournalists. I’m just proud of all these women because they had the courage to sign on the dotted line during a very unpopular war during a turbulent era in this period of our history, when women were just coming into their own. They could be doing many, many other things. They were activists and feminists and working on their own issues. Yet they decided to join the military during
an unpopular time when they didn’t need to to support the other people in the military
and to show support for their country, to serve their country in some way. So I think
these were things inside of me that these women stepped out of their roles, their
comfortable roles of being in the United States and being on a golf course or what have
you to go to Vietnam or other parts of the world. So I think that kept me going, when I
was thinking about, “I don’t care what people disagree with. My vision is that women
served and contributed immensely. They did it with courage and compassion and they
were strong. They too suffered and they too need to heal like our brother veterans. They
haven’t even begun their healing. If a memorial in Washington, DC, can do that for them
plus teach America that women were also there, that we’re part of humanity, and to leave
out the role of women during wartime is to tell a lie, because I come from this belief that
the omission of the truth is the same as a lie. To omit one of the most important
contingencies of the Vietnam War, which were the medical workers, we saved three-
hundred-and-fifty thousand lives. Approximately three hundred and fifty thousand men
and women were wounded in Vietnam. A lot of those came through our hospitals. Some
came through just aid stations, of course, and were treated by medics and docs. But we
were there for them and thousands of the names on The Wall, we were holding their hand
when they left this world. That counted. That makes a difference. That cannot be
omitted from history because that’s a lie. To me, the memorial would just make the
Vietnam memorial more complete and whole and make it more powerful, whereas one of
the arguments against my testimony at the Commission of Fine Arts was that adding a
statue of a woman would detract from the Vietnam Memorial. It would upset the delicate
balance of tension that existed there. I had just said that adding a statue of a woman at
the Vietnam Memorial would make it more powerful because it shows the humanity of
men and women, how much we care for each other, how much we will support each
other, and how well we can work together because we were a team in Vietnam. So there,
I think, that’s the doors that we opened for the future generations of women. We proved
in Vietnam as women proved in Korea and World War II and World War I and the
Spanish War and the Civil War, that we’re not shrinking violets. I mean, shrinking
violets aren’t women who work twelve, fourteen hours a day with the wounded, three-
hundred-sixty-five days a year and don’t give up. Not one of us. Did I—it never
occurred to me, you know, to go home. “I don’t like this anymore. I’ll just leave.” That
never occurred to me or most of us. That matters. So I think that memorial, then, of
course, there’s another memorial too, now, out at Arlington Cemetery for all women who
have ever served. That started after ours because of ours, because the other women who
served also wanted to be remembered, of course. So they worked in tandem with us at a
later date. This has been dedicated, of course, but that has been a beacon, I think, for
future generations of women that, what women do matters. What women do counts, and
that it will be recognized as valuable. Not recognized because, “Oh, we want to be on
some pedestal.” That was never it. It was just that we count. We’re valuable. Our
country is greater with both genders working together equally. So that was part of my
obsession, if you will, with getting the memorial built. Also along the way, and then I’ll
conclude, is that I started meeting women now by calling them because I needed help. So
I would find women like Ann Cunningham, who I’d served with, and Edie who I’d
served with, and Joan Furey, and I would make phone calls. This was in the early ’80s. I
was stunned at the responses I got, because it was like, “Diane. Well, it’s so good to hear
from you. I haven’t—how’d you find me?” I said, “Well, word of mouth and asking
around now, because I need help because I’ve started this memorial.” “You started
what?” So then I would explain to them, “Well, I really think we should put this
monument in Washington, DC, but I’m going to need help. Would you be willing to
help?” They said no. They said, “Oh, I’ve put Vietnam behind me. I don’t want to think
about it anymore. But it sounds like a good thing you’re doing. Good luck, but you
know I’m busy.” These women hadn’t started dealing with Vietnam. I accepted that, and
I respected that. But then later I’d call them again and I’d say, “You know, this is what
we’ve done, and we’re progressing. Do you think you could just hand out some
brochures where you work? You don’t have to do any public speaking, but if I sent you,
like, fifty brochures, could you just hand them out to people? Because our address is on
there and they can send money.” So little bit by little bit by little bit now, the women are
testing the water and they want to get involved. Now Ann Cunningham, she’s wonderful.
She was the one who said, “Oh, no, Diane. I don’t do Vietnam.” But then we started
talking more often. Finally I said, “Annie, when I first called you, you wouldn’t say a
word. Now you won’t shut up.” She was in California. She got on all these public
speaking circuits and she started speaking in front of everybody, handing out brochures, collecting—she raised thousands of dollars. She said that was the single best thing for her because it started her healing. She could admit she was a Vietnam vet. She was proud of it. People started talking, “You were in Vietnam?” They didn’t even know she was in Vietnam. “You’re trying to build a memorial? Well, yeah, we’ll support that.” So it was a ripple effect. So the grassroots is what really got behind the Vietnam Women’s Memorial effort and what built that monument in Washington, DC. It was dedicated on November 11, 1993. There are women here at this reunion, at the 71st Evac reunion here in Salt Lake City, who I have already talked to who have come up to me. This is the most heartwarming thing for me is when a sister veteran comes up to me and says, “Thank you Diane, for hanging in there.” Like Mary. She said to me, “I didn’t want to go to that dedication. I didn’t want to deal with Vietnam, but something brought me out there.” She said, “November 11, 1993, marching in the march, watching the dedication,” she said, “I have to tell you, it changed my life. It has turned me around. It was after that I started talking about Vietnam, talking to some other women. I went for help to talk about it, and started dealing with it, and felt some pride that I was a Vietnam vet.” Now see that pride thing was so important to me. I think we all felt proud, but we were never allowed to publicly display any pride because we were these, you know, drug-crazed, glassy-eyed, Vietnam baby-killers who were all high on drugs killing people. It was another stereotype. I keep getting back to stereotypes, but I guess I have a sense of justice about what’s right when I believe in being an advocate for women. I have a sense of—if this is stereotype or myth about women and I can do anything about defying that stereotype, I’m out there to do it because it’s just wrong. It’s just wrong. It’s a way for I guess the other gender to keep us beneath what they think we can accomplish or the reality or the—I guess they don’t want us to be equal. They’re afraid of us becoming where we want to be more than equal to them, and that’s never the issue. See, I never had equality issues with men and I’m not a male basher. In fact, when I first started speaking to VFW (Veterans of Foreign Wars) conventions and the American Legion, I think they all had this sense I was this feminist coming in to bash men, like I hated men. So I was out there being this advocate. It was like, what they found out was that I wasn’t angry first of all. Somehow, I didn’t show anger in public. I could be angry at home and
express anger to my husband. I was angry about a lot of stuff with Vietnam, but I
never—one thing I know is that if you’re talking to someone in anger, they don’t hear
you. They do not hear you. The way I presented myself when I went at all these
speaking things, I never talked about my own experience. I said, “I was a nurse in
Vietnam,” but then I would share stories of what other women did. So I was always
talking about the other women. “These are what my colleagues did and the medics and
the doctors,” and how we were a team and what we accomplished and that I just wanted
the women to be remembered like our medics, the corpsmen, the grunts, everybody was
remembered. That it would be equal thing. We didn’t want anything different or bigger,
just have a memorial that would complement the statue of the three men and then share
the stories. I think that educational aspect of presenting this to the audience is what kind
of turned them around because for the first time they heard about what women did in
Vietnam. But I always felt like if I told them what I had done, they would say, “Oh,
she’s just building this for herself,” or, “This is all about her.” Plus, I was also very
uncomfortable sharing my own story. I would share other people’s stories who had given
me permission to do so and often not using names. But I was very reluctant to say
anything about what I did in Vietnam because I had this terrible fear. I mean, my biggest
fear in public speaking that I would say something and I would start to cry. That was the
last thing I was going to do was cry in front of an American Legion convention. I never
did, not even once. So I held it all in and I never cried and I never got angry. I just
always presented myself, you know, “This is not about”—because one of the arguments
at the VFW convention was, they were totally against any statue of a woman because
some people got up and said, “Well, if we add that statue then there’ll be a hundred more
because the helicopter pilots will want one and the tanks will want one and the dogs will
want one, and when’s it going to end? Leave it the way it is, it’s perfect.” So I got to
have a response. I got up to the other microphone, because they had pro and con. I got
up to the other microphone and I said, “Well, you know, this isn’t about tanks and this
isn’t about helicopters. The men who served are reflected in the statue of the three men.
It’s a composite of everyone who served, the doctors, the medics, the helicopter pilots,
everyone that—the statue of the three men is symbolic. They’re men. These were the
men who served in Vietnam, irregardless of what they did, although one of the men has a
weapon. So he’s a grunt.” But I said, “That was the whole purpose of the Fredrick Hart—because I read the piece. These are the people who bore the brunt of the war. His statement was, ‘The statue of the three servicemen was to portray those who bore the brunt of the war.’” I read that very carefully. I said, “But there’s another gender who also bore the brunt of the war. So in keeping with Frederick Hart’s statement, these women bore the brunt of the war. This is about women. It isn’t about tanks or dogs or helicopters.” I said, “If we honor women—we’ve honored men, now we honored women. That’s only two statues. That’s where it ends because we’ve honored both genders. We haven’t forgotten the women. We haven’t forgotten the men.” I said—and this is where I almost cried, because by this time I was really feeling emotional because the VFW was about to defeat the resolution to support us. I could not afford a defeat because we were in Congress getting legislation passed. If the legislators, the senators saw that the VFW, which has two million people in it, wasn’t going to support this memorial to honor military women, why should they support it? I mean, this was a critical moment, literally. I had to have their support. It was unequivocal. If I didn’t, I was going to fail and I’d take it as a personal failure. So when they started talking about statues to dogs and tanks and, I said “There’s only two genders. There’s men and women. We remember them both.” I said, “You know, when I went on Vietnam, some man’s son died in my arms. I want that father and, of course, his mother to know that I was there for him. Me and thousands of other women like me did this for this nation. That is of historical significance to all of us and to this nation. We went to save lives. That’s all we want is to be remembered and recognized for saving the lives and being there with all those men’s names who are on The Wall. We don’t want anything bigger. We don’t want anything better. We just want people to go and see that statue and say, ‘Oh, those were the women who cared for our loved ones.’” Then I sat down. I was ready to pass out and I couldn’t sit. I was so distraught. I went and sat down in my space that they reserved for me. I couldn’t sit. I got up and I went out. I went out to the lobby. I just had to get some space. I had to breathe. I was—I couldn’t breathe. This man followed me out there, and he was an older gentleman. He came up to me. He put his hands on my shoulders. I didn’t know if he was going to attack me or what. He looked at me and he said, “I hope you held my son. He was killed in Vietnam.” He said, “I
support your memorial.” So this elderly gentleman came up to me and put both of his hands on my shoulders and looked me right in the face and he said to me, “I hope it was you that held my son. His name is on The Wall. He died in Vietnam and I support your memorial.” Then I went back into the room because they had to take the vote. The vote for this failed on the floor the day before, but the president who was a Vietnam veteran, the commander came to me and he said, “There’s a way, a parliamentary procedure. We can get this back up on the floor, but this is what you have to do. We’re going to try to recast this vote, but you’re going to have to explain why they should support it. They didn’t listen to you yesterday. They had their minds made up. They weren’t listening.” He said, “You’ve got”—I think it was six minutes or something—“to give your final. You need to educate them.” So that was perfect when the guy got up and said, “Well, what about the tanks and the dogs and everybody else?” I was just able to say what I just said. I didn’t have any notes. I decided to leave all notes at home because I could have you know—and that’s what I said. They voted and it passed. So we got the VFW support, and the VFW was wonderful in their support following that as was the Legion and all the other veteran organizations. The Disabled American Veterans, Vietnam Veterans of America, we got all of their support. We had to have that. That felt so wonderful because as a woman, to have the support of those millions of men now, finally, because the Legion was three million people. It was just—I knew we were going to sail now. It had to happen. So each step with a little progression along the way, I was more and more confident that this is going to happen, so don’t give up no matter what. So the statue is dedicated and it’s ten years later. So many women, and I have to say this final sentence: men. Never in my wildest dreams did I realize how much the male veterans would love the Vietnam Women’s Memorial. They love to go there. They love to touch the statue. They say it’s kind of like going home and being in Mom’s kitchen. That’s where you feel good and can talk and laugh. They talk, they laugh, the cry. You can do anything around the Vietnam Women’s Memorial because you feel safe. With women it’s a little bit different feeling than—it’s just a different space of feeling than at the statue of the three men and at The Wall. That’s where people go to talk and to hug and to share stories. So I’m just so happy that there were so many people who were willing to step out of their comfort zone and help build that memorial. That’s it. Is there anything else?
KV: Not unless there was something else you wanted to say.

DE: No. Maybe I’ll think of something when you call me.

KV: Okay. We’ll end the interview.