Kara Vuic: This is May the 29th, 2004 in San Antonio, Texas, at the Army Nurse Corps Association Convention. I am Kara Vuic interviewing Marge Canfield. So let’s just start with where you were born and raised, where you grew up.

Marge Canfield: Well, I was born in Detroit, Michigan, 1930, and grew up in Detroit, went to school in Detroit and went through nursing school in St. Mary’s Hospital, in a providence hospital in Detroit. It was a school of nursing then, not a degree program.

KV: Okay. So did you live at the hospital or did you live at home?

MC: Oh, yes. Oh, no. We lived at the hospital, because we worked from the time we first went in. We worked on the wards as nurses from the very moment we started there. It wasn’t like going to school for six months or something and then starting to work. We started working immediately on the wards. After six months, then we could go on evenings and nights, believe it or not.

KV: That was probably ’48, 49?

MC: ’48, I went—yes, and it was a three-year program.

KV: So you’ve grown up, you were born just in time for the Depression.

MC: Right.

KV: Do you remember any of that?

MC: Not really, no. I was a little too young for most of that.

KV: What about World War II?
MC: I do remember, my father worked for the WPA (Works Progress Administration) and things were a little tight at that time, but we were never really deprived of anything. I had a good life.

KV: Then what about World War II? Did anybody in your family serve in World War II?

MC: Oh, I had—well, just a cousin. Most everybody, most of the cousins were still a little bit too young for that. My father was drafted, but did not pass the physical, so he didn’t go.

KV: Do you remember much about the war to talk about?

MC: Oh, well I do remember rationing. For instance, meat and butter and tires and gas and shoes. We saved all things like all the tin cans. We had to open at both ends and clean and flatten them to save all the metal and things like that. I do remember most of that part of it. In school, we did a lot of things like knitted squares for afghans for the soldiers. Then we would submit all the squares and somebody else would put them all together. We bought the stamps for the savings bonds. They sold stamps for ten cents and you’d fill up a book of stamps. When you got to $18.75, then you got a bond. Those sort of things, you know, children were engaged in.

KV: Right, right.

MC: But everybody did their bit for the war effort in those days.

KV: When did you decide you wanted to be a nurse?

MC: Oh my goodness, from the time I was real little. As a matter of fact, we were on welfare and I had my tonsils out in the big city hospital. I can remember how great the nurses were. I think that’s when I first thought that I might want to be a nurse. So I never changed my mind. Then during World War II, I had a distant cousin who was in the Cadet Nurse Corps. That’s when I decided that I wanted to be an Army nurse. Of course, by the time I went into nursing, they didn’t have the Cadet Corps anymore. That was 1948. But I still had it in my mind that I wanted to be an Army nurse. So when I graduated, I went down to the Army recruiting, but I wasn’t twenty-one yet. In those days, you had to be twenty-one in order to take state boards. The Army wouldn’t take you until you had your state boards. So, I had to wait. I graduated in February and I had to wait till July to take the state boards. Then I came in the Army in November. Came to
Ft. Sam Houston for basic. We didn’t even have uniforms. We drilled in our civilian clothes because they were changing over to the taupe uniform. They didn’t have them in quarter master yet. So we were all out there marching in our saddle shoes and poodle skirts and things like that. We lived at Ft. Sam in one of the buildings where there were classrooms, but there were I think eighteen of us to a room. That took a little bit of getting used to, but it did give us a good taste of Army life for the enlisted people because it was like living in a barracks. You had a little cot and a small locker and a dresser. You had to line everything up just right and your pants, bras, everything had to be rolled and put in the drawers just right.

KV: Wow. Was that your first time away from home for an extended period?
MC: Yes, well, yes. I, of course, when I was in nursing school, I lived at the hospital, but other than that, that was my first time away from home, yeah. But it was a great experience, meeting a lot of different people. We had a very short basic course. It was of course during the Korean War in 1950, ’51. They shortened basic. We didn’t go to Camp Bullis. We just learned very basic things like how to salute and how to march and those sort of things.

KV: Were you officers at that point?
MC: Yes, second—well, most of us were second lieutenants. Some of the older girls that had had more experience in nursing came in as first lieutenants. I think we maybe might have had one that was a captain, but most everybody was a second lieutenant.

KV: What was your pay like?
MC: I think it was something like $239 a month.
KV: Was that more or less than you would’ve made working in a hospital back in Michigan?
MC: Well, at that time, I had done some private duty and I was making like $8 a day. But I wasn’t a registered nurse yet, I was a graduate nurse. Actually, it was pretty comparable I think, but we didn’t need much money in those days either.

KV: Yeah.
MC: We didn’t pay room and board and things like that in basic. So, the money went pretty far and they gave us a clothing allowance when the uniforms did come in and
we bought uniforms, but we had to go downtown and buy them. There were several
clothing stores in San Antonio like Jotsky’s sold uniforms. There were two other military
clothing stores. So we bought them through the civilian market. So we finally got some
uniforms before we did graduate. But we were so green and we had to wear these brown
shoes with a little Cuban heel. We all bought them at Jotsky’s. Our first inspection, the
officer that was inspectioning us just cracked up because all the brown shoes had little
balls at the end of the shoestrings, which were not what the Army required, but we didn’t
know any different. Several funny things like that happened. But the basic class was an
experience.

KV: What did your family think when you joined the Army?

MC: Well, I think they were pretty proud. They were surprised, even though for
years I said I was going to be an Army nurse. It wasn’t until some papers went to my
home that were addressed to lieutenant and my mother called me up. I was still living in
the nursing quarters because I was working in the operating room and on call. She said,
“What is this?” I said, “I told you mother that I was going to join the Army.” But no,
they were very supportive and very proud. Yeah. So my first duty station was at Camp
Carson, Colorado, in those days. I went there in December of 1951. I worked on
med/surg, but then they closed the TB (tuberculosis) section at Fitz Simmons because
they wanted to redo the whole thing. So they sent the TB patients down to Carson, so we
had to open up a lot of wards.

KV: That’s tuberculosis, right?

MC: Tuberculosis, yes. Temporarily we took in all those patients. So I worked
on the TB wards. In those days, the nurses that worked night duty had to cook breakfast
for all their patients. You had one nurse. Like I had maybe six TB wards. You had one
corpsmen on each ward. So, we had ambulatory patients so that would help us serve
breakfast, but that was one of the duties of the night nurse was to cook breakfast for all
those patients.

KV: What did the corpsmen do? They’re enlisted.

MC: Well, they helped—enlisted, yes. They were enlisted people. In those days,
they weren’t allowed to give medications or anything like that. So the nurses gave all the
medications and passed the nasogastric tubes because we used to have to do tests on the
gastric juices for TB frequently. You’d line up all the patients and some of them had been there so long, they could put their own tubes down, some of the patients could. I had to do that before breakfast, so then cooking breakfast was not the most pleasant thing in the world after having to do all that. Those TB patients were pretty clever in how they managed to get things that they weren’t supposed to have, like liquor. Some of the hiding places were really ingenious. They would take the drains off of the showers and tie a string around the bottles and drop the bottle down into the shower drain and put the drain back on. (Both laugh)

KV: Wow, who would’ve thought.

MC: Well, they would be patients for months and years. Yeah, they knew all the tricks of the trade. After the TB patients left, I really wanted to be an operating room nurse because I had done that in civilian life. I did go to the operating room and worked for oh, probably about six months. Then two nurses were assigned that had operating room MOSs, which is military occupational specialty. I hadn’t been in for a year yet, so I didn’t have the MOS. So I had to leave. They needed nurses in obstetrics, so I went to obstetrics. Actually, that’s what I did most of my Army career till I went to Vietnam.

KV: Had you had—well, I guess you said you didn’t have the MOS yet.

MC: No.

KV: Did you try to take more courses?

MC: I did.

KV: To do OR (operating room) nursing or—?

MC: Well, no because I had gotten into OB (obstetrics) and I really got to like it.

KV: Okay.

MC: Eventually I got the OB MOS. So until I went to Vietnam, that’s what I did, was obstetrics.

KV: How long were you at Camp Carson?

MC: About two years and then I went to Japan up on Hokkaido, the northern most island in Japan. Of course up there, we did everything. It was a small hospital. So we had a small OB department. So I did med/surg nursing. Well, it was a combination. We had psychiatric patients, med/surg, men and women. We did OB, so did a little bit of everything while I was up there. It was a pretty cold country up there. About eight
months of the year, you could ski. So everybody, just about everybody took up skiing, people who had never skied before. So we always had nurses and doctors and corpsmen running around with casts on arms and legs and things like that. We had a commander who was a skier, so he made sure transportation was available for anybody who wanted to go to the ski slopes everyday. It was only like fifteen minutes away. That was, oh, probably I was up there about a year.

KV: Where were your casualties coming from?
MC: Korea.

KV: From the war?
MC: Yeah. Then we had, well, a lot of casualties from accidents in Japan. Of course we had dependents too up there. We had the 8th Cavalry out at Camp Crawford, so we took care of all their wives and children and things like that. But they were going to close that hospital before too long. They needed an OB nurse down south at Camp Zama, which was outside of Yokohama. So I got transferred down there and spent the rest of my time down there working in the OB section. They had a big OB section there. So I was in Japan about two years. Then I came back and went to Ft. Belvoir, Virginia. Again, I was in OB. We were in the old cantonment type hospitals. It was pretty depressing in those places in those days. It was long dark hallways. Oh, there were a lot of cracks in the floors and the walls and stuff. It wasn’t as clean as you would really like, but they built a new hospital at Ft. Belvoir and we moved into that while I was there. That was beautiful. That is now the oldest new hospital in the Army medical department and they’re tearing that hospital down now and building a new one. But I can remember moving into what was then the new hospital and it was wonderful, all the equipment we had. I left there. Let’s see. Oh, in 1957, I came down here to Ft. Sam again for a course they called ward supervision and teaching. That’s no longer in existence, but at that time, it was a six-month course. They taught us a lot about statistics and history of the Army medical department and how to write up certain actions and how to solve certain problems and things like that in that course. After that, I was sent to a place called Tooele, Utah. It was an ordnance depot. They had a hospital there. It was staffed by civilian nurses, but somebody discovered that they really didn’t have much of a patient load. The civilians were putting in for overtime. So they sent people up there to really
look into it and found out that they didn’t really have much in the way of a patient load. So they sent some Army nurses in. The hospital closed shortly after that and we ran dispensaries. We ran three dispensaries there, one in the main clinic building, one down in the industrial area, and one seventeen miles away in the desert called Deseret. That’s where they stored the mustard gas and g-gas and things like that. So we had three nurses there and one in each of the places. It was a rather isolated assignment, but there are always good things you can find to do. Like the newspaper in town advertised for chaperones. They were going to run a ski school for children eight to fifteen. They needed chaperones on Saturdays to go on the buses with them. So I volunteered for that. I was off every other weekend. So I got to go up to Brighton and Alta with the children and I only had to chaperone on the bus because once we got up there, the ski school took them over. So I was on my own and I could just ski. But it didn’t matter where you were assigned, you could always find something interesting, something good about it to do. Professionally, it was not very satisfying because all we did really was mostly put Band-Aids on and do physicals and things like that. So I stayed there for about two years. I asked to go to Hawaii. I think maybe they felt sorry for me or something for doing that assignment. So I went to Hawaii in 1959 to OB of course. It was a very, very busy OB section there. I stayed there for five, almost five years. I did go to school, to the University of Hawaii while I was there. I took classes.

KV: Was that to get the degree?
MC: Yes.

KV: The four-year baccalaureate?
MC: Yes.

KV: Okay. Did that take long since you already had the three years?
MC: Well, I never really completed it. I retired before I got that done. I would only take one or two classes an assignment. Hawaii was a great assignment because we were so busy on OB. I worked permanent nights most of the time and was busy all the time. So professionally as far as obstetrics went, I mean, it was a really good assignment.

KV: Was it what you thought it would be off duty?
MC: Yes. Well, in those days of course, there were no freeways in Hawaii. They were just building the Hilton, which was the tallest hotel there. The only other
hotels on the beach were the Ala Moana and the Royal Hawaiian and the little Army area down there. So it wasn’t expensive living there at all because you could go to the beach for nothing. You could go sit outside on the beach and hear all the entertainment from the hotels for nothing. Clothing, well, you wore mu-mus or shorts all the time. You didn’t need any heavy clothing. So, it was a great assignment for families as well as for single people because there was so much to do that really didn’t cost you anything. So I was there, like I said, for almost five years. The only time I took leave was to study for a final exam. Then just before I left, I did take thirty days leave and went to India and went to Thailand and went to Hong Kong. I got a free flight, courier flight through the Air Force.

KV: Had you always kind of had a bug for traveling or was that—?
MC: Oh, yes. Oh, yes.
KV: Did you get that in the Army or did you have that before you joined maybe?
MC: No, I think was after I joined the Army. I tried to take advantage of the opportunities whenever I could. So I was there, like I said, five years and saved up all my leave. I had an opportunity to take this trip and took it. A lot of people did that. It was a good place to get a hop to different places. I left Hawaii in, oh gosh, 1964 and came to Ft. Hood, Texas. Everybody said, “Oh no, not Ft. Hood.” But it was a great assignment. We were, again, in an old cantonment type hospital. Anybody’s who been to Texas know that we have a lot of crickets at certain times of the year here. We had trouble keeping them out of the baby’s cribs in OB. The hospital was so old that we couldn’t keep all the bugs out. But we were in the process of building a new hospital at Ft. Hood. That was interesting. I got to order a lot of equipment and things for the new OB section and finally moved into the new hospital. I was there, oh, I guess about a year. I volunteered to go to Vietnam.

KV: So you’re obviously—this is a career path by this point. You’re not just joining the Army for a couple years.
MC: No, no.

KV: Not a little side job for a while.
MC: No. I decided that this is what I wanted to do and stayed in.

KV: When do you think you decided that? Was it pretty early?
MC: Probably when I was in Japan. At that time, I did apply for Regular Army and was accepted into Regular Army. So I knew this was going to be my life’s work and never regretted it.

KV: You kind of wanted a career first. I mean, did you think much about a career as you—I guess in the ‘50s, a lot of women kind of did a job and then did something else or cleaned house or made doilies or something I guess, but you decided you wanted a career?

MC: Oh, yes.

KV: A professional career.

MC: Right, yeah. I loved nursing, yeah. When I went to Vietnam, of course, there wasn’t much OB over there.

KV: Right. (Both laugh)

MC: So I went over with the unit that went to the 91st Evac hospital in Tuy Hoa and it was a new hospital. So all the nurses went over as a group. The hospital was not quite ready when we got there. So we did a lot of things like paint and get things ready for the first group of patients. We finally opened up the hospital and some of our first casualties were actually civilians and POWs (prisoner of war), Vietnamese POWs. Then we started getting casualties and American casualties.

KV: Why did you decide to volunteer to go to Vietnam?

MC: Well, I just felt like I was making the Army my career and that was part of my duty was to go wherever they needed people. I guess I just wanted to be part of taking care of the wounded. When I went to Tuy Hoa, then I was put in intensive care, which was a little different from obstetrics. It was re-comprehended intensive care. So that was a real new experience.

KV: What kind of preparation did you get for that?

MC: None, it was OJT (on the job training). Well, of course, in OB, you run into all kinds of things. We had cases where we had to use respirators and all kinds of emergencies. So that was a little bit of preparation. But of course, I had never taken care of some of the wounds that we got. But everybody was very helpful and there were a lot of young nurses on the staff who had been working in trauma centers. So everybody helped everybody else. I’d only been there, oh let’s see, about three months when I got
transferred because they didn’t want everybody to what we call DEROS (date eligible for
return from overseas), is go home at the same time and leave the hospital with another
whole new staff. So they started transferring people out and then transferring other
people in so everybody would be spaced out and be leaving and arriving at different
times. So I went up to Pleiku in the Highlands to a surgical hospital, the 18th Surgical
Hospital. I was chief nurse at that hospital. But in a small unit, I mean, you do
everything. It’s not an administrative job. So I worked mostly in the area where we
would be like the emergency room where we received all the casualties and did the initial
care prior to surgery, pre-op care and that sort of thing. We took care of a lot of
casualties and a lot of malaria patients. We had quite a few malaria patients. Then the
71st Evac was being built up there in Pleiku. When that opened up, they decided to close
the 18th Surg and make it an all male unit.

KV: Why did they decide an all male unit?
MC: They wanted to send it up north and—could I have a little water?
KV: Yeah, let me get you some.
MC: They thought that having an all male unit would make it easier since they
were going quite far north and there were no facilities already set up for them. So they
wouldn’t have to have different facilities for women and for men. Apparently that didn’t
last too long with an all male unit. They did send some women up there, but by that time,
those of us who were at the 18th Surg had been farmed out to other units. I went up to the
71st Evac temporarily and worked night supervision until they needed me down at the 3rd
Surg, which would be in December. So I spent about five weeks, six weeks up there at
the 71st Evac. That’s when there was an operation called Dak To. We had so many men
wounded and killed. We got in just about all the wounded from that operation. We were
going in the emergency room twenty four hours a day. Some of the doctors just didn’t
get any rest at all. Fortunately, we were able to get a few hours rest at a time and then go
back and work some more, but it went on for days and days, just bringing in the
wounded. They weren’t able to get to them right away, so some of the wounds were
pretty old. There were a lot of head wounds and a lot of chest wounds. In it was a pretty
rough time. In fact, we were doing quite a bit of major surgery even in the emergency
room because the operating rooms were all full. That was the biggest operation that I’d
been associated with since I’d been in Vietnam. A lot of the wounded, as soon as we got
them stabilized, were air-evac’ed to other places, but the initial care was down at the 71st
Evac. In December, I went down to Tuy Hoa or to Dong Tam. It was the 3rd Surg and it
was one of the MUST (medical unit, self-contained, transportable) units, the inflatable’s.
We took care of a lot of Marines and Navy down there too because it was in the Delta.
So there were a lot of the Navy men around.

KV: Was that hospital very different? How were the supplies that you had or
maybe the equipment, was it quite different in the MUST or—?

MC: Well, of course, the units, the wards, and the emergency room were all
inflatable's. The operating rooms and x-ray were more permanent type, but they
were like metal buildings, but not inflatable. They were air conditioned, which was nice
when it was working. But, of course, anything could pierce the inflatable's and that
happened quite often and particularly in 1968 in Tet. I mean, we were mortared like
every night during the whole Tet. So we would evacuate our patients, those that were
stable. Every afternoon, before it got dark, we would have—the choppers would come in
and we would load the patients on there, as many as we could and get them out of there.
That patient that was on a respirator, for instance, we couldn’t move. So we would have
to put some of these patients just under the bed. The nurses and corpsmen would be
crawling around on their hands and knees taking care of patients. Fortunately, we didn’t
have any patients wounded or any nurses. We had two casualties and that was two lab
technicians who decided that they wanted to see what was going on instead of taking care
and going to the bunker. They had some minor shrapnel wounds. But we had fifty-two
direct hits on the compound during that Tet period. Fortunately nobody was injured.

KV: Did you really think about that? I mean, did you feel scared or were you—?

MC: Oh, well, yeah, you felt scared. You had, you know, you had to be, but I
don’t know. We really just kept working. When we got the patients evacuated, we
would go to the bunkers. Patients that we didn’t get out on evac that we were able to take
to the bunkers. We had bunkers built outside of each ward and we would put some of the
patients in there. Pre-op and the receiving ward, people would just get underneath the
tables or whatever we had there. As soon as there was an all-clear, we’d start getting
patients in again. Everybody came to work. Nobody ever had to call and ask somebody
to come in. As soon as they heard the choppers, everybody would run and want to help. In fact, I used to have to make some of the staff leave to go home and get some rest so they could come back when the next group came in. The cooperation was just tremendous. Nobody ever complained about a thing. It didn’t matter how many hours they had to work or under what conditions, nobody ever complained. Everybody was willing to be there twenty-four hours a day if necessary. You didn’t have a day after day after day of this type of thing. I mean, you would have—they would be having an operation someplace. We would get the casualties in and then maybe you’d have twenty-four hours to get those people taken care of and then you’d get another bunch of patients in. But during that Tet period, we were pretty much mortared every single day. So we had to get the patients out as quickly as we could, as soon as they were stable.

KV: What was your position at this hospital?
MC: I was chief nurse.
KV: You were chief nurse here?
MC: Uh-huh.
KV: So what was your rank by that point?
MC: Well, I was promoted there to lieutenant colonel.
KV: So you’re probably in your mid thirties? So you were—
MC: Well, I was thirty-eight.
KV: Okay.
MC: Yeah.
KV: So you’re older than most of the nurses that you had?
MC: Oh, yes.
KV: How did that work? I mean, did you feel like you were—?
MC: It worked fine. Oh, yeah. Oh, yeah, we all got along very well. Some of the nurses actually had had very little experience. They had been in the student nurse program and they had an obligation. They hadn’t been on active duty very long before they came to Vietnam, but they were all terrific. None of them seemed to fall to pieces or anything. They were always there when they were needed and did a really wonderful job. We all lived in the same quarters. In fact, during Tet, we all slept in the same bunker. So everybody got pretty close. So it was a really great experience.
KV: No problems with anything?
MC: No.
KV: Did you have any kind of issues you had to deal with as chief nurse, maybe morale or any kind of problems?
MC: No. When it was quiet, everybody partied some. We had a big courtyard sort of thing. Everybody would gather there and listen to music. Just about everybody had tape recorders in those days. So everybody shared their music with somebody else, made tapes. No riotous parties or anything like that, but just get-togethers and talk and listen to music and things like that. Play cards. We always had jigsaw puzzles going, whoever had sometime, you know, didn’t know what to do, would go work on a puzzle or something like that. So no, I think all in all, the young nurses did exceptionally well. I had only one problem and it wasn’t with a young nurse, it was with her husband who was a civilian. And he—
KV: How did he end up in Vietnam?
MC: He wasn’t in Vietnam, but he kept writing his congressman saying that his wife should not be in a place like that where they were getting mortared. We had so many congressionals, we finally transferred her out to a place that was a little safer. We sent her up to the 3rd Field I think up north there. She didn’t want to go. She wanted to stay with the people that she’d been working with, but her husband had just created so many problems, that in order to get him off our backs, we had to transfer her out. But otherwise, there just weren’t any problems with these kids.
KV: Did you have any male nurses?
MC: Oh, yes. Oh, yeah. Several nurse anesthetists, male nurse anesthetists and a couple of med/surg nurses. No problems with the male nurses either.
KV: Were they about the same age or were they older than the student nurses?
MC: Most of the male nurses were a little bit older. Most of them had had quite a bit of civilian experience before they came into the military. But no, I didn’t really have any of the real young male nurses.
KV: Did they kind of hang out with all of you too? Were ya’ll all in one group or did they hang out with other people?
MC: Well, yeah. Well, of course, they lived in the same quarters where the doctors and the MSC (Medical Service Corps) officers lived. Of course, we all ate in the same mess hall. We did have a little room that was called an officer’s club. We met there once in a while, but actually, most of the time, we were too busy to do too much socializing or too tired to do it. So like I said, our big entertainment was listening to the tapes. So somebody would get a tape and then they would share it. They would make a copy of it and pass it around. But that was mostly what our entertainment was.

KV: How long were you at this hospital?

MC: A year.

KV: So you were there twenty-one months total, right?

MC: Twenty-one months, yes, by choice, by choice.

KV: So when it came up to your one year that you’d been in Vietnam, did you say, “I want to stay longer,” or how did that work?

MC: Well, when they closed the hospital, the 18th Surg, I had an interview with the chief nurse of Vietnam. She asked me where would I might like to go to finish my tour up, because I just had a short time left before I DEROS. I said, “Well, I would like to go to a MUST unit,” and I’d be willing to stay another year if I could do that. So she said, “Well, they just happen to have a space opening up in December for a chief nurse down at the 3rd Surg,” which was a MUST unit. So I was assigned down there and that’s why I stayed the extra time.

KV: Why did you want to go to the MUST unit?

MC: Just for the experience. It was something new. I liked the surgical hospital because I liked the activity and all the casualties coming in. I just wanted more experience in that setting.

KV: It was something new.

MC: Yes.

KV: They were new for Vietnam, right, the MUSTs were?

MC: Yes, yeah.

KV: So did they send you on an R&R (rest and recuperation) somewhere?

MC: No, I didn’t go on an R&R. (Laughing) No, I really didn’t want to leave at that point. I just wanted to keep going. So no. I just saved all my leave time and
requested a thirty day delay in route in Hawaii on my way home from Vietnam. It was
granted. So I stopped in Hawaii on the way home and had my parents come over and
rented an apartment and spent a month there on my way back.

KV: Do you think that was helpful, coming back with kind of a downtime?
MC: Yes, yes, oh very much. So yeah, time to relax and—while you’re there in
Vietnam, you see all the casualties and all the wounded, all the dead. It doesn’t really hit
you until after you’re gone because you’re so busy taking care of them and preparing to
take care of the next group that comes in. So you don’t think too much about it. It’s sad,
but you don’t dwell on it. But after you leave, then it kind of hits you. So, taking some
time off is a good idea. I had a lot of friends in Hawaii because I’d spent five years there
before. So that was a good place to go, to just wind down a little bit. So I was ready to
go back to work by that time, by the time I left there and I went back to OB. I went to Ft.
Gordon, Georgia, and was only there a few months. They needed a chief nurse down at
Hunter Army Airfield in Savannah. The chief nurse there suddenly decided to retire. So
I got assigned down there, so then I was chief nurse of that hospital. It was a small
hospital, had been an Air Force hospital at one time. Now it was an Army helicopter
base. It was not too far from Ft. Stewart, Georgia, and that was an old post, an old
hospital. This little hospital was fairly new, fairly modern. We did all the surgery for
everybody in the area. So Ft. Stewart wasn’t doing any surgery at that time. They sent
all their patients up to us. So we were quite busy. We were renovating the hospital at
that time too and that was interesting. They were going to have a dedication, so getting
ready for that was big, ordering new equipment and painting and all that sort of thing was
something we were all involved in. Then one time, Nixon was supposed to land at our
place, President Nixon. They said, “Well, he’s not going to stop at the hospital at all.
He’s just getting off the plane and they’ll put him in a limo and away he’ll go.” I said,
“Well, that’s not going to happen.” So I got all the patients who were at least ambulatory
or in wheelchairs and even some on gurneys and I lined the streets. Nixon came by and
he could not pass them up. He stopped and talked to all those men because we were still
getting in wounded from Vietnam at that time. So he did stop and talk to all those
patients along the way. So that was quite an experience too.

KV: I imagine.
MC: I was there about two years and got orders for Germany. I was going to be the chief nurse at Landstuhl, second general hospital in Germany. So I went there. That was a good-sized hospital. I think it was a thousand beds, but we only were operating about three hundred at that time.

KV: Okay, so that was in Germany.

MC: Yes. It was one of the big medical centers and the neurosurgical center. We had the neurosurgeons at our hospital there. We took care of a lot of dependents.

KV: So did you get to work in OB there?

MC: No.

KV: But you were the chief nurse.

MC: I was the chief nurse there.

KV: So you just have to do it all. (Both laugh)

MC: Yeah, that was quite an experience too. It was an older hospital. Some of the things were still from the original time that it was made into a hospital. So doing some renovation was part of the job there too. We didn’t take care of wounded or anything like that. We weren’t getting any casualties from Vietnam. It was mostly dependent care, sick military personnel. At one time, we did get a patient in who was a German lady. Oh my goodness, from one of the famous German families that had been in munitions in World War II. Gosh, the name escapes me right now. But rarely did we take any civilians in, just special cases like that. Mostly a lot of dependents from all over Germany. They evac’ed them in from Italy sometimes too because we were a big medical center. So I spent two years at that hospital. Then my father was terminally ill. Well, he was very ill. We didn’t know how long he had cancer. So I requested to go back to obstetrics when I left there because I didn’t know how long I would be able to stay. I felt that it would be easier for me to leave obstetrics then to leave some administrative job.

KV: Right, right.

MC: So I did get back into OB going to William Beaumont Army Medical Center in El Paso, Texas. I was maternal and child healthcare supervisor at that time. I was there almost two years. My father at that time was terminal. My mother was ill—well, I had just better retire. So I retired in 1975.
KV: How many years did you have?
MC: I had twenty-four.
KV: Twenty-four.
MC: I went back home to take care of my family.
KV: Getting back in practical nursing I guess.
MC: Well, there wasn’t a lot of nursing. As a matter of fact, even though I still subscribe to the journals without hands on type of care, I mean, you can’t keep up. Actually I was up there a year, my father died. I then moved to San Antonio, but my mother was not well. So in 1980, I moved back to Michigan for four years and took care of her. By that time, I couldn’t have gone to work in a hospital again. I was just so far behind. So I decided that I would just do volunteer type work and I started working with the Army Medical Museum. In fact, I started doing that in 1978, before the museum was built when we were soliciting funds. I’m still working there.
KV: Wow.
MC: I was on the executive board for a while and now I’m still on the board of directors and I work as a volunteer in the gift shop.
KV: So your Army retirement was enough to live on?
MC: Oh, yes. Oh, yes. I live comfortably on that. I live in the Army Residence Community in San Antonio. It’s a retirement community. I moved there about eight months ago and met a lot of old friends that lived there and people have moved from all over into that community.
KV: So you literally saw the entire world during your—
MC: Well, I did quite—
KV: During your career.
MC: Yes, I did quite a bit of traveling, yes.
KV: What was the best assignment you had and what was your favorite assignment?
MC: Oh my goodness. Actually, I found something wonderful in every assignment I had, in different aspects professionally in some assignments and personally in other assignments. There wasn’t an assignment that I didn’t enjoy, that I didn’t find something good about.
KV: That’s good to say.

MC: Yeah. Actually, professionally as far as obstetrics went, when I was in Hawaii at Tripler, was the best time because I was so busy. It was a very busy obstetric department and I really enjoyed that.

KV: Did you ever give any thought to the women’s movements in the ‘60s when all of that started to come about?

MC: Not a lot. I was in Vietnam in ’67 and ’68. I didn’t pay any attention to it. I mean we didn’t have TV or anything like that. So we didn’t hear a whole lot of what was going on back in the States. No, I never really got too involved in anything like that.

KV: How did you feel about being a woman in the military? I mean, now you hear a lot about women in the military and issues.

MC: I know, but—

KV: Did you think about any of that, have any problems or—?

MC: Never, never. I never had any problems, never. No type of harassment that I recall at all. In fact, I think the nurses were very well respected. I don’t know if it’s because we were nurses and people did have a lot of respect for nurses back in those days. But I’ve remarked a number of times that the enlisted people never made an off color remark, never used bad language around the nurses, I never heard. Maybe in their barracks they used it.

KV: But not around you?

MC: No, not around the women at all. We had enlisted women working with us too.

KV: Did they get the same kind of treatment?

MC: At least on duty. I don’t ever remember anybody reporting to me that they were being harassed. We had a lot of females working in the hospital. Maybe it was going on, but to my knowledge, I don’t know of anyone who encountered any problems like that. Even in Vietnam, I’ve read a lot of the stories that people have written about Vietnam, but as far as in the units that I was with, there wasn’t any problem. I never had to deal with any problems like that.

KV: What do you think about some of the books that have been written about nursing in Vietnam?
MC: Well, I think that a lot of the people who wrote some of these books and who talked about all the problems they had and that they saw in Vietnam, I think these people had problems before they ever went to Vietnam. There were several books that we even refused to sell in our bookshop at the medical museum. Of course, we read everything before we put anything up for sale. There was one book in particular, *Home Before Morning*, that they were even going to make a movie about. The Army nurses wrote to Sally Field, who was supposed to play the lead in that book and just told her what they thought about the book. They stopped the movie. It was never made. We never sold the book. But I know people who knew some of these nurses who wrote some of these books and they said they were problems from the time they got there. They know that they had problems before they ever went to Vietnam. In the four hospitals that I worked at when I was in Vietnam, I don’t recall anybody being unhappy. They were there to work and that’s what they did. They took care of the patients the best they could and nobody complained.

KV: You didn’t have problems with substance abuse or—?

MC: Not at the time I was there.

KV: That mostly was later.

MC: I think it was later when things quieted down and people didn’t have enough work to do and they maybe got into trouble. I still think that even with the drug abuse that most of these people were into it before they ever got there.

KV: Did you ever have—you know you hear about some people having problems with flashbacks or nightmares or PTSD (post traumatic stress disorder), did you ever have any of that?

MC: No, I do find it difficult still sometimes to watch movies about war.

KV: Any war or just Vietnam?

MC: Any.

KV: Any?

MC: Any war, yeah. But other than that, I had no problems. But I think anybody who was there, they don’t want to see it over again.
MC: But I don’t really have a lot of problems talking about it. No, I never really

did.
KV: Because you always talked to your parents or your family about it.
MC: Yeah.
KV: Kind of open about it.
MC: Yeah, I think I was pretty open about it.
KV: Did you think about the war and the controversy about the war, the protests?
MC: Well, not when I was there. I mean, we didn’t know what was going on at
that time. Of course, when I came back, well I was pretty disgusted with the people. At
that time everything was so fresh in my mind and about how many were wounded and
this sort of thing and I just thought, oh, how terrible that these people would think this
way and would talk this way when people are over there losing their lives. But we heard
nothing much about that while we were there.
KV: Well, was there anything we didn’t talk about that you wanted to talk about?
MC: Oh gosh, I think we just about covered.
KV: You went a lot of places.
MC: Yes, well—
KV: You’ve been all around.
MC: Yeah, in twenty-four years, you go to quite a few different places. Most of
the time, you spent maybe two years at a place. Now people spend longer than that in
one place. When I was in, you moved around quite a bit, but you did make lasting
friendships. Of course, most of the time, people were not married and never had
children, you see. So their whole life was the Army. For many years, people lived in
nurses quarters and they think how terrible, but it wasn’t terrible. I still have friends that
I met when I first came in the Army in 1951 and I’ve kept in touch with. At that time,
when you were working in the hospital and you knew people pretty well, I think there
was more cooperation. For instance, if my corpsmen and the nurses that I worked with
on a particular ward got finished taking care of all their patients, they would call up their
friend down on the next ward and say, “Gosh, we’re all done, do you need some help
down there?” And that’s the way we did things. My goodness, nowadays, people don’t
know each other. It’s a job. It’s not a way of life for people anymore in the Army. The
women have families. So they get off duty and they go home to their families. They may not know the person that works on the next ward or the ward below them. It’s just a nine to five job or whatever hours they work. It’s not a way of life anymore. In a way, that’s kind of sad. That’s really how this organization that I belong to, the Army Nurse Corps Association got started. It was originally a retired Army Nurse Corps Association and it was to keep up with your old friends. That was one of the main reasons and also education. We support scholarships for people in nursing, that sort of thing. But the big reason was social, to keep up with people. You’ll notice, we have a lot of World War II people here. Of course, they’re a dying breed now. We find that our organization is not what it used to be because so many of the old people are not around anymore. We’re working hard to try to get the younger people interested in maintaining the organization. But it’s hard because they have so many other interests, like children, grandchildren, things like that. But there are a lot of good things about modern nursing and about the modern Army, but I think we’ve lost something in that people—it’s not like a buddy system anymore. Like I said, it’s strictly nine to five and that’s it.

KV: That’s interesting, a difference.
MC: It is. It is. I know that we tried cross training a lot. For instance, on obstetrics, you have labor and delivery and you have prenatal and the nursery, that sort of thing. We had tried cross training people to work in one place or the other within the units and people didn’t want to do that. In the old days, goodness, if you were working labor and delivery and you weren’t busy and they had a lot of premies in the nursery, well you’d go in there and start help feeding the premies and this sort of thing.

KV: Getting the crickets out of there. (Both laugh)
MC: Yeah. It’s a different world today and it’s a different Army and nursing is so different. Like I said, there’s a lot of good things about the newer things, but I think we’ve lost some of our compassion and cooperation.

KV: Less bedside manner.
MC: Yes. Oh, yes, definitely.
KV: Interesting. Okay, well I appreciate it. This has been an all around the world tour. I didn’t realize you had been so many places. Yeah, you mentioned that you,
I think yesterday you mentioned you’d been in different places besides Vietnam, but I didn’t realize there were going to be so many. That’s interesting.

MC: Yeah. Well, like I said, we used to be transferred every couple of years. They would transfer people. Now they keep people, particularly, you know, now that they have families and they have husbands and so they try to keep the families together. So, I mean, it’s not even uncommon for people to stay five, six years. The only reason I got to stay in Hawaii so long is because there was the Berlin Crisis during that period and they weren’t going to transfer—they froze everybody in their assignments temporarily. It messed up families, for instance, going to school and this sort of thing. So they said, “Well, you can extend a certain period.” So I found this out so I extended in Hawaii up to the maximum.

KV: Yeah.

MC: But that’s the longest I was ever anyplace.

KV: Great. Well, I appreciate it. It’s been interesting.

MC: Oh, you’re welcome. If you need anything else—

KV: Okay.

MC: You can always give me a call.

KV: Okay. Well, I appreciate it. We’ll end the interview.