The Vietnam Archive
Oral History Project
Interview with John Sherner
Conducted by Kara Vuic
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Transcribed by Jessica Harrell

NOTE: Any text included in brackets [] is information that was added by the narrator after reviewing the original transcript. Therefore, this information is not included in the audio version of the interview.

Kara Vuic: This is May 29, 2004. I’m in San Antonio, Texas, at the Army Nurse Corps Association Convention. I’m with John Sherner and I’m Kara Vuic. So we’ll just let you start with where you were born and raised, where you grew up.

John Sherner: I was born in a small town outside of Rochester, New York, called Mount Morris, New York. I have a twin brother and a younger brother. I was raised by a single parent, my mother. I had a typical childhood, small town. It was very, very secure as far as being able to roam around and do things. Very, very physically oriented outdoor activities. I played sports in high school and did all those things, so there were not many problems. I was probably an average to above average high school student, probably an average athletic person. I graduated from high school when I was sixteen. Back then in New York, you could start kindergarten at an earlier age. So I was sixteen and a couple of months when I graduated from high school. I really was not an outstanding student. I didn’t have a scholarship to any place. I didn’t—we didn’t have enough money to go to college anyways. But for some reason I was able to—my guidance counselor suggested going to nursing school, which was located about ten miles from where I lived. I essentially applied and got accepted and went to nursing school about ten miles from where I lived. A lot of the people in my town that I grew up in worked at the school and at the hospital and institution. Male nurses were common there, perhaps more common than in other parts of the country. So that’s where I went to nursing school for three years. I was—a total of thirty students started, two males and twenty-eight females, and twenty graduated. Two males graduated and eighteen females graduated. I started

During my sophomore year, 1966, the draft was prevalent at that time. If you didn’t have a college deferment, you were drafted. One of the things that happened to people who were in my nursing school prior to when they graduated, they were not signed up for the military. There was a gap from the time that you graduated from nursing school where you took your state board license and the time you became a registered nurse was three or four months. But during that three or four month period of time, your college deferment ended. So you could be drafted as an enlisted person even though you were not trained as an RN (registered nurse). That happened to several people in my nursing class. One of the ways that people got around that is if you joined the Army prior to graduation. They had a program back then called the Army Student Nurse Program, which essentially is kind of the forerunner of ROTC (Reserve Officer Training Corps). You became an enlisted soldier, PFC (private first class). You were given a hundred dollars a month stipend. You were stationed at your school of nursing rather than an Army base. But then when you graduated and took your state boards, then you were commissioned as a second lieutenant in the Army Nurse Corps. That’s the route that I decided to take. Originally I only planned to stay two years. So I graduated September of 1967 and I entered active duty in February of ’68 and came to Fort Sam Houston, Texas, for my basic training, which was eight weeks at that time. Then my first assignment in the Army was at Fort Ord, California, as a med-surg nurse working evenings and nights. After five months of being there, I received orders to Vietnam. I went to Vietnam in October of 1968 to a hospital called 24th Evacuation Hospital in Long Binh, which is in the III and IV Corps, the III Corps of the southern part of Vietnam. It was about thirty miles from Saigon. The 24th Evacuation Hospital was essentially a neuro-maxillofacial hospital for the lower part of Vietnam. Anybody that had—we took all injuries, but if there were any injuries that related to the head or the face, it came to the 24th Evacuation Hospital and we took care of them there. I was originally assigned for the first two months to a medicine ward. I took care of malaria patients and tropical fever patients and patients who had essentially tropical diseases. After two months I was asked by the chief nurse to go to work in the emergency room. So I spent the last ten months of my duty in Vietnam in the emergency room at the 24th Evacuation Hospital. It was a very busy place. We
worked twelve hours a day, seven days a week and worked either days, seven to seven, or evenings, 7:00PM to 7:00AM, usually with one nurse and one corpsman. During the day we had a general medical officer who was there to handle anything that came through the door. After seven o’clock at night, the general medical officer went home and the nurse and the corpsmen were there physically. If there were problems that we couldn’t handle, then we called the physician. If it was a head injury, we’d call the neurosurgeon. If it was a belly wound, we’d call the general surgeon. If it was an orthopedic wound, we’d call the orthopedic surgeon. So we were essentially the first line of—the first people that the soldiers saw when they came through the emergency room door. Then they were triaged to different places in the hospital. That was my experience there. It was fairly rewarding from the standpoint that it provided a very, very good foundation for me for the rest of my military career and gave me confidence that I could do things that I never thought I could do before. That I could be a team player and that people could trust me with fairly big assignments from that standpoint. I stayed there until October 1969 and came back to the States. It was a little bit different. Just like everybody else’s experiences, I came in through Oakland and we were told not to wear our uniforms once we got off the base. I had dealt with that a little, not as much as a lot of the other people had, with the experience of not being really respected by the population or the citizens of the United States, but it didn’t really cause a major problem with me. I was stationed at Walter Reed Army Medical Center after that. I was head nurse at the neurosurgical ENT (ear, nose and throat) ward as a first lieutenant. I was promoted to captain. At that time I decided that I didn’t really want to stay in floor nursing, per se, just because I felt that even when you went to—after I spent the day there, I went home, came back the next day, all these problems that occurred evenings and nights were there waiting for me. I would get called at home to deal with a lot of the issues that came on board. I just decided that I would rather want to be responsible for my own actions and so forth. I decided to go to anesthesia school, nurse anesthesia school. I met several nurse anesthetists in Vietnam and I felt that they were kind of role models and mentors for me. So I applied and got accepted to anesthesia school and went to anesthesia school in the two-phase program. Phase one was mainly didactic for six months at William Beaumont Army Medical Center in El Paso, Texas. The last twelve months is mainly clinical, some
didactic but mainly clinical, and I came back to Walter Reed Army Medical Center to do
my clinical. Then I was stationed in Hawaii for four years as a staff nurse anesthetist. At
that time I was thinking about getting out of the Army, but I realized the Army was
probably the only way that I was going to get any education. A lot of my friends who
had gotten out of the Army went back to work as anesthetists, never really got any more
education as far as the BS (Bachelor of Science) degree or Master’s degree because they
were busy working and making money and so forth. I decided that I wanted to get an
education in the military. The military afforded that for me. So I stayed in Hawaii for
four years, went to Fort Polk, Louisiana, for about two years, a very, very small hospital,
very independent practice. We had an anesthesiologist during the day, but we had no
anesthesiologist at nighttime and on call. I applied for long-term civilian schooling and
the Army selected me to go to school. I went to Medical College of Georgia for their
Pathways program, which is a year, received my BSN (Bachelor of Science in Nursing),
and got stationed at Fort Huachuca, Arizona, became a supervisor head nurse, spent about
fifteen months there, and then got sent to go back to Master’s training. My Master’s in
nursing administration and education at the University of Texas at El Paso. I stayed there
for about—it took me fifteen months to get my Master’s degree, stayed at El Paso for two
months, and got selected to be an instructor in the nurse anesthesia program here in Fort
Sam Houston at the med center and school and spent nine years teaching and eventually
became the director of the program. Then I went to Korea for a year as the supervisor of
the 21st Evacuation Hospital in Korea, came back, and was the supervisor of Brooke
Army Medical Center for the nurse anesthetists and also the consultant for the surgeon
general for nurse anesthesia. Then I retired in ’97. Since then, I have worked in two
positions. I was a staff nurse anesthetist at University of Texas Health Science Center
here in San Antonio. Then three years ago I was offered the position of chief nurse
anesthetist at the VA (Veteran’s Administration) here in San Antonio. That’s where I’ve
been ever since. So the majority of my military career was spent in anesthesia. I spent
two and a half, three years as a nurse, a general duty nurse and emergency room nurse.
The rest of my time was spent either getting an education or being a nurse anesthetist. So
probably when I look back at the turning points in my career, the foundation that I was—
the opportunity I was provided and the foundation I received in Vietnam was probably
one of the strongest building blocks that I can think of as far as helping me and
developing my career for where I am at this point in time. It, for me, it was, I hate to say
a good experience, but it was a very good learning experience for me from a lot of
different standpoints. I was twenty-one years old when I was there. I’d been in nursing
for eight months to a year, but it really solidified in form and it was the building block for
the rest of my career. One of the things that I’ve often thought about is, a lot of the
people that went to basic with me in 1968 and were in Vietnam with me I knew fairly
well. Several of those individuals have written books and had problems dealing with the
things that they saw in Vietnam. I never really consciously thought that I really
developed any major psychological or any major problems from that, mainly because I
think I stayed in the military and I had people who understood where I was coming from
and where I had come from and were really pretty big supporting blocks and so forth. So
I was able to talk a lot about the experiences and really came—I have a hard time
understanding I was in the same place at the same time these individuals were, I
experienced the same things, but they dealt with—they had some issues that I didn’t
have. Most of the people that have written the books and so forth have been females.
There have been very few males that I—and I try to read a lot of those books because I
am interested in it. So they maybe internalized it more than I did or I internalized it in a
different way than they did. We talked about it. We’ve met many different times along
the way. We’ve experienced the same things, but we manifested it in different ways.

KV: Which books have you read?

JS: Oh, there’s one book, it’s called The Rainforest. It’s not a—or, I think it’s

The Rainy Rainforest. I can’t remember exactly the title of it. It was written by an
infantry officer from a town that was thirteen miles from where I was. He dedicated the
book to my cousin. I had a first cousin that was killed in Vietnam and so I’ve read that
book. There’s, I think it’s Pieces of My Soul. I can’t think of that state, the correct title.

It’s a synopsis of fourteen or fifteen different nurse anesthetists, different nurses that were
in Vietnam. Two of them were at the 21st Evacuation Hospital when I was there, Donna
[Cull Peck] and Kate [Johnson], who did develop some problems psychologically after
their experience in Vietnam. They both left the military service soon after their
experience in Vietnam. Again, we were in the same hospital, the same environment, but
they did have some problems dealing with it. When I return this, I'll write down the titles of the books for you. I can't remember them right now, but there's a couple of other books that have come out. I think Dena McGookin has written a book that tells of her experiences in Vietnam. Again, some of them were similar, but some of them are—she interpreted differently from that standpoint.

KV: So when you joined up in the first—when you joined up with the student nurse program, the money was a big factor?

JS: It was a factor in that, the main factor, the motivating factor was that I didn't want to go to nursing school. In the time from when I graduated in September until the time I took my state boards, I did not want to be drafted as an enlisted person. I would rather have been drafted as an officer. So that's the main reason that I chose the Army Student Nurse Program. The money was fine. I mean, it was an extra hundred dollars that I didn't have. Also that time that I spent as a senior nursing student but was also in the Army, it counts for pay in retirement later on. So there was another benefit if I decided to stay in the Army that would count towards paying in retirement. The main reason was to enter the Army—

KV: On your own terms.

JS: Right. I knew I was going to have to go one way or another because I was twenty years old and Vietnam was still a fairly major conflict. That was the best way to enter in, as you said, on my terms.

KV: Did you have any thoughts when you joined that this might be a career?

JS: No. I thought that after two years I would—I got married. I came in the Army in 1968 and I got married in 1970. So my wife and I both agreed that we should go to the anesthesia program. The Army was very, very—it’s got a good reputation. Then we do our payback and then we get out and go back to New York. But once I got in, I liked it. I was given a lot of responsibility. I was able to progress very satisfactorily, made lots of friends, and one thing led to another. The main reason why I stayed in again is because of the educational opportunities. I came in again to want to come in on my terms, but then the Army offered me some things. They educated me from an anesthesia standpoint, from a BSN standpoint, from a Master’s standpoint. If I had decided to go for a PhD, I may have gotten that, but it wasn’t something I wanted to do. So it provided a—
I provided them a service and they provided me an education. It was mutually beneficial for both of us, I think.

KV: You said that there were a lot of male nurses from your hometown?

JS: There were a lot of—yeah, in the town. Matter of fact, my father-in-law was a male nurse. He served—he was a male nurse, but during World War II, they didn’t have commissioned officers as nurses. So he was a male nurse, but he got commissioned as a medic. My wife’s uncle was a nurse anesthetist in the town that I grew up. Several of the people that—kids that I played with, their fathers were male nurses. So it was not an unusual thing. I don’t think the stigma of being a male nurse back then was probably more prevalent than it is today, but it wasn’t much of a stigma in that town because the hospital I went to was a state institution for mentally retarded and epileptic, but they have a school of nursing associated with it. The school of nursing—the nurses, student nurses back then, it was a three-year diploma that essentially provided cheap labor and we got educated. So nursing, the care of a patient, was something that we did from the first day we got there. By the time I graduated, it was no big thing to go in the Army and take care of thirty patients. We’d been doing it as students all along the way. That problem never occurred from my perspective anyways and the other people’s perspective that I knew that stayed in the Army or came into the Army from similar type programs. We had no problems adapting to what the military wanted us to do. Except, there is always a little bit of stigma of being a male nurse, no matter. Even today’s society, when we have a lot more of them, a lot of people older in life are going into nursing and so forth. A lot of infantry officers and other people are changing careers. That was probably in the back of my mind, what were people going to think as far as going into nursing. But once in own little town and my hospital area, it was not a big thing.

KV: Did you in any other position you were at or any other town maybe face that? Or was it different because you were in the military?

JS: I think it was different because I was in the military. I mean, again the military, General Bester said we’ve always had a higher predominance of males in the military as compared to when I went to nursing school, probably two to three percent of the nurses were males. When I went into the Army, we were twenty-five percent,
twenty-two percent. So we were—it provided very, very good role models for me, both
in my hometown and in the military, as far as males go.

KV: That’s interesting, because I’ve always wondered, you know this is kind of
that time when you’re starting to switch. Nursing is normally thought of as something a
woman does, and then here in the ’60s and you get the women’s movement and people
saying, well women can do things other than be a teacher or a hairdresser or a nurse.
You’ve got men coming into the field.

JS: I think there was some stigma, but I think we dealt with it. There is always
safety in numbers. Unfortunately, in my nursing school we only had two males. So it
was a little—you automatically stuck out, with twenty-eight females and two males. We
were always kind of the odd ball out. But part of our training program, we all went to
New York City for a year to do a year of general surgery, med-surg nursing at a big
hospital. That was part of our rotation. There was like six other schools. So when we
got there, there were eighteen males and probably two-hundred-and-fifty nurses, but the
males were all on one floor and a lot of them had prior military experiences as medics
and so forth. You felt fairly comfortable. It was—I can’t say I had really any bad
problems from that standpoint, because there was always safety in numbers, I guess, a
very comfortable environment.

KV: Had you thought much about the war before you went?

JS: Not really. I mean, it was something that I knew was there and I knew I was
going to have to face one way or the other. If I hadn’t gone, my brother, my twin brother,
was a year behind me. He had some eye problems, had to have some eye surgery. So he
missed a lot of school. So he was a year behind me. He graduated a year after I did and
he went directly into the Air Force. He was in Vietnam the same time I was for about a
three-month period of time. If I hadn’t gone to nursing school, I probably would have
joined the Army or the Air Force. I don’t know what would have happened after that, did
not think a lot about it. I thought a little bit more about it when I came, actually joined
the Army. When I came to basic there were two categories of people, people that came
into the Army and volunteered to go to Vietnam, and people who came into the Army
and didn’t volunteer. Well, the way it worked out, people who volunteered and people
who didn’t volunteer end up about the same time going to Vietnam. So it really didn’t
make that much difference. I knew I was probably going to go eventually. I thought
more about it when my cousin was killed July twelfth. He was an infantry soldier of the
9th Infantry Division in the Mekong Delta. Then right after that, July twelfth, probably in
August I got orders to go to Vietnam. That’s when I really—July twelfth was probably a
significant impact on me as far as realizing that I was going to go. But also before that, at
Fort Ord, California, I took care of a lot of soldiers returning from Vietnam. So that was
another reminder that I’m probably going to have to go eventually. It turned out I did. I
was a little bit apprehensive about going, not so much from safety. For the most part, the
hospitals were not too bad as far as being under attack or that was probably the safest
place to be. We had some scary moments, but nothing anywhere near what the
infantrymen and the grunts had to deal with. It was always—when I signed up for the
Army Student Nurse Program that was the farthest thing from my mind. I really didn’t
think that was—I didn’t really think about it. I was too busy trying to get through nursing
school.

KV: You said your twin brother was there at the same time? Is that something
that you could have protested?

JS: We could have, yeah, but all it would have done was eventually it would just
delay my going to Vietnam, and I wanted to go and get back. So we only overlapped
about three-and-a-half months. He was in the Air Force. He was enlisted Air Force. So
we decided that for the three-month period of time, we would take the chance and just—
we were both fairly safe. He was not in the field. I knew I wasn’t going to be in the
field.

KV: What did you say your assignments were in the wards in Vietnam?

JS: I worked in the medicine ward, took care of—

KV: Oh, that’s right, malaria.

JS: A lot of tropical diseases, malaria, heat exhaustion, black water fever. We
took care of some civilians. But I did that for about two-and-a-half months, and then I
was selected, asked if I wanted to go to the emergency room. I decided that that was
something I wanted to do. I felt like I was contributing a little bit more if I worked in the
emergency room, and again it worked out very, very well from my particular standpoint.

KV: You got the patients in the emergency room?
JS: They came in, either they came in directly from the field or they came from a med station into our facility. The helicopter pad was right outside the front door of the emergency room. They came in and we triaged them, depending on the severity of their illness. We triaged them, the appropriate physicians were called and the appropriate treatment was provided.

KV: Was triage a difficult—?

JS: It was very difficult. I think probably the biggest thing is that in the military, we have three or four different categories of—or, levels of wounded. The worst is expectant, where they’re alive but there’s not really much you could do for them. You would—you could expend all your resources on this one individual, and you could probably be taking care of other people who are not seriously wounded and make sure that they would have a better chance of survival. We used to put our expectants over in the corner—had mostly head wounds—used to put them in a corner and just put a screen around them. They would just essentially be left to die. Sometimes it took a long time. It took three or four hours sometimes. That’s one of the things I remember vividly from my experiences, that particular aspect of it. That’s something that you understood the rationale behind it, but it’s still bothersome to you. We had many mass-cal situations while I was there taking care of fifteen to thirty patients at one time, at nighttime with the corpsman and myself. That was—it felt good afterwards that we were able to accomplish what we need to accomplish and we’d do good for the patients that we had. I think I was adequately trained for that, both in my nursing school and in the military. We did a lot of different things. If you talk to anybody else in Vietnam, we did a lot of things, medical things that they would not be allowed to do back in the civilian world just because everybody raised their level of practice. General surgeons became neurosurgeons. Orthopedic surgeons became general surgeons. Oral surgeons became anesthetists just because that’s what they had to do at that particular time. We ended up suturing and putting chest tubes in and intubating, even though that wasn’t in our job description at that particular time, but it was something that was asked of you and you did and you felt good about doing those types of things. That kind of formed a good foundation for the rest of my medical and military career. I made a lot of friends. A lot of the people that I was stationed with a lot of them did stay in and we’ve kept in touch throughout all the
years. We were stationed together later on and you had good—you felt good working
with them because you know that they were good people. They were competent
individuals, competent neurosurgeons, competent nurses, and you know that if something
came up, they could do it. They could handle it without much of a problem at all. So it
was a good confidence builder for me.

KV: Were there other male nurses at your hospital?
JS: There were lots of male nurses. As a matter of fact, my—the other nurse that
was in nursing school with me also came into the Army in the Army Student Nurse
Program. He and I were stationed at the same hospital, the 24th Evac. My roommate
who was in basic with me was my roommate in Vietnam. There was probably twenty-five, thirty male nurses. There was the 24th Evacuation Hospital, and right across the
street was the 74th Field Hospital, which is a POW (prisoner of war) hospital for all
Vietnamese, North Vietnamese soldiers. That was an all-male unit. So there was like
twelve or fifteen males worked there, and their hooches were right next to ours. So there
were a lot of nurses in the emergency room, on the wards, nurse anesthetists, and in the
intensive care units, and across the street at the 74th Field Hospital. Then right down the
street was another hospital called the 93rd Evac, which was a psychiatric hospital. Back
then in 1968, most of the nurses that were male nurses went into psychiatry. For some
reason, that was I guess a more acceptable—if you’re going to be a male nurse, I guess
you’re better off to be a psych nurse rather than a ward nurse. So a lot of people that I
knew in my nursing school and other nursing schools ended up being psych nurses
because it seemed better for them, I think, in the image of being a male nurse. Just like if
you’re going to be a male nurse, it’s probably better to be a nurse anesthetist from the
standpoint that it distinguishes you, but it distinguishes you in a different way, I guess.
So a lot of them were psych. So there was the 93rd Evac Hospital, which was a large
preponderance of male nurses there, too. So again, there was a big population, but my
environment was fairly small and structured and there were a lot of female nurses. All
my bosses, probably for the first five assignments in the Army were all females. But it
was something I was fairly comfortable with. I mean, you go to nursing school with
twenty-eight nurses, female nurses, you get kind of comfortable. I never really had any
major issues as far as being male or female. I don’t think I was ever treated unfairly
because I was a male. I think sometimes I probably was given more assignments because I was male and males may have done better or were more suited for that particular type of environment or that work, but for the most part I can’t think of anything. I was never really had any biases against, by female nurses. We were well accepted.

KV: What were some of the positions you said you thought you were given or pushed in certain directions?

JS: I think sometimes work in the orthopedic wards because it’s more manually intensive and those types of things. That’s probably just one example, but for the most part it was not a problem.

KV: In Vietnam were you given different jobs because you were men?

JS: No, I don’t think so. When I came to Vietnam, I was given the opportunity to—when you come into Vietnam, you fly into Bien Hoa Air Force Base. Then you go to a replacement center. At the replacement center, they determine which hospital you’re getting. So the 90th Replacement Center. Then you determine what hospital you’re going to go to. I had the opportunity to go to an all-male unit to take care of POWs in north, the northern part of South Vietnam. That’s something I really didn’t want to do. I really wanted to be more involved in taking care of GIs. So the other opportunity was to work at the 24th Evac, where I knew some—my nursing school associate was there. My roommate in basic was there. So I chose that. Mainly, I did not want to go to take care of POWs, even though it was an all male unit. That didn’t bother me so much. It’s just that I didn’t want to take care of POWs. So I decided to go to the 24th Evac. But my initial assignment was, they wanted all males to take care of the POWs. I don’t know why—

KV: Why was that?

JS: I don’t know. I think it may have just been—I don’t know. Just because of the way the hospital was structured, it was a prison but it was a hospital also type of thing. You’ll have to ask somebody else in the leadership back then. There was, like I said, the 74th Field Hospital was an all-male unit. The unit that I was going to go to in the north part of South Vietnam was an all-male unit taking care of POWs. I really didn’t want to do that.
KV: Did they ever expect you to carry a weapon or make you stand guard if there was a threat?
KV: Did they ever send you out on helicopter to pick up wounded in the fields?
JS: We went—we did some of what we called MEDCAPs, medical civilian aid program, where we went out, but it was both the males and females went out. Nothing—
KV: Not going into the landing zones or anything to pick up wounded?
JS: No. No. No.
KV: Did you ever hear of that happening?
JS: If you talked to the people that were in actual—I was at an evacuation hospital, which is a fairly fixed facility. We did not move. We could not move. It would take us a month to move our—but the field hospitals, those individuals did probably a lot more of those types of things than I did. But I was in a fixed facility, so it was not expected for us to do those types of things.
KV: I just heard that sometimes women weren’t supposed to get on helicopters and go out and pick up wounded in the field, but the men nurses were allowed. Maybe it’s this combat thing.
JS: Yeah, that may have happened, but I don’t think it was a—I have never experienced that. I was the only—at that time, when I was in the emergency room, I was the only male there and then all the rest were females. It changed a little bit later on after I got there for a while, but most of them, we did the exact same thing. We pulled the same shifts. We did the exact same job. There was no—the only difference is if we had females, female casualties come in. They wanted a female chaperone. That was probably the only thing that I could think of. Especially if there were females on staff that had some type of illness, they would rather have a female chaperone rather than a male chaperone. That was the only thing I could think of that would be differentiated between males and females as far as nursing goes.
KV: So you lived in the male quarters with the doctors and dentists and that sort of thing?
JS: Right. Right. The females were on the other side of the compound. It was an all-male environment on one side and all females on the other side. It had separate
shower facilities. When I first got there, we didn’t have any showers. We just had big
rain barrels where you took showers and stuff, but after about six months we got modern
plumbing and so forth. We did have an officers’ club. That’s where most people
gathered afterwards to socialize. But there’s not a lot of socialization when you’re
working twelve-hour days, six or seven days a week. You go home and sleep in time to
wake up the next day. But we did have an officers’ club and we did socialize and did
have barbecues and things like that.

KV: Was it strictly enforced that the enlisted and officers weren’t to socialize or
fraternize?

JS: Not quite as much as in 1968, when I came on active duty, it was very, very
frowned upon in the stateside, but in Vietnam, we had a lot more fraternization with the
enlisted people. When I was on the medicine ward, one of my corpsmen was a lawyer,
board-certified lawyer. He at that time, if you came in and you were drafted you only
had to serve two years. If you came in as an officer, you had to serve three years. He
didn’t want to serve three years. So he came in as an enlisted person just because his
obligation time would be shorter. But he was a professional person. He was my age. He
was from the same area that I grew up. He happened to be an E-4 and I was a second
lieutenant or a first lieutenant. So we did fraternize. As long as you didn’t make it really
obvious or get into problems or trouble, it was kind of—people looked the other way.
We used to go to their hooches to talk or things like that. Not in the stateside, at that time
it was pretty well frowned upon to have any type of fraternization with the enlisted,
although as a second lieutenant, the people that taught us the most were the enlisted
people. You know, the NCOICs (Non-commissioned officer in charge) or the—my
NCOIC in Vietnam was a master sergeant with a BA (Bachelor of Arts degree), who had
twenty-some years experience as a corpsman in the Army. He knew how to do
everything. He was a very good mentor for us, or for me, anyways. The chief nurse was
a very good chief nurse. I had two chief nurses while I was there. They were very good.
They were very, very fair. They I think recognized your potential and kind of—it would
have been very easy for me to stay in the medicine ward for twelve months. It was
something that was pretty easy to do. To go to the emergency room was a big step for
me. It’s a lot more responsibility and the chief nurse thought that I was capable of it.
She said, “Go ahead and try it.” It worked out very, very well. So they provided a lot of
guidance and leadership for me. The hospital commander was a neurosurgeon. He was
very, very supportive. So I did not have a lot of major, major, major problems dealing
with females or biases as far as assignments go. I was treated very, very fairly overall,
being a minority in the nursing profession.

KV: Did the nurses, did any of the men nurses date any of the female nurses?
JS: Yeah.

KV: Did that happen?
JS: There was—things change when you’re in a stressful situation and you work
closely with somebody twelve hours a day for a year at a time. It’s just, things happen.
So it stood that was. We had enlisted people, Donna Cull, who was—*Pieces of My
Heart*. That’s the name of the book, *Pieces of My Heart*. Donna Cull was, that was her
maiden name. I’m trying to think of her married name. She dated an enlisted person
over there. That was kind of frowned upon, because she was seriously dating. They did
get married, so they had to be very, very discreet about their relationship. He was a
corpsman on the ward and she was one of the nurses on the ward. So that was a
particular problem for her overall.

KV: But if it was another officer, then it was okay?
JS: I think it was another officer. There were problems if the officer was
married. Nurses dated physicians while they’re over there. Just most of the time, it was
discreet. People didn’t really say too much about it.

KV: Were most of the male nurses older than the female nurses?
JS: No. Most of them were about the same age, I guess.

KV: About the same age?
JS: I’m trying to think. My head nurse was maybe two years older than I was,
and she was a female. She was dating a physician. They were both—we had some Red
Cross nurses there that were dating some males, male nurses there all about the same age.
There was not a lot of difference between the hospital commander, who was an O-5 or an
O-6, who was probably thirty-five years old. I was twenty-one or twenty-two. There was
not a lot of age disparity back then. To me it seemed in my particular institution that the
chief nurse was an O-5. She may have been thirty-five or forty years of age, but other
than that, everybody else was about the same age, give or take five or six years, one way or the other. The corpsmen were the same age as the officers, maybe a little bit older. Some of the NCOICs were older. They had been in the Army for a long period of time. But overall there was not really a wide age disparity.

KV: Where exactly was the 24th Evac in? Was it further south or further north?
JS: South Vietnam was divided into four Corps. I and II Corps was in the northern part, III and IV Corps was in the southern part. Long Binh was in the III Corps, which was in the kind of lower middle part of Vietnam. We were about thirty miles from Saigon. It was the headquarters of MACV (Military Assistance Command, Vietnam), which was the Military Air Command, Military Army Command there. It was a big, big installation. It was a very, very big installation. It was big enough to have two hospitals. It had a big jail, Long Binh Jail where all the soldiers who got in trouble in Vietnam were imprisoned. So it was a very, very big place. There were several officers’ clubs. There were a lot of high-ranking individuals there. So I mean we had a big perimeter. We did have problems with attacks every once in a while, but they were very, very low-key. So like I said, our facility was fixed. We had air conditioners. We had Quonset hut-type facilities. We didn’t live in tents. They had been there for a couple years. It was pretty well entrenched and had a lot of modern conveniences. People get very resourceful and they can fix up—the hooch that I had, I shared with another male nurse, a classmate in basic. It was twice as big as this room. We had knocked down some walls and some things. We had a lot of creativity to do things. So living conditions, for the first couple of months because we didn’t have any showers, real showers was a problem, but after that everybody adapts pretty quickly. You had mamasans that did your clothes every day, washed your clothes and uniform. Had the PX (post exchange) there, everything was very cheap. Beer and whiskey and whatever you wanted to drink was very, very cheap. Other than being in a war it wasn’t bad.

KV: Was drinking a kind of pastime?
JS: I think so. I think a lot of people drank more than they normally did, a drink for ten cents apiece, twenty-five cents apiece. When you did have free time you kind of wanted to unwind. So I think and from my own perspective, anecdotally, I can’t give you names and so forth. I know I drank more while I was there than I ever did before or
since. A lot of people may have developed drinking problems over there. They may
have had drinking problems before they came over and just got exacerbated. It was very,
very—your rations, you could buy scotch, whatever you wanted. It was not a big thing
for us to get whiskey. It was there. I think some people developed problems. I cannot
recall anybody having any problems with being able to do their job. I don’t remember
anybody ever being relieved. Again, I was very low on the totem pole of things as a
second lieutenant and a first lieutenant over there, but I can’t recall any of my colleagues
ever being relieved of duty for anything of that nature.

KV: What about drugs? That was—you were there sort of later.

JS: Yeah. Drugs were there. Working in the emergency room, one of the things
I was asked to do was, commanders would come in with troops who they suspected of
being under the influence of drugs who were on guard duty and so forth. We were asked
to observe them, make some observations and draw blood. Sometimes we had to testify
in court, at their court martial that these individuals had slurred speech, their pupils were
dilated, or whatever. So drugs were a problem, I know. The enlisted people smoked
marijuana. We had lots of overdoses, drugs—Vietnamese-type drugs were prevalent
very easily. We got lots of Vietnamese people in with overdose of drugs. We got
soldiers with overdose of drugs. Again, the psychiatric hospital was right there. So they
got a lot of those particular patients also. So drugs were prevalent. My first exposure to
drugs was in the Army. I went to a party at Fort Ord, California, in 1968 and there was
marijuana there. I had never smelled marijuana before, didn’t know what it was. Drugs
was not a problem when I grew up, in my hometown, anyways. It was just a small town,
[two] thousand people. You couldn’t do very much without somebody knowing what
you were doing. But that was my first encounter with drugs, was in the Army at Fort
Ord. It was very prevalent in Vietnam and where I worked and the soldiers that came
into the emergency room.

KV: Did you get an R&R (rest and recuperation) during your year?

JS: R&R. We had in-country R&R, which I went to Vung Tau, which is on the
beach for about three days. Then I went to Japan with my nursing school classmate for a
week. Then that was it, and I left. A lot of people extended for six months. If they
extended for six months, they got a thirty-day leave back in the States. Then they had to
come back to Vietnam for another six months. A lot of people did that. There were a couple people that were on their second tours, had been there earlier and had come back again. But predominantly, most of the people were first-timers. We did have an in-country R&R and an out-of-country R&R.

KV: Did you consider reenlisting?
JS: I thought about it, but I was engaged. That wouldn’t have gone over very well. At that time, I reformulated that that was what I wanted to do, was go to anesthesia school because I admired their skills. I admired the respect they got from physicians and other nurses and that kind of was something that intrigued me. That’s probably when I formulated that I wanted to go back. I knew I wanted to go to school in the Army. First of all because I would get paid while I was going to school, but the Army school was the best in the country at that time and still is a very good school today. But it was something that I wanted to do. So that would just prolong things. The chances of me going back to Vietnam as a nurse anesthetist were there, but by the time I graduated, things were starting to wind down a little bit. I graduated in ’72. I think we were out of there in ’75.

KV: So they could have sent you back because your MOS (Military Occupational Specialty) had changed?
JS: Changed. Right. Right.

KV: You said your wife was also a nurse anesthetist?
JS: No, she’s a nurse. She and I went to nursing school together. Her father was a nurse. He was my instructor in nursing school. Her uncle was a nurse anesthetist. So I kind of had some—I observed him once or twice doing anesthesia. So I knew what it was a little bit about. I hadn’t formulated in my mind that’s what I wanted to do, but when I got to Vietnam and the people that lived next to me were nurse anesthetists, it was something that I wanted to do.

KV: So you got married when you got home?
JS: Right.

KV: Was the Army pretty good about keeping your wife with you?
JS: Yeah. There were several assignments I did not ask for. I did not ask to go to Fort Polk, Louisiana. I did not ask to go to Fort Huachuca. But they turned out to be the
best assignments in the Army. Again, I had no problems. I essentially got what I asked for. I may not have got it exactly when I wanted it, but I got it eventually. I got turned down the first time to go to long-term civilian schooling, and I was a little upset about it because I worked really hard and I thought I deserved it, but I was just too young in the Army. They were not willing to chance sending me to school. I wasn’t as proven a commodity then as I was a year later, but that worked out fine. I got everything I asked for and more. It’s amazing that as I came in a second lieutenant, I never thought I would be an O-6 and have the positions that I had later on in my career and the influence I had on other people. One of my proudest career moments is, I spent nine years, almost nine years in the school and I educated almost three-hundred-sixty nurse anesthetists. So, I can’t go any place, any hospital in the United States and not know somebody that knows somebody or I know somebody. It’s a good feeling from that standpoint, so I was very, very—and I could never envision myself being in that position if I had not been in the Army and given the opportunities that I was given. The down side is that my kids don’t know their grandparents very well. My kids don’t know their cousins very well like I knew my cousins and my grandparents because we moved a lot around. I moved seventeen times in thirty years. But my wife sometimes regrets that she couldn’t be home more often, but overall it’s not—I don’t look back at that particular aspect of it. It really did provide an education and home and shelter for my kids and my wife.

KV: She was in civilian nursing?

JS: She was in civilian nursing. She just retired about a year-and-a-half ago. She worked mainly as a maternal child nurse for a while. Then she worked at a maternal child clinic taking care of teen pregnancies here in San Antonio. San Antonio is one of the biggest cities—or, one of the cities that has the largest population of teen pregnancy, and that’s what she did. She counseled teen through their prenatal period. She just retired about a year-and-a-half ago. Just works part-time now at a book store, Barnes & Noble, a couple days a week. We’ve been here since 1982. I retired—

KV: That’s a long time for you.

JS: I retired in ’97. So it’s unusual for me because I spent essentially fifteen years in one assignment. In one place, I had many different assignments, but usually you
move around every three years. I did that initially for the first sixteen or seventeen years, I moved fourteen times, but I don’t have many regrets as far as that goes.

KV: How do you think your military nursing career compared to her civilian nursing career?

JS: She got her BS degree. She got her Master’s degree, but she had to do it on her own. We had to pay for it. She’s a lot smarter than I am. She could have been an instructor. She could have been a—she could have had a PhD, but I think she did a lot of the sacrifices that other people did at that time. They got married and they sacrificed their careers for their kids. We were fortunate enough that she was able to be home while our kids were growing up. That’s a rarity nowadays. But she was able to get her education, too. We were able to make enough money that she was able to go back to school and get her Master’s degree. I think she sacrificed her career aspirations so that I could have mine. So I think that she could have become more than she actually—but I think she’s fairly happy from that standpoint. At one time, she wanted to join the Army. I discouraged her because I didn’t think she had the mental capabilities or had the right attitude for it—now we kick ourselves, because we could have had two O-5 or O-6 retirements. We wouldn’t have to work, but that’s it. I think that’s it. She made a lot of sacrifices moving around. It took her a long time to get her Master’s degree just because we had kids and moved around so much.

KV: So you never really had the problems with PTSD (Post Traumatic Stress Disorder) or flashbacks?

JS: No. Sometimes I feel guilty because I don’t have it, because I think I’m fairly well adjusted from that particular aspect of it. At the VA, I work with, the majority of our patients had PTSD. I can see the damage that that can do and the long-term effects from our World War II veterans who when they really didn’t know what PTSD was, to now we’re starting to get some Iraqi Freedom veterans in, and the Korean or Vietnam War. The Vietnam War I can relate to very, very well, but I don’t have any dreams. I don’t have any problems. I don’t have any guilt. I think the main thing is because I stayed in the Army and I was able to talk about a lot of these things and talk about, even when we get together downstairs with John Girvan and some of the other people I’ve known for thirty years. I knew them when I first came in the Army and we’d talk about
our war experiences over beer or something. I think that’s therapeutic from that standpoint. I talk to Donna Cull and Kate [Johnson]. They did not have that opportunity. They came back to an environment that was hostile to them. They came back to the civilian world. They came from very, very small towns similar to what I came from, very small towns in Pennsylvania, came from a small town in New York. Our education was essentially the same. We went to the same basic class. We went to the same hospitals. We went to Vietnam at the same time. But I think one of the reasons why is because I stayed in and was able to build on my experiences and keep building on that, where I don’t know that they had that experience, from that standpoint. I was able to talk about it, and I was rewarded for my Vietnam experience. It opened some doors for me to get into anesthesia school and so forth, where they may not have been rewarded for their experience. It was a black mark on you if you were in Vietnam and that type of thing. We talked about it a long time. I still have a hard time—I can understand their feelings, but it’s hard. I can empathize with them, but I just don’t know how they came to that particular conclusion. I’m not a psych nurse. I never wanted to be a psych nurse. It’s something I never wanted to do. I’m more of an instant gratification. That’s one nice thing about anesthesia or emergency room. A patient comes in, you take care of them, and they’re gone. Where on the medical ward or surgical ward, you have to take care of them for four, five or six weeks, sometimes longer. So my personality is such that you see a task, you do it, you do it well, then you go onto the next task. That benefited me. That’s why I think I went to the emergency room and did a fairly good job and that’s why I think I stayed in anesthesia because it fit my personality more. Maybe they were assigned positions that didn’t fit their personality as well as mine did. I know that the wards that they worked on, especially if you read Kate [Johnson’s], Kathy [Johnson’s] experiences. She worked on a surgical oral maxillofacial ward. They really had some very, very bad patients. I mean, I think that—I guess I didn’t see the long-term effects. I saw them in the emergency room, and that was it. I never had to visit them on the wards. I never had to see them very much after their initial experience that I had, where they had to deal with them for three or four or five days or two weeks until they were stable. That may have affected me. Now that I think about it, maybe that’s one of the reasons why I didn’t have quite as much problems as they did, because I didn’t have to deal with it as
long term as they did. Sure, I had patients come in that were amputated. They had
cricothyroidotomies. They had bad head wounds, and so forth, but they came and they
were gone so quickly.

KV: You didn’t get attached.
JS: Yeah. That probably is it. You end up being detached anyways when you go
there. That’s one of the ways you survive is by being detached. I think mine was a lot
easier to do because they physically were detached before I, you know. Kathy Johnson
and Donna had to deal with them for a longer term.

KV: I guess everybody’s experiences are very different.
JS: Yeah, it is. Like I said, when I read the books the first couple times, I said,
“Man, I was there. I can’t—I don’t understand. I just don’t understand it.” But
everybody is different and everybody has different make ups. I think both of them have
resolved—I think both of them still have recurring problems, but it’s not as bad as they
initially had. I think now, back in 1969 when they came back, they really hadn’t put a
name on it, on PTSD, whereas ten years later, I think they did. I think that’s when they
started getting some healing. We all—the dedication of the women’s memorial, I was up
here on a trip for the Army. I was able to—we had a 24th Evac portion of the dedication
that we marched. That’s where I met all these people that I hadn’t seen in probably like
twenty years. So that was a good time. It was kind of a healing for a lot of different
people. I think that was something that they needed for their particular perspective of
trying to heal their wounds and so forth.

KV: What did you think about the memorial?
JS: I thought it was well deserved. I mean—
KV: There isn’t a male nurse in the memorial.
JS: Yeah. I mean, I think it’s interesting. We were just talking about this a
couple of days ago at a golf tournament. John Girvan and Charlie Reddy and General
Bester were playing together. Charlie was my first supervisor in Hawaii in 1970. We
both came in, and we came in, we were designated as MN (male nurse). Nurses came in
as N (nurse) or MN, as male nurse or nurse. We were automatically singled out by the
Army when we came in as MN or N. Why do you think they did that? Because there
were certain assignments or certain roles that male nurses were assigned to where nurses
weren’t assigned to. The way they could designate that was by looking at your social
security or, your ID number. So I think that’s something that probably set us apart when
we first came in. Now everybody has theirs—and there are very few jobs that a male
can’t do that a female nurse can’t do or vice versa. It’s interesting that in the Army, in
the nurse anesthesia field, there’s still—there are about fifty percent of the nurse
anesthetists are male and fifty percent are female. When I came in, they were probably
still more predominantly female, but it’s changed over the years as the male nurse
population in the civilian community, overall it has changed so has nurse anesthesia, but
it’s still about fifty-fifty. I think there is probably some differentiation by the Army when
they gave us those two particular numbers, MN versus N. But I just—I forgot what your
original question was now.

KV: About the memorial.

JS: The memorial. I thought it was something that was very, very beneficial. I
did not feel slighted whatsoever that it was females. I accept that we are the minority. I
think the female nurses—like I said, I don’t know. I have not known many male nurses
that have had PTSD problems. I really have not. I mean, that I know personally. I know
a lot of nurses, a lot of male nurses that were in—[Editor’s note: Digital recording ends.
The remainder of the transcript has been created from the analog recording not in the
possession of the Vietnam Archive]. I don’t know, maybe the macho thing is more
prevalent. I don’t know, but I thought it was well-deserved. I’m glad I was there. There
were a lot of tears. I had tears in my eyes. I thought it was very, very appropriate and
needed to be done, just like the World War II memorial needed to be done. So I think—I
would not want to see a male nurse memorial. I don’t think there ever will be, but I don’t
think—a nurse is a nurse is a nurse in the long run.

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

JS: No. I think again, I think I kind of got into nursing by accident or something
that—I wasn’t smart enough to go to college, per se, didn’t have enough money to go to
college, was too small to be a ditch digger or to do construction. Vietnam was there and
you had to do something. Nursing was something that was accepted, part of my
community. There were a lot of nurses in the community that were male. There was—it
was accepted so that made it a little bit easier for me. Then going in the Army made it very easy because there were lots of males in my basic and when I was at Fort Ord and went to Vietnam and all the way up. So I felt very, very comfortable with that particular aspect. I think there’s more acceptance of being a male nurse anesthetist than just being a male nurse because I think the responsibilities, people perceive them as different. I cannot recall any traumatic experience of being prejudiced, of being a male. I was treated very fairly by everybody that I’m aware of. The Army was very good to me from an educational standpoint, from a career advancement standpoint, provided a good foundation from where I then to where I am not.

KC: Great. I appreciate it. It was nice to talk to you face to face.

JS: I hope I gave you some insight. It’s something that—I was interviewed several years ago for something similar to this, another PhD student. So it’s kind of along the same thing, but with more personal questions about, or more in-depth, why did I go to nursing school and that type of thing. Just serendipitous, something that happened.

KV: Okay. Well, we’ll end the interview.

JS: Okay.