Kara Vuic: This is Kara Vuic, and I’m interviewing Billy Storey, who’s in Mabank, Texas?

Billy Storey: Mabank.

KV: Mabank, Texas. And I’m in Columbus, Ohio. It’s July 10, 2004. So if you just want to start, Mr. Storey, with kind of where you grew up, where you were born and raised? That sort of thing.

BS: I was born in Hylton, Texas. H-Y-L-T-O-N, Texas. My family lived on a ranch in Nolan County. I was the fourth child, three older sisters and one daughter was born into the family after that and died shortly after birth. I went to a small school in West Texas called Divide School; a consolidated school area in Nolan County. I graduated with only twelve people in my class.

KV: Oh, wow. That is small.

BS: That is very small. I thought, you know, at the time I thought we were receiving a fairly good education, but then I went to Texas Tech for my first year in college and almost flunked out because of the poor background in high school. I was also working part-time at Methodist Hospital there in Lubbock as an orderly. I had wanted to go to medical school, and after my work experience at Methodist as an orderly, I had the opportunity to watch nurse anesthetists work, and I decided that I really wanted
to go to nursing school and become a CRNA (Certified Registered Nurse Anesthetist).

So after the first year, I talked to the nursing school there at Methodist Hospital, and they said, “Well, we’ve never had male students here, so we suggest if you’re interested, you look someplace else.” So I came to Dallas and talked to a couple of schools here. John Peter Smith at that time accepted men in their professional nursing program. They also ran a license vocational nursing program. And they discouraged me from trying to go to a professional nursing program and suggested I enroll in their licensed vocational nursing program. I told them that I really wasn’t interested in that because the only reason I was going to nursing school was to go to anesthesia school. So I went back to Lubbock and a couple of months passed and I was called in by the director of the nursing school program there and was told that they had reconsidered and they were going to accept me as a student.

KV: And what did you think of all that, when they kept telling you, you know, “You’re the first male we’ve had, and we don’t accept males.”?

BS: Well, you know, I guess I was a little nonplussed by it. It didn’t really upset me that much because I knew that I could find a school some place that would accept me. But I really wanted to go there because I had made a lot of friends in the nursing program there. I thought that that would be the best thing for me. So it was really exciting when they accepted me. As it turned out, they accepted three other male students, all of whom were going on the GI Bill.

KV: Oh, okay.

BS: Which was interesting. So they were all slightly older than I was. Not a lot, but a little bit older than I was. I did well in nursing school and carried a very good grade average at that time. We were co-students at Methodist Nursing School and Texas Tech. So I’m not sure how I managed—I was probably on probation, but I don’t remember, from Texas Tech, because my grade point average the year before. Or just they accepted me because the nursing school did. I’m not sure what it was. I don’t remember that. But anyway, I did well in nursing school and graduated. I was—the draft was hanging over me for the Army.

KV: And what year was this when you graduated?

BS: We graduated in ’58.
KV: Okay, so this was the draft for Korea, then. Or was this—
BS: May of ’58. I meant, sorry, we graduated in ’57.
KV: ’57. Okay.
BS: So I volunteered to join the Army Nurse Corps. But I graduated in September, and they were not going to give me my commission until sometime early in the spring. I guess three months before the end of May, whatever that would be. Anyway—and the Army was still trying to draft me. So I tried to get a deferment from that until my commission would become effective. It was funny because I got a letter back from them saying that they had checked my records, and that I wasn’t a graduate nurse, and it was real interesting. A nurse recruiter from the Army had talked to us. Had come to us and talked to us, recruiting, and that’s the reason I decided to go into the Army.
KV: What kinds of things did the recruiter tell you about the nurse corps?
BS: She talked about careers mainly in the Army Nurse Corps. And what the possibilities for promotion were, and that there was a good possibility to go to school, and I told her that I was interested in anesthesia school, and she talked to me about the anesthesia programs in the Army. I was very interested in that.
KV: And did she talk to you about males in the Army Nurse Corps at that time?
BS: Yes. A little bit, because there were—at that time, there were very few males in the Army Nurse Corps. They had commissioned the first male nurses about the time she was there doing recruiting, because it was a little less than a year before I went in that they gave the first commission to the first male nurse.
KV: Right. Right. So do you think they were seeking male nurses? Did she talk to—
BS: I think they were at that time.
KV: Uh-huh. Wow.
BS: Because when finally everything was straightened out, I went to San Antonio for basic, and it was in my induction at the Army as commissioned. My basic class was more than, was more than half male.
KV: Oh, wow.
BS: So it was a big, the first really big group of male nurses that they had commissioned.

KV: Yeah, that’s a large group.

BS: It was a very large group. Basic orientation was interesting, because I got to meet a lot of other male nurses from around the country.

KV: Right.

BS: Which was interesting.

KV: And you said—

BS: And the day we graduated from basic, my wife and I got married.

KV: Well, that’s a funny thing to do that day, I guess.

BS: Well, actually, we were planning on getting married as soon as I finished basic, and my classmates in basic found out about it and planned our wedding.

KV: Oh, my goodness. Wow. About how old were you at this time, do you think?

BS: I was, let’s see—I was twenty-four.

KV: Twenty-four, wow. And you said you joined the Student Nurse Program? Is that right? You joined the Army Nurse Corps through the Student Nurse Program?

BS: No, they didn’t have the Student Nurse Program at that time.

KV: Oh, okay. Okay. So when you joined up and you didn’t get the, you know, the tuition waivers and that sort of thing that other people had gotten?

BS: No, I paid all my own tuition and everything.

KV: And was that an expensive thing to do? Was nursing school expensive?

BS: At that time, it wasn’t really expensive, but I guess it was. You know, I think at that time my father was probably making maybe two-hundred-fifty, three-hundred dollars a month. So according to that, it was probably quite a bit. I worked. I continued working as an orderly part time. I went to nursing school the first year. And then after the first year they let us do private duty shifts.

KV: Right.

BS: To earn money.

KV: Did any of your sisters, or is anybody else in your family in medicine?

BS: No.
KV: No? So what did they think when you said you were going to go to nursing school?

BS: Well, I guess they were a little surprised. I don’t remember—there was no opposition from my family. I later learned that my oldest sister had wanted to go to nursing school, and they told her that she couldn’t. She’d graduated from high school when she was fifteen.

KV: Oh, wow. And they told her that she couldn’t, probably because of the money? Was that the issue?

BS: No, they just told her they didn’t want her to go to nursing school, because they thought it was a degrading profession, I guess.

KV: Oh, really? Wow. But they said it was okay for you?

BS: Yes, they didn’t give me any opposition.

KV: Huh. Did you find any of your friends were surprised or—this is kind of the time when—

BS: Yeah, they thought it was kind of weird that I was going to nursing school, because there at that time, male nurses were pretty scarce.

KV: Yeah. Yeah. So what kinds of things would they say?

BS: We had one male registered, professional male nurse working at Methodist when I was working there, and I got to know him fairly well. His name was Starr, and he had graduated from a college back east some place. I don’t remember where. So I learned a lot about him. And then the second year I was there, a male nurse came in and he was the supervisor of pediatrics. So over the three-year period I was there, there were three or four men came into nursing there.

KV: And you mentioned the one guy was in pediatrics and you were going into nurse anesthetist school? Did a lot of the other males do the same route that you did? Did you find that that was common?

BS: Well, none of the four that I was in class with. In the succeeding years, there were about four in each class, and of those, I think two or three out of each class went to anesthesia school.

KV: What was it you think that made you want to go to anesthesia school?
BS: Because they work fairly independently. I think that—and they had a lot more—they seemed to have a lot more responsibilities than the nurses.

KV: And would you be doing mostly operating room work then if you were in anesthesiology?

BS: After I went to anesthesia school, you mean?

KV: Yeah. Would you be working mostly in surgeries and that sort of thing then?

BS: Yes, that was primarily surgery cases.

KV: And was that something that you’d been interested in as well? The surgeries and the OR?

BS: I enjoyed my tour through surgery as an OR—as a student. We only had three months of OR student rotation, and I enjoyed that. It was hard work, but I enjoyed it. I also really liked pediatrics, and when I first went into the Army, I was assigned to pediatrics at Fort Hood for about a year.

KV: And so you graduated, and the draft is kind of in the background, and you had already received a letter to show up for your physical? Was that kind of what prompted you, then, to join up on your terms?

BS: Well, no. I had made plans to go into the Army Nurse Corps.

KV: Oh, even before the draft?

BS: Before the draft. Before I got my draft notice.

KV: And did any of the other recruiters from the other branches come? You know, the Navy or the Air Force?

BS: They probably did, but I don’t remember them.

KV: Uh-huh. So whatever the recruiter said must have been important.

BS: Apparently, it was.

KV: And so you joined up then, you said, you joined the Army Nurse Corps in September of ’56 and then were commissioned after you graduated, is that right?

BS: Well, I had made a commitment to the Army Nurse Corps in September of ’57.

KV: Okay. Okay.
BS: But I’m apparently at that time, they were filling their quotas and they didn’t want me to come in that class that started in the fall. They wanted me to wait until the first class, the first group in ’58.

KV: Okay. Okay. And so then you went to Fort Sam Houston for your training and then you got married, and then you said you went to Fort Hood?

BS: Right.

KV: That was your first assignment? And what was Fort Hood like?

BS: Fort Hood is a—you know, it’s one of the largest military installations in the United States. It’s a big infantry training area and artillery training. And tanks. We made very close friends there in the Nurse Corps and the other military units, so we made some friends that were—friendships that lasted for thirty years or more. And as a second lieutenant, you kind of are given the—well, for a while I was working three shifts a week.

I did permanent relief nights, evenings, and days.

KV: Wow.

BS: So, that was tough. And there was a lot of social obligation at that time, when you’re a young officer.

KV: What kinds of things?

BS: We were expected to show up for all the formals.

KV: Okay.

BS: Occasions.

KV: And what kinds of things did you have to show up for? What were formal occasions?

BS: Well, there were always the special holiday parties that the hospital would have, and what they called “hail/farewell” parties to greet new people and say goodbye to the people that were leaving. It was always very dressy occasions. I had—I wore out one set of dress blue uniforms during my time there.

KV: (Laughing) That probably didn’t happen too often.

BS: No, I don’t think that’s the case in these days.

KV: And how long were you at Fort Hood?

BS: I was there eighteen months. After I had been there six months, I talked to the chief nurse and told her that I really wanted to apply for anesthesia school, and she
said, “Well, you can apply, but you won’t be accepted.” And I said, “Fine, I’d like to
apply anyway.”

KV: Why did she think you wouldn’t get accepted?
BS: Because I was a male.
KV: Because you’re a male, wow.
BS: And as it turned out, almost everyone they were accepting at that time in
anesthesia school were male. Like two-thirds of my basic class went to anesthesia school
within the next two years.

KV: Wow. Do you think they were trying to get more males into anesthesia
school? That the Army was trying to accept more males?
BS: No, I don’t think they were particularly trying to, but I think they were—the
majority of the people making application were male. Because we were willing to
commit to the extra time in the military, and a lot of the females were not willing to do
that.

KV: Right.
BS: Because they wanted to serve their time and get out and have families. At
that time, if you got pregnant, you were out of the Army.

KV: Hmm. And so where was your anesthesia school, then?
BS: San Francisco. Letterman Medical Center.
KV: Okay. And you went straight from Fort Hood to San Francisco, then?
BS: Yeah.
KV: Okay. And how long was the program?
BS: The program at that time was one year in the primary facility, and then a year
of preceptorship. It was like an internship after that.

KV: Okay.
BS: And I went to Fort Ord for that.
KV: And that’s not too far away.
BS: No. It was close.
KV: Did you like the school? What kind of classes did you have, or what was
that setting like?
BS: Well, we had classes in anatomy, physiology, pharmacology, and anesthesia agents and techniques, neurology.

KV: Right. I guess that’s a little different from the days when you just dropped the ether in the cloth—

BS: Well, we were still doing a lot of drop ether at that time.

KV: Oh, really? Wow.

BS: Particularly on children. Almost all of our TNAs were done that way.

KV: Wow. Wow. So you were at Letterman for one year.

BS: Within the next couple of years, drop ether did go out fairly rapidly after that because fluid vein was introduced during the time I was in school, and that changed anesthesia rapidly.

KV: So you were kind of at the point where all that’s starting to change, then?

BS: Everything was changing very rapidly at that time.

KV: Well, that probably would have been an interesting time to have been in anesthesiology then. So you’re in classes for a year and then in internship at Fort Ord. And did you like where you lived in those places? Did you like California?

BS: Oh, we had great housing. Well, we lived in civilian housing when we first arrived in Monterey, and it was interesting because all the people that lived around us, they were in the language school there in Monterey.

KV: Right. Right.

BS: So we met some very interesting people, very bright people.

KV: And did you like Monterey?

BS: Loved Monterey.

KV: Yeah. Yeah, I’ve been several times, but I would love to live there. So then after you were finished with your school, then where were you assigned?

BS: Well, after that I went to Tripler in Hawaii.

KV: And was that good luck? Was that good luck on your part?

BS: Yes. We were very pleased about that. We enjoyed Tripler. There was a large group of male nurses there, probably fifteen male nurses there at the time, and so we all became very good friends all—everybody had families, so all our families would
get together and go to the beach and do things. We worked hard while we were there, but we still had a lot of fun, too.

KV: And what kinds of—were you assigned mostly to surgeries then? By this point, you were a CRNA.

BS: It was primarily surgery, and at that time, except for caesarean sections, we didn’t do any OB anesthesia. Of course, all caesarean sections came to the OR at that time. So we did rotations, just the normal staff rotations. Everybody took their turn on call and rotated to all the different services to do anesthesia for them. Thoracic neuro, general surgery, GU, GYN.

KV: And was three years a long time to be at the same place? Was that a long assignment?

BS: No, it didn’t seem very long. The time went very quickly.

KV: And so after Tripler, this is what, mid-’60s then when you were at Tripler?

BS: Yes. It was early ’60s. We were there ’62 through ’65, I believe it was.

KV: And were you starting to hear things about Vietnam on the news at that point?

BS: No, not at that point. Kennedy died while we were there. I had one interesting assignment while I was there. They sent me to Johnston Island, which is out in the middle of the Pacific, for ten days. I was the anesthetist, and a surgeon that I liked very much and two OR techs. The four of us went there as a surgical team because they were cutting traffic off to the island, and the runways were shut down. So we did backup surgery and surgery there. Fortunately, we didn’t have to do any cases, so we lolled around on the beach that week.

KV: Not too bad.

BS: It was the week that Kennedy died, they called me after, just after we had stood parade rest for Kennedy, and they called me in to the general’s office and told me that I had been selected to go on the trip, so it was interesting.

KV: Where did you go after Tripler?

BS: After Tripler—when I graduated from nursing school, I didn’t have a Bachelor’s degree, we had a diploma in nursing.

KV: Right.
BS: And I had been taking night classes while I was there, working towards a Bachelor’s degree, and they let me go to University of Omaha, Nebraska, to complete my Bachelor’s degree for six months after that.

KV: So you got your BSN, then, in Omaha?

BS: Right.

KV: And then where did you go after you finished your BSN?

BS: After that, we went to Fort Riley, Kansas. That’s when we—the casualties, we took a lot of casualties coming back to stateside for a longer treatment. We did a lot of surgical cases on Vietnam returnees at that time.

KV: Uh-huh. Did you, you know, was this kind of something that was in the back of your mind, that maybe you would be assigned there?

BS: Well, I was sure that I would go eventually.

KV: It was just kind of a matter of time?

BS: Everyone that I knew was rotating through.

KV: So when you ended up being assigned, had you requested or volunteered, or were you just assigned?

BS: No, I didn’t request to go. After I had been there a little over a year, they sent me to Fort Sam Houston for advanced officer’s training. And that was six months.

KV: And is that kind of—

BS: And at the end of that—three months. At the end of that, when we drew assignments, I was given Vietnam as an assignment.

KV: And the advanced officer’s training, that’s what you do when you stay in and make the military a career, right?

BS: Right.

KV: Okay, so you had already decided, then, that this was going to be a career, and not just—

BS: Right.

KV: And why did you decide to stay in the military?

BS: Well, I liked—I was enjoying the military. It was a good job. The possibility for promotion was good, and I liked the idea of retirement after twenty years, and I had gone to anesthesia school. And by the time I had gone to anesthesia school, did my
payback time, I had seven or eight years in by then. I think I had nine years in when I
went to Vietnam. Something like that.

KV: Did your wife like the military life?
BS: She was enjoying the military, and we made a lot of friends, very close
friends. Frequently we were transferred at the same time, or to the same places with some
of these friends.

KV: And did you guys have children then, or did you ever have children?
BS: Yes. Our first daughter was born when I was in anesthesia school. The
second daughter was born when we were in Monterey, and then our third daughter was
born when we went to San Antonio for three months there.

KV: You have a lot of daughters in your family.
BS: Yes.

KV: You had four sisters total?
BS: I had three sisters, three daughters, and now I have four granddaughters.

KV: Oh, my goodness.
BS: No males.

KV: You’re the odd man out, aren’t you?
BS: Right.

KV: So you got your assignment for Vietnam, and what did you think?
BS: Well, I just thought we have to make arrangements for some place for my
wife to live, you know, and all these—you do the daily chore kind of things, mostly. You
have to make a lot of arrangements. And I wasn’t—I was nervous about going, just like
everybody else was.

KV: What did you think of the war at that point?
BS: I had no problem with the war.

KV: Kind of the communism aspect? Or is that—
BS: Right.

KV: So you weren’t too excited, but not really a chance to get out of that
assignment either, right?
BS: Right.

KV: Right.
BS: I learned before I left Fort Sam Houston that I was actually supposed to go
someplace else, and the guy that I took his place happened to be black, and he said they
were being prejudiced, sending him. So they let him off orders and I took his orders. So
I was a little irritated about that. But other than that, that was the only thing that really
bothered me about the orders.

KV: And where—did your wife still live at Sam Houston then while you were
gone?

BS: No, her family had just moved to Ottumwa, Iowa. And so I moved her to
Iowa so she’d be near her family.

KV: So you left for Vietnam when? In what month, then?
BS: January.
KV: January. And this is ’68, right?
BS: ’67.
KV: Oh, ’67. Okay. You were assigned to the 71st Evac the whole time you were
there?
BS: Right. Right.
KV: Okay. Did you like the 71st?
BS: Yes. I arrived there during the middle of Tet, and I assume that every
hospital over there was going through the same thing we were. You just dig in and start
to work immediately. You don’t have time to think about whether you like it or not.
Nobody liked it.

KV: Right.
BS: Not the hospital itself. When I first arrived there, the anesthesia department
was supervised by a lady that was a very weak leader, and the staff had just kind of taken
over and were doing things however they wanted to do them, and they resented me
coming in. So that was a tough situation to come into.

KV: Right.
BS: As department supervisor.

KV: Right.
BS: There were just a couple of guys that accepted me, and fortunately they were
very helpful to me. Helped me adjust to dealing with fresh casualties. I had done some
trauma surgery, but not that much. Of course, I hadn’t done any anesthesia for three
months before I arrived, which was tough.

KV: Right. Did you have that same assignment through the whole year while you
were at the 71st?

BS: Yes.

KV: Did you like the mountains then? Had you requested to go to the mountains,
or did they just assign you where you were needed?

BS: No, I didn’t—I don’t know that anybody requested where they were going to
in-country at that time. They just filled the slots as you came in, I suppose, according to
your rank and capabilities.

KV: Right. Right. So what kinds of things do you remember most from your
year there?

BS: Well, I remember the long, long hours that we worked so many times.
Sometimes you’d go more than twenty-four hours without a break. I remember there
were a lot of deaths that we had to deal with because of the massive casualties.

KV: Right.

BS: We had anesthesia machines that had no ventilators on them. So you were
pumping maybe thirty to forty units of blood in an hour-and-a-half and still doing all your
anesthesia things, too.

KV: Trying to keep track of it manually, kind of?

BS: What?

KV: Trying to keep track of it all manually?

BS: Oh, it’s just trying to do all that many things at one time is very difficult.

KV: Right. Right.

BS: Because you’re ventilating the patients, taking their—we had no automatic
blood pressure machines there. We had very poor—I think for our whole OR, we had
one EKG machine. And you were running off of tank oxygen, all of this stuff you had to
watch.

KV: Right.

BS: You’re dealing with patients that come in with full stomachs. Everybody has
a full stomach, which is a dangerous anesthesia situation.
BS: It was very difficult anesthesia. Then, of course, I remember the good friends that I made while I was there that I became very close to. And we—our department shaped up, and I just reread a lot of the letters that I had written to my wife, and at one point I said we probably have the best anesthesia staff over here. Except, I had very poor luck with the anesthesiologists that were assigned there. One guy was just impossible to work with, and his replacement turned out to be on Demerol and morphine, stealing it away from patient care, which was a bad thing.

KV: Yeah.

BS: And found out later that he had been—they had caught him at another hospital and reassigned him there. I was the one that had to deal with it. So, it was a bad situation.

KV: Right. So as a male in this hospital, were there other male CRNAs or male nurses there?

BS: Yes, most of my staff was male. When I arrived there, there was one female on the staff, and then she left about two or three months after I arrived there, and then later there was one other female that came in and she was a great—very, very good anesthetist. The one that was there when I arrived there was very mediocre, to say the least.

KV: (Laughing). The nice way to say that.

BS: Dealing with—as a department supervisor, I was doing probably the same number of cases as everybody else was, and I still had to do all of the department record-keeping and order supplies and all that sort of thing. So the equipment supplies were pretty lean when I first arrived there, and over the year we built it up to be a very good department, so I was pleased with that.

KV: And did you have to handle a lot of discipline problems?

BS: I’m sorry?

KV: Did you have to handle discipline problems or morale?

BS: Yes. Yes.

KV: What kinds of things did you have to deal with?
BS: Well, you know. When you work that hard, there’s always a lot of strain and people don’t always react well to the stress, and so you have to deal with that. One of my staff was having an affair with one of the nurses, and it happened to be the guy that came in, that he and my wife were living in the same small town, so they knew each other, so that was difficult. The problems with the anesthesiologist were the worst problems that I dealt with.

KV: The one that was stealing the medicines?

BS: The one that was the drug addict.

KV: Yeah.

BS: Then the last—then later in the year, his replacement was an MD that had OJT’ed (on the job training) in anesthesia that knew very little about anesthesia. So that was not helpful at all.

KV: Yeah.

BS: Since he was supposed to be the director, medical director of our department. It was difficult.

KV: Yeah. And you’d mentioned the one doctor and nurse having an affair. Was that a big problem, too?

BS: Well, he—it was a problem because we had been very close, and, you know, we relied on each other to have somebody to talk to, and after that he wouldn’t confide in me, wouldn’t talk to me. So that was—because of the personal relationships with me and my wife and his wife. So, that was a little difficult. It was certainly not one of the major issues that I dealt with. It’s just one of those things that you deal with in those situations when you’re—when people are isolated from their families, separated from their families.

KV: Right. Right. And was fraternization something that was enforced? You know, something that at least some of the female nurses who were pretty young talk about as, you know, they were fairly young and some of the enlisted men were more closer to their age than some of the other officers, and so they would you know, want to hang out with the guys their age, but they’re not officers and so that policy—sometimes if it was enforced, then—

BS: I know it was going on all the time. I never knew it to be a major problem where I was.
KV: Just kind of one of those things that you’d turn the other way?
BS: Right.
KV: Were there any times when you felt like you were in danger? You know, was the hospital attacked at any time?
BS: Oh, constantly.
KV: Now was Pleiku, was that—wasn’t there a—
BS: The first night I was there, our compound was shelled and I was—I learned how to get dressed under a metal cot. I’m six foot two, so that’s—we were located adjacent to the air force base, the Pleiku Air Force Base, and on the other side was II Corps Headquarters. Both of them were major targets for the Vietnamese, so it wasn’t necessarily that they were firing at us, but they weren’t real accurate where they fired, either.
KV: Right, they might miss.
BS: So, we took a lot of shelling that was probably meant for them.
KV: What were your living conditions like when you were there?
BS: We lived in Quonset huts. I don’t know whether you know what they are or not. They’re half-round metal buildings with cement floors, and since I was one of the senior officers when I first arrived, I was fortunate to have a partitioned room. It had a door that I could lock. Most of the other people lived in either open areas or they built—scrounged plywood and built makeshift partitions. Partitions.
KV: Right.
BS: My hooch happened to be adjacent to headquarters. It was like, probably fifteen feet separating our hooch and the headquarters building. Since I lived in one of the senior officers’ hooches, we had a shower in our hooch. All the other people had to go to community shower and toilets. So I was fortunate that way. We had just tin flap windows that you raised with a prop under them, and during the rainy season it was pretty—very cool in those buildings. Then when it was hot and dusty, everything would be covered in dust all the time. When it rained, the water ran through the floor of the hooch.
KV: Wow.
BS: So.
KV: From what I understand, this, Pleiku because it was in the mountains wasn’t as hot as it was some other places in the country.

BS: No.

KV: So it wasn’t—

BS: It was pretty cool most of the nights. It was like thirty-five to forty degrees at night.

KV: Wow. That’s not what you normally think of when you think of Vietnam.

BS: No.

KV: Wow. So you had the three girls and your wife back at home?

BS: Right.

KV: And did they send you—did you get things from your daughters, or what did they think of Dad being away for a year?

BS: Well, they didn’t like it, of course. And it was stressful on them, too. They had to be—you know, they moved to a new school, but they were like in the second grade. First and third grade, I guess it was. And then our youngest was six months old when I left for Vietnam. My wife sent me a new picture of her every month. I wrote the girls letters, oh, probably every ten days or so. My wife would write and tell me what they were doing. Unfortunately, I couldn’t keep her letters, because they wouldn’t let us bring the letters out of country for some reason, I don’t remember. In one of my letters to her, I told her that I had to burn all the letters before I left. So I’m not sure why they made us do that, but—anyway, we—I had a lot of letters from my parents while I was there, and my sisters all wrote to me while I was there. I had a lot of mail while I was there, and frequent packages from home. When I was re-reading my letters, every letter, I was talking about all the guys would come to my room and we’d eat things that came in my packages. I must have pretty well stocked everybody with food while I was there.

KV: They knew where to go.

BS: Apparently.

KV: What kinds of other things did you guys write about? Just day-to-day activities?
BS: Day-to-day activities. I wrote to her and told her everything that I could about what was going on. The casualty load, the hours I was working, what I did when I was off-duty.

KV: And what kinds of things—

BS: I played a lot of bridge with friends that I made while I was there, so I talked about playing bridge. When I’d go to the club, and if they had a group come in to entertain us, who they were. And that I missed her.

KV: I’m sure. Did you get to meet her somewhere on an R&R (rest and relaxation) during the year?

BS: Yes, we met in—let’s see—it was late September, we met in Hawaii on R&R, so we were there together for five days.

KV: And did you have any other—?

BS: Two weeks before I came home, I took my leave time, the week’s leave that you’re authorized, and I went to Hong Kong. And certainly enjoyed both those trips.

KV: What was Hong Kong like?

BS: It’s a big, fascinating city. I really liked it. It reminded me a lot of—of course, I hadn’t seen anything—hadn’t seen real beds and real sheets and real food for almost a year, so I’m sure I was big-eyed.

KV: And did you—you know, you started there in January ’67 and then by ’68, the war is kind of—

BS: I’m sorry, I can’t hear you.

KV: I’m sorry. You got there in January ’67, and then by January ’68 that’s kind of the big Tet in ’68. Did you notice a lot of changes throughout that year? You know, the war escalating or getting more casualties? Did you notice anything like that?

BS: We had periods that were very heavy casualties. We got all the casualties from Dak To. The 173rd Airborne was just decimated, and they pulled the unit out with very few men left in it, and all those people came to our hospital. And then we would have like a couple of weeks or so that were fairly quiet, and then it would escalate again. It was off and on again the whole time I was there, really. But the Tet when I arrived was in—well, I arrived there January of ’68. I think I told you ’67. I arrived there January of ’68 and left January of ’69.
KV: Oh, okay.

BS: So that first Tet was, since it was the biggest one. There was a lot of activity when I was leaving in January of ’69, but it was nothing like the year before. Johnson—some time late in December, Johnson had said there would be no more bombing, and we had kind of wiped out the NVA (North Vietnamese Army) units up in that area anyway, and so the casualties dropped off a lot. By November—December, we were still seeing a lot of OR cases, but a lot of them were accidents. GI accidents, GIs in fights and that sort of thing.

KV: Were you starting to see more of that sort of thing happening then? Kind of just accidents happening and—

BS: It seemed to escalate at the end of ’68.

KV: Did you at that point have problems with drug abuse at all with some of the GIs?

BS: I knew there were GIs—marijuana use was pretty heavy, and I was aware that some of the GIs were using other drugs, but only a couple of times was it a problem as far as the enlisted people I worked with on duty. It was pretty rare that it was a problem on duty.

KV: But you do remember a couple of instances maybe?

BS: Right.

KV: And was that doctors, nurses, corpsmen? Do you remember who that was?

BS: Corpsmen. I was aware that a couple of the doctors were dabbling in street drugs, but it wasn’t a major problem.

KV: And what about—you know, as the war went on, did your views of the war change? Or what did you think about the war once you were in the middle of it?

BS: Well, I wanted it to be over with. You know, we had just seen so many GIs that had been killed and mutilated, and it’s—psychologically, it’s tough.

KV: Right. And did that affect how you thought of the war then, once you saw all of that and, you know, you saw kind of the personal cost of that? Did that affect your views of the war?
BS: You know, when you’re there, you don’t get all the stilted news that you got back stateside, and I—at that time, I was still very—felt very loyal to the military leadership. So I guess mostly what they said, I supported.

KV: And then, so you came back in January ’69 and you—I guess you went back to the States and, of course, found your family.

BS: Right.

KV: And then where were you assigned after that?

BS: Fort Carson, Colorado.

KV: Colorado. And how was the adjustment back to civilian—or, not civilian life, but how was stateside? How was the adjustment back to stateside?

BS: To the job, or my family, or what?

KV: Just kind of everything in general, I guess.

BS: Well, it was an adjustment to come back into civil life, because you pick up some pretty bad habits, just in your language and probably the way you eat and the way you dress while you’re there. It was a major adjustment. It was certainly very nice to be home and live in a house and have decent food all the time and work some hours that were a lot more regulated.

KV: How long were you at Fort Carson?

BS: I was just there thirteen months. We arrived there and expected to stay for two or three years, and so we purchased this little house. A new house. It was a tri-level with an unfinished basement, and my wife and I finished the basement and put a yard in and shortly after we were finished with that, they called me and asked me if I’d like to go back to San Francisco and be the assistant director then in the anesthesia school there.

And I said, “Well, let me talk to my wife.” I called them back the next day and said, “Sure, I’d love to go.”

KV: Was that considered a big promotion, to go back and work at the school?

BS: Well, it was certainly a career ladder move.

KV: Uh-huh. Interesting. Did you get to teach at all?

BS: Yes. I did—I taught some. I did some classroom instruction, and my primary job was clinical instruction. And I enjoyed that.
KV: Did you find that most of your students were male, female, kind of mixed by that point?

BS: The first class we had I believe was fifty-fifty. As it went along, there were more males than females in the classes.

KV: Really? That’s interesting how it seems that most of the males in the Nurse Corps congregate to this specialty. That’s interesting. And had you ever—

BS: Well, you know, they—like I said, you have a lot more independent work and more responsibility, and certainly you look forward to being a civilian, and your income will be much, much better.

KV: In the military it will be?

BS: No, as a civilian. There’s no differentiation in the military. There is now. They give bonuses for CRNAs. But not when I was in.

KV: Do you think you had more or less opportunities in the military than you would have had in civilian nursing or civilian anesthesiology?

BS: I think we had more educational opportunity in the military, and probably more opportunity for leadership roles.

KV: Had you, once you came back to the States, did you ever have problems—you know, some people have problems with the flashbacks or the dreams about Vietnam, or you know, instances over there. Did you ever have any of those issues or problems?

BS: Well, I had dreams occasionally, but they were—I didn’t have—not very often. And it’s kind of strange. I didn’t dream about anesthesia very often until after I retired, and then when I retired, six months later I started having all these really bizarre dreams about impossible situations and that sort of thing.

KV: But in general about anesthesiology and not specifically about Vietnam?

BS: Right. Well, they were both.

KV: Why do you think that—or do you even think about a difference between yourself not having some of these problems and other people having them? Or, you know, was there something that you thought you did that kind of kept you from that?

BS: Well—

KV: From having some of those problems?
BS: I think I dealt with them more at the time than some people do. I know we—
there was a female nurse with us in Vietnam that just—she just completely fell apart.
She had a complete psychological breakdown. And they had to ship her out after we had
gone through about the third of the major, major periods when we had a constant flow of
heavy casualties. It always seemed like before that, she had just been very blasé about
everything, so my assumption was the better you dealt with it at the time and knew that
you were doing the best you could, then the less problems you had with it.

KV: What do you think about the women’s memorial at the—

BS: I’m sorry, I can’t hear you.

KV: What do you think about the memorial in DC by the Wall? You know, they
had the whole movement.

BS: The Wall? I’ve been there twice, and it’s very moving. Of course, I looked
for people that I knew there, and I had one high school classmate that had died in
Vietnam, so I went down to see his name.

KV: And have you seen the women’s memorial, of the nurses?

BS: No, I have not.

KV: What did you think about that? Have you seen pictures of the memorial at
all?

BS: Yes, I’m very impressed with it, and I would certainly like to see it.

KV: Did it bother you at all that it’s women in that memorial?

BS: A little bit. I was a little irritated with our national organization, because
they sent—unveiled it, and they didn’t send anybody that had been in the military, so I
was very irritated about that.

KV: And that’s the Army Nurse Corps Association that you’re talking about?

BS: Right. No, no. It was the American Association of Nurse Anesthetists.

KV: Oh, okay. Okay.

BS: I recently—when we were in San Antonio, I went out to the AMEDS
Museum there in San Antonio, and spent some time out there, and I was a little dismayed
that there was so little space given to Vietnam and the medical field in general from
Vietnam. I thought that was very interesting that they had so little, and I’m sure I don’t
know why. Doris Cobb—Col. Doris Cobb had a lot to do with fundraising for that, so I want to talk to her and see if I can find out from her why that happened.

KV: Do you read much about the war now, or do you watch any of the movies?

BS: You know, for a long time I didn’t read anything about it. I just—I didn’t want to read anything. I purchased a big series of books that *Life* magazine had published, and I didn’t even look at those after I had purchased them. I thought I would. I would refuse to go to movies about the war. I still don’t like war movies. They just, you know, they turn me off.

KV: Did your kids ask you about the war later? You know, as they grew up, did your daughters ask you about it?

BS: They probably did a little bit, but you know, I never talked to them about it. In fact, I told them I was rereading these letters, and they said, “That’s interesting; you’ve never really talked about it.”

KV: Was that kind of just your way of coping with it, or trying to just forget?

BS: Yes, I think so. I didn’t want to bring it up because I would relive it.

KV: Right. Right. Do you find that now that more time has passed, that you are able to talk more about it or to think more about it maybe?

BS: Yes, I can talk more about it now.

KV: I mean, you’re doing the interview, so that’s something.

BS: Right. It’s not one of my favorite topics still, but—

KV: Right. Right. Right.

BS: It’s interesting. After you had asked me to do the interview and I agreed, I thought you know, I don’t remember much about Vietnam. Apparently I had repressed a lot of it, because once I reread these letters, there were big, I mean fairly significant events that I had no recall of before.

KV: Right. There’s one thing that I wanted to ask you about, too. One of the first books by a nurse from Vietnam to come out was by a nurse at the 71st Evac, the *Home before Morning*?

BS: Yeah. It’s interesting. I don’t remember the name of that book, but some of my—the leadership in our national organization called me and said, “You’re in this book.”
KV: Oh, really? And have you read the book?
BS: Yes, I did.
KV: Did you find yourself in the book?
BS: I’m not really sure.
KV: Not really sure. What did you think about the book in general? Did you like it? Did you dislike it?
BS: I think it was fairly true to the situation. It’s been quite a while since I read that book, so there’s a lot of details that I don’t remember about it. I read it, I guess, shortly after it came out. Within the year after it came out, probably.
KV: I’ve read a lot about—
BS: This lady’s name sounds very familiar to me, but I can’t really place her.
KV: There was a lot of controversy when it came out among Army nurses. You know, some liked it; some didn’t like it. You know, because she talks about things like drug use among GIs and even medical staff, and a lot of people found that offensive, you know and said—
BS: Well, you know, it was offensive when it was happening. I thought it was fairly true to the situation, like I said. I didn’t feel defensive about it.
KV: And so you—let’s see, you went to Fort Carson after you came home, and then where—you went to San Francisco, and is that where you retired from? From the school?
BS: No. From there, we went to Heidelberg, Germany.
KV: Oh, that’s right. One of your friends mentioned that you were his boss in Germany, I think he said. Mr. LaBell, I think?
BS: Oh, Leo LaBell? That guy remembers everything.
KV: Oh, really?
BS: He has the most phenomenal memory of any human alive.
KV: Yeah, he said that you were his boss in Germany. So how long were you in Heidelberg?
BS: Three years.
KV: Three years? Did you like that assignment?
BS: Very much.
KV: What about your family? Did they like the assignment?

BS: They loved it. We had a great time in Europe. We traveled—we made very close friends with a German lady who was—her husband had died, and she traveled a lot with us. She took us to a lot of places that we would never have seen before and to a lot of local events that we wouldn’t—we had a wonderful time.

KV: What was your position there?

BS: I was director of the department.

KV: Okay.

BS: I think they called us supervisors at the time.

KV: Was that your—did you go somewhere else after that?

BS: After that, I went to William Beaumont in El Paso for a year.

KV: And was that your last assignment, or did you—

BS: That was my last assignment. I was considering staying in. I had been in grade as a major for almost three years, and ANCs were being promoted to full colonel with about four years in grade, so I had considered staying in, and I liked my job there. I was assistant supervisor of the department, working under a very nice man, and we were living at Fort Bliss in terrible government quarters that were really, really old. They came along one day and told my wife, “We’re going to put new windows in your house.” She said, “That’s nice. Where are we going to move?” They said, “I’m sorry. I didn’t say you were going to move. I said we’re going to put new windows in your house.” She called and said, “Get out. Get out, please.”

KV: (Laughter) So that was it.

BS: I was coming up on twenty years, so I put in my retirement papers. She had never asked me to get out before, so—

KV: She had done her time in the military. So you’ve been retired for how long now?

BS: I retired May of 1978 from the Army, and then I did twenty years in civilian anesthesia and retired in May of ’98.

KV: So you’ve had two retirements.

BS: Right.

KV: How did you find that civilian work compared to the military?
BS: It was a difficult transition, because in El Paso particularly, CRNAs were really looked down on, and they only let them do OB anesthesia in town there. The department I went to was really, really outdated. The equipment was all outdated. The personnel were behind in their education. They had a lot of the CRNAs from William Beaumont moonlighted there. So that was a good feature of the place. So it took a lot of patience and work to upgrade the department and start to build a name for CRNAs in town.

KV: So you felt you had more responsibility or more freedom to work in the military than in civilian?

BS: A lot more freedom to work. A lot more respect.

KV: Were there other differences that you noticed between military and civilian work?

BS: Well, civilian pay was better.

KV: Uh-huh. So you stayed in Texas then while you worked?

BS: Yes, we stayed in El Paso until '92. Then I moved to the Dallas area.

KV: What made you pick Texas? You’d been all over the world. I guess, why did you stay?

BS: It was my home state, I guess I wanted to come back here to live.

KV: And was your wife from Texas, too?

BS: I would have been very happy to live in San Francisco or Monterey, or Hawaii, Colorado Springs, but this was—the job opportunity was better here, and the pay compared to the cost of living was much better here.

KV: So you’ve been active in the ANCA and also the AANA? Am I getting these correct? The Army Nurse Corps Association and then the American—

BS: Yes, I was very active politically with the AANA and the Texas, the state association. I was active when I was in California with the California association, too.

KV: What kinds of things did you do in those organizations, or—what were some of the issues that the groups had to deal with or approach?

BS: In Texas, when I—when I retired from the Army, we had started doing regional anesthesia about three years before I retired, and civilian practice, it was almost unheard of for a CRNA to a regional anesthetic. So I started working with the board of
nurse examiners. I got on the Texas Association of Nurse Anesthetists Board, and in that board I started working with the Board of Nurse Examiners. Within—I don’t remember the time frame. We started doing regional anesthesia, and it was accepted by the Board of Nurse Examiners that we had a right to do regional anesthesia. So that was a big accomplishment. I don’t mean to say that I did all of it, but I had a lot to do with it. My friend Ira Gunn, that lives in El Paso is a big leader in nurse anesthesia has been for thirty years, was very helpful in all of this, too.

KV: Was that something that you had done in the military? Or was that something new to the practice?

BS: Nurse anesthetists started doing regional anesthesia about when I was in Germany, and we had on-the-job training, a short course in regional anesthesia at that time and started doing it. Then I guess, I don’t remember what year they started teaching regional anesthesia in the anesthesia school in the Army, but—

KV: But the Army was a little bit ahead of civilian in that sense?

BS: Yes. The Army’s always been ahead of the civilian community in education and anesthesia; I think all nursing.

KV: Do you think it’s because you have to be ready for a war where you might have to do things quicker and kind of, I guess, more on your feet?

BS: Right. You go into a lot of situations where you don’t have MDs available. You have to be able to carry the load.

KV: That’s interesting. Well, was there anything that we didn’t talk about that you kind of expected that we would or that you wanted to mention?

BS: Not that I know of.

KV: Okay. Did you have any questions about anything or, you know, was there something you want to talk more about?

BS: What did—you said you’re doing a Master’s thesis, or is this a…

KV: It’s a dissertation for a Ph.D.

BS: Oh, your Ph.D. dissertation. What is your—what is the main theme of your dissertation?

KV: I’m kind of looking at how nursing was changing during Vietnam in terms of what—
BS: How it evolved?

KV: Yeah. And in terms of males coming in and what women expected out of
nursing and you know, how nursing was just changing in terms of more responsibility
and that sort of thing, and then the war in general and all of those issues, you know how
they all come together.

BS: Well, it was very interesting when I first came in. A lot of the older females
in the Army did not like male nurses. I don’t know whether they felt threatened or—that
we were out to take their jobs away from them or what, but it was—we met a lot of
hostility initially.

KV: Did you run into any specific problems, or was it just kind of hostility in
general?

BS: My chief nurse at Fort Hood just outright told me she didn’t like male
nurses. I said, “Well, all right. You haven’t worked with me yet.”

KV: Did that get better over time?

BS: I think by the time I left there that she had started to accept male nurses.

Lucy Jarma was at this meeting we were in in San Antonio, and she was my assistant
chief nurse there, and she said, “I had no idea that this lady was so adamant about male
nurses.”

KV: Do you think that male nurses still face stigma?

BS: I don’t really think so. You know, I didn’t feel anything after those first few
years in the Army.

KV: Wow. Do you think that if you had just been a civilian nurse, that it
would’ve been different? That you would have faced more hostility? Or do you think it
would have been about the same?

BS: I think it would have been essentially the same. I didn’t have any problems
in Lubbock because I was their little guy, you know. They—most of the staff their kind
of took me under their wing and like I was one of their kids.

KV: That’s interesting. You’ve been all over the place.

BS: Yes. Everybody says, “Who did you know in assignment branch, because
you got such good assignments.” I didn’t know anybody. I just didn’t.

KV: Just the luck of the draw.
BS: I had the choice assignments in the Army, though.

KV: Are you glad that you had the year in Vietnam, or would you—you know, if
you could do it—

BS: Yes. Once it was over, I was very happy that—I mean, very glad that I had
been there.

KV: Is it kind of just expected if you’re a career officer that you do a war tour if
the opportunity comes up?

BS: Yes.

KV: It’s just kind of one of those things you’re sort of expected to do?

BS: Yes. I have a big circle of friends and male nurses, and everyone that I—I
don’t know of any of them that didn’t go to Vietnam.

KV: Do you think that the military was trying to get more men into Vietnam?

More male nurses in Vietnam?

BS: I think they were, yes.

KV: Why do you think that they would have wanted male nurses there? Any
specific reason?

BS: Well, it was just an assumption. I think they thought we adapted better.

KV: To the living conditions? Or to the—

BS: The work. The living conditions. The strenuous hours.

KV: Were male nurses assigned to different tasks than female nurses ever? I
mean, did you have any difference?

BS: No, not that I could tell. Because I’ve had friends that were intensive care
nurses, neonatal intensive care nurses, medical nurses, OR nurses, ER nurses. The whole
gamut. Psych. One of my best friends was a psych nurse and was—when he retired, he
was—just before he retired, he was the chief nurse at Letterman and then he was the 5th
Army chief nurse after that.

KV: Did you ever—you know, you said that your hospital was often rocketed or
shelled. Did the males have to ever defend the perimeter or have to stand guard at a door
or anything like that?

BS: No, that was the enlisted men’s duty. We were busy doing our nursing
careers.
KV: Did you relate well to the enlisted? The 91 A, B, and C? The corpsmen?

BS: The 91 Charlies are OR nurses, and 91 Charlies are—no, LVNs (Licensed Vocational Nurses). I don’t remember—91 D’s are OR techs. Yes, I had very good relations with them. We were never—they were never assigned to our department, so I never had a supervisory role for them, but—I did before I went into anesthesia, of course. I had great enlisted people working on the wards with me. I would never have survived without them. They were very highly skilled people. Most of them were ten or so years older than I was, and they were very, very patient with me learning the military system, I think.

KV: Wow, so you’ve had a full military and a full civilian career. It sounds like you’ve been pretty active in both.

BS: Right. It’s been very good.

KV: Great. Well, I really appreciate you talking to me and doing the interview.