A nurse's take on Vietnam post Vietnam ( ca.1988)

Vietnam was considered a suicide mission in 1966. Our friends had gone and we never heard anything more from them. It was as if they'd been swallowed up by the other side of the world.

Harvey, my husband and I had just returned from a tour in Germany. He was a Captain with Supply and Service and I, a Captain, and nurse. We were both in the Army and never considered that we could or should get out.

Vietnam was winding up, essentially everyone in the military would go. We had just been assigned to Fort Lee, Virginia and thought we'd be there a while. That really suited me well since my family lived in Maryland just a few miles away.

Then "unexpectedly" expected Harvey received orders to form a Supply and Service Battalion for activation and plant to be shipped to Vietnam. That evening in an emotional and intense encounter I wept knowing I could not tolerate remaining home and waiting for a phone call of doom. We both decided I would volunteer to go to Vietnam if and when Harvey would be sent.

The Nursing Branch of the Surgeon General's Office was more than cooperative ensuring me that I would be allowed to go to Vietnam when Harvey went. Within a month we both did received orders. Harvey was to take his company by ship to Vietnam and I was to fly to Bien Hoa with assignment to a Field Hospital in Saigon. With relief, fright, trepidation and a sense of going to die, we prepared.

Then, Harvey's orders were cancelled and his company reorganized under a new Supply and Service Battalion configuration. My own orders stood and I was on my way to Vietnam. The strangest feeling, a loss and emptiness engulfed me sitting in a large troop plane at Travis Air Force Base looking out onto the tarmac at the lone Captain, standing waving and crying as the plane took off for what was a total unknown experience.

The flight over was a blur of time with each of us reliving our own lives and histories. Roughly 24 hours after take off, in the middle of the night we entered Vietnam airspace. We saw that we were flying over land because the contrast along the coastline with the sea. There was an incredible darkness. It was a though we were in a black hole. The plane lights were off and we flew as though in silence into the abyss.

Incredibly, looking down, there was bright lights, busting at intervals without specific timing. In my ow naivety I said, "that looks like some sort of ammunition dump exploding." By the time we landed at Bien Hoa Airbase the naïve thoughts proved to be reality. The plane shook with each new explosion, the beginning of our reality was upon us.

A bushy tailed, 2nd LT jumped on the plane "Don't worry folks, we're not going anywhere without an armed escort. Welcome to the place where the unknowing are leading the unwilling into something totally senseless." In darkness we boarded transport buses with wire meshing over all the windows. Again, our question of why? But these questions were all silent and within minutes we understood.

Our drive from the airport to the 90th Replacement Center took us through several small, crowded villages filled with Vietnamese climbing on the bus from the outside, begging and threatening as we passed. Again, time had provided the answer for the wire mesh: to keep something from being tossed through the windows.

Within an hour of entering Vietnam airspace, the shock of coming to a combat zone had become a reality. We were still in Class A uniforms, nurses with long curled hair, fairly prim and proper by standards at home. Within two days, we had cropped our hair, donned fatigues and jungle boots, started on anti-malaria pills, developed diarrhea and felt unmotivated slugs trying to become adjusted to the temperature.

My order for the plush field hospital in Saigon (with white uniforms) were cancelled as soon as I had arrived in-country (the term for arriving at the designated place. The Tet Offensive of 1967 had begun the night we arrived with the ammunition dump being hit. Casualties were rapidly arriving at the two hospitals located at Long Binh.

Two of us were sent to the 24th Evac Hospital, other, nurses, were dispersed to other hospitals further north. None made any difference and had no meaning for us at the time. Our job was to be and do nursing for the next 365 days (and counting). We had already been in country 4 days by the time we were sent to our respective hospitals so we were already down to 361 days. That meant that new nurses had longer to be in Vietnam than us.

The quarters at the 24th had just been completed. Big Red (our Chief Nurse) would not allow the hospital to be opened until there were adequate and safe quarters for the nurses. With about a 20,000:1 ratio of men to women and a rather adverse conditions surrounding our situation, she was rather perceptive and protective. The quarters were fixed buildings on a concrete slab. The wood went up about 6 feet on the outside wall and 8 feet in each of the 10'x8' cubicles where became home. Screen mesh enclosed the outside wall to the ceiling for ventilation especially during the heat. During the monsoons we drowned with the water pouring through the windows. Many a night I would stand on the bed holding my poncho over the screen to keep my bed from being drenched. That was also the time that the water bugs 1-2 inches long, black cockroach looking creatures would crawl around in our rooms and on our bodies while we slept. A real nightmare. The boots were great to kill them with but they made such a gruesome crunch that I still recall the creepy creatures.

In the course of these first months, the first occupants of the quarters accomplished phenomenal feats. The nurses lived in 4 hooches, each housing 10-12 nurses. Each nurse

had her own cubicle. Since the inside walls were only 8 feet high everything that occurred in one cubicle as at risk for being heard throughout the quarters. In my own naivety I just assumed some of the noises from adjoining room were people having nightmares, were sad, or dealing with the stress of being there. Months later I was forced to accept the fact that there had been some sexual encounters between nurse and doctors and nurses and enlisted. It was not until I found out some had abortions and others went home pregnant that I really believed it. I was a very uninformed 23 year old.

Back to the building. Inside nurses put ceilings over their cubicles and purchased air conditioners for their rooms. Private havens were created. Each room was 10 x 8' was large enough for a metal cot, wall locker, footlocker and perhaps a chair, baby refrigerator and perhaps a table. TVs were available with shows from home. Of course, Combat was popular at the time and what sometimes we lost ourselves in from another time and place. In these quarters we were fortunate and had indoor plumbing (later when I moved that luxury was not available).

By the time I had settled in I was beginning to feel a litter more energetic, the ammo dump was still exploding and would for days on end. My first day at work was a walk with the chief nurse to an empty Quonset hut with 20 metal cots, like in my quarters. "You are head nurse of this medical ward, This is your ward master, your people and you can expect patients with the hour". Having met the Medical Ward Officer at the same time I was to begin six months of extensive medical, tropical nursing which was a passive, precursor to the hell I would see during the last part of my tour.

In many ways, the medical wards hardly seemed like combat nursing. More that half of hospitalized soldiers are there from medical reasons. They were certainly as ill as wounded yet the trauma was missing. Typical tropical diseases were malaria, scrub typhus, pneumonia, jungle rot, diarrhea, fevers of undetermined origin. Malaria required 10 days of therapy and 6 weeks of convalescence at Cam Rahn Bay. Some Black soldiers had G6DP deficiencies which caused severe reactions when they took malaria pills. These soldiers were sent home. But usually this brief stay for malaria treatment was merely a tuning up prior to return to combat where the risk of being wounded or dying was extraordinarily high. We, as nurses, certainly felt the guilt of discharging patient knowing we might be sending them to their deaths. Yet for the soldiers on the ward, they experienced a brief respite, would stare amazed that there were American women there to care for them and they were grateful. Their joy was ours for being there to care for them was after all the reason we were military nurses.

During Tet everyone worked 12 hours daily and usually more. We drowned our day in booze at the Officers Club before collapsing into bed. Youth does persevere. Nightly I would tape the events of the day to Harvey with tender thoughts and feelings more easily expressed through a tape. His concern forever was about those 30,000 troops he thought were his competition. It seems he may have been correct about hounds at the door but at least for

me that was not part of the combat role I saw for myself as a nurse. I kept my social distance to protect me from feeling while I was there.

There were some special moments on the medical wards which bring back sad and glad memories. One young LT has arrived a patient with Falciparum malaria. Characteristically there is confusion, disorientation and lethargy associated with the chills and high fevers during the malaria attacks. To cool patients down instead of tepid alcohol baths we frequently would send them to the shower during the late evening and early morning. Since the water tanks of the showers were heated by the sun, you timed your showers by the positioning of the sun. Hot showers during the day and cold at night. I think this Lt's name was Hood, a cute young man being with fever of 105 degrees. He'd been cooled with mediations, cooling blankets and showers and began to feel better. Smiling as I made rounds he said, "You know Capt _____. When I woke up and saw you standing there I though I was in heaven". I smiled, felt good and believed him. He left a few days later for the convalescent center before returning to duty. Now that I think I recall his name I'll need to check the Wall to see if he made it home. (on the 50th anniversary of our retreat from Vietnam I received a letter from Lt Hood recounting the above experience, I was stunned and so delighted).

Perhaps the most difficult medical patient I recall was Bill Bishop who ended up with pseudomonas pneumonia in three lobes. He had 3 chest tubes in place to water seal bottles. I know I spent a least a total of a day on the floor under his bed marking, changing and taping his chest tube bottles to the floor to keep them from being kicked over. After two months of intensive pulmonary therapy he survived to be medically evacuated home.

The returning American POW's were also tough to care for. Our soldiers who escaped were under medical evaluation and surveillance/protection and isolated until they had been debriefed by intelligence. No one could question to them although they were allowed to make a call home. After debriefing they too were sent home but we never could talk with them or let them know we care or were there for them also. (they could only be interrogated by one officer and if a nurse, who was an officer questioned them about anything even regarding their medical situation, intelligence could no longer debrief them).

The most difficult times for us all were the demonstrations at home against the war. The demonstrations were against us, those in uniform believing that "this must a just and true cause, otherwise we would not be here to lose so many good live" Those demonstrations hurt more than anything for they explicitly said we were bad. Our refuge came among our peers, comrades and personel silence.

I had two special moments while in Vietnam. Veterans Day 1967, New York had a spontaneous 50,000 strong parade to show support to those serving in Vietnam. The television broadcast of that parade was shown on all the wards. We all wept, as I can now writing about it, for it was the first sign from home that someone cared about us. It was not the cause that mattered, only those of us there.

The most powerful message was from Her Majesty LTC Martha Raye. She too served as nurse, companion, believer and support. At Christmas 1967 she came to perform Hello Dolly, all over Vietnam. Demonstrations against Vietnam had been raging at home and we were feeling very badly. Prior to the show Martha Raye comes out on stage to talk with the troops. As she finished she talks of the anti-Vietnam demonstrations at home and ends by saying "They're not fit to shine your boots". Twenty thousand soldiers and nurses in the camp theater go crazy in appreciation of Martha's worlds of trust and belief; and we cried in thanks. Eighteen years later at a Dining-In Event honoring Martha Raye in 1985. I had the honor of thanking her in person, of weeping, and giving her a hug for those she gave her love to in those far off hills of Vietnam.

Typed from hand written paper by Grethe Cammermeyer unknown date ca. 1987