

Memories of Navy Nursing: The Vietnam Era

Compiled by RADM Maryanne Gallagher Ibach, USNR

Navy nurses had a significant role in the Vietnam “Combat Zone” from 1963 to 1971 and world wide throughout the entire conflict. They felt very personally the startling impact of duty “in country”. Their memories are still vivid and their words tell the story. The stress of being a nurse, and particularly a woman, in the combat arena was depicted well by RADM Shea, who was an operating room supervisor aboard the REPOSE:

The woman becomes a substitute mother, wife, lover, sister—the shoulder to cry on. You listen to the corpsmen, physician, ship’s company officers, and enlisted.. Even the chaplain seeks out the nurse with his problems. It was okay to discuss problems with the nurse -the woman. The men seemed to be able to share some aspects of their lives with women they could not share with men. But the nurse - the woman - would not share with anyone, not with other nurses, staff, or line personnel. We might have seen ourselves as being judged weak, not being able to take it, and decided not to share our own problems with others—to tough it out. (U.S. Navy Medicine, 1983).

Station Hospital, Naval Support Activity, Saigon, Vietnam

The Navy took over medical support for in-country military and civilian personnel from the American Embassy in 1963. The first two Navy Nurse Corps officers reported in February. The hospital compound, called Duong Duong, consisted of a five-story inpatient building, an emergency and operating facility, outbuildings and a parking lot. Four Navy nurses attached to the hospital were awarded the Purple Heart for injuries received during the Viet Cong terrorist bombing of the Brink Bachelor Officers Quarters on Christmas Eve 1964. They were the first women members of the U.S. Armed Forces to receive the award in the Vietnam conflict. The Naval Station was transferred to the Army in March 1966. During its operation by the Navy, more than 6,000 patients were hospitalized and more than 130,000 outpatients treated (full outpatient

records were not recorded until November 1964).

On 10 October, we received our first wounded in action (WIA). From the day he first arrived at our door, the casualties never ceased - and they began to increase proportionately to the escalation of the war effort. My sense of our work, day to day, was that our success in saving lives, was phenomenal. The major reasons for this success were the rapid transport by helicopter of the injured and the fact that we at the new U.S. Naval Station Hospital, Saigon, were there to receive them.

I had dealt with just about every aspect of trauma. Duong Duong (Station Hospital) however, was unique. It challenged and broadened my skills. While my Korean experiences distanced me from the battlefield, Saigon would draw me nearer. Naval Station Hospital, Saigon, with all of its quirks and annoyances, was emerging as the peak of my career.

In his wallet, I discovered a photo of a young woman standing with two tiny toddlers. The little girls were as pretty as their mother..I reached down and held ha hand. It was cooling, his fingers stiffening. I looked at that young, handsome face and tears filled my eyes. I am certain that procedure was followed and the photo and other effects were turned over..I, however, have no memory of it. And, strangely, I didn’t share the experience with others. Since then I have wondered what triggered my unusual reaction. It was our habit to return to quarters, unwind, and discuss the injuries and patients. Perhaps, after discovering the photo, I wanted somehow to protect this young man’s privacy. (Bobbi Hovis - 1963-1964, Excerpted from “Station Hospital Saigon” published by Naval Institute Press 1991)

Christmas Eve is always a very special time, but one that will remain forever in my mind 1964. A terrorist bomb exploded in our BOQ, the Brink Hotel in Saigon. Several people were injured, including myself and three other Navy Nurses. Two men in the rooms next to ours were killed, and were not found for several hours. When things began to settle down at the hospital, they

brought one of the men in, that they had just found in the debt*. He died on the table next to me, while my leg was being sutured. Shortly after, I went with another nurse back to the BOQ to retrieve some personal articles for our group. The fire was out, and our quarters were destroyed, the area in darkness. When I made it back to my room I could hear Christmas carols. Christmas was a time for joy and Peace on Earth, yet we were surrounded by sadness, death and destruction. There is not a Christmas that goes by, that I don't remember my year in Saigon. (Darby Reynolds, Station Hospital Saigon, February 1964-February 1965)

Military Provincial Health Assistance Program Rach Gia, Vietnam, 1965-1968

Rach Gia was the capital city of Kien Giang Province in the southernmost part of the Mekong Delta. During 1963-1964, the U.S. had added modern surgical suites, recovery rooms, and surgical wards onto existing Provincial Hospitals. The task was to train Vietnamese medical personnel. The first team with two Navy nurses assigned reported in February 1965 to begin training. Theirs was a unique experience far different from their colleagues on ships and at hospitals, yet none the less vital.

Visions too horrible to remember.

I - IV's - incisions - incoming -

Emergencies by the score.

T - Tet and triage all mixed up.

Nothing from home - why doesn't the mail come?

Another Air Evac - God can we make it?

*Morning arrives - the plane is here - I'm gone
but will never forget.*

Our mission was gigantic—to teach ourselves out of a job. We had to learn basic language and adapt to local customs. Progress was slow but steady and when we were relieved after one year, we proudly left four functioning OR technicians, two emergency room workers, functioning X-ray department, a blood bank program, a competent lab technician, and more importantly - a very capable surgeon. (Bernadette McKay, Rach Gia, February 1965-March 1966)

Rach Gia Vietnam looked very peaceful from the air. The closer the plane came to landing the chance of being hit by small arms fire increased greatly. The war in thy remote southwestern province of Kien Giang was a guerrilla war. The Navy Surgical Team stationed at the antiquated hospital in Rach Gia travelled by air because the Viet Cong mined the roads at night. When the local, decrepit buses carrying many women, children and old men went out in the early morning hours the explosions resulted in many casualties. The Navy Surgical Team in Rach Gia provided the best surgical care possible.

I remember Good Friday in 1967. Early in the morning a local bus hit a land mine and our small Emergency Room and Operating Room we reflooded with casualties. We had no whole blood. Many amputations were done. Men, women and children who started out in the "peace" and coolness of the early morning were now, in an instant, without arms or legs or eyes—children were now orphans and parents were now childless. (Winifred Copeland, Rach Gia, 1967)

A beautiful people in an exotic land, exquisite flowers amid sea and sand, Death and destruction brought to them by an awful war; which brought me and other strangers to their door. There I learned much about unique diseases; awesome injuries, rare wounds, tropic breezes, There I saw old, wise looks in much too young faces; and about myself, I learned to open more spaces. (Kay Wilhelmy Bauer, Rach Gia, 1966-1967)

USS REPOSE (AH-16)

Called “the Angel of the Orient” the REPOSE was recommissioned in October 1965 and sailed in December with fourteen Navy nurses on board and arrived on station off the coast of the Hue - Phu-Bai area in January 1966. By late March the full complement of 29 nurses was on board. During intense fighting as many as 200 admissions in a 24 hour period were brought from the battlefield by helicopter. In May 1970 REPOSE departed the South China Sea and was decommissioned at Long Beach, California, serving in reserve commission as a shore based hospital.

I remember leaning on the rail outside of ICU watching another beautiful sunset over the South China Sea. It was early September 1968 - a few days before I was to go home. The beauty of the scene before me and the sound of distant gunfire was an unforgettable dichotomy - tranquility and hostility in the same picture. It was much like the year I spent there, I thought - at peace with myself for the job I was doing, but angered by the seemingly endless conflict. Tet in February was exhausting - so many wounded casualties. The decks were lined with stretchers headed for the operating room. Teamwork and concern for the fellow man kept the adrenaline running. We helped a lot of them -but many saw their last sunset no matter what we did. As I walked back into ICU that evening, I wondered how many more would die before I left. After all, in our 18-bed unit we lost one a day in August. How many more "codes" would we call? (Barbara Coffin Rodgers, USS REPOSE, September 1967 September 1968)

Amid the anguish, suffering, and tragedy of receiving casualties aboard REPOSE, a bonding developed among all crew members, unlike any I had ever experienced before or since Vietnam. Crew members, whether ship's company or hospital personnel, truly cared about the patients. Compassion and charity were every day norms. There was the usual griping, that's part of being at sea, but never at or because of the patients. They were the center of our existence. The patients gave of themselves, to the point of heroism. It was commonplace for a Marine casualty to urge the medical staff, "Take care of my buddy first." "Such examples of caring and love for one's fellow man were overwhelming, and encouraged us in times of discouragement." (Frances Shea Buckley, USS REPOSE, March 1968-March 1969)

I sailed with the initial crew of the REPOSE in January 1966. I arrived on Guam in early 1968 to help open a 180-bed auxiliary hospital to accommodate the casualty flow from the Tet offensive. I spent several years working on stateside orthopedic/amputee wards. With each assignment, the war changed, the country changed, and I changed. My memory is blessedly selective. I see a constant flow of brave patients

helping one another face the future, wonderfully dedicated hospital corpsmen and physicians and a cadre of nurses so special I count them as my dearest friends (Rosemary Geraghty Cox, USS REPOSE, 1966)

It was Christmas. The General came aboard the REPOSE for presentation of Purple Heart Medals. A handsome young marine dressed in his hospital pajamas was seated in his wheelchair. Not a hair out of place, a recruiting poster picture of a Marine, above his knees. The mail also arrived on the chopper with the General. Following his medal presentation the young marine opened his Christmas package from his family. He smiled when saw the contents, a dozen pairs of heavy socks, his injury—bilateral below the knee amputations.

When I first visited "The Wall" I didn't know how I would react. Yet here I was, approaching, walking along the lane of names, so many, too many! Where were my tears? Did Shave no compassion for those who lost their lives? My next visit I located the name of a friend's fiance. He was hardworking intelligent, soft spoken, well liked. Following his one year tour aboard REPOSE, he was reassigned ashore per his request. Now the tears come, why did he have to die, the same question asked by thousands of others. As I left "The Walls I passed the locator desk. I had cared for so many memorable, nameless patients while assigned to the ICU, but one name had always stayed with me. He was a red-headed, freckle-faced young man, so young. He had sustained a very serious gunshot wound to his liver, I had often wondered what happened after he was medivaced. His name was not registered, he made it, we did make a difference. (Joan Bowles (Pinky) Glass, USS REPOSE, February 1967 February 1968)

God was good to me. I wasn't wounded, I didn't bleed, I didn't die, I returned, sound of mind, body, and spirit. I lost nothing in Vietnam. In fact, I gained much more of what I needed. I have a profound respect for those who lost so much in Vietnam and for those who were made to feel ignored and worthless. I thank those who served with great pride. And, yes, I also thank

God everyday. (Emmanuel Buckley, USS REPOSE, 1968)

USS SANCTUARY (AH-17)

The SANCTUARY was the second hospital ship recommissioned for Vietnam service. SANCTUARY arrived on station in April 1967 with 29 nurses assigned and served in this capacity until November 1972.

If the American people could only have experienced what it felt like to be present when our young men were dying, they would not have to ask me - should you have gone to Vietnam ?

To be the last human being to whisper some words of comfort into their ear, the last one to touch their cold hand or wipe their forehead, was a privilege afforded to me. (Juel A. Loughney, USS SANCTUARY, March 1968-1969)

The Blood of Heroes

I cared for each as though my brother.

No time to cry, must tend to another, and another...

Time has passed; I still recall

Your courage, your struggle and your fall.

Rest in peace, your war now done;

How brief your life—as the setting sun...

(Helen DeCrane Roth, USS SANCTUARY, 1968)

...We cleared out several surgical wards to make room for an influx of troops with malaria. These men had fevers up to 106...the ship was on "shower hours" for water conservation. The corps men found a wrench so we could turn on the showers to cool them off... (Jane McGrath Bolduc, USS SANCTUARY, 1968-1969)

U.S. Navy Support Activity, DaNang, South Vietnam

The first Navy nurses reported to the station hospital at DaNang in August 1967 which was to become the largest combat casualty treatment facility in the world with 600 beds and admissions of 63,000 patients. The DaNang hospital was turned over to the Army in May 1970.

My year at NSA Danang taught me much about people. I remember the bravery and endurance of the wounded and the concern for their Marine "buddies". In pre-op many would ask about members of their platoon and were they OK? I think we care-givers: corpsmen, doctors, and nurses were able to work so well under adverse conditions because of support from and concern for one another. So many times that support was in the form of being a good listener. I am proud to have served in Vietnam. That tour was the most difficult and the most rewarding in my nursing career. (Florence Beatty, Danang, February 1968-1969)

Outside the Combat Zone the care-givers continued their work. Once stabilized the most seriously wounded were flown to hospitals in the Far East and at home in the U.S. Our story continues.

I was overseas at Naval Hospital Guam in 1966-1968. My most vivid memories are threefold...caring for the massive numbers of patients...so many facing bleak challenge in their future...the hospital corpsmen, getting them ready for Fleet Medical School and then on to Vietnam, with their high morbidity and mortality rates. And the most traumatic of all the long suppressed dread accompanying the duty of my husband, a Marine stationed at DaNang during the Tet offensive and how I would tell our sons if something happened to their father.

While you think you have dealt with all those dreadful feelings - mine were triggered again and all came roaring back when we deployed a thousand Navy nurses to the Persian Gulf, the largest number since the second World War. And finally after what seemed forever getting all one thousand safely back home. Each subsequent experience of war can become more devastating and there is a cumulative price that one can pay for the rest of their lives. (Mary Fields Hall, Director, Navy Nurse Corps, 1987-1991)

I was a "novice" nurse when sent to US Naval Hospital, Yokosuka, Japan in April 1968. Our patients, mostly Marines and Navy hospital corpsmen, were "fresh from the field." They'd been triaged and initially treated, but were generally a day from the horror. When I think of those two years in Japan, I remember all those young men...

- thousands of them
- rows and rows in perfectly lined-up beds on open wards
- serious, sad, scared...desperate...eyes
- some to recover and return to "Nam", more evac'd to the States, once stabilized - many never to recover
- the open wounds that defy description - how could they survive those wounds?

I remember...

- the 19 year old triple amputee who planned to be a sculptor - before the war - before he lost both arms and a leg I remember...
- the smell of pseudomonas

I remember...

- the pain of dressing changes

I remember...

- the cries in the night

I remember...

- their nightmares...their memories...memories they often couldn't describe - only their tears told

During those 2 years I learned the senselessness of war and understood the loss of innocence of all who

were there - who listened, who cared. (Mariann Stratton, NH Yokosuka, April 1968-70, Director, Navy Nurse Corps, 1991-Present)

When I think of Vietnam, I immediately remember being a young LTJG to care for the POWs upon their return. Privileged to be one who helped fill in the "information gaps" and listening as these men described their lives and existence for the past 57 years. Their tears of joy and sadness; their fears of the past and hopes for the future; their need for comfort and support! (Mary Houser, NH Portsmouth, VA, 1973)

Nine months after graduation—I'm covering eight 36-bed wards on the night shift—each ward has a single hospital corpsman; I'm their only nurse. The patients are nearly all westcoast Marines back from Vietnam—orthopedic injuries and infectious diseases. I've learned you never wake them by touching—always by speaking their name at the foot of the bed. They awake themselves, and each other, often with their dreams. A call from the Emergency Room nurse—med evac flight arriving—32 have orthopedic injuries. I call for a duty corpsman and we open the "swing ward"—the wounded arrive on gurneys, hooked together like railroad cars, pulled by an electric tractor. Each man is checked by the duty physician (they're standing 3 section watches), all dressings are removed, 4-day old wounds are cleaned and redressed, everybody gets a bath and clean pajamas—some go to surgery—most leave the next morning after breakfast—going home, or somewhere else (Rebecca R. (Becky) Henderson, NH Camp Pendleton, CA, Spring 1967)

The long hospital corridors are quiet now after the early afternoon hustle and bustle on admitting wounded Vietnam patient from the Medevac system. The had traveled long distances, were tired physically and emotionally, but were glad to be home. They lined the halls - all with varying types of injuries that would require further surgery and rehabilitation.

As day turned to night - a silence enveloped the wards. The "hand ward" as it was called, consisted of

row upon row of bunk beds that were filled with brave young men who suffered hand injuries of one magnitude or another - the loss of fingers, the loss of a hand, the loss of an arm or any combination thereof. The night sounds were clearly evident - crickets chirping, snoring, silent weeping, a stillness intermittently interspersed with screams from nightmares—too horrible to talk about. Those were special times - as we nurses and corpsmen listened to their fears and concerns - how were they going to put their lives back together - how would their family members accept them -they were different now - emotionally and physically - not a whole person - never to be the same again. We comforted them during nightmares, administered their treatments and medications, let them smoke cigarettes, played cards and tried to understand the torment they were going through since their whole world was turned upside down.

As night turned to day - an inner calm seemed to appear they were less restless now- wanted to sleep. The challenges of the day were yet to be met - more surgery -physical and occupational therapy - social rehabilitation -and direct confrontation for family members with the physical and mental wound of war. We were there - as we had been on the battlefields and on the hospital ships -caring for those who could have been us. (Joan M. Engel, NH Millington, Fall of 1969)

I reported to the Neurosurgery Intensive Care Unit at 1430 for report. It had been a warm summer Bay Area day, July 1968. As an Ensign - a staff nurse at Oak Knoll - I was beginning to feel a little more self confident in assuming an independent practicing role. The day charge nurse was happy to see me and eager to begin report. We had a group of new patients - Marines medevaced from 'Nam via Yokosuka who had arrived early in the morning. As I wrote hurriedly - trying to assimilate all the information, I suddenly went cold. My pen stopped. My colleague stopped report when my tablet hit the floor. She was talking about my cousin, a Marine who I hadn't seen in two years. He now lay in a bed on the open ward with multiple shrapnel wounds of the head (Margaret Butler, NH Oakland, 1967-1969)