The Male Army Nurse Corps Officer Experience in the Vietnam Conflict

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THE MALE ARMY NURSE CORPS OFFICER EXPERIENCE IN THE VIETNAM
CONFLICT

by

James Pelletier

A dissertation submitted to the faculty of the Medical University of South Carolina in partial fulfillment of the requirement for the degree of Ph.D. in the College of Graduate Studies
Department of Nursing
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Abstract

James P. Pelletier

The Male Army Nurse Corps Officer Experience In The Vietnam Conflict: A Qualitative Study

(Charlene Pope, PhD, MPH, BSN, FAAN, Chair of Advisory Committee)

Background: A considerable amount of research has been conducted on the wartime experiences of female nurses who served in the Vietnam conflict and as a result, much is known about their experiences and the impact that their service had on their personal and professional lives. The same, however, is not true for male nurses. Anecdotal evidence suggests that the experiences of male Army Nurse Corps (ANC) Officers may have been substantially different from that of their female colleagues, thus making the impact of the experience on them potentially different.

Overall Objective: This study explores and interprets the lived experiences of a purposive sample (n=17) of male nurses who served in the Vietnam conflict. The specific aims are:
Aim 1: Explore the study participants’ perceptions prior to entry into the Army Nurse Corps.
Aim 2: Identify the accounts of their experiences during their deployment to Vietnam.
Aim 3: Describe the impact that service in Vietnam had on their professional and personal lives after their return to the United States.
Aim 4: Generate hypotheses for future studies utilizing male nurses who served in Vietnam as the study population with potential for comparison with nurses in subsequent conflicts.

Methods: Interpretive phenomenological analysis was used to identify and assess the perceptions and attitudes of a purposive sample of 17 US Army Nurse Corps (ANC) officers who served one tour of duty in Vietnam from 1965 to 1971. Qualitative data were collected through semi-structured four-part interviews with study participants, average age 26.2 years at time of deployment, who were recruited through military Internet sites. Interviews were recorded, transcribed, coded, analyzed, and interpreted to gain insight into the experiences of male ANC officers prior to, during, and following their deployment to Vietnam.

Results: There are clearly identifiable differences in the experiences of males nurses who served in Vietnam when compared to their female colleagues. These include differences in access to basic nursing education, the threat of the draft, and being assigned positions in Vietnam at least partly because they were male. However, participants deny a negative impact, and though a few experienced PTSD, most identified their war experience as a value to professional advancement. As demonstrated in the findings of this study, this group appear to be a well-adjusted successful cohort with little negative long-term impact that they associate with their time in Vietnam, though perhaps a selective sample. Various themes emerged across interviews, notably, resilience following repeated trauma, empathy for others, downplaying the significance of their individual contributions, and pride in their involvement in wartime nursing.

Discussion: This study represents the first identified systematic study utilizing male nurses in the US military who served in the Vietnam Conflict as the study population. Given the impact the
experience of providing nursing care in a combat area has been shown to have on individuals, expanding the knowledge to include this cohort increases our understanding of this phenomena. Findings of this study: 1) represent the lived experiences of a select sample of male ANC nurses who served in the Vietnam Conflict and the consequences of their service; 2) provide information useful in the selection, training, and aftercare of individuals who provide nursing care under combat conditions; 3) provide insight into the long term effects of providing conflict nursing care; and 4) generate hypotheses for further studies. There are clearly some identifiable differences in the experiences of male nurses who served in Vietnam when compared to their female colleagues. These include differences in access to basic nursing education, the threat of the draft, and being assigned positions in Vietnam at least partly because they were male. However, in their interpretation of their experiences, these factors appear to have had limited negative impact on this cohort of male ANC officers. Their self described success in navigating extreme emotional situations that were physically and professionally challenging and largely viewing them as an opportunity for growth illustrates the resilience discernible throughout the interviews. Study participants emerged, largely, as highly functioning individuals. This characteristic is illustrated, in part, by their significant career success. As demonstrated in the findings of this study, participants describe themselves as a well adjusted and successful cohort with some negative impact that they associate with their time in Vietnam. Future studies of this population would likely expand these findings by utilizing more inclusive sampling methodology. Given the complete lack of preparation study participants received when transitioning from Vietnam back to the United States, future studies regarding the long term efficacy of transitioning programs afforded returning nurses in current conflicts would be beneficial.
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The Male Army Nurse Corps Officer Experience in the Vietnam Conflict

Chapter 1

Introduction

Formal United States military involvement in the Republic of Vietnam can be traced to the signing of the Pentalateral Agreement in 1950. However, in November of 1961, President John Kennedy approved a larger commitment of US military personnel to help the South Vietnamese government against increasing guerrilla activities supported by the North Vietnamese government (Neel, 1973).

The initial involvement of Army Nurse Corps (ANC) officers in Vietnam began in 1956 with the assignment of three nurses to Saigon as part of the U.S. Military Assistance Advisory Group (MAAG). Their mission was to educate Vietnamese nurses and establish a military hospital in Saigon (Sarnecky, 1999).

Female Military Nurse Experience in Vietnam

It was not until the mid-1980s that research began to emerge on the role of the military nurse in Vietnam and the impact that role had on the individuals involved, according to two survey studies of female military nurses (Baker, Menard, & Johns, 1989). The research on the nursing experience in Vietnam has up to this point been conducted almost exclusively with women as the study population. With the exception of Paul (1985), who examined stressors and aftereffects experienced by n=137 (10% male) nurse Veterans from the psychosocial milieu peculiar to the Vietnam War, male nurses have not been included in systematic research using either quantitative or qualitative analysis. Thus, little is known of their experiences. Anecdotal accounts indicate that although the male nurse experience shared many commonalities with that of female
colleagues, the male experience had possible stressors that make this population a unique cohort worthy of individual attention.

The impact that service in Vietnam has had on the female nurses who served there has been studied from a number of perspectives. These include the psychosocial impact, physical impact, neuropsychological impact, and the impact on their professional lives (Pelletier, 2013). PTSD has been studied in the female nurse population as well and is discussed in a separate section later in this paper.

For many female nurses who served in Vietnam, it was the most rewarding time of their career (Norman, 1986; Scannell-Desch & Anderson, 1996). Stretch, Vale, and Malone (1985) found that 72% of nurses in their study reported that service in Vietnam had a positive impact on their lives, and 62% would be willing to serve in a similar war in the future. Expanded roles that led to greater self confidence, the development of strong personal and professional relationships, a feeling of accomplishment, and the development of strong positive feelings about their profession were noted as positive outcomes by many (Norman, 1986, 1992). A number of negative outcomes have also been documented however.

Paul (1985) stated that 44% of her study sample (n=137) reported that they have received psychological counseling which may or may not have been related to service in Vietnam. A sub-group of Paul’s study (n=53), nurses suffering from at least 6 or more of 14 identified adverse after-effects, self reported that 50% received counseling for a myriad of emotional issues including depression, anxiety, memory loss, anger, marital discord, and alcohol and drug use. This group also indicated a high incidence of drinking daily (23%), drinking alone (21%), and binge drinking (4%) (Paul, 1985). Images, sounds, and sights from Vietnam are still vivid for many nurses (Dittmar, Stanton, Jezewski, & Dickerson, 1996; Scannell-Desch, 1999). Fifty-two
percent of all respondents in Paul’s (1985) study reported having flashbacks regarding Vietnam that were triggered by the sight and sound of helicopters and various medical situations at work.

A number of current studies have addressed the neural responses to stress expressed by female nurse Veterans. Although the reasons are not clear, there are indications in the research that differences exist in the neurophysiologic reactions to stress in males and females. This may be related to the type and severity of witnessed trauma, but gender differences are also significant (Metzger et al., 2002; Shin et al., 2004).

Ninety percent of female nurses studied by Baker et al. (1989) stated that they never or rarely experienced dissatisfaction with nursing during the two years prior to their deployment to Vietnam. This number fell to 59% for the two years following their tours. Dissatisfaction with nursing following service in Vietnam resulted in a number of female nurses leaving the profession or leaving the bedside for other nursing related endeavors (Norman, 1992).

**Male Military Nurse Experience in Vietnam**

With the exception of Paul (1985), who included a small number of male nurses (n=14) in her research sample, male nurses who served in Vietnam have not been included in research utilizing quantitative or qualitative analysis (Pelletier, 2013).

There is anecdotal evidence that the experiences of male nurses were in some cases very different from those of their female colleagues. A number of themes emerge upon review of the available information on the male nurse experience in war. As explained below, these themes include the impact of the military draft on career and family decisions (Houser-Hess, 2000, LaBell, 2004; Powell, 2004; Scherner, 2004; Storey, 2004), issues regarding difficulty during nursing training (Labell, 2004), facing stereotypes of males in nursing (Labell, 2004), previous military service (Houser-Hess, 2000), family issues (Houser-Hess, 2000; Labell, 2004; Storey,
differing duty assignments (Farrell, 1971; Houser-Hess, 2000; Sarnecky, 1999, Scherner, 2004) and engaging in combat activities (Houser-Hess, 2000). These experiences indicate that many aspects of the male nurse experience may have been unique compared to their female counterparts. Much of this information appears in informal sources: a letter (Farrell, 1971); an unpublished dissertation (Houser-Hess, 2000); archived digital recordings (Labell, 2004; Powell, 2004; Scherner, 2004; Storey, 2004), and archived documents (Department of Defense [DOD], 1966; Department of the Army [DOA], 1967).

**Problem Statement**

Nursing in a combat zone can be one of the most stressful events an individual can experience. It can both positively and negatively impact almost all aspects of an individual’s existence. Although both female and male nurses served in Vietnam, with the exception of one quantitative study that included 14 males (Paul, 1985), predominantly female nurses have been studied utilizing qualitative and quantitative methods, leaving a deficit of information about male ANC Officers who served in Vietnam.

The current study was designed to answer the following questions based on the recollections and perceptions of a purposive sample of US men who were ANC officers during the Vietnam War: What were the lived experiences of male nurses who served as part of the Army Nurse Corps in Vietnam prior to, during, and following their deployment? What impact did those experiences have on their personal and professional lives? What do those experiences suggest for the well-being of nurses who served in combat areas in subsequent conflicts?

Through the use of Interpretive Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009) applied to in-depth interviews, this study explores the lived experiences of a purposive sample of male Army Nurse Corps (ANC) Veterans who served in Vietnam during the Vietnam War.
Conflict (1954-1975). The study addresses a significant gap in the current body of knowledge. It provides a crucial first step in understanding what the experience of combat nursing was like for some of this cohort who have been almost completely omitted from prior research.

Among other things, the qualitative results point to a profound struggle to maintain an authentic identity as nurses and Americans after witnessing and tending to overwhelming and sometimes unexpectedly brutal traumatic injuries, as reflected in selected interview data about the moral struggles in battlefield triage and in the widely mixed reception upon returning home (deep acceptance by family and often hostile rejection by the public). Throughout, there is an underlying theme regarding the explicit or implicit effects of PTSD on the personal health and well-being of ANC members.
Chapter 2

Review

Impact of the Draft

In April 1966, the Department of Defense issued Special Call Number 38 for the drafting of 900 male nurses, 700 for the Army and 200 for the Navy (DOD, 1966). Generally considered a failure due to its small yield, this special draft resulted in 27 Warrant Officers and 124 Commissioned Officers for the Army Nurse Corps (Feller & Moore, 2001). Its impact as well as the impact of the draft in general on the amount of male nurses who served in Vietnam has rarely been addressed in the literature.

The draft system resulted in a number of male nurses volunteering for service rather than being drafted (Houser-Hess, 2000; LaBell, 2004; Powell, 2004; Scherner, 2004; Storey, 2004). It also resulted in the creation of a phenomenon not recorded previously in the all-volunteer ANC, conscientious objectors (Houser-Hess, 2000).

Even prior to the draft aimed specifically at them in 1966, male nurses were faced with a difficult predicament. Upon graduation from their nursing programs, there was a gap of up to several months before they could sit for their registered nurse licensing boards. During this period, since their educational draft deferments had ended, they became eligible to be drafted as enlisted men into regular military service (Houser-Hess; 2000, LaBell, 2004; Powell, 2004; Scherner, 2004; Storey, 2004). Their choice was to either volunteer or possibly get drafted into combat roles. Faced with these options, many chose to come into military service under their own terms and serve in the profession for which they trained (Houser-Hess, 2000). Some entered the Army Student Nurse Program, which paid tuition and a small stipend in a student’s last two
years of training in exchange for entering the ANC following graduation (LaBell, 2004; Scherner, 2004). Others joined following graduation (Powell, 2004; Storey, 2004).

Conscientious Objection

Although anecdotal, the documentation of conscientious objection to service in the ANC is unique to male nurses. Oscar Houser, an ANC officer interviewed by Houser-Hess as part of her dissertation, related an incident in which a male nurse who had to be escorted to his assignment was placed under his supervision. The individual had made it clear that he did not support the military effort (Houser-Hess, 2000). The incident calls into question the extent to which this phenomenon occurred and what impact it had on the experiences of individuals.

Issues Related to Training

Not all nursing programs were open to males in the late fifties and early sixties. Because of this exclusion, some males geographically relocated in order to attend a nursing educational program. For example, Storey (2004) had to relocate from Lubbock, Texas to Dallas in order to find nursing programs that accepted males. Once in training, some male nurses experienced hostility from female nurses who believed that males should not be allowed into nursing programs (LaBell, 2004).

Male nurses also felt the repercussions of the stereotypes held by some regarding the presence of men in a predominantly female profession including the stereotype that male nurses were homosexual, as LaBell (2004) portrays in an anecdotal story from the Texas Tech archive. Also, incidents occurred where male ANC officers were met with open hostility by female members who felt they should not serve as nurses, as recounted by Storey (2004) in an archived recording from the same collection.
Family Issues

Demographically, 23.5% of the sample of male nurses (n=17) interviewed by Houser-Hess (2000) had previous military service as enlisted men ranging from 4 to 10 years. This demographically related experience did not appear in any of the studies of female nurses who served in Vietnam (Pelletier, 2013). Although all members in the Army’s educational programs, male and female, held an enlisted rank while in school, participants were commissioned immediately following successful completion of their training and never served in an enlisted capacity on active duty (Sarnecky, 1999). Previous military experience appears to be unique to the male nurse experience.

For most of the Vietnam War, although pregnancy resulted in immediate dismissal from the ANC for women (Sarnecky, 1999), research does not reveal that family issues during deployment had a major impact on the female nurse experience beyond dismissal from the service (Pelletier, 2013). By contrast, some males were parents at the time of deployment (Storey, 2004), left pregnant wives who gave birth in their absence (LaBell, 2004), or had to return home due to a wife’s miscarriage (Houser-Hess, 2000).

Duty Assignments

Officially, the ANC took a stance against gender specific assignments primarily out of concern that such assignments would limit opportunities for women (Sarnecky, 1999). However, males were identified in official rosters as not only being an ANC officer, but as being male (DOA, 1967; Scherner, 2004). In practice, the mixed gender policy of the ANC was disregarded and males were assigned to areas where their physical safety would be considered at greater risk (Sarneckey, 1999) and to positions that would raise ethical issues possibly not encountered by their female counterparts.
Anecdotally noted by Scherner (2004) in a recorded interview, on rosters containing serial numbers, a male nurse’s serial number was preceded by either an “M” or an “MN” which together with a corps designation of ANC (which all nurses had) would clearly identify an individual as a male nurse. Special Orders 103, issued from Headquarters, Department of the Army, dated 25 May 1967 listed 24 newly commissioned ANC officers, among others. Each of the male nurse’s serial numbers was preceded by a MN designation (DOA, 1967).

Male nurses were utilized in roles where it was considered inappropriate to use women, such as in forward combat medical units and airborne operations (Sarnecky, 1999). Two other areas where it appears males were either exclusively or predominantly assigned were the mental health facilities used to detoxify Americans addicted to heroin and other drugs and prisoner of war medical facilities.

When the Army opened the Drug Detoxification Center, the 6th Convalescent Center at Cam Ranh Bay, it assigned male nurse Thomas Parr as the assistant chief nurse. According to Parr, who was interviewed by Houser-Hess (2000), the facility resembled a prison camp. It was enclosed by a wire fence with concertina wire on the top of it. Guard stations surrounded the compound. During Parr’s tour, the facility treated about 300 patients a day, admitting and discharging 60-70 per day. Patients stayed an average of about five days for drug dependence/addiction treatment, including addiction to heroin. Participation was not voluntary. Military personnel were screened through urinalysis prior to rotating back to the United States. There is no documentation of female nurses working in these facilities. Patients often were violent and male nurses were assigned to these facilities out of safety concerns. In the fall of 1971, a major riot occurred at the center and two barracks were burned (Houser-Hess, 2000).
Many nurses treated enemy combatants and this experience has also been documented as a source of stress (Pelletier, 2013). Under the Army Medical System, wounded enemy combatants were initially treated by U.S. facilities in the area where they were captured. They were then transported through a clearing process to centralized facilities. In 1968, these central facilities were the 74th Field Hospital and the 311th Field Hospital. In 1969, these centralized facilities were the 17th Field Hospital and the 24th Evacuation Hospital. The average length of stay for prisoners of war was four to five months according to the Medical Support of the U.S. Army in Vietnam 1965-1970 Report (Neel, 1973).

In a recorded session from the Texas Tech Archive, Scherner (2004) stated that the 74th Field Hospital had an all male nursing staff in 1968. In a letter Lieutenant Gorodetzer, Major John Farrell stated that the 311th had an all male nurse staff from its arrival in Vietnam. Female members of the unit were reassigned to other hospitals in Vietnam (Farrell, 1971). According to Farrell, the reason officially given was that the assignment was a dangerous one, and males would be better suited to cope with the male prisoners in case of attempted escapes or other violent behavior. Additionally, in August 1969, the 311th was relieved by the 17th Field Hospital and returned to the U.S. The female nurses of the 17th were assigned to other units and only male nurses staffed the facility. Norman (1986) noted that one female nurse interviewed in her study was involved in prisoner of war care, but no specifics of her experience were provided.

An area that has not been examined in the Vietnam era literature is the impact on nurses from long term care of enemy combatants and survivors of torture. This lack of information may be related to the under-examination of the male nurse experience in Vietnam.

As Andrade (1990) explained: “Although Americans often were reluctant to admit it, torture was just a way of war. Captured enemies were routinely mistreated, intelligence value be
damned, and there was nothing the Americans could do about it” (p. 210). Means of torture included beatings, electrical shock, and the forced ingestion of soapy water that caused severe abdominal cramping and long term intestinal problems (Tang, 1986). Nurses were aware that torture was occurring (Van De Vanter, 1983).

In an effort to combat the enemy presence in the southern countryside of Vietnam, the Phoenix Program under U.S. supervision attempted to identify those supporting enemy activity. Meant to be primarily a police action with suspected individuals being tried in the Vietnamese civil court system, poor administration meant civilians were swept into the military system (Andrade, 1990). The program relied heavily on informants, which meant numerous innocents were subjected to brutal interrogations and incarceration. To what extent the military medical system was used to treat these individuals is unclear. However, it is likely that survivors of torture were treated at American facilities. If this was the case, at least during the later years of the conflict, it appears that male nurses treated these patients.

Lastly, some male nurses actively engaged in what would be considered combat operations. This involvement included firefights and taking up armed defensive positions in anticipation of imminent enemy attack. They also stockpiled personal weapons and ammunition and at least one male nurse was awarded the Purple Heart for wounds received during an enemy attack (Houser-Hess, 2000).

Although anecdotal, there is sufficient evidence that the male ANC officer experience in Vietnam may have been significantly different than that of their female colleagues. The current study is the first to apply a systematic qualitative design with associated standards to this population, which to date has been under-examined by researchers.
Significance

This study represents the first identified systematic study utilizing male nurses in the US military who served in the Vietnam Conflict as the study population. Given the impact the experience of providing nursing care in a combat area has been shown to have on individuals, expanding the knowledge to include this cohort increases our understanding of this phenomena. Findings of this study: 1) represent the lived experiences of a select sample of male ANC nurses who served in the Vietnam Conflict and the consequences of their service; 2) provide information useful in the selection, training, and aftercare of individuals who provide nursing care under combat conditions; 3) provide insight into the long term effects of providing conflict nursing care; and 4) generate hypotheses for further studies.

Theoretical Approach

As a qualitative research method, phenomenology is a philosophical approach to the study of lived experience. The founding principle of phenomenology, articulated by Edmund Husserl, is that experience should be examined in the way that it occurs, and in its own terms. Phenomenologists share a particular interest in thinking about what the experience of being human is like, in all its various aspects, but especially in terms of what things are important to the individual and the things that constitute our lived world (Smith, Flowers, & Larkin, 2009).

Understanding of what makes an individual, their essence, is at the center of numerous philosophers work. However, the philosopher Heidegger's themes of Dasein, the experience of the authentic self versus the inauthentic self inform and guide the research approach of IPA (Smith, Flowers, & Larkin, 2009). For Heidegger, Dasein is the essence of being in the world. The individual is not a solitary being who chooses to engage in the world and then disengage,
with his or her essence unchanged. Rather, for Heidegger (1962) the individual remains immersed in the world, affecting it and being affected by it.

Seen in that light, individuals, as a product of their life experiences, are authentic. As reflected in their expressed perceptions, they are aware of who they are, and what they understand to be acceptable and unacceptable behaviors in reaction to circumstances. They interact in the world with others as "they". “They” consist of the individuals, groups, societal constructs and norms, that exist beyond the individual’s solitary being. For Heidegger, the authentic self to varying degrees becomes inauthentic to conform to the norms that “they”, the larger social group, require for inclusion (Heidegger, 1962).

For the purposes of the current study, it is important to note that the authentic self and the inauthentic self may be one and the same. For example, if people wholly accept the norms of the larger social entity they are engaging, there may be no difference between the authentic and the inauthentic self. However, if the authentic and the inauthentic self are at odds, stress results. For example, if one participates in what the authentic self believes to be immoral while engaging the world as their inauthentic self, the authentic self-experiences emotional distress (Heidegger, 1962). For nurses in combat, this distinction may mean that the stress caused by the mismatch of the authentic self and the inauthentic self may lead to negative outcomes as the individual attempts to accept the norms of providing nursing care in a war zone. Permanent damage can occur to the authentic self when it is in significant conflict with what the inauthentic self needs to accept in order to function and survive.

Extrapolating Heidegger's concepts, it is reasonable to assume that it is the mismatch of the authentic and inauthentic self that leads to a disruption of one’s essence, one's Dasein, and results in negative outcomes. For the nurses involved in this study, that reflection will be the focus of
the study. Their ability to accept the activities in which they engaged in terms of their authentic self will likely predict whether they experienced negative outcomes as a result of their service in Vietnam or whether they viewed the experience in a positive light. It is the description of the perspective of each participant’s authentic self, applied to their experiences related to the Vietnam War, which is the goal of the proposed research.

**Specific Aims**

The specific aims of the proposed study are:

**Aim 1:** Explore the study participants’ perceptions prior to entry into the Army Nurse Corps. Specifically, secondary prompts were used to address:

- What led individuals to choose nursing as a career?
- What were the motivations that led individuals to join the ANC?
- What impact did the military draft have on the decision to join the ANC?

**Aim 2:** Identify the accounts of their experiences during their deployment to Vietnam. Specifically, secondary prompts were used to address the following areas:

- What were the circumstances under which individuals were selected to serve in Vietnam?
- What were the professional, social, and material living conditions experienced while stationed in Vietnam?
- How do the male nurses compare their assigned duties to those of their female colleagues?
- How do participants portray this time in their lives?
- What did the Armed Forces do to help them adjust on re-entry to the United States?
Aim 3: Describe the impact that service in Vietnam had on their professional and personal lives after their return to the United States. Specifically, secondary prompts were used to address these areas;

What impact did service in Vietnam have on career decisions?

What was the perceived impact that service in Vietnam had on their personal health, well-being, and relationships with others?

Aim 4: Generate hypothesis for future studies utilizing male nurses who served in Vietnam as the study population with potential for comparison with nurses in subsequent conflicts.
Chapter 3

Methodology

Phenomenological methodology was used to determine the nature of the male ANC Officer experience in Vietnam. Specifically, Interpretive Phenomenological Analysis was utilized to build an understanding of the participant’s perception of their experience, its salient characteristics, and its impact. Data collection was achieved by using semi-structured four part interviews with individual male nurses. Purposive sampling of male nurse Veterans who self-identified with follow up snowball sampling was used to obtain a sample size of n = 17. Open ended questions (see Appendix A) were used to prompt reflection on their lived experiences. Also, the interviews addressed the perceived impact that the experience had on the personal and professional lives of these nurses.

Sample Size Determination

Sample size for an interpretive phenomenological analysis (IPA) can vary. Attention is given to the quality of the interviews to be collected and evaluated, not the quantity. IPA studies generally benefit from a concentrated focus on a relatively small number of quality interviews. Otherwise, a larger study sample, with more extensive data collection and analysis would be exhaustive and time consuming (Smith, Flowers, & Larkin, 2009). The sample size for the current study falls within the range tested by a comprehensive computerized review justifying sample size in qualitative studies (Marshall, Cardon, Poddar, & Fontenot, 2013), which found a range of 15 to 30 expected for saturation in single case studies. The principal investigator recruited individuals from a range of geographical and clinical settings as well as varied dates of deployment. This sampling strategy took into account that Vietnam is a large geographical area where hostilities ebbed and flowed over time and location during the conflict. Sampling was
continued until saturation was reached in qualitative interviews. Though defined in a number of ways, saturation emerged when no new concepts, domains, or sub-categories appeared between group or individual accounts, which can be captured in a saturation grid as described by Brod, Tesler, and Christensen (2009).

Sample Recruitment

Purposive sampling guided the recruitment of study participants. An invitation to participate in the study was posted on the unit pages of known medical facilities listed on the Military.com Website (see Appendix B). Also referred to as judgmental or selective sampling, purposive sampling involves the conscious selection of subjects by the researcher. The subjects selected are considered to be “information rich” regarding the information central to the study and therefore able to provide valuable information and insight (Burns & Grove, 2005).

After initial contacts, the researcher also employed snowball sampling to expand the number of individuals available for the study sample. Sometimes referred to as network sampling, snowball sampling takes advantage of the fact that many individuals associate socially and professionally with those with whom they have shared characteristics and experiences. Once study subjects were identified, they are asked if they are aware of any other individuals who may meet the study inclusion criteria in order to expand the sample size (Burns & Grove, 2005). In the case of this study, one individual re-posted the invitation to participate on the Army Nurse Corps Association website and newsletter.

Inclusion/Exclusion Criteria

The study included volunteers who self-reported that they were male Army Nurse Corps Officers who were deployed to Vietnam for a one year tour. Those who did not serve in country in Vietnam as a permanent assignment for a one year period were excluded. One individual who
completed the majority of his tour but returned to the United States due to illness was included since he completed the majority of his tour.

**Research Questions**

The research addressed three questions:

- What were the lived experiences of male Army Nurse Corps Officers who served in Vietnam prior to, during, and following their deployment?
- What is the perceived impact of the wartime experience on participants' personal and professional lives?
- What do these experiences and perceptions suggest for the well-being of nurses who provided nursing care in combat areas during subsequent conflicts?

**Data Collection**

The unit of analysis for the proposed IPA study was in-depth interviews. Each individual was interviewed utilizing opened ended descriptive questions in a semi-structured interview format (Smith, Flowers, & Larkin, 2009). The interview schedule (see Appendix A) is formulated to illicit salient aspects of their experiences prior to, during, and following their deployment to Vietnam as well as the impact the experience had on their personal and professional lives. Across the interviews, participants described searching for pictures, letters, and journals to prompt their memories and prepare for interviews.

The interviews were conducted via telephone utilizing Skype application software and recorded into MP3 format utilizing MP3 Skype Recorder v.3.1 software. Each interview was then transcribed using Dragon Natural Speaking software by parroting. Parroting consists of listening to the interview via headphones and then speaking each participant’s contributions into
the transcription software (Smith, Flowers, & Larkin, 2009). This process compensates for
Dragon’s limitation of accurately transcribing only one voice.

**Data Analysis Using Interpretive Phenomenological Analysis**

Following transcription, interviews were analyzed using the IPA procedures outlined by
Smith, Flowers, and Larkin (2009). The focus of the analysis was on the participant’s attempts
to make sense of their experiences. To achieve this, the researcher utilized the following six step
process (see Appendix C) : 1) reading and re-reading transcripts; 2) initial noting; 3) developing
emergent themes; 4) identifying connections across emergent themes; 5) repeating the process on
each interview; and 6) identifying patterns across interviews.

Each transcript was read twice while listening to the recording of the interview in order to
capture latent aspects of the content. During the second reading, the first level of analysis
occurred, i.e., initial noting of impressions of the interview. Three categories of comments were
explored; descriptive, linguistic, and conceptual (Smith, Flowers, & Larkin, 2009). During the
noting of conceptual comments the researcher observed trends that may be emerging from the
data.

**Development of emergent themes.**

The three categories of exploratory notes were compiled from the previous step and
clustered into emergent themes. Emergent themes are the synthesis of the participant’s own
words and the researcher’s interpretation of those words as described in the IPA approach
(Smith, Flowers, & Larkin, 2009).

**Searching for connections across emergent themes.**

After the themes were listed chronologically, the researcher established links between
themes. Some of the themes clustered together, and some emerged as superordinate concepts.
Moving to the next case.

Following the completion of the interview analysis, the process was repeated on subsequent interviews until all interviews had been analyzed. As the analysis progresses from interview to interview, the researcher mentally bracketed off the findings of previous cases. This process is consistent with IPAs ideographic underpinnings that any preconceptions by the researcher need to be put aside while analyzing data.

Looking for patterns across cases.

The final step of IPA analysis involves looking for patterns across cases once all analysis of individual interviews is complete. By repeating the processes above across cases as opposed to across themes emerging from a single interview, a clearer picture emerged of the research sample population as a whole.

Protection of Human Subjects

Prior to recruitment, Medical University of South Carolina (MUSC) Institutional Review Board (IRB) approval was obtained via procedures outlined at http://research.musc.edu/ori/irb/home.htm. Utilizing the e-IRB application process, expedited review was requested through MUSC IRB I, since interviews concerning past events were obtained for study and this activity presents minimal risk to the study individuals. Participants first answered a general invitation to participate in the study that was posted on Internet sites of known medical units that participated in the Vietnam Conflict. In the invitation, the investigator identified himself as a graduate student at the Medical University of South Carolina, a retired Navy Nurse Corps Officer, and an Operation Enduring Freedom (OEF) Veteran, which may have assisted recruitment. Once they contacted the investigator via email, participants were sent an information form (see Appendix D) that outlined the study and provided instructions stating
that if subjects agree to participate they should contact the primary investigator to arrange a time to conduct the phone interview. Informed consents (see Appendix E) were completed by all individuals who took part in the study. Signed informed consents can be reviewed at http://jonathan.con.musc.edu/research/ by Committee Members granted access.

All interviews were identified with a unique numeric code and the participant’s names will remain known only to the principal investigator. Digital recordings of interviews and a list of study participants were stored on a password-protected, firewalled server maintained by the Medical University of South Carolina (MUSC) College of Nursing for research purposes in Charleston, South Carolina. This folder is available at http://jonathan.con.musc.edu/research/ to those with granted access for study purposes only. The transcripts and researcher notes were stored in a study binder maintained in a locked file cabinet at the home office of the primary investigator.

Given that triggering memories of traumatic events may lead to the need for intervention, each participant was given the phone number to the Department of Veterans Affairs (DVA) Crisis Hotline (1-800-273-8255). In the event that a study participant made statements that called into question his current emotional state and safety, the investigator was prepared to phone the crisis hotline and conduct a warm turnover. This action was unnecessary, however; this telephone line was verified as functional by the researcher prior to each interview. The primary researcher and interviewer is an Emergency Nurse with extensive triage experience.

Validity

The establishment of validity in qualitative phenomenological research typically presents challenges and opportunities for researchers. Applying the processes delineated by Whittemore and colleagues, primary standards of credibility and authenticity were established in the current
study and supported by secondary standards of explicitness, thoroughness, and congruence to establish validity in the findings (Whittemore, Chase, and Mandle, 2001).

Credibility is an overriding goal in qualitative research. It reflects the relativist nature of facts in the interpretivist tradition (Lincoln & Guba, 1985). Assuring credibility refers to the conscious effort to establish confidence in the interpretation of the data (Whittemore, Chase, and Mandle, 2001). Credibility was established in this study by documenting the researchers initial noting (descriptive comments, linguistic comments, and conceptual comments); emergent themes; and identified connections across emergent themes. This documentation is available for review at http://jonathan.con.musc.edu/research/ for those granted access to the study.

Storing archives of the annotated researcher’s transcripts, free of personal identifiers, in a binder for external review as well as archiving the digital sound files of the interviews meets this requirement and establishes explicitness (a secondary standard for validity) by providing for auditability. As defined by Lincoln and Guba, auditability refers to the ability to follow the interpretive effort of the investigator (1985). By providing a mapping of the deconstruction and reconstruction of the interview transcripts, readers have access to the thought processes that led to the investigator’s conclusions.

Authenticity involves the portrayal of research that reflects the meanings and experiences that are lived and perceived by those who lived the experiences. It reflects an attempt to remain true to the phenomenon under study (Whittemore, Chase, and Mandle, 2001). This step will be achieved through congruence and thoroughness; both secondary standards for validity.

Congruence in this study is evident between the research question, the method, and the findings (Whittemore, Chase, and Mandle, 2001). Congruence in this study has been established through clear communication of the articulated aims of the research, the philosophical
underpinnings of the study, the study design, the selection of study subjects, the data collection methods, the use of IPA to deconstruct, reconstruct, and identify themes from the interviews collected during this process, and the dissemination of findings.

Thoroughness in qualitative research refers to sampling and data adequacy as well as establishing a comprehensive approach to analysis (Whittemore, Chase, and Mandle, 2001). Thoroughness in this study was achieved by using sampling methods that are consistent with IPA as well as by adherence to established IPA guidelines for data analysis. Those steps, in tandem with the steps taken to establish congruence, established the authenticity of the research and the validity of the findings.
Chapter 4

Findings

This study represents the first identified systematic assessment of the perceived wartime experiences of male nurses in the US military who served in the Vietnam Conflict. Given the impact the experience of providing nursing care in a combat area has been shown to have on individuals, expanding the knowledge to include this cohort increases our understanding of this phenomena. Findings of this study: 1) represent the perceived lived experiences of a selected sample of male ANC nurses who served in the Vietnam Conflict and the consequences of their service; 2) provide information useful in the selection, training, and aftercare of individuals who provide nursing care under combat conditions; 3) provide insight into some of the long term effects of providing conflict nursing care; and 4) generate hypotheses for further studies.

During the discussion of their Vietnam experiences, a number of superordinate themes became evident across participants responses. Presented here in the progression they arose from the interviews, they offer significant insight into the salient features of this cohorts experience. Comprehensive examples of themes are provided in the Comprehensive Findings Table (see Appendix F) as well as a chronological listing of findings (see Appendix G).

Childhood

Study participants were born between the years 1932-1947. This era is significant since they were born and experienced considerable formative experiences during the periods of WW II (1939-1945) and the Korean War (1950-1953). Coupled with the finding that 76% reported that they were raised in small towns within primarily traditional nuclear families, it is likely that a sense of family and duty to others was instilled in their authentic self. These two characteristics,
present throughout the study findings, first appear in participants' decisions to enter the nursing profession.

**Entrance to the Nursing Profession**

Forty percent related that being exposed to nursing early in their lives played a part in their decision to enter nursing as a profession. These exposures included working in medical facilities as well as personal experiences as a patient.

When I was in high school I was an orderly at the local hospital and that's when I became interested in nursing. (Interview #1., 2014, lines 22-24).

And um as I became older uh the nurses uh would let me do things to help out on the wards, and I thought that was a really big deal, and that's uh being around the hospital, I decided I wanted to be a nurse. (Interview #12., 2014, lines 53-58).

Being exposed to people in need in the hospital setting and wanting to care for them would be consistent with the characteristic of duty to others which is evident throughout the responses.

An additional 29% stated that the mentoring they received from medical professionals played a role in their career choice. Mentors included family members and friends that were in the medical field as well as medical professionals who they encountered while working in medical facilities.

I had been invited down by one of the two doctors that were on the staff to watch an operation. And about part way through it, he says, get him scrubbed in. (Interview #4., 2014, lines 44-47).

Uh, my mother was a practical nurse in a state mental hospital. (Interview #7., 2014, lines 44-45).

The influence of family and mentors would likely be significant among this group when viewed as a whole. This influence is evident in the finding of family support for the decision to pursue nursing as a career despite its representation as a female dominated profession. Seventy-
six percent of the study sample interviewed expressed that they received positive family support for their career decision to enter nursing.

Oh, my family was very...they were very pleased. There were no uh...men in nursing at the time were uh...very few but where I grew up in a small...it was a rural community nobody thought anything the worse of it. Uh...um everyone was very pleased so off I went to Philadelphia to nursing school. (Interview #7., 2014, lines 42-48).

Oh, everybody was supportive. They thought it was a little odd, because those were the days when he didn't say you were a nurse. You had to say you were a male nurse. I always thought that was self-evident, but uh...the maleness was always emphasized as a special characteristic. So I guess it was thought of as a little odd here and there, but uh I never got much grief um from family or friends. (Interview #5., 2014, lines 89-97).

Anecdotally, lack of family support was also expressed.

Well, the money was withdrawn and um um, I..I don't think I actually had much correspondence with them for probably about a year and a half. My dad had me programmed to be a Certified Public Accountant, and he was just devastated by it. My mother, I don't think, she never expressed any opinion or anything. And uh my dad didn't understand. (Interview #17., 2014, lines 79-88).

The lack of availability of basic nursing programs was a superordinate theme across the interviews. Fifty-nine percent of the interviewees responded that they had attended one of the limited number of programs that accepted males at the time or attended all male nursing programs.

I uh back in those days, of course I graduated in 1966 and uh in those days there weren't many schools of nursing that would take male students. Uh...I think there were only two in the state of Iowa uh...one was at the University of Iowa, that was a bachelors program, and the other was Finley Hospital in Dubuque, and Dubuque [redacted]and um I elected to take that program. (Interview #12., 2014, lines 86-95).

Although discriminatory on its face, many nursing schools of the period were residential and did not have the dormitory arrangement to accommodate male students. Notably, only one respondent spoke to the discriminatory practice of excluding males from some programs; no other nurse in the group addressed it. While not explicit in the data, it is plausible that this omission was due to an acceptance that male nurses at that time were trespassing into
an area traditionally dominated by females.

And we were restricted on what schools we could go to. We could not go to long term schooling where the females could and that was when I got close to getting a bachelor's degree, they yanked me and put me off the night shift so I couldn't complete it. They were very discriminatory. (Interview #18., 2014, lines 59-65).

Entrance into the Army Nurse Corps

All female ANC officers who served in Vietnam did so as volunteers. This act was accomplished through direct commissioning, and through two scholarship programs: The Army Student Nurse Program (ASNP), and Walter Reed Army Institute of Nursing (WRAIN).

The ASNP recruited students in their last one or two years of their nursing program. It paid for educational expenses as well as a stipend equal to the salary of an enlisted soldier. Following graduation, participants served either two or three years in the Army Nurse Corps (Sarnecky, 1999). It was not open to males until 1963 (DOD, 1963).

The Walter Reed Army Institute of Nursing (WRAIN) was a four year baccalaureate program establish as a joint venture between the ANC and the University of Maryland. It began operation in the fall of 1965. Following graduation, participants were commissioned as second lieutenants and, after June 1970, as first lieutenants in the ANC. Female participants in the program who withdrew prior to graduation were released without any further obligation to the military. However, at least “a few” males who left the program were retained in the Army and placed in the enlisted ranks (Sarnecky, 1999).

The ASNP was popular among the cohort that participated in the study. Forty-four percent of those interviewed related that it was the financial enticement of this military program that led to their initially volunteering for military service.

uh, money. They offered to pay for your final two years of uh nursing school if you gave them three years of uh active duty in exchange. So for me it was just a no-brainer,
because…uh… it was a lot of money. I don't know what it amounted to, but a few thousand. (Interview #5., 2014, lines 109-114).

Eighty percent of the participants interviewed for this study related that the military draft, both the existence of the general military draft and the special draft of male nurses played a significant role in the decision to enter the Army.

Uh…Vietnam and uh I think um it was kind of inevitable. You get a number and uh you go in, and I guess some of us thought, I never looked into it much, but you didn't want to go in, in the infantry. You'd rather go in as a professional, as an officer, and be, uh, a little safer. So I thought I was kind of covering both bases, getting some money and then getting in the Army on my terms, rather than theirs. (Interview #5., 2014, lines 119-127).

A feeling of the inevitability of military service during the Vietnam Conflict is clear throughout the interviews. What is absent may be more telling in some regards; no reference occurred to the fact that male nurses were drafted and female nurses were not. This omission speaks to the authentic self attributes of sense of duty and selflessness. Many participants expressed that service in Vietnam was seen as a duty.

Although not expressed directly, this sense of duty coming to the forefront is likely due to the fact that they were young men at a time when many of the young men around them were being drafted into combat roles. Entering the military and garnering a position of comparative physical safety and comfort when others could not likely caused a conflict between the authentic self and inauthentic self for many. This tension can be seen dispersed throughout the interviews and was concisely expressed by one study participant.

One of the things that also had…had an impact on me was that uh…uh when I was in Vietnam my cousin who was the same age as I was, he was more like a brother, was there, he was killed there in Vietnam. He was in the 9th Infantry Division uh…uh and he was killed just before I was getting ready to go to Vietnam and uh so that…that always when I think about Vietnam I think about my experiences but I also think about my cousin who was exactly the same age I was uh…uh if I hadn't gone to nursing school I probably would have been in the same situation he was. I would have been drafted and probably would have been drafted as an infantryman. I don't know for sure but uh… you never know what happens. (Interview #4., 2014, lines 420-535).
Deployment to Vietnam

During the middle years of the Vietnam Conflict, the Army had more volunteers for Vietnam than it needed to fill the need for nurses in country (Sarnecky, 1999). Twenty-nine percent of the male nurses in the study divulged that they volunteered for service in Vietnam.

But I was there for eight months and uh while I was there, uh I did a lot of thinking. I talked with a lot of people who had been in Vietnam uh or who were going. The troop buildups were massive and I volunteered for it. So, I put in a request for a change of assignment, uh which is pretty much a guarantee that you're going to get orders there. [laughs]. So, I think within three months I had orders to go. You know I was single. I was young. Uh I was curious. Uh I thought, well, at no other time in my life will I have this kind of opportunity and if I can go in the place of somebody who had a family or who didn't want to go, all the better. So, uh I was sort of in my Hemingway stage at that point and said, yeah, I'd kind of like to do this and the Army made that happen for me. (Interview #13., 2014, lines 224-242).

Forty-one percent of those interviewed were assigned to Vietnam within a year of becoming a nurse and within a short period of time after reporting to their first permanent military assignment. In comparison Baker and colleagues reported that the 85% of the female nurses in their study reported being on active duty less than two years prior to assignment to Vietnam (Baker, Menard, & Johns, 1989).

There um…you know I was kind of a novice nurse at the time, so it really uh I was doing something I really wasn't trained to do, but you learn so quickly. I think the Army really does a good job of teaching nursing and medicine, because they give you responsibility. If someone expects something of you…um… 9 times out of 10, you'll live up to their expectation if…you know, if you're capable. (Interview #5., 2014, lines 429-438).

In contrast, 18% of the males nurses interviewed for this study had both significant Army and nursing experience prior to being assigned to Vietnam.

Well, I was, ah, I was in the Army quite a few years by then and, and I had been teaching in San Antonio, and, ah, after teaching in the Medical Field Service School I went one full year for degree completion, nursing at [redacted] and at the end of that I was slated to go to Vietnam. (Interview #8., 2014, lines 84-89).
This difference may be representative of the differing skill sets and levels of experience needed to operate a complex medical system.

Of interest is that within this cohort, no one related that they tried to avoid service in Vietnam once they were in the military. Once immersed in the military environment, their professional success indicates that they assumed an inauthentic self consistent with their surroundings. The degree to which participants' authentic self and inauthentic self diverged regarding service in Vietnam (if at all) is not evident in the statements of the study. They all, at least outwardly, were accepting of going to Vietnam.

**Physical Work Environment in Vietnam**

Army nurses generally practiced at three types of medical facilities in Vietnam. Of these, the smallest type of unit was the surgical hospital. Averaging sixty beds, these hospitals provided resuscitative surgery and treatment for the ill and wounded. Once doctors considered the patient stabilized, they were transferred to other facilities for more definitive care. Evacuation hospitals treated patients transported from surgical hospitals and from surrounding areas. Field hospitals and convalescent centers resembled medical centers in the United States. Patients received more specialized treatment at these facilities (Norman, 1990). Working conditions varied depending on the type of facility to which a nurse was assigned.

The outstanding level of medical care that was provided in Vietnam was the result of a number of factors. These included the rapid evacuation of casualties, the availability of whole blood, strategic placement of medical facilities, advanced surgical procedures, and improved medical management (Neel, 1973).

As in Korea and in the Asiatic and Pacific theatres in World War II, the cumulative effect of disease, rather than combat wounds, was the greatest drain on the strength of the American
combat and support effort. Disease admissions accounted for just over 2 of every 3 (69 percent) hospital admissions in Vietnam in the period 1965-1969; battle wounds and injuries in contrast were responsible for approximately 1 in 6 admissions during the same period (Neel, 1973).

When compared to other armed conflicts engaged in by the United States, the percentage of Vietnam soldiers who experienced amputation or crippling wounds to the lower extremities was three hundred times higher than in the Second World War, and 70% higher than the same types of wounds experienced in Korea. Loss of more than one limb or multiple amputations occurred at a rate of 18.4% compared to 5.7% in World War II (Congressional Record, 1982). Between January 1965 and December 1970, 133,447 wounded were admitted to medical treatment facilities in Vietnam, with 97,659 of those individuals admitted to hospitals (Neel, 1973).

The hospital mortality rate for this period was 2.6 compared to 4.5% in World War II and 2.5% in Korea. The slight increase in mortality rate over that in the Korean War is attributed to the fact that due to rapid air evacuation with the use of helicopters, many wounded who would have died in the field during previous conflicts were able to make it to a treatment facility (Neel, 1973).

Deaths to military personnel reached 57,704 during the war with the total number of casualties from hostilities equaling 47,258 and 10,446 deaths from non-hostile events. Of 303,704 men who suffered wounds, 153,329 required hospitalization. Men with 100% disability numbered 23,214 when the war ended (Congressional Record, 1982).

Fifty-three percent of those interviewed worked in conditions and facilities that differed depending on the location in country. Opinions of the medical facilities among study participants ranged from adequate to excellent, with many citing that the working conditions improved over time.
A significant superordinate theme that arose regarding the professional environment in Vietnam was the expanded professional role that nurses played. Thirty percent of those interviewed discussed their expanded nursing role when discussing their professional experience while deployed. In agreement, Norman found in her research of female military nurses who served in Vietnam that expanded roles that led to greater self confidence, the development of strong personal and professional relationships, a feeling of accomplishment, and the development of strong positive feelings about their profession that were noted as positive outcomes by many (Norman, 1986, 1992).

Success, and failure, within the expanded male nursing role in Vietnam is dispersed among the interviews. Success was more expressly related, with failure being expressed in terms of the lack of resources, futility of treatment, severity of injuries, etc.

Well I remember doing this...when somebody gets fragment wounds, it's obviously dirty. So they would put in retention sutures, abdominal. And...and they didn't close the wound because they knew it was infected, and they just let it open so that we could get at it and so that infection wouldn't be encapsulated down in the fascia. And I can remember mixing up penicillin into a paste and then I could look in the wound and see the patient's bowel moving back and forth with respiration, and I would be squirting this viscous penicillin into the wound edges and into the uh abdominal cavity. And if I were to do that over here and there were a bad outcome...whether it was related to that or not, it would be a lawsuit in a second. (Interview #5., 2014, lines 993-1008).

For study respondents, the expanded role during wartime nursing led many to seek further education and responsibilities on returning to the United States. Many stated that once they were exposed to a more open practice, they were unwilling to accept the constraints imposed on nurses in the United States at the time.

And that might be why some people...would be nostalgic for Vietnam. They remember their wide-open practice over there, and then they try to re-achieve it over here, and that's kind of hard or impossible. (Interview #5., 2014, lines 907-911).

Thirteen percent interviewed, however, relayed that their professional work environment in
Vietnam was significantly different from the norm. This difference was due largely to the assignments. Exceptions included working with the Vietnamese Army and working with Vietnamese prisoners of war.

I, I traveled a lot because in the Delta Region I was responsible for, as an adviser to 16 different provinces. And I had a nurse counterpart in the Vietnamese Army and he and I traveled to those provinces probably at least 3 times a week, to a different province, you know, trying to get them all in. (Interview #8., 2014, lines 135-140).

Out where I went, there was a POW convalescent hospital. So…but there weren't any nurses out there. There were some medics. So I went out. I was in charge of the medics at that POW convalescent hospital and did some other medical things out there. (Interview #16, Lines 196-201).

Disparities between the authentic and inauthentic self in the work environment are dispersed throughout the interviews. However, the interview with the ANC Officer who cared for North Vietnamese prisoners of war gives an excellent insight of how the authentic self, in this case exhibited by his humanity, trumps his inauthentic self which accepts that the people he is caring for are in fact the enemy.

You know…most of these guys were folks who…it depended on who got to their village first, which army they were fighting for. You know they were pretty much uneducated, although there were some North Vietnamese folks probably were officers, but they were interesting to talk to, because they loved to compare their war with the American Civil War. (Interview #16, Lines 230-237).

At peace with his authentic reality, he sees no conflict in keeping some prisoners from the South Vietnamese system.

There were interrogations going on. There were some folks from intelligence would show up. And uh they just talked to them. It was pretty low key. And maybe some of them would stay around for a couple months. Some of them were kind of like trustees and we didn't ship them to the South Vietnamese. Um they helped keep things orderly and clean and everything. I think life got a lot tougher for them once they entered the South Vietnamese prison system. (Interview #16, Lines 230-237).
**Personal Living Conditions While in Vietnam**

As was the case with working conditions, living conditions varied by geographical location and time of deployment. Examples included living in converted villas, tents with semi rigid walls, and half circular metal buildings (often referred to as Quonset Huts or Hooches).

The overarching theme reflected in the interviews when discussing living conditions in Vietnam is empathy. Participants reflected that regardless of their living conditions, others had it much worse.

Uh…living conditions were, obviously the people in the field were much worse off than…than we were, but it wasn't the cleanest of places to be and we did have water though it wasn't warm it was just…um…um it was a little bit austere, not anywhere near…I never said a word because the people in the field were much worse off um…than…than I was. (Interview #14., 2014, lines 183-190).

In addition to the physical living conditions, physical safety concerns emerged as a significant superordinate theme. The most frequent dangers to land-based nurses in Vietnam were enemy rockets, mortars, and artillery (Norman, 1986). Eighty-two percent of those interviewed related that personal safety was at least a consideration throughout their service in Vietnam. In comparison, Baker et al., have documented that twenty seven percent of the female nurses in their study frequently and fifty percent occasionally feared for their personal safety (1989). The concern for personal safety among female nurses who served in Vietnam has been echoed by other researchers as well (Paul, 1985; Scannell-Desch, 1996, 2000).

Personal safety offers another opportunity to demonstrate the possible conflict between the inauthentic self and the authentic self. The inauthentic self would rationalize that they were in some of the safest places that existed in a war zone, while the authentic self would realize there are no safe places in war zones. The interviewees routinely downplayed the threat to their safety at times contradicting themselves later, or sometimes in the same statement.
But we never felt threatened on the compound with any enemy activity or except for the rockets that we took on rare occasions. (Interview #1., 2014, lines 274-277).

I don't think there was any safe places… (Interview #1., 2014, lines 379-380).

And when I was out in the boonies, our unit got attacked pretty regular. Uh there’d be sniper fire into the compound. Some nights there'd be attacks. There'd be bodies on the concertina wire in the morning. Um…but again, it wasn't that terrible. (Interview #16., 2014, lines 178-182).

Significant Events

When participants were asked “is there a significant event that sticks out in your memory?” various themes emerged across interviews, including mass casualty events, specific patients, and the camaraderie that was experienced while in country.

Studies conducted on female nurses who served in Vietnam reported the large number of casualties that could arrive in a short period of time, referred to as mass casualties, could be overwhelming for nursing staff (Biederman, Williams, & Hayes, 2001; Biederman & Harvey 2001; Le Vasseur, 2003; Norman 1986; Paul, 1985; Paul & O’Neil, 1986; Scannell-Desch, 1996, 2000). In agreement, sixty-five percent of those interviewed in this study related that the treatment of patients in a mass casualty situations was a significant memory of their time in Vietnam. Feelings of being overwhelmed were often expressed. It was also seen by many as a learning experience that could not have been replicated in a civilian setting.

The opportunity to excel in an expanded role, as well as experience failure due to limited capacity, were common themes throughout the interviews when discussing mass casualties.

So, the level of trauma and the volume. So, here are all of these GIs brought in on litters and in addition to GIs um Vietnamese, never being sure with certainty if they were enemy or ARVN, the Army of the Republic of Vietnam. Um…and then facing that volume and having to go through a triage, which, again, in the US, I had never really participated in it was really more of a classroom exercise. I was sort of going around with the chief surgeon for that day and setting the priorities about who was next on the list to come back into the OR, who was so severely injured that we wouldn't really be able to do anything um and so we're not going to use resources to care for them at the moment. If
after we've cared for all of those that we felt we could make a difference, then, of course, we would do something if they were still alive. Um so, going around and making those kinds of decisions is still fresh in my mind. I had never had an experience like that. Until you really go through it, at least I don't know that I would be able to sort of envision what that all entailed. So, it was making really tough decisions...um...and...um...then in addition to that, uh another thing that sticks in my mind is part of the prioritization was that we always took care of uh Americans first and then uh Vietnamese Army and any other allies, like the Korean Army and Australian Army and so on. But Americans always came first, then uh our allies, then uh uh enemy. So, any that were identified as either Viet Cong or NVA, North Vietnamese Army. We'd care for them but only after we had exhausted caring for all of the others. (Interview #13., 2014, lines 457-492).

Caring for the less injured first based on nationality, betraying their empathy for others clearly demonstrated to be part of their authentic selves, was a source of stress for some. In congruence, the morality of the triage system has been well documented as difficult for many nurses to accept (Bond, 2004; Biederman & Harvey, 2001; Paul & O’Neil, 1986; Scannell-Desch, 1996).

Uh...but those were really difficult decisions because, of course, having trained as a clinician, uh regardless of where you worked, you'd be oriented uh more toward the life-threatening injury regardless of who that happens to be a part of. But this was part of the military triaging. And uh...it would go on like that for days. (Interview #13., 2014, lines 507-514). (Interview #13., 2014, lines 457-492).

It is important to note that this type of triage was not in place at all facilities.

No, no. It really did not at our place at all; it was the most seriously wounded first to the OR. And they could be POWs or they could be North Vietnamese regulars, if they needed the OR first, they got sent to the OR first. And they really, they really stuck to that philosophy, they really did. (Interview #6., 2014, lines 284-290).

Sixty-three percent of those interviewed related that specific patients remain a memory from their time in Vietnam. The memories were often associated with the severity of injuries and the feeling of futility that came from being unable to save some patients.

In agreement, female nurses who served in Vietnam reported caring for soldiers, often younger than themselves, who had suffered wounds more severe than they had previously encountered was stressful. (Biederman et al., 2001; Biederman & Harvey 2001; Le Vasseur,
Nurses struggled with the morality of saving severely wounded soldiers, concerned for their quality of life should they ultimately survive (Biederman & Harvey, 2001; Paul & O’Neil, 1986; Scannell-Desch, 1996, 2000).

The fact that care of trauma patients, either during mass casualties or specific trauma patients, represents a specific event that stayed with respondents is significant. The majority of patients treated in Vietnam suffered from illness, not trauma. This reality mirrors the patient care situation these nurses came from in the United States. The trauma, in both severity and frequency, was likely significant because it demonstrated man's inhumanity to man, which came into direct conflict with their authentic self; their own humanity for others. This view is supported by the camaraderie that was also related as a specific memory; a collective self identity in the face of a harsh reality.

…when you look back on it…if you were to look for an operational definition of camaraderie then that would be it. Everybody was there and we were all…we were all in the same boat uh and we all faced the same challenges. (Interview #15., 2014, lines 223-227).

**Duty Assignments Among Male and Female Nurses**

When asked “what type of duties were assigned to you and your male nursing colleagues when compared to those assigned to your female nursing colleagues?” two themes emerged across the interviews. The first was that there was no difference in the assignments given male and female nurses. The second was that there were positions in Vietnam that were assigned to male nurses only.

Seventy-six percent of those interviewed stated that there was no difference in the assignments given male and female nurses in Vietnam. When stationed at facilities that had both male and female nurses, no differences were noted. However, 47% of those interviewed stated
that females were not placed in certain roles. These roles included psychiatric nursing, acting as liaison with Vietnamese medical facilities, missions that were considered too dangerous for females but still required nursing support, and caring for prisoners of war. Of interest is that 75% of those interviewees who received an assignment based at least partially on their being male had stated there was no difference in the assignments given male and female ANC Officers.

People on the ward you know nurses and people on the ward and were a mix of male and female nurses and there was no singling any sex out. (Interview #4., 2014, lines 382-385).

Yes. Uh…not really, no…we both had uh…we both had the…were treated equal. There was no…uh…uh…bias towards the males, and there was no bias towards the females. (Interview #4., 2014, lines 377-380).

… you have orders along with about eight, 10 other males, not necessarily from Nha Trang, but around the country…uh… for a secret mission. And…uh…so…but they couldn't obviously tell us what it was at that time. And we…I finally figured it out and other people did too, but it could be wrong, that it was probably going to be an you know an engagement and they needed you know a medical facility nearby... (Interview #4., 2014, lines 305-314).

**Transition Back to the United States**

When asked what preparation they received from the military prior to transitioning back to the United States, all of those interviewed responded that there was no preparation afforded them. Individuals routinely transitioned back to the United States and returned to family in one to two days. Follow on assignments were arranged prior to transfer out of Vietnam and again, nurses transitioned to their new duty assignments without the benefit of any professional assistance with the transition.

In the '60s, I think it was more, so, you're back. Get over it. Don't talk about it. (Interview #13., 2014, lines 1067-1069).

Many related that their experience in dealing with the general population upon returning to the United States was not a positive experience. Some related that being identified as military
upon returning from Vietnam was not a positive. To this end, many changed into civilian clothing immediately upon arriving in the United States.

Not very much. Just said, you know, you're probably going to come back to an environment that is a little hostile, so it would probably be a good idea if you didn't wear your uniform when you don't have to, when you're not on post or something of that nature, because there's feeling out there. (Interview #1., 2014, lines 452-458).

In marked contrast, support from family upon returning from Vietnam was noted as a positive by 63% percent of those interviewed. The contrast between greetings, public versus family, is another illustration of the difference between the authentic self and the inauthentic self.

The public reaction to the study participants was not a response to them; the public did not know them. It was a response to their perception of Heidegger's "they". It was a response to the collective inauthentic persona that the public conjured based on what they believe occurred in Vietnam. The response of their family in contrast, was a response to the authentic self that they recognized and in many cases contributed to forming since childhood.

**Impact of Service in Vietnam**

Participants were asked "how do you feel the experience has affected you?" A secondary prompt that was used to illicit their perceptions regarding the impact of their time in Vietnam was "what were the lingering positive or negative affects?" Themes that arose during this part of the interview included: 1) impact on professional life; 2) impact on health and well being; and 3) impact on personal relationships.

**Impact on professional life.**

Two themes arose during interviews regarding the perceived impact that service in Vietnam had on the professional lives of study participants. These included 1) defining continuing education as a priority and 2) experiencing significant professional success after leaving Vietnam.
Thirty-eight percent of those interviewed related that they pursued higher education soon after returning from Vietnam. A general theme was that many felt that they needed additional education following their experience in Vietnam. Many, the graduates of diploma programs, returned for degree completion while others pursued a masters level degree.

I had decided that upon leaving Vietnam, I only obligated two years so when I came back I only had about six months left, 5 months left I wanted to get out but I decided that I wanted um…to apply to the Army anesthesia program and so then I knew that I was going to go to Walter Reed and probably stay there until I got accepted to uh the Army anesthesia program so initially I was only going to stay two years. (Interview #14., 2014, lines 339-347).

Eighty-eight percent of those interviewed experienced significant career success after their tours in Vietnam. A theme that was seen throughout the interviews was the perception of the positive impact that their tour in Vietnam had on their career. Many felt that their tour in Vietnam offered them professional development that would have taken years to achieve in the civilian sector, if at all.

I think that it helped me professionally, not only as a nurse, but as an officer in the Army Nurse Corps. (Interview #1., 2014, lines 630-632).

Yeah. Better. I was sharper. I had seen things that these guys would never see in their life. Of course, the first place, uh where I went to school, to nursing school, City Hospital in St. Louis uh, they actually had one district, police district, that was assigned to the emergency room at City Hospital in St. Louis. It was like a big knife and gun club, you know. You had shootings all the time, uh even sniper shootings, uh you know and, and I had seen things that nobody will ever see uh. The kids that are coming out of school now, they'll never know what typhoid fever looks like or you know uh, some of the diseases that they'll never know what uh smallpox looks like. I've seen these things uh. They'll never know those things, and I always felt like I was an advantage for me. (Interview #3., 2014, lines 1062-1078).

I really did and uh I think I grew up as a stronger operating nurse by being there. And was ready to you know uh from there, was ready to uh after I left Fort Eustace, I got out of the service. (Interview #4., 2014, lines 447-451).

As the examples above show, many of the study participants felt they grew professionally due to their experience in Vietnam. This expansion of their authentic self, the reinforcing of
their self confidence and self reliance, contributable to their expanded roles while in Vietnam, was also the source of frustration for some on return. Just as the disconnect between the authentic self and the inauthentic self resulted in the opportunity for growth while in Vietnam, it made it more difficult to return to the inauthentic reality that existed in the United States.

You get back on this side and you can't even give an Aspirin or Tylenol, or whatever giving without calling and getting an order. It was just very hard and I could just pick those nurses out because there were two right away, my first night on call when I got called down there. I said, oh my god, you must be a Vietnam nurse because I can just tell you're not very tolerant of what's going on here and the chaos. (Interview #17., 2014, lines 556-564).

**Impact on personal health.**

Themes arose during the interviews regarding participants perceptions of the impact that their tour in Vietnam had on their personal health. The primary superordinate theme that emerged from the interviews was the occurrence of symptoms consistent with Post Traumatic Stress Disorder (PTSD).

Thirty-eight percent of those interviewed stated that their tour in Vietnam resulted in the development of symptoms consistent with PTSD. Symptoms include nightmares and invasive memories triggered by sights and sounds.

It is possible that the authentic self can be so unable to accept the norms of the inauthentic self that it simply refuses to make the emotional investment needed to do so. The authentic self can in some situations, be unable to rationalize the actions required to function in a war time environment, leaving them to re-immere later. This complete rejection of Heidegger's "them" by one's authentic self would theoretically explain why some experience PTSD symptoms while others with like experiences do not.

We were in a regular double bed, and uh sometime during the night I woke up on the floor, and uh I had a hold of my wife and had her half drug off on the floor, onto the floor, trying to get her on . . . and I kept calling her Ira, Ira was my roommate. He was a
surgeon, and he would sleep through any mortar attack that ever came in. I always ended up having to drag him out of bed and get him on the floor. (Interview #3., 2014, lines 519-527).

But, these nightmares I had for a couple of years, it was interesting in that, I showed up in the nightmares as a prisoner of war. That's another thing I couldn't quite reason out. Why was it coming in like that? Uh...but, after a while, they just disappeared. There was no long-lasting effect from it. (Interview #7., 2014, lines 463-467).

As noted in the findings, an additional 44% related that their perception was that Vietnam had no impact on their mental health and well being.

I'm a kind of... [laughs] I've always got equilibrium. I don't know ...I was cursed that way. I've never had any problem. You know, adaptability is a sign of mental health, and I'm really adaptable. (Interview #5., 2014, lines 1090-1094).

**Impact on personal relationships.**

Although for the majority of the Vietnam War pregnancies resulted in immediate dismissal from the ANC for females (Sarnecky, 1999), family issues during deployment do not appear to have had a major impact on the female nurse experience.

The theme of the nuclear family and the resulting impact the entire process of career selection, education, and service in the ANC in general and in Vietnam specifically was seen throughout the interviews conducted for this study.

I eventually spoke to the point, the point that I didn't know-you know, I was coming to realize that a lot of the uh argumentative and stressful times in the family were also created-not necessarily created, but they were furthered by myself, by my behavior. And I, at that time, people were starting to talk a little bit about Vietnam and what happened to the people that came back from there, and I said, you know, maybe, maybe part of this is my experience in Vietnam. (Interview #3., 2014, lines 503-513).

A number of study participants related how family impacted different stages in their career, before and after deployment to Vietnam. This quality likely indicates that as a group caring for others as a part of their authentic self expanded beyond their career choices to their life choices.
Recommendations for Returning Troops

When asked their opinion regarding what should be done for healthcare professionals returning from current conflicts, participants expressed two themes: (1) Although similarities between Vietnam and recent conflicts exist, there are also significant differences. (2) There was no preparation for returning troops to the US from Vietnam which highlighted the need to create re-entry protocol.

Many study participants related that they felt there are significant differences between the current conflicts and their time in Vietnam.

Uh...you know I’m, they're seeing a lot more devastating injuries than we saw. The devastating injuries they're seeing today, we wouldn't have seen, the patients wouldn't have made it to us. Right now, they're being evacuated so fast with half their body cut off that they're still alive coming places...uh...that's a hard thing to get out of your mind, remembering things like that. (Interview #7., 2014, lines 548-556).

A large percentage of those interviewed felt it would be beneficial to screen nurses returning from current conflicts and to ensure that they have the support of fellow nurses.

Well, certainly learning how to talk about it. Um I think um that um there could be more preparation for returning back home, decompression time. If a couple of days were added on in sort of a neutral area and um there were some, maybe, workshops or programming to help uh individuals discover where they've been and what they're returning to and have they thought about what's different and going to be different and have they thought about um if they feel stressed or they have issues that they would need to um have someone help them with, do they know where to go or how to go about it? (Interview #13., 2014, lines 1055-1067).

The above excerpt encapsulates the underlying philosophy of the recommendations made by the participants in the study regarding assisting returning health care providers. They recognize the need for some to have assistance in rationalizing their authentic self with the inauthentic reality that they may have faced while providing care in a combat zone. It is likely the inability of some individuals to conduct this rationalization independent of outside assistance leads to negative outcomes.
Chapter 5
Summary and Conclusions

There are clearly some identifiable differences in the experiences of male nurses who served in Vietnam when compared to their female colleagues. These include differences in access to basic nursing education, the threat of the draft, and being assigned positions in Vietnam at least partly because they were male.

There were a number of congruent themes between male and female nurses who served in Vietnam as well. These included perceived positive outcomes as a result of their experience in Vietnam, the impact of mass casualty situations, specific patients remaining a memory, and the morality of the triage system.

Norman found in her research of female military nurses who served in Vietnam that expanded roles that led to greater self confidence, the development of strong personal and professional relationships, a feeling of accomplishment, and the development of strong positive feelings about their profession were noted as positive outcomes by many (Norman, 1986, 1992). Studies conducted on female nurses reported the large number of casualties that could arrive in a short period of time, referred to as mass casualties, could be overwhelming for nursing staff (Biederman, Williams, & Hayes, 2001; Biederman & Harvey 2001; Le Vasseur, 2003; Norman 1986; Paul, 1985; Paul & O’Neil, 1986; Scannell-Desch, 1996, 2000). In agreement, sixty-five percent of those interviewed in this study related that the treatment of patients in a mass casualty situations was a significant memory of their time in Vietnam. Feelings of being overwhelmed were often expressed. It was also seen by many as a learning experience that could not have been replicated in a civilian setting. The morality of the triage system has been well documented as difficult for many nurses to accept (Bond, 2004; Biederman & Harvey, 2001; Paul & O’Neil,
However, the perception of the study participants themselves is that the difference in their experiences when compared to those of their female colleagues did not impact them in ways that caused enduring negative impact on the majority of their careers and private lives. As demonstrated in this study, participants describe themselves as a well adjusted and successful cohort with some negative impact that they associate with their time in Vietnam.

A number of themes were seen across the interviews that endorse their self descriptions. These include resilience following repeated trauma, empathy for others, downplaying the significance of their contributions and possibly their impact, and pride in their involvement.

Their self described success in navigating extreme emotional situations that were physically and professionally challenging and viewing them as an opportunity for growth illustrates the resilience discernible throughout the interviews. Study participants emerged, largely, as highly functioning individuals. This characteristic is illustrated, in part, by their significant career success.

Empathy for others is illustrated throughout the interviews. It can be seen not only in how they relate their patient care experiences in Vietnam, but also in their concern for the combat troops and their colleagues. For example, when asked if anything stuck out as a specific memory, for almost all, the answer involved caring for others.

As a group, the participants downplayed the significance of their contributions and it is likely they also understated the impact of their time in Vietnam. This inconsistency can be seen in contradictory statements regarding their personal safety, personal well being, and duty assignments. Although some readily admitted the negative impact their service in Vietnam had on both their physical and mental health, others were reluctant. This reluctance seems likely due
to their belief, in some cases expressly stated, in others implied, that many young men and women contributed far more than they did. As for duty assignments, the majority stated that they saw no difference in the duties given male and female nurses in Vietnam. That this was also stated by individuals who had themselves served in billets restricted to males only is another example of the minimizing of contributions seen throughout the interviews.

Pride in their contributions in Vietnam is also a common theme. Most regarded it as a life changing experience which impacted the rest of their life both positively and negatively in some cases.

The author cautions against generalizing these findings. The sampling method used resulted in a homogenous cohort. Although this is a goal of IPA, it also means that the findings belong to this cohort and not necessarily to the general population of male nurses who served in Vietnam.

**Limitations**

Limitations of the study include the use of a purposive sample with follow up use of snowball sampling, the possibility of researcher bias in interpretation, the accuracy of memories of events that occurred a significant period of time ago, the recruitment of a sample from a source related to available resources and interest (the Internet and Websites linked to an active interest in past military service), and that the study is the primary investigator's first research project.

Although the best sampling method available for this type of study, purposive sampling with follow-up snowball sampling will most likely not provide a truly representative sample of the population. However, this sampling type will portray the experiences of a particular group of people, perhaps considered as one case study.
Researcher bias due to the inability to bracket personal experiences and previous accounts represents a possible limitation. Bracketing in IPA research involves mentally placing past experiences in a box and placing that box to the side during analysis (Smith, Flowers, & Larkin, 2009). The unit of analysis should be evaluated absent of the influence of past experiences. The primary researcher is a retired Navy Nurse Corps Officer who served in Afghanistan and is aware of the need to bracket preconceptions regarding the study population in order to strengthen the validity of the study findings. Realistically, such bracketing may not be completely possible and some comparative reflection on the differences and similarities of these differing experiences may add a perspective less open to other investigators.

The events and experiences that study subjects are being asked to recall in most cases occurred 40 or more years ago. The accuracy of memories over such a long period of time in an aging population may be problematic and is noted as a limitation. The recollection does represent their interpretation of the event.

This research project is the primary investigator's first attempt to use IPA in a systematic qualitative study. Using an experienced qualitative investigator, dissertation chair Dr Charlene Pope, as a mentor throughout the process as well as a clear audit trail of recordings transcriptions, and coding, mitigated the impact this limitation has on the findings.

Recommendations for Future Studies

Since this is the first known systematic study utilizing male military nurses who served in Vietnam as the study population, findings were limited by a qualitative study design. It is recommended that quantitative studies be conducted with this group in order to compare them to the quantitative studies done with female military nurses who served in Vietnam. Of particular interest would be the quantified existence of subsequent PTSD symptoms in male and female
military nurses who provided care in a combat area. Given the complete lack of preparation study participants received when transitioning from Vietnam back to the United States, future studies regarding the long term efficacy of transitioning programs afforded returning nurses in current conflicts would be beneficial.
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Appendix A – Interview Schedule

The Male Army Nurse Corps Officer Experience in Vietnam Study

This is James Pelletier and I am in __________________ interviewing ______________ who is in __________________ on (date) ____________.

1. Tell me about where you grew up and how you decided to attend nursing school.
   Secondary Prompts:
   - tell me about your family’s reaction
   - what was school like for you?

2. How did you decide to join the Army?

3. How did you end up receiving orders to Vietnam?

4. How did your tour in Vietnam go?
   Secondary Prompts:
   - tell me more about how your assignment was decided
   - tell me about your living conditions.
   - how did you relax off hours?
   - is there a significant event that sticks out in your memory?
   - what type of duties were assigned to you and your male nursing colleagues when compared to those assigned to your female nursing colleagues?

5. Tell me about when you came home.
   Secondary Prompts:
   - what did the military do to prepare you for your return?
   - how did your family react to you?

6. Where things different once you returned?
   Secondary Prompt:
   - how was your nursing work once you returned?

7. How do you feel the experience has affected you?
   Secondary Prompt:
   - what were the lingering positive or negative affects?

8. Reflecting on your experience, what do you think would help military nurses returning from combat today to make the transition to civilian life?
Appendix B–Invitation to Participate

Invitation to Participate

The Male Army Nurse Corps Officer Experience in Vietnam Study

James Pelletier, PhD(c), RN, a graduate student at the Medical University of South Carolina, retired Navy Nurse Corps Officer, and Operation Enduring Freedom Veteran is conducting a study to learn more about the experiences of Male Army Nurse Corps (ANC) Officers in Vietnam. Though the experiences of female nurses who served in the Vietnam Conflict have been well-described, the stories of male nurses from this time in history remain to be told.

Male nurses who served in Vietnam for a tour of one year or more as members of the ANC are being sought for this study. Participant involvement in the study entails engaging in a telephone interview or an online interview on the Internet. Questions will be focused on the participant’s experiences prior to, during, and following their deployment to Vietnam. Findings from this study are intended to help inform decisions regarding the selection, training, and aftercare of individuals who provide nursing care in combat areas. All interviews will be recorded for later transcription. All names will be removed to protect confidentiality. Share your story to help shape the experiences of military nurses now and in the future.

Please email pelleti@musc.edu for more information regarding this important study.
Appendix C – A Six Step Approach to the IPA Process

Units for Analysis
semi-structed in depth interviews utilizing open ended questions

Data Analysis

Step 1: Reading and re-reading the transcribed interviews.

Step 2: Initial Noting
- Descriptive Comments
- Linguistic Comments
- Conceptual Comments

Step 3: Developing of Emergent Themes
- Themes across descriptive, linguistic, and conceptual comments are developed.

Step 4: Identifying Connections Across Emergent Themes

Step 5: Repeat Process on Subsequent Units of Analysis

Step 6: Identifying Patterns Across Interviews

A considerable amount of research has been conducted on the wartime experience of female nurses who served in Vietnam and as a result, much is known about their experiences and the impact that they had on their personal and professional lives. The same, however, is not true for male nurses. Few male nurses from the Vietnam Conflict have been asked by researchers to describe their experiences. There is some evidence that the experiences of male Army Nurse Corps (ANC) Officers may have differed from that of their female colleagues, raising questions if the impact of the experience on them differed. This research study will utilize an interviewing approach to determine the nature of the Male ANC Officer experience in Vietnam.

You are being asked to volunteer for this research study. This research is sponsored by the Medical University of South Carolina College of Nursing. The purpose of this study is to determine the nature of the Male ANC Officer experience in Vietnam. You are being asked to participate in this study because you have served as a nurse in the Army Nurse Corps in Vietnam during the Vietnam War. The nurse investigator in charge of this study is James Pelletier. This study is being conducted via phone interviews with the primary physical location of the investigator in Palo Alto, California. The study will involve approximately 6-10 volunteers.

PROCEDURES:
Each individual will be interviewed using opened ended descriptive questions in a semi-structured interview format during a recorded telephone interview. The interview approach is meant to help you reflect on your experiences prior to, during, and following their deployment to Vietnam as well as the impact the experience had on your personal and professional lives.

The interviews will be conducted via telephone utilizing the Skype application and recorded into MP3 format utilizing MP3 Skype Recorder v.3.1 software. The interview will be transcribed for analysis. The transcript will have no personally identifiable information included on it. Each
transcript will be assigned a study number that will be associated with each participant’s name. The transcript itself and its associated recording will be identified by its number alone at that point. The master list of names and associated transcript numbers will be known by the lead researcher only. The original recordings, lists of names, and transcriptions will be kept on a firewalled password protected server at the Medical University of South Carolina College of Nursing reserved for research purposes.

If you agree to be in this study, you will need to be available for a telephone interview that will last approximately one to two hours. Additional time will be made available if the study participant feels it is necessary. You will be asked open ended questions regarding your experiences prior to, during, and following your deployment to Vietnam. Questions will be directed toward helping the researcher understand your perceptions of the experiences as well as the impact those experiences had on both your personal and professional life.

Results of this research may be published, but you will not be identified. Information that is obtained concerning this research that can be identified with you will remain confidential to the extent possible within State and Federal law. All records in South Carolina are subject to subpoena by a court of law.

DURATION:
It is expected that the interviews will last approximately one to two hours. You may stop at any time. Follow up interviews will be arranged if needed.

RISKS/DISCOMFORTS:
Triggering memories of traumatic events may lead to feelings of emotional discomfort and anxiety. If at any time you would like to discuss these feelings, the phone number to the Veterans Administration Crisis Hotline is (1-800-273-8255). In the event that during the interview phase, you make statements that calls into question your current emotional state and safety, the investigator will phone the crisis hotline and conduct a turnover to a counselor for you.

Your participation in this study is voluntary. You may refuse to take part in or stop taking part in this study at any time. You should call the primary investigator in charge of this study (James Pelletier, 843-323-2753) if you decide to do this. Your decision not to take part in the study will not affect your current or future medical care or any benefits to which you are entitled.

The investigator and/or the sponsor may stop your participation in this study at any time if they decide it is in your best interest. They may also do this if you do not follow the investigator’s instructions.

BENEFITS:
There will be no direct benefit to you from participating in this study. However, it is hoped that the information gained from the study will help in the selection, treatment, and aftercare of individuals who provide nursing care in current and future combat situations.
COSTS:
There are no direct monetary costs to you for participating in the study.

COMPENSATION:
You will not be paid for participating in this study.

NEXT STEPS:
If you would like to participate in this study, please email the lead investigator, James Pelletier, at pelleti@musc.edu, and provide the time slots you would be available for the interview. You will receive an email with the time and telephone number to call. Thank you for considering participating in this important study.
Appendix E – Consent to be a Research Subject

Medical University of South Carolina
CONSENT TO BE A RESEARCH SUBJECT

The Male Army Nurse Corps Officer Experience in Vietnam Study

PURPOSE AND BACKGROUND:
A considerable amount of research has been conducted on the wartime experience of female nurses who served in Vietnam and as a result, much is known about their experiences and the impact that they had on their personal and professional lives. The same, however, is not true for male nurses. Few male nurses from the Vietnam Conflict have been asked by researchers to describe their experiences. There is some evidence that the experiences of male Army Nurse Corps (ANC) Officers may have differed from that of their female colleagues, raising questions if the impact of the experience on them differed. This research study will utilize an interviewing approach to determine the nature of the Male ANC Officer experience in Vietnam.

You are being asked to volunteer for this research study. This research is sponsored by the Medical University of South Carolina College of Nursing. The purpose of this study is to determine the nature of the Male ANC Officer experience in Vietnam. You are being asked to participate in this study because you have served as a nurse in the Army Nurse Corps in Vietnam during the Vietnam War. The nurse investigator in charge of this study is James Pelletier. This study is being conducted via phone interviews with the primary physical location of the investigator in Palo Alto, California. The study will involve approximately 6-10 volunteers.

PROCEDURES:
If you agree to be in this study the following will happen: you will be interviewed using open-ended questions in a semi-structured interview format during a recorded telephone interview. The interview approach is meant to help you reflect on your experiences prior to, during, and following your deployment to Vietnam as well as the impact the experience had on your personal and professional life.

The interview will be conducted via telephone utilizing the Skype application and recorded into MP3 format utilizing MP3 Skype Recorder v.3.1 software. The interview will be transcribed for analysis. The transcript will have no personally identifiable information included on it. Your transcript will be
assigned a study number that will be associated with your name. The transcript itself and its associated recording will be identified by its number alone at that point. The master list of names and associated transcript numbers will be known by the lead researcher only. The original recordings, lists of names, and transcriptions will be kept on a firewalled password protected server at the Medical University of South Carolina College of Nursing reserved for research purposes.

If you agree to be in this study, you will need to be available for a telephone interview that will last approximately one to two hours. Additional time will be made available if you feel it is necessary. You will be asked open ended questions regarding your experiences prior to, during, and following your deployment to Vietnam. Questions will be directed toward helping the researcher understand your perceptions of the experiences as well as the impact those experiences had on both your personal and professional life.

**DURATION:**
It is expected that the interview will last approximately one to two hours. You may stop at any time. A follow up interview will be arranged if needed.

**RISKS/DISCOMFORTS:**
Triggering memories of traumatic events may lead to feelings of emotional discomfort and anxiety. If at any time you would like to discuss these feelings, the phone number to the Veterans Administration Crisis Hotline is (1-800-273-8255). In the event that during the interview phase, you make statements that call into question your current emotional state and safety, the investigator will phone the crisis hotline and conduct a turnover to a counselor for you.

Despite every effort on the part of the University and the Principal Investigator, there is a possibility that your identity and personal information may be disclosed.

**BENEFITS:**
There will be no direct benefit to you from participating in this study. However, it is hoped that the information gained from the study will help in the selection, treatment, and aftercare of individuals who provide nursing care in current and future combat situations.

**COSTS:**
There are no direct monetary costs to you for participating in the study.

**PAYMENT TO PARTICIPANTS:**
You will not be paid for participating in this study.

**ALTERNATIVES:**
You have the alternative to choose not to participate in this voluntary study. There are no penalties for making this choice.

Results of this research will be used for the purposes described in this study. This information may be published, but you will not be identified. Information that is obtained concerning this research that can be identified with you will remain confidential to the extent possible within State and Federal law. The investigators associated with this study, the sponsor, and the MUSC Institutional Review Board for Human Research will have access to identifying information. All records in South Carolina are subject to subpoena by a court of law.
In the event that you are injured as a result of participation in this study, you should immediately go to the emergency room of the Medical University Hospital, or in case of an emergency go to the nearest hospital, and tell the physician on call that you are in a research study. They will call your study doctor who will make arrangements for your treatment. If the study sponsor does not pay for your treatment, the Medical University Hospital and the physicians who render treatment to you will bill your insurance company. If your insurance company denies coverage or insurance is not available, you will be responsible for payment for all services rendered to you.

Your participation in this study is voluntary. You may refuse to take part in or stop taking part in this study at any time. You should call the investigator in charge of this study if you decide to do this. Your decision not to take part in the study will not affect your current or future medical care or any benefits to which you are entitled.

The investigators and/or the sponsor may stop your participation in this study at any time if they decide it is in your best interest. They may also do this if you do not follow the investigator’s instructions.

Volunteers Statement
I have been given a chance to ask questions about this research study. These questions have been answered to my satisfaction. If I have any more questions about my participation in this study or study related injury, I may contact James Pelletier (843) 323-2753. I may contact the Medical University of SC Hospital Medical Director (843) 792-9537 concerning medical treatment.

If I have any questions, problems, or concerns, desire further information or wish to offer input, I may contact the Medical University of SC Institutional Review Board for Human Research IRB Manager or the Office of Research Integrity Director at (843) 792-4148. This includes any questions about my rights as a research subject in this study.

I agree to participate in this study. I have been given a copy of this form for my own records.

If you wish to participate, you should sign below.

Signature of Person Obtaining Consent Date
Signature of Participant Date
### Developing of Emergent Themes

#### Lines 32-38.

- **Environment.**
  - Small town environment.
  - Urban environment.

#### Lines 20-22.

- **Location of childhood decision.**
  - Family members who were nurses.

#### Lines 22-24.

- **Family supported decision.**
  - Early exposure to nursing.
  - Mentored by medical professionals early in career.
  - Nursing as a second career.

#### Lines 53-59.

- **Early in career.**
  - Nursing program a positive experience.
  - Financial incentive to join the Army. Draft influence decision to enter the military. Drafted.

#### Lines 72-94;

- **Decision to enter the military.**

#### Lines 114-142.

- **Mentored by.**
  - Family members who were nurses.
  - Mentored by experienced nurses.

#### Lines 139-142.

- **Early.**
  - Nursing as a career.
  - Early in nursing program.

- **Significant memories.**
  - Casualties. Specific patients. Camaraderie and teamwork.

#### Lines 198-267.

- **Decision to enter the military.**
  - Lack of preparation for return. Did not feel welcome by the general public. Family support following return.

#### Lines 488-504.

- **Traditional nursing role on return.**
  - Engaged the community. Political interest.

#### Lines 597-600.

- **Differences between Vietnam and current conflicts.**
  - Recommendations for current conflicts. Advantages of deploying as a group. Benefits of contact with those with shared experience.

### Appendix F-Comprehensive Findings Table

#### Identifying Connections Across Emergent Themes

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<th>Location of Childhood Decision</th>
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DOB 1/19/47
Vietnam 10/67-10/68
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Financial incentive to join the Army. Lines 49-64.
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#15
DOB 6/4/46
Vietnam 2/68-2/69
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Early exposure to nursing. Lines 31-34.
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Inexperience deployed to Vietnam. Lines 199-203.
Physical safety concerns. Lines 392-397.
Lack of preparation for return. Lines 236-243; 236-246.

#16
DOB 10/1/45
Vietnam 3/68-3/69
Family supported decision. Lines 35-36.
Physical safety concerns. Lines 178-182. Limited recreation Lines 149-161.
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Little insight on how assigned in Vietnam. Lines 102-104. No difference in assignments given male/female nurses. Lines 244-246. Male only nursing assignments. Lines 194-200; 211-220;225-239.
#17 DOB 5/30/43 Vietnam 7/70-7/71
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Lines 37-38.
Nursing program a positive experience. Lines 121-126.
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Advantages of deploying as a group. Lines 746-751. Benefit of contact with those with shared experience. 781-789.

#18 DOB 10/14/32 Vietnam 1970-1971
Appendix G-Comprehensive Finding Examples

Findings of the study are presented here in the order that they arose from the semi-structured interview schedule (Appendix D). It is important to note that emerging themes were organized by their congruence with the superordinate themes which did not often follow the chronological order of the questioning.

Decision to Enter Nursing School

The first area of discussion broached with the participants after asking for their date of birth was: "Tell me about where you grew up and how you decided to attend nursing school." Secondary prompts for this area of discussion included: "tell me about your family’s reaction"; and "what was school like for you?"

Age of participants at time of deployment to Vietnam.

The average age of the study participants at the time of deployment to Vietnam was 26.2 years. Ages ranged 21 to 38 with all participants serving a single tour in Vietnam between the years 1965-1971. In comparison, their study of 43 female Australian nurses who served in Vietnam, Biederman, Usher, Williams, and Hayes found that the mean age of those who served was 28 (2001). Others studying American female nurses reported average ages upon reporting to Vietnam as 26.5 (Scannell-Desch, 1996), 24.1, and 23.6 (Baker et al., 1989).

Geographical area participants grew up in.

Seventy-six percent of those interviewed for this study related that they grew up in a small town setting.

Examples:

I was born in Plattsburgh, New York which is just south of Montreal, Canada, up on the border. (Interview #1., 2014, lines 20-22).
Yeah, uh I grew up uh, until the point of when I went to high school-I grew up in a
city of Missouri. It was called the Village of Oakland, pretty close to Kirkwood,
Missouri, and uh due to my father's being transferred, uh we moved to Edwardsville,

Yes, I grew up in a small town, Frankfort, MI, which is on the uh...West...it's right on
Lake Michigan. And uh...a very small town. (Interview #4., 2014, lines 30-32).

I grew up in Rochester, Minnesota, which is the home of the Mayo Clinic. (Interview
#5., 2014, line 5).

I grew up in a very small town...uh... in Pennsylvania. (Interview #7., 2014, lines 43-
44).

Where I grew up was in Titusville and Pleasantville, Pennsylvania... (Interview #8., 2014,
lines 29-30).

Uh... I grew up...uh on a farm in rural [redacted] Iowa... (Interview #12., 2014, lines 44-
45).

Oh. Well uh my parents were farmers. We had a very small farm. Uh...my dad was a
carpenter, a school bus driver. (Interview #12., 2014, lines 69-71).

Sure. I grew up uh in a small town in Southeast Wisconsin about an hour north of
Milwaukee. Uh...by small, I mean 30,000 people or something like that. Um...I'm a third
generation person to grow up there, so, lots of family around and relatively deep roots.
(Interview #13., 2014, lines 30-35).

I grew up in a small town in western New York called Mount Morris, New York. It's
about 36 miles south of Rochester and about 60 miles southeast of uh Buffalo, New

I uh grew up in central Pennsylvania. (Interview #15.,2014, line 30).

Uh...I grew up in upstate New York on the Saint Lawrence River. (Interview #16.,2014,
lines 27-28).

I grew up in um Chippewa Falls, Wisconsin. (Interview #17., 2014, lines 37-38).

I was...I grew up in Oshkosh, Wisconsin. (Interview #18., 2014, lines 34-35).

Eighteen percent of respondents divulged that they were raised in an urban environment.

Examples:

I was born up in Philadelphia, ah enlisted in the Air Force and they trained me as
I grew up in Washington, DC. I moved with my parents, who did an early retirement, when I was nine, to Canada, which was my adoptive father's original birthplace. But soon afterwards, he had the first of several strokes and we came back to the Washington, DC area, this time to suburban Washington, near College Park, now where the University of Maryland is."

Well, I grew up in Philadelphia and initially out of high school joined the Army and served as a Corpsman. (Interview #11, 2014, lines 28-30).

**Early exposure to nursing.**

Forty-seven percent of those interviewed for the study related that exposure to nursing at a young age impacted their decision to choose nursing as a career.

**Examples:**

When I was in high school I was an orderly at the local hospital and that's when I became interested in nursing. (Interview #1, 2014, lines 22-24).

…in high school, I worked as uh…an orderly at the local hospital, a very small hospital of about 25 beds and uh…enjoyed doing that. (Interview #4, 2014, lines 41-44).

I graduated from high school in 1962, uh…there were no jobs. We were in a recession at that time and you uh could always get a job at the state hospital working as an attendant uh because the pay was really low and that was my first job uh…out of high school. That is why I became interested in nursing. (Interview #9, 2014, lines 38-45).

Uh…just that I enjoyed working with patients and the experience that I had as a corpsman while in the Army just increased my interest. (Interview #10, 2014, lines 41-44).

and I have a [redacted] and uh I spent uh a great deal of time in uh [redacted]. Back in those days the [redacted] were closed and uh treated in stages, and I spent um a great deal of time uh at the [redacted]. When I was a uh uh a child, I would finish school, and my parents would then take me to the [redacted] and I would spend most of my summer down there. And um as I became older uh the nurses uh would let me do things to help out on the wards, and I thought that was a really big deal, and that’s uh being around the hospital, I decided I wanted to be a nurse. (Interview #12, 2014, lines 45-58).

And um in that process, I would spend time at the local hospital sort of observing in those various departments and getting to know people and finding out about their careers. And somebody at some point, I can't quite recall when, suggested I should really look into
nurse anesthesia uh which I then subsequently investigated and set my sights on that. (Interview #13., 2014, lines 50-58).

Located next to my town was a New York State institution for epilepsy, epileptic patients. And they had a nursing school associated with it and several of the people in town were nurses and so I...I became interested in that because of the people that I grew up with. (Interview #14., 2014, lines 35-40).

One of my mother's best friends uh was a uh nurse anesthetist and from the time I can remember uh this lady had an influence on my future whether I knew it or not. (Interview #15., 2014, lines 31-34).

Mentored by medical professionals.

Twenty-nine percent of respondents replied that mentoring by other medical professionals played a role in their decision to enter nursing.

Examples:

I had been invited down by one of the two doctors that were on the staff to watch an operation. And about part way through it, he says, get him scrubbed in. (Interview #4., 2014, lines 44-47).

I grew up in Rochester, Minnesota, which is the home of the Mayo Clinic. And my mother was a nurse, and I had never thought of that profession, but when I was in junior high she said, why don't you look into nursing? So...uh...I went into it um out of the encouragement of my mother, way back. (Interview #5., 2014, lines 78-84).

Uh, my mother was a practical nurse in a state mental hospital. (Interview #7., 2014, lines 44-45).

Also, a family I was close to, part of my motivation I mean, was a Quaker lady and her family and I was around her kids and the family a lot. She was indeed a nurse, and a very fine nurse by my memory and that was a good deal of my motivation. (Interview #10., 2014, lines 45-50).

He was a neurosurgery resident and he pulled me aside one night and said have you ever thought of nursing? and I said, no. Specifically in anesthesia and so I said, no, I didn't even know what anesthesia was. So he took me up to the operating room two nights in a row on the weekend. I only worked Friday night and Saturday night and I fell in love with the operating room and that was what I wanted to do and he actually made an appointment at St. Mary's in Wausau, Wisconsin, and paid for my bus fare up there and I went up on a Saturday, had a special interview, and received a letter the next week. (Interview #17., 2014, lines 54-66).
Nursing as a second career choice.

Twelve percent of respondents entered nursing as a secondary career choice.

Examples:

Where I grew up was in Titusville and Pleasantville, Pennsylvania and how I went to nursing school was sort of by accident. Because I was, I was working with a roofing company at that time, and I was doing outdoor work but I had difficulty working in cold weather outdoors. So I asked this, at this hospital for a temporary job as an attendant. It was a psychiatric hospital and I had worked in one before, and I just wanted a temporary job in the winter time and the guy said no, he wouldn't hire me, and I was a high school dropout by the way. And he said if I'd finish my high school I would be considered for a student. And I had no idea what he was talking about. I found out that they had a school of nursing there for men and that was Pennsylvania Hospital in Philadelphia. And while I wasn't too warm to it then I did think it over and went back later and accepted. (Interview #8., 2014, lines 29-45).

and I joined the Army at 15 and ended up...uh I wanted to go into the armored cavalry. And I took all the tests and they said, well your IQ is pretty high and uh we would like you to go into the medics. And I said, I didn't want to go into medics. So they told me to sign a waiver, which I did and I didn't know at the time that I signed up for the medics. And uh I was sent to Northern Japan prior to the Korean War. And when the Korean War came up, I was a corpsman over in Korea. Uh...after Korea, I went to Fort Riley and I got out and got a job in a state hospital. And I was thinking of medical school and I looked at the cost and it was $4,000 a year and I was making $180 a month so there was no way I could do it. But nurse's training was $354 for three years and they gave you room, board, and laundry. And they also had something called anesthesia and that was a pretty good paying occupation so I went that way... (Interview #18., 2014, lines 35-54).

Family support for the decision to enter nursing.

Seventy-six percent of the study sample interviewed expressed receiving positive family support for their decision to enter nursing.

Examples:

I think they were very pleased. (Interview #1., 2014, line 33).

Um...my family's reaction? Very positive. (Interview #4., 2014, lines 53-54).

Oh, everybody was supportive. They thought it was a little odd, because those were the days when he didn't say you were a nurse. You had to say you were a male nurse. I always thought that was self-evident, but uh...the maleness was always emphasized as a
special characteristic. So I guess it was thought of as a little odd here and there, but uh I never got much grief um from family or friends. (Interview #5., 2014, lines 89-97).

Uh, I think they were happy with it. My folks were still alive uh and they lived outside of Philadelphia. (Interview #6., 2014, lines 84-86).

Well my mother was all for it, you know, my father, you know, was rather non-committal but my mother was all for it. She was very supportive of me, had always been, you know? (Interview #7., 2014, lines 56-60).

I mean they didn’t…whatever I wanted to do was fine with them and they encouraged it. (Interview #9., 2014, lines 50-51).

They were fine. I was the first generation to go to college. (Interview #10., 2014, lines 164-165).

We lived on, as I said, a very small farm, and my mother said to my dad he wanted to buy a bigger farm, and my mother said to my father uh uh don't you buy a bigger farm for Fred, because he is not interested in farming. He wants to do something else. He's always been determined to be a nurse, and they were very supportive of me going into the nursing profession, and uh…uh they reacted very favorably. (Interview #12., 2014, lines 71-80).

Well, I think um they were always supportive of whatever I wanted to do. Um and I think they probably were more sure about, can you move away from home? Uh are you going to be able to do well? Rather than, is this a career that a man would choose? I never really felt that at all. I did, however, from my high school friends because it was relatively unusual. And um a lot of my friends said, Oh, I never heard of a man going into nursing. Would you have to wear a dress? and just kinds of high school-types of jokes. Um so, I think it was more difficult for them to really grasp it. And uh my family was fine. I just didn't really have any issues there. (Interview #13., 2014, lines 123-136).

They…it was a good…back then there was still a stigma I guess as far as uh male nurses and joining a predominantly female profession. But like I said, many of the people that I grew up with, their parents were nurses uh and there was nothing out of the ordinary. Again, it was a small town. My wife's uh…uh father was a nursing instructor in my nursing program. My wife's uncle was a nurse anesthetist uh and so most of the people who lived in my town worked in the uh…worked at the epileptic institution. (Interview #14., 2014, lines 68-78).

Uh…well they're glad I was going somewhere. (Interview #16., 2014, lines 35-36).

Uh nobody in my family…My mother had a 6th grade education. My aunts had 3rd grade, 4th grade, and I had one aunt that got out of high school and another aunt that later finished high school. From a very large family, none of them had gone to college, nobody. We had one girl; a cousin of mine during World War II went to nurse's training
but dropped out after three months. Um...so, they were very supportive, really. (Interview #18., 2014, lines 88-97).

Anecdotally, family played no role in the process of deciding to attend nursing school.

I really don't know because I wasn't living with my family. I lived near one sister but there, there was no great reaction that I can think of. (Interview #8., 2014, lines 51-53).

In one case, there was strong family disapproval over choosing nursing as a career.

Well, the money was withdrawn and um um, I...I don't think I actually had much correspondence with them for probably about a year and a half. My dad had me programmed to be a Certified Public Accountant, and he was just devastated by it. My mother, I don't think, she never expressed any opinion or anything. And uh my dad didn't understand. (Interview #17., 2014, lines 79-88).

Limited opportunities for basic nursing education.

Fifty-nine percent of the interviewees responded that they had attended one of the limited number of programs that accepted males at the time or attended all male nursing programs.

Examples:

I think it was the only school in Upstate New York that accepted male applicants. In my class there were about 8 males and I'd say 23...24 females... (Interview #1., 2014, lines 53-56).

Yes. It was...it was the three-year school program. The Alexian Brothers Hospital School of Nursing was in Chicago, Illinois. And we had an Alexian Brothers Hospital that uh we were affiliated with. And it was run by the Alexian Brothers and uh we...um...had just you know the three-year experiences plus our affiliations for psych. We went to Chicago State for TB. We went to the TB sanitarium of Chicago, both large places. For OB, we went to uh Saint Anne's Hospital because the hospital at that time was only male...uh...no females were you know patients. (Interview #4., 2014, lines 58-70).

... but I went to nursing school at a diploma program in Philadelphia right after I got out of the Air Force, ah and it's Pennsylvania Hospital School of Nursing for Men, for what's that worth, and that's defunct as of 20 years ago or whatever. (Interview #6., 2014, lines 40-45).

Uh...I went to an all-male nursing school in Philadelphia called Pennsylvania Hospital School of Nursing for Men. (Interview #7., 2014, lines 64-66).

Well, there had not been that many men in it. There had been one graduate in 1961. I graduated in 1966 and he became an adjunct instructor. So the experience of men in
nursing was not absolutely new. There were five men in my class. One was a missionary

type in an Evangelical uh…uh…church, and they're probably nondenominational. I'm not

sure and the others . . . let’s see…three others were former military, and then I was the

youngest. (Interview #10., 2014, lines 88-97).

I uh back in those days, of course I graduated in 1966 and uh in those days there weren't

many schools of nursing that would take male students. Uh…I think there were only two

in the state of Iowa uh...one was at the University of Iowa, that was a bachelors program,

and the other was Finley Hospital in Dubuque, and Dubuque is only about 35 miles from

uh my home in northeast Iowa, where I live at the present time, and um I elected to take

that program. (Interview #12., 2014, lines 86-95).

Um…interestingly, as I think about it now um at that time, there were only two programs

that accepted men because all of them were really the primarily the old fashioned

residential model where students lived in the nurses dorm and went to school there and

then had all their clinical experience in the affiliated hospital. Uh and most programs uh

either didn't think about or weren't prepared to accommodate men. There were two um

programs nationally that were just for men, the Alexian Brothers programs in Chicago

and St. Louis. I felt those were too far away and beyond my reach. So, I explored

further the two programs in Wisconsin that uh accepted male students and applied

to them. (Interview #13., 2014, lines 67-82).

Oh, it was uh„it was a bit different at first. I was one of three men in our class and

uh…we…it was a diploma nursing program and they hadn't come to grips yet with what
to do with men versus women. It was a fairly restricted nursing community and you had
to sign in, sign out. It was very much old school. It was the '60s but you had to follow the


And uh…it…the local nursing school, which is part of the state hospital system, had a

long history of uh a lot of male nurses going through there and that's how I ended up
going to nursing school up there. (Interview #16., 2014, lines 28-32).

And we were restricted on what schools we could go to. We could not go to long term

schooling where the females could and that was when I got close to getting a bachelor's
degree, they yanked me and put me off the night shift so I couldn't complete it. They

were very discriminatory. (Interview #18., 2014, lines 59-65).

Anecdotally, although exposed to prima fascia discrimination themselves, one interviewee

engaged in discriminatory practices.

The director of nurses we had wanted males. She wanted blacks. She said she wanted a

black male. She wanted to break all the barriers. And uh…we were the first class in the

state of Wisconsin to graduate. There was one guy that graduated and he was alone. He

was three years ahead of us. Uh…she was very selective as who she would take. And she
called me aside and she said, [redacted], I want you to get all of the potential candidates
to dinner and you tell me if I should take them or I shouldn't. And she said, I don't want what happened to Alexian brothers in this school. Alexian brothers kicked out a whole class because they were all homosexuals and they were all getting into trouble and she didn't want that. So I said, Okay, we would do that. (Interview #18., 2014, lines 107-122).

No. They didn't weed them out. They just prevented them from entering. Some of these guys...their motives...there were some that graduated but we didn't know about them at that time. One was an ex-Marine, one was...uh...um...something else. Majority that went to that school were mostly ex-Army Corpsmen or had been Corpsmen in the past or you know...in that category. Most of them went into anesthesia. (Interview #18., 2014, lines 128-137).

Nursing school a positive experience.

Nursing school, as reported by forty-four percent of the study participants, was a positive experience.

Examples:

Uh...it was pretty um... much review. That's what I said at the time. The high schools in Rochester were really good, so I had advanced biology and chemistry and everything. So when I got to nursing school, it was identical. It wasn't any more difficult or complex at all. So I kind of just breezed through. (Interview #5., 2014, lines 100-106).

Uh, you know nursing school was a very enjoyable experience and I learned a lot you know. (Interview #7., 2014, lines 100-102).

The nursing school was, it was challenging but it was interesting and I, I kind of enjoyed it. It was a three-year, hospital-based school. I was kind of a wild kid you know, and I didn't have anything else to do. So it was an interesting time. (Interview #8., 2014, lines 56-60).

Oh. Well, it was uh a...it was uh positive experience. (Interview #12., 2014, lines 85-86).

And uh I...they were very accepting and I just seemed to do well. (Interview #13., 2014, lines 110-111).

Uh...school was a lot of fun. You know it's a very rural area up there and uh we spent a great deal of time down in New York City and that uh was really great. (Interview #16., 2014, lines 39-42).

Oh, I had no trouble with it at all. I thought I would be the only male nurse, but when I got there, there was [redacted] was in the senior class, and there were five males in the junior class and there were five in my class. And um, two of us graduated out of the five. (Interview #17., 2014, lines 121-126).
Decision to Join the Army

Participants were asked "how did you decide to join the Army?" Two superordinate themes that emerged were consistent across the interviews. These were: 1) financial incentives played a significant part in some participants decision to join the service; and 2) the military draft played a direct and indirect role in some participants decision to enter the service.

financial incentives to join the Army.

Forty-four percent of those interviewed related that it was the financial enticement of military programs that led to their initially volunteering for military service.

Examples:

Well, I guess it was a financial decision. (Interview #1., 2014, lines 90-91).

…the Army offered a program whereby if you joined what they called the Army Student Nurse Program they would pay for your final year in Nursing School even though it wasn't costing any money. (Interview #1., 2014, lines 95-99).

uh, money. They offered to pay for your final two years of uh nursing school if you gave them three years of uh active duty in exchange. So for me it was just a no-brainer, because…uh… it was a lot of money. I don't know what it amounted to, but a few thousand. (Interview #5., 2014, lines 109-114).

Uh, the last year I was in nursing school, I joined the Army program where they paid me as a staff sergeant for my last year, even two years after that. (Interview #6., 2014, lines 45-49).

They had uh the Army Student Nurse Corps Program and he was interested in the Army Corps because his dad was in the National Guard. And so…he influenced me plus I had an instructor in nursing school who were very interested in me joining the Army or anybody joining the Army. (Interview #9., 2014, lines 88-94).

They paid for the last two years of school, in return for two years of service and as a man at that time; I had a six-year obligation. (Interview #10., 2014, lines 144-147).

And uh…that was about the time that the Vietnam War was on and I had uh a draft deferment because of going to nursing school and I knew that when uh I graduated from nursing school I would be eligible for the draft. And at that time they had a program called The Army Student Nurse program. It was kind of uh…uh the beginning of ROTC,
it was kind of a forerunner of ROTC and I applied and was a PFC stationed in my nursing school and uh...was paid $100 a month stipend for about a year and two months during my last uh...uh year of nursing school and then upon graduation, September 1967, I had taken my New York State board of nursing exam, which I passed and joined the Army. (Interview #14., 2014, lines 49-64).

**impact of the draft.**

Thirty five percent of the participants interviewed for this study referred to the military draft, both the existence of the general military draft and the special draft of male nurses, played a role in their decision to join the Army Nurse Corps.

**Examples:**

And of course, Vietnam was on; it was just starting you know and I had a choice of...you know once I got past my state boards of becoming a registered nurse, which I did obviously or getting drafted. So I choose...chose (small chuckle). (Interview #4., 2014, lines 78-83).

And I figured I'd end up in the Army anyway, so why not control it? (Interview #5., 2014, lines 115-116).

Uh...Vietnam and uh I think um it was kind of inevitable. You get a number and uh you go in, and I guess some of us thought, I never looked into it much, but you didn't want to go in, in the infantry. You'd rather go in as a professional, as an officer, and be, uh, a little safer. So thought I was kind of covering both bases, getting some money and then getting in the Army on my terms, rather than theirs. (Interview #5., 2014, lines 119-127).

Oh well, 19... I was already, I had already finished my anesthesia training and in 1966, uh...let me see, maybe it was late '65, I don't remember, uh, I got a call from a recruiter, uh, said look we're going to draft 900 male nurses for Vietnam. (Interview #7., 2014, lines 108-113).

Says if you want a decent assignment you better join the Army. In fact I did get a draft notice and went for a draft physical but at that time I had my paperwork and everything to enlist which I did. (Interview #7., 2014, lines 115-119).

...there was a big column in the paper - 900 Male Nurses to be drafted. (Interview #7., 2014, lines 125-126).

Actually I finished nursing school, I was, I was still susceptible, susceptible to being drafted and so I went and applied for a commission and was accepted in the Army for a commission to avoid the draft really. (Interview #8., 2014, lines 62-66).
Anyway when I came down here in 66, we had three platoons of people we had two platoons of women and one platoon of men. Now there were some of us…there was a bunch of us in that platoon there was probably I don’t know how many; we probably had 50 people in there. Uh…um…uh…a lot of people were like me who were obligated volunteers. That’s what we called ourselves. But almost no…I did not know of anybody that just really joined on their own you know. And we had a bunch of older guys; guys who were late '20s, early '30s maybe who knew who had come up earlier in nursing school in the '50s you know they had experience. These guys…um…at the time, they needed help you know like tuition help. They would have joined the Army, they couldn’t get in. You know so here you know they don’t have the advantage of the educational programs the Army offered. And so here these guys get out of school, they get married, they you know a bunch of them have kids, they have jobs. You know they’re 5, 6, 7, 8, 10 years into a career and the Army then comes along and drafts them. And that’s what happened. (Interview #9., 2014, lines 801-824).

One of the things that also had…had an impact on me was that uh…uh when I was in Vietnam my cousin who was the same age as I was, he was more like a brother, was there, he was killed there in Vietnam. He was in the 9th Infantry Division uh…uh and he was killed just before I was getting ready to go to Vietnam and uh so that…that always when I think about Vietnam I think about my experiences but I also think about my cousin who was exactly the same age I was uh…uh if I hadn't gone to nursing school I probably would have been in the same situation he was. I would have been drafted and probably would have been drafted as an infantryman. I don't know for sure but uh… you never know what happens. Nursing school kind of was, not the thing I was thinking about doing but it was the one I ended up doing and uh…uh it worked out pretty well. (Interview #14., 2014, lines 420-438).

Twenty-four percent of those interviewed were directly drafted into military service.

Examples:

I was drafted. Uh, throughout the period of time after I graduated from uh nursing school, my draft board uh had reclassified me every year and uh never bothered me until uh Vietnam rolled around. And, then uh the year before-I believe it was the year before Kennedy was assassinated, he had had all uh uh males of serviceable age, uh classable with families-you know, with the families and children. He had them classified as 3A. And, uh in the meantime, I had I by now, I had a job working at uh at St. Elizabeth's Hospital in Belleville, Illinois, not far from where my parents were, but my local draft board was in uh Edwardsville, Illinois. Now there was another-several other people who were in the medical profession you know, that were registered with that local draft board, but uh uh including me, and every year I had gotten necessary civilian occupation deferments and uh school deferments, until one year I uh got a letter asking me to return the uh papers that they sent me, the yearly papers, to return them as soon as possible. (Interview #3., 2014, lines 72-94).
I had a letter from the Navy swearing that they would give me a commission, and uh even though it meant uh that I was still going to serve, they told me that they didn't care. They said it didn't make any difference. I have been you know getting out of the draft so long that it was my time to serve. So I ended up being drafted by the Army, uh and we went through all that rigmarole. (Interview #3., 2014, lines 126-134).

No. I was told that they uh were looking specifically for nurses and nurse anesthetists. (Interview #3., 2014, lines 140-142).

Uh I went…my first job was at the VA in Iowa City, and most of the people…a lot of the people in Iowa City belonged to a reserve unit, and I attempted to uh join that reserve unit, and I was classified as 4-F. I'm not sure if you're familiar with the classifications, but you probably are, but that was not fit for military duty. (Interview #12., 2014, lines 103-110).

I was on that faculty for a couple of years, and I later became the Director of Nursing Service of the hospital, and one day I got a change in draft status from the state of Iowa, and I was classified as 1-A. I have no idea why that happened, or I had no idea, and shortly thereafter I received notice that I was going into the Army. Um…a sidelight was, or is, that the fellow that was a roommate of mine in nursing school lived in Iowa. He was uh…um from a nearby town, and was married and had two children, and he worked at the state prison in Anamosa, Iowa. Um…he did not get a draft notice, and I was a little ticked [laughs]. I fought going into the Army, but I lost… (Interview #12., 2014, lines 142-158).

Well, I uh I uh told you, I fought going, but I lost, and the orders came in the mail, and I um sent some letters. I had uh the people from um the board of the hospital where I was working sent letters. I had um a number of people who uh sent letters to the Selective Service Board saying that I was in a rather key position in professional nursing, and um none of those letters did any good, and I reported to active duty. (Interview #12., 2014, lines 177-185).

Well, it wasn't specifically, but there were a great deal of male nurses in my basic training class. I would say that three-fourths of the people in basic training were men . . . (Interview #12., 2014, lines 204-207).

Well, it was also interesting um lots of social things going on here that probably weren't even in existence after you were born. But there was a draft for all men uh with registration and Selective Service and so on. And That draft…I'm not sure exactly when that ended, maybe 1970 or '71, something like that. But prior to then, all men when they reached 18 had to register with Selective Service and of course I registered right after I graduated from high school. Then I had a student exemption. I was in the three-year diploma program. Within six months of my having graduated, my draft notice came up. Uh so, that's how quickly things were kind of moving. You know at that time, if people were in college or were married, they had an exemption or a different status unless the national system changed. They wouldn't be called up in the draft. So, it was primarily
single men. And um my number came up within six months. I found myself in Milwaukee uh going through a physical. (Interview #13., 2014, lines 139-159).

I found myself in Milwaukee uh going through a physical. And they had a battery of tests they put you through. One of the folks at the Selective Service station called me aside and said, you're testing way out of the norm here. I mean they were sort of giving general aptitude tests, you know should you be out in the field or in artillery or whatever...and I see that you're a nurse. Why aren't you looking into the Army Nurse Corps? And so, I investigated and I could sign up uh for the Army Nurse Corps, go in as an officer and have a two-year active duty obligation versus continuing with the draft, being called up, being an enlisted person and potentially not even being in healthcare. So, uh to me, it was kind of a no-brainer. I said, wow. I'll investigate so, I began talking with the Army recruiter um and eventually, I signed up for the Army Nurse Corps and found myself at Fort Sam Houston in San Antonio in officer basic training uh in about 14 months after I graduated from my diploma program. So, I sort of came into the Army um...I guess I viewed that I would have had to go in one way or the other. As I began to explore the options, I thought well it wouldn't make sense for me to potentially be working outside of healthcare. I was still trying to develop my clinical skills and professional identity and so forth. And now I could be a Second Lieutenant. I could continue working as a nurse and why not? So, that's how I ended up in the Army Nurse Corps. (Interview #13., 2014, lines 158-193).

No, I think it was directly at nurses because everybody at my school got notices and we went down and uh, I went to basic in May of '66 and [redacted] and I were the two that graduated from my class and we were both in anesthesia school and they pulled us right out of anesthesia school. We asked them, can we just finish, we have like six months left? and they said, no, male nurses, they wanted them. And I think we were the first class down at Fort Sam Houston that the males outnumbered the females. (Interview #17., 2014, lines 62-66).

Deployment to Vietnam

Participants were asked “How did you end up receiving orders to Vietnam?” When asked about the process that resulted in individuals being selected for service in Vietnam, there was no recurring theme that surfaced across the interviews. A number of participants did, however, state that they volunteered to serve in Vietnam. Additional recurring themes that also became evident was the level of experience nurse had prior to deployment.
volunteered for service in Vietnam.

Twenty-nine percent of individuals interviewed volunteered for service in Vietnam.

Examples:

Well actually I asked to go to Vietnam.  (Interview #1., 2014, lines 114-115).

And my wife and I talked about you know my progression in the Army, and I said, or we decreed, that one of the ways to progress more rapidly was to get a combat tour on your record. (Interview #1., 2014, lines 121-125).

So I just happened to ask at the right time, because that's what they were looking for. Apparently they were for somebody and I fit the bill. (Interview #1., 2014, lines 139-142).

Uh, well every OR nurse was going to Vietnam when I got to Walter Reed. Uh and I knew that I was going to get- I had been there for three or four, five months or whatever it, and I know I was going to get orders. There was not an operating room nurse at Walter Reed who wasn't on orders or hadn't come back from Vietnam. Uhh, so I volunteered to up my date. (Interview #6., 2014, lines 100-107).

I volunteered at um at . . . after…let me see. I got to Walter Reed, I want to say, in September of . . . maybe November of ’66 and was soon the youngest, lowest-ranking head nurse at Walter Reed on the largest unit, 68 patients, four surgical services and it was a wonderful experience. I kind of wanted to parlay that and see the world and I figured I would go when I wanted to go, which was . . . I think I applied on July the 10th and got my orders on the July the 13th or something. It was very fast.  (Interview #10., 2014, lines 152-162).

But I was there for eight months and uh while I was there, uh I did a lot of thinking. I talked with a lot of people who had been in Vietnam uh or who were going. The troop buildup were massive and I volunteered for it. So, I put in a request for a change of assignment, uh which is pretty much a guarantee that you're going to get orders there. [laughs]. So, I think within three months I had orders to go. You know I was single. I was young. Uh I was curious. Uh I thought, well, at no other time in my life will I have this kind of opportunity and if I can go in the place of somebody who had a family or who didn't want to go, all the better. So, uh I was sort of in my Hemingway stage at that point and said, yeah, I'd kind of like to do this and the Army made that happen for me. (Interview #13., 2014, lines 224-242).

Well, I found out that I volunteered. Uh…well, see, when you came into the basic class at that time, and it could still be that way…uh… you had to sign up for a short tour area and a long tour area. Long tour were like going to Germany or Italy or something like that. Short tour areas, the only two areas were Korea and Vietnam and supposedly it was
mandatory that you signed up for one of those areas. So I uh guess uh I checked Vietnam and about seven months after getting to my first assignment at Letterman in San Francisco, was told that uh congratulations! You're on your way. (Interview #16., 2014, lines 54-66).

**inexperienced when deployed to Vietnam.**

Forty-one percent of those interviewed were assigned to Vietnam within a year of becoming a nurse and within a short period of time of reporting to their first permanent military assignment.

**Examples:**

That's the same thing. Me being a newbie into the operating room arena, because I only had two months at the Letterman Army Medical center at the time and my six months of education, and tossed right into the fire, so to speak, uh…I…you know I found that no one hindered me or no one put me down or whatever. (Interview #4., 2014, lines 605-611).

You know…in the Army you go to Fort Sam, Houston. Everybody goes there first. But then I went to, uh, Fort Gordon in Georgia. And about a month after I got there, I got orders, and I wasn't really much of an Army guy, and I could barely read them, but it said R.V.N and I didn't know what that was. [laughs] And somebody said, oh, that's Vietnam so about a month after my first duty assignment, I got orders. (Interview #5., 2014, lines 131-139).

There um…you know I was kind of a novice nurse at the time, so it really uh I was doing something I really wasn't trained to do, but you learn so quickly. I think the Army really does a good job of teaching nursing and medicine, because they give you responsibility. If someone expects something of you…um… 9 times out of 10, you'll live up to their expectation if…you know, if you're capable. (Interview #5., 2014, lines 429-438).

But…but anyway, my first assignment was Fort Polk, Louisiana. Just about….I was there from lets see…I got out of nursing school in 66, I went joined I went on active duty in late August of 66 and I was at Fort uh…went to Fort Sam Houston for a couple months, maybe six weeks, uh basic officer, basic training and then to Fort Polk. I was at Fort Polk from October until about late lets see left Fort Polk I guess late June of 67, and um…uh so I was at Fort Polk from October to June and I received orders in March. I think it was about March of uh 67. (Interview #9., 2014, lines 126-137).

Now you’re talking about…most of us were as with the female nurses…most of the nurses doing care were young people who were a year or so out of nursing school. (Interview #9., 2014, lines 461-464).
Not uh...I was 21 years old uh and uh really didn't know what to expect. I had a real good uh...uh orientation uh a pre-deployment orientation, at Ford Ord, California. They had a very realistic uh...Vietnamese village and I knew what to expect and most of the patients that I took care of were Vietnam casualties uh in Fort Ord. So just by talking to them I had an idea of what to expect. (Interview#14., 2014, lines 108-116).

I was stationed at Fort Polk. I thought gosh, anybody who gets assigned to Fort Polk, it was like a horrible assignment. They would never send me to Vietnam and uh...uh...six months after I was at Fort Polk I got an airmail letter, wondering who was writing me airmail and finally found out I was on my way to Vietnam and uh...my wife was pregnant. (Interview #15., 2014, lines 199-203).

So I uh guess uh I checked Vietnam and about seven months after getting to my first assignment at Letterman in San Francisco, was told that uh congratulations! You're on your way. (Interview #16., 2014, lines 62-66).

And then um, as soon as I graduated (anesthesia school), I went to Vietnam. The whole class went, including the instructors. (laughing) We were all on the same plane. Um, yeah it was pretty impressive when we went over. (Interview #17., 2014, lines 199-203).

**significant experience prior to deployment to Vietnam.**

Eighteen percent of those interviewed had both significant Army and nursing experience prior to being assigned to Vietnam:

**Examples:**

So it was good because I was pretty fresh out of anesthesia school so three years in a major medical center really helped my skills and get some confidence in doing that business. (Interview #7., 2014, lines 144-147).

Yeah, right, yeah. I was at Tripler a few years and I went to Vietnam in January of '69. (Interview #7., 2014, lines 157-158).

Well, I was, ah, I was in the Army quite a few years by then and, and I had been teaching in San Antonio, and, ah, after teaching in the Medical Field Service School I went one full year for degree completion, nursing at [redacted] and at the end of that I was slated to go to Vietnam. (Interview #8., 2014, lines 84-89).

And then, in Hawaii, during anesthesia, we were getting all the returnees from Vietnam, so we just worked 12 hour days, six days a week in anesthesia school and we did lots of Vietnam causalities so I was pretty well prepared, I think, when I got there. (Interview #8., 2014, lines 235-240).
Vietnam Tour

Regarding their time in Vietnam, participants were asked “How did your tour in Vietnam go?” In addition to the larger question, secondary prompts used to further explore their perception of their time in Vietnam included: 1) "tell me more about how your assignment was decided"; 2) "tell me about your living conditions"; 3) "how did you relax off hours?"; 4) "is there a significant event that sticks out in your memory?; and 5) what type of duties were assigned to you and your male nursing colleagues when compared to those assigned to your female nursing colleagues?

physical work environment.

When posed the initial question of this series, the majority of respondents described their professional physical work environment. Fifty-three percent of those interviewed worked in conditions that were consistent with differing facilities in country.

Examples:

We were on a…it was…the 93rd Evac was a hospital that consisted of Quonset huts in an X shape. So there was like, if you were in one of the wards or units it would be X shaped, so there would be four elements to your X. Each stem of an X was a unit or an office or a clinic or something like that. Most of the 93rd Evac Hospitals Xs were all units of some kind. At the 935th our X consisted of one of the stems being a ward; one of the Xs being a clinic and the other X being administrative areas of some kind. So we had one ward I guess...there was a ward that was part of the stem and one of the other stems was an activity area. One of the stems was a clinic that the docs saw outpatients, and the other was just admin offices. So that was our environment or our clinical environment so to speak. My unit was right across the street from the dorm that I…dorm or place where I slept. (Interview #1., 2014, lines 205-223).

Uh, the working conditions actually were not that bad. Uh, I was looking for a lot worse than, than what they were. (Interview #3., 2014, lines 343-346).

Yes, correct. We were the...at that time, it was the only hospital in country. (Interview #4., 2014, lines 190-191).

But the conditions there were adequate. (Interview #4., 2014, lines 205-206).
Uh, they weren't bad. You know it wasn't air-conditioned, and it's kind of a hot country, um… but we worked 12 hours on, 12 hours off, 6 days a week. And um…it was in these um-- I call them Quonset huts, you know, half-moon shaped pieces of metal, and then they were surrounded by sandbags and you had patients on…uh… two sides of a central hallway, and one nurse and maybe two, what they call -- I don't know if you know. You probably weren't in the Army, but they have people that are kind of like L.P.N.s, and they're called 91C's. (Interview #5., 2014, lines 184-195).

It was uh medical-surgical, and the surgical were uh…uh…infantrymen who were wounded either by fragments, which was most common, or by gunfire, but the most common diagnosis was uh um multiple fragment wounds. So you would care for them, change dressings and give medications and um…cover them up when need be. (Interview #5., 2014, lines 202-209).

Uh…we had uh a neat operating room…uh… theatre there, uh… enough anesthetists, we were very busy. I was at the 95th Evac in Da Nang. (Interview #7., 2014, lines 177-180).

I had three different main assignments. The first one was an evac hospital uh close to uh Saigon and Long Binh and at that I was the staff nurse, after being a head nurse in a very big unit and working shifts and nights. Okay. Fine. We lived in Quonset huts that were just like the hospital building, except no air conditioning. And um we even, for a time, even had days off, which I remember…I certainly didn't have them the rest of the year that I was there. Um…let me see. That's sort of distant. I remembered being there, but it was so quote civilized, if you will, with swimming pools in a nearby unit with um um sort of US restaurants. I don't think they had McDonald's, but short-order places. So it was not at all wartime, uncivilized. (Interview #10., 2014, lines 251-266).

Oh. Okay. Well um…we were in a Quonset hut, and it was a long Quonset hut, and um um…the front door to the emergency room faced my uh my tent, and to your right we had um benches where the patients who were going to be seen um uh were located. To the left was a uh a makeshift desk, and behind that were some more benches where patients who had been seen but had to be kept there for a little while for observation, were kept. These were patients who had been, maybe, sutured and were a little woozy or something. Patients who were uh there for penicillin for the clap were kept until we were sure they weren't going to uh pass out or something, and then uh the middle of the emergency room uh had litters, and uh the back, far back left of the emergency room was empty. The far back right was uh a supply area where we kept uh…supplies on shelves. And uh then uh then there was an exit at the back that led to uh covered hallways that would go to the uh patient wards or to the uh uh…ICUs that we had and the uh surgeries. We had two uh…uh we had two surgeries. (Interview #12., 2014, lines 347-369).

Um, at 93rd Evac it was we had only two operating rooms, but we had four tables in a room and there were no partitions. So, that was like M.A.S.H., actually, when we got there. I found it very hard to believe that there was another table right to my right and when I look straight ahead, there were two tables right there. But, it worked really well and efficient because if we needed help on one table, there were four other nurses that
were circulating that could lend a hand for a few minutes to get the situation under control. (Interview #17., 2014, lines 278-289).

And and well…first of all, it was a high school prior to being a hospital. UH…the working conditions of 3rd field were probably the best of any place in Vietnam. (Interview #18., 2014, lines 245-248).

We had fairly modern ORs and we had pretty decent equipment. (Interview #18., 2014, lines 254-256).

**expanded nursing role.**

A superordinate theme that arose regarding the professional environment in Vietnam was the expanded professional role that nurses played. Thirty percent of those interviewed discussed their expanded nursing role when discussing their professional experience while deployed.

**Examples:**

...and also know that when you get back into uh…civilian society, you're going to have more rules and regulations that will curtail your uh practice parameters. You know, in the Army, you can do anything. You're almost…you're almost practicing medicine as a nurse, and then in civilian life you go back to being the nurse. That's the one reason a lot of us went into anesthesia. It's because there's independence of practice. You know it's kind of the ultimate in advanced practice nursing. We think it that way. We're alone in the room with a patient 99% of the time, and we're governing the pharmacology and physiology. And um we use our manual dexterity all the time and it's kind of like every day in the Army when you're a nurse anesthetist on the outside. I know most of the people I remember uh…went into nurse anesthesia. They wanted something that was the ultimate, kind of the super nurse, and that's what's they figured anesthesia was... (Interview #5., 2014, lines 798-819).

You know I just made a guess at it, but uh…if you go out into civilian nursing, and even if you're in an I.C.U., you still have this close supervision by an intensivist, you know, an M.D., and um by maybe a nursing supervisor or a head nurse. And you didn't have anything like that in Vietnam. You would be pretty much in charge of the patient's care. I mean, they were...writing orders, but um day-to-day stuff you know, docs didn't do it. And you did it, and there weren't many docs anyway. Then when you get out, I think you get a lot more uh…uh…close supervision and uh…constraints. That's the way I kind of read it. I mean it seemed very...uh…uh…you know, I referred earlier to nursing schools emphasizing psychosocial aspects to the detriment of learning anything about the swan ganz catheters, to put it um…precisely. And I found the same thing on the outside. That they got this touchy-feely I guess that's what we used to call it...uh… approach. And not that nurses shouldn't be compassionate, and I think they always are and should be. But uh…there's no harm in learning as much as you can about medicine and intricacies of
care, and uh…uh being allowed to practice semi-autonomously, especially part of the
day. So I see feeling, and that one would take a…some guy probably would have to do a
doctoral dissertation on it, to see if most nurses coming back, who weren't anesthetists
already, became so when they got back. (Interview #5., 2014, lines 822-853).

And that might be why some people…would be nostalgic for Vietnam. They remember
their wide-open practice over there, and then they try to re-achieve it over here, and that's
kind of hard or impossible. (Interview #5., 2014, lines 907-911).

Well I remember doing this…when somebody gets fragment wounds, it's obviously dirty.
So they would put in retention sutures, abdominal. And…and they didn't close the wound
because they knew it was infected, and they just let it open so that we could get at it and
so that infection wouldn't be encapsulated down in the fascia. And I can remember
mixing up penicillin into a paste and then I could look in the wound and see the patient's
bowel moving back and forth with respiration, and I would be squirting this viscous
penicillin into the wound edges and into the uh abdominal cavity. And if I were to do that
over here and there were a bad outcome...whether it was related to that or not, it would be
a lawsuit in a second. (Interview #5., 2014, lines 993-1008).

Well, professionally it was a good experience because I felt like after I got out of there
and continued my career there wasn't much in the way of trauma I couldn't handle...uh...as
an anesthetist. You know I saw a little bit of everything, as you can imagine, and some
stuff you didn't want to see. (Interview #7., 2014, lines 276-282).

I, I traveled a lot because in the Delta Region I was responsible for, as an adviser to 16
different provinces. And I had nurse counterpart in the Vietnamese Army and he and I
traveled to those provinces probably at least 3 times a week, to a different province, you
know, trying to get them all in. (Interview #8., 2014, lines 135-140).

No, I think that in my case it was really kind of a wild experience because as I said, I was
just almost totally alone. I didn't have that group to rely on, any peers to help me out or

Yes. I remember one specific example is blood gasses. I mean, during . . . uh the first
time I think I ever did a blood gas was in Vietnam, when we finally got the equipment to
do it, and we were messing around with it and umm...um....it was used for the
neurosurgical patients. I can't remember the reasons why, because these folks didn't . . .
their pulmonary status is probably better than mine is, but all nurses do it, as a matter of
fact. But when one went back, she says, they tell me respiratory therapy must do that
because it's revenue-generating for them, and they lose money when I do it. (Interview
#10., 2014, lines 1063-1076).

I mean um, I had had a year of anesthesia in uh '65 and '66. And um, the hospital I was
doing my my experience at, probably the biggest case we did there was a bowel
resection. A gallbladder was a big case. So, um I had seen a lot of trauma in Vietnam...
(Interview #17., 2014, lines 220-226).
And it was just... that part was real hard and I could almost pick the Vietnam nurses out because they were giving meds for pain, they were giving you know nausea, all of that, then they'd just leave a note on the chart in the morning, the doctor would write the order. They had so much authority and they could do... they saved so many people. It was amazing. (Interview #17., 2014, lines 548-566).

**duty assignments.**

When participants were asked to “tell me more about how your assignment was decided”, Eighteen percent were assigned according to their nursing specialty.

**Examples:**

Yes. I knew I'd be in a psychiatric billet, because there were only three psychiatric nurses in Vietnam—two in Long Binh and one in Nha Trang. So there were only two KO teams in Viet Nam. (Interview #1., 2014, lines 194-198).

Well, once...you mean... it was going to be operating to begin with because that was what I was educated for. And uh that was decided when I got over there and it was [Ngoc Tran] in country you know we flew on a regular plane you know had stewardesses and all that good food and everything. We got off in Saigon and at that time, everyone going in the country had three days in Saigon for an in-brief. And...so...I...after the three days then I got on a little plane, which stopped off at Cam Ranh Bay to let someone off and Cam Ranh was just nothing, you know, not even thought of and then the next stop was Nha Trang, and I got off there you know they met me at the airport you know and uh I went in and that was it. Then I just started in the operating room. (Interview #4., 2014, lines 171-187).

So, I went in and I was immediately assigned to be an OR supervisor, which, for me, was a real challenge because I had only been a nurse for a couple of years and but I had rank and so uh, that put me in as a supervisor in the OR in a field hospital that was just starting up. So, this was in Pleiku up in the Central Highlands. (Interview #13., 2014, lines 256-262).

However, the majority (fifty-three percent) of those interviewed had little insight to the decision process for assignments.

**Examples:**

It was um up to us. We all flew in together, a bunch of us nurses, and then we flew in with the infantry guys too. It's on a...on a civilian plane, and you land at Bien Hoa, which is kind of near Saigon down there. And um they said, here's the hospitals that have openings, and they mean nothing to us, but I noticed...we had a map...and I noticed this hospital was on the coast of the South China Sea. So I said Ah, I'll go to the 27th
Surgical Hospital and so they let us choose, although it wasn't much of a choice, but I thought, Why not be near the ocean? So that's why I got there. (Interview #5., 2014, lines 169-181).

...when I got to Vietnam, all the nurses went to see the- you know, we flew into Saigon and we saw the Chief Nurse of the Army, or the Chief Nurse in Vietnam, and the one question she said is, you know where you want to go? And I said, I want to keep busy. So she sent me up to a MASH hospital. (Interview #6., 2014, lines 127-133).

At that time Bien Hoa was kind of a hot spot because it kept getting attacked but they finally got us to Bien Hoa and then they got us a flight, let me see, no Bien Hoa was where the assignments were made so we went to the Chief Nurse of Vietnam there and a buddy of mine came from Tripler with me so we went together and we had a nice interview with her in a nice an air conditioned place you know starch uniforms and everything. We're sitting there sweating in our khakis and uh so he went one place and she says well, I'm going to send you up to Da Nang but that was it, you know, from there on it was finding a ride up there and I got as far as Chu Lai the first night and spent the night there. (Interview #7., 2014, lines 204-218).

I don't know how it was decided. It was definitely decided before I got there because I had not been in patient care for a number of years. I have been teaching at Fort Sam Houston for several years, ah, and I thought I would be finally back in a hospital taking care of patients only to find out when I got there I was assigned to MAC-V. (Interview #8., 2014, lines 93-99).

uh I had nothing to do with deciding it. Uh I reported to the Chief Nurse uh of Vietnam, and this lady said, you're going uh to An Khe, Vietnam and I uh had no idea where anything was in Vietnam. So you know I just went where they said I was going. (Interview #12., 2014, lines 213-220).

I was sent to the 90th Replacement Center and was asked where I wanted to go in Vietnam and uh...they suggested some assignments, but I had several of my friends who were in basic with me um and they were at the 24th Evacuation Hospital in Long Binh so I asked for that. I got that assignment and I was assigned to the uh 24th Evacuation Hospital, Long Binh, Vietnam. (Interview #14., 2014, lines 121-128).

We had an interview with the chief nurse of Vietnam. Uh...you were driven over and at the time I had heard after this assignment and after that assignment and I asked for a town called Nha Trang, not knowing anything. It was like a roll of the dice. It turned out Nha Trang was uh...a field hospital, and a very nice field hospital located near the beach and uh...the Tet Offensive was going on at the same time so, it was kind of exciting. And uh...but that's how we got assigned. (Interview #15., 2014, lines 119-129).

Uh...we went over to the chief nurse office and...uh... she said, this is where we need you and away you go. (Interview #16., 2014, lines 102-104).
Um, gosh I don’t don’t know there were seven, six nurse anesthetist that went in this group and they split us all up. I think two of my classmates went together up at Danang. And, I think I went to 93rd Evac. My assistant instructor was there. Um, I think he sort of requested me, and I was going to be his replacement then. And, so I went to 93rd. I was there for maybe six months and then that hospital closed and I went up to Chu Lai at 27th Surg. (Interview #17., 2014, lines 257-266).

**personal living conditions.**

As was the case with working conditions, living conditions varied by geographical location and time of deployment.

**Examples:**

We had private rooms, and we had beds as opposed to cots. So it was a fairly decent existence compared to some people who had to live in tents, and mobile Army surgical hospitals and things like that. (Interview #1., 2014, lines 226-230).

Actually they were better than what I thought they would be. I uh, I, You heard so many horrible stories, and some uh of the people that I talk to had been sent over there when uh hospitals were just being set up, and they were living in tents-actual, you know uh, small tents, but when I got to uh 3rd Surge, we were actually living in wooden-constructed hooches that were uh-it wasn't really that bad. (Interview #3., 2014, lines 275-283).

We lived in…we lived in a doctor's villa. There were eight of us. It was a Vietnamese doctor's villa, which rented it to the government, you know…the US Military. It was two to a room…and...we had a bath, uh… a kitchen area, and we had someone to...a houseboy to clean up after us and shine our shoes and all that good stuff and uh living conditions were fine. (Interview #4., 2014, lines 234-241).

They had uh B.O.Q.s, Bachelor Officer's Quarters, one for the men, one for the women, and it was kind of an open-air thing. I mean, the top of your room was uh…it had no ceiling, and it was a screen to let the air kind of circulate through. So it was very small. It was probably about 9’ x 9’, kind of like a cell. And um…had uh a community latrine and shower and…um… I remember they had the bunkers right between the two B.O.Q.s, the male and female…(Interview #5., 2014, lines 234-244).

Uhh, at the bottom of the food chain, so to speak. Uhh, we lived in hooches; do you know what a hooch is? Like on MASH on TV. That's, that's exactly what we lived with, and that's was a hooch. (Interview #6., 2014, lines 162-166).

...uh, we lived in a two story building …uh…uh…that had rooms on both sides, uh about eight or ten top and bottom both sides so it was about I don't know what are keeps, I don't know between 30 and 40 rooms up there, single, small, 4 by 8 rooms. Uh…a lot of us got together and broke out walls and made two rooms into one so we could have a little
...space to do things, you know we could set up bunks in one room and have like the other room with a TV and our stereo and things like that. And some people, my roommate I moved in with after a couple of months happened to be the supply officer so we had an air conditioner. Quite a few people ended up with air conditioners... so that was no big thing but first two or three months living there in a four by eight room with no air and no fan was not nice. It was very hot and humid and you know they had the slots on the windows so the sand wouldn't get in but it also kept the air from getting in. So...it wasn't the ideal place but it wasn't bad. You know we had hot running water for showers and flush toilets so we couldn't complain about that. (Interview #7., 2014, lines 224-247).

I lived in a small compound. It was called Ekin compound in the town of Canto which is on the Delta Mekong River. And this was a small compound and I had a double room. It wasn't anything fancy, but it wasn't. It wasn't bad either, for a war zone. (Interview #8., 2014, lines 115-120).

Um, we had Quonset huts and we had a room that was, held a twin bed, uh, we had a desk and chair and, it wasn't exactly like a closet, it was a trunk or something, I think, with our clothes. That was pretty much it. The normal room, uh, about eye level or chest level, there were screens from maybe our chest on up to the top and then they put slatted boards up pretty high so if anyone walked by our room they couldn't look in at us. Uh, and some of them, if they had been there a while, they had order air conditioners from the United States and some of them actually closed it off and had actually an air-conditioned room. Um, but It was pretty primitive. (Interview #8., 2014, lines 115-120).

Uh well they varied...uh when we first got there, there was nothing there. The area they assigned us to there was just a building with a tin roof and uh uh we were supposed to stay there that night which we did. I think we stayed there a couple nights. I mean it was just filthy. I do not know who had been in there before. We had to clean it out... and it was just depressing. (Interview #9., 2014, lines 115-340).

Well, that was pretty good as a matter of fact [laughs]. We lived in a...each of us had a single room that had an air conditioner. We uh had uh a Vietnamese housekeeper that we paid so much a month, and this lady would take care of doing all of our laundry, making our beds, keeping our...keeping rooms clean...uh...it also happened that not too far from where our rooms were there was a swimming pool. So a lot of the servicemen once they got off duty were...uh...able to go to the swimming pool. So it was a rather unique situation in Vietnam. I almost felt guilty...uh...drawing combat pay for the situation which I was involved in. (Interview #11., 2014, lines 155-168).

At first we were in a tent, and there were four of us in a tent: myself, a male nurse who was uh the operating room nurse, a medical doctor and a uh let me see, [redacted], myself uh two medical doctors, a male nurse and myself. My tent...my quarter of the tent was just across the road from the emergency room door, so that I could be available as quickly as possible when we were getting casualties. (Interview #12., 2014, lines 239-247).
Well, the first six months in the highlands, uh we were in uh Quonset-type huts. They weren't the traditional shape of a Quonset, but it was the same material and so on. (Interview #13., 2014, lines 344-347).

So uh…other than that, I would say the living quarters were quite good. I mean it wasn't like I was out in the jungle in a tent or something. (Interview #13., 2014, lines 370-373).

Uh…there…we lived in a hooch. I had a hooch, again a small…a small room to ourselves. The first six months I was there we had uh…uh…no warm water. We just had big tanks to take showers and just a regular six or seven or eight hole uh…uh in the ground to…to do your business. And so the first…the first six months was a little bit difficult because the living conditions were not what I was used to. Uh...we...uh like I said, we worked six days a week and so we were fairly tired most of the time and uh I was never really afraid of any…being in danger. (Interview #14., 2014, lines 168-179).

Uh…living conditions were, obviously the people in the field were much worse off than…than we were, but it wasn't the cleanest of places to be and we did have water though it wasn't warm it was just…um…um it was a little bit austere, not anywhere near…I never said a word because the people in the field were much worse off um…than…than I was. (Interview #14., 2014, lines 183-190).

We lived in…when I finally got to my uh…uh assignment we were living in old French vacation villas. The city near the community where I resided at this field hospital, the officer's quarters were again old French vacation villas and they were two men to a room and they were shuttered, a big fan in the ceiling and it was like something out of a Humphrey Bogart movie. Interview #15., 2014, lines 135-143).

Uh…they weren't bad I mean we certainly were living a whole lot better than the Marines and they'd been in country for four or five years by then. We lived in fixed structures. (Interview #16., 2014, lines 135-138).

And um I mean, it certainly was much better than what the gun fighters were living at. (Interview #16., 2014, lines 144-145).

Uh…we had a pretty good BOQ. We had uh…um…I would say not any different from any other place. It was a BOQ right next to the hospital…uh… on both sides and they were two to a room. They had a bathroom. They had everything in it. (Interview #18., 2014, lines 303-308).
physical safety issues.

Physical safety concerns emerged as a significant superordinate theme. Eighty-two percent of those interviewed related that personal safety was at least a consideration during their service in Vietnam.

Examples:

Again, I was in Long Binh which is near Saigon and there wasn't a lot of enemy activity in that area; although we took rockets into the compound and there were certainly rifle fire around us, but I don't think there were large groups of RVN or Viet Cong. The most significant event I can think of in terms of enemy action was the TET of 1968. (Interview #1., 2014, lines 256-263).

But we never felt threatened on the compound with any enemy activity or except for the rockets that we took on rare occasions. (Interview #1., 2014, lines 274-277).

I don't think there was any safe places…(Interview #1., 2014, lines 379-380).

When I got down there, I was Deputy Convoy Commander. (Laughs) If that's not ridiculous, I . . . I had an M2 carbine with two thirty-round banana clips, and that's all there was. There were no more .30 caliber rounds in the entire unit. (Interview #3., 2014, lines 227-232).

We were under uh . . . fairly frequently . . . the mortar and rocket attacks were just beginning, and we'd already been mortared once. There were 17 of us wounded uh on the one night that they hit us real bad, and uh I told him absolutely. (Interview #3., 2014, lines 253-258).

The next night, we just finished the last case, and we were all going, going back to uh [redacted] room, who was a surgeon, and uh we were all going back to his room for a couple beers after we finished cleaning up and everything, and uh they dumped about uh maybe 30 rounds. About uh 20 of them landed-good number of them landed right on top of the hospital, and it just shut us down. Uh, there were 17 of us wounded that night. (Interview #3., 2014, lines 1424-1433).

and I had written out my last will and testament… (Interview #4., 2014, lines 431-432).

…and sirens would go off, I remember, in the evening. Always at...evening, and it would be some group of uh...of uh…I called them...um...Vietcong, but they were probably N.V.A., you know, North Vietnamese Army. They'd try to get through the barbed wire. This was called the Americal Division. This is where I was stationed. And they would try to get through the wire at night, and cause problems. So the sirens would go off. So you'd get out of your B.O.Q. and go into the...um...uh...shelter, bunker I guess they called it.
A bunch of sandbags. And at that time, for some stupid reason, they let us have uh firearms you know we didn't know what we were doing with them, but...they would just keep you in there for an hour, and then you'd go back to bed.  (Interview #5., 2014, lines 244-260).

One of the nurses I came in with, and I've seen her name recently, was the only nurse ever killed by enemy action. She was killed uh maybe uh two months after we got there. We got there in February, and she might've been killed in... I think that might be. She was hit um by some fragments of rockets. They used to fire these rockets at hospitals. They're called 122s. That was their diameter in millimeters. She was just in her uh quarters, and it uh got her right in the aorta and that one kind of shook me. I thought, well, I never thought a nurse would get killed.  (Interview #5., 2014, lines 364-381).

And then uh...the other events that stand out is when they actually rocketed my hospital, a couple of times. And I remember you covered the patients up with mattresses and things and I was thinking, you know, I go through nursing school, and then I get killed? This doesn't make any sense. That went through my mind. (Interview #5., 2014, lines 382-388).

And we could actually see Vietcong running through their helipads, dropping satchels underneath their helicopters, all of that kind of stuff. And that's probably the first time in the six months that I was there that Uhh we used the bunkers. (Interview #6., 2014, lines 428-433).

At that time Bien Hoa was kind of a hot spot because it kept getting attacked... (Interview #7., 2014, lines 204-206).

We were up on the coast. There was no activity close around us. Every once in a while, the VC would fire a rocket and it'd get off course and land close to us and that's about it. (Interview #7., 2014, lines 460-463).

I did, I had my choice of carrying an M-16 or a 45 and I carried a 45 on me all the time. (Interview #8., 2014, lines 319-320).

Not really, as I said I always had my Vietnamese Counterpart with me when I went out. Except one time I did travel by Jeep to a town about 30 miles away during the daytime, but during the daytime was not a problem it was just anything over there at night that could be a problem. I'm sure that many of the people I saw during the daytime weren't quite as friendly at night. And in fact I knew that one of the doctors at the hospital right next to where my compound was was VC or VC sympathizer. They knew it. But he was a doctor and they didn't do anything about it.  (Interview #8., 2014, lines 323-333).

We went there on a convoy. So uh we got up early and we were worried about snipers and that kind of thing along the road as we were going.  (Interview #9., 2014, lines 348-359).
You certainly heard uh boom, boom, boom in the background at night. (Interview #10., 2014, lines 266-267).

Uh two of my uh basic training friends died in Vietnam. One, Marilyn Lane--not Marilyn Lane…Sharon Lane . . . uh . . . died at the bedside . . . (Interview #12., 2014, lines 295-299).

And uh of course she was at the bedside when a mortar round landed and killed her, and the other was uh uh a young fellow from uh Illinois. Let me just think of it now. And uh of course she was at the bedside when a mortar round landed and killed her, and the other was uh uh a young fellow from uh Illinois. Let me just think of it now. And he never did get to see his unborn child…uh…I'll think of that name after awhile. Um…he was with a unit with several people who were being helicoptered to another medical unit in South Vietnam when a plane went down, a helicopter went down, and he uh was killed. (Interview #12., 2014, lines 308-321).

I uh…one time, we were pretty busy in the operating room, [redacted], a operating room nurse, whose name was [redacted] from New York state, had been on his feet in the OR for I don't know how long, probably 36 hours or so. He finally um decided he had to get a little bit of rest. Uh he was…if you would put our tent in a…uh… an X…if you put an X on our tent he was uh opposite me. Our tent uh was next to a ravine. Uh..he went over and laid down, maybe a half an hour or 20 minutes, and within about uh 20 minutes after he had laid down and was back in the OR, a mortar round came in and landed directly on his bed and of course ruined our tent. But if he had not gotten up, uh he would have been dead. So if that doesn't make you believe in a God, nothing will. (Interview #12., 2014, lines 447-466).

There were several times where we did have to evacuate to uh our bunkers because of the mortar activity in the area but uh…um that only happened like four or five times the year that I was there. (Interview #14., 2014, lines 179-183).

But I saw a lot of horrible wounds, a lot of horrible injuries…uh..I mean we were certainly shelled and under attack at times but nobody…as I say we had a sense of camaraderie…we were all in it together and I think that helped. (Interview #15., 2014, lines 392-397).

And when I was out in the boonies, our unit got attacked pretty regular. Uh there’d be sniper fire into the compound. Some nights there'd be attacks. There'd be bodies on the concertina wire in the morning. Um…but again, it wasn't that terrible. (Interview #16., 2014, lines 178-182).

and then um we got word that the hospital was going to be overrun so they moved us out overnight...(Interview #17., 2014, lines 270-272).
recreation.

The availability of limited recreation opportunities was a pervasive theme throughout the interviews. Apart from recreation activities outside of work, members were afforded two rest and relaxation trips during their year tour in Vietnam.

Examples:

Well actually I played a lot of basketball. We had a basketball court right outside. There was a swimming pool on post. (Interview #1., 2014, lines 233-235).

There was an officer's club where we could go and have a drink. (Interview #1., 2014, lines 236-237).

So write letters, and read books. (Interview #1., 2014, line 239).

Well off-time uh I jogged uh practically every day when I got up to 24th Evac, because uh I became closer friends with a fellow by the name of [redacted], who was also an anesthetist. He was a jogger. So I jogged practically every day. Our shifts were 12-hour shifts, and if there was nothing going on, a lot of us would just kind of sack out wherever we could find someplace to lie down. Some of us would go back to the hooch and read or uh do something like that. But uh a lot of them were weightlifters-you know, lifting weights and uh just laying out in the sun and uh when you were off, it could be intensely boring, but you could get your hands on enough books. Uh, sometimes we would-if we were not on duty and weren't expecting to be called for a heavy push or something, we might wander off and take a trip into uh town from 24th Evac. (Interview #3., 2014, lines 396-415).

Yes, there was…uh…uh there was, again, the officer's club…uh…you could go downtown Nha Trang, [Dohlau] street you know and someone would drive you down there. A couple of us would go down there and sight-see. Uh…we'd go out to eat even though they said to watch out for the food, but everyone went out to eat. The food was super and everything else and so…uh we also had the beach, the China Sea, which was not too far away from the hospital. In fact, it was three blocks from the hospital. But we were you know billeted...like I said about four miles from the hospital, so we had the beach we could use also. (Interview #4., 2014, lines 253-266).

we had a chance to go on R&R for a week, and I went to Hong Kong for a week…and…uh…came back, so I at least had a week away you know and saw Hong Kong. Then, I had another chance just before I left, about two weeks before I left. We were, just a second, we were…going to go to…going to go down to Australia because they just happened to have opened a spot down there. (Interview #4., 2014, lines 460-468).
Uh...we...uh... had an officer's club and an enlisted men's club, and uh...I kind of gravitated to the enlisted men. I met a guy from...uh... New Jersey who was one of my medics to begin with, and then they said they wanted to start a P.X., so he started the P.X., and he was a real dealmaker and smart guy, and into Russian literature and stuff. So I hung out with him and I would go to the enlisted men's club, which they would call uh fraternization...I think they called it, and so I would just change my insignia. They had an insignia that you would just put on your uniform with pins...you know, the black. I was a captain, and uh I would put on an enlisted men insignia and then go over there. So that's where I'd spend most of the time -- in the enlisted men's club, or...I remember buying a portable TV, and the other guy Mike and I would sit out. It was all sand there, because it's on the beach, and we'd sit and watch video replays um of Dean Martin, Frank Sinatra, stuff like that, because we were both into that type of music. So that was the main relaxation. And we would also go to the beach...uh... once in a while. They had a beach there kind of like China Beach, which is by Da Nang, the one that they made a television show out of. It's just beautiful white sand, turquoise water. So that was the main relaxation... just the clubs and T.V. and the beach.  (Interview #5., 2014, lines 312-340).

Then you go on R&R twice during your one year...there. I went to Hawaii and I went to Tokyo.  (Interview #5., 2014, lines 140-145).

Uh, I don't know, you did a lot of reading, a lot of letter writing. Uh, you didn't have much to do. We were on a beach on Uh the ocean so we could go down the beach once in a while. Uh, there was a lot of drinking, and I did my share of it. We weren't alcoholics or anything, but we would either- if you got off at 6 o’clock in the morning, 7 o’clock in the morning after a twelve hour stint, you might have a couple of drinks, to be honest. Uh, but there were guys who were drinking all the time, Uh but there really wasn't anything to do. There really wasn't.  (Interview #6., 2014, lines 182-193).

Well when we weren't either first, second, or third call you could go over to a club, uh, every once and a while they'd have movies but most commonly we went to the club. Uh...the...uh the people had initially set up the hospital in 1960 see I got that '64, about '64 or '65, had an orthopedic surgeon whose family did construction in New Jersey and so he scrounged some material and built a very nice officer's club right on the beach.  (Interview #7., 2014, lines 249-258).

As close to the beach as we could get because we had barbed wire between us and the sea. But...uh you know they built this very nice officers club and you know we had a juke box, and alcohol and course we had the girls anyway you had somebody to dance with. So you know most of the time we spent over there, or we spent in our room listening to music or watching TV, what little TV we had.  (Interview #7., 2014, lines 260-268).

Well we would sit around and talk...you know shoot the bull, play cards. You know there is a lot of time, specifically with a MASH unit when you do that. Of course there was a lot of dead time because when we went to Lai Khe the hospital was not there and it did
not come until late December and we did not open it until the first of January so we had about…from the time we were assigned in October until the first of January no patients no patient care. So, we sat around, we did things, and they had…they had a club. This rubber plantation had a huge planter's house in place, villa and that and uh they had a club there. You could go over there and drink and they had a pool table you could shoot pool if you wanted. I think they had a swimming pool over there too although I do not ever remember using it. This was all in contrast to the 91st evacuation hospital where I was from August to October. That hospital was a big hospital and it was right on the Ocean and it was all sand there. It was more like living on the beach in Waikiki. As compared to…so I went from this kind of relatively nice area you know and they had a real nice officer's club right on the beach you know where we used to hang out and there was a lot of woman there on that compound in that hospital because we had female nurses there obviously. (Interview #9., 2014, lines 376-404).

Right, and…and since our unit was kind of unique in that we...we had our own company commander, the psychiatric unit we had our own vehicles. So and there was a large PX there was even a…a Chinese restaurant that was on the…on the installation. And so some of us we were able to jump into the two and a half ton truck that belonged to our unit and travel around the...uh...uh installation. But most of the time was spent out relaxing in the pool. We also...uh... had outdoor movies in the evening for all the hospital staff and that...uh...that happened every evening so that uh that was another way we passed our time. (Interview #9., 2014, lines 172-185).

Uh oh. Well, I took a typewriter with me. I always liked to type, and I sent home a lot of letters. Many of them were the basis for my book. And I um I um well, what word do I want to use? I confiscated [laughs] uh...uh...account books from the government and uh kept my journal. I played a lot of cards uh when we were able to do so. And we had an officer's club. I'm not a drinking person, but uh uh went there and had uh pop, and uh and uh we had musical units that would come to the uh to the uh facility where I was -- I mean, the entire base -- and uh that's about it. Uh...I had a lot of friends at home who remembered me, and I got a lot of letters, and everybody was envious when we had mail call because I would get a lot of letters. Uh...I tell you, I would sleep a lot when I had the chance, because you...rested when you had that opportunity, because you were up many times at night and you were at work long long hours when things were rather hectic. (Interview #12., 2014, lines 253-272).

Uh...again...uh we had an officer's club. Everybody went to the officer's club uh after hours...we had our hooches were like eight or ten man hooches and there was a very short distance between the hooches and uh...we had lots of gatherings after...after we went to work and on our days off to uh...to relax and um...and relieve some of the pressure. (Interview #14., 2014, lines 193-200).

Oh. We had movies and an outdoor movie theater. We would hang out with one another, go to the beach. Since I was working nights uh, the beach was about...you know 300 or 400 yards away. We would head to the beach, swim, fall asleep, toast in the sun and uh it sounded almost idyllic. We would eat bananas, pomegranates, coconuts...the little mama
sans… I was in a really beautiful part of Vietnam. It was incredible. I mean periodically they would log in some rockets or we would take some fire because we were right near an air base but other than that uh it was a place that would rival Hawaii for beauty and especially during the summer months." (Interview #15., 2014, lines 163-176).

"Uh…one of the advantages of Qui Nhon was that it was an in country R and R site. So there was a beach and you could go over the beach. I learned to sail over there. You could swim. On the installation where I was at, there was always basketball and volleyball games going on. You get off work and sometimes you'd play basketball for four or five hours. Just…and…get a few hours' sleep. You were on 12 hour shifts, seven days a week. And um…you just found something to do. There was a very good officer's club on the installation where I was at and you spent a lot of time there. (Interview #16., 2014, lines 149-161).

Uh, pretty much we had to stay around all the time. OR, the OR nurses, they were on 12 hours and then off 12. Anesthesia, we didn't have enough people so we were on 24 hours so we just sat on the sandbags and talked. Some isolated themselves in their rooms and um, a good day, if we were on seventh or eighth call, then we could get a ride over to the military BX and do some shopping, but, pretty much you just stayed by yourself and chatted. Uh, we met over in the OR quite a bit because it was air conditioned, so we would go over there and have coffee and sit and chat but uh there wasn't much else to do. I think we had movie time in the evening. Oh, there was a swimming pool. I think I went to it once or twice, but that was it, because I worked mainly, we had to work every day to do the delayed primary closures so we had a pretty good operating room schedule every day of the week. (Interview #17., 2014, lines 344-363).

We would go get drunk at the Circle 34 [laughs]. They had the ink spots come over there and had these shows that used to come there. And we had two to three beers every night or eat salty dogs or whatever we were drinking at that time and we would relax. And I…we had a call system… we had four operating rooms and one triage area and we had seven or eight people on anesthesia so I had a system where one, two, three and four always had to be sober and alert and five, six, seven and eight could go out and do what they want. Occasionally we had to call them in. (Interview #18., 2014, lines 323-334).

**Significant Events**

When participants were asked “is there a significant event that sticks out in your memory?” a number of themes emerged across interviews. These included mass casualty events, specific patients, and the camaraderie that was experienced while in country.

**mass casualties.**

Sixty-five percent of those interviewed related that the treatment of patients in a mass
casualty situations was a significant memory of their time in Vietnam.

Examples:

The most significant event I can think of in terms of enemy action was the TET of 1968. TET of 69, excuse me…the TET of 67 was the big TET where there was a lot of enemy action and there were a lot of casualties. But TET of 68 was much less so; however there were a lot of fire fights and there was a lot of activity in the air in terms of the C-47 with the automatic machine guns that were circling the area. In our immediate vicinity there was an ammo dump, so that was being protected by these planes flying around. We did see some of our Air Force activity engaged in some skirmishes around the compound. But we never felt threatened on the compound with any enemy activity or except for the rockets that we took on rare occasions. (Interview #1., 2014, lines 262-267).

There were a lot of casualties, what happened would be…uh…that the operating room was obviously cleared and then they were triaging the uh…the uh patients as they came off the ambulances in the emergency room area. So we would know which ones were…you know the doctors would say this one needs to go here or there and this one needs to be first and second, you know, prioritizing. (Interview #4., 2014, lines 220-228).

Well, that night or evening before I was supposed to leave, we got about 25 casualties in and so we were up all night working with them. (Interview #4., 2014, lines 469-471).

We had a lot of days that were very busy…uh…you know casualties…uh…you could tell when the helicopters come in oh I better get ready, especially in the evening. So it'll come and go, in 1969 things were pretty hot. (Interview #7., 2014, lines 297-302).

Of course the uh…the uh…the big event while I was there was the TET offensive in 1968 and that was…we were in that…we were in Lai Khe when that started and we started getting tons of patients. (Interview #9., 2014, lines 457-461).

Uh…uh…um…I guess getting the massive number of patients would be something. Uh, one time, and I have all this in my book, one time, we were told that…uh…we were going to get a bunch of casualties, and I got as um many people as possible available, people from the Supply Department, from the mess hall, from the Admin Office – just…it was in the evening -- and everybody that I could possibly get from the unit available, so I'd have a lot of help. You know, you need letter bearers and you need uh well, anybody who isn't even medically trained, you could get them busy and and show them what to do, or the other medics could show these people what to do. And uh…finally, a deuce and a half pulled up, and I uh and a couple of the medics went out, and the driver uh got out and uh pulled down the back of the deuce and a half and he said, don't worry, and here was the deuce and a half with just nothing but boots piled up, and he said, they're all dead, and I would say there were probably 24 to 36 dead men . . .in…in that vehicle. (Interview #12., 2014, lines 386-410).
Uh…another time, um…we had another big push, and uh we triaged. Uh…we had uh…we put some of the casualties on the right side of the emergency room, who needed uh rather uh immediate attention, and we put some of them on the left side who didn't need too much attention uh and we took the expected ones uh those were the ones that we knew were going to die, and there's nothing we could do way in the back of the emergency room. And we took those uh who we needed to take care of immediately and put those on litters in the middle of the uh emergency room, and uh other nurses who were off-duty were called to duty, and they and the other doctors who were available uh uh stabilized them as much as possible uh in preparation for either evacuating them uh to Phu Nhuan or some of the other facilities south of us, um or um…getting them ready to go into the operating rooms and then one patient um in particular um was one we had on a litter on the floor. The chaplain was on one side and I was on the other, and I was taking his pulse and had my hand on his forehead, and the chaplain was kneeling beside me. I was on my knees, and I kept wiping his brow, and I uh had my fingers on his pulse, and the chaplain was praying, and finally there was no more pulse, and I just put…his…hand over his chest, and uh and that was it. You don't forget those experiences. (Interview #12., 2014, lines 410-439).

So, there would be no action going on in your area and nothing really generating anybody who had to be brought into the hospital. And then you could go for a couple of days and get 250 casualties you know helicopters coming in bringing 10 and15 casualties at a time. (Interview #13., 2014, lines 399-404).

And that was a major activity that went on for a couple of weeks. And that was our first real exposure to what it's like to be in a hospital receiving fresh casualties off the field. I'll never forget this as long as I live. There were uh…we really never had notice that anybody was coming in. You just hear the dust-offs approaching, the helicopter whirling and within 15 minutes, we had approximately 80 casualties. I mean it was I had never seen anything like that I mean, in an emergency room in the states at that time, unless you were working in a trauma center in a large city, which I had never had experience in, uh you would never see anything like that. Those casualties, for the most part, never would have made it to the hospital. They were sort of picked up off the battlefield and brought in quickly by the helicopter. (Interview #13., 2014, lines 440-457).

I think working uh…in mass cal situations, I worked a lot of nights. During the day we had two nurses and two or three Corpsmen. We had a general medical officer that was there till seven o'clock at night and then after seven o'clock at night there was just a nurse and a…a Corpsman and we would call that once we got casualties in we would call the appropriate surgical team, uh…uh whether it was neurosurgical or maxofacial or whatever it may be so um…um that was always challenging, again you just wanted to make sure you did the right thing and uh called the appropriate people. But once you did it for three or four uh…or five times you got the hang of it and the one thing I remember is the mass cal situation that we had. My…my Corpsman and myself took care of 15 uh wounded patients uh in about an hour and a half period of time. (Interview #14., 2014, lines 212-229).
The way it worked over there was at, like I said, we were getting huge numbers of casualties. I mean, we would get 70, 80 at a shot. At Qui Nhon there were two evacuation hospitals at the time I got there, the 67th evac and the 85th, where I was. And so if we were getting them, we were across town, and the 67th was at the airport. They were getting slammed just as hard. And you would just go up to the emergency room and just kind of flow back with the patients as they came in. And uh eventually you'd end up back wherever you were working and uh then start taking care of what you needed to do there. (Interview #16., 2014, lines 117-129).

I felt it was really hard on the, uh, the fourth soldier to come in for surgery because they knew the other three on the table were buddies of theirs and everything, but we usually put them to sleep fairly fast so that they couldn't ask too many questions, but um. (Interview #17., 2014, lines 289-294).

If we got a mass casualty, which we had frequently, what we would do is that I would send two people to get eight hours of sleep and then they'd come back and then two other people would go and get eight hours of sleep. We would rotate so that I have a fresh crew around the clock. (Interview #18., 2014, lines 334-340).

Specifically, triaging during mass casualties was remarked as being a significant memory by some.

**Examples:**

So, the level of trauma and the volume. So, here are all of these GIs brought in on litters and in addition to GIs um Vietnamese, never being sure with certainty if they were enemy or ARVN, the Army of the Republic of Vietnam. Um...and then facing that volume and having to go through a triage, which, again, in the US, I had never really participated in it was really more of a classroom exercise. I was sort of going around with the chief surgeon for that day and setting the priorities about who was next on the list to come back into the OR, who was so severely injured that we wouldn't really be able to do anything um and so we're not going to use resources to care for them at the moment. If after we've cared for all of those that we felt we could make a difference, then, of course, we would do something if they were still alive. Um so, going around and making those kinds of decisions is still fresh in my mind. I had never had an experience like that. Until you really go through it, at least I don't know that I would be able to sort of envision what that all entailed. So, it was making really tough decisions...um...and...um...then in addition to that, uh another thing that sticks in my mind is part of the prioritization was that we always took care of uh Americans first and then uh Vietnamese Army and any other allies, like the Korean Army and Australian Army and so on. But Americans always came first, then uh our allies, then uh enemy. So, any that were identified as either Viet Cong or NVA, North Vietnamese Army. We'd care for them but only after we had exhausted caring for all of the others. (Interview #13., 2014, lines 457-492).
Uh…but those were really difficult decisions because, of course, having trained as a clinician, uh regardless of where you worked, you'd be oriented uh more toward the life-threatening injury regardless of who that happens to be a part of. But this was part of the military triaging. And uh…it would go on like that for days. (Interview #13., 2014, lines 507-514).

No, no. It really did not at our place at all; it was the most seriously wounded first to the OR. And they could be POWs or they could be North Vietnamese regulars, if they needed the OR first, they got sent to the OR first. And they really, they really stuck to that philosophy, they really did. (Interview #6., 2014, lines 284-290).

**specific patients a significant memory.**

Sixty-three percent of those interviewed related that specific patients remain a memory from their time in Vietnam.

**Examples:**

We hung around there to find out which patients we were going to get and have to take to the uh operating room. And he had a fragment wound of his eye, and the eye was destroyed. Well, now we didn't take care of eye wounds at, at the surgical hospital level. That had to go up to an Evac level. So I was staying with him while we were waiting for chopper to come and transfer him to 24th Evac, and he kept telling me-he said, what a terrible way to die. And I kept telling him, You're not going to die, you know son. You're going to lose your eye, more than likely, but you're not going to die, because this ..and of course nobody knew all the extent. We didn't even bother-by the fact that he had had an eye wound, uh and we’d, we’d already had a whole bunch of wounded, and x-ray was stacked up, we didn't get a chance to x-ray him to see the depth of the penetration. While they were waiting for him to-when they finally came for him, with the stretcher, to load him off and take him to the chopper and take him to 24th Evac, he reached up and grabbed my hand and blood started pouring out of his nose and his mouth and his ear, and he fucking died. And I had lied to him. I told him he was going home. (Interview #3., 2014, lines 546-573).

There was a boy that had been involved in a uh blast of some kind or another, and I don't even remember the uh circumstances, but he had apparently been involved in this blast, and he was in the middle of a fireball, and he was unconscious. They came and got me as I was walking through. I had just finished dumping off one patient into the recovery room and was going back to clean up my equipment and get ready for the next patient, and they asked me to take a look at his airway with a laryngoscope and give my opinion as to whether he would survive or not. He was unconscious. I opened his mouth, and when I looked in there, I just told them, I said, there's no way he can survive this. You know, everything in his upper airway was just, it was just white. There was no pink to it at all. It was just white, and when I lifted the base of his tongue with the laryngoscope, the tissue split and he started to bleed from those splits, and I told them, and, and they put that boy
back in the back as what they called expectant, and somebody would sit back there. They had an area back in the back of the operating rooms that was segmented off with wooden dividers, like walls, movable walls, and somebody, whether it was a corpsman or one of the nurses who was not involved in patient care at the time, would sit with them until they died or until such time we finished up that we could finally take a look at him and see if we could save them, but we had to save the other ones first. (Interview #3., 2014, lines 578-610).

I can remember, uh during the '68 Tet push, uh one of the corpsman came and got me and said, you've got to come see this. So I went, and there was an area near the operating rooms, where they took the uh K.I.A.s, and he, I didn't know what wanted me to look at. He opened the door, and they were just stacked in there like cord wood, American soldiers. Uh there was one, there were several of them that were still in their khakis. (Interview #3., 2014, lines 614-623).

Sometimes, some of the patients and some of the casualties that came in you know some of those stand out a little bit although they've started to fade. (Interview #4., 2014, lines 272-275).

...but uh I remember one person was getting off a plane, a C130 and the uh propellers were still going and he happened to run into a propeller and cut his shoulder you know and everything else and we were up all night with that. (Interview #4., 2014, lines 276-281).

…finding one patient in the ER who was dead, and I was coming through to see if they needed any help, and uh one of the few guys I ever saw was killed by a gunshot. Most people weren't. They were killed by explosion and he didn't have any marks on him you know he took a gunshot to the chest and I saw his uh dog tags laced into his boot, so he wouldn't lose it. Then the thought that went through my mind… that's why stuck with me…I thought - this was 10 AM…I said, I know he's dead right now, and his parents back home think he's still alive, and that kind of struck me. I know it's obvious, but it just stuck with me and his parents thought he was still alive, and that kind of stuck me. I know it's obvious, but it just struck me as kind of sad. He got up in the morning, a real young kid…he looked like 17 or 18 uh and now he's dead, and the family doesn't know about it yet. So that struck me, and it was harsh and hard to take initially. Then after that, um death and suffering became so commonplace, you kind of got hardened to it, and uh it lost its impact on you. (Interview #5., 2014, lines 389-409).

Then after that, um death and suffering became so commonplace, you kind of got hardened to it, and uh it lost its impact on you. So, you know…I don’t, in some ways, that's healthy. It's probably a coping mechanism that's healthy, but you shouldn't repress...um uh… feelings of compassion too much or too long…it's probably not good for you …but I think you need it if you're going to take care of somebody effectively. (Interview #5., 2014, lines 406-415).

I can remember throwing the bags on the ground and putting up another bag and seeing it come out of his abdomen at the same speed it was going in thinking, this is fruitless and...
then…you know… he develops pulmonary edema, something they diagnosed as Da Nang lung. You know, you gave it a Da Nang name on it, and…um…D.I.C. and ultimate death. I remember cases like that. (Interview #5., 2014, lines 421-429).

And the way you learned was the first couple of days that I was assigned to receiving, they put you in to what they called the back room, and in the back room they put all of the patients who were beyond help. They were going to die, so they didn't waste their time on uhh taking care of them. The Triage officers had put them in the back room, let them die back there. And there was a nurse assigned, and I got to spend my time back there. And you didn't start IVs on GIs, but you started IVs on dying Vietnamese. Uhh, and if you could hit a Vietnamese guy dying, you could hit a GI. So after you became proficient, and that, that really stuck out in my mind, it really did. Sitting there with dying GIs really gets to you. (Interview #6., 2014, lines 215-230).

I can remember a couple of really bad ones we had. A guy got cut in half practically with a .50 cal, and you know just going into the room and seeing- he didn't make it out of the hospital. Just going in there and seeing him laid all over the table you know, that's something that remains with you a long time. (Interview #7., 2014, lines 556-562).

Uh incidentally, the United States had dogs over there. You know we had scout dogs, they were German Shepherds. Those dogs were evacuated off the battlefield just like humans too. And uh whenever a um…whenever a handler was wounded they would not separate them from the dog…my experience was that they would not separate them from the dog because we had one in one time and that was very interesting in the MUST unit. That was up in Quang Tri when we were up in Quang Tri. Um…that uh…that dog was evacuated. We were bringing a dog into the receiving unit with the guy and tied the dog to the bed. And uh when that guy went out the back of that ward to the operating room which was out the back of that ward and you know….uh we would take the dog out there and uh so the dog could see where this guy went into the operating room and when he came out of the operating room somebody would bring the dog in to the post op unit or ICU whatever it was and we kept the dog by the bed. The dog would never bother anybody. But uh if the GI was not wounded too badly we…um when we feed him…we would give him food to feed the dog. They would tell people do not pet the dog or play with the dog. Um um…and they would tell these people, don’t pet the dog. The dog is a weapon, you know…it is not a pet. But the dog would…uh…the dog would not say or do anything…the dog would just sit there with his master…you with his handler. I had this great picture one time I don’t know what happened to it….of the dog sitting by bed with his paw on the top of the bed and his back legs on the ground and he is sitting there with his master and his master is giving him a piece of steak or something he was eating. Kind of funny. (Interview #9., 2014, lines 512-549).

Yeah…there is a patient that I talk about in there that was wounded it was a very moving letter I wrote to his parents. He…I think he lost both legs and one arm. And um…I wrote the letter and it he started like, I’m paraphrasing, dear mother and father I will be home sooner than you thought that’s the good news the bad news is I know longer have a leg below the knee and above the knee and the arm I have part of an arm. We finished
the letter by saying even though this has happened to me I am not disheartened, I, I uh still plan to do the things I thought I would. Teach political science, swim, and maybe enter politics. That was an interesting letter. (Interview #9, 2014, lines 559-572).

Generally, the dust-off picked up most soldiers, unless they were really full and the one uninjured one held the other one's weapon. So it could be . . . you could see, outside of ICU and up and down the wards, these dirty uh...uh soldiers straight from the field, chain smoking, holding two weapons while our clerks went around, checking the weapons into the um...um armory. They generally took their time, rightly so, to repatriate these soldiers with their unit. And um...okay. (Interview #10, 2014, lines 818-828).

...straightened him up and I would bring the buddy in because I would . . . I was the only one to do this, she says, um and bring him to the bed and ask how . . . use my own comb out of my pocket . . . how did he part his hair. But if you recall, in the tropics, nobody had long hair. It was ridiculous to ask that, in a way, but the soldier would tell me. But to me, it would be a way that that soldier would have of establishing some closure, rather than a curt message delivered by who-knows-who that, Sorry. We couldn't do it. He died. (Interview #10, 2014, lines 863-876).

That is tough. These are all young kids, sometimes without identification. I can remember one who had a high school ring, Kamea Mea High School. You'd look. Nothing else. No dog tags. No nothing. No clothes...and he died. All you could tell was that his toes, the base of his toes and the pads of his toes, were very calloused. My imagination, as I remember reflecting . . . it may not have been my own assessment at the time. You could see him hanging 10 on a surfboard. Those sorts of images do come back. I don't regard them as negative, but they are one way of um...keeping the memory alive. (Interview#10, 2014, lines 927-941).

I remember one particular uh first lieutenant who caught a round square, square right in the middle of his face and he was doomed...I mean you could uh...at the time we had neither the technology nor I think the surgical capability of taking care of him but he was a guy from Texas. And he was a first lieutenant and we used to just cover this cored-out wound on his face. I mean you could almost see the base of his brain but he had a uh...we put four by fours over his face. But he was lying there in bed in the ICU singing "As I walked out in the streets of Laredo" and that will always stick in my mind... (Interview #15, 2014, lines 180-192).

I think some of the trauma and some of the death was a little bit hard at times, even though I was probably, I think, 26 or 27 by that time. (Interview #17, 2014, lines 250-253).

There were always those that were head injuries that they just weren't going to make it. And um, I can remember coming back, uh, to get a second patient, and I would look behind the screen and there was always a couple that were missing from my trip before. I always used to ask the pre-op nurse, I said, can't you take a private or somebody and just sit them back there to hold their hand? I said, I hate to see people die alone. She
said, we just don't have the people. That...that bothered me, I think, my whole tour but I finally got over it. There's days, even now when I think back of that, I...I that was pretty high priority in my life that nobody was back there sitting with them but, I, you know we were so busy, in those kind of times; you just didn't have the people. (Interview #17., 2014, lines 388-404).

If you were surgical renal and had an abdominal wound uh you were dead but your brain...they were dialyzed and their brains were clear as a bell, yeah absolutely clear as a bell. However, they were rotting from the neck down, their abdominal...and...and...only when it got into their aorta or stuff and it would go through a thing and it would bleed out would they die. There was one guy that you could look right straight through his hips and look through the other side. (Interview #18., 2014, lines 417-426).

OK. We had this guy by the name of [redacted] or just forget his name because we're not supposed to talk about names. He was from San Francisco and we could look through his hips. Imagine this. If you look through his hips, you can see through the other side. We used to bring him to the OR by once a week and debride that we could and debride what we could. And they did not like to move patients...uh from Saigon, because the change of flora is going to kill them. You know? And they felt well you know that that they shouldn't they shouldn't do it. And this kid was from San Francisco and um everyone knew that he was going to die and the docs they didn't want to take him back to San Francisco or... I had this one doctor who hated that place and I said look and he was a surgeon. So I told him, look if you take him back to San Francisco, you get to go with him and can probably hook a 10-day leave out of it. And he thought about it so he [laughs] put the guy in and we shipped him back to San Francisco. (Interview #18., 2014, lines 459-482).

camaraderie and teamwork.

Additionally, a significant amount of study participants remarked that camaraderie and teamwork were significant memories of their time in Vietnam.

Examples:

We became very close; we stuck together. It was like we're all in this thing together. We had get-togethers at the Officers' Club, so we had a lot of camaraderie. (Interview #1., 2014, lines 555-558).

And I left a lot of good friends and though we don't keep in touch we certainly had that year together and everybody helped everybody else get through it. (Interview #1., 2014, lines 662-665).

I had never experienced that level of teamwork before, probably since… (Interview #10., 2014, lines 176-178).
…when you look back on it…if you were to look for an operational definition of camaraderie then that would be it. Everybody was there and we were all…we were all in the same boat uh and we all faced the same challenges. (Interview #15., 2014, lines 223-227).

Duty Assignments Among Male and Female Nurses

When asked “what type of duties were assigned to you and your male nursing colleagues when compared to those assigned to your female nursing colleagues?” two themes emerged across the interviews. The first was that there was no difference in the assignments given male and female nurses. The second was that there were positions in Vietnam that were assigned to male nurses only.

**male and female nursing assignments.**

Seventy-six percent of those interviewed stated that there was no difference in the assignments given male and female nurses in Vietnam.

**Examples:**

We were just all nurses, and as far as I know, most of the guys that I worked with felt that way. We had a number of em. (Interview #3., 2014, lines 836-839).

Nobody-nobody-in that, in that military atmosphere at the hospital, and even outside the, the hospital uh-you know, with the troops, with the uh combat troops-they never made fun of us. They never called us gay. They never said nursey boy or anything like that. You know, I, I don't remember any of that. (Interview #3., 2014, lines 978-984).

People on the ward you know nurses and people on the ward and were a mix of male and female nurses and there was no singling any sex out. (Interview #4., 2014, lines 382-385).

Yes. Uh…not really, no…we both had uh...we both had the…were treated equal. There was no…uh…uh…bias towards the males, and there was no bias towards the females. (Interview #4., 2014, lines 377-380).

Assignments were pretty much identical. I was kind of the most junior nurse, because I was a new graduate, and it seemed like everybody I worked with had been in the Army for a while and they had been out of nursing school for a while. So uh I think we all pretty much did the same thing – same hours and same uh assignments. Everybody's expected to be equivalent. (Interview #5., 2014, lines 459-467).
Uhh, my own personal- no, there were no assignment differences, there really were not. They were never worried about how many guys were on a shift versus how many girls. (Interview #6., 2014, lines 297-300).

But no different assignments; you worked six or seven days a week, twelve hours a day, Uhh and most times we worked seven days a week, Uhh and twelve hours were often fourteen hours. (Interview #6., 2014, lines 313-317).

We had uh…as far as the anesthetists go I remember there were… probably three males and three females, plus one… two doctor anesthesiologists. So uh… we were pretty evenly split there. (Interview #7., 2014, lines 380-384).

Mm…no, I don't think so. We had a fair number of um of nurses with many years of experience and that was a leveler because, of course, I had less than two, even though I was a nurse manager for a chunk of it….um and we had people who . . . the term was star-spangled heart nurses . . . who came in from all walks of life, as captains and majors, because they were old, meaning somewhat…. I don't remember. 14 years . . . if you came in with 14 years of experience, you were a major, I think. (Interview #10., 2014, lines 514-524).

Uh…not really…um…although the female nurse assigned to the…to the evacuation hospitals shared the same building. We had the same sleeping arrangements. Each of us had private rooms; they also used the same shower facilities as we did….uh…but as far as treatment goes, I don't think they were treated any differently than we were. (Interview #11., 2014, lines 219-226).

Oh yes. Yeah. There were about four males, and the rest were females. (Interview #12., 2014, lines 231-232).

Well, um certainly not in the OR context. Uh there wasn't really any difference at all. (Interview #13., 2014, lines 575-577).

Not really. Uh I didn't see any all, certainly not in the evacuation hospital um… where we had males and females. Although, all of the physicians were male. (Interview #1., 2014, lines 656-659).

I didn't see any differences. No. I…I didn't see anything at all…any differences. We did the same type of training. We did the same type of . . . working the same types of shifts. I didn't see any uh…I didn’t see any difference whatsoever in…in my tour of duty in Vietnam. (Interview #14., 2014, lines 238-243).

No, no. There really was no difference there. Uh like I said, I was a staff nurse and I had uh females who were my head nurse and I became a head nurse and had females who were my staff nurses. The roles were interchangeable. (Interview #15., 2014, lines 214-218).
No. No. For the most part, there really wasn't. I mean, we were in a large unit initially. And uh…it was it...No. (Interview #16., 2014, lines 244-246).

No uh uh. We did the same thing. (Interview #18., 2014, line 552).

**male only assignments.**

Forty-seven percent of those interviewed stated that females were not placed in certain roles:

**Examples:**

Well, there were no female psychiatric nurses in Vietnam...(Interview #1., 2014, lines 306-307).

I think that they wanted, because of the potential violence compared to state side, which it still has a certain amount of violence associated with a psychiatric patient. I think that the potential for violence in the psychiatric patient in Vietnam was so much more than it was state side that they felt like males perhaps were a better choice of person to assign to that job than a female. (Interview #1., 2014, lines 351-359).

Yes, I think some of the forward teams that were deployed with the guys that were fighting...(Interview #1., 2014, lines 375-377).

...you have orders along with about eight, 10 other males, not necessarily from Nha Trang, but around the country...uh... for a secret mission. And...uh...so...but they couldn't obviously tell us what it was at that time. And we...I finally figured it out and other people did too, but it could be wrong, that it was probably going to be an you know an engagement and they needed you know a medical facility nearby...(Interview #4., 2014, lines 305-314).

Yes, the other nurse advisors were male nurses. Two Army ones, one up in I Corps, his name is [redacted]. One up in Three Corp I think his name is[redacted]. There was an Air Force male nurse in Saigon who was kind of the central coordinator for all of us, he wasn't our boss or anything like that, but he just coordinated with us communications wise and arranged that we could get together in Saigon to compare notes, but other than that, that's all that were there. (Interview #8., 2014, lines 357-366).

Yes they were inflatables, uh-huh, inflatables and expandables. And we went...I went over there for 20 days and then um...I was assigned to this new unit. Uh...we went back to the place called Long Binh which was in near the Saigon area. This unit was going to be a MUST unit. It was going to be a brand new MUST unit...a MASH unit but it was with MUST equipment and it was going to be the first mobile unit in Vietnam, mobile hospital. And uh...they weren't sure where they were going to deploy it to. I guess I ...they thought they might deploy it to some very uh...uh hot areas. And so they were
going to make the unit all males. So...it was the first all-male nursing unit in Vietnam. As far as I know in the regular Army, it was the first all male in the Army as we know it you know the modern Army, it was the first all-male uh nursing unit and we were kind of proud of that fact actually. (Interview #9., 2014, lines 185-203).

But then with the Navy hospital, there were no women. It was deemed unsafe, is what I remember. I don't know why, because what does safety mean in that setting. Um so they functioned without nurses and the care, the nursing care, was very poor because on the wards, I think, the Corpsmen had were different. They didn't like…quote… to do patient care. (Interview #10., 2014, lines 313-320).

Uh no...no, they were all men. (Interview #11., 2014, line 123).

Well, I don't know that might have been a coincidence in that uh...I was really surprised to be assigned to a psychiatric unit. When I went...when I found out I was going to Vietnam, I had no idea, although my job description was psychiatry. I was really surprised because I didn't really think there were very many psychiatric units so I think there was only one other Medical Detachment Psychiatric Detachment in Vietnam...um...and I think there were only two nurses assigned to my unit and it's just a coincidence that both of us were men. (Interview #11., 2014, line 126-137).

And uh...then I was notified by the chief nurse of Vietnam, she had come through our hospital uh in early January that they were pulling together a new hospital that was coming in country. It was going to be one of these what are called MUST units, uh which were the inflatable types which were still new and experimental and because of the location that it was going, it was going to be all male. So, all the nurses would be male and um all of the physicians, of course, in country were male already. I was tapped to setup the OR and direct that when that hospital got going. She couldn't tell me anything more than that-where it was going to be located, when it was going to be-and I couldn't tell anybody. So, it was part of a new move apparently. In the middle of the night in the middle of January I was woken up, you've got an hour. Pack. The helicopter will take you. We went down to a staging area and I joined this new unit which ended up setting up at Phu Bai, which was up north of De Nang, much closer to the DMZ. (Interview #13., 2014, lines 308-330).

The reason initially it was all male is because it was being set up on a Marine base. The Army hadn't really established that area yet. So, we were going into an existing Marine camp and they didn't have um latrine or shower facilities for women. So, I think it was all male until I left that July. But I think shortly after, maybe that fall, uh female Army nurses started rotating in. (Interview #13., 2014, lines 330-337).

A hospital called the 311th Field Hospital, a reserve hospital came in. And they were going to run a POW hospital in Qui Nhon. Out where I went, there was a POW convalescent hospital. So...but there weren't any nurses out there. There were some medics. So I went out. I was in charge of the medics at that POW convalescent hospital. (Interview #16., 2014, lines 194-200).
There were interrogations going on. There were some folks from intelligence would show up. And uh they just talked to them. It was pretty low key. And maybe some of them would stay around for a couple months. Some of them were kind of like trustees and we didn't ship them to the South Vietnamese. Um they helped keep things orderly and clean and everything. I think life got a lot tougher for them once they entered the South Vietnamese prison system. (Interview #16., 2014, lines 211-220).

Nah…We…I sat in on a lot of them. You just sat there. The interrogations were going on in Vietnamese. At the time I had a bare understanding of the language, but um…but it was pretty civil. I was uh…it was pretty boring, actually. You know…most of these guys were folks who…it depended on who got to their village first, which Army they were fighting for. You know they were pretty much uneducated, although there were some North Vietnamese folks probably were officers, but they were interesting to talk to, because they loved to compare their war with the American Civil War. And uh you know I mean, they were much better educated than the South Vietnamese. So uh…anyway, it was interesting. (Interview #16., 2014, lines 225-239).

**Transition Back to the United States**

Study participants were asked to “Tell me about when you came home.” Secondary prompts to this question included: "what did the military do to prepare you for your return"; how did your family react to you?

When queried regarding their transition back to the United States following the super-ordinate themes that arose were that: 1) there was no preparation on the part of the military to prepare individuals for their return to the United States; 2) did not feel welcomed by general public; and 3) the acceptance of family and friends was a positive experience.

**lack of preparation for return.**

When asked what preparation they received from the military prior to transitioning to the United States, one hundred percent of those interviewed responded that there was no preparation afforded them.

**Examples:**

But otherwise there was no transition program or what to actually do when you get back state side. Go to your assignment and truck on. And people were so excited about going
home they probably wouldn't have listened anyway; they were just ready to come home. (Interview #1., 2014, lines 458-463).

Nothing. Absolutely nothing, other than, than that meeting that we had at uh Oakland, telling us uh, advising us, not to fly in our uniforms. That was the only thing they, they said to us at all. There was nothing made to uh prepare us for any transition back to uh civilian life-and nothing at all. In fact, that was one of the things that's always kind of bothered me. (Interview #3., 2014, lines 1009-1016).

No, there was no such thing as classes at that time. (Interview #4., 2014, lines 413-414).

No. Zero. They just uh cut you orders, and then you…I think everybody did this...you'd fly to Cam Ranh Bay for some reason, and then you fly out of Cam Ranh Bay to uh Washington. (Interview #5., 2014, lines 571-575).

Uh, no, as a matter of fact, at the time, when I was there, it was a time of all the riots at home here. (Interview #6., 2014, lines 333-335).

Uh, and we heard about GIs, you know, getting beat up and spit on and all of that kind of stuff, but we only learned about it through newspapers that were sent to us from home. They did nothing there to send you home or get you prepared for the psychological whatever. You served your twelve months and you went home and went to your next assignment. (Interview #6., 2014, lines 344-352).

Uh, not particularly, uh, I came back as a patient, in January the following year, I had appendicitis, had my appendix out and got air-evacced out of there back to Hawaii. (Interview #7., 2014, lines 388-391).

Whether they did anything special? Not at all. It was just another assignment come up.” (Interview #7., 2014, lines 396-397).

No, I can't say that they did. I was on orders to come back to Fort Sam Houston and pretty much did it on my own. (Interview #8., 2014, lines 237-239).

No…there wasn’t…(Interview #9., 2014, line 576).

I can't remember the instructions. I know there were some for a PCS and leaving country and one of them was when you were in the loading area or unloading area, you had to sit tactically and that’s spread far apart, in case the area was shelled…um…that's all I remember. (Interview #10., 2014, lines 629-634).

But no, there was nothing, no unique preparations, was just given a set of orders it was time to leave and off I went. (Interview #11., 2014, lines 241-244).

Well, I can't say it really did anything to help me prepare to come back [chuckles]. (Interview #12., 2014, lines 527-528).
Uh essentially, no. Uh I would say uh you sort of left your combat area, the hospital I was with, um one day you were transferred down to the Cam Ranh Bay area for out-processing. That was really kind of turning in your jungle fatigues and jungle boots and that kind of thing, uh getting gear to get home and getting on a manifest to get on a transport plane to get out of there. So, it was really that kind of processing, nothing about, now, you need to be aware of how different the social environment is in the US, or any type of advice about how to deal with um people who may question where you've been or what to do. There was none of that. (Interview #13., 2014, lines 869-882).

You know sort of within 24 hours, I was back in Seattle on standby trying to get back to Wisconsin for leave. Uh so, it was a rapid immersion with really no orientation about reentry or any possible issues you may face. (Interview #13., 2014, lines 886-890).

In the '60s, I think it was more, so, you're back. Get over it. Don't talk about it. (Interview #13., 2014, lines 1067-1069).

Uh not much. They just let us…let us know that there were some protests uh…and that you had to be careful uh as far as displaying your uniform. (Interview #14., 2014, lines 310-313).

And so…that was the only thing. There was nothing…uh…uh no sit-down and talk about your experiences and those types of things. It was just okay, you're going back to the States. You're going to be assigned to Walter Reed and uh…and that was it. (Interview #14., 2014, lines 315-320).

No, no. I flew…in fact I flew home in my combat, what they called BDUs, or uh it was the first time I think you were allowed to do that. Previously you were to change into a Class A uniform, but I flew all the way back to Philadelphia in my fatigues um…got a cab home and called my wife and uh like I say, we just went back into society. (Interview #15., 2014, lines 236-243).

Nothing. Nah, they, they didn't have any of that stuff then. (Interview #16., 2014, lines 299-303).

Well, they.. I don't think there was any preparation. I um, we were just all so excited to get back and of course we were told we couldn't wear our uniforms and stuff like that. (Interview #17., 2014, lines 457-460).

Nothing. They put you on a plane [laughs]. (Interview #18., 2014, lines 587-588).

did not feel welcomed by general public.

Many related that their experience with dealing with the general population upon returning to the United States was not a positive experience.
Examples:

We did not receive a warm welcome. I don't think chastised is the right word, but certainly we weren't looked upon as heroes or as welcome additions to any group. (Interview #1., 2014, lines 398-400).

We were told, you know; don't wear your uniform if you don't have to. It was not a great homecoming. (Interview #1., 2014, lines 401-403).

Not very much. Just said, you know, you're probably going to come back to an environment that is a little hostile, so it would probably be a good idea if you didn't wear your uniform when you don't have to, when you're not on post or something of that nature, because there's feeling out there. (Interview #1., 2014, lines 452-458).

Um…you know flew into uh… Washington, whatever camp's up there, and I remember uh changing in the uh restroom right away. You…you come out of there in fatigues and then you change into civilian clothes, and I just wanted to be done with the Army. I knew I had two years left, but uh I didn't want uh to be identified as an Army person. And then I…uh…flew home to uh Minnesota from there, uh civilian. Well, civilian flight I mean. (Interview #5., 2014, lines 524-533).

I came home in October of 1969…uh…faced the same experiences a lot of people did. In Oakland, California I had to take off my uniform to leave the airport because it was…it was at that time the protests were more and more prevalent and uh…uh…we were told that we had to take off our uniform. So I traveled from Oakland, California to uh uh my home in New York in civilian clothes and then spent a couple of weeks there just kind of decompressing. (Interview #14., 2014, lines 291-300).

Of course, as soon as I hit San Francisco airport, they told us we had to put on civilian clothes. (Interview #17., 2014, 468-470).

Not all complied with recommendations.

We don't recommend that you walk into LAX in your uniform, because the, the situation here is tense. You know, there have been demonstrations and uh problems with that, and it kind of scared me. But I was kind of-you know, thought, well, shit! I've been through a year. My wife sent me my Class-As, so I would have something to wear home. I thought, shit! I'm going to wear them, and I'll get on the flight, you know, on the ticket, and I didn't have any problems. (Interview #3., 2014, 862-872).

family support following return.

Support from family upon returning from Vietnam was noted as a positive by sixty-three percent of those interviewed.
Examples:

Of course they were all very happy to see me and of course part of my family has some military connection. My uncle is a retired Infantry Officer, and everybody respected my uncle. Although a lot of my family did not serve in the military, they were all very supportive of the military. And I think that at least on my mother's side, where my uncle was, the respect that he had engendered from the rest of the family boded well for me as I returned from overseas and even as part of my military career. I always felt very supported by both my mother and father's side of the family, even though my father never served in the military. My wife's father never did; no one in the family did except my uncle. But they were all very proud of my career, so to speak in the military, and the fact that I had served in Vietnam. (Interview #1., 2014, lines 466-483).

At home, everybody was there to meet me - you know my wife and my kids and my mom and dad. And uh, it wasn't like you know . . . Well, of course they were all glad to see me you know. (Interview #3., 2014, lines 887-891).

Uh…they were happy I came home. Uh…I had a chance to spend three weeks with them before I went to Fort Eustace, Virginia, and uh but they were very happy that I did come home and uh you know I…I…we did talk…we wrote letters back and forth all the time. (Interview #4., 2014, lines 417-422).

It was just my mother was left. My father had died years earlier. So uh…she was so happy to see me, especially since she thought it was a big deal that I became a captain. They made everybody a captain when they got there. We were first lieutenants and then captains and…I…uh…was welcomed back by my brother and sister and uh mother. (Interview #5., 2014, lines 607-614).

Uhh, I think it was a normal kind of, welcome home, dad. You know I had a couple of kids at the time, and I had seen my wife in Hawaii half-way through my tour. Uhh, it's what you would expect. Welcome home and thank God you're not going back, and thank God you're not over there anymore kind of stuff. Uhh because we were, I was there when the Tet Offensive happened, and they literally tore Chu Lai to pieces. (Interview #6., 2014, lines 392-401).

Well, I think they reacted quite well. The only thing was my oldest son was kind of used to being the man of the house, so maybe he had a rougher time than the others, but no, I had no problems. (Interview #8., 2014, lines 242-246).

Um well, it it…certainly very positively and uh I don't know the label other than gee, now I'm a Vet. I'm a war Vet. I know my mother talked about Veterans of foreign wars and uh my nephew, coincidentally, had come back safely also. So there was the part of that, he coming back from his third tour without injury uh…and me coming back. (Interview #10., 2014, lines 599-606).

My wife was very supportive. (Interview #11., 2014, line 275).
My family was glad to see me and so on. And um I began to get a number of questions, even from uncles who had been in World War II or the Korean War you know so, they were sort of very familiar with military and war experiences and that. So, what's going on over there? I think they were trying to validate things they were hearing in the news in terms of things not going as well as um people would like us to believe and what was my view on that. Of course, it was difficult for me to answer that because all I really saw was what I saw in the hospitals. (Interview #13., 2014, lines 779-791).

But I was surprised at my family you know my uncles and so on. I thought if anybody was going to be pro-military and have an understanding, it would be them. But they seemed kind of skeptical uh about Vietnam when I came back. I thought, Wow. That's probably what re-oriented me to, Oh, things are really changing here and something is going on. What are the issues and what's the deal? Uh and then, of course, each year it just got uh more extensive in the US so, it was hard to escape that. (Interview #13., 2014, lines 829-840).

But they were glad to see me and my fiancée was glad to see me…uh…I had a brother that was in Vietnam the same time I was. We overlapped about two months. So he knew what we…I was going through so it was fine. A lot of my high school friends uh also had been drafted and uh so uh we had the chance to talk about some of the things that we experienced over there. (Interview #14., 2014, lines 329-335).

post Vietnam environment.

Participants were asked “were things were different when they returned from Vietnam?” A secondary prompt used was: “how was your nursing work once you returned?” Three themes emerged among responses to this line of questioning. These were: 1) that all interviewees transitioned back to traditional roles whether in nursing or as a student; 2) participants spoke publicly regarding their experiences in Vietnam; and, 3) the political climate to which they returned was noted as significant.

traditional roles.

Sixty-three percent of the study participants transitioned back to traditional professional roles after returning from Vietnam.
Examples:

Of course I didn't come back to an assignment; I came back to a year of academic study at Laurel Heights College to finish my BSN. So I didn't wear a uniform; I went to school every day, and I was like any other senior. I did not have to…it was like I was not in the military for that year. At the end of that year, after I graduated, then I got my next assignment back in San Antonio. But during that time I felt like I was just a college kid and I wasn't really a member of the military. (Interview #1., 2014, lines 488-500).

Uh, I had a, I had a job to return to, the same position as when I left. I worked with the same people who I respected. Uh, they never talked about it, but they never said anything derogatory to me about me going. You know? (Interview #3., 2014, lines 1048-1052).

Uh…I came home and I was assigned to uh…Fort Eustace, Virginia, which was the home of the uh uh transportation corps. We had a very small hospital there. (Interview #4., 2014, lines 394-398).

Yeah. I went to uh…Fort Riley in Kansas, and uh they put me in a rehab uh facility, uh Vietnam soldiers who were you know limping around on crutches and canes and stuff like that, and trying to get back to the point where they could go back on active duty. And I did that for six months, and then I became uh…a nursing supervisor in the hospital until I got out of the Army then. I didn't have any qualification to be a supervisor. They just let you wander around the hospital and B.S. with people. That's pretty much what the supervisor did back then. (Interview #5., 2014, lines 683-694).

Oh yeah. Going to, let's put it this way, going to the…uh…Military Academy, they had a small hospital there, they were 2 anesthetists and one anesthesiologist. They had... let's see, one, two three, four operating rooms. It was a very small hospital. They've since built a newer hospital up there to take care of things better. But uh…uh it was like night and day for what my practice was in Vietnam versus what the practice at West Point where you were taking care of mainly cadets, young, healthy people, a few dependents, and a few retirees, so…the... professional experience was pretty good. It wasn't too much stress, although the kind of running joke was, you don't want to bump off a cadet. After all they spend the money on... But anyhow, it was like night and day compared to the assignment I just had. And I spent, let's see, we were at West Point from I think February [redacted]. Three years, so that was a nice assignment after Vietnam. (Interview #7., 2014, lines 427-448).

No, it was a different job again because that was the first time I had worked as a supervisor at a large hospital, so once again it was learning a new job and feeling my way into that realm, but I didn't have any difficulty I would say. (Interview #8., 2014, lines 254-258).

...I guess uh looking forward what's next, in terms of assignment and I, at the time, was pretty sure I would not be staying in the service um and I think that was pretty clear to others because I wanted to go to graduate school. Uh and I think that was . . . well, this is
the next assignment. It should be fun. Then we'll just go on from there. (Interview #10., 2014, lines 609-616).

Uh…well um…I was assigned to um ….uh Fort Monroe, Virginia. I had uh taught previously, as I said, at a school of nursing in uh uh….Quincy, Illinois. I had, by that time, my bachelors degree, and I was assigned to Fort Belvoir as uh an instructor in a 91C school in the Army. And I love teaching, and I liked administration. So I was on the faculty at a 91C school there. (Interview #12., 2014, lines 559-567).

So I went to Walter Reed and uh…I ended up being…I got promoted to First Lieutenant in Vietnam, so I came to the states as a First Lieutenant and I was a head nurse on a neurosurgical ENT Ward at Walter Reed. (Interview #14., 2014, lines 351-355).

I guess, my main thing there was it was a thousand bed hospital again and it was like you'd go down to something in the emergency room and it was so disorganized. I really had trouble with that because, after working for a year where when you walked in everybody knew their job, it was like clockwork day in and day out. It didn't matter if you had one patient or you had fifty. At Madigan, it was just like complete chaos. (Interview #17., 2014, lines 538-547).

You get back on this side and you can't even give an Aspirin or Tylenol, or whatever giving without calling and getting an order. It was just very hard and I could just pick those nurses out because there were two right away, my first night on call when I got called down there. I said, oh my god, you must be a Vietnam nurse because I can just tell you're not very tolerant of what's going on here and the chaos. (Interview #17., 2014, lines 556-564).

**community engagement.**

Participants also related that they spoke about their Vietnam experience in a group setting.

**Examples:**

I did participate in a couple of seminars as a military member in terms of giving the military side of things as part of this seminar. I think that was the only time that I really had a military presence at my….during my senior year. (Interview #1., 2014, lines 500-504).

And uh somewhere along the line, one of the big transportation groups was getting ready to go over to Vietnam, and I was asked to give a presentation to them about my experiences that I had in Vietnam. (Interview #4., 2014, lines 402-406).
Yes I did. And...uh...I went to uh... back home to Indiana. Well, Indiana is a very conservative state...and um there...they were very supportive. I had very supportive family and friends and everybody there...you know in terms so there were no issues with that. I remember talking about it a lot when people would ask you because people were curious. So there was a lot...I think there was a catharsis in telling people what it was like and what was happening that kind of thing. I did a lot of that but as that that first year wore off then it got less and less and less so... (Interview #9., 2014, lines 584-595).

**political unrest upon return.**

Others remarked how the political unrest associated with Vietnam had significant impact on them.

**Examples:**

Uh...I think um...well, one thing that struck me was the...the political unrest. That was different, I think. It seems different than when I left. You know...I left uh...in early '69, and I know people had been protesting the war prior to that, but...uh...I didn't pay much attention. When I came back, it seemed to be on the front burner. You know they were saying, we've got to get our troops out of there, and they were starting to wind down, bringing people home. Uh...that...that was striking to me. I thought, well the job isn't done. Why would you bring people home? And...and then if you're going to bring people home, why not just bring them home in one fell swoop, instead of letting more people get killed before the final withdrawal? So that struck me when I got home. And uh...then I guess just seeing...uh... some people think that...uh... grunts are the...you know, the infantrymen who fought there, were somehow um morally corrupt. For a...even John Kerry...you know, because I grew up a conservative, but Kerry goes over there and he's a riverboat guy. And...um...um...when he comes back he calls the American troops thugs and...um...uh...killers, um...and...um that they had committed war crimes. He testified before Congress to that effect, and I thought, well, that's quite a turnaround. You know...the people over there were doing, as they say, what they were told to do. If you're out on a mission, you don't say, well, I'm not going to fire my weapon. If you're going to do that, just desert, and get out of there. So I guess that's the thing that impressed me when I came back, and that made me angry that uh people were so uh anti-winning...not being anti-winning, but anti-winning. If you're not going to win, well we should've gotten out of there in '65 or something like that, or you know when Kennedy... I think Kennedy kind of ratcheted up while he was in office, too. (Interview #5., 2014, lines 641-680).

And when I...and one reason I volunteered to move my assignment date up to Vietnam was because I was really all gun-ho. I thought it was the right thing, and we were fighting communists and all of that stuff. When I got there, for the first six months, it really changed your mind. Bang, bang, bang. I thought, by then, I had changed my mind and I thought the war was not even worth us being there, to be honest. (Interview #6., 2014, lines 335-341).
So, I became aware of that relatively quickly after I was back uh because then demonstrations and protests were starting to become relatively commonplace, certainly in larger cities. Um…and…uh I began to have a lot of people say, oh, wow, you were in Vietnam. What was that like? Is it as bad as we hear? And I hear it's just a waste of time and effort and blah, blah, blah and I didn't really have a good basis to answer that. You know yes, of course I'd been in Vietnam, but how do I know things aren't going the way we would like them to go? Are casualties building up? Yes. But it's a war and so on. So, um… it really wasn't until I had been uh back in school and on campus at places like San Jose State where, of course, one of our academic years was cut short, they cancelled finals and so on, because of student demonstrations. (Interview #13., 2014, lines 801-819).

And so, then I was fully immersed in it. I think I probably went into a shell. It wasn't that I went out and said, hey, I was in Vietnam. You guys are all wrong. I just sort of thought, you know, I'm here to get my degree. Uh I've done my part and uh I'm not sure that I understand what all of the issues are and the protests and I'm just staying out of your way. So, it was pretty much that kind of a reaction. (Interview #13., 2014, lines 821-829).

**Impact of Service in Vietnam**

Study participants were asked "how do you feel the experience has affected you?"

A secondary prompt that was used to illicit their perceptions regarding the impact of their time in Vietnam was "what were the lingering positive or negative affects?" Themes that arose during this part of the interview included: 1) impact on professional life; 2) impact on health and well being; and 3) impact on personal relationships.

A number of themes arose during interviews regarding the perceived impact that service in Vietnam had on the professional lives of study participants. These included 1) defining continuing education as a priority; 2) experiencing significant professional success after leaving Vietnam.

**continuing education a priority.**

Thirty-eight percent of those interviewed related that they pursued higher education soon after returning from Vietnam.
Examples:

And then I went to the Baylor Program for two years and I got my masters in Hospital Administration. (Interview #1., 2014, lines 532-534).

…in February of ’67, I got out of the service because I wanted to go back for my baccalaureate. (Interview #4., 2014, lines 491-492).

I probably wouldn’t have done well in Berkeley, [laughs] because I went to the University. I got a Master's degree after I got out…(Interview #5., 2014, lines 536-538).

Well yeah it did you have to work. I had a job and I wanted to go back to school. I was in a diploma school and the reason I went back is I wanted to get my degree. And uh so…I worked and went to school in the evening and that was 1968 to 1970. In 1970 um Purdue university had their first bachelors uh uh program, before they just had a two year nursing program. And I went to that I was in Purdue’s first bachelors program and got my bachelors degree there. And then I worked a couple years and also went to school on a state scholarship because I had gone back to the state hospital where I worked before. I went back as a nurse as an RN and uh…I completed that. (Interview #9., 2014, lines 599-612).

So when I came back in two years after I graduated from nursing school. I had my Bachelor's degree and at that time that was kind of unique for nurses. So they gave me…they brought me back in as a First Lieutenant. I was never a Second Lieutenant. (Interview #11., 2014, lines 256-261).

Uh…no…um like I said I went to the advanced course when I got…when I came back from Vietnam…(Interview #11., 2014, lines 291-293).

And after that I went on to graduate school for Hospital administration. (Interview #11., 2014, lines 298-299).

I had decided that upon leaving Vietnam, I only obligated two years so when I came back I only had about six months left, 5 months left I wanted to get out but I decided that I wanted um…to apply to the Army anesthesia program and so then I knew that I was going to go to Walter Reed and probably stay there until I got accepted to uh the Army anesthesia program so initially I was only going to stay two years. (Interview #14., 2014, lines 339-347).

career success.

Eighty-eight percent of those interviewed experienced significant career success after their tours in Vietnam. A theme that was seen throughout the interviews was the perception of the positive impact that their tour in Vietnam had on their career.
Examples:

I think that it helped me professionally, not only as a nurse, but as an officer in the Army Nurse Corps. (Interview #1., 2014, lines 630-632).

I stayed on at Tripler Army Medical Center in Hawaii to perform duties as a Nurse Methods Analyst, which is an administrative position. And from that point on I stayed in administration I became a nurse with a Nursing Administration MOS. (Interview #1., 2014, lines 539-544).

I was a Chief Nurse at several institutions and my final assignment in the Army was as the Chief Nurse of Europe. (Interview #1., 2014, lines 548-551).

Yeah. Better. I was sharper. I had seen things that these guys would never see in their life. Of course, the first place, uh where I went to school, to nursing school, City Hospital in St. Louis uh, they actually had one district, police district, that was assigned to the emergency room at City Hospital in St. Louis. It was like a big knife and gun club, you know. You had shootings all the time, uh even sniper shootings, uh you know and, and I had seen things that nobody will ever see uh. The kids that are coming out of school now, they'll never know what typhoid fever looks like or you know uh, some of the diseases that-they'll never know what uh smallpox looks like. I've seen these things uh. They'll never know those things, and I always felt like I was an advantage for me. (Interview #3., 2014, lines 1062-1078).

I really did and uh I think I grew up as a stronger operating nurse by being there. And was ready to you know uh from there, was ready to uh after I left Fort Eustace, I got out of the service. (Interview #4., 2014, lines 447-451).

I did make it to Colonel, and I was consultant to the Surgeon General for the Army on operating room needs for about two years, three years and uh you know I worked... I had a chance to work in research and development… medical research and development up in Fort Dietrich, Maryland, in which we were looking at stuff for soldiers in the field, and also for patient care items you know for patients in the field during wartime. We had a staff of engineers that we worked with. (Interview #4., 2014, lines 570-580).

…they treated you well in the Army, and I think the Vietnam experience is probably unsurpassed as far as growing up as a nurse. I mean, it gave me the self-confidence to say, Well, I could easily do anesthesia, uh because it's just a watered down version of what you do in Vietnam. (Interview #5., 2014, lines 595-600)

Uhh, I think the one thing again that I learned over there and I brought back with me and has stayed with me through all of my nursing career was that patients are people. Uh, you know it's not a gallbladder, it's Mrs. Smith or Mrs. Kilt or whatever. So, one thing I learned in the back room was that GIs were a guy. You know, he was a neighbor to me, a friend, or whatever. And I think when I came back, Uh I worked in the OR at Walter Reed, and we were extremely busy there. Uh again, it was a continuation of being on
almost as far as the hours were concerned, we worked five days a week, but we worked
twelve or thirteen or fourteen hours a day. And the patients were people to us, so the one
thing that I learned in Vietnam was exactly that, and I brought that back with me, Uhh
and I kept that with me all the time. (Interview #6., 2014, lines 487-504).

Uh…and… you…you just have to find a way, when you get back into the civilian
practice, to say, you know…I don't think I'm ever going to see that stuff again, but if I do,
I know what it's about, let's not... let's do it professionally and don't take it personally if
anything happens because of it. Uh…just going back into civilian practice is going to be a
piece of cake in most cases, I think. (Interview #7., 2014, lines 662-670).

I stayed in the military until 1985. So I had 28 years of service and to tell you the truth I
have very little civilian experience. (Interview #8., 2014, lines 299-302).

He…well when he came back, he was assigned to the 3rd Field Hospital in Saigon and I
was very surprised that he stayed in. But he stayed in…he did not break like I did. And he
uh…he had a very good career. He was chief of research at Walter Reed. He went to
anesthesia school and he was chief of research at Walter Reed and uh and he retired and
uh had a very good career…and he was another one that I never would’ve have thought
would’ve stay in. So you know there are a lot of guys that did stay in. But the…after they
got in they…they kind of liked it I think. And of course if you had families it was nice
because I think you know…the benefits were better…if you could take the moving
around and that kind of stuff. (Interview #9., 2014, lines 916-926).

I was never…I guess I was never really satisfied after I got out of the Army….from the
time I got out in ’68. And after I finished up my degree and paid some time back I owed
the state for helping me with the tuition and stuff, I decided uh…there was something
drawing me back into the Army and I went back into there in 1974 and uh I stayed until
1997. I was in for 26 years. (Interview #9., 2014, lines 612-620).

No, I just…uh…uh I spent a total of 26 years in the Army, 23 of it was a nurse, and those
are the best years…uh…I thoroughly enjoyed my tour. (Interview #11., 2014, lines 440-
443).

That was my situation. I spent three years as an IG with the Army…uh…going around
visiting hospitals. When I talk to people about joining the Army nurse corps, I try and let
them know it's not just taking care of patients at a bed side there are so many different
things that they could be doing. (Interview #11., 2014, lines 473-479).

Um I actually attribute uh my career path to my military experience. Um it…it made me
value the importance of education. I had talked about being the diploma grad and here I
was a captain, supervising all of these people. So, it forced me back to school. And had
the military put me through school, I would have probably stayed in and made a career of
it. But there was this ongoing shortage of military personnel and I couldn't get approved
for the Army to send me back to school. And uh so, I said, I'm out I'll go on my own. I
had the GI Bill. And I started…had to go two and a half years for my Bachelor's because
at that time there was very little recognition that you were a nurse if you were a graduate of a diploma program. So, I had to repeat most of the courses. Um I went want on for a Masters and right on for a PhD. So, I was essentially in school for the next uh ten years. I attribute all of that to the experience that I had in the military. It helped it helped me mature and to set my sights and to develop a clear career path. If I hadn't done that and if I had gotten out of the Army, I'm not even sure if I would have stayed in nursing. Um you know just staying as a staff nurse for the rest of my career at the level that I was educated probably just wouldn't have kept me. But I've never left nursing now. So, I attribute a lot of that to the military. (Interview #13., 2014, lines 953-982).

…I liked the immediate turnover and uh…uh the variety that happened in anesthesia so a couple of things: my experience with the nurse anesthetist in Vietnam, my experience in the emergency room I was able to do a lot of things that were not typically nursing things we were allowed to do so my scope of practice expanded to nurse in the emergency room in Vietnam and also when I went to Walter Reed and so I just decided that I wanted to do anesthesia. (Interview #14., 2014, lines 379-388).

Oh, my time in Vietnam? As I've said, it was a growth experience…uh… I looked at life completely different when I came back. Uh…I uh…there were things that still bother me when I…you know…you think about them but it has not disrupted my life in any way, shape or form. But uh…as much as it could be it was a positive thing for me as far as adding to my professional maturity. It allowed me to focus more on what I wanted to do. (Interview #15., 2014, lines 374-383).

I would still have to say it was positive. I liked the way I was when I came back. I was a lot more stable. I felt better about life and I think professionally, in anesthesia, I mean it was just horrendous and and we were over there, we had an anesthesiologist, but we rarely saw him except between eight and four and we did a lot of cases at night. So I think professionally you could tackle anything when you came back to the United States. (Interview #17., 2014, lines 678-687).

I think I was the only one who stayed for 20 but you know I had a wife who went back in and they kept sending me to school. I just think it was a very positive experience that way, with a few downs in the middle of it but you have to take the ups and the downs. (Interview #17., 2014, lines 715-720).

But I ended up uh…staying in there and I got along with both factions and I ended up retiring as a Colonel which was very, very difficult at that time uh if you were a male. (Interview #18., 2014, lines 80-83).
impact on personal health.

Themes arose during the interviews regarding participants perception of the impact that their tour in Vietnam had on their personal health. These included 1) Post Traumatic Stress Disorder (PTSD) symptoms; and, 2) workplace exposure to hazardous materials.

PTSD.

Thirty-eight percent of those interviewed made comments consistent with their tour in Vietnam resulting in the development of symptoms consistent with PTSD.

Examples:

And then the 1987 issue of uh National Geographic, with the uh section on the Wall came out, and I sat down to read it on the back porch, and it took me almost a week to read the whole article. Uh, the first night I sat there, I realized that it was getting kind of blurry, and I thought, my God! What's going wrong with my eyesight? I was trying to read through tears, and I didn't even realize it. (Interview #3., 2014, lines 519-527).

So I did. I took a trip to the Wall on my motorcycle, by myself. Pissed off everybody, because I was leaving the family in the lurch, you know. My son was an addict, and one of the daughters-the oldest daughter-was having her problems with her husband. And so was the middle child, another girl. But I went, and when I came back, it was like a weight had lifted off my shoulders. (Interview #3., 2014, lines 531-539).

Uh, there are times when I'm just sitting there and, all of a sudden, it will pop into my head whether it's uh-you know, if I hear a uh Huey outside, you know, a Huey helicopter . . . where I'm located, we've got helicopters flying over all the time, because of the oil fields, and there's a big Coast Guard station down here, and there's uh the uh joint Naval air station at Belle Chase. Uh, you hear helicopters all the time, and it doesn't, doesn't even touch me, but when I hear that sound of a Huey going over, I just freeze. I can't move, and I get tears in my eyes, and there are other things that will trigger it, and it's not bad anymore. (Interview #3., 2014, lines 723-736).

We were in a regular double bed, and uh sometime during the night I woke up on the floor, and uh I had a hold of my wife and had her half drug off on the floor, onto the floor, trying to get her on . . . and I kept calling her Ira, Ira was my roommate. He was a surgeon, and he would sleep through any mortar attack that ever came in. I always ended up having to drag him out of bed and get him on the floor. (Interview #3., 2014, lines 917-926).

As far as, people say they've had stress syndrome and things like that... well, I had nightmares for a couple of years after I got out of there, and I had a hard time reasoning
why, because we were really not in any danger where I was. (Interview #7., 2014, lines 455-460).

But, these nightmares I had for a couple of years, it was interesting in that, I showed up in the nightmares as a prisoner of war. That's another thing I couldn't quite reason out. Why was it coming in like that? Uh...but, after a while, they just disappeared. There was no long-lasting effect from it. (Interview #7., 2014, lines 463-467).

Well, I still have PTSD and I take a handful of medicine every night, even after all that time. Yes. So that's the negative. If I don't take it, I have nightmares, and I am to see I have follow-up appointments at the VA clinic in Dubuque, Iowa, and um I'm pretty well under control, but I guess, every night for the last week or so, 10 days, I wake up uh screaming and hollering, and my wife and I just discussed it this morning on the way to church, that I it's time that I go back, because uh I'm having breakthroughs. And the breakthroughs, the nightmares, are always people who are in trouble and I'm trying to save them, and many times these are people who are falling into big, black holes, and I'm trying to keep them from going into the big, black holes. (Interview #12., 2014, lines 580-599).

Well, uh I would say it was about ... uh...let me see. I finished my tour of duty in 1988 . . . ’98, 2008 . . . uh...maybe in the '90s. Uh yeah...yeah. It was after I retired. And I wouldn't admit to what was going on. Finally my wife said, you have just got to do something. And uh...I finally got hooked up to a psychologist in Prairie du Chien, Wisconsin, and this guy was needing more help than I did [laughs]. And uh...so then I went to the VA hospital in Iowa City, and I met with a psychologist at Iowa City, and this lady was just absolutely outstanding, and I had, excuse me [hiccups] a couple, three sessions with her, and she really got me on the right track. And uh...uh...then she turned me over to a psychiatrist, and uh we got some medicine prescribed, and um I began to do better and over the years we've worked with different medications, and uh the regimen would work for a while and then we'd have to lower some things and raise some things, and you know, the regimen would work for a while and then it wouldn't work for a while. Then we'd have to change the regimen, and that's what we're going to be doing now. I have an appointment in a week or 10 days, and um something's got to be altered. (Interview #12., 2014, lines 604-639).

Oh, definitely, definitely, because the...the nightmares I have are people in trouble, and over there, it was people in trouble, you know. Yes. Oh, yes. Oh, yes. Yes. Yes. Yes. And the VA has verified that. I have 100% disability. (Interview #12., 2014, lines 680-688).

Um the one interesting thing is that to this day, when I hear a medevac helicopter coming in-University Hospital is about two blocks from my office and helicopters are coming all the time-I automatically think of dust-offs and how many are coming in. It's just sort of that conditioned response. (Interview #13., 2014, lines 1016-1022).

I mean, uh uh there was no such thing as post-traumatic stress. That was a phrase that has been coined far after Vietnam and I'm sure there were a lot of folks with post-traumatic

They were very good and I probably didn't talk about Vietnam, probably until about '94 or something like that and I went to our reunion in San Antonio from the 93rd Evac and that sort off. I ran into so many other nurses there that I had knew that I had worked with over my career, but I never knew that they were ex-495 93rd Evac nurses. And so, I really ran into the first ten that they called out, they were having a memorial thing and the first ten I knew the first ten between [redacted] or something like that, I had worked with her. She was up at Walter Reed, and I guess I was up at Belvoir. We had known each other through meetings and we finally turned around to each other said, does anybody else know any people besides the two of us? We've known the first ten that have died and I said, I worked with several of them later on in Germany, but I never realized they were 93rd Evac employees. So that was sort of a turning point for me and I did go home and open up some slide boxes and a few other things. When I look back now, I think my, my wife had much more trauma than I did, uh, coming back. She took years before she would open anything and look at it but I I finally opened up those boxes. I got rid of a lot of stuff, but I still have some pictures that I guess, as I get older, they're sort of a keepsake. Some of the trauma and some of the other things cause, people just don't realize what it was like. They have no idea what it was like. (Interview #17., 2014, lines 463-467).

I think you grow up real fast. I noticed a change when I came home. In fact I was almost despondent for a while and my wife and I talked about it many times and she said, You know, I knew you were going to go through this. I was lucky, I had gone thorough it with her. You hated anything about the war. Let's end this, let's get it out of you. I'm tired of seeing this. I think the big thing is, today I, even still, if you see a draped coffin coming off an airplane on the TV from Iraq or one of those places, you just, like why did I get to come home and they didn't. (Interview #17., 2014, lines 619-630).

I think you wish, um, that would go away and it doesn't um I think when I watch a coffin come on the TV, I can almost 100% say I will have a dream that night and sometimes it's good and sometimes it's not so good but you just have to go on with tomorrow and forget about the past but it's still there, and I've been back let's see 40 years, over 40 years. (Interview #17., 2014, lines 637-644).

Of note, an additional forty four percent related that their perception was that Vietnam had no impact on their mental health and well being.

Examples:

I'm a kind of...[laughs] I've always got equilibrium. I don't know ...I was cursed that way. I've never had any problem. You know, adaptability is a sign of mental health, and I'm really adaptable. (Interview #5., 2014, lines 1090-1094)
No, I really don't, I don’t and I mentioned that I got divorced. We were married almost twenty years. We had four children. But I think that my wife had a neurotic condition or almost psychotic, to be honest with you, and lots, lots of things led to our separating and she took all of the kids and went to Wisconsin from where she was from; Uhh just piled them in the car and took off, and she was gone and it was long time before we got divorced. But Uhh I don't think Vietnam was a part of it.  (Interview #6., 2014, lines 540-550).

So…um…I think that... so having come back from Vietnam I didn't have any stress to deal with…uh…I have not had any…uh… adverse effects from the year I spend in Vietnam.  (Interview #11., 2014, lines 315-318).

It was a positive…it was a positive experience from the standpoint of, from a career standpoint. Uh…I have…again, I mentioned I had several friends that were there and two of them uh…uh were part of a book, I can't remember the name of the book right now, but there were about 14 nurses there that experienced uh…um PTSD-like symptoms uh…um and they were in my basic class, came from the same um background, three-year diploma, but they were female and I was male and I think when I look back on why they had some problems and why other people I knew had problems…um…most of the people that developed problems afterwards uh…uh did not stay in the Army. I think my staying in the Army provided some mechanisms for me to deal with if I had any problem…  (Interview #14., 2014, lines 399-414).

Uh…and um did I see a lot of trauma? Yes. Did I see a lot of um…was I shaken up by the people that I saw, that I took care of, that were badly damaged and died and were my same age? Yes, I was. But it…it affected me but I realized that that was part of war and I was…I was doing my job. I was trained and I tried to do the job the best that I can…and uh fortunately, it worked out well for me.  (Interview #14., 2014, lines 472-480).

I met them there and…and realized the magnitude of the problems that they had. Uh…one had…gotten divorced, the other had severe issues as far as dealing with PTSD and uh…uh I asked them why you and why not me and they really couldn't come up with an answer. They just felt…they just felt the magnitude of the wounds much, much greater than I did, I guess.  (Interview #14., 2014, lines 600-607).

No. uh…uh again, I…I I wish I knew the answers to why I didn't experience any uh issues as a result of my experience in Vietnam because I know a lot of people that did. I…I don't know the answer. I'm glad you're doing the study.  (Interview #14., 2014, lines 635-639).

No, no I wouldn't say lingering. I don't think they affect me. I mean it’s not uh…it's not difficult to think about them because we're still reminded of war.  (Interview #5., 2014, lines 1090-1094).  (Interview #15., 2014, lines 430-433).

I, well, for years and years, I said that, uh, I didn't think it affected me at all. It just seemed, you know, I had pretty good coping mechanisms and, um, I tried to, um, you
know, the pressure built up, just find, um, you know, I'd be working all night and I'd just get out and, uh, play basketball or volleyball for two, three, hours and just kind of let it dissipate. (Interview #16., 2014, lines 371-380).

U...that...and I landed in Inchon and went through [unable to identify this area]. I was wounded four times as an enlisted guy. Uh I I my whole company in the Chosin, a medical company 31st, they say there are no known survivors...uh but medical companies are split up amongst the regiment. So when I got back...I got hit in the Chosin and I walked out and when I came back to the hospital, I looked up and I couldn't find hardly anybody that I knew. Right now, I think there are about six of us left out of that whole company. And...all the guys that I knew in Japan are all dead. So I developed a callous. The guys...if they were going to have somebody die on the table like these renals, they would operate on over and over and over again, uh...they didn't want to do them. I did them all because it didn't...it didn't bother me. I could accept the fact that they were going to die. (Interview #18., 2014, lines 630-648).

I don't think so. I have more lingering effects from the Korean War than I had from Vietnam. Vietnam by then I had already a callous. (Interview #18., 2014, lines 688-691).

workplace exposure to hazardous materials.

Anecdotally, the exposure to hazardous materials was an impact.

Well...uh...about 1990 I developed a bladder cancer, and I talked to the uh... pathologist- it was a minor bladder cancer, they took it out and it was gone. I talked with the pathologist at the hospital I was working the time, and, what ideology is this? He said, well, have you ever worked around...uh... hydro-carbons, flora-carbons? (Interview #7., 2014, lines 481-488).

And I thought for a minute, well, you know, I was in Vietnam. I really wasn't exposed to Agent Orange, but I was exposed to a lot of guys that were exposed to Agent Orange, with their stuff in their clothes and everything. (Interview #7., 2014, lines 488-492).

That kind of thing. But then I stop to think about- they talk about flora-carbons. All of the anesthetics we use were halogenated, halogenated, I'll get it right...halogenated gas, which means they had chlorine,...chlorine, that's something mixed in with them. And back then, the anesthesia delivery system we had did not have what is known nowadays as a scavenging system where anything that the patient breaths gets sucked into a system and out to the outside. I mean, we were consistently breathing stuff coming out of the pop-off valves as we call it and around the mask and things like that. (Interview #7., 2014, lines 494-507).

Hyalophane was a primary anesthetic at that time, and they wanted to know...if there were any birth defects in my children as a result of me having been an anesthetist. And two of my sons were born with bifid uvula. (Interview #7., 2014, lines 515-519).
impact on personal relationships.

The theme of the nuclear family and the resulting impact the entire process of career selection, education, and service in the ANC in general and in Vietnam specifically was seen throughout the interviews.

Examples:

I was engaged to be married. My wife was a graduating nurse from a program in Plattsburg, Champlain Valley Hospital School of Nursing. (Interview #1., 2014, lines 91-94).

So by joining the Army in my senior year I was able to get married. (Interview #1., 2014, lines 103-104).

I eventually spoke to the point, the point that I didn't know-you know, I was coming to realize that a lot of the uh argumentative and stressful times in the family were also created-not necessarily created, but they were furthered by myself, by my behavior. And I, at that time, people were starting to talk a little bit about Vietnam and what happened to the people that came back from there, and I said, you know, maybe, maybe part of this is my experience in Vietnam. (Interview #3., 2014, lines 503-513).

Uhh, I've gotten married. I married my, my wife who I've seen stayed in the military. She was my OR supervisor in Puerto Rico in the Air Force. As a matter of fact, we were dating in Puerto Rico and I was getting into big trouble. Uh, I was enlisted and she was a First Lieutenant. Of course that was, you know a taboo. So anyway, we married, you know, my family was quite happy with it, I think. They had no problems with male nurses or any of that kind of stuff. (Interview #6., 2014, lines 86-96).

Uh, in fact I met my, my wife because she was going to school at the other part of Pennsylvania Hospital and we met them during the social or kind of thing. (Interview #7., 2014, lines 97-100).

I was married at the time and had a wife and a child, so... (Interview #8., 2014, lines 71-72).

The only thing was my oldest son was kind of used to being the man of the house, so maybe he had a rougher time than the others, but no, I had no problems. My wife was also, by the way, was a nurse and she worked in nursing. (Interview #8., 2014, lines 243-247).

These guys were really pissed you know. I had a roommate; he had like…I think he had like four or five kids. He had a bunch of kids. My first roommate in the Army was a New Yorker and I'm not going to mention his name but he was a New Yorker from long
Island. He had worked on the Long Island police force for I don’t know how many years and all he had was basic education as a nurse. They drafted him and you know he’s…he had all these kids. (Interview #9., 2014, lines 825-834).

Well, [laughs] it uh…they reacted very well. It was so unique I lived in Philadelphia; I went to nursing school in Philadelphia. The first assignment I had for three years before I went to Vietnam at this LPN school was at Valley Forge Hospital, which was ten miles from where I lived, as a civilian. So it really was a…a…interesting… it wasn't much of a transition for my family to a to a…when I came back in the service because they did not have to relocate. That made it uh…that made it a lot easier. (Interview #11., 2014, lines 265-275).

Uh…the second one yeah I had one child born while I was gone, and I had one child…uh…even before I went over. (Interview #11., 2014, lines 282-284).

Uh…the the nice thing about our situation was that my wife lived with her parents while I was gone. So I really didn't have to worry about her. And that made my experience in Vietnam much easier not having to worry about her. (Interview #11., 2014, lines 307-311).

She was three months' pregnant and I…uh…was flying to uh…Vietnam that following February. (Interview #15., 2014, lines 101-103).

Yes. Six months into my tour, I remember I had the picture of me sitting on my bunk the Red Cross Lady had brought me a big card with a plastic baby taped to it and said [redacted] you're a proud father of a baby girl. And that night an interesting thing happened. I think we all had had too much beer and I had purchased a lot of beer and a lot of cigars…and uh…on a lark I called the Air Force base and I said hey, my wife's just had a baby in Philadelphia you think you could find her? And uh we were laughing. He took some information down. At about three o'clock in the morning I get this ring on the field telephone and it's my wife. This guy, I don't know…I don’t know who he was I wish I knew who he was but he was just a communications guy at the Air Force base and he patched me in to my wife in her hospital room in Philadelphia. (Interview #15., 2014, lines 264-282).

I got married when I came back from Korea, my future wife was in Vietnam. They sent me to Korea and she was OR at Fitzsimmons. She went to Vietnam and I went to Korea and then we got married in Hawaii and then they were going to give her orders to go back to Vietnam and she had decided by that time she wasn't going back. So, um of course, we had started a family and that was the end of that. So, but she did come back in later on and finish her career also. (Interview #17., 2014, lines 203-213).

All all born before I left and I didn't have any more after that. The youngest was um around less than a year old. (Interview #18., 2014, lines 582-584).
Recommendations for Returning Troops

When asked their opinion regarding what should be done for healthcare professionals returning from current conflicts two themes emerged: First, there was a recognition that although similarities between Vietnam and recent conflicts, there are also significant differences. Secondly, the fact that there was no preparation for returning troops from Vietnam highlighted to them the need that a re-entry protocol of some type be in place.

differences between Vietnam and current conflicts.

Many study participants interviewed related that they felt there are significant differences in the current conflicts when compared to their time in Vietnam.

Examples:

Certainly I think that the feelings that I get from the people around me that are greeting the folks who are coming back from even the Gulf War or Afghanistan or Iraq, they are much more warmly received than we were, obviously. (Interview #1., 2014, lines 597-601).

Their experiences are probably similar to what I had, except the conditions over there I think were over in Afghanistan are much, much worse than what our conditions were. We had the China Sea to go swimming in, and we had places to go eat and we had more freedom, I think, than what they have over there now. (Interview #4., 2014, lines 531-537).

Uh, yeah. I think the difference is that the wars have been accepted up until a couple of years ago. Now people are starting to say the wars are useless, we should get out of there. Uh, bring everybody home. But they really didn't think negatively against the wars until recently. So the nurses that are coming back and the people that are coming back are looked upon favorably. Uh, that's the big difference I think. (Interview #6., 2014, lines 743-753).

Uh...you know I'm, they're seeing a lot more devastating injuries than we saw. The devastating injuries they're seeing today, we wouldn't have seen, the patients wouldn't have made it to us. Right now, they're being evacuated so fast with half their body cut off that they're still alive coming places...uh...that's a hard thing to get out of your mind, remembering things like that. (Interview #7., 2014, lines 548-556).
The soldiers who fought Vietnam…I just don’t think that they were…there was nothing like today. There was no thank you for serving or whatever. You were just expected to come back and even with half your head gone you were just expected to fit in.  (Interview #15., 2014, lines 337-342).

**recommendations for current conflicts.**

Study participants felt that screening of nurses returning from current conflicts as well as insuring that they had the support from fellow nurses would be beneficial. Additionally, the advantage of deploying as a group and the benefit of contact with those with shared experience were expressed.

**Examples:**

I'm not sure except for the post traumatic stress syndrome regimen that now has been established, I think that certainly everybody should be screened for that and see if that's one of the things that they should be made to get involved with, so to speak.  (Interview #1., 2014, lines 589-594).

...but I think if they could talk to some people you know, like, like myself and to other nurses that have come back, it might help them deal with it and uh you know, explain to them that there are going to be times when nobody is going to want to talk about it, you know and you're going to be exploding that you want to say something. You know?  (Interview #3., 2014, lines 1545-1553).

Well, I think…uh… today they need to be debriefed, which I'm sure they do, coming over from Afghanistan and it was, at one time, you know…Iraq. They probably are debriefed.  (Interview #4., 2014, lines 527-530).

Um…well I would probably give them at least a one-hour or two-hour briefing on the political feelings within the country at this time, whatever time they come back, if uh you know, even coming back from Afghanistan and Iraq. Um…you know, sometimes you come back to people who think anybody who served is somehow part of the Imperialist Machine, you know, the way people at Berkeley like [laughs] to term it, and and somehow what they did was less than noble. But, you know you are a cog in the wheel as a nurse in the Army, and uh you're doing what you're told to do, and there'll be some people when you get home, who are going to think you're uh uh…someone who's done harm to the country rather than helped the country… done harm by just agreeing to serve, you know.  (Interview #5., 2014, lines 776-792).

Well, I think that having the support of other Army nurses would be helpful. I didn't have that see once again I was in a job as the only person as a supervisor in the evening shift in
that hospital. So I didn't have at that point even have any support or help from other nurses. (Interview #8., 2014, lines 275-280).

I…I think having... being about to spend some time with nurses who have been there and have…and have successfully transitioned. I think that would be helpful. (Interview #11., 2014, lines 323-326).

And…and I know that not just with nurses with other Vets when they…when they come back from a combat situation if they can get involved with a group of others who have recently come back and are able to cope with the situation…um… back home makes it a lot easier….and uh…getting the family involved is also important for returning servicemen. (Interview #11., 2014, lines 328-336).

Well, certainly learning how to talk about it. Um I think um that um there could be more preparation for returning back home, decompression time. If a couple of days were added on in sort of a neutral area and um there were some, maybe, workshops or programming to help uh individuals discover where they've been and what they're returning to and have they thought about what's different and going to be different and have they thought about um if they feel stressed or they have issues that they would need to um have someone help them with, do they know where to go or how to go about it? (Interview #13., 2014, lines 1055-1067).

But anyway…um…having frequent reunions or keeping in touch with people that you were with is probably the best thing you could ever do for people with PTSD. (Interview #18., 2014, lines 741-744).

**advantage of deploying as a group.**

Well uh…when you went to Vietnam, a lot of units went there as um a unit. So like when I went to Fort Polk, there was a hospital there. It was the 91st evacuation hospital and people who were assigned to Fort Polk with me out of basic, which was several nurses who were assigned to that unit. Now they knew that unit…this was in the fall of 66. They knew that unit was going to go to Vietnam. So um…that unit was deployed as a unit and they did in January of 67 um yeah 67 in January 67 that unit deployed as a unit. (Interview #9., 2014, lines 209-220).

You have 35 or 40 people that all know each other, where when we went, we just got plopped in the middle of a hundred nurses and doctors and we didn't know any of them. So we had no real friendships until we were probably there six months. (Interview #17., 2014, lines 746-751).

**benefit of contact with those with shared experience.**

Uh…they need uh to have some kind of a program where small groups would get together and talk uh with some professional around them, uh…maybe even utilizing uh someone like me. . .uh . . . who has been there, done that, and has it. And I'm sure there
are many of us who are in the country, I mean, all over the United States, who would be more than willing to do that, because uh we're compassionate enough people uh that would like to help these people out. Uh…I know I don't wish this on anybody, and the more that we could help these people, the better off they would be. And I get a lot of satisfaction out of telling my story, uh and doing that, it doesn't make it any worse, you know? It's cleansing. (Interview #12., 2014, lines 705-722).

Well again, I would say that being with a group of uh like, minded people, people who had had similar experiences and uh…I would hate to say that I could predict how uh…individual people would react to the same situation. (Interview #15., 2014, lines 465-469).

I think there should be a class or something when you first get back just to point out where you can go for help if you don't have the support system. Luckily, I always had a support system. And, um, even at Madigan when I first came back, there were so many Vietnam nurses there. In fact, I ran into four just in the anesthesia section and we could sit down and talk. (Interview #17., 2014, lines 781-789).