



**TRANSCRIPT: INTERVIEW WITH
ELIZABETH NORMAN
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QUESTION: Starting with the Civil War, who is Dorothea Dix and what did she do?

BETH: Dorothea Dix was in charge of the sanitary commission in the Civil War and that was a precursor to what would now be the Nurse Corps. She was a prominent woman, a wealthy woman, and a formidable woman, a good choice to lead this new type of formal military relationship with nurses.

QUESTION: During the Civil War, which was nasty, a lot of these nurses were close to the combat.

BETH: They were. The battlefields in those days, take Gettysburg, there was no rear area, per se, every area was subjected to the sounds, the noises and the fears of combat. And that's important to remember about the Civil War because when we talk about it we tend to talk about the North and the South, the Union and the Confederacy. Well, there were nurses on both sides serving their country and serving their soldiers and serving the families and their neighbors. There was another aspect to Civil War nursing that a lot of people aren't aware of and that there were hospital ships in the Civil War that plied all the main rivers. One of the more famous ships was taking care of by nuns. We talk about military nurses, but in the 19th century, we have to remember, and earlier, that it was nuns that provided a lot of the nursing care.

QUESTION: A battlefield hospital in those days must have been pretty horrific, what might that look like?

BETH: If you can imagine, and I'm just going to refer to *Gone With The Wind*, there's a scene in *Gone With The Wind* at the Atlanta train station where the camera starts off with one casualty and then pans out, that's what the battlefield hospitals look like, in the North and the South, depending on the size of the battle. There were no antibiotics there, anesthetic was really not being used, amputation was the treatment of the day for musket wounds and it was done without anesthesia and often the men died from the hemorrhaging of the surgery or the infection. We had no idea that when someone's hit with a musket or a cannonball the dirt flies into the wound too and dirt is often contaminated. So, these men who were wounded did not stand much of a chance in terms of surgery. And there was no medical care, there was rest, but even the idea of hygiene, sanitation, was just starting to take hold after Florence Nightingale had been in the Crimean War in the 1850s. So, rudimentary as you can imagine, no pain medication, you had whiskey, that was about it.

QUESTION: What can you tell us about Clara Barton, what did she do, what was her role during the Civil War?

BETH: Clara Barton, like Dorothea Dix, came from a well to do family and she was very important in the mobilization of women to care for the casualties on the Union side. What she's most well known for is that she was very concerned about patient care rights and she's one of the founders of the American Red Cross which has a significant role for nurses in the 20th century.

QUESTION: Going back to the Revolution, women played a part in every conflict since that time, what was the role of women during the Revolution?

BETH: During the Revolutionary War there were not nurses as we know them today. They were not trained, they were not licensed, but women have always been the caretakers of society. In addition, they've also had a sense of patriotism. So, during the War of Independence, women wanted to take care of their relatives in the service and they also wanted to participate. So, women were there, they were cooking, they were dressing wounds, they'd spend times in the areas where the men would be wounded, they were very involved and occasionally, if you remember, in the 18th century, women could shoot rifles and if they had to, they could pick up a musket and shoot. It really depended on where they were or what they did. They were very under the radar but they were there. Sometimes they had to dress like men to blend in more. Women were quite involved in the Revolution.

QUESTION: During the Spanish American War, the nurses played a vital role in Cuba, can you give me an overview in that conflict?

BETH: With the Spanish American War, what happened with nurses, and it happened throughout starting after the Revolutionary War, the war is over, nurses disband and go home. The Civil War is over; they basically disband and go home. In 1898, the Spanish American War, we needed women to support the troops. We did not really want them to be part of the military, they were contract nurses, so, that's exactly what they did, they signed contracts but this was the first time we were sending women out of our shores. We sent them to the Philippines and particularly to Cuba and what became so well known in Cuba is that that was a country with horrific disease, typhoid, malaria, yellow fever, was killing more troops than the enemy. So, they started to do experiments and one of the nurses who volunteered for duty was a woman named Clara Maass and she was born in Newark, New Jersey, trained as a nurse and she volunteered to be inoculated with the yellow fever and she died. So, she really stood as an emblem of what women were willing to do for the country and to this day is remembered for her ultimate sacrifice. But the Spanish American War, women served all over this country and overseas, the war ended and so did military nursing. However, at this point, the government realized, you know, maybe we better not send all the nurses home after a war. So, in 1901, the Army Nurse Corps was established and 220 women became the first Army Nurse Corps nurses official. And in 1908, the Navy Nurse Corps was founded with 19 women and they were referred to as the sacred 19. So finally, at the beginning of the 20th century, we had nurse corps as we know them now.

QUESTION: How has our Nation honored that sacrifice, like area 21 in Arlington, have you been there?

BETH: Oh, sure, and I was there. It's really called the Nurses Cemetery and there's tombstones primarily of nurses from the 20th century wars and I was there with some of the former POW nurses from the Philippines and they went to see the tombstones of their friends and that was the only time I saw these women cry, when they looked at the tombstones of their fallen comrades. There's a beautiful statue there, it's a very serene place, but our country, we needed nurses, we wanted nurses, but nurses really never received the recognition just as all women in the military never did. They were sort of there but invisible, so, I would argue that I don't think our country acknowledged the service of its nurses until very recently, post Vietnam, that's how long it went on. Women could be officers in the Army and Navy Nurse Corps, but they held relative rank.

So, I could be a first lieutenant, you as a man could be a first lieutenant, you got more pay than me and you had retirement benefits and I had none of that. So, there was an enormous divide, and when the women came home, obviously they were small in number compared to the men who would serve in the World Wars, they were never acknowledged. As a matter of fact, the POW nurses, whom I know we'll talk about soon, they all survived, they were never acknowledged by our government until 1984 when some employees at the VA saw this as a great oversight and brought the few surviving women together in Washington, DC, forty years after their service. I think that says it all.

QUESTION: The nurses in the Spanish American War, they were contact nurses and not in the military, tell me about them not having military benefits.

BETH: Well, the nurses in the Spanish American War were the first group of nurses who were actually trained to be nurses. After the Civil War and Florence Nightingale, the first training schools for nurses opened up at Bellevue Mass General in Boston and New Haven. So, women like Clara Maass actually studied to be nurses. Again, it was very rudimentary, washing, diet, therapy, rest, fresh air. These were trained nurses unlike the Civil War where whatever you brought with you that you knew, that's what you did. So that was an important distinction and they served so well. They treated the casualties from tropical diseases, from what little battles there were and they also assisted the surgeons. They started to perform real essential tasks.

QUESTION: How did that evolve during WWI?

BETH: WWI begins and again, nurses more and more were being trained now and licensed. So, you had registered nurses and one of the key things about WWI that separates it from the Spanish American War or the Civil War is that hospital units went over together. The women, for example, at Bellevue Hospital, the training school for nurses in New York, they sent a hospital over of physicians and nurses and you would go over in a group and that was quite different and that's camaraderie, something women talk about all the time. This was a time you not only had camaraderie with your fellow nurses, but also you knew the men, the surgeons and physicians you were serving with. That was quite a difference and also these women went to Europe, they served overseas, they were on the front lines in the hospitals and these were the women who first saw poison gas and saw what it could do. And again, the scope of the casualties is harder for us to even imagine. 50,000 men killed in one day in one battle and then you had the battlefield injuries and then you had the flu epidemic, which actually killed more military than war wounds. Nurses themselves succumbed and died of flu and they also were sick. So, one of the things about being a nurse in a combat area is you share the same deprivations as the men, you also share incredible camaraderie.

QUESTION: WWI was a clash of old and new, like weapons, what were some of the horrors?

BETH: Well, not only did the nurses in WWI see the horrors of poison gas and mustard gas with the Doughboys coming back to their hospitals, but they also saw for the first time in combat machine guns and what a machine gun bullet could do to a young Soldier or Marine. And, again, it's commonplace for us to see these horrific wounds that was something new. The fighting in WWI took place on farmlands in Europe, farmlands always contaminate with animal feces, so all the wounds were infected. We did not have penicillin, we had a few powders but there were no antibiotics. So, you have to look at the state of medical and nursing care and as I said earlier, these nurses were far away from home and lonely.

QUESTION: What kind of recognition did they receive for their service?

BETH: Nothing. Most of them, when WWI was finished, left the service, went home and continued with their lives. The few who did stay on were always there but they were on the sidelines. We know you're here, you're relative rank, maybe we'll need you, but they did not get the recognition that they deserved, nor the nurses from any other war.

QUESTION: What was the role of women in the American military during the assault on the beaches of Normandy?

BETH: During the assault on the beaches of Normandy there were hospitals with nurses who came in right after the first waves, they needed them. The casualties on the Normandy beaches, they couldn't get them back to England so they had to set up hospitals and treat them right there and prior to the Normandy invasion when we invaded Sicily, out of North Africa, there was a Army hospital set up on the beaches that came under direct fire from the Messerschmitt and there were nurses, physicians and patients killed. So, nurses followed the beach landings immediately and set up.

QUESTION: In Normandy, we've seen the footage of the landing craft hitting the beach, but they've never seen the photos of the women and they're there.

BETH: That's right. Again, I think women were consciously made invisible because morale during a world war is very important, and I believe that the sensors did not want people to think about American women on the beaches of Normandy. It was hard enough with what we went through with the casualties with the men, but American women there, taking care of casualties with the Nazis nearby. It was not good for morale so better to just keep it quiet, we know they're there, but let's just move on.

QUESTION: Is there a difference between an Army nurse and a Navy nurse?

BETH: There is no difference between an Army or Navy nurse, according to me. You talk to an Army nurse and a Navy nurse and they'll tell you their differences. Different colors, the Navy's blue, the Army's khaki, the Navy primarily serves on ships, the Army primarily on land and the Air Force would tell you their nurse corps is different too because they're primarily in the air. So, where they serve is different, but a military nurse in my mind is a military nurse.

QUESTION: What can you tell us about the number of nurses killed in the Battle of Anzio by German aircraft?

BETH: They setup the hospital right on the beaches of Sicily. That was just a terrible landing of British-American allied forces and so the hospital was there operating, bringing casualties into the station. The ORs were up and going, the wards were working and then all of a sudden these Nazi Messerschmitt showed up, and the red crosses were on the tents and everything but they strafe the beaches and they strafe the hospital and that's how nurses got killed.

QUESTION: What can you tell us about when the Philippines fell to the Japanese; thousands were captured, including numerous Army nurses?

BETH: Well, I'm going to back up a little bit. In 1940, President Roosevelt instituted the draft. So, all of a sudden we were going to have tens of thousands of men in uniform, well we needed somebody to take care of these men. So, they started to go to the Red Cross roles and encourage

young nurses to volunteer for Army or Navy service. Many women wanted to do that and particularly the group in the Philippines. There were 99 nurses who served in the Army and Navy hospitals before WWII started in 1941. These women were very intrepid. Women of that era primarily married and stayed in their hometowns, but these young nurses, and they weren't all so terribly young, looked around and said, I don't want the kind of life my mother had, I want something more and the Philippines, before the war, was the choicest overseas duty. Manila was the pearl of the orient. You could go there and the women said to me, I only needed three pieces of clothing, I needed my white nurse's uniform, I needed a bathing suit, because it was hot, and I needed a long gown for dancing after the sunset. So, it was a marvelous place to serve and this is long before Anzio and Normandy, this is 1941 and everyone was having a good time and then all of a sudden, Pearl Harbor happened and that same day, the Japanese struck the Philippines. So these nurses, unlike the nurses later in the war, when you took a commission in the Army or Navy Nurse Corps during WWII, we were at war, you knew what was going on. The 99 nurses in the Philippines they were having a good old time and then in the blink of an eye, much like our country in 9/11, once those bombs fell that first day their lives changed dramatically.

QUESTION: What was their primary responsibility?

BETH: The nurse's primary responsibility in the Philippines, they used to joke that prior to the start of WWII they had to take care of men injured in the boxing matches at the Army and the Marine boxing matches on Corregidor and it was tough the night after pay day when the fleet was in because they'd have guys injured in bar fights, and men injured in the polo matches on the Army bases before the war, it was easy duty. Remember these nurses went to the Philippines from the United States where the great depression was going on and times were tough and many of them struggled and then they get to the Philippines and they're working four hours a day, they have people to do their laundry, they have tennis boys to get their tennis balls, they could take foreign language lessons, as they said, life was very good. The bombs fall and these nurses had to turn from taking care of men injured in a polo match hit by a ball, to men severely injured by the Japanese bombs. So they overnight became combat trauma nurses. They brought people into this hospital, which was small on doors, anything you could drag anyone into and they were still under attack. So the nurses, and this is the thing about nursing, it happens all the time, there's a common sense to nurses where you don't sit down and say, do this, do this, if there's a casualty. These nurses were inoculating men with morphine, which is a pain narcotic because they didn't want them to suffer until they got into the ORs, but you wouldn't want to give a man too much morphine or you could stop their breathing. The bombs were coming over and they were inoculating men and they took red lipstick or Merthiolate, which was an old antiseptic red, and they put an M on the man's forehead so somebody would come along and know that this guy had been given pain medication. They just got swept up in it, they couldn't believe the carnage they were seeing. It's good because you don't have time to reflect on, I know this person here, or maybe I'm going to be hurt. So they were all very grateful for the fact that they didn't have time to really think about what was going on.

QUESTION: Tell me about how they were evacuated?

BETH: The Navy nurses were a much smaller group in the Philippines, there were 11 of them ultimately. The Navy retreated to the City of Manila and the Army left the City of Manila for the jungles of Bataan and Corregidor and again, this was a large-scale retreat under daily attack. The Navy nurses got left behind in Manila with the physicians at a school and they surrendered

January 2, 1942, but there's an interesting story. Again, they knew that the Japanese were going to come in and loot and take medicines and the head nurse, Laura Cobb, was a WWI Vet, knew that they needed to keep their Quinine because malaria was so bad in the Philippines. So, she had her nurses go into the closet and mislabel everything. The Japanese came in and they took all what they thought was Quinine and it was just baking soda and the nurses took their Quinine into prison camp with them. The Army nurses, and ultimately there were 77 who surrendered, they either went across Manila Bay to the jungles of Bataan or to Corregidor which was a small island right at the mouth off Bataan and then Manila Bay. There were no front lines, the Japanese controlled the air, sea and land, there wasn't enough food, there wasn't enough medicine. So, really for the first time I believe these nurses were right in the fighting. They could hear small arms fire, they were sick and they had no food. The troops would come in and we didn't talk about this yet, but nurses not only dealt with physical casualties like machine gun wounds, but the mental casualties. The empty stares, the men who just had seen enough, whether it was shell shock in WWI or combat stress in WWII. These nurses on Bataan went from wearing their ball gowns after night fall, to working from sunup to sundown, having a crust of bread, and a cup of coffee, being hungry, and not being able to tell their parents they were alive. Once the Army evacuated Manila at Christmas of 1941, nobody had knew what had happened to them, so, that was their worse stress, they couldn't get any word to their parents and they were all listed as missing in action for a year and a half. And if you were to talk to any of them when they were alive, they'd say, that was the worse, I didn't care that I could have been killed, I didn't care if the Japanese took us, I'd get by one way or the other, but my parents didn't know what happened to me. These women were with the troops on Bataan, it was the largest and first land battle of WWII. The troops surrendered in April of 1942 to the Japanese but one of the last orders was to get the American nurses off Bataan to Corregidor. The rape of Nan King had occurred three years earlier and they knew the Japanese were not going to be kind to their prisoners, the men, let alone what they would do to the women, so they got the women off the island of Bataan to the island fortress of Corregidor and that held for another month and then Corregidor fell in May of 1942.

QUESTION: I love those stories with those details.

BETH: I actually have another one too. When the nurses left, one of the heart rendering things of the nurses who had to surrender to the Japanese in Philippines is that the men who were their patients, the men who were their colleagues, the surgeons and physicians, they all knew that they were going into the lowest level of hell, being prisoners and they all knew there was a good chance they weren't going to live. So what they would do is they would hand the nurses their wedding rings, their West Point rings, they would say, here's my family, if you make it through, please get in touch with my family, and that, which of course the nurses would do, it's part of taking care of their patients, but that's frankly a hell of a burden to put on someone. And they did get 20 nurses out of the Philippines right before the surrender on a submarine and on a plane, and they let the chief Army surgeon and the Chief Nurse Maude Davidson, pick the 20. Now they knew at this point, this is getting towards the end of April, beginning of May, that whoever was on Corregidor was going to become a prisoner. So they tried to pick the nurses they felt they didn't think would do well in captivity and those were the older nurses in their 40s and 50s because there were quite a few of them, those who had been horrifically sick with malaria and dengue fever and then there were a few of them that got out because they had boyfriends on MacArthur staff, which endured lifelong resentment. But General Wainwright who was in

charge of Corregidor, he said pick 19, there's one nurse I want to go and her name was Ann Mealer and she was the chief nurse on Corregidor before the war and after the war she was an OR nurse. She knew Wainwright well and he said, you know, Ann's in her 40s and she deserves to go. They approached her and she said, no, I'm not going to go, I had enough faith in the old tunnel. I couldn't leave my patients. So she gave her seat up for someone else and Wainwright wrote in his memoirs that was one of the most courageous acts he had ever heard of in the Pacific Theater because she was signing her warrant to become a prisoner, and so that was one man who acknowledged one woman's courage.

QUESTION: How many nurses were captured, how long were they held and in what sort of conditions?

BETH: There were 66 Army nurses who surrendered to the Japanese, most of them on the island of Corregidor where they had congregated. There were several nurses down in the southern island of Mindanao, they were trying to get out to Australia and their plane had engine trouble and they were stranded in Mindanao. Ruby Bradley was up north in a small Army base, she surrendered up there, but they did with the Army nurses and the 11 Navy nurses from Manila. The Japanese didn't know what to do with women, there were no women in the Japanese military, there was no nurse corps, so, here they have these women and they didn't even have uniforms, if you were Navy, blue outfits, if you were Army, khaki outfits and they wore their Red Cross armbands. The Japanese had to deal with tens of thousands of men POWs so they put these women in a civilian internment camp in Manila called Santo Tomas Internment Camp. It was a university before the war, and remember, the Philippines was an American possession so we had Spanish American War Vets, we had Pan Am pilots, we had engineers, families, old people, they all were put in this 6,000 person internment camp. And what the nurses did, and this is one of the few times these nurses, Army and Navy, 66 and 11, when they got into camp they just all became nurses. They didn't become Navy and Army, they setup a hospital because they knew that there would be people sick, there would be people who needed treatments and surgery. As the internment went on and they got hungrier and sicker and the Japanese got more defiant and mean, they had to work; and work as a nurse was very satisfying, whether it was just giving somebody sick with Beriberi a meal or an egg, it was rewarding and as bad as they felt, patients were worse. They had a real reason to keep living in prison camp and that's a very important aspect of being a POW, the motivation to stay alive and to keep going. They just were not going to let the Japanese get the better of them. They kept their military organization, those chief nurses, Laura Cobb from the Navy, Maude Davidson from the Army, they kept their group in order. They had schedules and they were kind of tough women and some of the Army nurses would say to me in prison camp, you know, I just wouldn't feel like going to work some day, I was sick, I had Beriberi, but the thought of going to Maude Davidson and saying, I don't want to work, oh no. So, her toughness was a real strength.

QUESTION: What happened to these women when they came home?

BETH: The point about their liberation and when I met these women, and I met about 30 of them over the years, they would always say to me, don't you ever call us heroes. They would be very adamant about that, that they were just nurses doing their jobs, but the one point they were most proud of is that 77 women went into camp in 1942 and 77 walked out. That's a statistic unmatched in the World War. Sadly, there were Army, they were British and Australian nurses who died, all of the American nurses survived and they weren't all 24 years old. Maude

Davidson, the chief Army nurse, was 60 years old when she got out of prison camp. So, that's a point I just tried to make about these women because it's the one point they're most proud of. They came home, got their Bronze Stars, were promoted one grade in rank and then they were sent on bond drives to raise money because the War Department didn't really talk about these women during WW II because they didn't want Americans to think about 77 women in Japanese prison camps. But when they came out they were celebrities. There had been a Hollywood movie with Veronica Lake about them. These women who were sick, were sent on bond drives and one of them put it so well, she said, we hadn't had our freedom in three years and all of a sudden, we're out in San Francisco and you don't really know how to behave, you can make choices about what meal you're going to eat. So they really struggled with the idea of how to get through the day. The men who served with them on Bataan and Corregidor and in the Navy recognized the job these nurses did with the casualties and the leadership of the nurses in keeping the group alive and together through POW years. They put Maude Davidson, the chief Army nurse, up for the Distinguished Service Medal when she came home. That's the Nation's third highest medal, it's a great honor, and it's given for leadership in war and she went all the way through the different steps. Even General MacArthur, who was not known to be a generous man when it came to medals, supported her. It got all the way to the War Department board and she got denied, because the reason was the award is given for leadership, the position of Chief Nurse is not a position of leadership. She got the Legion of Merit instead, which of course, none of these women wanted anything. Around the year 2000, Maude Davidson died in the 1950s, the book I wrote, *We Band of Angels*, came out and two women who were not nurses read the story and were outraged. They worked with the surviving nurses and Maude Davidson got her Distinguished Service Medal almost 60 years later, but she got it and it meant so much to the women who served with her.

QUESTION: Tell us about this POW and females traditionally being kept out of combat roles due to this fear of American girls being taken captive.

BETH: I agree. I think one reason why these women were never formally acknowledged, the POW nurses, until 1984 by the VA, is they were kind of square pegs, I mean, they didn't fit, the fact that women could be POWs and survive the deprivations. You know, if you became a prisoner of the Japanese, there was a 40% mortality rate, if you became a prisoner of the Nazi's military, 3% mortality rate. That gives you an idea of how bad it was in the Pacific and the fact that these women survived, it countered to everything we thought about women in combat, nurses in combat. So, the women didn't ask for anything after the war, they went back to their lives and the government for some reason never acknowledged it, and some of these nurses stayed in the Army Nurse Corps, went to Korea, went to Vietnam, and I talked to all of those nurses and I said, well, surely, they came up to you and said, what did you do in prison camp to survive? Never asked them anything, never tried to mind their experience or get the lessons learned and as one nurse said, you have to remember, when we became prisoners of war, we didn't have survival courses, we didn't even have calisthenics. We lost an entire experience that could have benefitted our men and women later on. We just never bothered.

QUESTION: In contemporary times, Iraq and Gulf War, as someone who has studied this and knows the details, what were your thoughts?

BETH: The differences between the POW nurses and the Japanese in WWII in the Philippines and nurses who became, it was Rhonda Cornum I believe the next prisoner of war, I mean,

obviously the differences was one person vs. a large group. To be a prisoner of war is a brutal experience and it's very hard for people like you and me to understand what it's like to have everything you believe in, everything you do every day taken away from you and to have your life minute by minute in control of an enemy. So that experience was the same. I looked at what happened to the prisoners in Iraq, the women, and the prisoners in the Philippines, you could see some similarities. These women were not going to give up, they were fierce in their determination to survive, they really wanted to come home, they wanted to tell their story and I don't know about the Iraqi Vets, but the WWII Vets, they had a great sense of humor, they had luck, and they had one another to depend on. I think that's always been true of POWs, they had one another to depend on.

QUESTION: In Korea, they had these MASH units, what is it and what did it do and how did women relate to that?

BETH: You could look at combat nursing after each war, we learn a lot. We learn a lot about treatments, new innovations come in and then we apply those innovations to the next war. Well, in WWII we were evacuating patients by plane and we were having to follow the troops as they moved forward in Europe and the Pacific. We couldn't have stationary hospitals, well we could, but we needed mobile hospitals. By the time Korea explodes in the 1950s, we had mobile Army surgical hospitals and these were tent hospitals that followed the front line as it moved, and there were nurses in the MASH hospitals. Many of these nurses were WWII Vets. The most famous stuff, of course, was the film MASH, which depicted life in those hospitals and there was a nurse who was captured in the Philippines, Ruby Bradley, who was the chief nurse in Korea. At one point the hospital she was in was very near where the Chinese communists were coming close and they got her out of there because they thought that's all we need, a woman captured in two wars. But the nurses in Korea, they really perfected the evacuation, the helicopter evacuation, the triage system, blood transfusions were getting better, we had penicillin, we had antibiotics, we had better anesthetics. So all that we learned from the blood of the Soldiers in WWII, nurses got to use in Korea and Korea's a very much forgotten war because it was small, it was quick and it came after WWII. But there were some wonderful nurses riding helicopters, putting up with the cold, fearing the Chinese communists.

QUESTION: The largest group of women were nurses who served in Vietnam.

BETH: Yes, these women who served in Vietnam were primarily the daughters of WWII veterans. They all volunteered for service, some of them had their schooling paid for by the government and then they owed the government time in service. I first became interested in the nurses in Vietnam in the early to mid-80s. I thought if I wanted to talk to them I could just get a list from the government and I remember calling Washington and saying, how many women served in Vietnam, we don't know, I said, what, they said, well, you could have the list of the millions and then you can just go through it. They did not even know for about 15 years how many nurses served in Vietnam. It's roughly 8,000 Army nurses and then Air Force and Navy nurses, but the fact that our government couldn't even give me that figure, what more is there to say.

QUESTION: How dangerous was it for the women in Vietnam?

BETH: Vietnam was very dangerous because this was the first time that there were people throwing bombs and sabotaging. There was no formal front line in Vietnam. For Air Force

nurses, there were planes shot at. There was a plane that crashed at the end of the Vietnam War and killed some nurses. So, they had the dangers of flight. The Navy nurses who were in Da Nang, which was the main naval base, the Vietcong and North Vietnamese routinely shelled that base and it was always at night and the nurses told me that they often had to stay in their quarters, they couldn't go into the trenches, and they sandbagged the quarters because the naval higher ups didn't want the nurses running in their baby doll pajamas. So, they had to stay in their quarters and roll under their bunks. One of them said you'd put a flak jacket on, try to roll under a bunk, if you had any chest at all, you wouldn't fit, so they just left the flak jackets off. Fortunately, no one was killed. The ships at sea, the *Sanctuary* and the *Repose*, typhoons early in the war, sapper's minds, so, those ships were never stationary, they always sailed in figure eights. There were collisions at sea, so there were very specific dangers of being at sea. The Army nurses, all of their hospitals that were near the front lines, they always ran the danger of being overrun and being shelled and many of these hospitals were shelled. There was a woman killed, an Army nurse killed sitting on her bunk, Sharon Lane, a bomb piece of shrapnel severed her artery and she died. So there were definite dangers to the nurses in Vietnam.

QUESTION: Marsha talked about how quickly they brought in these guys and how they were dealing with really bad wounds.

BETH: They were and just as Korea benefitted from WWII, medical nursing care in Vietnam benefitted from the evacuation system that was done in Korea. There was an Army nurse who said the longer you serve, 12 months in Vietnam, and the longer you were there, the more familiar you became with the sound of helicopters. And I saw these nurses, they could tell what kind of helicopter was coming in, here in the states, if it was full or empty, and so, when helicopters were coming in they could tell they were full. One nurse said they brought in mass casualties one day and she took care of a Soldier and she took off his wristwatch because he was going into the OR and she noticed it had stopped 16 minutes earlier when he had been hit, that answered your question how quick it could be. One of the issues about being a nurse in Vietnam, nurses often didn't like to talk about it for a long time, but they would say to me because I am a nurse, they said that I would understand it. If there's a triage in this country in America and they come in, you know, six, seven, ten, twenty people, we'll treat the most seriously injured first here because we have the equipment, the ORs and the staff. In Vietnam, during a mass casualty, they would look at some Soldiers, say a man with a serious head wound or an abdominal wound who probably wouldn't live and who would take up 10 hours of OR time, he'd go to the back of the line and they were called expectant cases. And that's abhorrent to a nurse, to not treat somebody. They would all keep going back to him and one of the things that made them cry, to this day, is they'd get the other casualties into the OR, they'd be saving people, but when that Soldier, Marine, or Sailor, or Airman was about to die, they would always go back to him. They would hold his hand and I'd say, why, and they'd say, well, we wanted to comfort him and we wanted his mother to know he didn't die alone. Nothing symbolizes what military nursing is more than that statement, they would just be there, not that they would ever talk to his mother or his sister probably, but so this young man wouldn't die alone.

QUESTION: To this day, the nurses who served, the sound of a helicopter triggers all kinds of PST issues.

BETH: It absolutely does. But the other side to it is, when a nurse comes home from war, Vietnam, and she's still working as a nurse, they have a real confidence because they know

whatever they were going to see was never going to be as bad as Vietnam. And there's another point about being a nurse in wartime, not just from Vietnam. I would look at photos of nurses from Vietnam and they had their makeup on and they had their hair done and I'd say, why? They'd have their fatigues on and Army nurses got to wear fatigues in all the hospitals but in Saigon where the politicians were coming through, they had to wear their white nurses uniforms. But nurses know when they're overseas that they're representing the mothers, the sisters, the wives and the girlfriends left behind and they take these roles very seriously. We might think that's somewhat sexist now but it wasn't. Men would say to them, I can either get an eye patch or a glass eye, what do you think I should have, and they'd just say, oh, get them both, a black patch is just wonderful. So these other roles that the women filled were very important.

QUESTION: How important was the Nurse Memorial to them since it's really the first time their service was acknowledged?

BETH: The Women's Memorial at the Vietnam Memorial in Washington was very important to the nurses. They just felt that the nurses who served in Vietnam were the first group of military combat nurses who really argued for recognition, they wanted VA services, they wanted to be acknowledged for what they did and that actually rippled back to nurses from other wars and that kind of got them spurred on. So the Women's Memorial was very important to these women because it reminded visitors that there were women there. And if you look, each one of those pieces in that statue represents something different, they're not all nurses, there are other women in that statue too. It just reminds people and that's what they want, the sacrifices that were done.

QUESTION: Vietnam was the first time we hear about Post Traumatic Stress Disorder, typically applied to the men in combat but is also affecting the women who were there.

BETH: We've known since WWI actually. Sigmund Freud talked about combat fatigue syndrome and war in WWII in the airmen, so, we had heard about it but Vietnam was the first time. Men were advocates too; they wanted help for the emotional issues that they were dealing with. And the women too, they would say, look, we weren't firing weapons, we were not actively trying to kill the enemy, but we were in harm's way, we suffered casualties, what we saw, you come home from war you're never the same. One woman said, I have my life and then I have my Vietnam service, and you come back here and people don't want to hear the awful stories that nurses see in war, they want to hear the funny stories, maybe a scary story or two, but it's important these women knew that they had issues to deal with, emotional issues, because of what they saw. So the nurses said, if you're going to treat the men, and it wasn't easy for the men to get treatment for PTSD, we want treatment too and the VA should treat its women veterans. The women spoke about the nightmares, spoke about what happens when helicopters come over. Going down to that memorial is very difficult because the women can look up casualties from the times they were there. Looking at the statue reminds them of what they did. It's hard. It never fully goes away but the whole point of PTSD treatment for the nurses and others is that you manage it; it doesn't take over your life.

QUESTION: How has the role of the military nurse changed?

BETH: The role of military nurses has changed on a very obvious level. As a matter of fact, the number of male nurses is overrepresented in the military compared to civilian professional nursing. Also, the military is completely integrated in terms of minorities, so that's changed. Women can be married and pregnant and be in the military. That was something unheard of in

the 1960s. So the makeup of the nurse course has changed significantly. The nature of warfare has changed significantly and you have very small units going right with the troops now in Iraq and Afghanistan and while, in Vietnam, they would fly casualties maybe to Tokyo or to Manila for long term treatment and then back to the states, nowadays, the Air Force is flying casualties right into Germany and right home. Anytime a wounded person sees a nurse or a physician, they know that our country cares about them.

QUESTION: The weapons change, the geography changes but the basic never changes.

BETH: Never changes, never changes. It's care, and the other point too to just think about with nurses overseas, both from the Philippines, Korea, Vietnam, is that nurses not only care for the American military but they care for civilian casualties, children, old people, and they care for the enemy. And that's a position that's pretty unique for healthcare professionals in the military, and every military nurse I spoke with, whether it be WWII, Korea, Vietnam, they said at first they're uncomfortable because these are the men who are trying to kill them or the American military, but soon, very soon, they're professional code overtakes that and the enemy becomes patient.