

# Vietnam Generation

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# INTERVIEWS WITH TWO VIETNAM VETERANS: WELCOME HOME

## DAVID M. BERMAN

The interviews which shape this article are the stories of two women who served tours of duty in Vietnam. Lois Shirley was a medical-surgical nurse at the 3rd Field Hospital in Saigon during 1967 and 1968, leaving the country two weeks before the 1968 Tet Offensive. Lois worked in a tropical medicine unit, supervised both a medical ward and a convalescent ward, and, as a head nurse, also served in triage. Her story provides the perspective of a career officer in the Army Nurse Corps and paints a stark picture of the organization of hospitals and the movement of casualties between hospitals, all to prepare those hospitals closest to the field to receive more casualties.

Kathie (Trew) Swazuk served as a medical-surgical nurse at the 93rd Evacuation Hospital in Long Binh for thirteen months during 1969 and 1970, one of those very young nurses just out of school (as Lois describes them) who left the service shortly after the end of her tour. Kathie served four months on a surgical ward followed by nine months on a medical ward, and her portrait is of the life and death responsibility which was thrust upon her treating battlefield casualties received by her hospital.

Welcome home.

## Lois Shirley

LS: If you tell anybody under the age of 25 that you've been in Vietnam they're fascinated. I have a nephew who is a junior in high school. He wants to hear about it continuously, and if I ever meet any of his friends, I'm always introduced as, "This is my aunt, she was in Vietnam," like I'm some kind of freak or something.

DB: *Are there any particular images which come to mind, which capture the experience of being in Vietnam?*

I remember once that we got seventeen soldiers into the emergency room at one time who had white phosphorus wounds, and the white phosphorus was dropped by our own people. And that was the first time I had seen anything like that. I could just not comprehend that there would be a weapon that awful, that we would put people through that torture. And I can remember putting the dressings on the patients, and two days later, taking the dressings off, and the damn things started smoking again.... Those people were in agony. And we thought about these people, because they were our troops, and because they had been accidentally

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injured, but it made you sit there and think of how many people were out there, innocent people who have had this stuff dropped on them.

*Describe your responsibilities.*

I was stationed in the 3rd Field Hospital in Saigon. When I first went over, I worked as a staff nurse in tropical medicine, about a fifty-bed medical unit for patients with tropical diseases, infectious diseases. And there were a lot of very, very sick patients with malaria, bad hepatitis, scrub typhus, diseases like that, and a lot of very, very bad dysentery. I was seeing diseases I had never heard of before. And you know, you learned everything you needed to know in three days' time. Most of those patients didn't die.... They tended to be very young, the people whom you expected to be the young troopers coming right out of the field, the grunts. They were very sick, but once they got in the hospital and were treated tended to get better rapidly. Most of them got sent back to duty.... Then I was promoted and became the head nurse on the medical ward.

In Vietnam, there were actually three types of hospitals: the surgical hospitals or the MASH hospitals which were supposedly mobile, the evacuation hospitals, and the field hospitals. The MASH hospitals usually have only about sixty beds and their main focus is immediate surgical care of patients. They might keep a patient three or four days at most. They would get the patients, treat them, and almost immediately air evac them out so that they always had empty beds. And these hospitals theoretically should be closest to the fighting, although this doesn't work in Vietnam because the fighting was all over the place.

The other category of hospital you had were the evacuation hospitals.... They usually had about six hundred beds, could go up to a thousand, and again, would get their patients in, operate on them, keep them a couple days, stabilize them, and probably every single day, had a whole group of patients evac'd out to Japan. They would go to Cam Ranh, or to Tan Son Nhut, and would be staged there by the Air Force, and then sent to Japan, occasionally to the Philippines, but most went to Japan—moved along the chain.

Then you had the field hospitals. The field hospitals in Vietnam were run more like a fixed facility, essentially like a medical center, with no pressure to get our patients out. And we inherited a lot of patients from the other hospitals.

*Describe a day in the life of a nurse in Vietnam.*

Mostly you get up at six, go to work at six-thirty, work a twelve hour shift five or six days a week, depending on what staff we had, sometimes seven days a week. Technically we didn't get air evacs. We didn't have choppers landing all the time. We didn't have a chopper pad when I was working there. They had to land at Tan Son Nhut which was about a mile and a half away, so we weren't on the direct reaction team. But, in

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reality, we were because the surgical hospitals and evac hospitals had to keep emptying out, they had to have empty beds, so three, four, maybe five times a week we would get the word coming down to us we're getting patients. We never knew when we were gonna get the big push.... You know, if you have 25,000 troops out in an operation, for every thousand men who are going to be committed to the battle, you know you're going to get "X" amount of casualties. There's a factor, a formula they figure out. So every day, as the evac hospitals from around the country were choppering their patients into the clearing station, they would start accumulating patients in the early afternoon, and they would get up to about 400 or 500 patients sometimes, so every day we inherited patients. Some days we got a lot more than other days, and they tended to come late in the afternoon because that's when the hospitals up-country would have had a chance to make rounds, and get the transportation arranged. Now if they suddenly got inundated with patients, getting a whole lot more than they thought, then they started moving them out fast. And that's when we started getting them at night, late in the evening. But for the most part, it always happened in the late afternoon. We worked very, very hard. We were busy all the time.

When there's a major operation and an evac hospital can't handle the flow, that's when it got really, really busy.... They would triage them, stabilize them, and move them on, put them right back on the chopper. What happens, especially with patients who need surgery, you can stabilize them, and you can hold off doing the surgery for so many hours, but when you get to the point where you still have fifty people that need surgery, and you know each case is going to take at least two hours, and it's totally impossible, somebody has to make a determination that it's got to be safer to put this guy back on a chopper, take him for an hour chopper ride, than it is to let him stay and wait for surgery.

The nursing department would just put out the word—that "X" number of casualties were coming in, and they're going to be here in twenty minutes. Essentially, we just stripped the wards of personnel, just put the ward on hold, and everybody went down to our triage area. We had teams, there would be one doctor, one nurse, a 91-Charlie, or a 91-Bravo, and each team had two or three little areas and as they unloaded the patients, they would put them down and prioritize them.... You go down there and they still have their uniforms on, they still have their boots and their fatigues on...but they had never gotten to the point where anybody had gotten them undressed, they'd probably never even left the litter. But they had started IVs on them, and given them blood, whatever they needed to do for emergency purposes.... I think we had about four ORs [operating rooms] so once you sent four people into surgery, then everybody else had to wait. You tried not to send a patient into surgery who's going to tie up an OR for eight, nine hours. You want to try to get the ones you can do in the shortest amount of time.

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The movement of patients was a massive operation, and the object of all the moving around was for any hospital located near a big operation to always have empty beds.... So if this particular evac hospital is appointed to this division, and this division is starting a big push, you can't call up the brigade commander and say, "If you got any casualties, send them somewhere else, we're full".... They had certain criteria to determine which patients got moved, but they knew they had to have a certain number of empty beds, so the regulator people would then determine which hospital they would get moved to. They may have gone to some other evac hospital, but more likely, they got sent out of the country, but a lot of them came to the 3rd Field because we weren't usually getting direct casualties.

*What was the atmosphere like at times when you were getting casualties from the battlefield?*

Very organized and very calm. And that just comes with practice.... With the trauma patients, you were so busy trying to do what you needed to do to keep them from going into shock and stabilize them and get them into surgery, you didn't have a lot of time to think.... After you've been through it a couple of times, you realize that you were very efficient at doing it.... Sometimes there could actually be some humorous moments. The way we staffed our emergency room, all the head nurses had to take turns working a week at a time, the night shift, seven to seven. I remember one night we got a call we were getting some patients. They had brought a whole squad in on a chopper, except six or seven of them were dead, and we got the one patient who was hurt really bad, and the one who didn't have a scratch on him, he happened to be the medic. They had been on patrol someplace close by and ambushed and machine-gunned and the medic, he was far enough back, I guess, that they missed him. All the others were killed and this guy was just sprayed with machine gun bullets and the medic managed to keep him alive long enough for the chopper to come and pick him up and he was...it was like...bullet wounds all the way down, right across him. The place was awash in blood. I never saw so much blood in my life, and we gave that guy 78 units of blood I think before we moved him from the emergency room into the operating room suite. And besides having all these wounds and everybody jumping on him trying to keep him alive, he had these grenades hanging on his belt, and when one of the grenades fell off, there must have been fifteen people working on this guy, and when that thing hit the ground, I didn't know people could move that fast.... Obviously it didn't explode so somebody went back in and picked it up and went back out again, and we all went back in and started working on the patient again.

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*Did he make it?*

He made it, and you know those are the type of patients you wonder about—you wonder whatever happened to that guy and did he really know what happened. And you wonder, does he know that that medic saved his life.

*What kind of casualties did you have, what kinds of wounds?*

Everything. Most of the gunshot wounds.... We got everything, a lot of orthopedic patients, a lot of amputees, and just any kind of general surgery patient.... It was overwhelming.... It didn't dawn on you how many amputees there were until you went into the [orthopedic] ward. You could look down this ward, and this was probably a forty-bed ward, and you could see all these beds down there in a line, and they all had traction on and weights hanging off the bottom of the bed, when it suddenly dawned on you that all those tractions were tractions on stumps. It wasn't traction on a leg, you know, because when they have an amputation they put a pin through there and put a traction on it to keep the person from getting a contracture, so you could go in there through the door, and look down the hall, and see thirty weights hanging off the bottom of those beds. Then it would dawn on you, "That's thirty legs that aren't there."

I was probably there a couple of months and for some reason or other, I had occasion to go over to Tan Son Nhut. We were driving down the street in a jeep and all of a sudden I could see all the traffic in all directions come to a stop at a crossroads. People got out of their vehicles and were standing there saluting.... And then a truck came by pulling a flatbed trailer, and it was full of coffins and it was going from the mortuary to the flight line, and that's the first time I think it really dawned on me how many people were getting killed.

*Did you ever run into any of your patients?*

No.

*What kind of war was it?*

Well, they don't really prepare you at all for going over there.... After basic training, many of the people that were in my class went straight from there to Vietnam. So we had these people, very young nurses, many of them had just graduated from nursing school, just got their license, their first job ever as a registered nurse was in the Army.... They had an education commitment. They came in, went down to Fort Sam for Basic [Training], and went right to Vietnam. So they were very young, very immature, had not developed in their role as registered nurses, and then

all of a sudden they have to also learn how to be a military officer, and they're doing all this under hostile conditions. Most of these nurses came out of diploma programs so they were, most of them, around 21 years old. And the bulk of the patients were very intensive cases. So they had heavy conflicts going on.... It takes you a long time to really learn your role and become comfortable in it. I was 26 years old when I went over, and I had five to six years nursing experience before I went into the Army. I'd been around, so I didn't have that same conflict.

Listen, we never even went out to the firing range. They did take us out in the country where we sat on some bleachers and someone gave us a demonstration.... We went to the firing range and we never fired a weapon.... I knew absolutely nothing.... When I got orders to go to Vietnam, I didn't have the faintest idea where Vietnam even was.... I found out a little about it in Basic, but I certainly was not prepared.... The majority of nurses were in the same situation. And at one time I think, in the hospital where I was, I know we only had one doctor in the whole building who was a regular Army person. Everybody else was a draftee, and probably seventy percent of the nurses were on their initial tours. They were right off the street in this war.

*What would you have done if you had been attacked?*

I don't have any idea.... The whole time I was in Vietnam, I never even had a flak jacket or helmet... I left about two weeks before the Tet Offensive. I'm sure it changed after that.

*Do you have any parting words?*

I never had to deal with "Why am I over here?" I never had any doubt at all. You didn't think about fighting Communism and all this kind of stuff. I knew what my mission was. My mission was to take care of the wounded they pushed through that door. That was it. You did it very well. You worked really hard, and you were very, very proud of what you did... Well, sure you felt cheated. Look at all these young guys who were killed and maimed, but you didn't carry it to the higher level, "Why is this happening?" It was, "This guy has a mortal wound, but we'll do what we can for him..." I learned more in that year than I learned any other time in my life, professionally and personally.

I read this article about a teacher who wrote to people all over the country for their ideas on what to teach about Vietnam to his students. I was very, very disturbed because there wasn't one female interviewed. We're talking about fifty percent of the population of the United States, many of whom had some involvement in the Vietnam war, whether they were opposing it, supporting it, sending a father, a son, or a husband off to war. And this man did not feel that he had to get input about the war from one female.... I just could not believe this man was so unperceptive.

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There's got to be one female somewhere in the United States who has enough stature to whom he could have said, "Give me your opinion about the war...."

*Lois Shirley, R.N., B.S.N., M.Ed; Medical-Surgical Nurse, Army Nurse Corps, 3rd Field Hospital (Saigon), 1967-1968. Lois recently retired as a Lieutenant Colonel after 22 years with the Army Nurse Corps and is presently teaching in the associate degree nursing program at the Community College of Allegheny County, Allegheny County, Pennsylvania.*

### **KATHIE (TREW) SWAZUK**

KS: I guess my most vivid memory was the burn patients...treating burns from white phosphorus, flamethrowers, a lot from chopper accidents.... I think I can smell the smell and I can see the crust and the skin and it's a very visual picture I have of what I did day after day...just peel the skin off of burn patients. That's the picture I have.

DB: *What was your role in Vietnam?*

When I first went over, I was a surgical nurse and I spent four months on a surgical unit or ward. The last part of my tour was on an intensive medical unit which included all forms of malaria and tropical fevers and the really sick medical cases. They were two very different experiences....

On the surgical unit, one wing was pretty much gunshot and shrapnel wounds, one wing was all the burn cases (burns of thirty percent or under, that could be managed on a ward). And then one wing, they tried to keep for the Vietnamese families who were injured...and the other wing was for venereal disease, a great combination.... We did all the debriding of the burn patients, passing medications, changing dressings.... And oftentimes the physicians were so busy performing surgery, and doing triage when casualties came in, that if an emergency on the ward came up it had to be one of us who handled it. I can remember one night, I had a guy who was fresh from surgery that day with shrapnel wounds of the leg and was losing a significant amount of blood at a rapid pace. And I couldn't get hold of the surgeon when I needed him, a night when there were all kinds of mass casualties coming in. I felt that I had to do something to stop the bleeding and I literally opened the wound up and clamped off the bleeder myself.... I did what had to be done. We were doing things that we would never do in the States, that would've never fallen into the hands of a nurse, and had responsibilities that we never, never encountered.... I have to keep remembering how young I was, right out of nursing school. I was 21 years old.

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*Could you describe your nursing background in the States, how it was you entered the service and became an Army nurse?*

I was a graduate of the three-year diploma nursing program, and at that time the Army took diploma nurses into the Nurse Corps. If you signed up in your junior year they gave you a stipend in your senior year and you owed them two or three years of active duty. For me at that time, I saw it as a way to travel and see the world. No one ever said you were going to Vietnam.

I got to Basic in February of '69, and they told us by the end of the year, if not by the end of Basic, eighty percent of us would have our orders for Vietnam. By then we were in, and at that point, I thought it was something that I could do for my country.... I ended up for six months at Walter Reed [Army Hospital] in their intensive care unit.... Then in October of '69, I left for Vietnam.

*Did the Army prepare you for the working conditions, the living conditions, the combat conditions?*

There was nothing on the kind of medical or surgical problems that you would encounter, that I can recall clearly. So, the answer is that no, they did very little. I guess ignorance is bliss.

In Basic, we fired a .45, once. But as far as combat...no, nothing. And I've told people this a lot, we were so young and naive and "pie-in-the-sky".... I was like right out of nursing school. I was 21, and was still kind of wet behind the ears. Whatever they told me I just believed. This was my country. They weren't going to let me down. They were going to take good care of me. I didn't ask a lot of questions either. Maybe I didn't know enough to ask.

I think that one of the places the Army fell very short was they didn't teach us how to be an officer.... I was just a young girl with lieutenant's bars on my shoulders and I didn't understand.... Medically, it was an experience of a lifetime. I'll never, even if I live to be a thousand years, see the kinds of things, or take care of the kinds of things I took care of. I think the medical care was exceptional. It was quite an eye-opener, in all kinds of ways.

*Do you remember when you first arrived in-country?*

The first thing I remember is that we couldn't land because Bien Hoa was being rocketed, so we had to circle a few times. And then the intense heat when you got off the plane, and dust—lots of dust.... I got the lovely opportunity of flying over in cargo planes.... I think there were two females on the plane, two nurses on the whole plane....

*What were your quarters like?*

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There was one nurse BOQ. There were probably twenty or thirty nurses. They were just wooden buildings with very small rooms off of each side. We did have our own room, which was nice. Each of us had a little refrigerator, so I'm sure according to what the guys experienced, we lived like kings and queens. We had a cupboard for clothing; everybody fixed their own place up. We had orange crates; you make do, and some people had ordered from Spiegel and Sears, and put some curtains and stuff up.... But they were pretty crude, and there were cockroaches everywhere. I can remember the cockroaches. They were huge. You could hear them walking down the halls at night.

And there were showers, a couple showers per each wing of the BOQs.... There were flush toilets. There were stalls with doors.... Long Binh had a swimming pool, which we called Palm Springs East or something like that. Working twelve hour days, you would get an hour break sometime during the day, and we used to run up there and go swimming for an hour and then come back. And that was nice because it got us out of that atmosphere.... But if there was a need we worked however long it took.... If we had mass casualties come in and you were needed, you just stayed, so that some days ended up to be fourteen, sixteen hours, and then you came back in the morning.... But there was a great feeling and pulling together at those times. There was a kind of closeness with the people you worked with.... The people became very important because that was all you had....

*What were your responsibilities, what was a typical day in the surgical unit?*

We would come on duty at seven, and take the vital signs of all the patients. Then medications. And you would make rounds on everybody to check all the dressings to make sure there was no bleeding. Then once we got the initial medications passed out, it was time to take care of the burn patients. They were maintained on sterile sheets and bedding to prevent any infection with their burns—it was like keeping Vietnam clean, which was almost a joke. They were all treated with Sulfamyolon which was a real thick sulfa-antibiotic cream that was placed on the burns. Twice a day that had to be completely scrubbed off, and then all the skin that was encrusted or was ready to be pulled off, where the skin had healed, you needed to debride, so we had to medicate these patients because it was very painful. Then we would peel off all this skin that was ready to be peeled, and reapply the Sulfamyolon cream and change all their sheets and sterile dressings. When you figure you had probably ten or fifteen beds on each side of the ward to do, maybe thirty patients, that in itself took a good part of the day. They'd be in these rows with the sterile sheets, all one color, kind of a water green. They were lined up and all white because the medication would kind of cake onto them and it's white. So you'd walk down there, and I guess it was the visual picture.... It was a horribly painful healing process.... The burns were everywhere,

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backs mostly. I remember a lot on the backs and the abdomen, but they were everywhere, the arms, legs. The white phosphorus ones were bad because they would burn so deeply. They were usually on doorgunners; they'd get them on the extremities. Those were bad burns, the crater type. They could look small, but the damage to the tissues was extensive because they were so deep....

The other wing had the gunshot wounds. There were a lot of automatic weapons wounds...a lot of shrapnel, a lot of mine injuries. A lot of times those were orthopedic or intensive care.... Not only was that twice a day changing the burn patients' dressings and the gunshot wound dressings, but medications usually fell every six hours, so that every four to six hours you were interspersing passing medications for those who needed antibiotics, and the doctors would make rounds in between. So you were always doing something, three things at once.

But I think the most vivid thing I remember about it was taking care of the burn patients. I had never seen burn patients like I saw over there, and we saw all kinds—napalm, and white phosphorus, and you name it, we saw it. I've worked here in the States now, years in the emergency rooms, and I've never seen burn patients like these. So it was a big deal...for me.

*Was your ward usually full?*

Almost always...in fact, that's why the air evac plane left everyday at eleven so that we could clear out those whom we knew weren't going back to duty. We cleared them out so that we'd have room for the incoming casualties. Very rarely was there a real decrease in the census. I can't remember not being on the run the whole time.... It was constant, just in and out, in and out, in and out....

It was strictly a continual flow, and you were always expectant. I mean, you were always waiting for the hammer to fall, the call to come and say, "Clear out so many beds." So it was just a steady stream, a steady stream of patients and paperwork and medications. It was constant.

*So you moved from the surgical ward to the medical ward....*

On my medical unit there were 88 patients, and I know we had 88 beds because they were all malaria, and I would have to come in every morning and mix 88 IV bottles. We had to mix enough for three shifts of bottles. They got eight-hour bottles, so we had to mix so many bottles a day for 88 beds.... These guys, when they first came in, they were very sick. You could tell what kind of malaria it was by their temperature spikes. So they would go from walking in, with perfectly normal temperatures, to having these horrible shaking chills and temperatures of 104° or 105°, where you'd have to put them on a cooling blanket and quickly bring their temperature down to some safer limit. We were constantly monitoring

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fever, and fever charts, and charting temperature spikes. You could almost predict when the temperature would shoot back up. These guys were sick.... You'd have to feed them and force fluids on them, and then they'd get better. You'd see them starting to get better.

You name it, they had it. Vivax and Falsip Malaria, patients with diarrhea, with typhoid fever and dengue fever, lots of dehydration, and shaking chills. That's a very vivid picture. I listened to those little metal cots literally rattle because they would have such shaking chills with some of these fevers. And that was like torture, putting them on these cold blankets to bring their fevers down. That was awful, sometimes, at night, just to listen to those sounds and be always vigilant for somebody who was spiking a fever.

*Was the medical ward usually full?*

Oh, always. We double-bunked patients, so we had cots one on top of the other.... I can remember one night on the medical unit that bodies were coming in so fast that they were bringing them in on litters and leaving them. Not only was every bed filled but we had litters with patients between every bed.... There was always this stress—Did I do everything? Did I remember everything?—particularly with the malaria patients, because they were on such regimented time-frames with their medications and their temperature spikes.... That night was crazy. They just kept lining them up.... I don't remember the details.... I just remember them opening the doors and bringing the litters in. Sometimes I think I blocked a lot out. I don't remember details terrifically. I'm probably remembering more than I have for a long time.

*What was it like at the end of the day after treating 88 plus malaria patients?*

Sometimes you just wanted to eat and sleep. I can remember just being tired a lot. One of the things you'd look forward to was a shower, to get cleaned up. Mostly I just hungered for friends and we'd gather in somebody's room and we'd talk or, in the nurses quarters.... There'd be music.... Credence [Clearwater Revival].... I can remember this one tape of "Willie and the Poor Boys." I have this one tape of everything we ever listened to over there.... People were very important, so it was always a need to find your group of friends and at least touch base with them. I felt like I needed some human contact, somebody not sick to talk to, or something to remove you from the hospital setting. Sometimes you would walk back on the ward and you'd make sure that everything was okay, like you couldn't get enough of it.

*You spent 13 months there? Then what?*

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I came back to Pittsburgh, and then I got married not long after that. I married a guy I met over there.... I have two children now. I divorced him and came back to Pittsburgh, so I've been back here since 1976.... I was young, and I quickly got caught up in the fantasy of a wedding, planning to move. I just kind of kept moving.... I don't know that I've stopped moving since then. Everyone complains my big problem is that I can't relax, and I can't stop. I'm constantly on the go. I was sort of on a fast track and I just functioned. I don't remember having any major adjustment problems.... I think the one thing that made it a bit easier is that my husband still had six months at Fort Riley, so we ended up back in a military environment which was much more comfortable for me than meeting people who were non-military. Most of the guys were just back from Vietnam or going to Vietnam. There was always a common denominator.

I did feel awkward going back to work though. I went into a medical doctor's office in Manhattan, Kansas, and having come from Vietnam where I was making life and death decisions and starting IVs and reading EKGs and passing medications and knowing what to do for all these terrible traumas, going in there having to ask permission.... It was sort of like the *Twilight Zone*.

It was strange. There was no one to talk to. So basically I never talked to anyone about Vietnam for years and years and years. It's only been recently, and then I don't feel very many people want to hear about it. I think the "in" thing to do is acknowledge that "oh, you were a Vietnam vet," but I don't think anybody really wants to know about it. It's something that you kind of locked up, at least that's what I did. I don't know if that's normal but I didn't talk about it very much.

*Do you think much about Vietnam now?*

I think a lot about it....

*What is it you think about?*

I don't think I've ever not thought about Vietnam. I just know I never expressed it. I think a lot about Agent Orange because we undressed these guys right off the field with all the dirt and whatever and you wonder if you had any exposure to the toxins. I remember dirt. There was always dirt, dust. I remember how dirty they would be when they would come in from the field, and sometimes bathing them because they were too sick to bathe themselves.... So those kinds of things.

*Do you think about the work that you did?*

I'll tell you what. It's the most "needed" I've ever felt in my life.... I mean, I really felt like whether I believed in why we should be there or not had nothing to do with it.... It was the only time I know that what I did there

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helped save lives and helped get some of these guys back in one piece. I feel like the medicine that I saw practiced over there was phenomenal for the conditions and for the flow of patients. I felt more needed, or more useful, there than I ever felt in my whole life. Really I did. It's sort of a letdown when you come back and nobody ever really knows.... It's kind of feeling that you have reached a certain level where you can make decisions and you are respected. It's as if nobody wants to know you really did all this. Nobody wants to know about Vietnam.... You just hide it or you just bury it or you keep it from everybody else.... I had enough times where I thought somebody wanted to hear about Vietnam, and I started to talk about it and quickly realized that all they wanted was to ask the question and they really never wanted to know about the experience. You know, midway through the conversation, the body language would tell me that "Hey, I don't really want to be in this heavy-duty conversation here." I would catch myself getting emotional in trying to express it, and I just realized it's not worth it. Nobody really wants to know.

*Do you ever think about the men you treated, the casualties?*

A lot, and part of that is because you never know what happened to them.

*You've never run into any of them?*

No, sad to say. I don't remember a lot of names or anything. But I can't watch anything with the [Vietnam Veterans Memorial] Wall, or the war.... My kids always say, "You're crying again, Mom. Please don't cry."

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