A Nurse’s Perspective in War

Dr. Deanna Epley, APRN

Women at War
FSU College of Nursing Conference
• Dr. Albert Schweitzer (1953 Nobel Peace Prize), established hospitals and leprosy clinic in Africa, worked there most of his life.

• 1958 After reading about him, focused on being a medical missionary in an assigned junior high school career paper

• President John F. Kennedy (1961) Inaugural Address: “My fellow Americans: ask not what your country can do for you, ask what you can do for your country - ask not what America will do for you, but what together we can do for the freedom of man.”

• 1962 After seeing him, considered medical field as a career
Dr. Tom Dooley (1950s and 1960s) “jungle doctor” in Southeast Asia, (Legion of Merit, National Order of Vietnam, Congressional Gold Medal), cited by President JFK when he launched the Peace Corps, acknowledged by President Eisenhower, “in so few years you have accomplished so much for the good of distant peoples and have inspired so many others to work for all humanity.”

1966 After reading his three books (*Deliver Us From Evil, The Edge of Tomorrow, and The Night They Burned the Mountain*) decided to work as a nurse overseas
• Attempted other routes to Vietnam (American Red Cross, Agency for International Development, church missions, etc.) without success

• Encountered success with the US Army (US Navy and US Air Force required two-year stateside commitment first – wouldn’t the war be over by then?)

• No family history of military involvement yet enamored by men in uniform!!

• 1966 Graduated from nursing school

• 1966-1967 First job as ICU staff nurse in a metropolitan hospital in Illinois

• 1967 Accepted by the Peace Corps with assignment to Ethiopia; before departure, changed desired destination to Vietnam, but informed not feasible: “We don’t send volunteers to a war zone!!”

• 1966 Graduated from nursing school

• 1966-1967 First job as ICU staff nurse in a metropolitan hospital in Illinois

• 1967 Accepted by the Peace Corps with assignment to Ethiopia; before departure, changed desired destination to Vietnam, but informed not feasible: “We don’t send volunteers to a war zone!!”
Military History

So why were we there?

- Soldier role: to fight for the “cause” to promote American values and policies of the 1950s, 60s, and 70s (ala Grandpa’s or Dad’s war stories and movies from WWII and Korean War, John Wayne, Lone Ranger, Superman, etc.) and to prevent the domino effect of communism (JFK and LBJ)

- Medical role: to tend to those who fought for the “cause” (stateside and overseas)
Technological History

1960s

• Creation of Intensive Care Units (ICUs)
• Development of CPR and ventilators (beyond iron lung respirators)
• Advances in intricate cardiac and craniospinal surgical procedures, burn care, and diverse medications
• Further technological advances as a result of trauma surgery performed in Vietnam
• Improvements in aeromedical evacuation via helicopters
• Use of mobile hospitals in war zones (found not to be viable)
Commissioning

• All RNs officers – most were new graduates or had 1-2 years of employment as an RN; assignment was for two years with possibility of extension if so desired (most terminated after the two-year commission)

Approximately 80% of nurses were women. Mean age of nurses: 23.6.

Orders

• Ft. Sam Houston, San Antonio, Texas (all medical personnel officers and enlisted for six weeks)
• Ft. Lewis, Tacoma, Washington – ICU (first military assignment with most patients returning severely wounded soldiers)

    Col. Althea Williams – “but I was promised Vietnam!!”
Arrival

- Flew to VN with fellow nurse from Ft. Lewis (not as a unit, like in Iraq and Afghanistan) and several hundred soldiers going to various locations “in country.” Recognized we were going to receive a lot of attention from men on this year-long journey.

- Land at last (gorgeous country…couldn’t see any combat at 35,000 feet!); Bien Hoa for orientation amid heat, humidity, humongous bugs, hordes of people in green, and hundreds of ground and air vehicles

- Qui Nhon, coastal town at base of mountain; straddling a duffel bag for 2 hours and no windows in route. Arrived in February 1968 just in time for Tet Offensive - convinced I had made the wrong decision about volunteering here!!
Number of women in Vietnam estimated to be 11,000 with 5000-7500 being nurses. Most were in the Army. Few hospitals in VN operated by the Air Force, but most nurses involved in aeromedical evacuation of wounded to bases out of country. Small in-country facilities operated by the Navy and Marine Corps but most nurses were primarily assigned to hospital ships off coast of VN (USS Repose and USS Sanctuary).

Hospitals based near major troop concentrations so that emergency care could be rendered quickly. Of 23 fixed facilities across 4 corps zones, a few were field hospitals (3rd field in Saigon, 6th convalescent center in Cam Ranh Bay), where nurses wore white uniforms. Some were surgical hospitals, but most were evacuation hospitals (Da Nang, Chu Lai, Pleiku, Qui Nhon, Tuy Hoa, Nha Trang, Cu Chi, Long Binh, Vung Tau, Can Tho) where fatigues and combat boots worn. At peak of combat operations, in 1968, when 500,000 men and 900 women were stationed in VN, 15,000 deaths and 92,000 wounded (not all hospitalized) were reported during that single year.
67th Evacuation Hospital

- **Facility**: Quonset huts and 2-story concrete buildings (repurposed), generators, potable water, 400 beds with full medical capability, most northern neuro services in country,

- **Immediate environs**: runway 80 yards from hospital (fixed wing and helicopters active 24/7) transporting supplies for surrounding Army units and other military units; chopper pad 60 yards from hospital transporting patients in and out of facility (including those in body bags)

- **Security**: barbed wire fences, Army assault teams, ROKs surrounding communication center atop mountain, MPs, enlisted and male officers with weapons, bunkers
67th Evacuation Hospital

Capabilities: 30-bed ICU with essential equipment (ventilators, ET/trach tubes and suctioning equipment, chest tubes, Foley catheters, NG tube suction supplies, IV solutions in glass bottles, traction supplies for all the guys with amputations, Stryker frames for all the guys with paraplegia or quadriplegia and Crutchfield tongs for some, hypothermia blankets for the guys with malaria or typhoid fever, and then bandages, bandages, and more bandages. Ice chest for blood and some medicines. No ice packs. How did we function with only a few EKG monitors, and no Swan Ganz catheters, A lines, dialysis!

Staff: 30 doctors, 50 nurses, many more medics in hospital
4-5 RNs with 5-6 medics per 12-hour shift in ICU
67th Evacuation Hospital

Housing
1-story quadrangle: 2 cots per room with built-in dresser, sharing shower, sink, and toilet with adjoining room; walls of slatted wood with wire screening; tin roof; no windows; no furniture; no air conditioning, and no cooking or refrigeration capabilities.

Meals
Mess hall for meals, metal trays with plastic dinnerware. Food edible but limited menu - grew to love SOS! Off-site invites (more diverse upscale menus)
29th Evacuation Hospital

**Facility**: Quonset huts, generators, potable water, 200 - 300 beds with full medical capability, most southern hospital services in country

**Immediate environs**: chopper pad 50 yards from hospital, transporting patients in and out of location (including body bags)

**Security**: barbed wire, MPs, enlisted and male officers assigned to hospital with weapons, bunkers, US Navy installation across road
29th Evacuation Hospital

Capabilities: 20-bed ICU with less equipment and fewer neurosurgical patients (evacuated further north)

Staff: 20 doctors, 30 nurses, many more medics in hospital
4-5 RNs with 4-5 medics per 12-hour shift in ICU and infectious disease units
29th Evacuation Hospital

Housing
2-story long building: 1 cot per room with built-in dresser; common bathroom facilities (shower, sink, toilet) for females at end of building; walls of slatted wood with wire screening; tin roof; no windows; no furniture; no air conditioning, and no cooking or refrigeration capabilities.

Meals
Mess hall for meals, metal trays with plastic dinnerware. Food edible but limited menu - occasional access to iced tea! Off-site invites (grew to love French onion soup made by the locals!)
67th Evacuation and 29th Evacuation Hospitals

Patients
US military, US civilian contractors, South Vietnam military, South Vietnam civilians, POWs (Viet Cong, NVA), military from South Korea; identification of non-US personnel without IDs via use of military alphabet (Alpha 6, Delta 4, Zulu 8).

Admissions
- Injuries from rifle fire, rockets, mortars, claymore mines, pungi sticks, vehicle accidents, watercraft attacks, aircraft crashes.
- Diseases, such as malaria, typhoid fever, hepatitis, dysentery, parasites, cholera, yellow fever, and sexually transmitted diseases, in addition to mental health issues
67th and 29th Evacuation Hospitals

Contact with civilian Vietnamese
- Employment (cleaning hospital, grounds and hooches; hygiene care of patients; interpreters; “mamasan laundry;” filling sandbags)
- Volunteer activities on off-day to orphanages, local hospitals, village clinics)
- Safety concerns with transportation, eating, shopping
- Currency (MPC, piastre, dong)

Communication

- Contact in hospital via field phone or runner.
- Contact with family/friends: letters took 2-3 weeks to reach destinations; care packages x 4, telephone contact x 2 during year-long tour.
67th and 29th Evacuation Hospital
Social Interaction

Officer club - room, NCO/EM club – tent. Off site clubs (frequent invites with Jeep transportation). Nondenominational chapel. No grocery stores, PX, shops, or movie theater (watched movies on hospital bedsheet up against a hut). Onsite beach at 67th: grassy lawn and a garden hose, Offsite beach at 67th: truck to ocean latrine. Pool at 29th. Inspiration for a pilot’s license. R&R: Japan, Hong Kong.
Dilemmas During Tour

1. Supply shortages (medical equipment, medicine)
2. Conflicting objectives of military vs nursing
3. Abiding by triage decisions
4. Working with POW’s
5. Dealing with friendly fire and fragging incidents
6. Dealing with fairness, justice, and moral concerns

7. Saying goodbye to Nam Ambivalent – returning home vs staying to get job done; concerns about civilian behavior against returning soldiers
8. Saying goodbye to comrades. How can one ever be so close to so many people again?
9. Returning to previous life – now what?
Triage

**Definition:**

- the sorting of and allocation of treatment to patients (especially battle and disaster victims) according to a system of priorities designed to maximize the number of survivors

- the sorting of patients according to the urgency of their need for care

- the assigning of a priority order to persons based on where resources can best be used, are most needed, or are most likely to achieve success
Ft. Devens, Ayer, Mass (1969) - ICU, occasionally evening supervisor for the 500-600 bed hospital at age 24 (of course thinking I could do it as I had just returned from Nam!) Massive numbers of veterans with amputations, burns, facial mutilation, loss of vision, and/or paralysis and having to deal with being on Styker frames or circolectic beds. Pts fared fairly well emotionally, as everyone was so protective of them.
Once discharged (sometimes months after undergoing numerous operations or learning to walk with prostheses and to get up from floor when they fell) mental health issues soared – not wanting to talk about the war, lack of resources in their hometowns, no longer a “celebrity” with folks “fussing” over them, limited contact with their ol” buddies, unsure of what they wanted to do educationally or employment-wise with their limitations…if anything. Alcohol and street drugs often only “treatment” for issues (for both patients and medical personnel). Some isolated (ala Rambo). Yet so many got on with their lives, especially those who had supportive families, access to multiple resources, professional help, and contact with soldiers in arms (VFW, American Legion)….and yet some later confronted suicide.
Europe (1969-1970) to avoid the storm of criticism and protests, the continuing numbers of dead and wounded (though the count was declining), and to get my “head turned around.” Thought about med school but wanted a respite from intense situations and to spend my money on travel rather than schooling. School nurse for American children in Germany (much tamer than ICU!). During months of hitchhiking, found myself saying I was Canadian anytime the war came up, as did many others.
Boston (1970-1972) - ICU at VA hospital, graduate school. So many veterans developed cancer or heart disease from smoking cigarettes supplied in mess kits. Some required hemodialysis or kidney transplants. Many developed complications associated with their amputations or paralysis. And still nothing much was being done for their mental health concerns.

Miami (1972-1995) - ICU and teaching undergraduate critical care at Jackson Memorial Hospital (with students caring for patients in various ICUs, CCU, Burn Unit, ER). Two distinctive titles for Miami in 70s and 80s: homicide capital and cocaine capital of the US (primarily related to illegal drug activity). Many patients result of GSWs or gang wars (I was “at home” again!!)
Rarely spoke about Nam, but when I did to convey a particular principle in class, many questions posed by students (What was the male to female ratio when you were there? Did you freak out when the area was attacked?).

PTSD (1980) term coined, but every war has witnessed the problem (shell shock, battle fatigue, soldier’s heart).

PhD in Psychology (1990s) in hopes of facilitating ways to ameliorate physiological and psychological pain other than via drugs. When counseling many VN veterans… probably no impact (clinician being female, client being male), but informed I was more adept as I had “been there”.

Tallahassee (1996-present) - teaching in family nurse practitioner program (with students in primary care clinics). Minimal encounters with trauma but encountering more VN vets in rural settings without use of VA or mental health services.

Invited to speak at various military events; given membership in VFW (more older vets than younger members…so maybe more mental health disorders in 20-30 years for today’s new vets??).
Downside of Being There

1. Fear of being wounded or killed (no front lines, frequent sounds of artillery and gun fire in distance)
2. Anguish over extent and severity of wounds and mutilation in those so young.
3. Use of opiates, marijuana, and alcohol in VN (abuse of opiates, marijuana, other drugs, and alcohol at home)
4. Sexual harassment and offenses
5. Hypersensitivity to sensory stimulation
6. PTSD (anxiety, depression, suicide) – DSM revisions with increasing focus on role of resilience and moral injury (shame and guilt)
7. Limited long-term personal relationships (high never-married and divorce rates noted among both nurses and soldiers)
8. Exposure to Agent Orange
10. Disillusionment with level of civilian responsibility upon return (10-20% left nursing)
PTSD – “maybe a tad”

1. Heightened startle reaction upon return to the US
2. Unwanted upsetting memories (can’t watch Ken Burns’ Vietnam or Blackhawk Down)
3. Preference for risky amusement activities (flying single engine airplanes, SCUBA diving, kayaking, zip lines, parasailing)
4. Few significant episodes of “flashback” (i.e., MASH and China Beach episodes, grenade in theater, mannequin in FSU lab)
Upside of Being There

1. Gratitude of those served
2. Self-fulfillment, being validated
3. Access to VA medical services
4. Access to VA advanced educational support
5. Recognition for service (more often decades later)
6. Marriage (patients, physicians, pilots)
Being a Nurse There

- So many unceasing tasks
- Peddler of humor to lessen the journey’s pain
- Purveyor of hope
- Last to say goodbye (“I’m here…you’re not alone!”)
- No time to grieve

It’s at night when we are alone, perhaps after pouring bottles of peroxide on the floor to remove the accumulation of blood from the day’s heroic efforts or perhaps when resting in the moon light for a moment atop a laundry bag full of soiled sheets oozing blood from so many wounds, it’s then that we allow ourselves to realize our role, our contribution, our pain in the loss of dreams.
Memories

1. Camaraderie (a strong feeling of trust and being a team member amid danger and/or uncertainty) – “a chorus of I’ve got your back!!”

2. Finding humor works for them and us

3. American Pain Society convention (1982) – the joy of reminiscing with one of the founders of APS, a neurosurgeon who was my “Hawkeye”

4. Vietnam Memorial (1986) [AKA ‘the Wall”] - commemorating 48,000 KIA, 10,000 non-combat deaths (a sense of continuing pain, loss, and belonging as I visit my boys)

5. Vietnam Women’s Memorial Dedication (1993) - brainchild of Diane Carlson Evans, Army nurse in VN “The wall would be higher and longer if it weren’t for nurses”. Attending were 100s of nurses, including my old sidekick Barbara; nine other nurses, one physician, and one admin officer from the 67th; none from the 29th

7. Florence Nightingale Museum (1998) in London – FN with 38 nurses during Crimean War 1854-1856; transformed nursing education and care, one of first to use statistics in health care; “What a comfort it was to see her pass…we lay there by the hundreds, but we could kiss her shadow as it fell and lay our heads on the pillow again content.” (soldier at the Crimean) [World Health Assembly announced “2020 The Year of the Nurse” to commemorate FN 200th birthday].

8. Healing Wars (2014) dance program with celebrated director/choreographer with six professional dancers from NYC, actor Bill Pullman, and a “nurse” tending to soldiers in the Civil war to present with input from Iraq/Afghanistan war veterans and a Gold Star mother.
9. **25th Anniversary of the VWM (2018)** – no previous friends from the past other than Barbara; with more GIs than nurses in attendance, but laughed and reminisced after ceremony with Iraq/Afghan vets (so much in common despite 40-50 years age difference!)

10. **Florida Veterans Walk of Honor (2015)** at State Capital – bricks for the Anderson family (father - two tours in VN; son - first Florida KIA in Iraq war)

11. Can only share most personal memories of what I felt and what I did with those who were there, like most others!
The ultimate measure of a person is not where they stand in moments of comfort and convenience, but where they stand at times of challenge and controversy.

-Martin Luther King Jr.

I hate war as only a soldier who has lived it can, only as one who has seen its brutality, its futility, its stupidity.

-General Dwight D. Eisenhower

Courage is being scared to death… and saddling up anyway.

John Wayne

Somewhere between 1945 and 1970, words like bravery, sacrifice and valor had gone out of vogue. When I returned to my country I began to learn a very bitter lesson. In the eyes of most Americans, the military services had no more heroes, merely baby-killers, misfits, and fools.

-Lynda Van Devanter

(Army Nurse Vietnam Veteran)

Only the dead have seen the end of war.

-Plato

The greatest generation will be the people who take away all the reasons for going to war.

-Will Williams

(Vietnam Veteran)
Listen now I've a story to tell,
About some women who lived through hell.
They came to us, not on wings of doves,
They came to us from choppers above.
They fought in the war in a special way,
Twelve, sometimes sixteen hours a day.
She may have been a Nurse, or volunteer,
If only for a second, we forgot our fears.
They came to war, not with guns to fight,
But only a smile to brighten our life.
Listen now to this story I tell,
About these women who lived through hell.
Their's Is a story of pain and strife,
And of men's agony, and fight for life.
She will tell you stories of blood and pain,
That In her mind will always remain.
Listen now to this story I tell,
About these women who lived through hell.
For they were young like you and me,
How much more special can they be?

How many young men did she see die,
While at night In her tent, she could only cry?
How many hands In the night did she hold,
While a young voice cried out, I'm so cold.
Listen now and you will see,
How she fought the war, like you and me.
How many letters did she write,
While their families slept safely at night.
How many faces does she still see,
Like the memories we have, both you and me.
Listen now to the stories they tell,
These are women who lived through hell.
She was like a sister we could not see,
But she brought happiness to some you see.
They fought in the war by our side,
And like our sisters they often cried.
Let us not forget the stories they tell,
For they were our sisters,
Who lived through hell.

-D.L.N. (Vietnam Veteran)