

Heroines of Healing

By Col. Henry J. Pratt



A nurse provides aid and comfort to a wounded soldier during a medical evacuation flight in Vietnam.

**Hello, David—
My name is Dusty.
I am your night nurse.
I will stay with you.
I will check your vitals
every 15 minutes.
I will document
inevitability.
I will hang more blood
and give you something
for your pain.
I will stay with you and
will touch your face.
Yes, of course, I will
write your mother and
tell her you were brave.
I will write your mother and
tell her how much
you loved her.**

In high school, Dusty loved taking science classes. She loved working with test tubes and studying chemistry books. Her guidance counselor suggested she stay and school and

become a science librarian. But Dusty joined the Army and became a nurse. Her grade promotions came quickly, and when was 21, she was a registered nurse headed for Vietnam.

Dusty did two tours in Vietnam from 1966 to 1968. What kept her going then—and what helps a little now—is the knowledge that she made a difference. She was a skilled, caring and dedicated nurse.

David is the soldier Dusty remembers most. Years after Vietnam, she wrote a poem about the 19-year-old soldier who died in a combat hospital thousands of miles from his home and family. The poem was found one day at the Vietnam Veterans Memorial in Washington, D.C.

Dusty went to Vietnam as a young nurse to care, help and heal, but she came home so psychologically wounded herself that to survive, she changed her name, her profession and her past. Today, she is married to a businessman who has no idea his wife was ever a nurse, in the Army or ever in Vietnam.

Nursing the sick, wounded and dying GIs in Vietnam was very different than in World War II and Korea. Formally established front lines were absent, creating a myriad of problems. Among them, the fact that GIs often didn't know who or where the enemy was.

Lethal mines, high-velocity missiles and treacherous booby traps often caused multiple wounds that required multiple amputations. The swift and efficient medevac helicopter, which transported the wounded from firefights to hospitals, became both a curse and a blessing.

Official figures show that about 11,000 U.S. military women, all volunteers, were stationed in Vietnam during the war. Ninety percent were nurses in the U.S. Army, Navy and Air Force. Other American women served in Vietnam as doctors, physical therapists, Medical Service Corps personnel, air traffic controllers, communications and intelligence workers and clerks.

More than a quarter of a million women served our country during the 12 years of the Vietnam War. Thousands were stationed in Japan, Guam, Hawaii, the Philippines or at stateside hospitals. Many Navy women served off-coast on the *USS Repose* and the *USS Sanctuary*.

In March 1962, the first contingent of 13 nurses was assigned to the 8th Field Hospital in Nha Trang, located in South Vietnam's



Capt. Bernice Scott, Army Nurse Corps, helps treat an injured soldier at the 2nd Surgical Hospital in Lai Khe, South Vietnam. During periods of heavy fighting, nurses often worked in 12-hour shifts.

eastern-central region. It was the only U.S. Army hospital in-country for three years, and the unit's medical experiences helped set precedents for other treatment facilities that followed.

Then came the big buildup in 1965, beginning with the 3rd Field Hospital, Saigon. Following the 1968 Tet offensive, the number of nurses sent to Vietnam increased gradually as the buildup of troops continued, with the U.S. Army Corps reaching its peak strength of 900 in 1969. By March 1973, the last nurses had departed the Republic of Vietnam, two months after the cease-fire.

The weapons used to kill, as well as the sites where many GIs were injured—in rice paddies and along waterways where human

and animal feces were common—made Vietnam a "dirty war," wrote Maj.-Gen. Spurgeon Neel, former U.S. Army deputy surgeon general, in his

book, *Medical Support of the U.S. Army in Vietnam, 1965-70*. "Yet helicopters were able to evacuate most casualties to medical facilities before a serious wound could become worse," says Neel. "There were practically no conditions under which the injured were denied timely evacuation: all were surmounted by the capabilities of the air ambulances and the skill of their crews."

A string of field and evacuation hospitals stretched from Camp Evans near the de-

militarized zone to the swollen rice paddies around Can Tho. Each of the hospitals had a nursing staff on hand to receive soldiers directly from battle areas and treat them until they could return to duty or be air evacuated to Japan or the continental United States (CONUS).

According to Neel, the Vietnam War produced the most critically wounded soldiers ever to survive evacuation to in-country or mainland hospitals. Still, despite the incredible efforts of hospital staffs, many GIs died. Those who survived endured months and even years of reconstructive surgery and rehabilitation.

The war killed more than 58,000 Americans. Their names are on the Vietnam Veterans Memorial wall in Washington, D.C. Another 350,000 service people were wounded. Among the wounded are some 75,000 permanently disabled veterans, many of whom are amputees living in wheelchairs today.

Devoted to the care of others, Vietnam's women veterans have nursed their own painful wounds for more than 20 years.

Nurses who served in Vietnam say coping with the fear and the unforgettable sights of blood and multiple amputations was a way of life. Like the soldiers they treated, nurses could die from gunfire, land mines triggered by motor vehicles, a chopper crash or, more slowly, from a variety of rare diseases.

To cope, nurses, like combat troops, practiced what psychiatrists call "persistent denial," convincing themselves they would never be killed or injured. Denial helped make life in Vietnam at least marginally tolerable. Nurses worked 12-hour shifts, six days a week at most hospitals. Some nurses said they didn't mind all the work because it helped time go by faster. It also helped the denial process.

What was life like in an Army evacuation hospital? The 93rd Evac, located near Long Binh, was unique in design, says Evangeline Jamison of Walnut Creek, California, who served there as chief nurse in November 1966. The 93rd Evac was the only medical facility in Vietnam shaped in the form of a cross, with four Quonset huts forming each wing and a nursing station in the center.

Living arrangements at the 93rd Evac were primitive, particularly in the early war years. The hospital was staffed with about 60 nurses, who wore fatigues both on and off-duty. The nurses slept in bunk beds in their Quonset huts.

Lack of air conditioning and an average daytime temperature of more than 100 degrees made sleeping difficult, especially for those who worked on the night shift. Bathroom facilities consisted of a crude shower and outdoor toilets. Everything was covered by the ubiquitous Vietnam dust and later, during the monsoon season, by a sea of mud.

With little off-duty recreation available, nurses would head for the officers club, where lonely soldiers begged them to talk and dance. This distraction worked for a while, but most of the nurses, who were already exhausted, soon sought rest and stayed away. Loneliness and boredom contributed to another tragedy of the war; some nurses became hooked on drugs or alcohol.

Obtaining personal items, especially feminine care items, was never easy or convenient for nurses stationed deeper in-country. In Pleiku, which was the supply line's end, the nurses with the 71st Evac never did get the personal supplies they ordered.

Hourly or daily, depending upon the hostility level, hundreds of patients flooded into these treatment facilities. Injured and seriously ill GIs were choppered in, often just

barely breathing and with arms or legs torn off, jaws or eyes missing, backs broken or with big holes in their chests and stomachs.

During these emergencies, nurses had to pitch in among the pools of blood and perform duties usually performed by physicians. Nurses became adept at triage, inserting chest tubes, doing tracheotomies, debriding wounds and closing up patients after an operation so the surgeon could proceed to the next wounded person.

Neel found that between January 1965 and December 1970, there were 133,447 wounded admitted to medical treatment facilities in Vietnam, and of these, 97,659 were sent to hospitals. The hospital mortality rate for this period was 2.6 percent, compared to 4.5 percent in World War 11 and 2.5 percent in Korea.

"The very slight increase in hospital mortality in Vietnam over Korea," says General Neel, "was a result of rapid helicopter evacuation, which brought into the hospital mortally wounded patients, who, with earlier, slower means of evacuation, would have died en route and would have been recorded as killed in action."

Despite all the facts and statistics citing the outstanding job that our Army, Navy and Air Force doctors and nurses did in Vietnam, many faced a hostile public when they came back. Some nurses in uniform at U.S. airports were even spat upon by war protesters while waiting for their flights home. For some heroines of care and healing, like Dusty, it has taken more than 20 years to erase their painful nightmares, raise their hopes and ease their suffering.

Dusty's poem to David closed with these words:

**Good-bye David—my name is
Dusty.**

**I'm the last person you will
see.**

**I'm the last person you will
touch.**

**I'm the last person who will
love you.**

**So long, David—my name is
Dusty.**

**David, who will give me
something for my pain?**

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