

The Women of the Army Nurse Corps During the Vietnam War

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Introduction

The history of the Army Nurse Corps (ANC) in Vietnam began in April, 1956 when three Army nurses arrived in Saigon, Republic of Vietnam. These nurses were on temporary duty assignments attached to the United States Army Medical Training Team, United States Military Assistance Advisory Group (MAAG), Saigon. The Army sent them to train South Vietnamese nurses in nursing care procedures and techniques, not care for U.S. servicemen.(1) Instead, the American Embassy Dispensary in Saigon provided care for the American Community and the MAAG advisers. By 1959, however, that facility could no longer meet its mounting requirements. Medical and dental personnel of the U.S. Army, Navy and Air Force augmented a team redesignated as the American Dispensary, Saigon. This tri-service staffing arrangement, including two Army Nurse Corps officers, continued for the next three years.(2)

The expansion of the war in the Republic of Vietnam placed greater burdens on the Army Nurse Corps. Over 11 years from March, 1962 (when the 8th Field Hospital opened in Nha Trang) to March, 1973 (when the last Army nurses departed the Republic of Vietnam), more than 5,000 Army nurses served in America's longest war.(3)

The buildup in Vietnam taxed the Corps. Army nurses had to provide full peacetime nursing services in the continental United States and Europe yet simultaneously meet the far different requirements of combat forces fighting in Southeast Asia. In January, 1965 the Army had 113 hospital beds and 15 nurses in Vietnam.(4) The buildup of medical units was completed in 1968 and included 11 Reserve and National Guard medical units. By December 1968, 900 nurses in Vietnam worked in 23 Army hospitals, and one convalescent center with a total of 5,283 beds.(5,6)

Nursing Leadership

Colonel Mildred I. Clark, Chief of the Corps from 1963 to 1967 and Colonel Anna Mae Hays, Chief of the Corps from 1967 to 1971 led the Army Nurse Corps during the Vietnam war. On 11 June 1970, COL Hays also became a Brigadier General the first woman and the first nurse in American military history to attain general officer rank.(7) The first head-quarters position in Vietnam held by an Army Nurse was that of Nurse Consultant in the office of the Surgeon, United States Army Vietnam (USAV). She was concurrently the Chief Nurse of the 3rd Field Hospital, Saigon. In September of 1965 the Nurse Consultant became a full-time position, and in May, 1966, Headquarters, Department of the Army authorized a Nursing Division in the U.S. Army Republic of Vietnam (USARV) Surgeon's Office. The Nurse Consultant became the Chief Nurse, USARV as well as Chief Nurse of the newly operational 44th Medical Brigade. In March, 1967 the role of Assistant Chief Nurse, USARV became operational. (8)

The duties of the Chief Nurse, USARV included assigning all incoming nurses, coordinating all nursing activities in theater, establishing standard operating procedures, and overseeing the quality of patient care. Each hospital had a Chief Nurse to assist her in these functions. Each hospital also had a Chief Wardmaster who was responsible for the supervision of enlisted staff.

The Nurses Who Served

The Army nurses who served in Vietnam averaged 23.6 years of age and were relatively new to nursing, only 35% had more than two years nursing experience.(9) Nurses were both female (79%) and male (21%), from active duty and the reserve component.(10)

Some married nurses also served in Vietnam. Although, every effort was made to assign married couples together or within a

reasonable traveling distance of each other, they had to go where they were most needed. Married couples accepted the situation and were willing to be separated if necessary. Wives who became pregnant were returned to the continental United States, although several completed their year tour before returning to the States to give birth.(11) Regardless of their situation, all nurses learned quickly on the job and proved extremely flexible and willing to work in any clinical specialty where they might be needed.

Army nurses volunteered for duty in Vietnam for a variety of reasons. Many felt it was their patriotic duty; others thought of Vietnam as an adventure.(12) One nurse veteran remarked: "We aren't angels, We are simply members of the nursing profession who have seen the need in Vietnam and are here to do our part." (13) Another said: "I wanted to be an army nurse and combat is where the soldier is. That's where I wanted to be."(14) And a third: "My reason for going was that there were American troops there that needed help. They needed the things that I could give them in my nursing profession."(15)

The Tour

Just as motivation varied, there was no typical tour for nurses in Vietnam. The size of their hospitals, their location in country, and the year of their service all combined to make experiences very different.(16) Like other American soldiers, Army nurses served a twelve-month tour in Vietnam. They arrived by aircraft at Tan Son Nhut Air Base, where they reported to the 178th Replacement Company at Camp Alpha or at Bien Hoa Air Base to the 90th Replacement Battalion at Long Binh.(17) After processing at these locations they proceeded to their duty assignments.

Living conditions also varied. Until 1967, nurses lived in tents, afterwards most all lived in tropical buildings, many of the quonset hut

variety, and a few stayed in air conditioned trailers. Most had small individual rooms, others shared an open bay. As new hospitals arrived in Vietnam or as existing hospitals moved to support combat operations, nurses found themselves again living in tents. Generally, quarters leaked, were bug-infested and noisy, and were almost always hot and humid.(18)

The Army converted various buildings into hospitals adapted in several configurations. A few conversions took place in existing buildings that the Vietnamese turned over to the U.S. Army. The most popular hospital configuration was the "X" formation which permitted an optimum view of all patients from the central core where the nurses station was located.(19)

In 1966, the 45th Surgical Hospital became the first operational MUST (Medical Unit, Self-Contained, Transportable) hospital. MUST hospitals had inflatable rubber shelters with integral electrical power, air conditioning, heating, hot and cold water, and waste disposal facilities. They were extremely mobile and could be transported by truck, helicopter or cargo aircraft.(20) Difficult terrain, inadequate electricity, and poor drainage, along with maintenance problems and vulnerability of the inflatables to enemy attack made working in them less than a happy experience at times.

The staff at three hospitals, 3rd, 8th and 17th Field Hospitals wore the white duty uniform, while the remainder of the nursing personnel in Vietnam usually wore lightweight olive drab fatigues made of cotton poplin.(21) Laundry was a vexing problem, especially with the white duty uniform which was very difficult to keep clean in the tropical climate. Most nurses preferred to wear fatigues.

In 1967 ANC Headquarters asked all female nurses in Vietnam for their comments on the

uniforms. The results revealed that the standard Army “baseball” type cap was very unpopular with female nurses. Although evident that the Army needed a new form of headdress designed specifically for women, not until the mid 1970’s did the Army approve the new “jungle” cap for use with field uniform.(22)

Nurses usually worked six days per week, twelve hours per day. During emergencies, everyone worked. During the TET Offensive of January 1968, sleep when one could get it, was described by several nurses as the best recreation of all. (23)

Although they practiced all specialties of nursing, the most common were Surgical Intensive Care, recovery room, emergency room, and medical-surgical care. Nurses treated U.S. servicemen, Allied troops, American civilians, and Vietnamese men, women, and children side by side.

In addition to their stated mission, Army nurses voluntarily gave medical assistance to the Vietnamese during their off duty hours. Clinics established and staffed by nursing personnel gave basic care, including immunizations, to the civilians. Nurses conducted sick calls at various Vietnamese orphanages and gave courses in child care to villagers.(24) Rest and recreation were rare treats. The beach at Cam Ranh Bay was popular. Outside of Vietnam, rest and recreation sites included Japan, Thailand, and Australia, among others. Ad hoc social activities depended on nurses ingenuity and imagination.

There were the traditional observances like the ANC anniversary in February or visits of VIP’s, but the informal get togethers were the norm. Promotions, departures for “the world”, birthdays or just moving into a new hootch were cause for celebration.

Nursing Care

As in previous wars, hospital admissions for disease outnumbered battlefield injuries. Disease admissions accounted for 69% of admissions between 1965 and 1969. Army Nurse Corps officers grew grimly familiar with malaria, viral hepatitis, diarrheal diseases, skin diseases, venereal diseases, and fevers of unknown origins, the most frequently treated illnesses.(25) Between January 1965 and December 1970, medical treatment facilities admitted 133,447 wounded, 97,659 of whom required hospitalization. The average bed occupancy rate was 60% which allowed sufficient flexibility to respond to fluctuating casualty rates. The average length of stay per patient was considerably shorter than for either WWII or the Korean War, reflecting improved patient care despite the arrival of more severely wounded.(26) The average time interval from battlefield injury to hospital admission was 2.8 hours.(27)

From a medical and nursing standpoint, Vietnam was indeed a “dirty” war. Assault rifles, rocket propelled grenades and boobytraps were the chief wound makers. Rapid fire weapons increased the chances of multiple wounds. The proximity of blasts from mines/boobytraps caused severe traumatic injuries riddled with tremendous amounts of dirt, debris, and shrapnel that were hurled into the open wounds. Frequently soldiers were hit while in paddy fields or along waterways where human and animal excreta collected. Serious infection and complicated resuscitation frequently resulted.(28)

The Vietnam War witnessed an evolution in trauma and combat casualty care. Progress in medical evacuation made intensive care nursing the standard rather than the exception. Trauma care specialization as well as shock/trauma units developed from this experience. Rapid aerial evacuation, readily available whole blood, well established forward hospitals, advanced surgical techniques, and

improved medical/nursing management all combined to keep the wounded from dying. The hospital mortality rate during Vietnam was 2.6% per thousand patients compared to 4.5% during World War II.(29)

Nurses gained respect not only for their technical skills but also for their independent clinical judgements.

Sophisticated nursing care was possible even in the worst of conditions although casualty surges often taxed resources and the human spirit to the limit. One young Captain summarized what nursing in the combat of Vietnam was like: "Basic (nursing) principles do not change, agreed; but the difference lies in the creativity required of the nurse to achieve the same quality nursing with improvised equipment, procuring supplies in critical demand and directing young inexperienced corpsmen and nurses.

Add to this the heat, the loneliness of being away from loved ones, the recurring gastrointestinal disturbances, the alert that disrupts your sleep, the field clothing you find unfeminine,.."(30) The nurses used their resourcefulness to overcome a lack of proper equipment, and their wit to deal with stress. They made weights for traction by putting stones in a Red Cross bag; they used a piece of plastic gastrointestinal tubing for a drinking straw; plastic dressing wrappers served as colostomy bags and they designed and built tables and dressing stands from lumber and discarded scrap.(31) "Humor played a vital role in maintaining morale during these trying times and it was encouraged at every level. Without it we may all have lost control of situations. Getting together in little groups and recounting the funny things that happened relieved tension on several very specific occasions."(32)

Despite the physical and emotional demands that could overwhelm nurses, there were many rewards. These included the gratitude of the

soldiers they cared for, the feelings of being needed and appreciated, and the camaraderie that developed amongst them helped to offset the disadvantages.(33) One nurse remembered: "The teamwork and comradery extended out into the helicopter unit, the dust-off unit that was attached to the hospital, and into the other line units around us. We seemed to be the greatest contribution to morale because they knew they were going to be cared for if they were injured." (34)

Universally the Army Nurse Corps officers who served in Vietnam have nothing but utmost praise for the corpsmen that served with them. Because of the limited number of registered nurses, these corpsmen had to function as the nurse's eyes and ears in observation and care of the ill and wounded. Many a patient owed their lives to the vigilance of these men.

In Vietnam there were no front lines and no safe areas. Enemy forces could strike anywhere, but some areas were more susceptible to attack than others. Most nurses recalled fearing for their physical safety at some time during their tour.

Because of the area-based nature of the war, medical facilities were often co-located on large air fields near combat division headquarters, supply depots, or major troop concentrations, all legitimate targets of enemy fire. Patrolling guards, compounds surrounded by barbed wire, and the booming of artillery were ever present evidence of their vulnerability. Many thought of their own mortality for the first time. Indeed, several hospitals suffered damage from direct mortar, rocket or arms fire.

Fear for their own safety and that of their patients was always present along with the loneliness of being so far away from home. Nonetheless nurses gave the highest quality of care.

During attacks nurses protected the patients

and themselves as well as treated fresh casualties. Caring for their patients was always foremost in their minds. An incident at the 71st Evacuation Hospital in Pleiku was typical: “Through swift, calm, and heroic actions, the nurses and the corpsmen managed to protect their patients to an extent that seemed unbelievable when the damage was assessed at daybreak.”(35)

Conclusion

On 29 March 1973, two months after the cease fire, the last Army nurses left the Republic of Vietnam.(36) While most were unmarked physically, their experience in Vietnam had a lasting emotional and spiritual impact on their lives.

“The things that we learned in Vietnam what we did in Vietnam as Army nurses— was to care for, as best as we could, our fighting force. That was our job. I was proud of that.”(37)

“Army Nurse Corps officers on outer frontiers in Vietnam consistently exemplified a high degree of initiative, courage, and dedication in service to man-kind, the United States Army and our Nation”.(38)

The officers of the Army Nurse Corps cared for soldiers in their hour of greatest need. They nursed, they comforted, and they made sure no patient died alone. They selflessly endured countless hours of their patient’s pain, sorrow, screams, blood, mutilation and at times death. And when it was over, the officers of the Army Nurse Corps quietly came home. All paid an emotional price for that year in Vietnam.

Army Nurse Corps officers served with distinction in Vietnam. Nine officers including seven women, paid the ultimate price for their nation, one as a result of hostile fire. The Army decorated hundreds of nurses for bravery and distinguished service.(39) The nation is eternally grateful for the dedication, courage,

and sacrifices made by the women of the Army Nurse Corps.

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