

Air Force Women in the Vietnam War

By Jeanne M. Holm, Maj. Gen., USAF (Ret) and Sarah P. Wells, Brig. Gen. USAF NC (Ret)

At the time of the Vietnam War military women in the United States Air Force fell into three categories: female members of the Air Force Nurse Corps (AFNC) and Bio-medical Science Corps (BSC), all of whom were officers. All others, officers and en-listed women, were identified as WAF, an acronym (since discarded) that stood for Women in the Air Force. In recognition of the fact that all of these women were first and foremost integral members of the U.S. Air Force, the authors determined that a combined presentation of their participation in the Vietnam War is appropriate.

When one recalls the air war in Vietnam, visions of combat pilots and returning prisoners of war come easily to mind. Rarely do images emerge of the thousands of other dedicated Air Force women and men who performed the support roles essential to the overall success of the air operations, or the flight crews who daily risked their lives to pick up casualties from the battle-field and transport them to medical facilities in-country and to hospitals outside the war zone, or the people who participated in the repatriation of our prisoners of war. Nor does one generally think of the dedicated members of the Air Force Reserve and Guard aeromedical evacuation units who were called upon to put aside civilian pursuits to fly missions into Southeast Asia to bring the wounded home.

By the time U.S. forces were withdrawn from the Southeast Asia (SEA) theater of war, hundreds of Air Force women had served tours in South Vietnam and neighboring Thailand. Working side-by-side with their male comrades, they faced the same challenges and were exposed to the same risks and hardships as the men in the same units. And, like the men, many received wartime citations and decorations. One gave her life. Many other Air Force women volunteered for duty in the combat zone but, because of a lack of a coherent Air Force or Defense Department policy on the wartime deployment of women, their requests were denied.

Because women had no military obligation, either legal or implied, all who joined the Air Force during the war were true volunteers in every sense. Most were willing to serve wherever they were needed. But when the first American troops began to deploy to the war in Vietnam, the Air Force had no plans to send its military women. It was contemplated that all USAF military requirements in SEA would be filled by men, even positions traditionally considered “women’s” jobs. This was a curious decision indeed considering the Army Air Corps’ highly successful deployment of thousands of its military women to the Pacific and Southeast Asia Theaters of war during World War II.

When the U.S. became involved in Vietnam, many Air Force women saw no reason why they should not take their fair share of duty in the war zone wherever their skills were needed and insisted they were capable of coping with the combat theater environment. Commanders, however, expressed practical concerns about having to divert precious resources and energy to provide for the women’s safety, housing and other special needs. While most of these concerns were without merit, they might well have foreclosed on the deployment of Air Force women to SEA had it not been for growing shortages of men in some fields and for the persistence of women volunteering for SEA tours.

In reality, female officers required little or no special arrangements. They could easily be accommodated in bachelor officer quarters (BOQs) as were the female officers of the other services and the civilian women (civil service employees, Red Cross workers, librarians) working in the theater. However, Air Force policies dictated that lower grade enlisted women be quartered in separate all-female dormitories supervised by a WAF squadron, commanded by a female officer. As a result, enlisted women with skills needed in the combat theater war were exempted from tours because of their gender. Meanwhile, many men

in the same fields were facing involuntary second and third tours.

The first Air Force women to receive orders for SEA were the nurses. Initially, as planned, only male nurses were deployed to the combat theater, but in very short order the demand outstripped the supply because women greatly outnumbered men in the Air Force Nurse Corps. As the U.S. involvement in the Vietnam War escalated and casualties mounted, the supply of male nurses to meet theater requirements in some specialties was soon exhausted and the female nurses began getting their marching orders.

In 1966 the first sixteen female nurses arrived in country for duty at the USAF base at Cam Ranh Bay in the new 12th USAF Hospital and the casualty staging unit. Within a short period women were filling the full range of nursing specialties normally found in a modern military hospital. Also assigned to the hospital were female physical therapists to help in patient rehabilitation and dieticians to plan meals and provide special diets. Female nurses were soon serving at the dispensaries and casualty staging units at Tan Son Nhut and Da Nang air bases, and in the previously all-male 903d Aeromedical Squadron (AMES) operating out of Tan Son Nhut that provided crews for in-country air evacuation flights. As USAF operations expanded into Thailand, some female nurses were assigned to medical units at Korat, Udorn, and Ubon air bases and to the hospital at the Strategic Air Command (SAC) base at U-Tapao.

As women began to take up nursing duties in the combat area, the Air Force soon discovered what armies in earlier wars had learned: that the presence of the female nurse added a special dimension to the care of war casualties. The men seemed to gain a sense of security and comfort from the women's presence, a sense of

a more normal way of life, a reminder of home. "It's really something to see a lonely, hospitalized GI perk up when he looks up and sees that his nurse is a woman," said one of the first female nurses on duty in the hospital at Cam Ranh Bay. "I have even had them take my picture while I was on ward rounds."

With the successful deployment of female nurses the policy of excluding other military women from SEA duty became moot. In June 1967, at the request of the Military Assistance Command (MACV), the first WAF, a lieutenant colonel and five enlisted women, arrived for duty with the headquarters in Saigon. Others soon followed for duty in the Saigon area in MACV and 7th Air Force headquarters and Tan Son Nhut air base on the outskirts of Saigon. A few officers were subsequently assigned to duty at Bien Hoa and Cam Ranh Bay air bases.

Because of the requirement for WAF squadrons and separate dormitories, only a limited number of enlisted women were stationed in South Vietnam at any one time. Most enlisted women served in Thailand assigned to units of the 13th Air Force at Korat, Udorn, Ubon, Nakhon Phanom, Takhli, and Don Muang. They also served with the Military Assistance Command Thailand (MACTHAI) in Bangkok and at U-Tapao.

WAF officers and enlisted women were assigned as routine replacements for male personnel with the same skills who were rotating out at the end of their one-year tours. Unlike the nurses, who were in a field still dominated by women, the WAF were something of an anomaly because they were assigned to jobs normally filled by men. WAF officers were in a wide variety of noncombat fields including supply, aircraft maintenance, public affairs, personnel, intelligence, photo-interpretation, meteorology, and administra-

Wounded men in an alien world thousands of miles from home were astonished and reassured at the sight of an American woman so close to the battlefield sharing this grotesque experience.

tion. Except for living in all-female officers quarters, WAF officers were fully integrated in the units to which they were assigned as replacements for male line officers and, in general, they adapted to the combat environment as well the men they replaced. Nevertheless, they were always aware of their status as female officers in what was still regarded as a male world and were conscious of living under a microscope twenty-four hours a day.

Each WAF in SEA realized that she was on trial. In addition to adapting to the combat theater environment, she was conscious of living in a fishbowl where her professional competence, her personal character and her courage were always subject to critical scrutiny. A female major assigned to the 600th Photographic Squadron at Tan Son Nhut described her initiation into this world. As the squadron's operations officer, it was her duty job to give the daily briefings on combat air strikes to the commander and staff of the 7th Air Force headquarters. Her professional qualifications for the job were impeccable. "A WAF had never briefed [on] air strikes before and I fully expected to be thrown out," she said. "But the briefing couldn't have gone more smoothly. They fully accepted my presence and listened to my narration." She later recalled that her experiences in SEA were the most rewarding of her military career. "Enduring the same hardships as the men," she said, "gave me the dedication I needed for the job and a better understanding of the Air Force mission."

Despite the initial reluctance to deploy women to SEA, by the end of the U.S. involvement in the war, the proportion of WAF officers serving in SEA was comparable to that of the male line officers, Air Force-wide. But, because of their more limited assignment options, the proportion of enlisted WAF who served SEA tours remained relatively small. They were employed chiefly in the traditional jobs, such as: administration, clerical, personnel, data processing, supply, and

data processing.

Many of the women stationed in South Vietnam became involved in Vietnamese activities. The WAF stationed at Tan Son Nhut raised money to help the more than 1,000 children, mostly war orphans, at a refugee camp near Da Nang who were in desperate need of the barest essentials of life. A WAF captain served as an advisor to the Vietnamese Air Force in their efforts to recruit and organize a military women's program patterned after the WAF. Many of the nurses volunteered to work with the Vietnamese in providing medical care to civilians, setting up medical care units, and providing casualty care for South Vietnamese troops. They also served in provincial health assistance teams developing village level health and sanitation programs.

One of the most unique and valuable contributions of Air Force women to the war effort was made by the flight nurses who participated in the air evacuation of battle casualties. The Air Force established and operated a vast global aeromedical evacuation lifeline connecting the battlefield with the most modern medical facilities in the world. Flight nurses assigned to the 903d Aeromedical Evacuation Squadron (AMES) at Tan Son Nhut and its operating locations at Cam Ranh Bay, Da Nang, Pleiku, Qui Nhon, Nha Trang, Vung Tau, and Phu Cat served on crews of med-evac aircraft that hopped from base to base picking up casualties for airlift to medical treatment centers in-country. It was not uncommon for a flight to stop at ten different places in one day. Casualties with less serious illnesses or injuries were treated and returned to duty. The more seriously ill and severely wounded were given emergency treatment and prepared for airlift to better equipped medical facilities outside the theater.

Aeromedical evacuation did not have the highest priority for available aircraft at the forward operating locations so med-evac crews flew on whatever aircraft were made available.

That usually meant C-130s; but C-123s, C-118s and Caribou were also assigned to these missions.

In addition to the flight nurses in Vietnam, Pacific Air Command (PACAF) flight nurses served on the jet med evac missions that picked up casualties in South Vietnam and Thailand and delivered them to medical centers in the Philippines, Japan, and Okinawa. C-141 aircraft of the Military Airlift Command (MAC), that brought in cargo and troops for the war, were quickly re-configured as med-evac flights for the return trip. They would pick up sick and wounded at Tan Son Nhut, Da Nang, or Cam Ranh Bay for the long flight home; staging through Japan, the Philippines, Hawaii, or Alaska. Back in the continental U.S., MAC crews would deliver their charges to appropriate medical facilities.

On the med-evac flights, the role of the flight nurse was crucial. On most flights, the nurse was the senior medical officer on board. She supervised the boarding process, the patient care in flight, the myriad details of the arduous trip, and the off-loading of her charges at flight's end. On many occasions, particularly on the long overseas flights, she would have to perform emergency procedures that, under normal circumstances, would be performed by an experienced physician.

At the other end of the med-evac lifeline, Air Force medical facilities provided outstanding support to the growing number of wounded arriving daily. Also, in an emergency, when additional medical crews were needed to fly med-evac missions to SEA, the state-side

hospitals were tapped to provide personnel to staff augmentation crews. These crews were made up of flight nurses and enlisted medical technicians

permanently assigned to hospitals who had been pre-designated for these emergency duties. Crews made up with MAC personnel were identified by the code name "Cold Dove"; those provided by other commands were called "Patch-up" crews. When these people were called out, usually on short notice, the remaining people in the hospital nursing services had to assume an additional workload, often involving long hours. This extra effort was, in a real sense, their contribution to the support of war wounded.

With this jet-age airlift system it was possible for the first time in history to move a war casualty, in as little as 72 hours or less, as much as 8,000 miles from a battlefield to a hospital in the United States where they could receive the best surgical and medical treatment available. The Air Force flight nurses were not only instrumental in designing the system, they were the heart and soul of the operation. With this system many gravely wounded men who, in earlier wars, would have died were saved.

By law and policy, all military women were noncombatants. Nonetheless, in recognition of the ever present danger of enemy infiltration and attack, Air Force women receiving orders to SEA were given weapons familiarization training, including the M-16 rifle. Flight nurses on air evacuation missions in-country often carried sidearms for their own protection

“What impressed me the most, with respect to the conduct of our personnel during the Tet offensive was the calm [with which] female service members went about their duties. That belief that the frail (or fair) sex will tremble at the first sign of trouble is not true. I observed female military members performing their duties no different than anyone else. If they had fears...they did a terrific job of concealing them.”

and that of their patients. But the need for all women to be able to handle weapons took on new meaning with the Tet offensive.

If any proof was needed that modern American women were capable of performing under fire, the Tet offensive provided it. Even though they were non-combatants and were generally confined to the well-protected Saigon area and Cam Ranh Bay, Air Force women in-country were as much at risk of enemy fire as their male comrades in the same units. Certainly, gender was no protection when the Viet Cong launched the coordinated attack on U.S. installations in January 1968. The mortar rounds, rockets and sniper fire that came in did not discriminate by occupation or sex. A WAF major assigned to 7th Air Force headquarters recalled the first attack on Tan Son Nhut Air Base at 4:00 a.m. on 31 January: “Dragon ships, helicopters and jets were firing from the skies; fire and smoke were all over the place. We even had a number of snipers in the immediate area. One [VC] shot out the side of one of our [BOQ] bedrooms and must have continued down the halls. A WAF lieutenant colonel described the second attack: “I was asleep, but the loud flat WHAP! WHAP! sound when the first mortars hit jolted me awake. In only a minute or two [the base] was ablaze. There were over 100 rounds of mortars and rockets within fifteen minutes.” A twentythree year-old nurse recalled: “In the beginning I could hardly move during a rocket attack. But you got used to it in a way—to your own fears—you had to. There was too much to do to dwell on it.” There was no evidence that the women’s reaction was any different from the men’s. “Anyone who wasn’t scared during an attack,” said a male non-commissioned officer,

One female major intelligence officer put it bluntly: “I have the same training [as the men]. I get the same pay. I signed the same oath. I should take the same risks.” In the case of the nurses, overriding all else was the strong urge to care for wounded servicemen.

“was either a liar or didn’t understand the problem.”

The conduct and performance of the women were attested to by many observers, male and female. A male senior master sergeant reported to the Chief Master Sergeant of the Air Force: “What impressed me the most, with respect to the conduct of our personnel during the Tet offensive was the calm [with which] female service members went about their duties. That belief that the frail (or fair) sex will tremble at the first sign of trouble is not true,” he wrote. “I observed female military members performing their duties no different than anyone else. If they had fears...they did a terrific job of concealing them,” adding that “Air Force women are doing an outstanding job here.”

Nevertheless, shortly after the first Tet attack, some Air Force command officials proposed to USAF Headquarters in Washington that, for their own protection, all WAF officers and enlisted women be evacuated from Vietnam. But, with few exceptions, the women would have none of it. “I want to stay and finish my tour,” a WAF major insisted. “I’m not a fool and I’m not saying this because I’m patriotic. I feel we have a job to be done and we’d best get on with it.” A female staff sergeant echoed the same sentiments in a letter to the WAF director in the Pentagon: “Don’t let them send us home. I came here to do a job and I want to see it through.” Air Force personnel officials agreed—the policy would be the same for male and female military personnel.

There was never any question of pulling out the nurses. With the increased hostilities generated by Tet, the number of casualties flowing into all the medical facilities in-country

skyrocketed. As the fighting intensified, the med-evac system was soon being taxed nearly to its limits. One C-141 air-evac mission carried a record load of forty-eight litter and thirty-two ambulatory patients from Cam Ranh Bay to Yokota, Japan. On a single day in March, 1969, twelve med-evac missions were flown from SEA carrying a total of 711 patients. The increase in the number of flights, the high patient loads per flight, the multiplicity and seriousness of injuries, combined to put enormous demands on the flight nurses assigned to med-evac missions.

Apart from attacks on fixed installations, the flight nurses were especially vulnerable on med-evac flights in-country. On the first day of Tet, as the C-141 med-evac came in for a landing at Da Nang to pick up fresh casualties, the base came under enemy attack. The female flight nurse in the crew was responsible for rapidly enplaning thirty-eight patients, twenty-six of whom were on litters. Despite intense enemy small arms fire, she managed to get all wounded aboard and the flight took off safely. For her "extraordinary and outstanding professional skill and personal calm," she was awarded the Bronze Star Medal.

The satisfaction that the nurses had in caring for wounded servicemen and evacuating them out of the war, was often tempered by a sense of guilt that they had sent so many severely disabled men home to loved ones; men often younger than themselves who had been cut down in the prime of their lives. The knowledge that this carnage was the inevitable horror of all wars did not lessen the impact or the sorrow they felt. But it was something each had to work through in her own private moments.

The event that probably gave flight nurses the greatest satisfaction was their participation in Operation Homecoming. In 1973 the entire U.S. military establishment rejoiced when the prisoners of war (POWs) held by the North Vietnamese were repatriated. Military medical

units throughout SEA and the U.S. prepared eagerly for the long-awaited return. None more than the flight nurses who crewed the C-141s from Gia Lam airport, Hanoi to Clark air base in the Philippines for their physical assessment and then to home and to their families. One POW mentioned the perfume of the flight nurses as one of the most vivid memories of his flight. One flight nurse found herself hugging the POW pilot whose name was on the POW bracelet she had been wearing for many months. For the flight nurses it was the culmination of the hard work and long hours on med-evac flights and, for many, would be long remembered as the most rewarding experience of their military careers.

Of the Air Force women who served their country in the war, one lost her life. On 4 April 1975, flight nurse Capt. Mary T. Klinker became the last American military woman to die in Vietnam. As the war was drawing to a close and Saigon was about to fall, President Gerald R. Ford announced that America would evacuate more than 2,000 South Vietnamese and Cambodian children, mostly orphans. Known as "Operation Babylift," it began tragically when the giant MAC C-5A aircraft carrying infants, flight crew and caregivers, crashed shortly after taking off from Tan Son Nhut air base killing 138 of the 314 people aboard including Capt. Klinker.

No one has ever compiled a list of the military citations and decorations awarded to women who served in SEA during the war. In fact, there are no data that accurately reflect the number of Air Force women who actually served in the Southeast Asia theater of operations during the Vietnam War. The question is academic in any case since the air war was not waged in isolation from the rest of the Air Force. It was an integral part of a vast organization of commands and a world-wide network of installations staffed by dedicated men and women of all ranks and skills. Many were never tapped to serve in the combat

theater but they were nonetheless essential to the overall success of the air effort. Untold numbers of women served at air bases just outside the immediate combat theater in the Philippines, Japan, Okinawa, and Taiwan. Many more were on duty at USAF installations around the world participating as part of the total Air Force effort. For example, women served at SAC bases in the U.S and overseas from which bomber strikes were launched bound for enemy targets. WAF were assigned to the MAC bases preparing personnel, supplies, ammunition, and equipment for airlift to bases in the western Pacific. Others served in units of the Air Force Communications Service that provided the global communications link vital to every phase of the operation and at secret electronic listening posts on isolated mountain-top sites in Taiwan, Japan, and the Philippines. Enlisted women controlled air traffic landing and taking off from bases in Hawaii, California, Alaska, and the Philippines flying to and returning from SEA. At terminals on the west coast they processed passengers boarding flights bound for SEA and off-loaded returnees rotating back to the "real" world and home. At USAF hospitals in Japan, Europe and the U.S., female nurses, enlisted WAF medical personnel, and female biomedical sciences officers worked side-by-side in the care of war casualties and returning POWs.

Many Americans have wondered why women, for whom there was no legal or implied obligation to serve their country in peace or war, would volunteer for duty in Vietnam. Most of those who volunteered felt it was their patriotic and professional duty to serve wherever their skills could be used. Some wanted the challenge and the obvious career benefits of serving in a combat zone. Others wanted to go where the action was. For many of the more senior officers and non-commissioned officers there was a determination not to be denied their right to serve in any assignment they were qualified to fill,

whatever the risks. One female major intelligence officer put it bluntly: "I have the same training [as the men]. I get the same pay. I signed the same oath. I should take the same risks." In the case of the nurses, overriding all else was the strong urge to care for wounded servicemen.

Whatever originally motivated women to volunteer for duty in Southeast Asia during the Vietnam War, they had very little idea of what they would experience or how profound an impact that year would have on the rest of their lives. They had done more than their country had expected of them without asking for special treatment or favors. The war experiences left an indelible imprint on each of their lives; they would never be the same again. They would continue to share a special bond, often unspoken, with other women and men who shared that experience. And they would always carry a special private grief for those who did not make it home alive.

Gen. Holm was the Director of the Women in the Air Force (WAF), Headquarters, USAF, from 1965 to 1972. She is the author of: Women in the Military: An Unfinished Revolution, Presidio Press 1982, Revised edition 1992.

Gen. Wells, served from 1968 to 1972 in the Office of the Command Surgeon at the Military Airlift Command, two years of which were as the command nurse. From 1979 to 1982 she served as the Chief of the Air Force Nurse Corps, Office of the Surgeon General, Headquarters, USAF.

ADDITIONAL SOURCES

Frank R. Christianson, "PACAF Tactical Aeromedical Evacuation," *Medical Service Digest*, Vol. XIV, No. 6, June 1968.

Jeanne M. Holm, *Women in the Military: An Unfinished Revolution*, Revised edition, Presidio Press, 1992, Chapters 16 and 17.

Elizabeth Norman, *Women at War: The Story*

of Fifty Military Nurses Who Served in Vietnam, University of Pennsylvania Press, Philadelphia, 1990.

Harold F. Funsch, Max J. Nareff, Philip B. Watkins, "Wings of Wounded Warriors," Journal of the American Medical Association, Vol. 200, No 5, May 1, 1967.

Russell B. Rayman and John Ord, "USAF Hospital Clark: Medical Gateway to Freedom," Medical Services Digest, Vol. XXIV, No. XI, November 1973.

Semi-Annual Historical Reports of the Air Force Nurse Corps, 1964-1975, Air University, Maxwell AFB, AL.