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The Vietnam Archive
Oral History Project
Interview with Margarethe Cammermeyer
Conducted by Laura M. Calkins, Ph.D.
March 30, 31; April 5, 2004
Transcribed by Shannon Geach

NOTE: Text included in brackets [] is information that was added by the narrator after reviewing the original transcript. Therefore, this information is not included in the audio version of the interview.

1 Laura Calkins: This is Dr. Laura Calkins of the Vietnam Archive at Texas Tech
2 University beginning an oral history interview with Colonel Margarethe Cammermeyer
3 U.S. Army retired. Today's date is the 30th of March 2004. I am on the campus of Texas
4 Tech in the Special Collections Building Interview Room. Dr. Cammermeyer is in
5 Washington State. Good morning.

6 Margarethe Cammermeyer: Good morning.

7 LC: Can you help us out by giving us some general biographical information?
8 Where were you born and when?

9 MC: I was born in Oslo, Norway in 1942 during the Nazi occupation of Norway.

10 LC: Can you tell me a bit about your parents?

11 MC: My father was a physician and was working with the Norwegian
12 underground and my mother was a nurse. She too, was working against the Nazis. I
13 think all of that becomes relevant later on in my life. Because she ended up using me, my
14 mother ended up using me as a decoy when they were moving weapons to the Norwegian
15 underground. Going right in front of the Nazis and running through town and all of that
16 sort.

17 LC: What did your father do with the underground?

1 MC: Their participation was primarily in sheltering of those who were active in
2 sabotage and in moving things around to get to the resistance forces. He worked at a
3 hospital but the main work was like many, many Norwegians in support and providing
4 shelter for those who were more active in the actual resistance to the Nazis.

5 LC: Was your house in some sense a safe house or used that way?

6 MC: Yes, I guess you could call it that. We lived in an apartment right across
7 from Nazi headquarters.

8 LC: Where in Oslo was that?

9 MC: It was north of the Slott, the palace on a street called Camilla C-a-m-i-l-l-a
10 Colletsvie C-o-l-l-e-t-e-s-v-i-e. So Oslo was a relatively small city by comparison to
11 American cities.

12 LC: Yes I have been there. I was thinking where the Nazi headquarters were
13 actually located?

14 MC: It was in a hotel right across the street.

15 LC: What was the name of the hotel?

16 MC: I don't recall. Last time I was in Norway I saw it there. It looked a little bit
17 like a small private hotel that one would see in a regular city. It was sort of in a local
18 residential area. They didn't have big hotels there. But it was in good proximity to the
19 downtown.

20 LC: Where did your father train?

21 MC: In Norway at the University of Oslo.

22 LC: What about your mother? She was a nurse is that right?

23 MC: Yes she was trained by the Red Cross. They had training programs for
24 registered nurses. She was I guess what they would call, she referred to herself as a Red
25 Cross nurse because that's where she got her training.

26 LC: Your father and she I assume now cooperated in the resistance support work
27 that you described. They were both involved?

28 MC: Yes.

29 LC: Did they have friends who were also involved? How did it operate do you
30 know much about it?

1 MC: Well the main thing I know is that you didn't talk about it. You only had
2 one contact person. So if one family was identified and targeted they could not divulge
3 the names of anyone else. They had a cadre of friends they would talk about getting
4 together. I don't recall any conversations as such about the resistance work of their
5 friends.

6 LC: Were you the oldest child?

7 MC: I was the oldest. I was born during the occupation and my mother used to
8 tell stories sort of in-grown behavior. When we had people living with us who were
9 trying to get out of the country or hide from the Nazis we would all sit down at the dinner
10 table for example. But if anybody should knock on the door or the telephone would ring
11 our visitors would take their plate and move into the bedroom and sort of pretend that
12 they were not there. As I was growing up I used to do the same thing because that's what
13 the custom was. When we came to the United States my father was the first Norwegian
14 to receive the Rockefeller Fellowship. When we came to the United States and we were
15 living with a very prominent family in Boston the doorbell would ring or the telephone
16 would ring and I would take my plate and leave to go and hide somewhere. I was sort of
17 raised in this very rude tradition if you will. Obviously you couldn't say anything about
18 it at the time because kids would then go and talk and before you'd know it the word
19 would be out that there was something unusual going on. So I had to relearn proper
20 etiquette.

21 LC: Do you actually in your own mind retain any memories of that occupation
22 period?

23 MC: You know it is so hard to try to separate to reality from reinforcement of
24 stories. I have been back several times to the apartment building where we used to live.
25 Because of probably my mother telling about what happened in various places there are
26 things that I think I see in my mind's eye but that I would not say. I wouldn't count on it
27 being mine.

28 LC: Were both of your parents born in Oslo? Were they natives?

29 MC: They were both born in Norway. My father was born in Norway and then
30 raised in Belgian Congo, where his father and my grandfather was a physician down
31 there for 12 years. Then he came back to Norway. My mother was born just outside of

1 Oslo and her father was a psychiatrist who was the founder of the first psychiatric
2 hospital in Norway.

3 LC: Now what was his name?

4 MC: His name was Grimsgaard G-r-i-m-s-g-a-a-r-d.

5 LC: Where did he train do you know?

6 MC: No, I don't.

7 LC: Your, I gather, grandfather on the other side who was down in Africa can
8 you talk about the circumstances? Do you know anything for the reasons for his location
9 down there?

10 MC: From what I understand he was asked by the Norwegian government to go
11 and sort of function as a missionary doctor. However, there was no religious component,
12 I guess humanitarian work more than anything else. So he worked down there and my
13 father and his sister both lived there for a good part of their youth.

14 LC: Did that have any particular impact on your father as he was an adult and
15 later in his own career?

16 MC: Well, I didn't ask him specifically. There were a couple of little things I
17 think from what I could glean after I watched him over the years and everything else.
18 One is going to sound very, very tacky. I don't even know that it's appropriate for the
19 discussion. He had a boy, which is what he called him. A young black, young kid about
20 his age who played with him and kept him company and took care of him for his entire
21 stay down there. So he was always extremely polite to blacks in the United States
22 because there were no blacks in Norway. I think he carried this notion that they were to
23 care for the master if you will. But it wasn't from bias. It was more from that's the way
24 he had been raised.

25 LC: Right there was some background of his own in a different tradition.

26 MC: Exactly.

27 LC: It doesn't apply in the United States but it's a different culture really.

28 MC: Yes, absolutely. I think that was something that he carried with him. Then
29 when he returned to Norway he was extremely naive about the Norwegian traditions if
30 you will, and folklore. I think he came from privilege in some ways, of the expectations
31 that things would fall into place for him. I don't know that he ever worked his way

1 through school or did anything like that. His own idea about the role of women were
2 certainly as subservient to men. In part because they also did not carry the family name.
3 Because when they married they then changed their name so they were not as significant
4 in the genealogy of culture. So we had a few discussions about that over the years.

5 LC: Yes I'm sure. Did that play out between your mother and father or was this
6 kind of an abstract idea that he had?

7 MC: I don't think it's played out between my parents because my mother was
8 raised in the culture of women being subservient and being in the home and taking care
9 of the kids and that sort of thing. I think that ultimately that her life was quite
10 circumscribed and that she did not reach her full potential. I think she realized that later
11 on in life. But my father's stuff, if you will, certainly played an impact with me.

12 LC: Can you say a bit more about that?

13 MC: Part of it was as I was growing up and this may be just personality more
14 than anything else. It was a sense of I could never be good enough to get praise. And
15 part of it was because I was a girl. So there was this notion that maybe if I could become
16 a boy that I would please my father. I have to say that until I earned my doctorate and
17 my father was at the graduation and said, "I should have gotten my Ph.D.", was the first
18 time the kid in me said, "Got ya"! It took a long time before I felt [that he approved of
19 me]. Although he was very proud of my military career I think it was along time before I
20 felt that somehow I had sort of pleased him, if you will. I think that is not a question,
21 that's the kid [speaking] in us.

22 LC: Sure, sure. It's an interesting relationship.

23 MC: I had never wanted anything to do with neuro, because that was my father's
24 field and I wanted to do everything and anything but what he was doing. I ended up
25 specializing in neuroscience.

26 LC: Right no matter how you tried to avoid it.

27 MC: I love it! It's like one of these ying and yang of things.

28 LC: I wanted to ask a little bit about the circumstances under which your family
29 came to the United States. You mentioned that your father had a Rockefeller fellowship.
30 Can you talk a little bit about that?

1 MC: Right after the war, he was a neuropathologist by this time. He received the
2 fellowship and went to work in Boston, Massachusetts under the mentorship of Raymond
3 Adams, who is the father of neurology. When I say...we lived in their home and he was
4 my father's best friend and all of that. I am immediately elevated sitting on the right side.
5 Obviously we came over with him. By that time I had one younger brother and I. [We
6 came with him and mother to America.]

7 LC: What year would this have been?

8 MC: This would have been in 1946 to '47. So we lived for nine months in
9 Boston and then went back to Norway. About 1950 my father was asked to come to the
10 United States, to immigrate and to work for the American government in research. So we
11 immigrated then ultimately in 1961 [1951] to Washington D.C. where he was a research
12 scientist at what would have been the Armed Forces Institute of Pathology when it was
13 downtown where the Smithsonian Institute is now located. The Institute moved up to
14 Walter Reed and he was asked to move to the National Institute of Health, which he did.
15 Worked there at NIH probably for 25 years.

16 LC: I should just clarify, could you give your father's full name?

17 MC: Well his full name is Johan Widding Heiberg Cammermeyer, but he went
18 by Jan.

19 LC: Jan.

20 MC: J-a-n. So he worked at the National Institute of Health then for at least 25
21 years ended up, I think, publishing 97 papers. Still considered one of the foremost neuro-
22 anatomists of his day and still has done some of his work. Some of his work is still being
23 cited.

24 LC: Yes, I'm sure that's true. For someone who didn't have even the barest
25 grasp of neuroanatomy or neuropathology could you just talk for a second about what
26 that field entails?

27 MC: Well, it's the brain and spinal cord: how it works and what things influence
28 its ability to do what it does. When there are diseases it is a neuropathologist who looks
29 at the damage, the injury, the type of problem that might have physically occurred to
30 account for certain physical symptoms.

1 LC: When your father was invited to come to the States in 1950, do you know the
2 circumstances around that invitation? How was his name put forward?

3 MC: I don't know. I can only assume that it probably came because of his work
4 in Boston. He was already getting a name internationally. That's the only thing I can
5 assume. I remember that when he became an American citizen in 1956 and was asked
6 why he came and why he wanted to become an American citizen and the like he said,
7 "The Freedom of research", which was a real moving opportunity for him that made
8 coming to America very important. How appreciative he was because of that.

9 LC: Were there any sadness feelings around leaving Norway that you know
10 about? Was it a disruptive move?

11 MC: I remember feeling devastated. I do remember that trip to the plane. By
12 this time I was almost nine years old. I don't think that my parents had appreciated the
13 impact that it would have even on them. My mother didn't speak English very well. She
14 certainly could be understood but with a very heavy accent. All of their friends were in
15 Norway. They never really ended up having a large social network to interact with. I
16 think that my mother particularly was very lonely. I remember them talking at some
17 point about where they would retire, they would go back to Norway. My mother died
18 very prematurely so that no longer became an issue. She really missed her friends.
19 When she and my father went back to Norway for the first time at the time that I got
20 married and we went to Norway for our honeymoon. She came to Germany for the
21 wedding and went to Norway and she just absolutely loved being home, which it was for
22 her.

23 LC: Did she ever work outside of the home once she had moved to the States?

24 MC: She did some work as a volunteer nurse at a hospital and what she had
25 originally studied for was art. She was an artist. When I was in high school that was
26 when she began to take up art again and was silk screening and doing some really
27 stunning design work, some of which she was then able to sell the patterns in New York
28 for people to use for materials for clothes and dresses and things.

29 LC: How marvelous! Was that quite fulfilling for her do you think?

30 MC: I think she thoroughly enjoyed it because it was a creative opportunity for
31 her. It also was the first time that she was able to get a little bit of private money if you

1 will, rather than being on an allowance, which was very degrading. But still a part of the
2 social culture at the time.

3 LC: An instrument of control whether intended or not.

4 MC: Absolutely.

5 LC: Let me ask about you. You said you remember actually going to the planes.
6 How did you find the adjustment of coming to the States?

7 MC: I couldn't speak English. So when I came, everything was new. By this
8 time in 1961 [1951] I had two brothers. Mainly what I recall is the departure and being
9 sad. But getting to America everything was so strange. I think the first thing that I ever
10 had to eat here was a banana and how wonderful that tasted. My father talking about how
11 it was wonderful but not quite the way it had been in Africa. Over the years, as I was
12 growing up and because we moved a lot going from one locality to another, but still
13 within the greater Washington D.C.-Maryland area, never feeling that I had any roots or
14 that I belonged anywhere or that I had a cadre of friends that would follow me along. I
15 think a little bit like traveling people who are in the military and travel and uproot their
16 kids. Defense Department people, the kids themselves end up having to be fairly
17 autonomous and have a lot of personal ego strengths because they don't get a social
18 reinforcement from friends. I think that you also then lose a little bit in terms of maturing
19 emotionally. You don't have anybody to do that with. I don't have a lot of real
20 wonderful feelings of those probably first four or five years when I was in America
21 because I was struggling to learn the language and not be a fool. Also to help my family
22 I think understand a little bit about the culture. I took a great deal upon myself.

23 LC: I was going to ask whether the moving around underscored or reinforced a
24 pre-existing tendency towards autonomy or whether it was sort of forced upon you as it
25 were?

26 MC: I think it was forced upon me. But I also think it influenced what happened
27 when I made decisions that I was going to get divorced but that my children should stay
28 with their father and not to fight that in the courts. Because for them I thought it was
29 more important that they have their roots and their friends and stability rather than to be
30 jerked around because their mother had an epiphany.

1 LC: Were you conscious of that when you were making those decisions about
2 custody and all of that? Were you conscious of your own experiences?

3 MC: Yes, very much so. It was not the only factor but it certainly was
4 something. To uproot them just for my own ego would have been I think a very, very
5 bad thing. Now to see them as young adults and that they have friends they have from
6 when they were in elementary school it just reinforces the fact that I made the right
7 decision.

8 LC: Yes, that must feel very good. Why was it that your parents were moving
9 around within the greater D.C. area?

10 MC: Part of it was my father not realizing the cost factor. So when we first
11 moved there he ended up buying a house that was more than we could afford because we
12 had absolutely nothing [when we immigrated]. So everything that had to be purchased.
13 Part of it with the first house was over extending. Then moving to a smaller place that
14 was more reasonable and that we could afford. Then when he changed jobs from the
15 Armed Forces Institute of Pathology to the National Institute of Health, one was in
16 downtown Washington D.C. and NIH is in Bethesda, Maryland. So then it was moving
17 closer to work there. There were a number of moves in each of those areas. There were
18 two or three moves in D.C. Then there were I think two moves in Maryland also. So that
19 ultimately where I ended up was a couple of miles from the National Institute of Health
20 and where I spent my last year before I graduated from high school.

21 LC: Now what high schools did you attend? I take it more than one.

22 MC: My last two years when I graduated from Walter Johnson High School. The
23 other, the first year was Bethesda Chevy Chase High School.

24 LC: What kind of a student were you in high school?

25 MC: Average.

26 LC: Can you say a little bit more about that?

27 MC: I considered myself a genius. I think we have the tendency to do that when
28 we don't study and pass. I was president of the Girl's Athletic Association and so I was
29 focusing on sports. I had been playing semi-professional softball for a couple of years.
30 Not school related but with a sponsor. So a lot of my focus was on sports but also an
31 interest in medicine. I had a lab in my bedroom where I sort of cut up eyeballs that I had

1 formaldehyde. It was like taking my father's lab and putting it into my own bedroom
2 where I could cut and paste and work. I had the delusion of grandeur that I was going to
3 be some sort of a scientist.

4 LC: Did you do well or were you interested in the science classes in high school
5 or did you want to just find out on your own?

6 MC: I did pretty well. I was not a straight "A" student. I was probably a "B+"
7 student. Maybe a "B" student (laughter).

8 LC: The truth comes out.

9 MC: I did pass.

10 LC: But science in terms of academics was a draw.

11 MC: Yes science and math were the fields that I was interested in. So when I
12 started college I went to the University of Maryland. My first year took microbiology,
13 chemistry, zoology, math and English. I was working part-time and ended up finding
14 some friends and having a lot of partying time. All of those are not compatible. At that
15 time my dream of going into medicine sort of was squashed because I did not do well my
16 first semester and realized that I had to make some changes. Ended up actually changing
17 from pre-med to nursing. That always felt very degrading because nursing at that time
18 the profession was just [a subsequent profession]. Actually it felt very much [demeaned]
19 with my lack of self-esteem with regard to my father. I struggled and really did not [do
20 well]. It was a very difficult emotional time. This was actually a time also where I used
21 to do some self-destructive stuff. Looking back, realizing it was a cry for help in a lot of
22 different ways. I began cutting myself. Not suicidal type, but more, I think, analyzing it.
23 I was in such emotional turmoil that having something physical [pain] was a way of
24 taking that out and dealing with it. It was somewhere in the early college years where I
25 began to question on a very subliminal level wondering if there was something wrong
26 with me. Not having a label as such, but still wondering because of feeling different,
27 acting different. I'm tall so that some of my tendencies are to be a caretaker for the
28 smaller people. Things like opening doors and shaking hands before it was the custom.
29 So I had began to question why was I different? It turns out that I did end up having
30 some friends who were lesbians. It didn't really compute as being perhaps something
31 related to me also. It was not something that you really wanted to know but you think

1 that's probably the case. I was extremely naive sexually anyhow. So there was this
2 undercurrent of uncertainty about myself at the time. That stayed with me for a number
3 of years. Still between my sophomore and junior year in college ended up going back to
4 Norway for the first time since I had immigrated [and had an epiphany]. Realizing the
5 reason I felt different and it was a relief. The reason I felt different and it was a relief
6 was because I was Norwegian. The way I was acting and feeling was very much like
7 other Norwegians. So if things didn't work out in America I could always go back to
8 Norway. There's nothing wrong with me other than being a foreigner. So that was a
9 relief.

10 LC: That became kind of the explanation that you had for yourself about your
11 disquiet?

12 MC: Yes. It didn't come up again for a number of years. Maybe I hadn't quite
13 [reconciled the disquiet].

14 LC: There may have been another layer to go through yet. We can talk about that
15 a little bit as we go on. I want to ask just a few questions about this period that we've
16 been talking about. The first thing that comes to mind that future listeners may be
17 interested in is this semi-pro softball league that you were in, or team that you played for.

18 MC: I didn't know that playing softball was an early sign that maybe you were a
19 lesbian (laughter).

20 LC: Apparently it is diagnostic.

21 MC: That's what I came to find out. A high school acquaintance of mine, her
22 sister played semi-pro ball. She had seen me playing in high school and suggested that I
23 go and see her sister play ball. So invited me to one of their games. Of course it was
24 wonderful. They really were good ball players and asked me to try out. I was probably
25 14 at the time. I really had a strong arm and loved the game. I tried out and made it.

26 LC: What was the age group of others who were playing?

27 MC: Probably early 20s to mid 30s.

28 LC: Really?

29 MC: Yes so these were women who were very athletic and really fun to be
30 around. When we traveled up and down the east coast they brought their guitars and their

1 baritone yukes and so it was like every city that we went to, to play a game it was like a
2 big hoot-a-nanny afterwards. I was the team mascot.

3 LC: Sure, I bet you were.

4 MC: They were just wonderful. I wasn't old enough to drive so my mother
5 would drive me to practice and everything. She said one day, "You realize that some of
6 the people that you're playing ball with are homosexual. It's nothing to worry about, it's
7 just an illness, but just so you know that". I really didn't know what that meant. So I'd
8 been told. That was the only comment that was ever made. This would have been, I
9 think it started about 1969. At that time homosexuality was considered a mental illness.
10 My mother from her nursing and psychiatric background was familiar with that as
11 something. So that was, I think, the first and only time that we ever had any discussion
12 about homosexuality. But I continued to play ball. I never saw anything. Nobody ever
13 hit on me. It doesn't mean there wasn't some pairing up that I wasn't aware of. But it
14 was just one of those wonderful childhood experiences that made me really feel like I
15 was part of something.

16 LC: Now what was the name of the team that you played for?

17 MC: Arcade Pontiac. After the sponsor.

18 LC: Sure, that was a dealership I take it?

19 MC: Yes.

20 LC: What were some of the other teams that you played do you remember
21 anything about the league?

22 MC: I know that we played some teams in Washington D.C. in Maryland. We
23 went up to Pennsylvania and down to Virginia. So there were a number, but I don't
24 recall the league itself.

25 LC: Now did you play through your high school years? How long did you
26 actually participate?

27 MC: I played for three years. So I played through my senior year of high school.

28 LC: The league as far as you know continued on?

29 MC: Yes.

30 LC: Did you keep track of any of the friends that you had made?

1 MC: No, but many, many years later the woman who had introduced me to her
2 sister who was playing ball, she and I ended up talking again after my case became
3 notorious. So she had kept up with a few of the people because obviously one was her
4 sister. Apparently they were all doing well.

5 LC: Did you try to play sports while you were at college?

6 MC: Yes, this was before Title X. So I was looking for an outlet and I was trying
7 to practice the discus and javelin, some things like that, but ended up playing some
8 basketball, intramural. But there was no team sports as such. With the studies and the
9 playing and the drinking and partying that I was doing there wasn't an opportunity to
10 have the discipline of somebody taking me under their wing and putting me on a team.
11 So I think I regret that more than anything else, if not having had an opportunity for
12 women in those days to participate in sports.

13 LC: It was a hard one, a set of opportunities for women. An important one I
14 think. I'd like to ask you a little bit about the shift that you made from pre-med to
15 nursing. You talked about that as being as highly provocative for you personally in terms
16 of your own thinking about your career. Did the possibility of having a government
17 program to support nursing studies for you have any role in your shifting to that?

18 MC: The first shift was having to make a decision to get out of pre-med. At the
19 time I had a conversation with my mother. I was thinking about dropping out of school
20 because what else was worth going to school for? She said, "With your experience you
21 could wash glass beakers at a laboratory", or she was essentially saying you have no
22 education. What are you going to do if you quit school? Realizing that I had to make
23 some decision about that and then deciding to go into nursing it was an agonizing one
24 because of my perception of nursing, which was probably pretty real at the time: an
25 extremely subservient, it reinforced me not feeling good about myself. So I was
26 struggling during my sophomore year and doing more self-destructive stuff and drinking.
27 Still going to school but certainly just marginally. Then somewhere in there I ended up
28 meeting a woman whose sister had joined the Army as an Army nurse. That there was a
29 program, the Army Student Nurse Program where the government paid for two years of
30 college in exchange for three years of active duty. So I looked into that. I think it was
31 the beginning of a shift. "If I'm going to go into nursing then why not do that in an area

1 where you can do something meaningful?” The meaningful part being an Army nurse
2 where you would be on the frontline where the action was taking care of the American
3 soldier in need. There was a psychological shift in doing something meaningful and then
4 the ego thing also of, “I can give something back to America because of what America
5 has given to my family and my father.” Then it became self-martyrdom. So I joined the
6 Army Student Nurse program and began to really have a feeling that this was a good
7 thing for me to be doing. It had all of these higher noble causes. Psychologically
8 between joining the military and going back to Norway, on that visit, [I began feeling
9 better about myself]. My last two years of college were totally different because I began
10 to feel as though there was a sense of purpose and that it was as good one. I was going to
11 do something that was meaningful, even in nursing. So it was a very important thing.
12 The fact that I now could get paid to go to school meant that I didn’t have to work and
13 finances were not a problem because my parents were unable to help me out. It was a
14 huge factor.

15 LC: Did it also in some way impose a structure on your studies that may have
16 had some rewards?

17 MC: At the University of Maryland the last two years of college are in Baltimore.
18 At the time, it was in the slums. There was absolutely nothing to do up there. I don’t
19 think the military provided that much of a structure but I think being in a different place
20 did. So it was just more conducive. You got to see patients. So the whole aspect of
21 training changed from the class work to the hospital.

22 LC: So there were fewer distractions in a way?

23 MC: Yes and you were where you were beginning to focus your clinical work.
24 The relevance of the schoolwork to what you were going to do professionally came
25 together and were more finished.

26 LC: So it was less abstract than the early classroom work?

27 MC: Absolutely.

28 LC: Can you tell a little bit about what requirements the Army Student Nurse
29 Program made on you?

30 MC: I had to do well in school and be physically fit. I ended up doing a little bit
31 of recruiting for them also because I was the first student [1961] at the University of

1 Maryland that had joined the Army student nurse program. So there were opportunities
2 to do public relations things and have some of my classmates join and do PRs and stuff
3 and have pictures taken and things like that. The main thing for us was to academically
4 do well enough to pass and then to pass the State board exam and be ready to go on
5 active duty when all was said and done.

6 LC: Were your parents supportive of this action that you took?

7 MC: Initially they were a little concerned and talked to some of their friends who
8 were very concerned because women didn't join the military. That would mean that they
9 were homosexual or whores. So the notion of having me go in, they had a lot of concerns
10 about that. Never after the initial discussion when I decided that I was going to do it
11 anyhow. They were very supportive.

12 LC: Did that support continue for example throughout the rest of your mom's
13 life?

14 MC: Yes. She was usually sad when I was overseas because we couldn't see one
15 another. When I was in Vietnam and called her on the phone she asked me not to do that
16 anymore because it was so difficult to talk with me. But throughout my military career
17 they thought it was a good thing.

18 LC: I'm assuming that after graduation you went to the Officer Basic Course is
19 that correct?

20 MC: I had to wait until I passed my State Board Exam. So graduation was in
21 June. I think the State Board was in early July or something like that. Then I went on
22 active duty in August.

23 LC: That would be 1963?

24 MC: 1963 August. Went to Ft. Sam Houston Texas for the Officer's Basic.

25 LC: Do you remember arriving down here in Texas?

26 MC: Yes I remember the telegram that I got. Because it was so cryptic. I got it
27 on a Sunday night and it was like, "What in the world does this mean?" So I called the
28 Pentagon and ended up talking to the Officer of the Day. I knew nothing else to do
29 (laughter). Pentagon, that was government and military. He helped decipher the
30 telegram for me. I caught the next plane out of Dulles and flew down to San Antonio. I
31 was traveling in uniform, but didn't know. I knew that I had put on the brass correctly,

1 but I didn't know anything about protocol. What are you supposed to do? Are you
2 supposed to take your hat off in the airport, do you take it off outside? Are you supposed
3 to salute? How do you salute? All of this stuff. So when I got down to Ft. Sam then it
4 was getting signed in and everything, I slowly began to become acclimated. The first
5 time, there is a tradition in the military that the first person that salutes you, you are
6 supposed to give a dollar to.

7 LC: I hadn't heard that.

8 MC: It was also the time, because this was 1963 and women in the military were
9 frowned upon by men. So many times they would walk across the street so that they
10 wouldn't have to salute you because you were superior in rank to them. So it was really
11 awkward. Eventually there was that first enlisted person that saluted me that I gave a
12 dollar to and it was like this huge sigh of relief. "Oh that's over".

13 LC: Yes, it's a right of passage.

14 MC: Exactly.

15 LC: Can you tell how big the class was in your basic course?

16 MC: We probably had about 60 people or so, maybe even 90. I ended up
17 because I was the tallest in the group, ended up being a platoon leader (laughter).

18 LC: Were they clear on that as being the reason? Did they convey that to you?

19 MC: Well there was absolutely no other reason (laughter). You don't stand out
20 in a sea of green uniforms where everybody is equally ignorant other than by height.

21 LC: How tall are you actually just for the record?

22 MC: I'm a little over six feet.

23 LC: So what did a platoon leader get to do, or have to do?

24 MC: You were responsible for your troops and making sure they were there
25 properly in uniform, that they marched properly. You had drill instructors to help you
26 with that. Ultimately that they were ready for inspection and looked smart and acted
27 smart. were in the right sequence of things. It was all the military stuff that you see in the
28 movies. It was quite wonderful.

29 LC: Why do you say that?

30 MC: That it was quite wonderful?

31 LC: Yes.

1 MC: There was something wonderful about being part of a group that we were
2 representing America. We were getting ready to be “all that we could be”, if you will.
3 As the Nurse Corps we also were in competition with all of the other men that were in
4 other corps and also down at Ft. Sam. So it was, “Can we look better than them?” There
5 was a certain competitiveness that went along with working towards equality of
6 treatment. As women we really wanted to excel and not feel that we were tokens. To do
7 that, you have to compete on equal terms.

8 LC: Did you have down time such that you could have informal discussions with
9 the other women about some of these issues?

10 MC: I think the downtime was social time. We did a lot of studying. Then we
11 had a place for happy hour where we ended up talking with the guys, more than anything
12 else and doing comparison stuff. I don’t think it was a time of actually talking about
13 what it meant to be a woman in the military. Many were still focusing on not their own
14 careers, but even looking for a man. If they ended up finding a man and could get
15 married, then their obligation to military was out. You could not be a woman in the
16 military, married in 1963.

17 LC: Was any of that on your radar or were you there to charge your duty?

18 MC: I was not interested. That had never been my intent to get married. I was
19 going to be the first woman general in the Army Nurse Corps. There was nothing small
20 about my ego.

21 LC: You had that in mind as a goal right away?

22 MC: Yes. That was my early goal because there were no female generals in the
23 military at that time.

24 LC: Who was the highest-ranking officer do you know? Or what was her rank?

25 MC: Colonel. There were five women colonels all total in the Army Nurse
26 Corps. I think Hazel Johnson may have been the chief of the Army Nurse Corps at that
27 time.

28 LC: I would presume that those women were either on duty stations somewhere
29 else or in D.C.

30 MC: Yes, they were in D.C.

1 LC: Did you ever meet any of those women when you were yet at this basic
2 training level or at the advanced course?

3 MC: No.

4 LC: They didn't come out to attend your graduation or anything like that?

5 MC: No.

6 LC: Was Ft. Sam the only place that was training for the nurse corps at the time?

7 MC: Yes and still.

8 LC: And still. You had I'm sorry maybe 60 to 90 people, women?

9 MC: I think probably 90 because I think we had three platoons.

10 LC: Were any of them from your neck of the woods there in the D.C. area?

11 MC: Nobody that I know knew one another previously.

12 LC: Did you do weapons training?

13 MC: Not at that time. We were out [of that training]. I don't believe so because
14 the requirement for women to become familiarized with weapons I believe took place in
15 the early '70s.

16 LC: So that just wasn't part of the program?

17 MC: No and it was also part of the Geneva Convention that nurses and health
18 care workers and chaplains did not bear arms.

19 LC: Was that something that you were learning about during the basic course?

20 MC: Yes, we learned all about the Geneva Convention. Both military and
21 medical aspects of what we were supposed to be doing, administrative things, and
22 paperwork. The basic training that I had was 10 weeks long. We spent sometime out at
23 Bullis, which was the field area. We saw mock war attacks. We were involved in litter
24 bearing courses, triage, and we had to impregnate our fatigues because they were the old
25 green fatigues. We had to soak them in a type of disinfectant so that the mosquitoes
26 wouldn't attack. It just was so rank. We learned to polish our boots, how you get in and
27 out of a vehicle depending on your rank and who walks to the right or the left of whom.
28 All of the protocol was part of our training there. How to work in a hospital and fill out a
29 chart and take care of patients. We had some clinical time but most of it was classroom.
30 We did drill and ceremony type of things outside marching. Before the days of physical

1 training. As I'm talking today I'm trying to visualize, pulling out the memories of
2 various events that we were involved with.

3 LC: You're doing a good job. The course as you say, lasted about 10 weeks. Did
4 you have a graduation ceremony?

5 MC: Yes we did. It was outside and it was warm. All of us looked our best.

6 LC: Was that the point at which you were commissioned?

7 MC: No, because I was in the Army Student Nurse Program I had gotten my
8 commission six months before graduation.

9 LC: Were you a 2nd lieutenant?

10 MC: I was a 2nd lieutenant. Then after I went on active duty it was just an
11 additional year before I became a 1st lieutenant. It was an 18-month between 2nd and 1st
12 lieutenant. Went on active duty I already had six months in [rank].

13 LC: You were already on the clock and proceeding towards your star I guess.
14 What happened after basic? What was the next...?

15 MC: I had wanted to go to Germany because I had such bad feelings about
16 Germans in general. Having been raised where I was and realizing that I needed to find
17 out if my antagonism was real or if it was just based on my bias that I was raised under.
18 So I requested a tour in Germany. But the practice at that time was that if you were right
19 out of a four-year program you need to learn how to do nursing. So you needed a six-
20 month stateside assignment first. I ended up going to Ft. Benning, Georgia at Martin
21 Army Hospital, which was also the infantry training and ranger training, officer candidate
22 school training site.

23 LC: This would have been somewhere near the end of 1963?

24 MC: Yes. It would probably have been in early September or early October. So
25 I was then at Martin Army Hospital for six months. I worked the women's ward. Why
26 would I want to work the women's ward for gosh sakes? I was wanting to be with
27 soldiers. So that felt weird. Then I also worked with the intensive care unit for a while.
28 What they were trying to provide was clinical experience so that we could put everything
29 that we had learned in college into action and experience the things from basic training
30 about how to do the paperwork. It was an extraordinarily important time for me on many
31 levels. I learned how to be a compassionate, caring; I think a sensitive nurse. To deal

1 with also death and dying. When I was in the intensive care unit was the first time that I
2 had seen the effect of women not having the right to choose about their body. A young
3 woman in her early 20s who had two kids. Her husband was always on the go with the
4 military. She had gotten pregnant and decided that she could not deal with a third child.
5 She had used a knitting needle to self-abort and become septic and ended up in the
6 intensive care unit, jaundiced, infected, comatose and dying. It had such a profound
7 effect on me when the discussions about woman's right to choose came up there was just
8 no question that I would support that. To this day, when the discussion has come up
9 about women's right to choose a pre-term abortion, all of this nonsense, she is the person
10 that I see.

11 LC: Colonel did she actually die?

12 MC: Yes.

13 LC: Were you conscious at the time of a sort of political background to her
14 individual case? Or was it something that you'd come to think about later on?

15 MC: No, I realized it at the time also. So this was '63. The discussion about
16 woman's right to choose was really not in the forefront yet from what I recall. Because
17 I'd also had a couple of my classmates who had gotten pregnant and had asked if I would
18 help. I think a part of me always feels a certain amount of guilt of not feeling that I could
19 risk helping them. So I knew that there was an issue. Many of us at the time, we were
20 growing up sex was to be saved until you were married. So there are some repercussions.
21 You'll be sent to the Florence Crittenden Home for Wayward Girls who were pregnant.
22 All of this bizarre stuff. I thought that Jesus came about through Immaculate Conception.
23 So I was really a slow learner.

24 LC: Were there other cases from this intense period of intense practical activity
25 within the military that stuck in your mind?

26 MC: There had been a helicopter crash at Ft. Benning where we had; I believe it
27 was 10 or 12 casualties. All of us were mobilized. We ended up creating a burn unit at
28 the hospital with sheets separating each of the patients; all of us dressing in sterile
29 clothing. These absolutely charred, devastated young men in various stages of dying,
30 some being evacuated to Ft. Sam Houston where they had the burn center, and then
31 dying. It was a horrible, horrible experience; the smells, tough times.

1 LC: Did you learn things form this experience? This would probably have been
2 your first mass cal of any kind?

3 MC: I don't know, at the time that it was clear in my mind that the organization
4 and the teamwork and things that were needed to do to respond to such an emergency and
5 disaster. It could take place. I don't know that was really clear at the time. I think that
6 as I look back it certainly made an impression that we really could respond at any time
7 and any place to any situation. We had the resources to do that. I think ultimately in my
8 experience in the military where I was an educator teaching troops what they needed to
9 know to go to Vietnam. My own experience later in Vietnam and then as chief nurse of
10 setting up a mass casualty situation that involved the hospital, not external to it. We did a
11 mock casualty. The hospital itself being hit and how people would respond to it. It was
12 realizing that having the opportunity to be involved in something like that makes you
13 better for the next time.

14 LC: A little more self-confident maybe around your own capabilities.

15 MC: Yes, seeing where the biggest holes were in the field exercise that I
16 conducted then. The biggest hole was finding and being able to identify who was in
17 charge. You need to have, even if it's a simple thing like a yellow hat or something to
18 say there's the boss. Those are important but I think I am digressing.

19 LC: I want to ask you about your move on to Germany. When did those orders
20 come through, or did you already know while you were at Ft. Benning that Germany
21 would be your next stage?

22 MC: We put in requests and gave our three top preferences. When at Ft. Benning
23 actually I had a roommate. We shared an apartment, another nurse that was there that I
24 had met there who happened to be as tall as I. Ultimately I was her maid of honor in her
25 wedding. She was my matron of honor at my wedding. So I had applied to be sent to
26 Germany. When the six months was up, I ended up getting orders to go to Nuremburg.
27 That's what I did.

28 LC: Do you recall your trip over to Germany? Were you excited about going or
29 were you apprehensive, do you remember?

30 MC: The thing about the military is you don't have to worry. You've got orders
31 and you're told exactly where to report and what to do so that nothing is really left to

1 chance. You don't have to try to figure out how to get from point A to point B because
2 somebody's going to be at point A to take you to point B. So there was a certain sense of
3 excitement because among other things I had an aunt who lived in Germany. So I was
4 looking forward to meeting her, or seeing her again. This was part of the next part of my
5 journey, getting to Germany and getting to the hospital and being there was I think very
6 meaningful. One of the things that I learned that, I think persists and helps me realize,
7 that you don't escape your own biases. I certainly learned that not every German is a
8 Nazi. My hatred of what the Nazis stood for does not need to be generalized to the
9 Germans. But realizing also that gut feeling comes up first whenever there's a discussion
10 about either the war or about Germany or anybody who is German. There's that
11 immediate gut response because it came there first.

12 LC: Then you have to exercise reason.

13 MC: Exactly. I have the same thing with my bias about Vietnam. That gut
14 feeling that will come up because that's what is there first. Even my own homophobia.
15 That internalized homophobia is what will come up first when I have to make a decision
16 on whether or not to come out or to discuss something about my personal life. Diane and
17 I just got married.

18 LC: Congratulations.

19 MC: Thanks. Even little things like that. It's like who do we tell? Are they
20 going to be rejecting?

21 MC: It's not about them it's about the celebration and stuff like that. It allows
22 me, I think, a better understanding, I think, of human nature now as we are trying to sort
23 of change the social make-up and why are children and younger people aren't caught up
24 in the same homophobic responses as our generation and the older generation.

25 LC: It's a different agenda.

26 MC: We really are moving. It's just that our generation isn't. I think for that
27 reason that the move to Germany, I'm going to tie it all together now.

28 LC: That's ok go ahead.

29 MC: The move to Germany really was very important because it gave me the
30 vision then of understanding where the underlying bias comes from versus the reality.

1 LC: While you were in Germany did you have a chance or did you take an
2 opportunity to go to places other than where you were stationed and to try to get a sense
3 of the country as it was then?

4 MC: I lived off post, 'on the economy' as it was called. I had an apartment and a
5 home with a German couple. I was stationed in Nuremburg and she (my aunt) lived up in
6 Cologne. So I would travel up there to visiting them often. After Harvey and I met we
7 traveled around a lot to German cities and saw the architecture and the places and did
8 sight seeing and stuff like that. I also took two semesters of German through the
9 University of Maryland. There was a German professor who lived in Nuremburg who
10 taught the German there. So we ended up having a little social time in addition to the
11 classes; see a little bit about what the rest of the Germans lived like. By and large, also
12 spent time with our colleagues. You can certainly become isolated.

13 LC: Yes. I was wondering if you visited any of the points so notoriously
14 associated with the Nazi regime?

15 MC: Yes. Nuremburg of course was the hub. The center there, let me think, the
16 Sportsplatz was where Hitler had his big rallies and everything. You would go there
17 realizing the true shock and awe of the horror of the time and how people just had gotten
18 totally caught up in all of that horror and participating. One of my dear friends that I was
19 raised with in Norway she was stationed in Munich. She and I went to Dachua together.

20 LC: Can you talk about that experience just briefly if you would?

21 MC: Dachau was a concentration camp outside of Munich where, among others,
22 there were a number of Norwegians that were cremated and died. They had a memorial
23 there. But they also had a crematorium so that you could walk through. It's hard to look
24 at it just like a museum of some kind. For both my girlfriend and myself we wondered
25 who of our parents' friends might have ended up there. So there was a nationalism of
26 being a victim and wondering about our own connections and realizing the horror of what
27 had gone on there. It was very, very moving. Again one of those things that you don't
28 erase from your memory because it's there.

29 LC: The place itself I gather has changed over the years. I wonder can you
30 describe how it was set up? Were you able to walk in with or sort of check in or

1 government? How many people were there that day? Can you give us a sense of what it
2 was like to, kind of, visit that place?

3 MC: From what I recall it was not the entire place that was still intact. Only a
4 small portion of it. There was a statue, not a statue an architectural designed place.
5 Somehow in my mind I see some long metal spikes and going into this building that held
6 the crematorium and the oven. There were pictures of what it was like when it was active
7 and also the names of some people from various countries. It was not very large. There
8 were not a lot of people. It was like a quiet place to say the least because of the enormity
9 of what had transpired there. There were no guards. I don't think that we had to pay to
10 get in or something. It was just a place that was a memorial.

11 LC: So what was the work that you were doing at the base?

12 MC: I was at the 90th Station Hospital in Nuremburg. Initially worked the
13 intensive care recovery, orthopedic ward. The hospital was one of these huge, long
14 buildings that had about four floors on it. It must have been a barracks at one time.
15 Actually that was not true. It used to be a German hospital that was then converted to an
16 American hospital. One floor had 76 patients on it. Initially I worked on what was half
17 the floor where you had the trauma unit and the intensive care and recovery and
18 orthopedics and surgery. It was quite a mind set change. We had trauma injuries that
19 were flown in from the military training area up at Grafenwoehr which was where all of
20 the Artillery and Armor training took place right on the border to East Germany. There
21 were a number of casualties that would be flown in by helicopter. Then we would take
22 care of them up on our ward. I remember not having had trauma experience and stuff.
23 One of the things you learned very quickly was the sergeants know everything. By the
24 fact that they're a sergeant means that they've been in the military probably five to 10
25 years. Having worked as a medic they're exposed to things that we were not in our
26 training as nurses. So if you were smart, especially when you had the excuse of being a
27 butter bar, which was a second Lieutenant, you're excused for a lot of things then. So
28 you could observe a sergeant doing certain things so that you could learn yourself. You
29 could not let your ego get in the way of this because you were an officer and they were an
30 enlisted person; not giving them due credit for what they knew. It was very smart. I

1 learned very quickly how experienced they were and how professional and extraordinary
2 they were. So they were my teachers.

3 LC: Can you remember any of their names?

4 MC: No.

5 LC: Who were you reporting to? What was the command structure like for you?

6 MC: In the hospital a staff nurse, usually a second lieutenant or a 1st lieutenant.

7 In many cases the head nurse of a particular ward is a captain. Sometimes a major
8 depending on how many of each they had. So you as a nurse, you are in charge of all the
9 activities that take place on the ward. Then at the change of shifts you report off to the
10 next incoming shift with the nurse and all of the enlisted people that are going to provide
11 the care for the next 12 hours or eight hours. The nurse and the senior sergeants are
12 usually the ones that divide the tasks up. Not only the tasks but also the patients to a
13 particular corpsman or to a particular nurse. So the senior nurse is the one that is always
14 ranking and responsible for everything that does or does not take place. Then above all
15 of these, there may be for example a staff of 15 or 20 that are assigned to a ward. The
16 head nurse is the senior ranking person. This is regardless of where you are around the
17 country in terms of military hospitals, except in rare instances where a civilian nurse
18 might be assigned as a head nurse. Normally it was always the ranking military nurse
19 that is the head nurse at that particular ward. Each ward within a particular hospital,
20 there's a supervisor that is responsible for a number of wards. Then an assistant chief
21 nurse and a chief nurse that come under the hierarchy that begins with a hospital chief
22 nurse and then down the pecking order.

23 LC: At this point, were you still feeling quite ambitious about your military
24 career?

25 MC: I don't think that I had. The thing about the structure of the military is
26 because it is so structured, you will move up the hierarchy if you will very time based.
27 You don't thinking about being a general when you're a second lieutenant. You think
28 about becoming a first lieutenant. Then you think about becoming a captain. Then the
29 job opportunities are along the way. You certainly don't have the arrogance to say that
30 "I'm going to be your general".

31 LC: Without the passage of time that's not going to happen.

1 MC: I was very comfortable in the setting in that enjoyed the military and I was
2 growing and learning along the way.

3 LC: In terms of learning during the time you were in Germany, you mentioned
4 picking up things from the sergeants who knew how to get things done. Were there other
5 things that you learned during this assignment that were helpful to you later on?

6 MC: Yes. It was the first time that I actually disobeyed an order. When you are
7 raised in believing that an order is like a calling from God and you're going to be struck
8 down refusing an order, then it was a very significant thing for me. I was on night duty
9 on a medical ward. I had nearly 76 patients. I'd moved from the intensive care unit up to
10 a medical unit and there was the beginning of the cardiac care unit. This was before the
11 days where these specialty units were created. So we had three critically ill cardiac
12 patients who had fresh myocardial infarctions, or heart attacks. I was working; believe it
13 was two other corpsmen to all of these patients. I got a call from the chief nurse's office
14 that said I needed to report downstairs immediately because there had been an alert. In
15 case of an imminent attack, making sure that everybody was ready to go and that you're
16 called out from your home and they have a telephone tree and everything so that
17 everybody has to report in. I looked at my patients and I said I cannot come at this
18 particular time until I have a relief up here. She said, "Lieutenant this is a direct order". I
19 said, "I will have to refuse the direct order because of my patients". Then I ended up
20 getting two other phone calls directing me to go downstairs. What I realized and being in
21 Germany, I recall having this sense of if I had been a German I would not have done
22 what the Nazi's did. Because what I realized was that my principle and ethic would have
23 at risk whatever that personal risk was I would not defy what I believed. Ultimately there
24 was a physician that came a little bit early. I said I needed to go downstairs and report in
25 and asked him to cover the ward for me. So I went downstairs, expecting that I was
26 going to be stripped of rank and privilege and everything. By this time they had heard
27 what the patient situation was up on the ward and so apologized for putting me in a very
28 awkward position. But what I realized was that I would stand up to what I thought [was
29 right, but] at that time, was a very frightening experience of perhaps losing my military
30 career for refusing an order.

1 LC: But it did prove something to yourself. You proved something to yourself
2 about your own assessment of what had happened in Germany as well.

3 MC: I realized a whole bunch about myself that I would stand on principle
4 regardless of the consequences. Curiously that is what I ended up doing on a number of
5 occasions.

6 LC: Yes, you did, you have. Somewhere in here I gather you met Harvey. Can
7 you talk about that for a moment?

8 MC: We were introduced on a four-way blind date, a friend of a friend of a friend
9 thought that he and I ought to meet because we were both tall, and both officers and both
10 in the military. They set us up on a blind date and we dated for a year, had some rocky
11 things along the way, not that particularly interesting. At one point I decided I really
12 wasn't in love with him so I broke off our dating. He was devastated and said that he
13 wanted to get back together. I said I didn't want to see him for 30 days because I was
14 feeling like I was losing myself. When the 30 days were up he ended up asking me to
15 marry him. I really wasn't sure that I had an option. So I agreed to. At the same time
16 thinking that I had lost myself. So it was a very curious dilemma.

17 LC: Did you feel that you didn't have an option because he had asked you? He
18 had asked you so therefore you didn't have an option?

19 MC: Exactly. Yes. I was very, very naive about a lot of things. That was one of
20 them. If you don't have an excuse, it's a little bit like my father would always say no to
21 anything. Then there was no discussion afterwards about it or anything like that. I
22 remember feeling that I was not going to do that, but I was going to instead of say no all
23 the time ask myself, "Why not?" I couldn't think of a rational reason. So I said yes.

24 LC: You did actually get married to him. When did you actually get married?

25 MC: In August.

26 LC: Of '60?

27 MC: '65. We had met in August of '64. So one year later. Can you hold just
28 one second?

29 LC: We were talking about Harvey and your decision to marry him.

30 MC: I couldn't think of a reason, so I said yes. But I do remember thinking that
31 my life is over.

1 LC: Wow.

2 MC: Yet never taking that as a hint that maybe I should relook at this.

3 LC: What were the military implications of you getting married? Were there
4 any?

5 MC: At that time, the policy had changed so that women could marry and be in
6 the military. However, you still could not have children and be in the military. So we
7 had not planned on a family immediately. He had some time left on his obligation. I
8 think mine was close. I guess I had another year also. I had wanted to stay in the
9 military. We were just dealing with one thing at a time. The main implication was what
10 happens when we leave Germany? As it turned out I had wanted to go to Ft. Lewis
11 because that's where Harvey was from. So we had thought about me being reassigned
12 and going back there. So I had put Ft. Lewis as one of my next requests for duty
13 assignments. He ended up getting assigned to Ft. Lee, Virginia. So I wrote a letter to my
14 people and said that I wanted to remain in the military but I could only do so if I could be
15 reassigned with my husband who was now going to Ft. Lee. So they changed my orders.
16 I was reassigned and ended up going to Ft. Lee Virginia with him in 1966 I think it was.

17 LC: Just for the record, Harvey's last name was Hawken; did you take that last
18 name?

19 MC: I did because women did that. That was another part of feeling like I had
20 lost myself; I had even lost my name. Now when my own children marry I watch their
21 wives take my son's name and I think, "it's not a good idea". I don't say anything. It's
22 not my business at least in my mind to become Mrs. Somebody rather than to maintain
23 your own identity is I think a shame because you are raised with this other identity and
24 then to take on a different name. It was the first thing I changed when I was divorced. I
25 took my name back.

26 LC: How did that make you feel?

27 MC: When I took it back?

28 LC: Yes.

29 MC: It was like the beginning of a healing. I was lost, but now I'm found.

30 LC: If you don't mind maybe we'll talk a little more about the lost years as it
31 were. At Ft. Lee what were your responsibilities?

1 MC: I was the educational coordinator. I set up a training program. This was the
2 beginning of folks getting activated for Vietnam. I envisioned, I really didn't know much
3 about Vietnam. Didn't know much about war. I made some assumptions about what I'd
4 seen about some of the casualties. So I made some assumptions about what our medics
5 would be exposed to if they were assigned to a field unit and became combat medics. So
6 I set up a training program for them to become field medics. Even before I left, I ended
7 up having our first graduating class. So that was really very satisfying. By that time I
8 was on orders for Vietnam myself. It was like, "Sure hope you trained your troops good
9 enough."

10 LC: What about those assumptions that you made with your own experience in
11 country later on, did they turn out to be fairly accurate?

12 MC: Yes, no question about it. Without the combat or field medic those
13 casualties would never have made it into the hospitals for our care. So those field medics
14 were just extraordinary because they saved lives to bring them to the hospital. In
15 Vietnam we had the fewest casualties of any war, both in terms of those that made it to
16 the hospital in terms of survival. There's no better example I don't think than the fact
17 that people who were quadriplegic, who had neck injuries, and were unable to breathe on
18 their own being able to be evacuated. First they were taking care of them in the fields,
19 then they were bagged on the choppers and were able to be kept alive long enough to end
20 up dying on the ward because they couldn't be evacuated. So it's hard to know from the
21 perspective of the medic. I can't think of anything that we could have done in the
22 training of them to prepare them anymore than what we already did.

23 LC: Now how did it come about that you were put in charge of the development
24 of the curriculum?

25 MC: Because I was a captain. So depending on what their needs were and what
26 the rank of an incoming. There's no assumption when you're in the military that
27 anybody has any better or any worse experience or expertise than the next person. So it's
28 first come, first serve. I guess I should say that in Germany I had ended up as a nurse
29 educator for a while there also. So I had that on my curriculum vita if you will. So that
30 may have swayed them also.

31 LC: How many training medics did you have in that first class?

1 MC: Probably about 20.

2 LC: Did things go smoothly or did you learn as you went along some adjustments
3 or tweaks that need to be introduced for the next class?

4 MC: I just was there for one cycle. I don't know how they may have changed it
5 subsequently. I ended up leaving but there were other people and training medics that
6 stayed on. So I suspect that the program changed as they got to know more.

7 LC: At what point did you volunteer to go to Vietnam?

8 MC: We had gotten to Ft. Lee and Harvey was part of a new [corps]. He had
9 changed from Armor to Supply and Service because he had decided he was not going to
10 be a career officer. So they switched him out of combat arms to a support corps. He
11 became a logistics officer. Then was part of a new unit that was being created and
12 activated to go to Vietnam. His unit got orders so I went to Washington again requesting
13 that if and when my husband left or was activated, that I be allowed to go also. They said
14 not a problem. He got order, I got orders. His were cancelled and mine were not.

15 LC: How were his cancelled? Do you know what the back-story was?

16 MC: I think the unit was probably just not ready or they did not have a place yet
17 identified where they would end up going.

18 LC: But your orders had already gone through?

19 MC: Yes, mine were not cancelled. So I ended up leaving about two months
20 before his unit ended up being reactivated to deploy.

21 LC: Did that introduce stresses between the two of you?

22 LC: Grethe can you tell me about your trip to Asia?

23 MC: It's complicated. It's not just like hopping on a plane. My husband and I
24 flew to Seattle. I met his parents for the first time. We'd been married a couple of years
25 and still hadn't met and bought some property while we were here. Then he flew with
26 me to Travis Air Force Base. It was one of those strange scenarios that one sees in the
27 movies where I was on the airplane and he was on the tarmac waving as I took off into
28 the wild black yonder. There was an aura that if you went to Vietnam, you might not
29 come home. So there was a certain amount of angst again, of 'what have I gotten myself
30 into?' At the same time, there was no question that was where I ought to be, as an Army
31 nurse.

1 LC: Can you talk a little bit about that sense of duty that you had? This had
2 come up earlier.

3 MC: I think for me the military had been so important in terms of giving me a
4 direction and a sense of value and importance. Part of giving something back and
5 making nursing a meaningful profession so that going to Vietnam was the climax of it all.
6 There was also the sense of not really knowing anything about it. I had gone directly
7 from Ft. Lee a Supply and Service, laid back relatively post without any training, or
8 personal training for what it would be like to go into a combat zone or what it would be
9 like to be in war or Vietnam or anything else. So there was a great deal of uncertainty.
10 Not the least of which is, 'am I going to die over there too?' With that, then flying over
11 there were three nurses, three women on board the plane. We flew, landed briefly in
12 Hawaii and then continued on and landed briefly in Japan and then to Vietnam. We
13 ended coming into Vietnam air space when it was pitch, pitch black. No matter where
14 you looked there was just no light, which in itself was strange. Then all of a sudden you
15 have this intermittent flickering of what must have been a huge explosion. Even as we
16 were looking at it, it was wondering. We were civilians at heart, wondering what this
17 thing could be and then realizing of course, the only reason for repeated explosions like
18 that would be some sort of an ammunition dump. We were landing during Tet of 1967.
19 The ammunition dump had been hit at Long Binh. So when we landed of course we
20 heard all of the percussion, explosions around and a young man came on the plane and
21 said, "Don't worry folks. You're not going anywhere until the armed escort is here and
22 your bus arrives." It was like, "Whoa! What is this?!" It was this reality shock. We
23 then waited for a while and then got on the bus. It was hot and humid and muggy. I
24 think we women had all curled our hair so that we would look professional as we got on
25 the plane and everything. We got off the airplane and our hair went phew! Just
26 absolutely straight (laughter). So we got on the bus and there was mesh all over the
27 window. I was thinking, "Why is this mesh here?" You realize then that's probably to
28 keep out somebody throwing in bombs or grenades or anything like that. But everything
29 was new.

30 LC: You had basically no briefings on these kinds of issues?

1 MC: No, none at all. There had been absolutely no briefing. I had gotten my
2 orders and that was it.

3 LC: So you had no acculturation to Vietnamese politics or Vietnamese society
4 before you arrived over there?

5 MC: No, I do not recall even one letter of 'Welcome to Vietnam' other than from
6 the chief nurse. But certainly none that was done at Ft. Lee. While we were waiting in
7 the bus there was another young lieutenant that came and said, let me see if I can quote
8 this correctly, "You're now in a country of the unwilling, leading the incompetent into
9 something that is totally fruitless". It was like, what type of an attitude is this? We were
10 thinking that we were there to defend the South Vietnamese from being overrun by the
11 Communists so that they could self determine. Here it was unwilling, being the
12 American servicemen, the incompetent being the Vietnamese and that all of it was for
13 naught. That was the first sort of real shock of pessimism that we were faced with and
14 introduced to when we got into the country. We then took the bus through a little
15 Vietnamese town and it was just devastatingly poor with hooches and lots of kids and
16 realizing that any one of them could have sabotaged our intent to get over to the military
17 base. We then ended up at the 95th Replacement Station, which was a whole bunch of
18 hooches and tents for people who were getting ready to come into country before they
19 were assigned to their various places. Somebody came to pick them up for us to get
20 clothing, for us to get somewhat acclimated and then to move on, either coming into or
21 out of country. We three women, we ended up living in sort of women's quarters. It was
22 sort of a large outhouse. The first thing we did the next morning after we arrived was to
23 cut one another's hair. We realized this was not going to be anything other than hot,
24 muggy and miserable.

25 LC: Did you gals actually do that then?

26 MC: Yes, we cut one another's hair.

27 LC: What were the names of those two other women that you were with do you
28 remember?

29 MC: One it was Sue Dunn. The other, she would know. Is she on your list?

30 LC: No she is not, but I will invite her.

1 MC: She extended over there and we ended up working at the same hospital and
2 our connections were curious when we came back. She ended up coming to the
3 University of Washington. She ended up being a part of the same unit that I was a part
4 of. At any rate, we stayed about five days at the Replacement Station and went out with
5 some young special forces guys who took us over to their base camp and that was the
6 first time that we had an opportunity to fire weapons. They taught us. You know I must
7 have had some other earlier experience as I think about it. I must have had some
8 breaking down of the weapons and things when we were in basic training that I just
9 didn't recall when we were talking about it. When we were in Vietnam firing the M-1
10 carbine was not the first time I had fired a gun.

11 LC: So at some point earlier?

12 MC: It must have been in the military since it was not my civilian life. My father
13 didn't do it. So I must have had some training that I just didn't recall when we were
14 talking about that.

15 LC: How did you gals hook up with these men from the Special Forces camp?

16 MC: We were women and they were men.

17 LC: Got it (laughter).

18 MC: They took us off the post so that we would have an opportunity to see a little
19 bit of Highway 1 and what their base was like. It turned out they really had a second
20 agenda also because of that.

21 LC: No kidding?

22 MC: It was not sexual.

23 LC: There was an additional agenda item?

24 MC: Yes, it turns out the medics with Special Forces did not have any access to
25 medical supplies. They are not part of a regular chain of supplies so they have to
26 scrounge all of their medical supplies. Yet, they also provided all of the care for the
27 Vietnamese that were working with them. That meant that we became their resource
28 once we ended up at the hospital, which was actually what happened. They scrounged
29 and we worked with our ward sergeant to get them whatever it was they needed.

30 LC: And to get an extra flow of basic things to them?

31 MC: Basic medical supplies.

1 LC: They were without a supply line of their own?

2 MC: Exactly.

3 LC: I remember you mentioning this in the autobiography. It was extremely
4 surprising to me that they could be left with no source of materials. But that's the way it
5 was, huh?

6 MC: You wonder if it may not be set up that way in part because the Special
7 Forces never know exactly where they are going to be stationed and who they're going to
8 be with. Developing a supply line may be much more difficult than it would be for even
9 a unit that took part of something else. So there may have been the rationale that they
10 were also to try and get supplies and support from local people, people who were
11 working more with locals.

12 LC: After your time with the holding company as it were, what happened to you
13 next?

14 MC: The other line was ringing what did you say?

15 LC: I was wondering when did you actually go out to Long Binh?

16 MC: The replacement station was just a stone's throw from Long Binh. After
17 being at the replacement station for about five days both Sue Dunn and I were assigned to
18 Long Binh the 24th Evac Hospital. The 93rd was already there. Then they put the 24th
19 there also. Because at the time what they were doing was not only was this going to
20 develop into a central hub it also was that certain types of patients would go to certain
21 facilities so they could maximize the use of the resources so that the 24th Evac for
22 example had a prisoner of war ward and also the neurosurgical center. The 93rd had a...
23 specialized in psychiatric patients. So that instead of having the resources spread so
24 thinly that everything was half-assed, what they were then able to do was to capitalize on
25 the expertise of certain individuals that ended up getting assigned there. So the 24th had
26 been open I think a week when Sue and I got there.

27 LC: What was Sue's rank at that time do you remember?

28 MC: Sue I think was a first lieutenant.

29 LC: You were as you said earlier, I think, a captain.

30 MC: I was a captain; I was older and had more military experience, even if you
31 looked at the statistics of many of the nurses who were there. Certainly as the years went

1 by they were sent younger and younger because they were needed more and more. A
2 sense of locating personnel since we were on a one-year rotation. So I started then. I was
3 assigned... I was given a ward master and a [medical] ward. They said, 'be ready to
4 open this [new ward] by this afternoon.' He and I, we had met and we'd met our
5 physician who was going to be our ward physician and an empty ward. Began making
6 beds and setting it up and looking at the supplies and not having a clue. Then figuring
7 neither did anybody else. So we began that afternoon to receive medical patients of all
8 kinds and none of the experience that you have in civilian life or Stateside can prepare
9 you because you in combat end up with.... The first thing you think is, in a combat zone
10 you're going to have combat wounds. The majority of problems are medical problems. I
11 think it's something like 10% or 15 % of the actual patients end up with combat wounds.
12 So the majority of medical, like Fevers of Undetermined Origin and ruling out malaria
13 and Dengue Fever and Pices and trench foot and pneumonia and gastrointestinal stuff and
14 Malaria. I think I said that already. So there are these peculiar new diseases and
15 problems that these guys come in with. So initially we certainly knew how to admit a
16 patient and that sort of thing. Then over time you became very good at the work that we
17 did. So it was a very wonderful indoctrination. After about six months we were [I was]
18 invited to become head nurse of the neurosurgical unit. Their head nurse was leaving and
19 Don Patrick who was the chief of neurosurgery invited me over. I couldn't think of
20 anything I'd rather not do. I said that I was perfectly happy where I was. He still
21 continues to be quite the charmer. Talked about my leadership skills and said all the right
22 things and so it was again, why not? When you're flattered sometimes you don't realize
23 what you're getting yourself into. But it certainly was a challenge both from the
24 neurosurgical prospective and also from the dynamics. It was a responsibility. So I went
25 over and became head nurse on the neurosurgical unit. I think continued. That
26 experience altered I think the rest of my career and thinking about life and death. Just the
27 importance of having a vision and there were many who could not make it there because
28 of the devastation of the patients. One of the things I used to say then, I learned to say
29 very early on, that I have used actually throughout my nursing neuro career afterwards:
30 "You cannot reflect on what a person was before they were injured or had their stroke or
31 traumatic event. You have to remember what they were like when they were at their

1 worst so that everything from there becomes an improvement and a challenge that they
2 have been able to reach and succeed. Whether that be to move a finger, to make a sound,
3 to swallow, to urinate. You can't think of the fact that they may have been the cream of
4 the crop before their injury." I think for many families that over the years as I have
5 worked with families and with patients that may have offered some solace.

6 LC: Grethe let's take a break here.

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The Vietnam Archive
Oral History Project
Interview with Margarethe Cammermeyer
Conducted by Laura M. Calkins, Ph.D.
March 31, 2004
Transcribed by Shannon Geach

NOTE: Text included in brackets [] is information that was added by the narrator after reviewing the original transcript. Therefore, this information is not included in the audio version of the interview.

1 LC: This is Laura Calkins of the Vietnam Archive at Texas tech continuing the
2 oral history interview with Colonel Margarethe Cammermeyer. Today's date is the 31 of
3 March 2004. I again am on the campus of Texas Tech in the Special Collections
4 building. The Colonel is in Langley, Washington. Good morning.

5 MC: Good morning.

6 LC: Yesterday we were discussing some of the arrangements that governed your
7 service at Long Binh. I wonder if today we could start by talking about the actual
8 physical set up of the 24th Evac when you were there? Can you describe the buildings
9 and how they were laid out, how large the complex was?

10 MC: Sure. The 24th Evac, sort of by definition an Evac Hospital when fully
11 functioning was scheduled to take care of 400 patients. That was sort of by dogma, if
12 you will. When the hospital began to get set up Long Binh at the time I got there was just
13 a defoliated huge, compound that had a perimeter around it. Some roads and a prison for
14 American prisoners. Around this huge complex there were areas that were demarked as
15 being planned for certain areas. 24th Evac was the second hospital to set up housekeeping
16 at Long Binh. It was comprised of a cantonment building. They were aluminum
17 buildings that looked like if you took a can and you sliced a can long ways down the

1 middle and then turned it upside down, that's what the wards would look like. All of the
2 buildings, so they were like half a can and long. Maybe two cans long. I don't know if
3 that makes sense?

4 LC: No, it does in terms of the proportions, yes.

5 MC: It was a long building that was round and the whole structure on the top was
6 round. They had cut windows in the side that initially just had screens on them. But in
7 some of the Intensive Care areas they ended up putting air conditioners there to try to
8 make it a little better for the patients. Particularly neuro patients were very prone to be
9 compromised if the temperature was too hot. The way the buildings were set up was
10 almost in somewhat of a "J" fashion. So that the beginning of the "J" if you're starting to
11 write it, the beginning had the operating room, the x-ray, recovery and the emergency
12 room was at the tip of the rounded edge before you come to the bottom of it. The bottom
13 part of it had in the corner was the triage and emergency room. Then the continuation
14 was the headquarters building. All of them were designed as those little metal cans.
15 Then as you come to the end and go up the long part of the J there are probably 10 or 12
16 different buildings, all parallel that had each one of the wards had a different specialty
17 area. We ended up having two wards of neuro-surgical patients. Then there were four
18 wards of medical intensive care. There were convalescent wards. Then there was a
19 prisoner of war, then there was a medical holding waiting for the fellows to be evacuated
20 out. So you had this whole row of buildings that when we first got there, there were not
21 even sidewalks to get from one building to the other. I used to think the fact that there
22 was no coverage between the buildings initially also. So the helicopters would bring the
23 patients in to the heliport right over by the emergency room. They'd come into that
24 building and every time they went to x-ray or to recovery until the channels were built
25 they would have to go out side before they'd get into the next building.

26 LC: So there was some kind of connection?

27 MC: Not initially. So initially you had to take them outside and go back in. Over
28 time then there were passageways between and ultimately a covered walkway sort of on
29 the inside of the J that covered the entire area and allowed people to go from one area to
30 the other in a protected environment.

31 LC: When you first arrived there, how many of the ward buildings were active?

1 MC: I believe ours was the first medical ward to open. There were probably half
2 a dozen others that were already open. It was in the first week of being opened. So the
3 operating room, the emergency room, orthopedic room, or the surgical recovery were
4 opened. Then ours became the first medical.

5 LC: By the time you left, how many medical wards were active?

6 MC: The whole facility was open probably within the two weeks after that. So
7 we went from just very small to being fully operational.

8 LC: So there were a lot of new personnel I'm sure coming in every day when you
9 are arriving as well.

10 MC: The first few entourage of individuals almost if they had been a unit, the
11 unit arrives and sets up the hospital. But most of the personnel were fillers that came in
12 just like we did. During Vietnam it was unique to Vietnam and what they found was not
13 a good idea in the long run. People were by and large sent over as individuals rather than
14 as part of a unit. So it took a while to develop a unit cohesiveness. That also made it so
15 that people left alone, they also came home alone. There was a sort of post-traumatic
16 stress. Probably was aggravated by not having anyone to debrief with when you got
17 home or that you could check in with. There was a whole phenomenon that occurred, as
18 you got ready to leave just as the phenomenon of getting acclimated physically to the
19 weather as well as physically and emotionally to the people with whom you worked.

20 LC: And to the job with which you were presented. In your view as a military
21 professional was the one-year rotation policy an error?

22 MC: I think having a beginning and an end was probably very helpful. It's one
23 thing when you're working in a hospital as compared to being out in the field. Once you
24 develop that short timers feeling or that you have one more mission, then you get sort of
25 freaked out. Am I going to not survive this last mission? Am I going to be the last
26 person killed when I could be so close to going home? I think it has its pros and cons.
27 It's nice for those who were in the phase of being able to count the days until we got
28 home. You also being to sort of withdraw from the social component and the
29 camaraderie and the support network that you had created during this time because you
30 knew that you were leaving. There was a certain amount of guilt in that, feeling that you
31 were deserting your comrades, which is why a number of people including the woman I

1 mentioned yesterday Sue Dunn would not be surprised that one of the reasons that she
2 stayed on was because of that sense of guilt of leaving when there was so much to be
3 done.

4 LC: Did she end up extending her tour then?

5 MC: Yes, she ended up extending for six months. I extended for two but did it
6 for selfish reasons because I had arrived a couple of months prior to my husband. I
7 wanted to try to return to the States with him, which we were able to manipulate.

8 LC: Right, try to synchronize your schedules a little bit.

9 MC: Exactly.

10 LC: I want to go back to a couple of things that you mentioned about the hospital
11 area. First of all, you mentioned that the compound had been defoliated. Can you talk a
12 little bit about that and did you know at the time that heavy chemicals were being used in
13 that area?

14 MC: I think anytime you're on a military base you realize that somebody has
15 been in there with a bulldozer. It's perfectly level, there's hardly a tree growing. They
16 are building buildings in Vietnam that were not the typical terrain. So it was very
17 obvious that they were getting ready to build there. Whether or not they actually used
18 defoliants there in preparation, I don't know. I know that after we got there, they used
19 defoliants. Part of the rationale was, what I was told at any rate was, that the convoys
20 going out to other military areas would go on these very narrow roads where the rubber
21 trees were all the way up to the side of the road and they were being ambushed. The
22 policy of the day was that you could not return fire until you had permission from higher
23 headquarters. So you had convoys going out that couldn't even protect themselves. So
24 what they did in return for that was they defoliated so that it would not be such an area
25 for ambush. So all around and even around our compound at Long Binh they defoliated
26 also so that the enemy would not be able to get too close to the perimeter and try to toss
27 things over and stuff. So we knew that there was defoliation going on once we were
28 there. But as I say I don't know whether or not it was actually used to clear out the
29 military base where that was going to be set up.

30 LC: Did medical personnel pay much attention to the introduction of this
31 chemical or wonder what they were or was it just a non-issue?

1 MC: I don't think it was an issue that we were remotely aware of. Certainly it
2 wouldn't have had an immediate impact. There were so many things we didn't know at
3 that time we've come to know since.

4 LC: Earlier you also made mention of the POW wards. I just wonder if you can
5 tell me when that was organized?

6 MC: It was set up from the very beginning. Initially some of the POWs had been
7 assigned to the wards and had guards there. But it created such animosity, that's the way
8 it happened. It was not originally planned I don't think. They had POWs on the wards
9 with guards. Most of us were so angry that we had POWs there, taking and using our
10 supplies and resources when the individuals they had been in a firefight with were in
11 adjacent bunks. At one point I remember hearing that in the recovery room where one of
12 the combatants on their side was laying on a gurney right beside one of our troops when
13 he woke up from anesthesia and realized there was a Vietcong beside him he tried to
14 climb out off his gurney and attack the Vietnamese. So the policy was changed then. A
15 separate prisoner of war ward was created where all of them went after they received care
16 until they were stable enough to go to a little Vietnamese or POW hospital that we had
17 just adjacent to our hospital. It was still sort of within our perimeter. That's where they
18 would end up going until they went to the POW camp. It created an enormous amount of
19 animosity. Also I remember feeling really angry that the nurses would be working on the
20 POW ward. I think the ones who were, were ostracized in some way. They were looking
21 at those prisoners of war as human beings and we were looking at them as gooks.
22 Because we were taking care of the people that they had been in a firefight with. So there
23 was certainly tension created there.

24 LC: The staffing for that POW ward would that rotate or would there be an
25 assignment made for nursing personnel to that ward?

26 MC: That was a permanent assignment. I don't think that any of us rotated.
27 Some of us moved. You do need the stability and the knowledge that is created with
28 expertise and working in one place over a time because there are nuances of caring for
29 different types of patients.

30 LC: In the POW ward if I understand you, any POW regardless of what type of
31 injury or what care he needed would go there after surgery?

1 MC: Yes.

2 LC: So those nurses were working with all kinds of different cases.

3 MC: I think a set of specialty areas really evolved about this time. Prior to that,
4 even in nursing in the States a number of things women [nurses] were still wearing white
5 dresses and hats and were very prim and proper. The wards were mixed wards so that
6 you had all different types of patients. It was out of Vietnam that there was the
7 realization that you could use resources better by having areas of specialization. Though
8 you began with the intensive care units, you began with neuro-surgical units. You began
9 with medical intensive care units. That had a ripple effect to the civilian hospital back
10 home. It was sort of the precursor to it if you will.

11 LC: Very interesting. Do you know much about the Vietnamese hospital that
12 was somewhere else on the compound that POWs were sent to?

13 MC: It was just a very small building and ward area during their convalescent
14 days. I didn't go there. I could see it from my ward. But we didn't go there.

15 LC: Was it Vietnamese staffed?

16 MC: No.

17 LC: Did it have a unit number that was separate from the 24th?

18 MC: No I don't think so.

19 LC: So it was staffed by American or allied personnel?

20 MC: Yes, Americans.

21 LC: I wonder if you could tell me a little bit about routing of patients, American
22 troops I'm talking about who needed further care after leaving the 24th. Patients who
23 were moved out to Japan or then to the States, can you talk about that system and how
24 was it determined who would go where?

25 MC: First, when patients came into the system were seen by their field medics
26 and then brought into a hospital. To keep the hospital from being totally backlogged
27 there was an evacuation policy that people had to leave usually 10 days or 7 to 10 days
28 from the time of injury. Either they were sent back to duty, they were sent to a
29 convalescent center or they were sent out of country because without some sort of an
30 evacuation policy you were going to fill up all the beds. So usually there was a week or
31 eight to 10 days actually that our patients... Well, on the medical intensive care unit the

1 patients who had Malaria, for example, were in the hospital for about a week. They were
2 treated with their medication and then had about a six-week convalescence at one of the
3 convalescent hospitals, usually up at Cam Rahn Bay or at Vung Tau. Then they would be
4 there in recovery. They would be dressed and helping at the facility and that sort of thing
5 for about six weeks before they returned to duty. If someone came in with a fever of
6 undetermined origin of Dengue Fever or something like that they would recover quickly.
7 They'd be treated and we would return them to either limited duty or full duty. Then you
8 feel really guilty because you may be curing their medical problems and then sending
9 them back to be killed. That was certainly one of the things that I was thinking about as I
10 got to take care of some of the medical patients. In neurosurgery the patients would be
11 there for a week to 10 days, primarily because we couldn't evacuate anyone that had any
12 bone fragments in their brain. So say that somebody had a head injury, the bone would
13 break into the brain and on x-ray after surgery they still found any sort of bone fragment
14 they [the neurosurgeons] would have to go back and operate on that and remove it before
15 the patient would be back in the cycle of getting ready to be evacuated. The reason is
16 because the distance from the skull to the brain is so small, the bone fragment doesn't
17 have time to become sterilized by the time it penetrates the brain. So it becomes a source
18 of infection and a brain abscess can develop and then the patient would die from that.
19 Because the trip going out of country is so cumbersome and you can't keep them on
20 antibiotics as they're going out and sort of trying to prophylactically trying to treat a
21 potential infection. They had to be stable and be able to tolerate the move. So first we
22 had to make sure they had no bone fragments. Once that was done, all of our patients
23 essentially with head injuries were on anticonvulsants, and a week of antibiotics. You
24 usually had about three days of steroids to reduce the brain swelling and then were taken
25 off that. There was this routine that they were on to reduce brain swelling, prevent
26 infection and prevent seizures. Once that part of their treatment was done unless there
27 was some complication, they would then be on the manifest to be evacuated from our
28 facility down to Tan Son Nhut where the Air Force would take over and they would wait
29 usually 48 [24] to 36 hours before they would get on an evacuation plane to take them to
30 Japan where they would get more definitive treatment there if that was warranted before
31 they were sent back to the States to a medical facility closest to their home of residence.

1 LC: That's how it was decided where in the States they would go?

2 MC: Yes.

3 LC: Did personnel from the 24th evac stay with them down to Tan Son Nhut?

4 MC: No, we would take them from our wards and when the helicopters were
5 coming in to the heliport right over by the Emergency ward. We would take them over
6 by a gurney or put the litter on the gurney and run them across [the tarmac to the
7 heliport]. They would be flown down on Army Chinooks down to Tan Son Nhut where
8 the Air Force would take over because they had the holding area there. Then they were
9 turned over [to the Air Force]. So we would provide three days of medication for them
10 and try to make sure they had all of what they needed in terms of supplies and personal
11 belongings, things, at the time they left.

12 LC: Did you have patients on the neurosurgery ward who stayed there more or
13 less indefinitely?

14 MC: We had patients that would not be evacuated but that would stay there to
15 die.

16 LC: Can you describe what was happening with those cases to the degree that
17 you can?

18 MC: The head injury patients we were usually able to evacuate. But those who
19 had high spinal cord injuries would not be able to be evacuated. I don't know whether or
20 not that changed over time. But if someone was essentially bound to a respirator then
21 there really wasn't a mechanism to keep them on the respirator and to enable an
22 evacuation to take place. This is I think one of the many conflicts of having an
23 extraordinary medical team out in the field that gets to a patient so quickly that those who
24 would normally die survive because they may be "ambued" or bagged into the hospital
25 where they end up on a respirator and then we can't do anything for them. So in some
26 cases, there were a number of cases where we had to assist the individual in becoming
27 unconscious, if you will, by slowing down the number of respirations per minute that the
28 machine would sort of force them to take so they would slowly lose consciousness before
29 we would turn off the machine.

30 LC: Those decisions about the pace of respirations and so forth lay with the
31 neurosurgeon I presume?

1 MC: The neurosurgeon was frequently not available because he was in the
2 operating room a good bit of the time. So there would be discussions about whether or
3 not this was someone we should give another 24 or 48 hours of steroids to, to see if the
4 swelling would go down before we began to see if they could be weaned off the
5 respirator. Then the discussions took place with them or then we would say let's give
6 them another 24 hours or another 48 hours because it was very difficult decision. You
7 think these are young men who may not have head injuries, but have a spinal cord injury
8 so their brain was there and they knew what was going on. They were awake initially.
9 So to do this was just heart wrenching.

10 LC: Were their good stories too? Good outcomes that you recall?

11 MC: I think there was probably one that will stand out in my life more than
12 anything else. A young man who had absolutely lost half of his brain, devastating head
13 injury and some other wounds also who remained comatose for one month. He ended up
14 having a tracheostomy put in, which is the hole in the throat to allow an individual to
15 breath adequately and for us to be able to suction to clean out the lungs to prevent them
16 from developing pneumonia. So the neurosurgeons were amazed that he was still alive
17 after the amount of brain that they had to remove. On re-evaluation they found that he
18 was still alive and that he also had bone fragments. There had been times when he had
19 coughed out his tracheostomy tube. So we had to re-insert that. At one time there was a
20 false channel created so that he had to go back to x-ray so that he could have his trach
21 tube put in properly so that he could breathe. Then he had to have another round of brain
22 surgery. It was like, "Who was this vegetable that we were still working on?" I had a
23 habit of regardless of how seemingly unconscious a patient was I would always go and
24 tell them that we were planning an evacuation for them and they would be going first to
25 Tan Son Nhut and then to Japan and then home. So this guy had been with us probably
26 four or five weeks. I don't know what his last name was. But his name was Leroy. So I
27 went back to Leroy who had been there for this extended period of time and said, "Leroy
28 we're sending you home". He opened his one remaining eye and looked at me. I
29 thought, "Oh, my gosh." I summoned the rest of the staff because none of us had ever
30 seen him respond to anything. I then proceeded to tell him that we were going to be
31 sending him to Japan and then home. With the arm that he was able to move, he gave

1 that like circle, high sign that he understood. We just cried because we had worked so
2 long and hard on him and had such little hope and expectation. I think it will forever be
3 one of those cases where you just never give up. That becomes your belief system: one
4 never underestimate that they can't hear what's going on. Also to believe that even the
5 smallest response may mean that there's somebody home. It was just a phenomenal pick
6 up in terms of our spirits.

7 LC: I want to ask you a little bit about the other nurses working with you and
8 under you in the wards. From the autobiography I gather there was some tension directed
9 toward them as well because they worked in the "vegetable garden." Can you talk about
10 the feelings around that?

11 MC: I think that when you're working in a large facility and there are a sense of
12 'we're really good' type. There's a competition that takes place between the various
13 wards. That was also created at the hospital, who had the "best ward." Just a weekly
14 best ward competition based on the aesthetics of it and that sort of thing. There's also a
15 little bit of arrogance on the part of some of the staff who work in very, very tough
16 clinical situations. You have to have a lot of understanding and knowledge about
17 neuroanatomy and neurosurgery and things like that. I think sometimes people felt that
18 we felt a little bit elitist, not unlike our neurosurgeons. But we were good! We gave
19 extraordinary nursing care. The ward was recognized a number of times for being an
20 extraordinary ward. So there was external reinforcement also because our own
21 neurosurgeons they were extremely good, but they also told us how good we were. There
22 was a lot of reinforcement of that. As time went on, many of our nurses were ones that I
23 put up for the Bronze Star for Service, who received it rather than to have them
24 downgraded. There was continuous reinforcement that the ward was really good. But
25 part of the black humor also was how do you survive on a ward where your patients can't
26 talk to you? There's no interaction. Sometimes they are unresponsive. So the ward
27 became known as the "vegetable garden." It's not meant as a pejorative. It's part of the
28 black humor of survival. When you are tending to people who are unable to do anything
29 for themselves, what you are hoping to nurture is that something beautiful will grow from
30 that, even though you may not be around to see it.

1 LC: What was the personnel compliment on the ward? How many nurses did
2 you have?

3 MC: I think we had about 14 nurses and probably 20 some enlisted people.

4 LC: The enlisted people did what kind of functions?

5 MC: They did virtually everything that the nurses did except pass medications
6 and start IVs. They did the vital signs, the checking of intake and output, which were so
7 vital, doing baths and bed care, cleaning up the wards. This is really a primitive setting.
8 We didn't have initially running water until our neurosurgeons put a huge metal thing on
9 the roof of our building and then had a plastic pipe coming down into a sink area where
10 like with the chemistry pipes, you had a little metal gizmo that kinked the tube. That's
11 what unclamped the tube so we would have running water. Other than that, cleaning of
12 the urinals was done uniquely. We had three large containers, flat containers, one with
13 betadyne, one with rinse water and then a second rinse that everything was washed in.
14 Including our hands at times. The suction machines were World War II vintage electric
15 gizmos that had a plastic tube on the outside that we had two IV bottles, because they
16 were glass bottles at the time at each bedside. One contained a betadyne solution to
17 disinfect and the other had water so we would store it in the betadyne and rinse it in the
18 clear water before we would put it into the trach tube of the patient. We had honey
19 buckets to empty the catheter bags that we would then carry outside to be picked up by
20 the honey bucket wagon, made up of individuals who were in the prison. Then they
21 would go and clean up all of the latrines, which were outhouses probably 300 to 500 feet
22 from the ward. So when we had to go to the bathroom, we had to schlep across. You
23 never knew who you were going to sit on the john with. It was either a three holer or a
24 five holer, sometimes an eight holer, depending on where you were. So the conditions
25 were somewhat primitive.

26 LC: To say the least.

27 MC: You get used to it. Mondays were always bad because we all took our
28 Malaria pill and then developed diarrhea. So we would end up making frequent trips to
29 the latrine. Isn't this a fun visualization?

30 LC: Yes, but in its graphic detail I think it conveys a lot of what life was actually
31 like there for you. I want to ask a little bit about sexual relations and perhaps sexual

1 tension between the nurses there and the men with whom they worked, speaking or not of
2 patients, but say the enlisted men on the wards, doctors and then just on the compound in
3 general. Can you talk about that?

4 MC: There are two parts to this. One, you have to realize I was really naive.

5 LC: That's fair.

6 MC: I also had this keeping social distance for two reasons. One I was the head
7 nurse. I did not think it appropriate for you to socialize with the people that you were
8 ultimately responsible for writing their valuations and efficiency reports and things like
9 that. So that in my position I had a certain amount of social distance. Then also I was
10 married. My husband was back [in States]; he was not yet in Vietnam. I did not think
11 that people who were married were engaged in sexual activity [outside of marriage]. I
12 absolutely believed it. I was totally naive about sexual relations. I knew that some
13 people were spending time with one another but I didn't in my mind go beyond that.
14 When my husband finally arrived he was initially sent up, his unit was up north, up at Da
15 Nang. Then ultimately the entire unit ended up in the some post where I was stationed at
16 Long Binh. They moved his supply and service battalion down there. I had a very
17 progressive chief nurse who thought that husbands and wives ought to be able to live
18 together. So my husband ended up living with me, initially, in the nurse's quarters. The
19 nurses quarters there were a totally, actually, of five buildings. Four of them were
20 nurse's quarters that were wooden buildings and sort of traditional long wooden buildings
21 with cedar on the outside. But the walls only went up about eight feet. Then the next
22 two feet until you were underneath the eaves was all made with screen so that you would
23 have fresh air flowing through otherwise you would just die. The same thing was inside
24 the building so that there was initially there were no ceilings in any of the rooms. We
25 just were in cubicles. If there was noise or something going on in one of the cubicles you
26 would hear it everywhere else. When my husband came and we were living together he
27 would tell me that there was some sexual activity going on next door. I would say, "No
28 not nurses." And he would think that I was absolutely crazy, not realizing what was
29 going on. It wasn't until I came back to the States that I realized that some of my
30 colleagues had gotten pregnant and some had even married the physicians with whom

1 they had affairs in Vietnam. There was this, “Oh, maybe they did have sexual relations.”
2 I was very oblivious.

3 LC: Grethe, did you observe tension between men and women that stick with you
4 now that maybe had less to do with sort of harmonizing around with sexual difference
5 and more to do with tension about it?

6 MC: I didn’t see it. My own experience getting hit on was early after I got there.
7 The hospital had just opened and we were expected to come to a General’s reception.
8 There was a bus that came to pick us up and we went way over to the other side of the
9 military base at Long Binh. There was a party and we dually reported as the round-eyed
10 women that we were considered at that particular time. I didn’t find it to my liking. So I
11 went back and sat on the bus. While I was there, there was a guy that came and tried to
12 entice me into becoming involved with him. It was a very uncomfortable time because I
13 was not used to that sort of a come on. The inference was if you were women in a
14 combat zone you were free game. There was an expectation that the guy’s thought that’s
15 what you were there for and that’s what you were wanting also. So I did not go back to
16 any of those events. I was married I was not interested. I found it rather annoying.

17 LC: What was the name of the chief nurse that you referred to who allowed you
18 and Harvey to live together?

19 MC: I believe her last name was McCloud.

20 LC: Was she there the entire time you were there?

21 MC: No she had come in early; she may have been part of the original group that
22 helped build the group and that sort of thing. I know that when she was beginning to
23 open the hospital she refused to allow nurses to be assigned until the nurses’ quarters
24 were adequate because she did not want the nurses living in tents. Thought they ought to
25 have safer quarters, which I think was probably a very smart thing. The enlisted men and
26 physicians ended up living in large tents, I think eight persons to a tent. They made them
27 really wonderfully nice, but they didn’t have the luxury of privacy that we did. I think
28 that as women under this sort of tension you probably need to have some thing more than
29 canvas protection and having talked to a number of other women who had been there and
30 having been raped and feeling powerless that she was a very smart and wise chief nurse.

31 LC: Who replaced her? Do you remember?

1 MC: No.

2 LC: Were there particular medical problems or diseases that the medical
3 personnel themselves, the nurses particularly were at risk for? You mentioned that y'all
4 had to take Malaria pills. I wonder about things like Hepatitis or other problems like
5 that?

6 MC: I think there were a couple of the nurses that were evacuated home but there
7 wasn't any discussion that I recall or concern about specific diseases that we might catch.
8 I think that we did sort of routine care of ourselves like hand washing and things. I don't
9 recall that there was this sense of contagion. I think part of it was that we were so
10 fortunate in having water and begin able to bathe and to be clean as compared to our
11 casualties and our soldiers who were sick and wounded who came in from the field,
12 hadn't had a bath in 10 days. When you do the comparison stuff it's like nothing.

13 LC: Were there any reports of sexual assault while you were there that came to
14 your attention?

15 MC: I did not hear of any.

16 LC: I'd like to also ask you about the enemy for a moment. Were there attacks
17 on the Long Binh compound while you were there, aside from Tet, which we can talk
18 about separately?

19 MC: There was a lot of perimeter activity and a lot of concern that the
20 Vietnamese who worked for us during the day both in caring for our personal things in
21 terms of washing our fatigues and ironing and cleaning our hooches and things as well as
22 those who worked at the hospital itself, the potential of them leaving booby traps I think
23 there was an undercurrent of anything is possible. That said, in light of the terrorism that
24 we're experiencing today, we had the tension of the time but there were few incidents by
25 comparison. But we did have nightly there was activity along our perimeter. So the
26 sound of fireworks now where sort of flashes on the flares that were going off all night
27 essentially around the perimeter. You ended up trusting your perimeter guards, but at the
28 same time particularly working in a hospital is feeling very vulnerable because if
29 something should happen we didn't have any way to defend ourselves. I think out of that
30 is why nowadays the new makeup of hospitals at least the last time I was looking at it, we

1 were setting up a hospital or recruiting for a hospital was that we had 333 staff and 332
2 weapons that were to be issued to everyone other than the chaplain.

3 LC: That's interesting. That was roughly when?

4 MC: That was just pre Iraq-I. So it would have been about 1990.

5 LC: Were there particular weapons that were in use by the enemy whose
6 destructive effects you saw and were particularly I don't know, moved or appalled by?

7 MC: We had so many. I guess two things. One is I rarely saw the initial injury.
8 By the time they came to us when we were in surgery they had already been filleted and
9 had already had their brain surgery or their spinal surgery or whatever it was so they were
10 neat and clean by en large. I think the multitude of wounds that one particular soldier
11 would have I think was the extraordinary part of it all. It wasn't just the head injury. It's
12 not; you know these kids when they're out and doing drive-by shootings and things. You
13 have a single injury and it's bad. But with ours you had a lost limb, you had fragment
14 wounds all over the body that had to be cleaned up and debrided. You had the head
15 injury. You had this multitude. You may have had an abdominal injury on top of it.
16 They may have had a chest injury so they may have had a chest tube. So to have
17 somebody with just a head injury was unique and actually wonderful.

18 LC: Much less stressful?

19 MC: Yes, because for example if somebody had an open wound, they didn't
20 close it because that would risk infection. So many of the casualties that we had were
21 ones that the head injury was taken care of. They had a nice white head dressing and you
22 could roll them over on their stomach, for example, and their whole back would be
23 exposed. We would have to clean and then after some days would end up gradually
24 having to pull and sew them together again. I did a lot of suturing of what's called
25 secondary closures of patients after three days or so. You use this wire, this heavy gauge
26 wire to pull the skin and subcutaneous back together. Sometimes it would take days
27 because there was a maximum amount of lidocaine we could give to someone before it
28 was considered major surgery. We couldn't do major surgery so we had to do many
29 minor surgeries.

30 LC: The purpose of the lidocaine just for those who don't know would be?

1 MC: That's a local anesthetic and is injected just underneath the skin and then
2 numbs it. A little bit like going to a dentist and having lidocaine.

3 LC: Something that you mentioned earlier, peaked my interest when you were
4 talking about suction machines and the ones that you were using were really World War
5 II vintage. I think it raises a larger question about the state of technology that you were
6 working with. Can you for example compare I don't know the ventilator technology, the
7 suction technology to what's in use now in the early 21st century?

8 MC: No, you can't (laughter). The old stuff, it was so primitive. The suction
9 machines for example were about one foot in length and about eight inches wide. It had a
10 handle on it. It actually looked a little bit like a lawn mower motor. The end that had the
11 suction in it, you just sort of stuck the suction catheter on the outside. We reused suction
12 catheters for probably 24 hours. Nowadays you have a new suction catheter every time
13 it's used.

14 LC: What was the catheter actually made out of?

15 MC: It was either a plastic that was similar to the plastic of IV tubing. A little bit
16 wider or larger than the IV tubing. Sometimes if we ran out of that it would be rubber,
17 similar to what in the old days one would use as a catheter for the bladder. So we did
18 have sterile equipment so that our things were all saved and went back to be sterilized
19 and to be reused again. That was in our central materials section, they did that.

20 LC: For example, can you describe that machine?

21 MC: We had one that was called a Drager, d-r-a-g-e-r, which was probably 1950,
22 1940 vintage. I remember seeing one when I was going to my nurses training the last two
23 years, '62 and '63, which was a big apparatus that was put underneath the bed. It was
24 mechanical and so every time there was a breath that was to be taken the machine sort of
25 clunked and made a huge clunking sound, clunk, clunk, clunk. So every time there was a
26 breath it just resonated throughout the ward. The ward was an open ward. There were no
27 private rooms or anything like that. So you could look and hear everything that was
28 going on throughout the ward. It was a very monotonous hypnotizing sound. You
29 realized another breath was being pumped into this young man that was absolutely
30 frightened and helpless in his state because respirators were only used on those people,
31 first if they came in alive, that had high cervical injuries because it's in the high part of

1 the neck, the breathing center is controlled. The reason for putting them on a respirator is
2 there may be that there was so much swelling in that part of the brainstem that giving
3 them 72 hours or so for the brain swelling to go down, may allow them to still be able to
4 breathe on their own. For this particular young man I'm talking about now who was on
5 the drager, he never got to that point. We realized there was a huge psychological thing
6 for the staff for this young man and other patients who might be awake, to just cut the
7 machine off. So we took him off the Stryker frame, which is the sort of frame where you
8 put the patients with spinal cord injuries. You lay them on this platform that you can then
9 put another platform on top of them to roll them over to keep them from developing
10 bedsores. That was commonly where they were situated. We realized that this young
11 man was not going to go anywhere. So we moved him off his Stryker frame into a
12 regular bed and then switched him from this Drager, this huge contraption to another type
13 of respirator, which was called the Bird respirator. It was a green box about the size of
14 the suction machine actually that was one of the first portable respirators around that you
15 could adjust both the oxygen flow and the rate and the depth of respiration. Then we
16 would gradually turn that down, lower and lower so that he would drift into
17 unconsciousness before we turned the machine off. Part of that was for him, but certainly
18 part of that was for the staff and whatever patients might be aware of what was going on.

19 LC: Grethe, did you at different points perhaps have to give some kinds of
20 medication to patients who were aware of what was happening but were extremely
21 agitated and upset that they were on a breathing machine? Did you have to calm them
22 down, pharmaceutically sometimes?

23 MC: I don't recall that we ever used pharmaceuticals for this.

24 LC: How did you calm them down? Did you go and talk to them?

25 MC: We certainly tried to be there. This particular young man for the three days
26 that he was alive would cry out every time a breath was pushed into his lungs, "Help me,
27 help me". We tried but we also ended up trying to stay away because it was too
28 emotionally painful for all of us also. But never medicated. We used the respirator. He
29 was the only one that I would call really agonizing.

30 LC: Grethe, I want to ask you about the Vietnamese doctors that you came into
31 contact with. First of all, did any Vietnamese doctors come and visit your ward?

1 MC: Not that I recall.

2 LC: I gather from your autobiography that you did go and visit Vietnamese
3 hospitals and try to give them some sense of neurosurgical nursing technique?

4 MC: When we had days off, our neurosurgeons would go down to Cho Lon
5 Hospital down in Saigon to try to teach the [Vietnamese] neurosurgeons how to do
6 certain procedures. We decided that if they were going down there for the procedures,
7 perhaps we should take advantage and see if there was something that we might be able
8 to do to follow up with the nurses.

9 LC: This was sort of on your own recognizance you were doing this?

10 MC: There were lots of MedCAPS as they were called. People in the health care
11 industry would go out into villages, usually with some medics who had been in certain
12 areas and identified that there were villages in need. So doing outreach was part of what
13 people wanted to do for sanity and for something positive rather, particularly for children.
14 I don't know, for some reason, that was not what I was interested in doing. I was
15 interested in following up with the neurosurgery and those patients and it ended up that a
16 number of us from our ward went down to Cho Lon where we began trying to provide a
17 little nursing exchange. The reason I'm hesitating a little bit is trying to put myself back
18 there.

19 LC: Sure, that's ok.

20 MC: We went down for many months following up with the neurosurgical
21 patients. But it became very clear that how they ran their hospitals and businesses was
22 very different from ours.

23 LC: Can you talk about that?

24 MC: At one point after we had been going down there, we invited them to come
25 up and spend a day working with us. So I'd set that up so they would work in different
26 wards in the hospital. They petered out after two hours. They'd have to take a four-hour
27 siesta and then they came back and put in a couple of hours afterwards. You can't do
28 that. But that's how they did business.

29 LC: Was that frustrating for you?

30 MC: We realized that we had a cultural difference. When I was talking with the
31 USAID nurses, who were doing the teaching down there, what they were teaching in their

1 classes, was very different than the practice of what was going on was like. For example,
2 the hospital was huge. There were two sometimes three people in one bed that was the
3 size of a twin bed. You realize that not only are the people small, but when you have
4 amputations or when they're used to sleeping on the floor without anything that this was
5 still an accommodation for them. The caregivers were their families. They sat around
6 the bed and cooked for them or slept underneath the bed on a concrete floor. The
7 medications were ones that the doctor would write a prescription, the family would go
8 out to a local pharmacy, buy the medication bring it back to give to the nurses who then
9 distributed back to the family with a whole day's dose being given at one time, for the
10 family to distribute as they were able to. It was like something that we would think of as
11 occurring during the Crimean War. I remember a couple of things were very vivid to me.
12 One is having to do with catheter care. In our society we are very careful about not
13 introducing a non-sterile catheter if you're going to catheterize somebody's bladder
14 because of the risk of infection and complications and all of that. Well they had nothing
15 that was a sterile technique. They just rinsed the tube and put it in one person. When
16 they got done, they pulled it out, rinsed it off and put it back in again. The water that
17 they used was not clean because they didn't have a water purification system, other than
18 the one we built, but it wasn't hooked into their plumbing. They had no concept of what
19 footboard was.

20 LC: Can you say what that is?

21 MC: Yes, after somebody has had a back injury or a back surgery or something
22 they are at risk for losing some of the muscle tone in their feet, especially if they have
23 nerve damage. Their feet drop down, to try to prevent these secondary post-operative
24 complications if you put a board down at the end of the bed so that the person can have
25 their foot in a normal walking position, standing position.

26 LC: At 90 degrees.

27 MC: At 90 degrees so that instead of having to deal with possible contractures or
28 freezing of the joint they are in good anatomical position for when they get up out of bed.
29 Having things to protect the heels to prevent bedsores or irritation. The very basic, even
30 turning and log-rolling so that person is turned from one side to the other to get off their
31 back, but done in such a way so that they are turned as a log rather than to have first one

1 part of the body and then a torquing of the lower part of the body. It just maintains good
2 body alignment. They had no concept of those things. As we were working with them to
3 try to develop some of these basic skills over a period of time realized there was a certain
4 amount of futility in doing that. I stopped after a number of months realizing this was a
5 cultural clash. I'm not sure exactly when it occurred along the way. It may have been in
6 association with a young five year old who had a back injury and became paralyzed, was
7 a patient on our ward. The father came in very distressed, demanding that we make the
8 boy whole so that he would be able to walk again. When we found out that was not
9 going to happen, and the father found out, he left. Because he could not take home a boy
10 that was not whole. When you think about it, there was no place for a paraplegic to be
11 able to get around in a country that had no wheelchairs, roads or sidewalks or anything.
12 You can't very well go in the rice paddies on your knees if you're a paraplegic. So if he
13 wasn't whole, he might as well be dead. I think some of that had changed but it sounded
14 as though it was still part of the culture.

15 LC: What happened to that child? Do you know?

16 MC: They did have a rehabilitation center down in Saigon. He ended up being
17 transferred there, though I would not think that his prognosis was very good. He had a
18 fairly high from what I remember thoracic injury. So that was high up in the chest area,
19 meaning that it wasn't just his lower legs, but also that he had weakness in his trunk and
20 would need some high braces or support to be able to get around if he was going to try to
21 ambulate.

22 LC: Was it your sense that the injury was caused by some sort of fire exchange, a
23 rifle?

24 MC: It sounded as though this was something we may have been responsible for.

25 LC: Let me ask you about the USAID nurses who were working down at Cho
26 Lon. Did you absorb from them or get from them a sense of the frustration they were
27 experiencing encountering the kinds of problems that you have described out there at the
28 hospital?

29 MC: They certainly were aware of the frustration in terms of our standards. That
30 doesn't necessarily mean. They had adapted, if you will, so that they realized that there
31 were cultural differences but at the same time what they were contributing but at the

1 same time nursing care would come in small increments. So they figured out what was
2 going to work for them, for them to feel that they were doing something useful. They
3 thought that it was significant what they were doing, which of course it was.

4 LC: Do you remember any of them particularly, their names or where they were
5 from?

6 MC: No.

7 LC: How many were there?

8 MC: There was a nursing school that they ended up forming down there because
9 there was a graduation I think that I went to where they were probably 20 or 30 nursing
10 students.

11 LC: The hospital itself was civilian institution, not part of the Army of the
12 Republic of Vietnam?

13 MC: Yes, this was a civilian hospital.

14 LC: Did you at Long Binh have visitors from ARVN who came to inspect the
15 24th and perhaps learn something from it?

16 MC: I think our surgeons periodically had people that came to work with them
17 when they were doing surgery. We did not have anybody. I guess we did have some
18 people that came by not to inspect as such but to observe. The prime minister was by.

19 LC: Who would that be?

20 MC: Nguyen Cao Ky.

21 LC: Nguyen Cao Ky, he came at some point?

22 MC: Yes, he came at some point and he gave gifts to us. I ended up getting one
23 of those gongs. Sort of a black gong with a bell in it. Very typical of Vietnam. I had
24 that for many years. I actually got a replication of one here in my home now.

25 LC: Did he actually walk through the wards?

26 MC: Yes.

27 LC: Did he walk through your ward?

28 MC: Yes.

29 LC: Did you spend a moment talking with him?

30 MC: Probably not. Usually what happens with inspections is that the guests are
31 walked through by the chief nurse and the hospital commander. In some cases the ward

1 master or the head nurse would greet them as they come on to the ward and only respond
2 if there were direct questions.

3 LC: Either at his visit or just in general if you can say, did you have ARVN
4 casualties on the ward as well as American forces?

5 MC: We had a few, but not very many. I think we had a few early on. Then
6 something must have changed in terms of where the casualties went.

7 LC: Civilians, you mentioned the youngster who came in about five, were there
8 other children?

9 MC: There were other children in the hospital and in one case actually at the 24th
10 there was a young orphan that was brought in and cared for who was ultimately adopted
11 by one of the sergeants and brought back to the United States.

12 LC: No kidding.

13 MC: When we had our reunion, our first reunion about 1992 or '93 she was there.
14 For the first time was able to meet a lot of the nurses who had cared for her when she was
15 an infant.

16 LC: How old was she?

17 MC: Now I think she was about 28.

18 LC: At the time you were there just a toddler?

19 MC: I think she was about three or four months old.

20 LC: Just a very, very young baby. What was that like to see her all grown up?

21 MC: She was not on my ward. I'd heard about this infant but had not been
22 involved with her care or anything. But I remember some of the staff being absolutely
23 taken by this little infant when you think about it in the midst of this horror of war there's
24 something positive. I mean this may sound a little tacky, but it's like having a little
25 puppy coming in with all of it's innocence and wonderment about everything and not
26 realizing what a horrible world they have come into right then.

27 LC: Grethe, I want to ask you about working with Graves Registration. This was
28 something that you mentioned in the autobiography. I wonder if for a moment you could
29 just tell us about the disposition and arrangements when someone did die on the ward?

1 MC: Not that I denied death, but rather that I dealt with it in my own way I think.
2 It was a little bit like if we don't say that they're dead, maybe they're not. Maybe there'll
3 be sort of a resurrection.

4 LC: I remember the description that you wrote about this. It's actually quite
5 moving. I think not without ground, strange things happen.

6 MC: After Leroy, and him seeming so dead, and doing this 'hi' sign and stuff.
7 Having seen some movies so the imagination takes over. There was also this sense of
8 sadness and of feeling that you don't want to just block somebody out as though they
9 didn't exist by covering them. I'm not sure if that's what you were thinking about. What
10 I developed I guess was my farewell to whomever, was that I would be the one that
11 would go in and do sort of the final preparation of the body if you will. Taking out the
12 tubes and positioning them. Also sometimes talking to them. Sometimes just wanting to
13 do some closure stuff. I could never bring myself to cover their face. So would just have
14 everything in place so that when they came from Graves Registration, which is an
15 extraordinary group of people who deal with the remains of people who have died. So
16 they would come over and we would move the body onto their gurney from the bed, but
17 they still weren't allowed to cover. It wasn't until they left the ward that the face was
18 covered. Just wanting to make sure that we hadn't made a mistake. I think also out of
19 respect.

20 LC: You said that the people who worked in the registration office were
21 remarkable? Can you say something about how they treated their job?

22 MC: From talking with them from time to time, all you see is death and mangled
23 bodies, having to deal with only the dead and dying. These are young people doing it and
24 they were young people that they were taking care of. I know that field medics don't
25 understand how hospital, medical personnel can survive and do the work that they do on
26 a continuous basis because all they see everyday is people that are sick and wounded and
27 maimed and dying. I guess I would say the same for those in Graves Registration of the
28 extraordinary tenacity they had to have to every day deal with the remains of the dead.
29 Sometimes they would come in, in pieces. They had to make sure they were identified
30 and that their belongings were there and that they were in a body bag and ready to be sent
31 off. We certainly were grateful that they were there, but also in awe of their experience.

1 LC: Grethe, let's take a break for a moment.

2 LC: Grethe, what do you recall about the Tet Offensive in 1968 at Long Binh?

3 MC: There had been a gradual build up. I think that we had gotten warning they
4 were expecting something was going to happen. In the course of the time that we were
5 there, there were times that we had more casualties than others. During the time of lots
6 of casualties, depending on how many staff we had, sometimes on some wards they had
7 the nurses stay on eight hour shifts and the enlisted people go on 12 hour shifts because
8 of the work load and everything. I didn't happen to think that was good practice. So
9 when your workload got really heavy we all ended up working 12-hour shifts. It's like
10 you don't treat people differently. We all have lots of hard work to do. But as an aside,
11 during Tet in the dining hall every day there would be an official newspaper clipping I
12 guess or an announcement of the body count of the day, what was going on throughout
13 the country. I actually saved those pieces of paper because it was foreign that we would
14 know what was happening throughout the country. It was almost as though they wanted
15 us to get the real "skinny," what we might be hearing from other sources was not
16 accurate. So day after day, Tet lasted a long time. It was several weeks of war and
17 casualties. As the counts came out I believe that during the time that I was there,
18 including the Tet of '68, nearly 50% of all casualties that we got as a result of Vietnam
19 took place during that time period. So it was an extraordinarily tragic time for everyone.
20 You just worked around the clock. That's not true. We worked about 14 hours a day,
21 every day. You were sent home because you were cross-eyed. It was intense. I don't
22 know how else to say it. It was almost as though everything that you had built up for in
23 terms of experience and workload was culminated during that Tet Offensive. I don't
24 recall feeling particularly frightened. There may have been more perimeter activity
25 around. It's possible that my sense, that I have now, of feeling powerless, if you will, in
26 the event that we were attacked. How can you protect your patients if you don't have
27 weapons to protect them with? You know a mattress doesn't do. It's possible that my
28 recollection about that feeling came out of the stress created during the Tet of '68. I can't
29 really sift that out. But certainly it was the busiest time that we had. Lots of casualties
30 and lots of movement of people in and out.

1 MC: Was the triage protocol that was being used before Tet, can you describe it
2 and also did it continue to be used during that period of intense inflow of casualties?

3 LC: Triage is a term that's used differently in civilian life from the military. In
4 civilian life, triage is sort of sifting through to determine who is the most needy, the
5 sickest, the one that's most apt to die so that they get care first. Those that don't require
6 as much or that they are not going to die immediately if they don't get care, they would
7 be taken care of in their priority. In the military, the purpose for triage is to as the cliché
8 is, "to preserve the fighting strength." What your goal is you save the people that you are
9 most apt to be able to save and to have return to duty. The others will be sort of put in a
10 holding area. If the resources are there, they would then receive the care. The
11 emergency plugging holes and making sure that somebody doesn't bleed to death would
12 be done. More definitive care would be done for those that you have a fractured arm that
13 needs to be set so that they can come in and get out of the hospital. That's exaggerating a
14 little. So your goal is to take care of as many as you can, as quickly as you can to be able
15 to return as many as possible for more war. That policy never changed because the
16 military is very focused on that. I think at that time, we ended up having some patients
17 that instead of waiting to go to the operating room in the triage area, would come over to
18 our ward since they were going to have surgery. We would hold them in our facility or in
19 our ward rather than in the holding area. There would have been more people that were
20 in the not treated because they had more casualties during triage or during the Tet. Other
21 than that I'm not aware that they changed their *modus operandi*.

22 LC: Is it likely that during this huge push with the mass calls that were coming
23 there men that did not have neurosurgery right away because it was unlikely they would
24 recover in any event who otherwise in a less busy period might have had their surgeries
25 right away and come to the neurosurgery ward and then eventually probably expire?

26 MC: I'm not sure that the death rate during Tet was that much different than any
27 other time period. I don't know that. With neurosurgery you can only do as many cases
28 as you can do. I didn't know of any increase in deaths because they had to wait
29 particularly. I can't speak to that.

30 LC: Do you have an approximation as to how many patients came in to the 24th
31 during the period of Tet which as you know lasted a couple of weeks?

1 MC: I may have that someplace, but I don't have it off the top of my head.

2 LC: Were you watching the news in any way? Did you have access to news?

3 MC: Interestingly we did have a television. My husband was responsible for
4 creating married quarters at Long Binh. Originally we lived together in the nurses'
5 quarters. That gets to be a little awkward. We were one of a few people who were
6 married and whose husbands or wives were also in Vietnam. We felt that to flaunt that
7 was probably unfair to everyone else who was dealing with loss and separation. So he
8 ended up getting married quarters built for five couples. So we moved over there and
9 that put us out of the main stream where everybody was located.

10 MC: What was your question?

11 LC: I was asking about news, your access to news.

12 MC: We ended up having a television set that we were able to get some channels
13 and it wasn't MASH. But there was a program called *Combat* that we saw. There was
14 also the news that we got from home. We ended up realizing that what we heard via the
15 television was so erroneous. I had been told that our hospital in Long Binh had been hit
16 from letters from home. That had never taken place. So our trust in the press sort of
17 went down the tubes, which I think was one of the reasons why they provided the
18 newsletters, the updates of what was going on during Tet so we would know sort of the
19 real skinny.

20 LC: Those are the papers that you saved?

21 MC: Yes.

22 LC: Do you still have those?

23 MC: Yes.

24 LC: You mentioned the larger issue of your trust in the media reports. Did you
25 ever notice journalists out visiting the 24th Evac or even more broadly on the compound
26 anywhere?

27 MC: The only people that I noticed were when celebrities would come by the
28 ward to visit our troops and things like that. I don't recall, I don't know, that they came
29 by and did those sorts of humanistic stories that they do nowadays. They were more I
30 think, embedded with being out where the combat was rather than where the casualties
31 were.

1 LC: You mentioned that you moved over toward the married quarters which were
2 pretty much set up by Harvey and that there were five other couples. Did that kind of
3 then become your social set as it were or people you spent time with?

4 MC: No. They worked on different wards and we were too snooty. Harvey and I
5 had sort of dual responsibilities. He was the adjutant of the Supply and Service battalion.
6 I, as his wife, would sometimes accompany him to unit events that he had. Even or when
7 we were in the married quarters we ended up having parties for my ward staff at our
8 hooch because he had access to food and steak and lobster because he was in supply and
9 service. So we would have parties and invite both the enlisted and the officers to join us.
10 It was a little bit out of the ordinary but I thought it was the right thing to do because we
11 had such an extraordinary staff. The other place that we did at least before Harvey joined
12 me there was an Officer's Club that was on the compound where our hospital was
13 located. I would go there from time to time also.

14 LC: Can you tell me about the celebrities that you mentioned? Who actually
15 came to visit that you recall?

16 MC: The one that comes to mind is Chuck Conner. He was "The Rifleman".
17 The reason that I remember him was because many people thought that he and I
18 resembled one another because of our high cheekbones. He was tall and I'm tall. So I
19 don't recall who else, whether it was that woman that answers the questions, Abby. I
20 cannot recall. The only other celerity that I remember was Martha Reye, when she came
21 and performed "Hello Dolly" and said to us that the protestors are not worth the salt.
22 There was something about, "they are not worthy to polish your boots." The whole place
23 of 20,000 people went absolutely crazy with that. Probably 15 years later, Martha Reye
24 came to a Dining Out that we had with the hospital unit that I was chief nurse for in
25 Oakland, California. I was able to thank her publicly for the support that she had given
26 us. So that was special.

27 LC: What was your impression of her either when you were there at Long Binh
28 or later in Oakland when you had a chance to actually speak with her?

29 MC: Just one of these very down to earth. She was a nurse and had been
30 wounded over there and really cared about. Just you'd like her as your neighbor or

1 somebody that you worked with. She liked and respected the work that we did. So it was
2 a mutual admiration.

3 LC: Was that a USO show that she was performing at?

4 MC: Yes.

5 LC: Was it at Long Binh?

6 MC: Yes.

7 LC: Do you remember anyone else who was on the bill?

8 MC: Not on that bill, but Bob Hope came over at Christmas time and did his
9 show.

10 LC: What did it mean to you and the nurses who worked for you to see people
11 come over these are civilian entertainers who clearly did not have to be there? Was it
12 important to you in anyway?

13 MC: Not to me particularly I think we were a little unimpressed by in large
14 because we were dealing with the remains. They were coming over for show and tell and
15 publicity. So I don't know at least on a ward basis it would be perhaps a different thing if
16 you were out in the field. I'm not a patient so that's very different.

17 LC: You mentioned earlier that Ngyuen Cao Ky came to visit. Did members of
18 the American military or political leadership come to Long Binh that you remember? For
19 example General Westmoreland?

20 MC: It was not infrequent that generals would come by to talk to their troops and
21 thank them for their service or to pin Purple Hearts on them while they were in the
22 hospital. So that was a common occurrence. So we were very used to the general's
23 coming.

24 LC: Were their politicians who visited? Senators or congressmen, that kind of
25 thing?

26 MC: I don't know. I suspect that there were. It was just in our ward was
27 probably going to be the least visited because of the severity of the injuries and the lack
28 of responsiveness of our patients. So it may well have been that they have been diverted
29 elsewhere.

1 LC: That makes sense. Were you pursuing any other kind of civilian assistance
2 programs while you were there? You mentioned the MedCAPS earlier, but I wonder if
3 you did anything on your own?

4 MC: Other than going down to Cho Lon for several months. Most of my time
5 was spent at my own hospital. Occasionally I would take off and go over to an old
6 French resort. It was like a French military base that had been converted to a safe retreat
7 for Americans. They had a swimming pool there. It was a way to get away and they had
8 trees and grass and the most wonderful French bread that they made at the little restaurant
9 there. It was almost like an old type, perhaps Mexican hacienda type, only it was French
10 and it had a swimming pool.

11 LC: Now did you and Harvey go there together if you could?

12 MC: No, I don't recall that I ever went there with Harvey. But especially before
13 he got into country I would go there sometimes on my days off.

14 LC: I think you mentioned earlier, I think yesterday you had called home. Did
15 you make those kinds of phone calls with any regularity?

16 MC: No I think they called it the MARS program. On one occasion shortly after
17 I got there I called my mother, but the whole system, it goes through various operators.
18 Every time you're done you have to say "Over" so they can switch and open up the
19 channel for the other person to speak. So it was little cumbersome because my mother
20 and I always spoke Norwegian to one another, then to have to suddenly switch into
21 English and say "Over". My mother was also extremely sentimental. It was such a
22 difficult conversation for her, just the fact that I had called. We decided that we would
23 stick to our boring letters.

24 LC: Did you exchange letters regularly?

25 MC: With my mom at least on a weekly basis and before Harvey got into country
26 he and I would exchange. It was the days when audiotapes were very popular. So I
27 would tape a letter to him and they would mail it for free from Vietnam. So I would talk
28 to him on the tape recorder. Because the room was totally exposed I would cover my
29 head under my blanket and then talk to him every evening. So that was a little bit like he
30 was there.

1 LC: Did music play any kind of role for you while you were over there or
2 subsequently in reminding you about your experience of Vietnam?

3 MC: I don't think there's anything in particular in terms of music. I had taken up
4 the baritone yuke as a result of my softball playing days. So I'd learned to play the
5 baritone yuke. I brought it with me to Vietnam so that we would have hootenannies and
6 sort of sit around and sing from time to time. I think for me, my baritone yuke or my
7 guitar were my solace. I would sing a lot of melancholy songs. Also sing things that
8 were more conducive to community sings like the Christy Minstrels and other songs of
9 the '60s.

10 LC: Did Harvey come and walk through the ward with you? Did he actually get
11 a view as to what you were doing or did he listen to you and hear it from you in the
12 evenings or at off times?

13 MC: I don't think either one of us talked particularly about what was going on
14 because we were living it together. I don't recall making a habit of talking to him about
15 hospital work. He would pass out at the discussion about blood anyhow. It was not
16 something that was part of it. I think many times when you have this intensity of work
17 that you do, you really try to get away from it and not talk about it. I don't know what we
18 talked about. I don't think it was my work.

19 LC: It wasn't what was going on, on the ward?

20 MC: No.

21 LC: Did keeping it to yourself serve you well? In retrospect was that the right
22 thing to be doing?

23 MC: What I recommend to people who are activated for combat or for separation
24 I guess are two things. One is, if you have an opportunity to have daily communication
25 with somebody far away, take advantage of that because it will keep you grounded in the
26 rest of reality. The second is the importance of keeping a log, a diary of what is actually
27 going on rather than at the time. It will give you an opportunity to debrief, using yourself
28 as a barometer and capturing the emotions of the moment rather than filtering it. Like if I
29 had a diary or if I had written anything of substance to my mother in letters that I had
30 written to her, then it would be easier to flash back on things and to put it into context.

1 LC: By implication I take it that you did not keep any kind of diary when you
2 were in Vietnam?

3 MC: Exactly.

4 LC: Did you start at some point later on?

5 MC: No, it wasn't until many years later when I was working at the VA that there
6 were some psychiatric nurses who were interested in starting a women's support group. I
7 thought that it had some potential. I said, "Just so that you'll have somebody attend I'll
8 be glad to participate in that." I'd had an event that occurred between Vietnam and my
9 statement to these nurses, but never reconciled. Maybe I had a little bit of residue from
10 Vietnam myself. So I ended up becoming part of a women's groups primarily of nurses
11 who had served in Vietnam. It took a long time for us to really get down to the crux of
12 what some of the feelings were that we had that were carry over from Vietnam. We had
13 dealt with in perhaps in not the healthiest of ways. I think it would have been much
14 easier to not have to carry that with you if you have a frame of reference by being able to
15 pull out what was really going on at the time. For many of us, when we started that
16 program, Vietnam was yesterday instead of being 20 years before. What's happened in
17 those 20 years? It took such a second place because the Vietnam memories were the ones
18 that were on top of the list because you hadn't dealt with the crap from Vietnam. I think
19 looking for ways to not have to carry it round for 20 years before you can regurgitate it is
20 probably a much healthier thing to do.

21 LC: As you were approaching the end of your one-year in Vietnam, at some point
22 you took the decision to extend that tour. I think you mentioned before that was in order
23 to synchronize your exit from the country with Harvey's. Can you talk about any special
24 anxieties or feelings that you might have had during those last few months that you were
25 in country?

26 MC: I think that since the whole focus originally is making it through 365 days to
27 have to add another two months to that was sort of a sinking feeling. I didn't start my
28 short-timers calendar until after I had decided to extend to go back with him, which was I
29 think fairly early in his rotation also. So I knew for some time that it was going to be 14
30 months. Towards the end and I don't know whether that was like 6 weeks before or two
31 months before or a month before I think you go through the beginnings of a

1 psychological withdrawal. Part of it is that you're going to be leaving. You're going to
2 be leaving people there to continue to do the hard work. So there's a certain amount of
3 guilt that goes along with that. There's also the sense of guilt or abandonment I guess.
4 There's also the sense with the amount of energy I have left, there's not point in
5 cultivating a new relationship. So things become superficial. You end up withdrawing a
6 little bit more. As head nurse, the primary role is to mentor your replacement. If the
7 replacement is somebody that is already at the hospital and already working the ward, to
8 begin to move out of the position of being in charge, to give them an opportunity to give
9 them to grow while they still have somebody to fall back on.

10 LC: Is that what happened for you?

11 MC: I think that is my *modus operandi*. Always wanting to help mentor my
12 replacement.

13 LC: Did you know who that person would be?

14 MC: Yes, I think her name was Shirley Blanchard. She'd been the assistant chief
15 [head] nurse. She'd come in probably some months after I had. So there was a carry
16 over period. I believe that I might have been on contact with her once after she came
17 back, but we have certainly lost contact in these past 30 years.

18 LC: So you were starting to step back in some ways?

19 MC: Yes.

20 LC: Do you remember the day that you and Harvey actually left?

21 MC: Yes.

22 LC: Can you talk about that for a moment?

23 MC: We were going to be leaving Vietnam to go to Alaska and then to the east
24 coast, for any number of reasons, one was we had a car that was waiting for us in New
25 York. We were able to finagle to get sent there even though my assignment was going to
26 be Ft. Lewis. There was 100 degrees difference in temperature between where we were
27 in Vietnam and where we were going in Alaska before we got back. I decided that I was
28 going to wear my dark winter uniform because it was going to be cold in Alaska. So
29 when we got to Tan Son Nhut we had to wait out on the tarmac quite a while. It got
30 really, really hot especially in my uniform. Then eventually we loaded and stuff it was
31 probably the most stressful time I can recall. This is when your imagination goes to

1 work. You think you're going to be blown out of the air just as you are getting ready to
2 leave. So you have this vision of being on an airplane that's going to crash before it gets
3 out of the Vietnam airspace. I was not alone evidentially in that feeling.

4 LC: Not at all, I've heard that a number of times.

5 MC: So we got on a plane and I think it was Continental. As we took off it was
6 almost as though we were going straight up, that's what it felt like. We just sort of held
7 on wondering if we were going to hear something. When we reached high enough
8 elevation and the pilot finally said, "We are now out of firing range". Everybody just
9 cheered in excitement that we really were on our way home. Then hopped, skipped and
10 jumped across the Pacific to Alaska where I was glad that I was in my green uniform.
11 Then on to New York where we got off and picked up our car and drove down to visit my
12 parents in Maryland for some time there. We thought that we had adapted exceedingly
13 well. But my parents thought that we were skittish as all get out. We were sort of
14 scanning everything around us to make sure that we were not going to be attacked or
15 blindside or something like that.

16 LC: That's interesting the perceptions differ.

17 MC: I didn't realize that. But over time as we began to come down from
18 everything, realize that there probably had been a lot of protective defenses that we had
19 put up, that we were not even aware of. When I finally ended up being reassigned at
20 Madigan and came back I realized I ended up being welcomed by a nurse who had been
21 at the 24th Evac whom I knew there. There was a lot of anger that was not resolved that I
22 didn't realize where it came from. Anything like that. What she assured me was the first
23 six months home were really, really tough. Some of the anger was directed at having left
24 people behind. Others were that we were now under the flagpole and flag and everything
25 we did we had to do legally. It seemed so assinine to have to ask whether you could give
26 an aspirin or give somebody a suppository when we had been suturing and making all
27 sorts of decisions for patients in Vietnam. It was very much of a coming down. We
28 certainly felt that we were not being used for the skills that we had developed that year in
29 Vietnam.

30 LC: Your posting to Ft. Lewis lasted how long?

1 MC: I arrived there I think it was in May of '68. Harvey and I decided that we
2 were going to start our family. He was going to be getting out of the military. I had
3 gotten pregnant over there. I had quit taking my Malaria pills and refused to have an x-
4 ray done, had some physicians back me up so that I could get out of country without
5 harming the fetus. So I was pregnant when we came back. They were very unhappy
6 about that at Madigan because they had wanted me to be head nurse of the intensive care
7 unit there.

8 LC: Why couldn't you?

9 MC: For the continuity. They didn't want somebody that was just going to be
10 there for six months and then discharge. Those were the days where you could be
11 married, but you couldn't have any children. Then you were forced to leave the military.
12 They knew that I was going to be discharged. I don't think they realized I was going to
13 stay in as long as I could. I didn't leave until six weeks before my son was born.

14 LC: Grethe was this your plan that you would leave active duty service? Were
15 you sort of a co-conspirator with Harvey in this or was it not that balanced?

16 MC: We had decided that we were going to start our family knowing that I would
17 have to leave. It was a decision that we both made. We had moved to a different place
18 and he wanted to be reassigned to Germany and would have stayed in the military if that
19 had happened. It didn't and so he decided to get out. I was assigned at Madigan. So the
20 timing of things was good for us then.

21 LC: Did you then separate from active duty service?

22 MC: I was able to stay in until I was 7 and a half months pregnant. Then I left
23 the military. Matt was born at Madigan. Then I was out of the military from 1968 until
24 1972.

25 LC: Did you work in that period?

26 MC: We had just bought some property so we were building our homestead, so I
27 was working there.

28 LC: That was where?

29 MC: Maple Valley, Washington, southeast of Seattle.

30 LC: What changed such that you were able to get back into military service?

1 MC: Somebody had challenged the military's policy. I think there were two
2 things. Some had challenged the military's policy of discharging women. Also we had
3 gone to a draft Army or draft military, or non-draft, voluntary, meaning that you were
4 going to lose a lot of people. Why get rid of women whom really had been perfectly
5 capable of having families and children at the same time? So that law was changed in
6 1971. I went back in, in 1972 very pregnant with my second son.

7 LC: Did you experience any negativity directed at you because you were
8 pregnant either that time or during your subsequent pregnancies?

9 MC: I didn't feel it directly. What I heard and some of the stationing of other
10 nurses, what I heard was the Chief Nurse at the time was really annoyed that women with
11 children were in the military. So there was a habit of, once a baby was like six weeks
12 old, sending the mom unaccompanied to Korea. So the word was there were punitive
13 assignments to newly delivered moms!

14 LC: Now those would be women on Active Duty?

15 MC: Yes, I was in the Reserves.

16 LC: Can you talk about making that decision whether to return to Active Duty or
17 the Reserves? How did you arrive at the decision that you had come to?

18 MC: The advantage of being in the Reserves was that you could have your own
19 personal life and be called up in case of a national emergency. You could still live where
20 your family was. They didn't have to be moved around and uprooted. So for me it was
21 essentially the best of both worlds. I had a good job in the VA that I really enjoyed. So I
22 was still around military people if you will, still had the camaraderie. Also had the
23 opportunity to serve and would have served if called up. So to me it just seemed like a
24 very good combination.

25 LC: You were working at the main VA hospital in Seattle?

26 MC: Yes.

27 LC: What was your rank actually when you came back into the Reserves?

28 MC: I came in as a Captain and then over a period of time I got promoted to
29 Major. I was on the Major's list when I was discharged but sort of had to start over
30 again.

31 LC: But you did come in as a Captain in the Reserves?

1 MC: Yes.

2 LC: What were you actually doing at the VA hospital in Seattle?

3 MC: When I started back I was working night duty on a medical surgical,
4 metabolic, rehab ward. So it was combination ward and I was working night duty. Part
5 time two days one week and three days the next because my son was quite young. My
6 husband was living, a cadet with the Washington State Patrol, Harvey. So he was doing
7 his cadetting away from home. So I had the responsibility of Matthew.

8 LC: During the day?

9 MC: During the day.

10 LC: Did you sleep?

11 MC: Not much.

12 LC: Not much I'm thinking.

13 MC: I was sort of sleep deprived for a couple of years.

14 LC: How long did you stay at the hospital in Seattle?

15 MC: I started there in 1970, probably 1970 and I stayed there until 1980. Then I
16 transferred to the VA hospital in San Francisco. While I was in Seattle I went back at got
17 a master's degree and became a clinical specialist in epilepsy and neurology. Then went
18 to the VA hospital in San Francisco where I became a clinical specialist in
19 neurooncology, which is a specialty working with people working with brain tumors and
20 cancers of the nervous system. I was there for five years, four and half years. Then came
21 back to the Seattle area where I then worked at the VA Hospital in Tacoma, Washington.
22 Initially worked in the nursing home and then was able to use my expertise as a
23 neurospecialist and started a seizure clinic there that I was director of for 10 years. Then
24 I ended up getting my Ph.D. in the midst of that time period and specializing in sleep
25 disorders. Started a sleep lab and sleep clinic there. I continued to do both sleep and
26 epilepsy until my retirement in 1996.

27 LC: 1996?

28 MC: Yes.

29 LC: What year was the doctorate awarded?

30 MC: 1991.

31 LC: What university?

1 MC: University of Washington.

2 LC: What's the title of the doctorate?

3 MC: It's a Doctor of Philosophy.

4 LC: In?

5 MC: Nursing Sciences.

6 LC: There aren't a lot of those running around so it's well worth documenting.

7 Can you talk about your decision to continue to pursue in addition to the military career

8 and in addition to civilian occupation the higher education? What was driving that?

9 MC: I love clinical research. I think that everything we do in nursing is some

10 form of research. Our problem is how to document it: what works, what doesn't work.

11 These things that they call outcome criteria, all of that unites a form of research. I felt as

12 though with my master's degree that I had become the expert in something worthwhile. I

13 was recognized I think nationally as an expert in neuro by the Neuroscience Nurse's

14 Association by the editor of the core curriculum. So I was involved there. But what I

15 was really feeling that I was missing was the research component of being able to

16 understand how to do good research. I think there were two things. One obtaining the

17 doctorate would help that. But I think on a subliminal level it was also wanting to be

18 called doctor. Going back to my father's stuff. So it was a little bit of a full circle. It

19 was a wonderful opportunity to learn the techniques and then be able to put them into

20 practice because my doctoral research was on and with the sleep patients that I was

21 taking care of and frustrated with. So it helped to provide a treating mechanism for them

22 under the auspice of the VA so they participated in the research. They elected to do that

23 and got the best of the benefit because the research was set up in such a way that once we

24 figured out what the best treatment was for their sleep apnea and for their cognitive

25 impairment to be clinical specialists there in the sleep lab, I could order that equipment

26 for them.

27 LC: You applied what you were finding out?

28 MC: Absolutely.

29 LC: You were also I note from your CV, actively publishing.

30 MC: Yes.

1 LC: What were you learning from participating in that scientific dialogue that
2 happens in journals? Was that also of interest to you?

3 MC: I was much more interested. The ego is always much more nourished with
4 publications.

5 LC: I will agree.

6 MC: The pragmatics for me were in seeing the positive effects of the research on
7 patients. So my interest was really in clinical research not much in bench research. I'm
8 very much of a pragmatist. So the whole notion of my research was based on what I'm
9 seeing in the clinical area and then wanting to capitalize on the fact that I was working in
10 a VA and that I wanted to be able to give this best care to my clients.

11 LC: I think you mentioned yesterday that your father did see you take the Ph.D.
12 is that right?

13 MC: Yes, he was living with us at the time. He had some progressive difficulty
14 walking at the time. But would go out for his walks and then ended up sometimes not
15 being able to control it and to fall. Shortly before graduation he did take a fall. He
16 banged himself on the head; he dislocated a finger that he himself reset. I remember
17 seeing the bang on his head and said, "You were not around when I got my bachelor's
18 degree. You are not going to escape going to this graduation even if I have to take you in
19 on a gurney".

20 LC: It didn't come to that I take it?

21 MC: He was there.

22 LC: Was that in some way a reconciling for you or in other ways a good moment
23 for the two of you?

24 MC: I don't think so. For me it was tremendously satisfying to have achieved it.
25 Because as you know earning a Ph.D. is not a simple thing.

26 LC: Mine wasn't (laughs).

27 MC: So getting there was a feeling that I had achieved and maybe compensated
28 for not getting an M.D. Then realizing over time that the M.D. is a clinical degree, the
29 Ph.D. is a research degree. If you were going to do a hierarchical evaluation of it, it's the
30 ultimate degree. I felt good about that. For my father I think it was probably still the
31 competitive nature of it, which is why he said, "I should have gotten my Ph.D.".

- 1 LC: That's just not where you were.
- 2 MC: The nasty part of me was, "Got ya"!
- 3 LC: Grethe let's take a break.

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The Vietnam Archive
Oral History Project
Interview with Margarethe Cammermeyer
Conducted by Laura M. Calkins, Ph.D.
April 5, 2004
Transcribed by Shannon Geach

NOTE: Text included in brackets [] is information that was added by the narrator after reviewing the original transcript. Therefore, this information is not included in the audio version of the interview.

1 LC: This is Laura Calkins at the Vietnam Archive continuing my oral history
2 interview with Colonel Maragarethe Cammermeyer. Today's date is the 5th of April
3 2004. I am on the campus of Texas Tech in the Special Collections building and Colonel
4 Cammermeyer is in Washington State. Good morning.

5 MC: Good morning.

6 LC: I wonder if we could pick up a couple of threads from our last session. Can
7 you tell me a little bit about your work at the 352nd Evac in Oakland?

8 MC: We have skipped a little.

9 LC: Sure, go ahead and fill in the missing bit if you'd like.

10 MC: If you want to go right to the 352nd that's fine.

11 LC: I know that you were in Washington State at the VA before moving down to
12 San Francisco.

13 MC: I think right now we're sort of combining two different things. Because in
14 1972 the policy had just changed regarding women being allowed to serve in the military
15 with dependants. So that's when I think we discussed about my going into the Reserves.

16 LC: And why you had selected that as opposed to returning to Active service.

1 MC: Two things were happening simultaneously. One was that I went back into
2 the Reserves. That was up here in Washington State. At the 50th general hospital. A
3 paper hospital until the time comes for mobilization. It was mobilized under a different
4 number to go to Iraq the first war.

5 LC: Grethe do you know that number?

6 MC: 6250. By that time the 50th had been deactivated and united with the 6250th.
7 So many of the staff that I had worked with at the 50th ended up going to the 6250th then
8 to Iraq.

9 LC: 6250 had pre-existed then? It was already organized?

10 MC: Yes it was. It was another large hospital unit out of Tacoma Washington.
11 So I joined the 50. At the same time I was working at the VA hospital. So that was in my
12 civilian capacity. Then the 50th where I ended up getting promoted to Major after I had
13 served for a while.

14 LC: What year was your promotion?

15 MC: I can pull it out.

16 LC: That's ok. It was sometime then in the mid-70s is that fair?

17 MC: Yes. There I worked on, where did I work? I was one of the coordinators
18 of the clinical facilities and sort of oversaw the running of the clinical experience for
19 people. Then I stayed with the 50th until I ended up going through a divorce and
20 ultimately leaving the greater Seattle area and going down to San Francisco where in the
21 VA hospital I became the clinical specialist for neuro-oncology. I was there for five
22 years. That's when there was a brief visit at another facility, I think probably for about a
23 year and then transferred to the 352, where ultimately I became chief nurse over the next
24 five years.

25 LC: Was neuro-oncology a new addition to your background?

26 MC: Yes. The VA was needing a neuro-oncologist; my specialty was neuro but
27 not a sub-specialty in neuro-oncology. It took a while to get into. I was specifically
28 hired for that task. Spent the next five years doing that which was just absolutely the
29 most extraordinary job I'd ever had, other than Vietnam.

30 LC: Why do you say that Grethe?

1 MC: Because the specialty itself was one of dealing with people who had brain
2 tumors and whose life expectancy was limited to say the least. But my job was to try to
3 get them on the right medical protocol to save their life. So I really assumed really more
4 of a role as a resident rather than as a nurse. Probably because of my personality and also
5 the fact that I had a neuro background being able to then present cases to the board and to
6 get them placed on neuro protocols. I actually ended up being that all around person of
7 presenting them to tumor board, putting them on a brain tumor protocol, giving them the
8 chemotherapy, admitting them to the hospital and in most cases seeing them to their
9 death and working with their families in dealing with the loss of all of that. Most people
10 I think I considered myself the angel of death if you will. Because anybody that
11 ultimately was working with me as a client ended up dying. So there was this ominous
12 nature to it. But also at the same time just a tremendous sense of responsibility. Could I
13 help this person get on the right protocol to save their life? I think part of my Vietnam
14 experience was looking for the best out of the worst situations. Where before I had said
15 that you had to start life when you were at your worst and then be able to appreciate all of
16 the little nuances of improvement. With putting people on chemo protocol. It was
17 somewhat analogous in terms of having to deal with the person and trying to find that
18 right medication combination. I guess hoping more than anything else. I think I had
19 probably two patients in over a hundred that sort of beat the odds.

20 LC: Were these patients at any time included in research trials?

21 MC: Yes, all of this was research. That's why they were presented at tumor
22 board. That's why we were putting them on protocols because they were all research
23 subjects. To not go on a research protocol would automatically mean death. So I was
24 following them very, very closely throughout all of that.

25 LC: Were there several different drug therapies being tried simultaneously or
26 were you working one set at a time?

27 LC: No, every patient had the potential of going on a different protocol. Part of it
28 was based on what treatments they had had before they came to us. Part of it was based
29 on the pathology of the tumor itself. Whether or not it was a glioblastoma multiforme,
30 which is the most virulent of all of the tumors or whether or not it was an astrocytoma.

1 So depending upon the pathology determined what options there were in terms of
2 approved protocol.

3 LC: Is it fair to say that you were sort of the point person between the research
4 team and the patient?

5 MC: Yes I was their research person as well as clinical person. There was really
6 nobody else that was working at the VA hospital that essentially saw the patients. I did
7 all of the follow up also, which was part of the extended clinical practice that I was
8 doing. I was working in other capacities with the neurosurgeons at the VA hospital. In
9 terms of the tumor follow up they would do the surgery and then the patient would
10 essentially be mine.

11 LC: Grethe speaking now about the evac hospital that you were working with,
12 can you give the characteristics of an MUST unit?

13 MC: A MUST unit is a mobile unit surgical team. It's one where in those days it
14 was one where you had a team or a hospital in the reserves that was sort of packed up and
15 ready to go. You had then an entirely mobile hospital so that you could take that. Say
16 that you were activated or you were going on a field hospital. All of your equipment
17 would be put onto a truck and be trucked out to some medical facility and you would
18 erect the hospital. If you were doing exercises it would be to set up the ward, set up the
19 administration, set up the mess hall, set up the latrines and then have mock patients go
20 through. So part of it was practicing until you were blue in the face so that you really
21 would be able to get this hospital up and going within a short period of time if you were
22 activated to go to a combat zone.

23 LC: I take it that you did go on numerous military exercises then?

24 MC: We did. At least for two weeks every year we would go to various places.
25 Usually every other weekend or so there was some field exercise of some kind. Although
26 the hospital or the clinical staff we would have working in clinical facilities. It's one
27 thing to be a nurse where you are working in the clinical area all the time. But many of
28 the medics only on drill weekends were they having an opportunity to do actual clinical
29 experience. So you need to try to provide some opportunity for them to do that. Or else
30 if you're mobilized then they're learning how to do temperature, pulse, and respirations
31 on their first casualty.

1 LC: That's not acceptable. Were the requirements of your position fairly static
2 through the 1980's as you moved from the San Francisco area back up to Washington?

3 MC: When I moved from that position, moved back to Seattle I used to commute
4 back and forth for my drill weekend down to California. Probably for about a year or so.

5 LC: So you stayed affiliated with the 352nd?

6 MC: Yes, because it's not like you can find the ideal job just by moving from
7 place to place. By this time I was a Colonel. To find a job as a Colonel meant that you
8 would be going in as an outsider to perhaps vie for a chief nurse position somewhere.
9 Most facilities didn't want to bring in a new person because they already had homegrown
10 expertise. So when I was looking for a home the Washington State National Guard did
11 not have a Chief Nurse yet. There were only two other nurses in the National Guard up
12 here. The state surgeon wanted to build up the medical assets. Actually there were five
13 nurses. When I heard they were looking for a chief nurse I applied for the position. Then
14 ended up getting it, again sort of creating a job that didn't exist. Then ultimately there
15 were some changes that took place in the structure of things. We ended up being given a
16 hospital. That is as if somebody brought you a present and said, "Here's your hospital to
17 play with". They gave the guard a piece of paper that said you are now authorized to
18 recruit and create the staff and structure for a hospital that would be activated at the call
19 of the governor or at the call of the president. Then my job became recruiting to bring
20 people in while other staff people in the hospital were to make sure that we were getting
21 supplies and the training exercises began and those sorts of things. So recruiting became
22 the major focus so that we would have a staff as such. Over the years the configuration
23 of the hospital changed also so that we ultimately were to have a hospital that was
24 extremely mobile, was part of the new medical configuration which essentially mean that
25 every nurse, every medical person except for the chaplain would end up not only being
26 familiar with weapons but being qualified.

27 LC: So at some point here you had to go through weapons qualifications?

28 MC: That had began in the early '70s. There was a change and I think part of the
29 outgrowth was as hospitals were being hit in Vietnam, because when I went back into the
30 Reserves we were still in Vietnam in 1972. There was this gradual shift to even women
31 who were not involved in a regular or non-hospital situation would need to be qualified.

1 So the Army became integrated. They did away with the Women's Army Corps. So
2 everybody had not only the same uniforms, but ended up having the same type of
3 training. That's where we began shooting rifles at first and then for field grade officers
4 going to .45s. We got good enough to get our little medals to put on our uniforms
5 (laughter). It's a big deal. How do you have more of your biography visible?

6 LC: Yes, I see what you're saying with the medals. Can you talk about the
7 distinctions or perhaps lack of distinctions between serving as an officer in the Army
8 Reserve and serving in the National Guard?

9 MC: I think the main thing that many people; including me did not realize that
10 these were really very comparable positions. The difference between the Army Reserve
11 for example is that part of the military organization that is the bastard child of Active
12 Duty services. You can complete your obligation in the Reserves and for that matter in
13 the Guard also. But if you don't want to go and be subject, now this is old. If you don't
14 want to be subject to the call up, if you want to have an opportunity to have a civilian life
15 and have a family and just move on and still be part of the military, you could go into the
16 Reserves. But if you're in the Reserves you are not subject to responding to State
17 emergencies. For many of us who were part of the Reserves the frustration was that here
18 we had equipment, we had the know-how and when Mt. Saint Helens blew and other
19 floods and fires we were not able to assist which seemed an absolute waste of resources
20 to us. It's because of how the structure was set up. The Reserves are at the call of the
21 President. The other hat of the military is really part of the early militia where the state
22 has the responsibility to protect the state. To do that, the governor essentially is the
23 Commander-in-Chief of a military militia and that is the National Guard. All of the
24 States had a National Guard, which are at the beck and call of the governors, still get
25 funding from the Federal Government but are at the beck and call of the governors. So if
26 there is a riot at the prison, if there is a state disaster, if there is unruliness, he can call up
27 the National Guard for the good of the state. So it used to be very different. Now,
28 because I think they made some mistakes, they being the military planners. After
29 Vietnam they made some mistakes in how they configured things. After Iraq they've
30 made some mistakes in how they've configured and said we will have x-type of units in
31 the National Guard. We will have x-type of units in the Reserves. We'll have x-type on

1 Active [military] duty. But what they haven't looked at is the broad picture in terms of
2 what the states might need and what happens when there is a call up or the military is
3 activated and you don't have the cadre of support either that you readily need because it
4 takes time to mobilize reserve forces. Both to get them ready at the same pitch that active
5 duty people are and also they have to disengage in what they're involved with here at
6 home. I think that what you will see after the Iraq II War is complete there will be a new
7 re-configuration of who is where. One of the things that they did after Iraq I that hospital
8 that I was given.

9 LC: Yes.

10 MC: They took it away. Out of that Iraq I there had been 24 hospitals that had
11 been assigned throughout the United States that were National Guard hospitals. Those
12 hospitals were moved from the National Guard to the Reserves. What that means is there
13 is not a single governor that has a hospital unit that he can activate in case of an
14 emergency.

15 LC: That was at the time?

16 MC: No, now. That was a change from Iraq I to Iraq II. Thinking that would be
17 a way of better utilizing resources. I think it's been a bad, bad mistake for the states. But
18 to have medical units in the Reserve Forces had some real drawbacks also. When those
19 units are activated it pulls out the hospital personnel in civilian hospitals so that they
20 become short-staffed. But that is going to happen in any unit, like the military police unit
21 where you have States Patrol and local patrols or local police that are a part of the
22 military police unit. When those are activated that shorts everybody else.

23 LC: In an industry that's already short.

24 MC: Absolutely. Also currently Reserve and National Guard units appear to be
25 indiscriminately called up and repeatedly called up to do police actions. Many of us
26 think that's what we're paying the full time personnel to do. Yet, they're activating and
27 really I think mis-utilizing the intent of the Reserves and National Guard. I think it's
28 probably going to be a huge discussion as well as attrition that takes place as people come
29 home: decide I can't risk, I don't want to risk not only my life but I don't want to risk
30 being called up and losing my profession just at a beck and call.

1 LC: It's your view if I'm right that these re-configurations that have flown down
2 for the past two decades really are part of the continuing search for the right strategy in
3 the wake of Vietnam?

4 MC: I think so but there are so many political reasons for some of these moves
5 that take place. Much of it having to do with how many generals can you have. It has to
6 have a certain size of personnel within a unit to be a general. That's everybody's dream
7 is to be a general and to have a star (laughter).

8 LC: Grethe looking back over your career with the VA specifically the time
9 period that you worked with the VA specifically is one in which Vietnam veterans did
10 not always get along with the Veteran's Administration. I wonder if from your
11 perspective you can just comment on the relationship between veterans and the VA
12 broadly?

13 MC: I know that there was a lot of unhappiness on multiple levels. Having seen
14 the after effects of Agent Orange in Vietnam and then the Gulf Syndrome of folks
15 coming back from Vietnam [and Iraq]. Many cases both sort of combinations of people
16 coming back with undifferentiated symptoms and things were really rejected as just
17 seeking that they were malingering; that they were trying to get something they did not
18 deserve. So they became victimized still again by individuals who said, "This is all in
19 your head. You're just wanting to get something out of the military or to get out of the
20 military." It was extremely annoying to me as a Vietnam veteran, for example, to have to
21 hear the abuse, if you will, of veterans who had served their country and then who were
22 coming, having believed themselves to be promised to have VA care. Then individuals
23 saying "No it's all in your head. There's nothing wrong with you". Then years later
24 coming to find out that indeed there was bad side effect from Agent Orange, for example.
25 From my perspective when I saw then veterans coming back from Iraq and being exposed
26 to the same thing I would frequently get into arguments with people that here you've got
27 somebody high functioning before hand, going off to war and then becoming
28 incapacitated at home and they're malingering? Just because we can't figure out what the
29 etiology [of an illness] is does not mean that it doesn't exist. It means rather that we
30 don't have a clue but there's problem and we'd better find out what it is. I always tried to
31 treat my patients as though it were me. The thing, "It's all about me" (laughter). Well, if

1 you imagine yourself in their shoes, how would you want to be treated? What sort of
2 gate keeper and role model and mentor would you want to meet at a hospital and say let
3 me walk you through the system and make it work for you! I think I always did that. I
4 think that's probably one of the reasons that I was selected in 1985 as the VA nurse of the
5 year because I really, really thought that my job was to help every client.

6 LC: Did you know that honor was coming to you or was it a complete ambush?

7 MC: It's a long process. I was interview initially by the person who filled out the
8 paperwork for me initially. It's a national competition if you will. It was new honor that
9 was being given for a nurse or a licensed practical nurse and a nursing assistant. So
10 within the VA they were then looking for candidates. The supervisors of various
11 hospitals then would write up their individuals. Then you'd go from the local
12 competition to the regional competition and to the national competition. You don't
13 know, I didn't see the write up that went forward. So it was quite a surprise to say the
14 least. In San Francisco where I received that [award], they had a huge local ceremony
15 before I ever did go to Washington D.C. where I was recognized. It was a big deal.

16 LC: Yes absolutely. Who was at the ceremony in D.C.?

17 MC: The Secretary for Veterans Affairs before it was a cabinet position. But he
18 was the Administrator of the VA. I had a brother and his wife and kids came. I think my
19 father was there also. Sometimes you don't recognize or know that something's a big
20 deal until somebody shows up.

21 LC: I think I'm following you. I believe that just objectively that it was a big
22 deal. I wonder if you can talk a little bit about the circumstances that led to your being
23 investigated by the military?

24 MC: Well, let's see. This is not an easy topic to sort of summarize in a way.

25 LC: Some of it is available in the book that you wrote.

26 MC: Let me see if I can do it in a nutshell. I was married had four sons, had
27 always felt somewhat weird in my role as a wife. Over the years also been working sort
28 of as a type A overachiever if you will; going to school, working, having a mini-farm,
29 raising our own cattle, baking bread, making my own mayonnaise, becoming self-
30 sufficient out there on the farm. I was just extremely busy. I think looking for; I guess
31 contentment, not happiness, just contentment and wondering why I was doing as much as

1 I could to be away from my husband. A legitimate way of doing that was to be very
2 involved professionally; over the years then doing well professionally but finding that I
3 just really was not that happy. I became, ultimately became suicidal and contemplated
4 suicide and that was very frightening because it's frightening. Especially if you don't
5 know what's driving you there. I had this seemingly utopian home and life. I got some
6 help and in the process of that, there was a little bit of exploration about whether or not
7 my struggle with being intimate with my husband might mean there was something else
8 going on. Sort of approached the possibility of sexuality being on a continuum at any
9 particular point in time. You could feel more attracted to someone of the opposite sex to
10 not. It was not something that I was really exploring. But that sort of came up to, "Well,
11 there's something certainly about me not wanting to be intimate with my husband." I just
12 needed some time and some distance. Over the course of six to eight months realized
13 that I had to leave the marriage. A very ugly separation and then ultimately ugly divorce.
14 I ended up leaving my marriage in 1980. Over the years this was a time when I couldn't,
15 somebody getting a divorce. I was not allowed to get a credit card. The credit card
16 company would not honor me even though I had two jobs. I had been working for a long
17 period of time. I had paid most of the bills and had to appeal it [denied credit] to be able
18 to get my first credit card because everything had been in my joint name with my
19 husband. Right now it seems so bizarre! Back then it was very disconcerting. I thought
20 I was an autonomous person. Ended up then over the next years finding out then who I
21 was. It was during this time that I did very well as a nurse in the VA and in the military.
22 Sort of found myself if you will. It was during the time, the reason I went to San
23 Francisco is not just because it is a gay haven but rather it was because that's where the
24 job was. A friend of mine whom I had worked with previously was down there. She said
25 if you want to go to San Francisco we could live together. It sort of gave me an excuse to
26 leave town if you will, because it [the divorce] had been so painful. I was then able to get
27 back on my feet and realize over the years, it was 1985, realized that I really missed
28 being close to the kids and the greater Seattle area, and moved back up here. At some
29 point having re-established really close connections with the kids, realized and by this
30 time I was back in college. I was working on my doctorate. Realized that if anything
31 happened to me there wasn't really anybody special in my life that would care. It was

1 one of these; I guess you'd say, revelations more than anything else. Because with that
2 thought came the idea that I just don't want to be in a relationship with a man. Then I
3 stopped pursuing the thoughts at that point because I really didn't know where that was
4 going. I was pretty naive about stuff. Then in 1988 I ended up meeting a woman on a
5 date. It had been set up but not by me. I wasn't aware of it. So I met Diane when I had
6 taken my kids to visit my aunt down on the Oregon coast. Some mutual friends were also
7 going up to the Oregon Coast and said to Diane, "Why don't you come up? It's a
8 gorgeous place and there's somebody we want you to meet." If you've seen the movie
9 *Serving in Silence* with Glenn Close and Judy Davis it was all up hill from there. So
10 Diane and I met and over the months developed a relationship and that was in 1988. By
11 1989 I had decided that I was doing fine. I was going to be finishing my doctorate
12 eventually. So I was working on school but I really wanted to vie for the General's
13 position that was now going to be available and open with then Guard in Washington
14 D.C. To make myself competitive I needed to go to the War College. To go to the War
15 College you needed Top Secret clearance. So I began the paperwork.

16 LC: Had you ever had a clearance before?

17 MC: Yes, I had clearances before. But I had never been interviewed. I think that
18 they had changed policies also of how often they did clearances and the different types of
19 things they were doing. So I guess I was going to be up for an actual interview anyhow.
20 But I just didn't know that. Then in the course of the interview, which took place in
21 April of '89, there was some question having to do with homosexuality. I don't recall the
22 exact wording. It was at this point that I recognized that my relationship with Diane was
23 serious. That must mean something. I owned a label for the first time as I said to the
24 investigator, "I am a lesbian".

25 LC: That was the first time you had said that really?

26 MC: It was the first time that I had put words to that and sort of owned the label
27 if you will. It's a little bit like graduating from college either as a nurse or a teacher, or
28 an engineer. You have the degree but you certainly don't feel like a nurse or a teacher or
29 an engineer. You have to build you way up to that. That's what I think was happening
30 with me. It was walking along the outside and then realizing that ultimately whether or
31 not I was with Diane this was who I was. When I said that of course the whole tenor of

1 the investigation changed. I spent the next hours being grilled. He was trying to draw
2 out misconduct. I was focusing on an emotional tie that I had that gave me that label.
3 Over the next four and half or five hours it was just this grilling. Then ultimately he
4 wanted me to sign a statement. I said, "Let me work on it a day or so and I'll get back to
5 you." He said, "No let me write the statement and you can just sign it". I thought. "I'm
6 really tired of all of this crap." So he went away, typed up a letter that I ended up
7 blacking up a whole bunch of stuff because of what his inference was different from what
8 our conversation had been. Then six months later that letter was presented back to me
9 from my command who had been told through the chain was here was a lesbian in your
10 command and you are going to have to discharge her. So I was brought into my
11 commander's office. They said, "Because of your statement, the military wants us to
12 discharge you." I was humiliated, embarrassed, thinking that I was going to be making
13 an honest statement and that would not be used against me. They said that I could resign
14 or retire and as I talked about it I said I did not want to leave. They said, "If you want to
15 stay in as long as it doesn't become disruptive in the unit, then you have our support to do
16 that. Then we'll just sort of see what transpires." Then over the next two and a half
17 years they helped in stalling my discharge. I had to be proven of sound mind and body
18 and had to have physical exams and psychological evaluation and all of this stuff.
19 Because I was in school and this was the build up for Iraq I Madigan [Hospital] at Ft.
20 Lewis, which is the medical facility was so busy with other things that to try to get an
21 appointment for me in any place was just stalled to the hilt because if you think about it,
22 many of the people who were coming out ended up being discharged within 48 hours.
23 My discharge took two and a half years. I was state Chief Nurse; I was chief nurse of a
24 hospital. We were getting ready to be mobilized and needing to get everything in order.
25 It would be extremely disruptive.

26 LC: Yes it turns out you were an important person.

27 MC: Yes, even though we had state representatives, we had congressional
28 representatives trying to get them to not discharge me, the military was bound and
29 determined that I was going to be booted out. Of course we had to fight that.

30 LC: Did you have a sense of time or subsequently have you learned how high
31 within the military the stall work effort to discharge you went?

1 MC: I had heard from George Stephanopoulos later and then from [President]
2 Clinton that they knew my case and it had been discussed. Once something is public then
3 there isn't a way of losing the paperwork. We had heard that had taken place in other
4 situations and thought that it might just go away. But for some reason it didn't. I had
5 heard that the case had been discussed and the more that came out the more it was
6 discussed. It meant that people were going to have to make decisions. When candidate
7 Clinton was running as president in a public forum on television I asked him if elected he
8 would overturn the ban against gays serving in the military? Because by that time, I had
9 been discharged in 1992. His campaign was in the latter part of '92. He said that he
10 would. I had met him also going into that town meeting that was televised. He
11 recognized my name.

12 LC: He was already aware at that point?

13 MC: Yes he was.

14 LC: Where was that town meeting?

15 MC: That particular one was in Seattle, Seattle Washington.

16 LC: How had you come to meet him before the broadcast?

17 MC: I think sometimes when there is a notorious person around the television
18 station tries to bring challenging guests to be part of the audience. I had been contacted
19 to come and to be part of the audience. You had to give your social security number and
20 everything else. So I was planted there. Nobody told me what to say or that I would
21 even be asked. But I think it was probably very self-evident that this was a question that
22 was hot in the minds of a lot of people.

23 LC: Can you talk about the two and a half years where you were effectively
24 battling the discharge? You said Diane was your closest confidant and best source as an
25 aid.

26 MC: When I knew that I was going to be discharged the first thing after my "coming
27 out" event to the investigator was this thinking, I wonder if I'm in trouble. So I called the
28 ACLU [American Civil Liberties Union] to see if there might be some assistance or what
29 I should do and that sort of thing. At the time they said until something has actually
30 happened they're not going to be able to give me any advice. So six months later when
31 something did happen the Perry Watkins case had just been settled. The ACLU had been

1 involved in his case. So there was some erroneous information given to me when I called
2 back to the ACLU and said they're going to discharge me I need help. The volunteer had
3 said we've already done this case so we're not interested.

4 LC: By that they meant we've already done a test case in this area of the law?

5 MC: Yes, exactly. So we're not going to be available to help out. I was pretty
6 devastated because I realized I wasn't going to be able to take the military on alone and
7 needed some help. Then through various serendipitous things that happened ended up
8 being connected with somebody who knew of Lambda Legal Defense and Education
9 Fund. Which is a huge legal team that takes on precedent setting cases around the
10 country. So they reviewed my case and everything that was going on and decided to take
11 on the case, which was just a huge, huge lifting of a burden for me. I had also been in
12 contact with the Military Law Task Force out of San Diego, which had been actually the
13 first people to say, "Say Nothing! Don't answer any questions and refer them to us". So,
14 first Military Law Task Force and then Lambda Legal Defense and then ultimately the
15 Northwest Law Center. I had attorneys from both Lambda and from the Northwest
16 Women's Law Center that became my legal team. Mary Newcome particularly from
17 Lambda became my guiding guardian angel throughout the next several years. They
18 were first involved in the military case. Then I had a military attorney [Margaret Bond],
19 also who worked very closely with them. My hearing was like a two-day hearing but
20 they had worked long and hard on the case. Then on the 14 and 15 of July of 1991,
21 which was ironically 20 [30] years to the date of when I had enlisted in the military.
22 That's when the hearing took place and I was told, "Margarethe, you are a great
23 American and that said because of the policy the way it is, we have to recommend your
24 discharge from the military. If the policy ever changed let your case be reconsidered."
25 Of course it was devastating, emotionally my belief system in terms of "taking care of
26 your own." All of what I had spent 25 years believing in was just pulled out from
27 underneath me. Then there was an automatic review process that took an additional year.
28 But during that time the legal teams were working on what they were going to do in
29 terms of filing a Federal lawsuit. So in June of 1992 I was formally discharged and
30 turned in my papers and everything. Actually the last thing that I turned in was a manual
31 that I had prepared that could be used as a prototype for setting up any new medical

1 facility. So I turned in this 400-page document along with my ID card; sort of a farewell
2 gift if you will to the military. Then ironically began a discharge from the military but a
3 public life that I had just never, ever, ever imagined would take place.

4 LC: I just want to clarify the discharge, what was the status?

5 MC: I was stripped of all rank and privilege that they had withdrawn my federal
6 recognition as a military officer. So essentially said that I was never in the military. At
7 the time since I was not yet 60, it looked as though I might also lose my pension. When I
8 later talked with Senator Nunn he said that had never been the intent of the policy. But at
9 the time you are stripped of everything. I envision it a little bit like some of the court
10 martials you see on television where you rip off your rank [your rank is ripped off] and
11 punch you out the fort door or gates and then close the gates behind you as though you
12 had never been in the military. It certainly felt that way. I came home and put away all
13 of my uniforms. I couldn't even look at them. I just took everything I had that belonged
14 to the military or recollection and I hid them as far away in my closet as I could so I
15 wouldn't have to look at it because of the pain. Again the kids said, "You don't want to
16 burn your uniforms." If there was ever a question then you would be considered absent
17 without leave.

18 LC: Good for them. Good for them.

19 MC: I had just been fired. So things changed drastically in terms of being a very
20 private person now to being publicly acknowledged for challenging the military. Was
21 welcomed into a gay community that I did not have a clue existed.

22 LC: Pretty amazing huh?

23 MC: This is in June of '92. In July of '92 they had gay pride in Seattle and I was
24 invited as a keynote speaker. There were 20,000 people there. My gosh! I came on
25 stage and got a standing ovation and I thought, "My gosh. Where have I been?"

26 LC: Who are these people?

27 MC: It was absolutely the most astounding experience I think I have ever had.
28 Maybe except for being delivered into this world.

29 LC: That's an interesting analogy. Can you talk about the decision to write your
30 autobiography?

1 MC: The reason for writing a book is it's yours then, not somebody else. Very
2 shortly after I became notorious a fellow from New York contacted me. I had a number
3 of people who wanted to represent me, if you will. Again not realizing what the
4 opportunities were to talk about gays in the military beyond myself and how they were
5 looking to change the world if you will. So this fellow called and asked how I was doing.
6 He'd introduced himself of course. But then he was the only one who ever asked how I
7 really was doing and feeling about being hurt, about the notoriety, about any sense of
8 where all of this stuff was going. I think because of that conversation he ended up
9 becoming my agent. He would help book me to speak at various universities around the
10 country or events and things like that. At the same time there were a lot of newspaper
11 and magazine articles being written. He suggested, so that I could tell my story rather
12 than for somebody else to do it, it would probably be a good idea to write a book. I
13 thought why would anybody read this book? My life is just my life. It wasn't like it was
14 big thing. But then as I began thinking about it, it was what are some of the issues. It's
15 about the struggle to recognize the role of women in society. It's being a professional
16 and learning how to be autonomous. It's about a woman's struggle in a society that was
17 so patriarchal that you couldn't have a job outside of the home without being considered
18 weird. So it ended up being multi-functional if you will. It was then the struggle in these
19 various roles of serving as a nurse in Vietnam and what it really was like. Then coming
20 to realize that I was a lesbian and that struggle and dealing with the kids. So it began to
21 seem like it was more than just gays in the military. So I began writing it and by the time
22 I'd done several hundred pages and George had read it we huddled it to a publisher. The
23 question was this sounds a little bit more like a research paper than it does somebody's
24 autobiography. Can you liven it up? ["No!"] For one thing I'm Norwegian (laughter).

25 LC: A contradiction. Yes.

26 MC: I had just finished my Ph.D., which was equally dry. I said, "Probably not
27 but I do know of a writer that I'd worked with previously". So I asked Chris Fisher if she
28 would work with me on livening the book so that it would be a little more like an
29 autobiography. So she and I worked together for 18 months, I think she captured my
30 voice. The book ends before the resolution of the case. So I am currently, after the

1 election, planning on sort of revitalizing that and going through it and tweaking areas that
2 I now think I can tweak a little better.

3 LC: Good. I look forward to that very, very much. At what point did the
4 property get purchased for the making of the film?

5 MC: The book draft had been finished and I had gotten some early queries about
6 making a movie. But not from people that really had connections. Then ended up getting
7 a phone call from Barwood Studios. I didn't have a clue. They said, "We're calling on
8 behalf of Barbra Streisand". "Oh I know that name! She played in *Yentils*."

9 LC: Among other things (laughs).

10 MC: Exactly my world was not involved in film or music very much. I
11 recognized the name and had respect for the work she had done. So I said that I would
12 need to contact my attorney. I called Mary who said, "Grethe you really cannot go to talk
13 with Barbra Streisand without your attorney". So Mary and I went and discussed it with
14 Barbra and Sis Coreman and Craig Zaden and Neil Maron who all ended up being co-
15 producers.

16 LC: Now did you meet with Barbra personally?

17 MC: Yes.

18 LC: Where was that meeting?

19 MC: At her house.

20 LC: In California?

21 MC: Yes in Carrolwood Road when she had a house there in Hollywood. I can
22 play it to the hilt. We drove up and the gate was locked and you pushed the button and
23 somebody asks who it is. Mary said, "Grethe Cammermeyer and Mary Newcome to
24 meet with Barbra Streisand". So the gates opens (laughter). We drive through and
25 there's this bungalow hidden under trees and things that I thought needed to be cut down
26 to let more sun in (laughter).

27 LC: Good for you.

28 MC: I didn't tell her that specifically.

29 LC: Maybe not on the first meeting, maybe a little later.

30 MC: So we had the meeting in her living room. Big overstuffed couches that you
31 sank down too far. Being six feet tall...

1 LC: Orthopedically difficult?

2 MC: They had wonderful, wonderful fruit h'eurs dourves. NBC was there also.
3 You could see that everybody was very, I don't know if you'd use the word, cautious but
4 certainly in awe or respectfully distant and waiting for Barbra to not only come in but to
5 set the stage of what the conversation should be. I think the key thing for me after she
6 said, "Wouldn't you like to tell your life story told on television to 25 million people"? I
7 said, "No, not particularly".

8 LC: Yes, I'm not sure what the answer to that is.

9 MC: It's like why would I want to do that? But when she said, "I consider this
10 the most important social issue of the decade, that everyone in America in their homes
11 can see what the struggle in lives of gay and lesbian people are". Then it took on a
12 different meaning altogether. Then it was not about me. It was about the lives and
13 struggles of gays and lesbians, even though we were the conduits if you will. So then we
14 agreed to do that. I had an attorney working with us because we were still in a legal
15 situation. We didn't want Hollywood to go crazy or that the whole tenor and demeanor
16 be inappropriate for the whole filming. It turns out that two of the producers were also
17 gay. Barbra has a gay son. For the gay producers it was an opportunity probably for the
18 first time portray gays and lesbians in a positive light.

19 LC: Yes it's certainly a landmark film and recognized that way already. As the
20 years go by I think it will, I think more keenly be seen in a different light. It's very
21 interesting that Barbra Streisand put that broader social stint on it. What was your
22 impression of her? Did you take her as a very thoughtful person?

23 MC: She was very intense. She was not distant but not somebody that you were
24 going to feel like you were going to be best buddies with. I think that is the aura created
25 by the people around her also. It was a social distance. Me as a stranger, I don't know
26 where that social distance came from with regard to everyone else or whether it was they
27 had put her on such a pedestal. Everybody sort of sits at the feet of.

28 LC: A very strange place for her to be in as well I'm sure. Just a strange life to
29 live really.

30 MC: Except that she had also created it.

31 LC: You can see that being necessary to some extent.

1 MC: In her struggles in various arenas I think Sis Corman is one of her oldest and
2 dearest friends. One of the executive producers, she's also the one that does all of the
3 casting.

4 LC: How do you spell her last name?

5 MC: C-o-r-m-a-n. So they have a long history. You know I don't know what
6 any of the relationships are with Barbra. But lending her name to the film of course was
7 huge factor in its success. The fact then that Glenn Close was willing to take on a
8 challenging role to create this persona, that was me (laughter).

9 LC: How much time did you spend with Glenn Close?

10 MC: We had talked a couple of times and Diane and I ended up going up to the
11 set at the time that the filming took place.

12 LC: Which was happening where?

13 MC: That was in Vancouver, British Columbia. We had also sent them a draft of
14 the book so that the playwright Allison Cross, who got an Emmy for the script, ended up
15 having that draft so that she could build the characters. So I think the film even though it
16 hadn't been marketed that way was certainly taken from the book and created the
17 scenario as it did. But your question was?

18 LC: I was asking whether you were able to spend much time with Glenn Close?

19 MC: Yes, excuse me. When the filming took place I spent about 11 days on the
20 set. Part of it was I felt confident by this time, I had seen the draft. Diane and I, one
21 night after the draft came in we came through and we re-wrote the whole text because
22 Diane and I didn't speak to one another that way. So we were re-creating it in our own
23 words. Needless to say they ignored that (laughter).

24 LC: But you gave it a try.

25 MC: Then we realized it's not about us. So I was up there [in Vancouver]. My
26 concern was more that she portray the military officer correctly. So making sure that she
27 saluted properly, that she was wearing the uniform properly. That when she was in a
28 military setting up there, that all of what she did is what I would have done. I think they
29 appreciated that. One way to lose credibility in doing a film is somehow to have a sloppy
30 salute or that it's not done correctly or that you're not walking on the proper side of a
31 subordinate or a superior officer. All of the things that you might not even think about

1 that are of absolute importance in terms of military protocol. There were also occasions
2 where they were getting ready to shoot a particular scene and Glenn would come and say,
3 “I don’t quite get this particular scene. Why don’t you fill me in on what happened or
4 how you were feeling”? Then I would tell her what it had been like. Then she would go
5 right in front of the camera as though she had been walking in my shoes at the actual
6 event. So as we were looking at the re-runs everyday it was really eerie. Occasionally I
7 had to walk away because I could not stand to see it again if you will because it was so
8 painful the first time. Then to relive it again on television or while it was being filmed, it
9 was painful.

10 LC: How did Glenn Close strike you? Was she a very thoughtful person?

11 MC: Like your next-door neighbor that you really like. She could not be warmer,
12 more genuine, more open, just a real decent, decent human being. If I can give [an
13 example]; the first day we went up on the set, we drove up to where they were shooting.
14 Glenn saw us coming, realized who we were and as soon as the particular sequence had
15 been shot she came over to me and introduced herself and said, “Hello and my dad would
16 like to talk with you”. I thought, “What in the world?” I don’t have a clue what’s going
17 on. So she calls her father who is a highly regarded surgeon who worked as a medical
18 officer [surgeon general] for one of the African kings. It sounds something out of
19 Jurassic Park or something. Her dad and I had this long wonderful conversation. It was
20 like she just sort of made some assumptions that we were good buddies. It was that sort
21 of real genuineness that she had then. When I ran for Congress some years later she
22 came to a couple events, which of course made it a big deal, in support of my candidacy.

23 LC: You said earlier in transitioning to becoming a public figure, a very well
24 known public figure, and an activist for veteran’s rights issues and gay rights generally
25 that all of that really isn’t about you. Can you talk about that a little bit more?

26 MC: I think if your ego goes along with any of this stuff, you’re in trouble. My
27 notoriety occurred because there was something about what the government was doing
28 that resonated as being unfair. It was unfair to me, but what I think and hope to represent
29 is the hundreds and thousands of other gay and lesbian service members who have served
30 and who don’t have a voice and have not had the exposure or the opportunity to talk
31 about what the military did to them if you will just because of their sexual orientation. So

1 I think I have felt that the media created me as a name that people would recognize. As
2 long as somebody is still remembering that, I have an opportunity to talk about the
3 continuous fight of gays and lesbians serving in the military. I'm a dead case, an old
4 case, a cold case. Cold case I guess is what it is on television. The story of gays being
5 discharged is still a continuous case. Until that law changes I will continue to speak at
6 every opportunity. That doesn't have anything to do with me. I did get re-instated. I did
7 win my lawsuit. Finally things closed off totally after 10 years and through the
8 extraordinary work of my attorneys. But in its place is the Don't Ask, Don't Tell law,
9 which we continued to lose in 1993; we were losing two to three people per day to the
10 law. Not because of misconduct, but because of witch-hunts and because of just them not
11 being able to live under that sort of horrible condition of never knowing whether or not
12 you're going to be beaten up, killed or discharged from the military. So, it's not about
13 me. But it is about our collective cause of trying to change that law.

14 LC: Were you disappointed with President Clinton when he failed to eliminate
15 the provision from both military rights and the law?

16 MC: I was devastated. I was in Washington D.C. getting ready to celebrate with
17 everyone his election. I was actually at a fundraising event and major event for David
18 Mixner who had been Clinton's roommate in college, also a gay activist who had worked
19 very hard for Clinton's re-election. So we were all thanking David for his work. In the
20 midst of that event, [Congressman] Gary [Studds] said a Congressional representative;
21 one of two gay legislators came over and said, "Grethe, the President will not be signing
22 an Executive Order". Tears just welled up. We had so counted on him. He said that if
23 he had signed that Executive Order both in the House and in the Senate there were plans
24 to introduce a bill that would overturn the Executive Order and would ban gays and
25 lesbians from serving all together. In its place the President would institute a
26 moratorium, a six-month moratorium where there would be discussion on how to
27 implement a policy where gays could serve in the military. So there was this huge tragic
28 disappointment. Among other things there were many gays who were coming out on
29 national television because they believe that they were going to be safe. Then there was
30 this six-month period of where there was lobbying afterward by many of us. The Senate
31 hearing was a part of those hearings. Talking to the Congressional, or at the Senate and

1 realizing it was all a set up because the decisions had already been made, regardless of
2 what we said it wasn't going to make any difference. Which was extremely difficult in
3 not understanding what lobbying and congressmen jockeying for position is all about.

4 LC: Grethe is that when you spoke with Senator Sam Nunn?

5 MC: Yes.

6 LC: Did you speak with him privately or did he convey what he understood or
7 what he thought the intent of discharging you was? Did he convey that publicly?

8 MC: That was with his legislative assistant. It was conveyed through him when I
9 spoke with him. I think his last name was Adams. That had never been their intent and
10 they would look into that. But then in the course of time, I won the lawsuit anyhow. It
11 makes for good copy.

12 LC: At what point did the lawsuit decision come to you and in what court was it
13 decided?

14 MC: We went into Federal District Court in Seattle. There were a number of
15 various appeals at various levels. So it went up to the Ninth Circuit [Court of Appeals] a
16 number of times also. Then in July of 1994 I was contacted first by the Northwest
17 Women's Law Center to say that we had won our lawsuit and that we were going to have
18 a press conference. I of course was ecstatic and the newspaper picture showed me with
19 my two Northwest Women cooperating attorneys just beaming because we had won. Of
20 course it was a big deal. The Justice Department had lost and lost really good.

21 LC: What was the judgment actually if you can capsule it?

22 MC: It was that my discharge had been unconstitutional.

23 LC: On what grounds?

24 MC: That I had been denied equal protection. I think here is a present my two
25 attorneys framed the decision. "Margagethe Cammermeyer: plaintiff versus Les Aspen:
26 Secretary of Defense et al. defendants." It's there now. So I was sent back on active
27 duty. I got a call from the Adjutant General who was the commanding officer in the state
28 he said, "Colonel Cammermeyer you were never discharged. Next weekend is a drill
29 weekend and we expect you to report" and that was it.

30 LC: How was it for you going back to service? Can you describe that feeling?

1 MC: Yes, it was eerie. The press wanted to be part of it all. I said I would be
2 driving through the gate at such and such a time and when I left on Sunday evening I
3 would stop and meet with them. So I drove on to post. It was a time, when because of all
4 of the notoriety, it was very humiliating that anybody should even know that I was gay.
5 It was nobody's business. I just wanted to do my job. So you feel naked essentially. As
6 though you're running around the street and everybody knows who you are.

7 LC: And this is the thing they now know about you, the only thing in most cases.

8 MC: Yes, at least I was in uniform so that they could see my biography. At the
9 same time it was this very personal intrusive, not socially acceptable label. At that time
10 particularly, because this was 1994, it was only 10 years ago. But perhaps it was my own
11 homophobia that made me feel very, very exposed and vulnerable. So I went in, I was in
12 uniform. I went in and was welcomed back to the unit. They applauded and seemed very
13 pleased to see me. My book had just come out, or was just coming out. They wanted to
14 get my signatures on it and things like that. Which was also weird.

15 LC: Like you're a rock star now or something.

16 MC: Yes, but obviously the people who are asking for it, by this time my
17 "gaydar" was not mis-functioning (laughter). It was like we ought to just cool this. I'll
18 sign it in the parking lot, behind the alley or something.

19 LC: Right it could be dangerous for some people.

20 MC: Yes, so I was certainly well received back at the unit. I felt there were so
21 many things that had changed for me also in no longer trusting, no longer feeling that
22 blind faith in the greater good in the military. So I was somewhat disenchanted. The
23 person that had replaced me at chief nurse had done a real good job. When I came back
24 in they said that I should go back and resume my previous position. I didn't want to do
25 that, I thought that was inappropriate. I had lost two years of continuity and I had
26 mentored him to do the job. He had done a good job and then for me to come back and
27 blindside them just because I won struck me as being really unfair. First he and I
28 discussed things of what I could do sort of on the periphery and him to maintain his
29 position. Then I ultimately asked for a re-assignment, which was denied. I think part of
30 that was fear of a lawsuit or something else. So after a year of doing additional
31 assignments but not really finding any meat I went into an inactive status. Which meant

1 that I didn't have to report to drill and things like that. But if there was call up that I
2 could be called up and I had some options about going back more actively. I think
3 probably the most interesting thing that happened throughout my re-instatement was I
4 received a phone call from Personnel and said, "Colonel you meet all of the requirements
5 for a general position that is now vacant and we'd like to submit your packet." I thought,
6 "What an irony?" I started to laugh. I said, "Do you know who you're talking to?" He
7 said, "Yes ma'am". I thought three years previously I would have jumped at that
8 opportunity. I said, "I prefer that you not submit my packet".

9 LC: If you can just explicate what made you make that decision.

10 MC: I think, as I said previously, I had become disenchanted. The role of being
11 gay in the military even though I was now covered under Don't Ask Don't Tell, so
12 nobody was supposed to know except for the movie and the book.

13 LC: Right a few little inconvenient things like that (laughs).

14 MC: This was not where my heart was. I think there would always be that
15 tension within me that either I'm not going to get a position because of being gay or that
16 why subject everybody to the struggle trying to figure out whether or not this is going to
17 be a detraction. So I decided just not to go through it. I would finish up my time and
18 retire.

19 LC: When did you retire?

20 MC: I was mandatory retired after 31 years in 1997.

21 LC: Was that difficult for you or was it a relief in some way?

22 MC: It was a surprise. I hadn't realized there was a mandatory retirement for
23 officers after 30 years. So I didn't have my parade. So it was really anti-climatic in a
24 way. But in lieu of that, I ended up having a big retirement party here at home.

25 LC: I bet. When did you decide to make a run for public office?

26 MC: Diane and I had built this home up on an island. I retired from both my
27 civilian job and the military job. Spent a year finishing up things here and didn't have
28 anything to do. A fellow here on the island said, "Grethe if you're not doing anything
29 why don't you run for Congress"? And with deep thought I said, "Why not"? I have to
30 tell you that was the conversation. I had not a clue of what I was getting myself into. It
31 was probably the most eye-opening experience that anybody could possibly have. It was

1 for the '98 election. So I started, I think it was the fall of '97. I thought hey, I've got
2 military experience, I'm a nurse and I've got time and I'm smart. I thought those were
3 probably good credentials, when you're running for Congress.

4 LC: Now did you get through the primary?

5 MC: Yes, I won in the primary two to one against my opponent. I was running
6 against a 40-year veteran of politics, an incumbent who was running for his last term for
7 Congress. So it was a little bit of a set up. But I didn't know that. But I didn't get any
8 support from EMILY's List. I didn't have support from the Democratic Party. So it was
9 an uphill battle. But I only lost by about 5 percentage points with all of that. So it wasn't
10 bad all things considered. It was a great experience. I'm now chair of the Democratic
11 Party out here, which is sort of ironic.

12 LC: Yes, again another irony.

13 MC: Now I think people realize I'm a good organizer. We have markedly
14 increased the number of people that are involved and vote and when I was telling people
15 that Diane and I had gotten married on the 19 of March, everybody was celebrating with
16 us. It's this in your face and it's a little bit scary at first for everybody. Then after that
17 it's like old news, let's move on with it. I think that's been the exciting thing for all of us
18 is to be part of always needing to take on the challenge. I don't know if I've mentioned it
19 previously but what I use, as a mantra if you will is that, "If you're in a place where
20 you're uncomfortable, it's where you ought to be". Anyplace else you're among friends
21 and family and you're not going to change anything.

22 LC: You're resting.

23 MC: But if you're uncomfortable. Diane who has never considered herself an
24 activist just now married to one, she goes to the Episcopalian Church. The week after we
25 were married she stood up in front of the whole congregation because they asked if there
26 was something special that went on in their life. So she stood up and said, "Grethe and I
27 got married on the 19th" and people applauded and smiled. She still is getting
28 congratulations. She would never, not only would she never have done it previously, the
29 homophobia would have gotten in the way. She could never have imagined the positive
30 response. There was not a scowl or a face of rejection in the crowd.

31 LC: First of all where did you receive a license?

1 MC: We eloped and went to Portland.

2 LC: Today's the 5 of April are they still issuing licenses?

3 MC: As far as I know they are. There are some counties in Oregon that are not.
4 They've put both gay and straight marriages on hold.

5 LC: Really?

6 MC: Yes, there was a decision by the attorney general in Oregon evidentially
7 suggesting that he was not at all convinced that the laws that existed in Oregon was
8 Constitutional. Therefore, to prevent lawsuits they would not prevent the signing or the
9 issuing of marriage licenses.

10 LC: Can you talk about the parallels if you see any between allowing gays to
11 serve un-harassed in the military and the civil rights issues around same sex marriage and
12 unions?

13 MC: I think that as society changes and recognizes that gays and lesbians in
14 society are just like everybody else in society that the military also is going to have to
15 adapt. The unfortunate thing is that because it's a law, it needs to be changed through
16 Congress. That may act as drawback because many are going to be reluctant to make a
17 vote in support of civil rights unless it can be couched in terms of a social need or a
18 military need because we can't lose more good, trained service members. To me, the
19 many steps that we continue to need to take for full equality, our civil as well as our
20 human rights. It may be that we get marriage rights before the military changes. I think
21 if they're going to continue to have a volunteer military they're going to have to shape up
22 because the youth of today could care less. It's the old guard and the radicals on one side
23 or the other that are the ones that are entrenched in this mixing I think erroneously civil
24 versus religious components of the diversity in society and in the world.

25 LC: Can you give a sense in how active you are now in speaking, in politics?
26 How much traveling do you do on behalf of causes that we've been speaking about?

27 MC: There are cyclic interests in gays in the military. I am on the honorary
28 board with the Servicemembers Legal Defense Network and affiliated superficially with
29 the Center for the Study of Sexual Minorities in the Military. So my actual speaking and
30 involvement depends on what's the hot issue at the time. Sometimes I'm asked to
31 participate. I don't consider myself the best person any longer. There are a couple of

1 really fine flag officers, general and admirals who are now in the forefront. They outrank
2 me so I may have the history but they have credibility by rank. It's a little bit like it's not
3 about me, that my story is interesting, been-there-done-that, but now it's the people who
4 are struggling with the Don't Ask, Don't Tell law. If you're not relevant you're history.
5 At the same time it's trying to get the people that can make the difference who get the
6 name recognition so that they're out there talking. So there's a part of me that thinks I'm
7 going to be forgotten. The other part says, oh I'm going to be forgotten (laughter)!

8 LC: I hear you.

9 MC: So it's a curious thing. It's always flattering when someone says, "I
10 remember when". You think, "That's nice, what can I do now to sort of re-energize that
11 people will remember for more than just the old stuff, but there's something new." On a
12 personal note there's the mature part of me that says, time to move on. Do something
13 different. The child in me says, "I'm still here"(laughter).

14 LC: On that note, in terms of the contemporary conflict that the U.S. military is
15 committed to do you draw any comparisons between that and the war that took you
16 overseas to Vietnam?

17 MC: I think the main similarity is the public displeasure. And curiously
18 nowadays it's almost by political party. One is using patriotism and the soldiers, as a
19 reason for supporting a conflict that if you look at it, what the real reasons were for going
20 and how the American people were duped it's very similar to Vietnam.

21 LC: Now by duped, can you say what you mean?

22 MC: The Bay of Tonkin, being the reason that we allegedly committed forces in
23 Vietnam even though we had been building up there for quite sometime. On the one
24 hand, versus weapons of mass destruction and imminent threat to America as being a
25 reason to go into Iraq, a sovereign country that had done nothing other than offend the
26 President or the President's father. That's not to say that isn't a bad guy. But why did
27 we not do anything in Rwanda? Why did we not do anything against the genocide that
28 was taking place elsewhere in the world? Suddenly out of just a willy-nilly of a President
29 that has set in his mind that we are going to go into this country [Iraq] and they're just
30 going to be so happy to see us. I think it's really scary. In terms of Vietnam and the

1 comparison between the two I think it's mostly the way that the American people were
2 duped.

3 LC: Grethe, I want to thank you for your time this morning and for participating
4 in the oral history project.

5 MC: My pleasure.