The Vietnam Archive
Oral History Project
Interview with Leo LaBell
Conducted by Kara Vuic
July 25, 2004
Transcribed by Jessica Harrell

NOTE: Any 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.

Kara Vuic: Okay. This is July 25, 2004 and I'm Kara Vuic calling from Columbus, Ohio. I'm talking with Leo LaBell, who is in Huntington, Connecticut. It's about eleven o'clock in the morning. We'll just kind of start with where you were born and raised, where you grew up.

Leo LaBell: I was born and raised in Manchester, New Hampshire. I was born on seventeen March 1943, which makes me sixty-one. My parents were also born and raised in Manchester, but we were about third generation Franco-Americans. I have one brother, Andy, who currently lives in Texas. That's the only siblings that I have.

KV: What does your brother do?

LL: My brother's a CPA (certified public accountant) down in Fort Worth.

KV: What did your parents do?

LL: My parents were basically laborers. Both of them had gone through grammar school but never got to high school. So they held a number of different jobs. My mother primarily worked in the textile mills in Manchester, which was the largest industry there for many, many years. My dad, who had become a machinist and stuff, held a number of different jobs. He'd work at the Portsmouth Naval Shipyard during the war and later held other different positions, one in a shoe, I mean, a brush manufacturing company. At the time of his death, he was a guard at one of the local reform schools.

KV: So it was just you and your brother growing up?

LL: Right.

KV: Would you say you had a normal childhood? Was it exceptional in any way?

LL: I don't think it was exceptional in any way. It was—I think it was pretty typical of the kind of upbringings most other people that were my contemporaries had in that area. At the time that I grew up, Manchester was physically divided by the Merrimack River. The primary ethnic population on the east side of the river was Irish Catholic, and on the west side French Catholics. Over the years, I guess there had been some animosity between the two groups and stuff. On the side where I grew up were primarily French-American second or third generation French speaking people. Most of the people that I grew up with went to parochial schools. There were some that went to public schools, but clearly the parochial schools outnumbered the public schools at the time. The kinds of activities and things that we were involved with were I think pretty typical of the time, but I certainly don't recall anything spectacular that would have made any of us different I think than most other people growing up in that area.

KV: Was growing up in an ethnic neighborhood, was that kind of a big part of your life, or was it just kind of—?

LL: I don't think it was. I think it was just a part of the life. I mean, as a kid, I'm not sure I was even aware of or thinking about it in those terms. I was only vaguely aware that there were other ethnic groups elsewhere, but it just seemed natural that the people who had migrated down from Canada had tended to group together. I was in the group that you know, you needed to belong to. So, I don't know that there was anything special about it or that I thought about it much.

KV: Growing up as a kid, did you think about nursing as a career or did you come into that later?

LL: No. That's an interesting story. By the time that I got to high school, I went to a—excuse me, I'm sorry. I've got a frog in my throat here. At the time that I started high school, I ended up going to an all-boys Catholic high school that was actually a consolidated high school for all of the parochial grammar schools in the region. Like most of the kids in those days, I was looking for summer employment when I got to be about fifteen or sixteen. My first job was at a local hospital. It was cleaning up in the x-ray department after—well, at the end of the day. So after school, I would go down and

clean the x-ray department. That I did for approximately about a year or so. I say I started at the bottom because one of my tasks was to clean the x-ray rooms after the barium enemas. I figured that was really starting at the bottom, and I've worked my way up since then. But in terms of that job, it was really just a job. One of my best friends had beaten me in the door, so to speak. He was already working there, doing the same kind of thing. So he had told me about the job. I went down and applied and we both worked there for about a year, year and a half, in that time frame. Now after that, I wanted to make a little more money and stuff. There were jobs open for orderlies. So I ended up taking a course to become an orderly, and that course was taught by a registered nurse by the name of Ruth Slattery. Ruth was one of those people who was a very good people person and a good instructor and stuff. I learned a lot from her. But it was still to me at that time just a job. When I finished high school, I went off to college, and at the time that I finished high school, I didn't know what it was that I wanted to do. So I sought out some counseling and advice of people. The general rule that I got, I took the usual test and all those things. The test indicated I should become a nurse, but I of course at that time didn't pay much attention to that. There were a lot of other options that came in a close second. Based on the fact that I didn't know what it was that I wanted to do, most of the counselors advised me to take a business college course. So that's what I did. I trucked off to Boston College in 1960 in the school of business, and I was there two years. It was basically a very—as I'm sure it is for a lot of college kids, my first time away from home, a time for real personal growth but also a lot of confusion at that time. I didn't really know what I wanted to be and didn't know what I wanted to do with my life. In any case, I took the courses. I didn't do very well, but I grew increasingly dissatisfied with what I was doing. By the middle or so of my second year, my sophomore year of college, I decided that this really wasn't the route that I wanted to go to. I thought more and more about coming back into health care and becoming a nurse. I made a somewhat clandestine call, because I didn't want anybody else to find out about it at the time, to Ruth Slattery, and discussed my concerns at that time with her. Over the course of several months of additional phone calls and counseling by her, I did leave college and ended up applying to the nursing school. It was a three-year diploma nursing program at Sacred Heart Hospital where I had been working in Manchester, New

Hampshire. So I ended up applying. In those days of course that was pretty unusual, but I did end up applying and then got accepted. The rest as they say, is history. That's how I got into it, but it was kind of natural evolution from my first couple of jobs as a teenager and then growing dissatisfaction and clarification I guess with what it was that I wanted to do with my life.

KV: What was it that was unusual? You said when you left college and went to the three-year program in the hospital it was somewhat unusual?

LL: Well, I think—well, first of all, there are a couple of things that I think are both important in terms of understanding what it was that I did and what the time was like in the mid, actually, it was early 1960's, around 1962 when I started the nursing program. In those days, this was a small Catholic hospital in a rather puritanical New England atmosphere. It was certainly unusual for men to go into nursing. There were all the usual stereotypes about men being homosexual, et cetera who went into nursing. I was aware of but wasn't particularly bothered by some of that. It for some reason didn't really bother me much that people might think that. But there clearly were a lot of very real concerns from people and there were a lot of stereotypes. At the time that I started my nursing program, there were only about one percent of the total nursing population in the United States were men. Today it's about pushing around eight percent. So the change has been slow. But at the time, it was unusual. I ended up being accepted into the nursing program. I was the only male. There were roughly about two hundred females in the program split out amongst the three-year—three years' worth of classes. There was a lot of concern because they knew that at some point it was going to create some problems for the hospital as well. At the time that I started the program, I was the third male in the history of the program. The first two, one was at the time that I started my interesting program, one was the—the first graduate was now the assistant administrator for the department of nursing, an assistant administrator to the hospital. The second guy who had come along a few years later after the first, was at that time operating a nursing home in Florida, is my understanding. I never met that man. So I was number three coming down the pipe, but the rules had changed. When the first two guys went through, they didn't have to take obstetrics and gynecology. They ended up taking a course in neurology during the time the girls went off and did OB/GYN

(obstetrics and gynecology). But in the interim, until I came along, the rules were changed and it became mandatory to do OB/GYN because it became part of the nursing boards in order to become an RN (registered nurse). So you had to have the course to pass that portion of the examination. So they knew that was going to present problems. I ended up doing my OB/GYN rotation in the latter half of my second year in the nursing program. By that time fortunately, I had developed enough of collegial and support of relationships with other classmates that they were very, very helpful. In fact, one of them is the person who became my wife and we're still married. I think it's about thirty-six going on thirty-seven years now. So they would help me out for answering questions that I had or for explaining things and stuff during that rotation. Still, there were some things about it that really made it a little different. I ended up being the first male nurse to take obstetrics in the state of New Hampshire. The only other program that accepted males was at the state hospital in Concord. They sent their students to a hospital in New Jersey for their OB/GYN experience. Being a large city down there was never a problem, but it was a problem for us, or for me at the time that I went through my program. Fortunately, Ruth Slattery, who's the person I mentioned earlier, was also the supervisor for the OB/GYN department. She had no problems at all with having me around, but she knew she had to be somewhat selective about who she'd pick as my first patient to be with for a delivery, because she knew everybody was going to talk and they were already talking. There were all kinds of apprehensions and stuff. So she had to be very careful. So the first patient that I had in obstetrics was a patient by the name of Jane Pokego. She was kind of the ideal patient to go through this with me. Jane was a civil engineer who along with her husband ran a construction company. Jane can tell you how many feet of concrete you need to make a two hundred foot driveway and those kinds of things. At the time she'd gone through civil engineering school, she was the only girl in her class of two hundred guys, because there was not yet the women's lib era and women were still pretty much prescribed to traditional roles, as were guys. So both of us were kind of non-traditional roles. Jane was having her third baby and she didn't have a problem having me around at all. Everything went off without a hitch. It was never a big thing. I saw her once or twice after that, and she still was you know, not at all unhappy with the

experience. But at least it went well and so there were a lot of people's fears were unfounded, and after that there wasn't as much of a problem.

KV: Did you ever have—were other patients ever concerned? Was it ever an issue with other patients later?

LL: Well, I think the people generally were not aware. I think probably a lot of patients just automatically assumed that I was a physician, even though maybe nobody ever said that or tried to mislead a patient about who I was and stuff, but I think it was just a natural tenure of the times. People again were much more attuned to traditional roles. They tended to see men as physicians and women as nurses. So the fact that I was a nurse never really occurred to them, I don't think. It isn't that I didn't experience some other either criticisms or experiences as I went through the nursing program where my status as a nurse came up as an issue, but there really weren't the kind of everyday kinds of problems. It wasn't until the mid '60s and later that people started questioning traditional roles and that that would have become much more of an issue, the issue of individual rights and stuff wasn't as prominent then as it was after the mid '60s. So I think people just kind of went along with it and never really thought too much about it. It was in my view, it was a real time of lack of sophistication, and people were pretty naïve about traditional roles. I think if you match it up against people today in the same age category, the views would be entirely different.

KV: How were your relationships with the other nurses? Did any of the other female nurses have issues with you being there, or were they pretty supportive?

LL: In large, they didn't confront them. Now I have to—to answer that question, I have to say first and foremost that the students, the girls who were with me in my class were generally very supportive, and for the most part I think so, too, were the other students. I think there was an inherent sympathy of one student for another regardless of sex. So there really wasn't a problem with the students except in those days, the nursing school had its own dorm for the students. The dorm had a dorm house mother kind of individual. There were curfews for the girls and they had to be in I think it was eight o'clock on school nights, okay? I was the only male allowed into the building past the receiving parlor. So that made some of the boyfriends jealous, but that was really the only negative experience I think that I can remember with my classmates. Now with the

staff nurses, again encompassing a pretty wide range of age groups, there were some newer graduates, i.e. who had been nurses less than five years who were probably for the most part under thirty years of age at the time who were pretty accepting and supportive and didn't really hassle me much. Some of the older nurses who were say in the fifty-five, sixty, and older range, really communicated that they didn't think I should be around or should not have been allowed into the program. Sometimes it created some problems. One of the things in the OB rotation for example was that at that time, as opposed to today, the OB rotation was a three-month rotation. One spent a month in labor and delivery. One spent a month on the postpartum floor. One spent a month in the newborn nursery. Especially I remember when I was in the newborn nursery, in those days we used…there were no such things as disposable diapers. So we used regular diapers and we had to clean them ourselves and stuff. So that was a role that fell to the students. There would be those times when I would be on and get assigned that task of washing the diapers. Some of the older nurses would just come and stand in the doorway and just give me the evil eye and not say a thing, but took great pleasure in watching me do that. You know, my attitude at the time I think was basically, "Well, I'm going to do this regardless, and I'm not going to let you get me down." I just made it sound like it was the greatest thing in the world to wash diapers. Anyways, I got through it and there were never any open confrontation of—nobody ever openly criticized me. I think that that just would have not been something people at that time would have done and nobody did. Nobody—I mean, we discussed it. You know, I discussed it with some friends and advisors. I was concerned that some of those things might crop up, but they never really did.

KV: Where did you live? Did you live in the—?

LL: At that time, I was living at home. My folks owned a home in South Manchester, and I had my own transportation. So I would go to school every day. I was basically a day student and I lived at home. Again it wasn't much of a problem from that standpoint. When I dropped out of college in Boston, I'd come home and was living at home for that time and all the way through until the time I came into the military.

KV: Was that something that they allowed you to do because the housing situation would have been a problem? I mean, were there other—were there female nurses who lived at home as well, or did they make them live in the dorm?

LL: No, there were clearly, there were a number of nurses, of students, who were contemporaries of mine who lived at home. In fact probably at that time, the majority did.

KV: Oh, okay. What did your family think about you going into nursing?

LL: Interesting. I kind of say again, it just wasn't a time when people would openly criticize. I think people who were my extended family, aunts, uncles, cousins, those kinds of things, may have had, you know, some private thoughts that they didn't share with me. Nobody again openly confronted me. I think in terms of that particular time, there were some that were I think pretty supportive. I can remember a couple of aunts and stuff that didn't have any problem with it and were generally openly supportive. On the other hand, I can't say that I'm convinced that they were all very supportive. I think that a lot of them probably shared the stereotypes that I mentioned earlier. Now my immediate family, I had been the first person in my family on both sides, my parent's side and my father's side to go off to college. In the time that I did, I think that was seen as a major leap forward you know, for the family. I think that was an important thing that they saw as important and as an extension of the things that they had not been able to achieve themselves in their own lives. So I think they were very much hip on my going off to college. Then when I dropped out, I remember the biggest trepidation that I had when I made the decision to apply to nursing school was telling my folks that I was going to do that. Interestingly enough, and I'm not surprised, given my folks, but they were very accepting. I always sensed that they were disappointed that I left college at that time and to go to a three-year in what was in those days a diploma nursing programs, in those days most of the nursing programs in the United States were diploma-based, were not college-based. So I think in that sense, they sensed that I had made a bad decision and they were probably a little disappointed. Later, when I got my degrees and stuff and achieved a college education, I think they felt better about it. I think my mother at least—my dad never said too much, but my mother I think was very supportive of what I had chosen to do. I think it was more important for her to know that

I was happy doing what I was doing. The other thing about that and if one can really make conclusions from kind of general experiences, I think my mother had always seen me as the person who was more of a caregiver kind of individual. That is, when people—you know, like if she was sick or if—I was the one who tried to naturally express concern and would try to help out in whatever way I could and stuff. So from that general kind of thing, she maybe was not overly surprised about how I ended up, but I can't say she was other than openly supportive, and if she had any reservations about it except for the fact that perhaps the general sense of disappointment in my having dropped out of college, really wasn't very disappointed otherwise about it.

KV: You said that there were a couple instances where you being a male nurse was an issue. Did those come about in nursing school, or was that later?

LL: A couple of them occurred in nursing school. Actually, most of my negative experiences with regards to being a male in nursing occurred during the program, and looking back, really kind of the worst ones I've already told you about. When I was on affiliation for pediatrics, for a pediatric rotation, we went to Boston Floating Hospital in the downtown Boston area. There, there were a large number of guys because they came from programs from around especially New England. There were people there from various Boston programs. There were people from Connecticut and Rhode Island and Maine and stuff. So I was not the only guy on that rotation. I remember one particular afternoon, we were working the three to eleven shift, and it was midsummer. It was like July. It was very hot and humid. There was no air conditioning in the hospital in those days. There were I think three guys on. There were two other guys and myself that were the only students on the floor that particular afternoon. A patient was admitted, and the mother just absolutely refused to believe that there was any such thing as a male nurse. She kept insisting that we were all physicians. At first was bothersome from the standpoint that we were trying to set her straight, but it quickly became apparent after continued discussions over the early part of the afternoon, that she wasn't going to believe us and there was just no point in us continuing to try to persuade her. So basically, we just ignored her and went on, took care of the kids, including her child. I don't know that to this day she recognizes such a thing as male nurses. Those kinds of little bothersome experiences occurred, but nothing really major. We're not talking here

about the kind of situation that I think people envision, the stuff of TV dramas where somebody says, “You’re not going to take care of my wife because you’re a male.”

KV: Right.

LL: I don’t know if you know that, but there’s a lawsuit that just arose a few months ago now, and I believe it was in South Carolina along those lines. Those things still do occur, but I never personally experienced them nor do I know of any guys who experienced that level of open hostility or problems.

KV: That’s funny that she just would not believe that you were male nurses. Did she just think you were lying?

LL: It was a totally alien thought to her. Again, given the times, we’re talking about 1963, ’64 here, I think that you would have to—if you looked back at it, it wouldn’t seem strange. It seems strange by today’s standards that somebody would be so uninformed, but it really wasn’t at that time. It was rare enough, I mean given that Boston Floating was really a big time referral center for pediatrics, probably most of the parents who had been there in their own hospitals where their kids were first seen, probably had never run across a male nurse either. They just didn’t know anything other than the fact that males were physicians and females were nurses. How they live their lives.

KV: Had you ever encountered female physicians at that point?

LL: Let me see. If I did, I cannot really recall a specific incident. The first time I remember running into female physicians that I can remember specific incidences of stuff in terms of my interactions with them was in the military and probably sometime after 1975 or so. Most of these people had gotten into medical school after they had—after the women’s lib movement and a real shift in the gender equality movement. By the time those people hit the military and I ran across them, and I ran across them in the military I think in part because the Uniformed Services University was probably one of the first to provide equal opportunity for those medical students. I think they were on board faster than some of the civilian medical school. But anyways, that’s where I first ran across them and interestingly enough, over the years I have found that women physicians generally are much more supportive of male nurses than you would expect. You would think that there might be some animosity between the two. There’s isn’t because a lot of

our experiences in overcoming stereotypes I think were very, very similar, so that there really wasn't, and has not been for me anyways, a problem getting along with female physicians. If there's been a problem getting along with them, it's for other things than gender. It's been practice based or something along those lines, but never had an experience where somebody rejected me or I got into an argument or something with somebody simply because of the differences in gender. It just didn't happen.

KV: You said that one of the female nurses that you met in nursing school actually became your wife, right?

LL: Yes.

KV: So you guys met. Were you in the same class?

LL: We were in the same class and there were, let's see. There were two hundred girls in the school. There were approximately about, I want to say somewhere around forty-five in my class, forty-five to fifty, somewhere around there. They came pretty much from throughout New England. We were for the most part all about the same age group. There were one or two that were a few years older. I was a few years older at that point because I was, let's see, about nineteen or twenty. Most of them were probably seventeen or eighteen at that point. I dated some of them, my classmates and stuff occasionally during the program. There was really at that time more group activities. I won't say it was group dating. It was primarily getting together for coffee for study sessions and those kinds of things. That was probably, at least early on, the greater portion of my quote "social life" at the time. My wife was part of one of those groups that were about five or six of the girls and me who we really got along very well together. My wife wasn't particularly interested in me at the time, and in fact kind of probably disliked me. She'll even admit to it. But was there a problem? No. That group, I found very, very supportive. They generally helped. Everybody in the group helped each other out. There was never a real problem. My wife and I didn't start dating until oh, mid to late my second year. Yeah. It must have been a middle or late period of my second year in nursing school. We were going out intermittently at that point. By the time that we graduated, we were going out on a fairly steady basis. Then I was going right into the military and I had two years of my anesthesia training program to get through. My wife and I ended up getting married about six months before I graduated

from that program, so. By the time we got married, my wife and I had been dating almost five years.

KV: When did you join the student nurse program?

LL: At the end of my second year. The Army at that time, as I guess most of the services but I know the Army in particular, had an active recruitment program for nurses. Vietnam had started up. They needed more medical personnel. The Army Student Nurse Program, which no longer exists, was then in effect and basically for a two-year commitment, they were going to pay for your last year of school. Well, in those days, the draft was still in effect. I was prime draft age. I knew that it was going to be only a matter of time before they would draft me. So by my signing up I was going to fulfill my draft obligation plus get a little money to pay for my schooling, which was certainly helpful. As it turned out, I got a year's worth of credit towards my military service for retirement, but that was only because I ended up staying for twenty years in the Army. In terms of those experiences, there were actually I think a total of four or five of my classmates who signed up for the military. I was the only one who ever ended up making it onto active duty. Like I say, I ended up staying twenty years. Some of the others signed up initially and were unable to make it in for either physical problems that developed or something along those lines, but I was the only one who ended up serving in the military, but there were four or five of my class who signed up for the student nurse program.

KV: How did you hear about the student nurse program?

LL: Well, at that time, there were regional recruiters for the Army. They went around to all of the various nursing schools in the region. The person who did the recruiting at the time that I went through the program was a male. He and his later counterparts operated out of an office in Boston, but they virtually traveled throughout New England. They would go to Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut. So they came through and gave a spiel. When I heard that and knew what I was facing, I inquired further and then over the course of time I ended up signing up for that program.

KV: Was this male recruiter, was he a nurse as well, or was he just a—?

LL: Yes, these were all—at that time, the Army Student Nurse Program recruiters were all RNs in the military.

KV: What kinds of things did he tell you when he came in and made his little demonstration or program or talk?

LL: Well, it's not a whole lot different than it is today. Recruiters try to tell you all the benies, all the benefits, and those included obviously getting paid while you were going to school, the kind of latitude of practice that you would have in the military setting once you graduated, the fact that you'd be paid as an officer, and that you would have all kinds of power, prestige, and those kinds of things. Some of which of course never materialized. There was a little bit of hype, but by and large they probably don't do anything illegal and they're probably no different than recruiters in other fields. But they generally try to sell you on the positive things. They didn't emphasize things like getting shot or killed.

KV: Right. Did he have pictures, or do you remember any brochures or anything that you saw or that he had?

LL: Well, only vaguely, but that's a long time ago we're talking about, '63 or '4. You could only at that time sign up for the Army Student Nurse Program for the last two years in a collegiate program and the last year of a diploma program, which was what I was in. So I basically signed on towards the end of my second year and actually was sworn in—I want to say—if I remember correctly somewhere around—it must have been about September of '64, give or take a little bit. So in those days, I can't recall—I mean, I remember there were generally some brochures and those kinds of things, but I can't recall specific items. There were things that I was generally aware of about the military in terms of like, medical benefits and those kinds of things. But I can't say I remember specifically one thing or another being touted as a main draw for signing on.

KV: Did he talk to you specifically about being a male nurse in the military? You know, having had that experience himself?

LL: Well, I can't say that I recall that. I recall being somewhat impressed that it was a male recruiter because that wasn't what I was expecting, but I can't say we had any specific discussions about that. If there was, it probably would have been restricted to, "What can I expect as a guy?" I think that the answer would have been just as I would

give it now, "You will be treated as fairly as anybody or anyplace else that you would ever go." That was my experience. But when I came on active duty, all of the potential problems of interactions, negative interactions based on gender just did not occur. I mean, I found it a very professional, very accepting, very equal treatment kind of situation for both men and women in terms of how they were treated on active duty.

KV: Had anybody else in your family served in the military?

LL: No, they hadn't. Well, yes and no. When you say my family, it depends on which point you go to. My dad did not serve in the military. He tried several times to sign up and they kept making him get a deferral because of his work as a machinist working on submarines in the naval yard. They basically kept him from signing up. He did not serve. My brother did not serve. My brother's two years younger than me, and so at that point he, too, would have been draft eligible. He fell through a glass door and basically severed an ulnar artery, nerve, and vein, ended with some dysfunction of his hand and made him 4F. So he was not eligible for the draft at that time. He was called up and given a physical deferment for that reason. I had aunts and uncles who—sorry, not aunts, but uncles who had served in World War II basically in the Army and I think Navy.

KV: So what did you think about military service at the time?

LL: Oh, at the time, I knew that the Vietnam War was on and that was eating up a lot people in terms of how the military was dealing with that. I mean, they were basically going with one or two year tours. I knew that the buildup was increasing. I knew that I was draft eligible and would be in the military at some point in time, but I certainly had no, absolutely no idea of coming into the military and serving for twenty years. That didn't come till much later. I had no intention of making the military a career. I just felt I would serve my two-year active duty commitment and then get out and go back to civilian life.

KV: So what do you think was your major motivation in joining the student nurse program?

LL: Well, it's always the carrot and the stick, you know. The carrot for me was, because Vietnam was on and because they needed large numbers of nurse anesthetists, and by then when I'd finished my nursing program I knew that's the area that I wanted to

get into, this provided me the golden opportunity right from the get-go. When I went on active duty, I was sent to Texas for what was called officer basic training. At that time, it was an eight-week course. Today it's only a few weeks in length, but at that time it was eight weeks. So like I went on active duty around the beginning of September, maybe end of August, and at the end of October got reassigned to Walter Reed. But when I first came into the basic course, the officer training course, I was given the opportunity along with others who were coming in with me at the same time to apply for the nurse anesthesia program. Five of us applied and all of us got accepted. So it was very unusual for somebody that new into the military to get accepted to that program. Getting accepted into that program meant a two-year obligation for each year of schooling, so at that time it was a year and a half long program, so a three-year payback. When I finished that program and went to Vietnam, while I was in Vietnam I was thinking about going back to school to finish my degree, et cetera and possibly work on graduate degrees down the line. That motivation led me to sign up to become regular Army. At the time that I was initially in the military, I was a reserve officer. Then I decided I would go regular Army because I knew that would give me an edge in terms of getting further schooling. Doing that gave me another time commitment. So I ended up packing on a few more years. When I did come back, I did apply for schooling and did get accepted for going back to school for degree completion and incurred some more time. By that point in time when I finished my bachelor's in around 1972, I had enough time. So it started to become worthwhile to think about staying in the military for a career. There were at that time things I saw as potential opportunities that I hadn't appreciated before then. So basically by that time, I started thinking about staying around for that period of time. The other thing that happens is, if you talk to other military folks, a lot of people who served in the military and only stayed for one tour, two or three year tour, probably did not like the military. But if you talked to those who stuck around, one of the things that's kind of a universal experience is that, once you've served two or three years—two or three tours, so probably five, six, seven years, you get to appreciate what the military is really all about. You start to think of it as family because now you know people at other locales. So as you move around from post to post, you're likely to run across people. So it's a much more cohesive kind of experience than I think people who have only served one

tour have had. It gets you thinking that the Army or the Navy or whatever it might be is your family. So I think people become more committed over time. The longer they stay in, I think the more they want to stay in for the most part.

KV: What made you pick the Army instead of say, the Navy or the Air Force?

LL: It was the guy with the bucks. They had—well, at the time that I came on active duty, they were the ones that had the largest student nurse program going. The military medical field was broken down so that the Army's health facilities and training programs were roughly twice as large as both the Navy and the Air Force's put together. I was aware of that, and I thought my chances would be best by going that route. A few people I know who had signed on with me in the Army later moved to other branches on an inter branch transfer, but I never considered that.

KV: Had you thought about the military or military service in terms of duty or patriotism or any of those kind of ideas?

LL: I think you gain that over time. I think I would very strongly be an advocate of all of those views today, but at that time when I was basically twenty years old, I think I saw it only in a general sense that everybody ought to serve a two year commitment because that's what I'd grown up with. The draft had always been around. I was still as a child, I remember it was immediately post-World War II. In 1947, '48 I was five or six years old. There were still plenty of vets around telling stories about the war in my neighborhood. So I kind of had bought into the idea that at least all men ought to have a commitment of service to their country for some period of time, but I certainly had not considered it in terms of a long-term career. I had not seen it as a patriotic requirement until really much later in my military career.

KV: You said the draft was still on, so this was kind of one way to sign up on your terms I guess?

LL: It met my needs. It met the military's needs. It met the government's needs. So I saw it as a win-win-win situation, but in terms of, did I come on active duty and did I look for service in Vietnam in terms of it being a true patriotic commitment, I can't say that at the time that crossed my mind.

KV: So when you got to Fort Sam for your basic training, were there other male nurses that you met there?

LL: Oh, yeah. In fact, that was my first real exposure to a real cross-section of relatively new—they were all new graduates, obviously. At that time my basic class had roughly two hundred people in it. Some of them I knew from activities while I was going through my generic nursing program, others—the vast majority of them were people who were new to me, I had never met before. But again in that eight-week period of time, I developed a fair amount of cohesiveness and camaraderie that I think again, some of those people I ended up keeping in contact with for a number of years after that. But at the time that I went into the basic course, they were running a basic course of roughly a hundred and eighty, two hundred people through every eight weeks or so. It was a busy place. Of course a large number of those people did not stay in the military past their initial obligation. It was only a few of those people that I knew at the time who stayed on for a military career. Interestingly enough, even today I work with one of those guys at the place where I'm at right now, somebody I met early in my career in the Army, and a few others that I still am in contact with who did stay on for a military career.

KV: About how many of that two hundred were male nurses in your class?

LL: Well, certainly, I'd have to say that I don't remember specifically, so I would have to try to dig out the photo and count them, but right off the top of my head I would have to say that at least thirty to forty of them were. It was not an inconsequential number. I mean, it wasn't one and two or five or ten, it was a pretty good number for the two hundred in the class.

KV: Were you guys kind of grouped together or housed together in the quarters?

LL: No. Actually, men and women were quartered in the same building. The nurses were quartered separately. When I first got to Fort Sam, I ended up living in a tent, which wasn't very pleasant, for a week or two because they didn't have enough rooms, but as other personnel moved out we ended up all the nurses, male and female living in the same building, although we were on different floors.

KV: What was basic training like? What kinds of things did you learn or do?

LL: Oh. I guess—that's a hard question to answer. I think at the time, it seemed exciting and informative and stuff. Today, I would have to say that probably a lot of it was not as beneficial as perhaps they wanted or would have liked. At the time, it differed for example from basic training for the enlisted personnel for combat troops and stuff.

It's really not like that. It's a much more cerebral, intellectual exercise. You got involved in instruction in chemical, nuclear, biological warfare stuff, field exercises, those kinds of things. Out of the eight weeks, I think we spent a week or so out at Camp Bullis, which was kind of a field training exercise. It was kind of fun and different and exciting at the time. How beneficial it really was to my career down the line, I can't really say, but I don't think it was as beneficial as they might have liked. Maybe they expected me to become more of a tactician and those kinds of things that are typical military traits, but clearly I think I saw it. I think most of my contemporaries saw it as a kind of unique aspect to healthcare training that we really already had pretty much gone through. So there were in that basic course, there were not just nurses. There were also of course physicians and nutritionists and physical therapists, et cetera, because the various six Army medical departments were represented in each class. So the vast majority were nurses, but not all. I think we saw the basic experience as acculturating us to the military, learning how to salute, how to march, those kinds of things so you would not embarrass yourself. But to say that you would have all that you would need to be a four-star general was also not the case.

KV: Did you receive any kind of weapons training at all?

LL: Yeah, there was familiarization training. Military at that time, and I suspect today, health care personnel are classified as non-combatants. So they don't have to qualify on a weapon, but most are asked to and do qualify for familiarization. You are not expected to be a combatant. Although for example when I went to Vietnam, there were some of us who were issued weapons for self-protection, but I was never issued a weapon. I've never used a weapon. I don't personally have or own weapons. My only exposure to firing weapons were familiarization training in the military with both a .45 and at that time, I guess it was an M-1 rifle. Today, it would be the AK-47, I guess.

KV: How was it decided who was issued weapons for self-defense?

LL: It depended I think primarily on where people were going to and what the dangers were. I don't think it had anything more to do than that. I had a friend of mine for example, when we left the compound when we first went into Vietnam, we got there the night Tet started. So there's a lot of stories there, but we were in the 90th Replacement Battalion for several days. When they started taking us out of there to go to

our assignments, I was only going to an assignment that was only like a mile or two away from the 90th Replacement Battalion. I have a friend of mine who was an operating room nurse. He had to drive to Saigon in a jeep. So he was issued a weapon for that ride and stuff. But he was a lot more familiar with weapons and I know he had his own weapons and stuff, but I've never been attuned to using those. Except for the familiarization, I've never been issued them or used one in the military.

KV: Then you said that once you had joined the military, you were already interested in an anesthesia program?

LL: Yes.

KV: When did you get interested in that? Was that in nursing school?

LL: Yeah. It was in nursing school. I thought as I went through the nursing program, one of my first rotations was operating room. The operating room was a three-month rotation. Today, most nursing programs don't have any kind of rotation for operating room, and that's too bad, because that's a major critical area. But at that time, it was a rotation. I found I really liked it. That was really kind of where I wanted to be. So when I graduated, I graduated in May. I was going on active duty with the Army in September. I ended up working in the operating room for those three or four months over the summer. So I've pretty much always had my experiences and my love behind the swinging doors in the operating room. That to me is the area that I like the best. It started way back then and by that time, I had gotten some exposure to anesthesia. We only had two anesthesiologists, but I became aware that the nurses were also doing anesthesia. That peaked my interest. I looked into it, and by the time I came on active duty, I knew I wanted to apply to the Army's program. At that time, the program was a year and a half long. Today, it is a minimum of two years program, in some cases as long as thirty-six months. But in those days, it was already decided that that was what I was going to shoot for, because that was the thing that excited me the most.

KV: Did you really give any thought to what made you interested in that field in particular?

LL: I can't say that I did, except that I guess I saw it as kind of the—anesthesia is one of those things that you have to—it's very immediate. I guess that's the best way I can describe it. The decisions, et cetera, that have to be made have to be made quickly,

and the responses that you get from your decisions tend to be also very quick. It is high-tech in a lot of ways. So that's kind of appealing and that's one of the reasons I think there are more men in it than there are in any other nursing specialties except maybe for psychiatry. I have to say that I didn't really think too much about it at the time, except that I saw it as an exciting and challenging area to be in. That was kind of what most of my thinking went along probably those lines at the time. There was no one else in my nursing school that I knew of who wanted to go into the specialty. I had not known any nurse anesthetists. A lot of times when you talk to people who become nurse anesthetists today, they'll tell you that they started getting interested when they worked with or watched a nurse anesthetist. I never had that experience. So to me it was more of an extension in the operating room. Now that's not unusual. Today, because of the requirement today for people to have a minimum of one to two years of ICU experience, intensive care unit experience before they get into a nurse anesthesia program, in those days there were no such things as intensive care units. They hadn't been developed yet. The vast majority of people who came into anesthesia came out from the operating room environment. So I was very typical of the kind of person who went in to anesthesia in those days. Now the only thing that was probably substantially different was that I was much younger. I had gone off to college at about seventeen or eighteen. I started the nursing program at I guess about nineteen or twenty, finished up. Then when I graduated from my nurse anesthesia program, I was about twenty-four. The average age for nurse anesthesia students at the time was about twenty-seven, twenty-eight. Today it's about thirty-four, thirty-five. So I was young, even for the group that I was with at that time. By comparison to most people who are my contemporaries in terms of age, I have been in anesthesia a lot longer than most for that reason.

KV: So you applied for the program while you were at Fort Sam, but then you were assigned to Walter Reed for a few months first? Is that right?

LL: Correct. I came on active duty in September, went to Walter Reed at the end of October. The selections were still being made at that point, but the next class was not going to start until the next May, May of '66. I was assigned initially to an officer general surgical ward at Walter Reed. So it was primarily all officers who had undergone some kind of general surgery procedure. There were other people who had been assigned

to other wards, vascular ward, orthopedics, those kinds of things. But the program didn't start until the following May. I think I was advised that I would be starting the program somewhere around February.

KV: Did you like Walter Reed, your assignment there?

LL: Oh, yeah, loved it. Again in those days, much more so in many respects than even today—and I say today. The time that I retired from the Army, which was 1984, there was still a lot of cohesiveness, kind of family feeling about the Army Medical Department as a whole, but also in particular the Army Nurse Corps. It was much more family kind of environment. Hard to explain, I guess, but it was like all Army nurses stick together and help each other kind of thing. When I first went in, we partied hardy. We worked hard and we partied hard. We did everything together and there was a lot of camaraderie and stuff that I think to some extent was lost over the years at least to some extent. I think it's still there, but not to the same extent.

KV: You were at this point still dating your wife, right? You weren't married yet?

LL: At that point, I was still dating my wife. I would come home periodically from Washington, DC, to New Hampshire, then go back after the weekend and stuff. We had to decide whether or not we were going to get married before I went to Vietnam or after I went to Vietnam, et cetera. We elected to get married before I went to Vietnam. So we got married about six months before I graduated. We got married in April of '67. I graduated from the program in November, end of November of '67, went on leave, and then in January of '68 went to Vietnam. By that time, my wife was pregnant. We debated about whether I should get a deferral until the baby was born. The baby wasn't scheduled to be born for a while yet. So we decided I would go and it would probably be in the long run best if I came back sooner, I guess is the best way to put it. When I arrived home from Vietnam, it was my daughter's eleventh month birthday. Whether it worked out okay or not, I would think today that it did, but I've always been concerned that maybe there was something missed out on there that would have been better if we had done things the other way around, but you can't go back.

KV: You said there were five people who applied for your program from—[tape ends]

LL: Program at Walter Reed. Again in those days, the Army's program was actually six different programs. Today, it's one program with multiple clinical sites. So everybody today would be in the same academic class at Fort Sam, but would be farmed out for their clinical experiences at different places. In those days, everybody took their academics and their clinical on site at one of six different places. So the seven people who came on active duty—who started the nurse anesthesia program with me, there were one, two, three, four, five of us, five of the seven were out of that basic class that I was with at Fort Sam. Two of the others were people who had already served some time on active duty as Army nurses. One of those eventually dropped out of the program. The rest of us all finished the program, and one, two, three, three at least of the remainder spent at least a twenty-year career in the Army.

KV: How many were men and how many were women?

LL: At the time that I started the program, we had four men and three women. One of those guys is the one who didn't finish the program, is now deceased. One of them got out after his tour in Vietnam. Another one stayed in the Army for a while then got out and went to work for National Institute of Health. I stayed on for the military for a twenty-year career, and let me see—who am I missing? I think the other one also stayed for twenty years.

KV: What about the women? Did they stay in generally, or did they get out?

LL: Let's see. One of the women was in a career mode and ended up dying of cancer before she got out of the military. The other two completed twenty years and retired.

KV: You said that you did your anesthesia program at Walter Reed then?

LL: Yes.

KV: Okay. I think Bill Storey and some other guys had done theirs in San Francisco at Letterman I think.

LL: Correct.

KV: Okay. So that was one of the other areas you could do it.

LL: Yes it was. The sites at the time were at Fort Sam Houston at Brooke Army Medical Center, Walter Reed in Washington, DC, Tacoma, Washington, at Madigan

Army Medical Center, Letterman at San Francisco, Denver—Fitzsimmons at Colorado, Denver, Colorado, and Tripler Army Medical Center in Hawaii.

KV: Did you request to stay at Walter Reed, or was that just kind of where you were assigned? Was that the luck of the draw?

LL: I suspect that was—it was. My guess is that it was probably just convenient and economics. Once I got accepted to the program, it was easier to keep the five of us at Walter Reed because we were already there than to move us to another location. Exactly how that happened I don't know, but my guess is, at the time my program director was a consultant for Army nurse anesthetists and would have had a say in who went where. So maybe those decisions for other people were already made. We had already expressed, the five of us expressed an interest in going to Walter Reed because we could submit a request for where our first assignments were. That was respective of our nurse anesthesia program. We had all signed up for Walter Reed and we'd all signed up for the nurse anesthesia program. So since we were already there, it probably just made sense to keep us there for the program.

KV: Was this—you said it's half kind of bookwork and then half clinical? Is that right?

LL: Well, I don't know about the half and half. In those days, the academic and the clinical aspects of the program were both on the same site. For the first four months, we spent all day, every day in class. After that, we ended up having class time around clinicals. So we would spend most of the day, every day, Monday through Friday in the clinical area, and then have classes usually starting at about 3:30 or 4:00 in the afternoon and running until about five or six or so. We would do that every day. That's a tough way to go. The nurse anesthesia programs, as is true for a lot of clinical programs in health care, have to accommodate both the academics and clinical, and that's tough to do. So you have different approaches that are used. Today, most nurse anesthesia programs will either be concurrent programs, which is what I just described where you take academics and clinical at the same time, or they'll be what are called front-loaded programs, where the student goes in and spends all the first year in class and then goes into nothing but straight clinical. They both have, both ways have their advantages and disadvantages. The guys who go to a front-loaded program kind of have to relearn a lot

of stuff the second year because it's been a while since they thought about it. The concurrent program is very good I think for people who learn by doing because you get to immediately apply what you've learned in the classroom in the clinical setting. So they both have their advantages and disadvantages. A terrible disadvantage to the folks in the concurrent program is that it makes for very long days and very high stress while you are in the program. I mean, when you're dealing with twelve or fifteen-hour days, pretty much every day for that intense period of time in a high stress specialty, it's difficult to deal with.

KV: Let's see, at what point did you get your orders for Vietnam?

LL: I got my orders for Vietnam before I graduated. I want to say it was probably October of '67. Might have been a little bit earlier or later, but that's about the correct date. There was enough time for me to know before I graduated that I was going to be going there so that my wife and I could plan. One of the decision we had to make was whether she was going to stay in the DC area or come back home to New Hampshire while I was in Vietnam. She elected to come home with her folks.

KV: What did you think about the war at that point?

LL: Well, that's an interesting question. I didn't think about the war in terms of—at that time, I didn't think about it in terms that a lot of people would describe as, I guess, contrast. I didn't see it as a battle between good and evil or something that people were really opposed to. I tended to see I guess people who opposed the war at that time as being in the minority. Again, I had grown up you know pretty much a post-World War II baby. I think war is not a—it was my country kind of right or wrong, in that in terms of defending the country that's always the right thing to do. So I tended to see the war as, if not something right of itself, I thought that my role in it in terms of supporting troops from America and America itself as being the right thing to do was probably pretty much how I felt about it. It wasn't until much later, well, after I came back from Vietnam, probably actually closer to the end of the Vietnam War in '73, '74, that I really began to appreciate how divergent the views about the Vietnam War were, and how divisive it had really been to the country. At the time that I got my orders and the time that I went there, I thought it was my obligation to do and to do my best in fulfilling my role as a nurse anesthetist and support a military operation. I didn't question that very

much. I certainly didn't see it as wrong. I still today don't see my part in the war as wrong. I felt that my role in trying to keep people alive who were our troops was a good thing, and I still think it's a good thing. On the other hand, there clearly were some very real questions about the politics and policy that led to the war and sustained the war that I think people later questioned, that I was not on board on questioning until much, much later.

KV: So you kind of now, looking back on it, can see a separation between the questions of whether the war, you know right or wrong—

LL: Yeah. Of course as I'm sure you're aware, a lot of people are seeing again a lot of similarities between the Vietnam War and the Iraqi War in terms of supporting the troops and trying to do what's right with regards to our soldiers and airmen and stuff is different than whether we're fighting the right war for the right purpose, et cetera. I think people today are much more sophisticated about those things, they question war. They're more apt to be divergent in their views about whether or not the war is right versus whether supporting our troops is right or wrong. I think most people still contend that supporting the troops is a good thing to do. They're probably not as sure about whether the war is worthwhile or not.

KV: Right. Right. Okay. Yes, I found that a lot of—regardless of what people thought of the war then or now, that the healthcare aspect of that was always separate. That regardless of whether you supported the war or not, that the healthcare role was—

LL: A question that I noticed in your questionnaire was, "How were you treated when you came back from the war?" I came back right after Tet of '69. I experienced some of the—I was told not to wear my uniform. I was certainly jeered and scorned when I landed in California and was waiting a plane back to the East Coast. So I did run across that. I mean, the only way they could tell me from an infantry troop would have been to look at my medical insignia. Most people were not sophisticated enough to do that. So to them, anybody in uniform was a bad guy. I got some of that and nowhere near I'm sure what some other people got, but I certainly was derided and treated to some extent with scorn when I first came back. I guess I expected it by then because it had already been written about, but in terms of my personal experience, I didn't let that

bother me too much because I knew that what I had done, I didn't have to feel ashamed or embarrassed about.

KV: When you got your orders for the war, were you—I mean, was that something that made you very nervous? Were you scared about your safety or any of those concerns once you got your orders?

LL: Only in a general sense. Well, first of all, from the time that I started my nurse anesthesia program while you were in the military, even though you were in a training program, it was very clear. I mean, we got reports back all the time. We got the patients back from the war zone. I mean, you heard first person stories about what was going on in the war. We knew right from the get-go that we were going to be going to Vietnam. In fact, all but one person in my class went to Vietnam right after. One person was assigned to Japan, but the rest of us went to Vietnam. We knew right from the onset that that was where we were likely to go. So when the orders came down, it was no big surprise. It was really what we kind of anticipated. Was there a fear? I think only in a general sense. You know, fear of the unknown. I probably, if I had to go back to a war zone today, I would probably be less worried than I am or I was at that time. I think there is something to be said for having been through the experience once that at least you have a little bit better sense of what you're going to have to get into. So it wasn't that. What probably worried me the most was for my wife and at that time, unborn daughter.

KV: So you received your orders in October and you got married right around that time?

LL: No. We were married.

KV: You had been married. Okay.

LL: Six months beforehand, in April.

KV: Okay. Okay. So you said that because your wife was pregnant, you could have asked for a deferment?

LL: Correct.

KV: Would they have just given you a deferment until the baby was born?

LL: Right. It's likely that they would have until the baby was born. After that, I probably still would have had to go. So we debated, "Do we want her to be two years old before I get back, or do we not?" We elected to go and hope that everything worked out.

As it turns out, as it turned out, my daughter was born substantially early. Both my kids were. So my daughter was actually born three weeks after I got to Vietnam.

KV: How did you hear about her birth? Did you not find out until later, or were you able to get a call through the Red Cross?

LL: I heard about twenty-four or so hours later through a Red Cross message.

KV: Okay. You said you arrived, let's see, at the first night of Tet '68. So what was that like, arriving in the country at that moment?

LL: Well, let me back up a little bit.

KV: Okay.

LL: I was scheduled to leave, I think it was somewhere around the 25th of January. I left. I was home on leave in New Hampshire with my wife and my family. I left out of the Boston airport and flew to San Francisco because I was going to be flying out of Oakland on a military flight. I had like a day or so layover there. Then I reported in and we were put on a transport plane out of Oakland and a stopover in Hawaii. They were supposed to have a stopover in Clark Air Force Base in the Philippines. Because of plane trouble, we ended up staying in the Philippines for I think it was another two days. So we got to Vietnam actually a little bit later than had been the original Tet. That is, if it had not been for the delay, we probably would have been there a day or two sooner. When we arrived, we arrived at about three o'clock in the morning. We landed at Long Binh Air Force Base, which is about sixteen miles north of Saigon. It was under intense fire. At that time, none of us on the plane knew about what was going on. In fact, most people at that point didn't know it was the fighting for Tet of '68, which is considered the worst fighting of the war, started about an hour before we landed. It's my understanding, although I don't have it confirmed, that ours was one of the last if not the last plane into Vietnam for about four days because of the intensity of the fighting. We were roughly 210 people on my plane, if I recall correctly. We were all unloaded along with our baggage in about ten or fifteen minutes onto armed carriers, armored carriers to take us to the replacement battalion. But the plane was being fired upon as we landed. It was easy to see the tracer bullets and stuff. The plane came down fast at a steep angle, stayed on the ground, kept the motors running, dumped everything and was back in the air very, very quickly. By then, we were loaded onto buses or armored personnel carriers to take

us to the 90th Replacement. We got there and it was obvious that there was intense fighting going on. So even though we had already been up a couple days, nobody was going to get any sack time. We were staying in either tents or what are called Adams huts or Quonset huts. They were metal kind of buildings. I'm sure you've seen them or looked at them. Adams huts are basically an aluminum kind of house that kind of is like a Quonset hut. So we were housed there. We were in buildings that basically opened out onto a field to the other end of the compound. There was intense fighting going on between our troops and the Viet Cong advancement. So it was very easy to see the fire exchange between the two of them. We were basically made to lie on the floor. We were not issued weapons, interestingly enough. So the best we got was to put a pillow over our heads, but we landed like I said at about three. One of the people that I came in with, although not in my building, but a major who was about thirty-four years old as I recall, ended up taking a bullet through the heart at about eight o'clock in the morning, getting shot from this crossfire that was going on behind the compound. As the daylight hours came up, the fighting kind of leveled off and the Viet Cong disappeared into the night, although there was—there continued to be intense fighting over the next couple of days. That fighting didn't seem to occur as much where I was at. But nobody got to leave the compound for about four days, and the first people out were nurses. There was myself, one of my classmates, Sally McNamara, Bill Puitt who was an OR (operating room) nurse that I referred to earlier. We were the first ones out of there. Bob Puitt went down to Saigon to 3rd Field Hospital. Sally McNamara went up to Cu Chi, which was 12th Evac, and there was another guy who's name I don't remember right at the moment, it was somebody that I knew, and myself went to the 24th Evac. We got there, met the chief nurse. I was taken over to the operating room. I was handed a couple of syringes of Pentothal and said—the person who was the chief nurse anesthetists was Norma Horsley. She handed me two syringes of Pentothal and said, "There's a patient. Give me a call if you need anything." That was it. That was my introduction. So I went into the room and not knowing where anything was or anything more, did cases for the next nineteen hours. The fighting during Tet was extremely intensive. Within a couple of days, we had numerous bodies lined up outside on the sidewalk walkway between the Quonset hut buildings with people who were either awaiting surgery or who had already died. So

there was tremendous amount of fighting in the region and large numbers of casualties. It wasn't until many days later that we found out how bad things had been during Tet of '68 and how many people had been killed. But I can tell you that at one point, they were taking bodies off in what are called deuce and a half's, or two and a half ton trucks in pretty large numbers. We were extremely busy around the clock for almost three weeks before things started to settle down. I still remember at about two and a half, three weeks out, finally being able to go to the mess hall with some kind of leisure instead of just running in and grabbing a bite. Sitting down and having one of the nurses who had been there probably eight or nine or ten months at that time, ask me how long we'd been there. I said, "It's only been three weeks." She thought it was considerably more because things had been so intense in that few weeks of time. I later went through a couple of other heavy engagements of fighting, but nothing as bad as when I first came into country.

KV: So your kind of welcome to Vietnam was rather rushed.

LL: Rather rushed. Yeah, it was. In fact, the gal who was my chief nurse anesthetist, I later saw again. She's retired now. In fact, she's not in good health anymore. Norma Horsley lives in Washington State. I have a friend who is a good friend of hers who saw her late last year. But she was a very no-nonsense kind of person. At that time she was extremely busy, very short staffed. So when the two of us got there, we were a big help. But they didn't realize or appreciate that at the time because they didn't have time to really get to know us or meet us or give us an orientation or anything. They just had to give us the equipment and hope for the best. I'm sure she worried about that at the time.

KV: So you landed and were sent to the 90th Replacement and then sent to the 24th Evac, which was all the same area, right?

LL: Correct.

KV: You knew that was under attack from when you landed. So were you concerned about that that you were being assigned to a hostile area?

LL: I can't say that I was. You know later, I came to appreciate how relatively safe I was compared to people who were assigned elsewhere in-country. Clearly there were more dangerous assignments, although I have to say in those first few weeks, we

did end up with people who were injured or killed nearby, and/or who where we had shells and stuff that went over our position and stuff. But I can't say that we really had many other of our people killed in the immediate vicinity. I had friends that were sent up north where the fighting was a lot more intense and there was much less protection for them. So I can't say that I had it worse than anybody else. It's just that I don't think any of us appreciated the intensity of fighting during Tet of '68. We've never really experienced anything like that before. Because we didn't know it, I mean you kind of imagine when you're on your way to Vietnam at that time what's it going to be like, you know how bad's the fighting going to be? Am I going to be near it, and all those things cross your mind. But because I didn't know any better, what I experienced for those first few weeks is kind of, "Wow." You know. It didn't surprise or scare me, but the thought that crossed my mind is, "Can I put up with a year of this?" It wasn't until like I said two or three weeks later and things settled down, that I got some appreciation for how bad things had really been. But I just didn't know any better. None of us did who hadn't been there before. Almost all the people that I knew at that time were fresh into country, had no prior combat experience, and it's just kind of what—it got to be what we thought it had to be, and it wasn't until much later that we realized how significantly worse it was than the average kind of case of work during the war. There were two or three other major battle campaigns in the year that I was there. None of them, as bad as they were, were as equivalent to those first couple of weeks. So I guess I walked into it, got hit with the worst of it in those first couple of weeks, and things were never quite as bad again. But at the time, I thought, this is not going to be a fun way to spend a year.

KV: How did the rest of the year compare to that? I mean, in terms of your workload or how much you had to do compared to those three weeks?

LL: My workload—you have to understand, the 24th Evac was a two hundred bed evacuation-sized hospital, not a combat surgical hospital, which was like sixty beds at that time and much more mobile. We were kind of basically a permanent fixture in Quonset huts. We were basically a referral center for maxillofacial and neurosurgery. We did about eighty-five percent of those cases for Vietnam. So even when other places weren't busy, we were generally going to be busy still working on folks that had been evacuated into our facility. For the most part, the workload tended to vary. When it got

busy when there was a lot of fighting and stuff, you could be very busy for several days around the clock. Then there were other times when it was just really very quiet. You didn't do anything for a day or two. For the most part, we would do—I would say, for the most of the year that I was there, we'd be doing moderate level business on a day-to-day basis. Then when things got hot, the workload went up considerably.

KV: Did you work twelve-hour shifts?

LL: The staffing at the various hospitals was tremendously individualized based on the number of people there and the workload they had to support. At the time that I was there, we had roughly nine or ten nurse anesthetists and depending on the time of the year, we had two to four anesthesiologists. We basically had a rotating schedule. That is, everybody was on every day in terms of technically being on the schedule, but you would go from first person on, which meant you pretty much were going to work the whole twenty-four hours; a little less if you were the second guy. Once you get down to about—we had six rooms. So once you got to be the seventh or eighth guy, you weren't probably going to be doing cases per se. You were still expected to get up out of bed from your sleep from the day before to come in to give lunch release and those kinds of things. So once you came off your free day, then you'd be back on the first of the schedule. So you'd probably work twenty-four hours again. It worked pretty well because it kept your best-rested people available to do the work and gave you some time off so you didn't get killed. One of the big mistakes that people make over and over again in a combat or emergency situation is to commit all their people around the clock initially. In about seventy-two hours everybody's burned out and you can't get anything done. You've got to close down. We didn't have to do that because we kept our people relatively fresh. I mean, it's not fun if you've been working twenty-four hours, you get to bed at seven AM and at twelve o'clock you got to get up and go give some folks lunch relief and then go back to bed from say, one to five. But that's what we did, and it generally worked out pretty well. I mean, nobody complained about it and it was very equitable and we didn't have any problem. The only time there was a problem, I remember one day we had some new people in who had been there for like a day or two, and things had been relatively quite. We had an officer's club. So that was a place to gather at and drink and eat pizza or sandwiches and those kinds of things. So this

particular day, they were going to have a welcoming party for these new people who had just arrived that week. Two or three of those were people who were on call schedule to come in if anything was going on, and nothing was going on at the time. So about seven PM, the party started and along about eight-thirty, nine o'clock, they had already been drinking a little bit and shouldn't have been, but they were. Then in Saigon they started a bombing run that ended up with the building sixteen miles away, you're shaking as the five hundred pound bombs were being dropped. What happened was, those two or three people who were supposed to have been on call roster that day ended up getting smashed out of their minds because they were so scared, that the rest of us who had already come off duty for twenty-four or so hours, had to go back and cover the rest of that night. But that's the only incident like that. They got a reading the next day and said, "Don't pull that again, guys." We never had any more problems after that.

KV: Would there have been any instance where those guys who had had a little too much may have been called into work, or would that have ever happened?

LL: Oh, I suspect it probably happened, yeah. I think some of us did not drink if we were on call because we knew the possible consequences, but I would not for a minute think that everybody did that. I think that they got it—this was their first opportunity to quote "party," I guess. They had been in-country for a couple of days. I suspect that they were probably still somewhat depressed. They probably did it figuring, "Ah, it's okay. There's nothing pending or going on, and a drink isn't going to hurt me." But when they started hearing those bombs and feeling the building shake and the dust drop down on them from the rafters, I think they tended to have another one and another one, and before long, it was a problem.

KV: What were your housing quarters like there?

LL: When I first got to the 24th, I was in a tent for about, oh, I guess two weeks, I think. Then I got a room in an Adams hut, basically an open aluminum building with slatted sides. There were probably six or eight rooms to them. There were central outdoor privies and central outdoor showers, and everything else was in these Quonset huts. Quonset hut-like Adams huts. I was located near, probably about twenty feet away from the fence for the 50th Med Battalion, which was the prison compound for the prisoners in the area. That is, the combat prisoners. The combat prisoners were basically

North Vietnamese troops and Viet Cong irregulars. They were housed in the facility that was pretty close to where we slept. In addition to that, there was an American compound prison about two blocks away, one or two blocks away from us that housed American troops who had been arrested and charged with various crimes and stuff. The reason I mention that is in November of the year that I was there, which a lot of people don't remember, there was a big riot at that prison. They essentially burned it to the ground. All the troops, all the prisoners got loose. It took them a long time to round them up. Some of them ended up in the hospital with us along with some of the guards. People were running around with loaded weapons around the hospital compound, which is not something that normally happens. We got a large number of casualties that were seriously injured from that riot at the prison. But that was defused and in about twenty-four hours, most of those people were rounded up by security.

KV: The people running around the hospital with the weapons, were they—

LL: Hard to tell.

KV: Okay.

LL: It was hard to tell. I think the vast majority of them were probably guards or MPs (military police) who had legitimate—who were looking for the troops, but one of the things they were obviously concerned about was that some of those prisoners could have melded into the patient population and not been discovered very readily. I think that was their concern. I don't know whether that happened. I can tell you that we handled several hundred casualties in a matter of hours, but most of them fortunately could be handled in the emergency room or a ward area under local anesthesia for their lacerations and the like. Only a few people ended up actually having to come to the operating room, but those who did were very seriously injured.

KV: So your housing was mainly with other male nurses or the physicians?

LL: Oh, the male quarter's area was everybody. That is, we had some huts that were dedicated to the enlisted personnel. Those that were officers' quarters were the male nurses, doctors, PTOT (physical therapy and occupational therapy), whatever else was there. The females had their own quarters. Again it was a mixed—the vast majority there were probably nurses, because we didn't have at that time very much in the way of

female physicians. I remember one right off. But we would have had some dieticians and some other people like that that would have been in the nurses' quarters as well.

KV: How were relations between the doctors and the nurses?

LL: Oh, very good. I think for the most part—again, it was not a question of difficult relations because of either gender or because of branch. I don't think it was a doctor-nurse thing. It was more apt to be a personality kind of thing. There were clearly a couple of people on both ends of the spectrum, doctors or nurses that just couldn't get along well with other folks.

KV: Were there ever any kind of big incidents or any real problems with that with people?

LL: Once or twice. There were a couple of slugfests that occurred. I don't know what more to tell you about that. Basically a situation where you have people working in a high-stress environment and living in a confined situation, and annoyances get to verbal exchanges and verbal exchanges move onto physical exchanges and stuff. So there were a couple of pushing, shoving, punching matches. But they were relatively short-lived and they went on. I mean, clearly I think there were a couple of people that I remember that were generally pretty well disliked because of either their attitude or their personality and their unwillingness to work on it as a team and those kinds of things, but that tended to be rare and really not very much a problem. Interestingly enough, I don't know that there were or were not similar problems in the enlisted ranks. I just never had the opportunity to be in a situation where I would have seen the exchanges between the enlisted people. One of the big problems is I'm sure you're probably aware, is that in that kind of situation, alcohol gets to be a crutch for a lot of folks. I know that there were a couple of people, both physicians and enlisted and nurses who drank heavily in that period of time. In fact I have to say that probably relatively speaking, everybody drank more heavily than they would in any other time in their lives, but I know one individual for example who was knocking off a couple of fifths a day. That's a pretty—and given his work, you would think that that would not have been the case. This was the guy who did all of the sterilizers. Now if you work with operating room sterilizers—this guy was a sergeant. If you work with that kind of equipment, it's already 120 degrees weather-wise, and this guy was operating sterilizers that probably increased the steam and heat level another

forty, fifty percent, easily. It was just a tough area to work in in that kind of environment. This guy drank very, very heavily. Now he didn't drink on duty, but boy when he was off, he sure drank. Now, that's too bad. I have to say that there were a couple of physicians who didn't drink on duty that I'm aware of, but who when they partied, partied hardy.

KV: How was morale in general throughout the year?

LL: I'd have to say that overall, morale was pretty good. Again, there's a tremendous—at least for healthcare people working in a hospital kind of environment, I think the general sense was that we were there for the right reasons, that as we—what we were doing was worthwhile, taking care of the troops and stuff. That we were well—we worked well as a team. There really was. I think one of the things that people don't appreciate about a war zone kind of situation, probably even true today in Iraq, is that everybody—to be effective in that kind of environment for health care folks, everybody has to move up a notch. I mean, there were things all of us did in Vietnam that we would never, ever have the opportunity to do here in a civilian sector simply because it was required. There just weren't enough bodies to do it. That's why I think so many enlisted people came back from Vietnam and went into either medicine or nursing because they had been challenged and met the mark so to speak in so many different ways in their jobs in Vietnam that they really got tuned into a health care career. The whole physician assistant thing started as a result of those enlisted people coming back from Vietnam and looking to take up a role in healthcare. Today we accept them. In those days, there wasn't any such thing as physician assistant. That all started post-Vietnam. So I think the morale overall was very, very good. I think individually, people would have their depressive periods. It's tough to be in an environment that you are locked into for such a long period of time. It isn't like you can go down to a local ball game or movie theater and say, "I'm going to kill the afternoon and I'll feel better by going to a movie." It just didn't work that way. You were always on call. You were always subject to some kind of an attack. One of the things that, I don't know if I've mentioned this to you previously when we talked, one of the big differences I noticed is when I came back from Vietnam, I got a lot of invitations from veterans' groups to join. VFW (Veterans of Foreign Wars), AMVETS (American Veterans), et cetera. You'll notice that today, most of those

organizations are crumbling because they don't have any new members. They have very, very few from Vietnam. It's because I think that just like what happened to me, I got invited by a couple of people who had been my father's contemporaries during World War II who would join veterans' organizations. He knew them still and they still palled around together who asked me, "When you come back from Vietnam, why don't you join us?" I would be given these offers. It was clear from talking to these individuals that they didn't have a clue about how different the Vietnam War was compared to what had happened to them in World War II. World War II, up until World War II, combat was largely on the same ball. That is, there were the bad guys on one side, the fighting area in the middle, and the good guys on the other side. If you came back twenty or thirty miles from the fighting line, you were pretty safe. That's where people went for R&R (rest and recuperation), rest and relaxation. But in Vietnam, that wasn't the case. You couldn't go anywhere without the possibility of being attacked. Indeed, I remember that there were a number of people killed in Saigon from attacks that were basically a bomb under some four-year-old girl's dress that would you know—she would get on a bus, and next thing you know, everybody's blown up. Now in those days, that was radically new and different. It was the first time I think American troops experienced that level of guerilla warfare. Today, we see the same thing to a much higher level in Iraq and in other parts of the world. Clearly, people have no real appreciation for what guerilla warfare can do. One of the things it does is it's psychologically defeating. It is that constant threat that no matter where you go, what you do, who you associate with, you might suffer death or disability from somebody who is out to attack you. There's no way for you to protect yourself. So a lot of people are thinking post-Vietnam, a lot of GIs and stuff did not join veterans groups because they didn't see those groups as either understanding or appreciate what they had gone through. I think I see that continuing today with the post-Iraqi War troops. They, even perhaps more than the Vietnam troops, have experienced a level of guerilla warfare that is probably unprecedented. I think it's going to continue to have a big impact on everyone.

KV: So I guess with the year in general, you kind of start off with Tet. It's kind of the height of the whole war in general. Then how did the rest of the year compare? What kinds of things do you remember from the year?

LL: There are like I say—I think everybody's experience is somewhat defined by the time that they're there. There were essentially four major campaigns while I was—yeah, four or five major campaigns while I was there. Campaigns being when there was a specified fighting period that was much higher than the norm. That's probably only true for people who were in Vietnam at the time that I was. That is, if you went to Vietnam before or after in a one-year tour, there were never again as many campaigns of fighting. So we did have our busy periods. I remember the May offensive. There was a November offensive. So there were those kinds of periods when things got very, very busy, but again, the experience with Tet of '68 when I went into there and first came into the 24th was so different and so much more intense that things were just never as bad again. Now I thought to myself over the years, "What if I had been in Vietnam six months before Tet? How would I have reacted to Tet?" Because I certainly at that point then would have recognized how bad all of a sudden things got. I didn't have that opportunity. For me, it was the instant reality. I dealt with it, but I didn't recognize until much later how bad it really was. If I had been there six months before, I'm sure I would have recognized it as being really bad. I don't know what that would have done.

KV: How do you think you dealt with the year?

LL: I think I dealt with the year very well. I'll get you probably the most important point that I would like to make in this interview. One of the big post-Vietnam problems was the development of post traumatic stress disorder. It's a big issue. It was a big issue after Vietnam and it continues to be a big issue with the Iraqi war. My personal feeling on that is that a large portion of post traumatic stress disorder for a lot of people is a function of what they were like before they went to Vietnam. It isn't so much a function of what their experiences were in Vietnam, but there are two categories. I think there are for the combat troops, those people who saw their blood and buddies blown away and stuff, I think the trauma of that did create psychological problems for a large number of these people. But for those people, especially non-combatants, who have so-called post traumatic stress disorder, I think a large number of them were unable to cope or didn't cope well with their lives and were not really prepared to go to Vietnam. That is, they should have recognized how bad injuries and trauma and stuff are in a combat zone. Yet they seem never to have really caught on to that. My personal feeling is that

those people I personally knew who claim to have post traumatic stress disorder after the war were people who were kind of kooky and not well put together before the war. Now there are people who would disagree with that, I'm sure. But I can tell you that there are a fair number of people who were Vietnam veterans that I know of who have gone on to be very successful people. They coped. They continue to cope. They don't have all these hidden problems. The reason they do is because they went into the thing knowing and being wide-eyed about what kind of an experience it was going to be. There wasn't anything I saw or dealt with in Vietnam that I didn't think I was prepared to deal with when I went there. My experiences in training—my wife and I have talked about this over the years. We think the kind of training that we had gave us a very good ability to not only recognize but to cope with those levels of trauma. But I have to say that I think that really is true only for a few people. The large number of people, they really weren't well prepared for what they were going to experience in a combat zone. I think that probably is still true today. Again, it's probably a minority position, but those people who went to Vietnam that I know of who were very—had a good idea of what they were going to get themselves into have continued to function after Vietnam, have done very well. They're in positions of leadership and stuff. They're not going around worrying about these kinds of things that some of these people claim, post traumatic stress disorder have. Again, that's a minority view, but it's one that I wanted to get across, because I don't think that people really appreciate the number of people who came out of Vietnam probably stronger than when they went in, but who went in with the ability to cope that I think was probably above average.

KV: Do you think that staying in the military kind of helped with that as well?

LL: Possibly. I don't know the answer to that, but I think that that's not an unreasonable position. Again, the longer you are in the military, probably some of that gets reinforced. Because I guess if you look at the military structure compared to a civilian employment setting, it's—you have to be able to cope in order to really progress in the military. The old adage is up or out. If you're going to get promoted, you want to get promoted if you're a career individual. You've got to undergo at least one evaluation a year, sometimes as many as four or five performance evaluations a year. You have to meet certain requirements in order to move up. That's probably a much more

competitive environment than is true in most civilian sectors. Given that the—if you stay successfully for twenty years you probably are going to be the kind of individual who can cope with those stresses and manage one's life despite the restriction. I guess that's kind of what I'm saying, is that there are those people who were able to do that going to Vietnam who continue to do it after Vietnam.

KV: So I guess after all of this, after all this kind of discussion of PTSD (Post Traumatic Stress Disorder) and all of that, did you ever have the dreams or the flashbacks or any of that?

LL: Never once.

KV: Never once? Did you ever have dreams about the year that weren't, you know, nightmarish or anything like that?

LL: Never.

KV: Wow. That's interesting.

LL: That's why I make my point. I recognize that it may be a minority position, but I know at least several people who I think feel pretty much along the same way. I think they have kind of gotten short shrift from those people who feel that it was all a trauma to them. I'm not saying that everybody who gets into a war zone situation as a soldier or as somebody else can cope. I guess my whole point would be that we can do a better job of preparing people and teaching them about what they're realistically going to have to deal with. Then if we were able to do that very well, we could do a lot to influence the incidents of post traumatic stress disorder and who have served in a war zone. But again, that's not the majority position.

KV: Do you think that youth has anything to do with that as well?

LL: In terms of how—

KV: How you respond to the experience in general and then kind of respond to it for years to come, I guess.

LL: Well, only in the sense—I mean, my wife and I like I say have discussed this on a periodic basis. One of the things that happened to us, we've been married—let's see, we got married in '67. At the time my daughter was born—I'm sorry, not my daughter, my son was born in 1970 when I'd been back from Vietnam about a year and a half I guess at that point. We got into a downward spin. I mean, we had about three or

four years, maybe more of really bad luck. I mean, we just had a really difficult period. There were problems with my son's birth. My son is mentally retarded. He clearly had a lot of difficulties. My wife spent the last six weeks or so of that pregnancy lying in bed, head down with IV alcohol running in an effort to preserve the pregnancy, et cetera. It happened just as she started to—she went in for her physical exam before we were moving to New Hampshire because I was getting reassigned to go back to school for my degree. That was in 1970, fall of 1970. Then we bought a house that turned out to be a disaster. The guy who sold it to us just went around—he wanted to extend living there before we could move in. I couldn't afford to let him do that, so I basically told him no and before he left the house, he went around with a hammer and smashed the walls out and stuff. It was a disaster. Then we had a car that got to be very problematic. I was going to school full time. My wife continued to have some health problems. It just went on and on and on for a long time, several years. It was far and away the worst period of my life. But when we came out of it, we both said, "We're in a much better position to cope with our lives." I think both of us today feel, there's nothing you're going to throw at us that we can't cope with. I guess that's kind of what I was getting to before, that if you are that kind of person that you feel that you can deal with and cope with and anticipate the kinds of things that you have to run into in a combat zone or other high-stress zone, that you could probably make it through anything. I think a lot of people who have don't get credit for it. I'm not disparaging those people who didn't make it through, but I do think that we can do things to make things better. We do see incidents of people who develop stress from being put in those combat or other stress situations.

KV: I found that there seems to be a wide gap between people who have had problems and people who haven't, that there's not really even a middle ground.

LL: I agree with you. I don't think there really is a middle ground. I tended to see very big disparities between one group who's done very well. They're not taking drugs. They're not alcoholics. They succeeded in going back to school. They've succeeded in their jobs. They've raised their families. Their kids don't have any problems, versus the group who just kind of came back and sits on the lawn in New Haven and demonstrates and says, "Woe is me," you know. I'm not saying that those people don't have real problems. They may indeed have, but it makes me wonder what

their abilities were beforehand to cope with those stresses of war and why we either didn't pick up on it and help them before they went, or why we've done such a poor job after they've come back in helping them get back on the straight path. Clearly, there are still some people suffering the ill effects of that war thirty-five, forty years out, and I'm not quite sure why that is, although clearly some people claim that that was true for even the World War II vets of which there's still a few around. But I will tell you, I mean I gave a talk not too long ago to the local chapter of the Medal of Honor society. In fact, it was the first chapter. It was the first chapter set up for the Medal of Honor and gave a talk to those folks. There are people there, they're almost all in their seventies and eighties, including some who were in Pearl Harbor and stuff, and they're all people who coped. They're all people who did very well. It's not that they weren't impacted by the stresses. They were. They dealt with it, and today it seems that people don't do that as well as their forefathers did, I guess.

KV: You think that the homecoming kind of reception had anything to do with that?

LL: I don't know. I would tend to—if I had to bet, I'd say probably little to nothing was impacted by the homecoming. The Vietnam—I mentioned earlier that I, too was berated when I came back from Vietnam and ran into some of those kinds of demonstrations. But I didn't let it bother me. Again I think it was a function of your ability to cope more than what the actual stresses were. The fact that some of these guys experienced derogatory remarks and such directed at them when they came back from Vietnam is – nobody really cheered the troops who came back from World War II that much at the time they came back. Today, they are getting their just due, but both World War II and Korea vets will tell you that nobody was out there waving the flag when they came back. They were just glad to be back. Somehow, things after the Vietnam War started going in a different direction. I'm not sure why except that I see it all as part and parcel of a general it seems in some ways growing inability for a lot of young people to really master their own lives.

KV: Did you run into any of the—I guess you were there kind of at the big year in terms of the war and the home front and what was happening at home. Did you run

into any anti-war demonstrations in Long Binh, or did you see any kind of ramifications of that?

LL: No, all of that was after I landed. There were demonstrators. I recall like demonstrators. I don't know if they were actually demonstrating or whether they just happened to be there and made you know (inaudible). There were a number of people who landed with me in California when I came back from Vietnam. We had to go from the military terminal at Oakland to San Francisco airport to catch a trip onto a flight. I was going to stop off and visit my brother in Louisiana before proceeding home to New Hampshire, just because it was logistically more convenient to do that than to come home first. So I was waiting for a flight on a commercial airline at that airport. There were a number of other people uniformed because we'd all just come in from Vietnam and all had to have uniforms at that point. Before I was going home, I also had to stop in Washington, DC to talk to the people at my branch career office about my next assignment. So I was going from Louisiana to Washington, DC, to New Hampshire. The person that I talked to in DC who I had known at Walter Reed before I was a student actually, when I worked on the wards was now the career person. She told me, "Don't wear your uniform for the rest of the way and the time that you're on leave. You're just asking for trouble." But at the time that I landed in California, I certainly had it on. I ran into some people who made comments, derogatory comments and stuff, the kind of stuff that you pretty much have read about in the paper. You know, baby killers and all that kind of stuff. But again, they clearly didn't understand who or what I was. They clearly couldn't read my insignias as a healthcare person and not a combatant. But again, I expected that. I was aware that was going on. I knew about it. I just didn't run into any problems that I had not anticipated.

KV: Okay. What kinds of—you said that it was kind of the typical response of what people would say, but just to be more specific I guess, what kinds of things were said to you? Was this in San Francisco, or was this in other places along the way?

LL: Well, I came back from Vietnam essentially at the end of January, beginning of February of '69. There were a fair number of demonstrations going on around. Whether the people who made comments to me in San Francisco at the airport when I was getting ready to fly across country, I don't know whether they were part of an

organized demonstration or just simply had been there and voiced their individual opinion. The comments, there were people who spat near me and who made the comments about the baby killers. Those are the only two distinct things that I remember. There may have been other things and stuff at the time, and basically I just turned and walked away. I certainly did not end up in any kind of physical argument or verbal confrontations of any kind. When I got to DC, I was only in DC overnight, but there were demonstrations going on in the DC area that I read about in the paper and saw in the news. I was not a part of those. Then of course the longer that I was home after Vietnam the more I saw that on the news and the like. I never personally had a confrontation. I'm not the kind of person who, having seen a demonstration, would go out and confront those people and exacerbate the situation. I would be more apt to just turn around and let them do their own thing and I go my own way. I mean, I don't see any purpose to asking for trouble, but clearly nobody confronted me either except for that situation in the airport in California. I mean, they knew. People who wanted to demonstrate against the troops, almost everybody coming back from Vietnam was going to be coming into Oakland and then having to fly out of a commercial airport in San Francisco. So if you want to demonstrate against those troops, they're going to be easy to identify. You're down in the airport. You can take your pick of the lot as to who you want to pick on. But I did not really have other than that experience.

KV: So when you came home, you said you came home once you got to New Hampshire, your daughter was eleven months old at the time?

LL: Yeah.

KV: So how was getting adjusted back to a life and all of a sudden a child?

LL: It's hard to answer that question because I don't know what other options would have been like. My personal feeling is that, it was at the time and still is today, that it was probably better that I'd gone to 'Nam when I did than to have delayed it by asking for a deferment. I don't know that it made any significant impact on the relationship with my daughter, but I don't know that it couldn't have been better if I had done something else. I don't know that as far as I know, we've not had those kinds of major problems and stuff. I mean, we certainly have had our disagreements at times, but she's getting married in October and everything is still copasetic between us, but I can't

say that it made a significant impact. Again, I think that at that time, the fact that I was home and that we were going to be relocating and needing a family again was probably a little bit better and easier on my wife. It wasn't until my son's situation and what I described a little bit ago that we ended up in that really terrible period that I think we really grew in our ability to cope with adverse circumstances. After that, I think it was a very maturing experience, but at that point, at the time that I came back from Vietnam, it was just kind of good to be home and everything looked like it was clearer, better, brighter for the future. I don't think that there were any negative aspects that I can remember.

KV: What was that like being away at that—I guess not just being away from family and wife in general, but at that point? How did you cope with that? Was it just mainly writing, or talking when possible?

LL: We exchanged pretty much daily mail unless I just didn't have the time. The other thing was, I don't know if you remember in those days, one of the hot technical items was these little small recorders, voice recorders that had kind of a little reel-to-reel thing that you could put them in the mail and send them out. So we exchanged a fair number of those as well. I think coping under those circumstances was difficult. Interestingly enough, when I first went to Vietnam because I was so busy right from the get-go for those first several weeks, I didn't really have the opportunity to get lonely or to think about my situation. It wasn't until after the post-Tet Offensive that those kinds of feelings occurred. I think at times, sure, I mean you get to the point where you feel out of touch and somewhat alienated from friends and family no matter how you feel about them, but I can't say that there were really major kinds of difficulties or problems. I mean, I had anticipated some of those. I knew what it was going to be like for a year. I knew it was time-limited. I think that's a positive. Those people for example in World War II went off to war and didn't return for five years had a very much different situation than those of us who in Vietnam and even today were even with extensions not going there for an interminable period of time. You knew your year was going to be up. I'm sure you've probably heard the expression from some of the people you've interviewed, about setting up short-termer's calendars. People would set up these calendars and mark off the days and stuff. That's good. Although I will tell you that one of my experiences

in Vietnam was, and I think the statistics figured this out, is that people who got killed or maimed often got killed or maimed in their first few weeks or in their last few weeks. Their first few weeks because they didn't know any better and they did stupid things. Their last few weeks because they thought they had become invincible and they thought they were going to get out unscathed. In fact, one of my best friends from growing up in grammar school was part of a group of five people from a reserve unit in New Hampshire that were all killed on the last day. They were actually on their way back to Saigon to fly out to come home when they hit a land mine and were all killed. So I think that that's a very typical kind of pattern. I worried about that in my last few months. I figured, I got through this far, I don't want to be having a problem now. So I think there were some of us who played it ultra safe in those last couple of months, but a large number of people get careless, especially in some of the combat troops. I recall one particular individual that I took care of who was making his last tour in a jeep perimeter security tour with his replacement. He was then going to be flying home. Again, they hit a landmine and he ended up losing both of his legs. That's the kind of thing that I think happens too often because people tend to let their guards down. I tried not to do that, but clearly there's always the risk that you're going to be injured in those circumstances.

KV: Were there other particularly memorable instances or patients or days or events?

LL: There are, but they're—I don't know, it's hard to. I can remember a couple of—you've probably watched the movie *MASH* over stuff. I think everybody's experiences tends to run a gamut. There are clearly experiences that are really very tragic. The two that probably stick out most in my mind—three, actually. There was a situation where one day, I ended up doing anesthesia. I was doing anesthesia for six different people, all of whom were basically having craniotomies or back surgery. All of them ended up with either paraplegia or quadriplegia because of their injuries. That's pretty devastating. That's the only time in that year in Vietnam that I can remember going out and saying, "Why am I here?" It didn't do very much good, a tragedy. I mean, it was really bad. Another on the negative side was one day where we had four patients in adjoining beds. They were, two on one side, two on the other in the recovery room unit, all of whom had fat emboli. I don't know if you're familiar with fat emboli. You

have fractures of long bones. The fat in the bones can get into the bloodstream and go to the brain or heart or lungs. All of those four guys were dead within two hours of that time. Again, kind of depressing. That gets to be a tragedy. On the other end of the spectrum, there was one day that there was not very much going on. In fact, there was nothing going on and there hadn't been anything going on for a couple of days. So people started getting rambunctious. We had a mouse in the OR and somebody captured the mouse, and they decided—it wasn't me. I wasn't involved with this, but a good friend of mine was. They decided they were going to operate on the mouse. So between the surgeon and the anesthetist, they anesthetized the mouse and operated on the mouse.

KV: Exactly what kind of surgery was performed?

LL: It was abdominal bowel surgery on the mouse. Unfortunately, the mouse died.

KV: Oh, my goodness.

LL: But it was the kind of thing that when I heard about it, I went over to the OR, too. By then the mouse had already died, but people were obviously just bored and looking to do something to raise hell. Could you criticize it? Sure. But again, I think it was not seen as being way out of touch. Fact is the mouse was a problem for the operating room and those kinds of things. People needed to get rid of the mouse anyways, and they were able to capture him and they went ahead and did this, which was probably not right. There's a whole lot of different specific memories like that. Like I say, the one with the four kids, or six kids that we operated on that were left quadriplegic, that was really a tragedy. One of the other things that I saw that was really very difficult was where an anesthesiologist had to make a determination about a kid who was quadriplegic who was very likely to die and ended up having to take him off the ventilator because somebody else needed the ventilator more. That's really tragedy to see somebody die for that reason. That was a difficult thing to watch. But, I couldn't argue philosophically, ethically, that it wasn't the right thing to do. It was. Somebody else needed it more and was more likely to survive, but it's a tough decision that I wish nobody had had to make in this particular case.

KV: Right. Right. Did you find at any point that because you were a male nurse, that you were given different assignments?

LL: No, I can't say that. I think that's a function of the anesthesia. I can't speak for those people who worked on the wards, although I'm not aware that there were any assignment differences based on gender. In the operating room, at least to me in terms of anesthesia, there never was. Not in Vietnam or any place else that I've ever been. It just does not happen. The only difference that I have seen over time was that there was a time when it was pretty classical. The surgeon would be a male. I would be the anesthetist, and everyone else would be female. I increasingly in the last few years have been in situations where it was female surgeon, female assistant, female circulators, female scrub nurse, and me. I've been the odd man out. I think that's just a reflection of how gender equality issues have swung things around in terms of opportunities for a lot of women.

KV: How did all of that play out in the military with the women's movements and the gender equality?

LL: There are those who say that the Army or the military is America's greatest social experiment, and it is. I'd have to say that you'll remember back in the '60s, mid-'60s, that the military came under a lot of criticism for its race issues. Those race issues had been around at least since World War II, but after 1965 and the Civil Rights Act, there clearly were big pushes to try to provide some kind of equality. The Army changed its procedures and tried to change people's attitudes in a positive way, and I think probably faster than most of the other segment of America. They were able to provide equal opportunity for blacks and for minority groups much more so than anybody in the civilian sector. I think that happened with gender equality as well and probably even more readily in the healthcare area. When you're talking about healthcare in the military as opposed to probably most other job areas, the healthcare people in the military differ only in that they end up putting a uniform on to go to work. In terms of our day-to-day relationships, in terms of what we do on a day-to-day basis, it's pretty much exactly what we would do in a civilian sector. That may not be true for the banker or the baker or somebody else, but I can tell you that at least for healthcare, the relationships and the—I think in part because of the education and experiential background of healthcare providers, there really isn't a big difference. I think that that was true for healthcare with regards to gender equality. The women were treated much better earlier in military in

healthcare. Even today, they command a big share of the command and responsibility. Did they work their way to the top quickly? No, that happened over time. When I first went in, it had been all females who had been chiefs of the corps, chief of the Army Nurse Corps. We speculated as to whether a guy would ever get it. Nobody thought it was going to happen in their lifetime. But General Bill Bester, who was one of my former nurse anesthesia students, just retired as chief of the Army Nurse Corps. He was the first guy. I think that says as much as to gender equality within the Army Nurse Corps as anything. It was really and has always been in nursing a question of whether there was a possibility of reverse discrimination. There were clearly a lot of guys who thought that there was. I think that Bill's experience has been that there doesn't have to be and isn't, that everybody has an equal chance of making it to the top.

KV: I'm trying to write down notes too, of things I think of as I go along, so not all of these fit a chronological or a thought pattern here. But one thing I wanted to ask you about was Mary Powell's book that recently came out, *A World of Hurt*. I wanted to know if you had seen that or read that? She was a nurse.

LL: Sorry, I don't know. What's the name of the title again?

KV: *A World of Hurt*? She was a nurse at the 24th Evac.

LL: No. Never read it.

KV: Okay. What about any of the other books by or about nurses in Vietnam?

LL: Not in Vietnam per se, no. I've read some on the Bataan nurses and those kinds of things.

KV: But not any of the *Home Before Morning* or any of those?

LL: Well, I've heard of some of them, because they generally had book reviews in things like *Army Times* or in some of the other areas or some of the nursing journals.

KV: What about the memorial in DC, the women's memorial that was put in and kind of the debate or question of if that was the nurses' memorial or the women's memorial. What did you think about that and all of that movement?

LL: I have some mixed feelings about that. The gal, or one of the prime movers is [Doris] Lipman, who is a professor here at one of the nursing schools in the Bridgeport area and also currently the president of the Connecticut Nurses' Association. She was a backer of the memorial right from the get-go. I have no problem with it. I've seen the

statue and stuff. There are those who obviously contend that there should have been some men included in the nurses' memorial, but again it depends on how you define it, whether it's a nurses' memorial or a women's memorial. But I don't have any really strong feelings one way or the other. I have some general feelings that while everybody deserves some attention, I think we're getting to the point where perhaps we're having too many memorials in the DC area to different groups, and maybe some of that ought to be consolidated, but others feel differently.

KV: So what—I guess you came back from Vietnam and you said you had had different training and owed different number of years. But what was it that made you stay in the military or decide to make that a career?

LL: Well, like I say, after I had two or three tours, I got to like the military. I saw it as an area that had a lot of potential for upward mobility, for opportunities that I wasn't apt to find in the civilian sector. One of the biggies that I think people tend to underestimate, but which I think is particularly true for the nurse anesthetist is the latitude of scope of practice. Remember I said earlier that one of the things that was particularly unique about Vietnam was that everybody in healthcare got to move up a notch. I think that has always been true in the military. The latitude of practice for nurses, doctors, and what have you tended to be much broader than it generally is in the civilian sector. There are some legitimate reasons for those, legitimate reasons for that, one of them of course being the difference in liability. But also simply because it's a function of necessity, that there are often times in the military setting, not enough people to do all the jobs, so everybody has to kind of share in and do stuff that somebody and pick up on something that somebody in the civilian sector, somebody else in the civilian sector might have to do. So for example, things that I would not normally do in a civilian sector, like put in chest tubes, et cetera, are things that I got to do in Vietnam that I think and I think most healthcare people will tell you broadened their scope and broadened their ability, their self-confidence, their level of self-esteem as a professional, et cetera, that I think played a positive role and I think has generally had a positive impact post-Vietnam in the healthcare sector. I mentioned the development of medics and paramedics and PAs (physician assistants) and other groups that really kind of all stemmed out of that Vietnam experience because people had had the opportunity to do things they would not

otherwise have had and who found that they enjoyed that kind of work and suddenly found an interest in committing to it as a life's work. I think that that has paid very positive dividends. You can look at that in a lot of different areas. One of the real biggies that revolutionized healthcare in America was the medical evacuation helicopter. It had been around in Korea, but it was never used to the same extent it was after Vietnam. It has become almost a (indecipherable). Every metropolitan area in the country now has some kind of medical helicopter evacuation service in the civilian sector. It's made a big difference in saving people's lives.

KV: It seems that you've been very involved with the profession in general, too. You're vice president of the AANA (American Association of Nurse Anesthetists), is that right? Or you're finishing up your—

LL: For another two weeks. I have not run for this year for president-elect. So my term of office will be up in a couple of weeks. Yeah, I've always been involved with the state and national associations, not only AANA but the American Association of Nurse Attorneys chapter here in Connecticut, the Connecticut Nurses' Association, the Connecticut Nurses' Political Action Committee. I'm on the GRC, the Government Relations Committee for both the Connecticut Association of Nurse Anesthetists and the Connecticut Nurses' Association. So yeah, I've been involved.

KV: Is your wife still—did she practice as a nurse later?

LL: Oh, yeah. My wife's full-time employed. She did long-term care. Currently she's the assistant administrator of a nursing home down in Stanford, Connecticut. She previously served as a director of nursing in that area. She's done some oncology nursing. She's done pediatric nursing. She's done some general duty stuff, but for the last ten or so years she's been heavily involved in long-term care, first as director of nursing and then as a consultant and as a corporate compliant, a corporate operations person and now is the assistant administrator. She earned her administrator's license last year. When they ended up restructuring her facility, she ended up with the position of assistant administrator. So that's what she's doing now.

KV: What—or I guess she didn't join the Army, and military nursing wasn't what she did. I guess, what was the difference?

LL: Well, some of—what was the difference? My wife probably would have considered that. In fact, we did consider it, but the laws didn't allow for that in those days. In those days, they generally would not look favorably on a husband and wife team being members of the Army Nurse Corps. The law specifically excluded you if you got pregnant. So my wife was child-bearing age. So she would have been in and out quite quickly, I suspect. That just didn't seem possible. So, she has continued to work in the civilian sector throughout. She did consider it. By the time they changed the rules, it was not entirely out of the picture, but she was well enough along in years that it would have—she'd still be in, for example, right now, to complete her twenty-year career. She felt she didn't want to do that at that point. But early on, it just wasn't feasible because of laws.

KV: Are you happy with the way things have gone, your career and military and the year abroad and all of that?

LL: Yes. I also served abroad in Europe for three years, my military career. Yeah. I think overall it's worked out reasonably well. I mean, there are ups and downs. There are some things that I guess I regret, some other things that I don't regret. You can't go back. I think one of the things that has distinguished my wife and I over the years is that we've always been people that we've tried to consider all the possibilities. Once we make a decision, even if it's a difficult decision, we don't look back, because I don't think that that really gains you anything. It's generally decisions that we've been pretty happy with over the years. We don't know what the future holds.

KV: So once you came back from Vietnam and then I guess, where were you stationed after that? After you—

LL: When I came back from Vietnam, I was assigned to Aberdeen Proving Ground, Maryland. I was there for a year and a half. Then that's when I put in for long-term civilian schooling to go back and get my bachelor's. That was at the point in time that right after I was accepted for that and was getting ready to be reassigned, that my wife started to have problems with the pregnancy. We got into that downward spiral for several years, but we managed to get through it. It was not easy. It was a very difficult time for us. I suspect that everybody in their lives gets through a period of similar difficulty. We've never had anything quite like it since then, but it just seemed for a

while that everything that we decided or touched or did just turned to doo-doo. It took us a while to turn that around. Once it did, things have generally been pretty good.

KV: So you got your BA (Business Administration) through the civilian schooling, and then I saw in your email, I think you have an MA (Master of Arts) as well?

LL: MED (Master of Education), yeah. I got the MED after I went back to school from Aberdeen Proving Grounds, I went back home to Saint Anselm College where I earned my BSN (Bachelor of Science in Nursing). At that time, I could do that in accelerated framework based on prior college stuff that I had already done and that was going to be changing, but I was able to get in. I finished by actually December of ’71 and was credited with a ’72 graduation date and then was reassigned to Europe. I was in Munich for about ten months, so the end of the ’72 Munich Olympics, and then was assigned to Heidelberg. I was at that point interested in eventually teaching at a nurse anesthesia program in the military. To do that, I needed a graduate degree. Boston University had its education program available in this area of Heidelberg, Stuttgart. I took courses there and finished in ’74. It’s essentially the same program that was offered here on the Boston campus. I finished that in ’74 and then came back to the United States in January of ’75, went to what is called the Officer’s Advanced Course, which was at that time six months long. After that I was reassigned to a teaching position at El Paso, at William Beaumont Army Medical Center. I was there doing didactic teaching the first couple of years, then got involved in some other stuff, and then later went on to become a program director there and was later reassigned to Tacoma, Washington, at Madigan Army Medical Center. That’s where I retired in 1984.

KV: Then somehow twenty years later, you’re back on the other side of the continent.

LL: Well, we were in Tacoma for I guess a total of about twelve years. I graduated in ’84 and in 1990, I ended up—I was at that time doing straight clinical and wanted to get back into teaching. The job that was open was here in Bridgeport. That’s how I ended up here. Plus my wife and I wanted to come back to the East Coast, because her folks were getting along in years. We thought their health might deteriorate, and we wanted to be back here. So it seemed like a good opportunity. Well, her folks are still

trucking along. They're in great health. We're still here. I'm looking to probably get back into teaching if I can here in the next little bit, but I'm also looking at some other things, so.

KV: So you're technically retired, but you're still pretty busy?

LL: Oh, only in a sense of being retired from the Army. In fact, I tell people that I plan to work till I'm seventy-five, but everybody thinks I'm joking, but I'm not. If my health holds up, I'd like to be able to say that I spent fifty years as a CRNA (Certified Registered Nurse Anesthetist), and that means that I'd have to work until I'm seventy-four or seventy-five. Whether that will be feasible or not, I don't know. I can tell you that there are other aspirations to my life that I would hope to fulfill before I retire. So I'm not about to hang up the hat just yet.

KV: Wow. Well, I really appreciate it. I think we've been through pretty much everything. Was there something that we didn't talk about that—?

LL: I can't think of anything. I guess the only thing that I would kind of clarify is kind of, what is the basic theme of your research? What kind of focus are you looking? Are you just trying to provide a broad picture of what the guys who were nurses in Vietnam were like or is there a more specific focus?

KV: Well, part of what I'm doing, I'm from a history background. I'm not a nurse. I'm not from military family or background in any way. So I'm kind of approaching this from a historical standpoint. I'm trying to see kind of how the military is changing in the time, and related that to the more male nurses coming into the profession, the women's movements, the war, and kind of how all of that plays together and changes nursing in the military. So that's kind of what I'm trying to do, trying to look at it from a lot of different angles with recruitment and the different ways that men nurses were used, or women nurses or if that happened. You know, all kinds of different questions, portrayal of nurses, that sort of thing.

LL: That's an interesting area. If you start, there have been a couple of good articles that have been published about the image of nursing in the media and things like television and stuff. That's an interesting topic of itself, but in terms of specifically of men, I mentioned that when I went in, it was only about one percent. Now it's about eight percent. I think you'll notice that there has been a big paradigm shift with regards

to male nurses in the last oh, probably five or six years. It probably hasn't been so dependent on the military, although the earlier shift in terms of providing some gender equality for guys was probably the military. The first male nurses—male nurses have always served in the military, but they were not officers. They weren't recognized as Army Nurse Corps officers until 1956. As a matter of fact, you talked about Bill Storey, but the guy who is going to in two weeks now be the president of the ANA (American Nurses Association) was one of my instructors at Walter Reed. He was the second Army Nurse Corps male officer commissioned, Frank Maziarski. There's a very excellent video you might want to get. You can get it from the American Association of Nurse Anesthetists on nursing's one hundred year history with the Army. Army Nurse Anesthetists is the focus. But it's a great film. It runs about twenty minutes, and it's still available. It would give you a lot of insights in the number of the people who are in there are people that you probably have talked to or that would be known to you or accessible to you. In the post-Vietnam period, I think the impact of the military made a big difference. However, the shift that is occurring now is occurring for different reasons. If you look at the sudden rise in the number of male nurses nationwide in the last five or six years, the primary driving force is the socio-economic changes. There are a lot of people who lost their jobs in the recession that lasted through until about oh, just this past year or so. During that time, there were people, a large number of guys in particular, faced with having to relocate to a second, third, or fourth career. That has created a large influx in the number of guys attending nursing programs, in part because of the idea that they bought into that it's a stable occupation. That if they finish, they will at least always have a job. Now that's not an uncommon thought in nursing. It's been around for a long time, but I think more guys are buying into it. So you've seen a very rapid influx here from four to eight percent in terms of number of male nurses in just the last half dozen years or so. I suspect you've probably already been in touch with the American Nurses' Association for some of the statistics on those numbers? That would be very useful to you.

KV: Mm-hmm. Yeah.

LL: That's the only question I can think of.

KV: Okay. Great. Let me end the interview, and then I'll explain the forms and things that I'm going to send to you.

LL: Okay.