The Vietnam Archive
Oral History Project
Interview with Rosemary Burke
Conducted by Kara Vuic
May 1, 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: I'm Kara Vuic and this is May 1, 2004. I'm with Rosemary Burke.

Rosemary Burke: Burke.

KV: Burke. Okay. I said that right. And we are in Salt Lake City at the 71st Evac reunion, so we'll just start with where you grew up and born and raised.

RB: I was born in Valley Stream, New York, and my parents moved there when I was a year old to northwestern Pennsylvania, Bradford, Pennsylvania, and I lived there until I went into nurses' training in Pittsburgh, Pennsylvania in 1964, and that was a diploma program. When I was a junior in nurses' training, my pediatric affiliation at the children's hospital there, I met students from other schools throughout the western part of Pennsylvania who were in the Army Student Nurse Program. The thing that caught my attention was when they were senior students, they were going to be paid a hundred dollars a month. All you had to do was serve two years after you passed your state boards, after you had graduated from nurses training. Since I had no money, it certainly sounded good to me. One of my classmates wanted to do the same thing, and so we went in on a buddy program. We—you had to enlist saying you were—I'm going to stay enlisted by a nurse recruiter as a PFC, which you were during your final year, and when I graduated then that ceased to be. Once I passed—I took state boards in December of 1967 and I was notified on January 25, and I was commissioned as a second lieutenant on February 14, 1968, and within two weeks I was on my way—well, I should say it was

less than two weeks. Within one week, I was on my way to basic training in Fort Sam Houston, Texas. In terms of wanting to be a nurse, I guess by the time I was ten years old, I had decided that that's what I wanted to do, and I was a Girl Scout. At that time, I was an intermediate Girl Scout, and we had learned first aid, and just that initial first aid training really, I'm going to say, increased my interest in nursing, and as a senior scout then—well, we also would have a project where we would actually paint coffee cans, fix them all up, bake cookies, and take them the county home for the aged. This was a project every year. But also, I volunteered one day a week in the—it was a nursing home that was connected with a small community hospital and I was also a candy striper. I was fully, you know, determined that this was going to be what I want and what I was going to achieve. When I first worked on the ward as a candy striper and was going around to the patients, I felt like I had arrived. This truly was what I was destined to be. You know, there's no doubt in my mind. I couldn't afford to go to a collegiate program, and I was ineligible for scholarships. Well, there was one scholarship available and I didn't receive it. I was able to get a loan for the school of nursing and I made it through. That's pretty much how I ended up really in going into nursing and how I was first introduced to Army nurses.

KV: What did your parents think about you as a nurse? Did they like that idea, or did they push you to do that?

RB: Well, my older sister had also gone into nursing. She was two years older. First she wanted to be a physical therapist, and then she changed her mind in her junior year. She was fortunate enough to get the scholarship that I didn't, and so she never had to worry. She went to nursing school in Brooklyn, New York. My grandmother lived in Manhattan, so all my sister had to do was go over and my grandmother gave her—my grandmother and my uncle gave her spending money. I wasn't as fortunate, so that's why I said, you know, the driving force to go into the Army was that money during my senior year. And it really gave me the independence that I needed. Because you can't cut it very well on five dollars a month, and that was all that my parents would send me. That only goes so far.

KV: Not very far.

SA: No.

KV: And so what did they think when you joined the Army program?

SA: Well, when I fist told them that I was going, you know, that I had joined the Army Student Nurse Program, you know, usually my mother was saying, "Just think of all the men you would meet." That's what I expected out of her. But that wasn't the reaction. "Oh, they'll think you're a whore!" And I said, "What?" "Oh, you know, you know in terms of WACs." And I said, you know, "I'm not joining the Women's Army Corps. I'm joining the Army Nurse Corps." And my father didn't say too much at all then. So, you know, there really wasn't any great communication about that. So—

KV: Did your mom; was she satisfied that you weren't a WAC then that you were going to the nurse program? Did she see it as different?

SA: Not really, you know, she really didn't. Because essentially even when I was—when I came back from Vietnam, I was ETS'ed (expiration of term of service) out of the service at Fort Lewis, Washington, and my older sister had paid for my mother to come out to California because my aunt lives in San Jose, and I met them. Well, I ended up there, and she said, "Were you in a combat zone? I didn't know that." So, I mean, you know, sometimes I'm just going to say, my mother's comprehension left something to be desired. Many times, she would behave childlike, so it was very difficult to really understand what she meant. I think the biggest negative—well, the person that I had to convince most was the director of nursing, because there was a pin that you would wear, and I had a full uniform. We had the dress, the collar, the cuff, the bib, the apron, the whole nine yards there. So you had to wear that pin while you—you know, because that was your essentially normally, the military wants you to show something that you have some sort of affiliation with them or with, you know, your rank. So the director of nursing was Ms. McComas. And I mean, she was—when I had to go down and meet with her, it was really, I mean it was like going through, being run through the mill. But essentially, you know, I had no problem after that. She just wanted to give me a hard time, but she had, you know, difficulty with that because two of the—the assistant director of nursing of the school of nursing had served in World War II in New Guinea. And also one of the instructors, Ms. Pollack and Ms. Rice. So they had been, I mean, under some really harsh conditions. I think because of that, that the director really had a lot of respect for the military, and so she just wanted, you know, "You don't just go and

do this without letting me know first." But the person who we went in on the buddy program, she—we didn't end up going on active duty together because she failed a portion of her state boards, so she didn't follow me for a year or so.

KV: What did the recruiter talk to you about when you talked to the recruiter?

RB: Well, the recruiter made it sound very glamorous, that we would—you know, where we would get one of our three choices. Where we would, you know, when we actually got commissioned, and that there was—you never, you know, didn't get one of your selections of your duty station. Of course, then, I'm going to say this. When I received my orders for my assignment just after I was commissioned, just between—I shouldn't say, you probably arrived within two days and it wasn't one of my three choices. It wasn't one of my six choices. I called them up, and she said, "Oh, no, you misunderstood me." And I said, "Oh, no I didn't." I said, "You just didn't quite tell me the truth, that if you—if I had joined as a registered nurse, then I would have gotten one of my three choices, but because I joined as a student nurse, hey, you go where you wanted to." Because my choices where I wanted to go were Letterman in San Francisco and Fort Ord in Monterrey. I'm trying to think of the name of the hospital at Fort Lewis. Madigan. Those were my choices. The other one was Walter Reed in Washington, and they told me I as going to Fort Gordon, Georgia, and I said, "Where in the world is that?" But actually, it was a very good assignment. You know, so out of—I said the worst thing that can happen to you, it was one of the best because there we lived in a BOQ (bachelor officers' quarters). It was an old hospital. It was a cantonment hospital, so it was four miles of corridors and it connected four ramps, A ramp, B ramp, C ramp, D ramp. So if you had to go to the pharmacy, which was at A-1, and in the military, whenever you pick up narcotics you have to take the narcotic book down there with the prescription. Your ward doctor had to write the prescription and you had to sign for it at the pharmacy. So, of course, as second lieutenants, you don't have a car, you've got to walk. And they would send you. You had to walk the mile down and the mile back. So it was really, I said the hospital that was certainly different. But even, you know, we lived in a brand-new BOQ, and it was really nice. I mean sometimes it was just like living in a college dormitory. Because I went to a school of nursing that was, they could only pick females, and it was just because you had to live there and you got room and board with it. But this

was the first time, you know, that I was exposed to anything that was coed, and that was pretty much what the BOQ was. So you met a lot of good people there.

KV: Were there male nurses then there?

RB: Yes. There were—Dave Helts. We were good buddies. There were some of us, because if you were working nights, then on your days off you would do things together. And he was—I think there were two warrant officers there. When I was in basic training that was the last time they took two-year graduates at that time. They did not come on as officers. They would be what's called a warrant officer, similar to what a lot of the helicopter pilots were. Some of the other technical things. So there were, there was just one male nurse in the BOQ, but he was just like—I won't say one of the girls, because that wouldn't be nice, but he was just a really nice guy. We got along well.

KV: What do you think people thought about him as a male nurse? I mean, mostly females were nurses at that time.

RB: Right. I mean, because you were in the military and you had a lot of male officers and because of the corpsmen and the ward masters were all males, pretty much all males, that you didn't think anything of it. You know, a lot of the second lieutenants that lived in BOQ, they might be MP (military police), infantry signal. You know, it was just no big deal. Because like, we went to—we had gotten a weekend—well actually, we had worked twelve nights and we got four days off and there were three of us and we drove down to—we were going to—we thought we were going to Fort Lauderdale, which was beyond the two-hundred-fifty mile limit that you could go, and we ended up in—first we stopped in Jacksonville, Florida, and we had gotten sleeping bags and that from Special Services, so we were camped out on the beach and this big group of motorcyclists came, so we decided we were going to leave. We ended up sleeping in the car and driving down to Saint Augustine. So we were all staying there, and there you couldn't sleep on the beach at night, so we had to pool what money we had together to get a motel room. So there were three of us, but going down there, the other nurse was Nancy. She insisted we take her car. It was an automatic Volkswagen, the first ones that they put out, and it broke down. You don't break down in a small town in Georgia with a foreign car because they can't take care of it. Well, the car broke down again, and we had to call back to one of the other nurses, Rosie, to wire us money. We literally had to have money wired

because we couldn't do anything with the car, and we said, "We've got to put Dave back on the bus." Because he had to work Monday night. The other, Nancy and I didn't have to work on Monday night and so I said it was supposed to be a fun weekend. I said, "We enjoyed it while it lasted." And truly exhausting. So you had some good experiences. But that's what I'm saying, you know. It was just like we were all good buddies. It didn't matter that he was a male nurse or anything. I guess I never had any prejudice towards male nurses. I know some nurses who would not work with them or some who would give them very bad ratings, which would result in them not be promoted or they eventually being RIF'ed (reduction in force) out of the service. So. But I never had any trouble.

KV: How long were you in Georgia?

RB: I was in Georgia for nine months.

KV: Then did you get orders for Vietnam?

RB: Then I got orders for Vietnam there. I got orders, I guess it was in—it had to be in December. We had to you know, I wasn't going to get Christmas off because I was a second lieutenant, so I had to stay there. I was able to get, I think I had two weeks of leave at the last week in January, and then just the five days in February before I left from Travis Air Force Base.

KV: Did you volunteer, or were you upset when you got your orders?

RB: No. Well, I'm just going to say, a lot of other people were going, and I knew that probably I would end up being selected, you know, that they wanted to get that first year over with and since you know you had another year to go on that commitment, that they might as well send you there rather than sending you there after six months, having you come back for another assignment—it's just as cheap for them. Also several of the nurses that I had arrived with there, there was a group of eight of us that came at the same time from basic training, four had gotten married. So I said, they weren't going to send the married nurses, but I said the others of us had a good chance that we might go, so. Because they were going one by one of the nurses who lived in the BOQ with me. So I said, to me, it was just a matter of time. You know, they said there were all volunteers there, well I didn't actually—I volunteered when I signed up in the Army

Student Nurse Program. So it wasn't like you, yes, I went to the chief nurse and said I wanted to go to Vietnam.

KV: So did you think much about the war before you were ordered to go?

RB: Well, for me, because I was taking care of patients from the Tet offensive, I had a good idea what was going on there and what kind of injuries you would see. Because I had individuals who had multiple shrapnel wounds. I mean, they had either temporary colostomies or permanent colostomies. They were bilateral amputees with a colostomy and urostomy, so with some of that, I had already—I had been taking care of them. And some of them, they were my patients for the entire time I was there. But the one rewarding part of that was seeing what they were like and what happened to them when they first came in, and then seeing somebody walking. Maybe he had to have a lift in his shoe to bring that up because he had lost part of—you know, he had bone loss in his leg. But to see that he had recovered, his wife came to visit him one time, and that was it. You know, divorced him, and to help him cope emotionally with this and to really go on, and the hard part was with—I'm just going to say one particular patient I cared for him on one ward. He ended up on another ward, I ended up there, and he was a bilateral amputee. He was going to be going to the VA (Veterans Administration) hospital in September of 1968, and it was really hard for me because he said, "Lieutenant Burke, when I go there, nobody's going to come to see me." Because at that time, there really pretty much were just old men in the VA system and alcoholics. That was very hard because you knew he was telling the truth and that was going to happen. So for me, it's always still, "What happened to them? Where are they now?"

KV: When was it that you left for Vietnam? Was it February?

RB: I left in February.

KV: '69?

RB: Mm-hmm.

KV: Were you at the 71st your entire year?

RB: Yes. When I came in-country into Long Binh at the replacement center there, they in February of, I guess, yeah. In February of 1969, the they had given some people early outs from Vietnam, but there weren't supposed to be any medical personnel, but they had already cut the orders, and there were quite a few that were leaving, and

there weren't replacements coming in. Normally what would happen is, you'd come in that first day to the replacement center, and then the next day that you would go to see the chief nurse of Vietnam, and when I went, I wasn't—David said normally you would get one of your three choices, and I wasn't given a choice. I was told that I was going to the 71st Evac hospital, but first I was going to have to go to Qui Nhon, which was on the coast, to in-process. The only problem, I just thought that—I had no trouble with that was okay. You know, I said, "Wherever you want to send me." Because I was by myself when I came in-country, there were no women on the plane, so it was all men. They took us out to, after I got that assignment, you know you got your assignment, that night, or I should say early the next morning, they took us out to what would be the airfield there. It was just a corrugated top with a frame. I'm going to say sort of like scaffolding-type frame and benches, and they're taking us out on a lit bus. This is like 2:30 to 3:30 in the morning, and there was a machine gun jeep in the front and the back. We get out to the end—but along the roadside, because it is the Vietnamese New Year, you would see the Vietnamese out with candles by these little statues of Buddha. This was, you didn't know what was going to happen, and here you are, like a sitting duck in this—you know, I'm just going to say this lit bus, and you get to the airport, and then I'm going to say, there was outgoing, incoming weapons that you could hear, but I mean, we had no place like you would say a bunker. All we could do was get under the benches then once we got to there, because the flight wasn't leaving til seven o'clock. I said, I think these people are insane here. Why did they bring us out in the middle of the night, you know make us moving targets on this road? Because in terms of that, it makes me think to some of the convoys in Iraq. I said sometimes people just have no common sense. That's what that boiled down to. Because I said, they ultimately could have gotten you killed, and it was for no reason. Just absolutely none. That was one of the things there you know, you're saying, "Well, how can you tell if it's incoming or outgoing?" You know, I'm going to say fire. I said, "You know, just give me something to judge it by, you know." I said, "I just need a frame of reference. Will the outgoing sound like somebody's setting firecrackers off next to my head, or is that the incoming?" And you know, people would look at you. And I said, "I just have a need to know." And they would just, "Oh, don't worry, you'll get used to it."

KV: What ward did you work in?

RB: I worked on Ward Seven, which was—when I first got—well, I'm going to say, when I first got there they had me work in the emergency room the first day, and then I was sent up to Ward Seven because the head nurse was leaving the next day, and I worked with her the one day. Ward Seven was a medical surgical ward, and then when we had a push with casualties in March and April, then we became a surgical ward, and we weren't set up for that. So we had to equip everything there with that. Because then when the other nurse left, then Diane Carlson Evans became the head nurse on that ward, and one of our ward doctors was a pediatrician. So besides forty beds and one in the alcove, we also had cribs isolettes. So, you know, you were responsible for taking care of pediatric patients, and a lot of the nurses didn't have that experience. So that was different. And for me, because—and I'll say this, that the nursing school I went to was very good about this. They wanted you to go to a children's hospital for your pediatric training because they felt that in a community hospital, you might be exposed to kids maybe with pneumonia, tonsillectomies, appendectomies, that kind of thing, but you wouldn't get the broad base of experience as you would in a children's hospital. So that was invaluable training for me in taking care of the kids. Even though a lot of those children died, and many of them died at night when I was working. I know the doctor thought I was killing his patients. I said, "No." That it was, I said that at times got very hard with that. Because I said, nobody likes to see children die. It doesn't matter what color they are, what faith they are, no matter what, but it still is something that as an adult, you never like to see children go before you. But when we were a surgical ward, half the ward was American or GI, the other half was Vietnamese. There were some, you know, some wards that wouldn't take Vietnamese patients. The other medical ward, the head nurse on there would not take them so, of course, we would have them. But to me, it doesn't—I can't distinguish between patients, that whatever. If they're sick, they're sick. If they're injured, they're injured; you just take care of them. You know, to me it's the same way that when we were capped in nurses training, you took this Florence Nightingale Pledge, and I know a lot of people thought it was a lot of bunk in that, but it would be no different to me than a physician taking a Hippocratic Oath to do no harm.

KV: And did you work nights most of your year?

RB: Most of the year, yeah. So that would be from seven at night until seven in the morning.

KV: Did you like nights?

RB: Well, I would have liked to have worked in the daytime, but that wasn't, you know, that wasn't my choice. I was not the one who made the schedule. The only, you know, the problem—that really I should say became a problem when Diane left at the end of July, the person who replaced her was a major, and she had only worked OB/GYN, and she didn't want to be there. She said that when she came, she was to go to the 3rd Field in Saigon, and she wasn't going to get oriented to the ward because she fully intended to go to the 3rd Field in Saigon, and it didn't happen. So she was not too happy with a first lieutenant orienting her. I guess you would say in terms of our philosophy and our patient care manner, you know, very drastically. So it was very difficult. We reached our culmination on that on Thanksgiving Day. She wanted to talk to me after I had given them a report. Because, see, when I take report from her, I would ask many questions and say, you know, "Had you called the doctor, had you done this, had you done that?" She did not like to be questioned, but I feel when it's in the best interest of the patient, I don't care who you are. I'm going to ask you, and again, I have that need to know. She told me she did not like me. In fact, she hated me. I made her and the other nurses feel bad because I made the patients like me and because I did that, they had a hard time with the patients. I said, this was the first time I'd ever been accused of bribing patients. So I mean, it was very silly. What it was, when we were medical, a lot of those patients had malaria, and with those high fevers, you need to hydrate them. Of course, you know you try and get the fluids into them. You didn't necessarily start an IV if you didn't have to, and even at that time, I thought it was an invasive procedure. So I would have my aunt send me Kool-Aid, and I was able to get these—well, we had wide-mouth IV bottles that had a, I'm going to say probably about a one-and-a-half-inch diameter, so the central supply would sterilize them for me. So I had about between ten and twelve of these bottles, and I had gotten sugar from the mess hall, and at night I would make Kool-Aid. I would push fluids on patients, and we had—if we could get sodas, we'd sell them for ten cents. And with that, we were able to buy these sort of vacuumed thermos-like pitchers. We got about ten of those to give to the patients who really needed to push

fluids. So with all that, I would do this and if I didn't think the patient could eat the food that we brought up for breakfast—because you had to serve the patients their meals, and so that was passing out all those trays. We had with part of our thing about those sodas too, when Diane Carlson went back to the States, we had her buy a four-slice toaster and send it back, and so we would make toast. I would keep the jelly. Those were things that would settle your stomach. So those were the kinds of things that she didn't like that I did. So, you know. In terms of that, she was very difficult. In fact, my last two weeks, they closed the ward because the one nurse who was on the ward also became sick with mononucleosis, and they had to Medevac her out, so we were reduced with staff. And the other medical ward was down, so we had to move over there. She wouldn't even have like a little, you'd say, farewell thing for me on the ward, and the commanding officer told her, you know, that she had to write a commendation for me. She refused and he said, "You will sign it. I will write it, and you will sign it." So it was—I mean, it was like she was kicking and screaming and she was going to have to do it. So it was very difficult in terms of that to cope with that personality. But again, like I said, you know, for me, the patients came first. I didn't care whether she liked me or not. That wasn't any big deal. It was as long as they got taken care of, and in terms of priority of care that that happened. Not making the bed, not that something looked nice. That they were taken care of and they had what they needed. So that was a big deal there.

KV: What did you do in the days when you were off? Besides sleep?

RB: Well, you know sometimes what would happen is I would come off nights, have that night off, then I would come onto days to relieve the other person who went on nights and then come off. What I would do is I would go shopping. That was part of it, and some of it was like going to the Air Force PX (post exchange). You could walk around, it was like about a mile around on the road, and come back. Or in back of us, you could go around to what was the II Corps headquarters for the Military Assistance Command to Vietnam. There was a Camp Schmidt; it was the engineer—I'm going to say I guess it would be like Artillery Hill. It was sort of a battalion there, and it would say, well, did they get Ritz crackers in the can, or saltines? That was, I mean, that was a big deal. So that was kind of like that. Karen, the Red Cross worked and myself, we found this Vietnamese shop over by what was Artillery hill. So we would go over there,

see what they had, and had—you know, I had an *ao dai*, which was the Vietnamese women's dress made while I was there with just part of that. A couple of times I went to the Special Forces hospital and the CIDG (Civilian Irregular Defense Group), which was for the indigenous, for the Montagnards. The one time, it was a woman there who had given birth, and she was having a hard time breast feeding, so I could help with that and had a difficult time, and if baby doesn't suckle and drain the breast, it becomes very painful and uncomfortable. So I had figured out what to do just using one of these bulb syringes, was just a turn take it off the one and put it on the other, and it would act just like one of the electric breast pumps. So I was able to do that and then just put, you know, some ice packs and bind her. It was something the corpsman that was there wouldn't know how to do, but I knew it forever and on. My OB service. So it was, you know. So I said actually, that was good to do that. It was something different from what I was doing on the ward, and one time I did go out, with part of that was to, with the Air Force, to one of the Montagnard villages. I fixed the—in our hooch we had a ringer washing machine, and it was broke, and since where I grew up, we had a ringer, and I knew that it had to be lint clogging the pumps. So I cleaned it out, and when our mamason came back from having her baby, I showed her how to use the washer and the ringer. So we were the only hooch where we had the washer, because the other ones, they used the basin, and they just used your feet, you know, like somebody would in the olden times down by the river with the rock, and so we were very fortunate. The other thing that I would do, and this was before I would go to work is, in August, a Catholic chaplain came, Father Flatly, and we had a chapel on our compound, and they didn't hold services there, so he started saying Mass every day at four o'clock. So I would go to Mass and I would do the altar linens for him, and it was—I can say I've always had a strong faith, but that was good for me. It was a way of normalizing an abnormal situation. So those are pretty much what I would do. The other thing is I also from the Medevac pilots, I had gotten tile. I tiled my floor and I painted the room and I ordered material from Sears catalog. We did get Sears catalog there, so I had drapes. So I said, my room was very nice. I mean you know, those are the things that kind of help you feel good.

KV: Did you stay in nursing after you came home?

RB: I stayed in nursing. When I came back, it probably—it was about—I got back mid-February, because I ETS'ed through Fort Lewis, Washington, so they just kind of dumped me out. I was never counseled about staying on active duty because again, I was not a four-year graduate. I didn't have a BS and the Army Nurse Corps was moving to that. That became mandatory in 1974, that to be an Army nurse, you had to. Even ones that who were already on active duty, then they really forced them that they had to complete that while they were on there. So anyhow, I went back to Pennsylvania. Well, I should say I went to visit friends and that I went out to California at the end of March, and I was looking for jobs, and I wanted a daytime job. I wanted to work Monday through Friday; I didn't want to work nights. So I did a trial thing with an oral surgeon, and I decided—he wanted to keep you there until 6:30 at night and come in on Saturday, and I said, "Nah. This just isn't going to work out." So I said, at that point in time I had enough confidence in myself not to try and stick something out. I knew it was not going to work out and I just said, "Sorry. You know, you just need somebody else who might be more interested in this type of nursing." Because it was starting IVs and taking out sutures and doing a brief health history and blood pressures and that they had this green light system, which I hated. You had to look up to see if the light was on, like you were a robot and run here and do this and run here and do that. The other thing was, I did not like to—and I told him this—I do not have anesthesia background, I do not like to give—I will not give nitrous oxide. You can set it up. I actually had to set up a thing for him to give IV second all after I had started the IV, and I said I thought that was a risky situation, and I just said no. I ended up, I went to Stanford, but they wanted to put me on a forty-five-bed ward on the evening shift with one aid, and it was a major surgical unit with overflow for open-heart surgery. I said, "I don't think so." It was just because I had been in the military, they just thought, "Oh, it'll be a piece of cake for you." So, I happened to have a corneal abrasion, and I went to the ophthalmologist, and he said, "Oh," he says, "I think they need a nurse over here at O'Conner Hospital." I wasn't thinking about working in the emergency room then, and I happened to go over and I started working evenings there. So I did that for probably almost three years, and during that time I went back to—I started in at a community college, and I would take six units each semester along with working evenings. So. The only hard, bad thing about that was

no social life. If you didn't socialize with the people you were working with, you were kind of out of the loop. Because I hadn't lived there before, I didn't know a whole lot of people, and I wasn't one to necessarily go to just bars to meet people. That just to me was not my style. I decided to move back east to go back to school full time, and I ended up in Maryland, going to the University of Maryland. I finished there in 1974. I worked in public health. I love public health. I think for me, that's what's helped me, is I've worked in a variety of nursing. If I found—what I found was happening to me going back when I worked in the emergency room, is I was becoming too cynical. "This is my emergency room. You will not come in here. If I say so, you will come in here." You know, "You will do things the way I do." I said, that wasn't me. I didn't want to be that way and I said maybe it's time for a change. That's when I ended up going back east. In some respects, it was very good, because my father died suddenly in 1974, so I was able to spend some time with him before he died. So I said, which was good, because he had mellowed with age, so he had actually improved. When I was—I graduated from the University of Maryland and I worked in public health. I was able to get a scholarship to the School of Public Health at Johns Hopkins, so I did a Master's in Public Health, worked in a family health center. Then I was an active-duty reservist for three-and-a-half years, got off that, came out to California and worked in public health, and went back and got my Master's in nursing. I'm working as a nurse practitioner now in occupational health. Until the time I started at the University of California in September of 1994, I had been in a troupe unit, but I couldn't do that because I usually had a lot of responsibilities. I couldn't do that with school and work also part-time. So I became what's called an individual mobilization augmentee, and I was assigned to a hospital. I wanted to be assigned to Walter Reed so I could go back to visit my friends in Maryland, but I lost my slot. But I did go to Tripler Army Hospital in Hawaii for two weeks, and then I was reassigned to West Point to the military academy there, but that didn't last. That got deleted, and I actually spent two—went to two annual trainings at Fort Hood, Texas, with the 4th Infantry Division, which is who I supported in Vietnam. So that was—it was a complete turnaround. I just circled right back around. So that was really nice because you know, I felt at home there. That's pretty much it. I'm in a great area, I'm a lieutenant colonel, and—

KV: Did you ever have problems with PTSD (post-traumatic stress disorder) or anything like that?

RB: I don't think so. The thing is, is when I came back, you know, because I got off of active duty, people really didn't talk to you about your experience. Nothing was said. So you know, I didn't say anything. I know some people will say, in terms of they've never been, you know, exposed to some of the things. But like what I said was, I had already been taking care of patients from the Tet offensive. The other thing is, is that I grew up in a very dysfunctional family. My father was an alcoholic and when I left home, I felt like I was released from prison. so for me, being in such a dysfunctional family, that wasn't that dysfunctional. There were aspects of it, you know, that you had to deal with. But I guess some of it I look at it like it's a job and, you know, this is part of what goes with the job, and yeah it's not so great. But the hardest thing for me was, the one person that I would have married, we were going to get engaged after he came back to the States, and he died three weeks after he came back. So that was very hard for e. I'm going to say August, he died in August, and September and October were very hard. But I mean, because of the patient care, because of doing that job that helped. It didn't—you know, I'm not going to say it took away all the pain and sorrow, but the hardest thing for me was, I couldn't believe he was dead because I didn't get to go to his funeral. He wasn't a member of my family. He wasn't like my husband or something like that, so I had to stay there. But his family, you know, wrote to me. You know, told me and how much he talked about me and that, and so when I came back to the States I went to see them, and I maintained contact with them until they died. But I mean, it was—that for me was the hardest, very hardest thing. But otherwise, you know, I'm going to say that that wasn't, you know, something that caused me to have flashbacks. Whenever—like I'll say, whenever I would hear a Huey or an Iroquois with the Medevac, you know, you just look up. You wait. Still some of the things like if a car backfires, it's something you will jump reflexively, but not quite as much as you did initially. The only thing that I can say was when I first came back, I just had my biorhythms were totally out, and I had a very hard time sleeping. I would not sleep for more that two or three hours at night. But finally, that worked itself out, too. I just, you know, I say I'm a survivor. I was born at home. I was a breach birth. The fact that I made it out that way. You know, it's one of

those things. Even as a kid. But for me, I had two good friends there, my friend Karen and Marcia. We've been friends since, we've kept in touch, we've done things together and all that, and that was very important. The other thing was after I first got there, the Dust-off pilots, these two nurses, the one I replaced and her friend, they took me out with them my first night there. They were going to be leaving. Just because these were like again my friends, because when I grew up as a small kid, there weren't any girls my age, they were all boys, so I was used to having male friends in terms of that. So that's just what it was like and for me, after living in the BOQ with them, too, the same thing. But now the only time I had problems, I'm going to say with depression was, I had developed uterine cancer, and it was during the summer between my first and second year in the MP (Masters of Public Health) program, and I should have just taken the next year off, but they didn't necessarily give it to you. And it was very, just very hard because I was you know, recover from surgery, go back to work, go back to school. It was, you know, I didn't have any reserves. I just wasn't as resilient as I used to be. I think that's part of it. I always seemed to be able to pick up and go on. But that's worked itself out, too. But I can't say that had anything to do with PTSD.

KV: Any last thoughts? Final thoughts? Final words?

RB: No. You know, I know, I was sitting here when Sam was here, and about her saying that if she had to do it over she would do it again. I wouldn't have changed anything in my life the way it's worked out.

KV: Good. All right, well, we'll end the interview, then.

RB: Okay.