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TRANSCRIPT
OF
ORAL HISTORY RECORDING

S01580

Jean O'Neill as the major Matron 1st Australian Field Hospital, South Vietnam 1968-1969, interviewed by Lynn Hemmings

Recorded
at: Taigum
on: 19 December 1991
by: Lynn Hemmings

Description

Support given to Vietnamese orphanage; relationship with staff at Australian civilian hospital at Vung Tau; risk of attack by Viet Cong and evacuation plans; curfews; discipline; actions of commanding officers and inspections; evacuation of hospital after tidal wave warning; toilet explosion; Siamese twins; attitude to leaving Vietnam; returning home on RAAF medivac Hercules flight; anti-war movement; teaching in army nursing school on return; involvement with veterans; sexual harassment; discrimination; post war traumatic syndrome; working with soldiers killed in action ('KIA Room'); Joan McLeod; sexually transmitted diseases. Joining army; Korean war; Malaya; teaching medics for service in Vietnam; selection of nurses for service in Vietnam; arriving in Vietnam and first impressions; conditions in first hospital and new hospital; dustoff arrivals and procedures; assistance from US 36th Evacuation Hospital; hours on duty; off duty activities; uniforms; duties as matron; living conditions for nurses.

Transcribed by: Susan Soames, October 1992]

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What I would like to do to start off with is just to find out about your nursing experience prior to going to Vietnam, what you did beforehand?

Yes, all right. I trained in Cairns as a general registered nurse and the Korean War was on - you know, I finished at the end of '52 - and the Korean War was on. And one of my superior nurses, one of my senior nurses was joining the army. And I thought this would be nice, I'll join the army. At that time we had to be twenty-one, I don't think I was ... twenty-one to be registered and so therefore there was a little bit of delay. Anyway, I came down to Brisbane from Cairns and I was accepted into the army and I joined at the beginning of '53. I then went to Puckapunyal, where I was very much inducted into the military system, at the School of Army Health.

Then I went to Japan, with the British Commonwealth Forces and in that time I went to Korea. So that was my first active service, in Korea and I was in Korea in '54, in the freezing cold and sort of finding out all about cold war wounds. I was a theatre sister at the time and a theatre sister in Japan, I was a theatre sister in Korea.

Then I came back, then I went to college and I did education. After that I was an instructor at the School of Army Health for a few years, I then went to Malaya. Again I was a general sister and I did a families medical centre for the British hospital and I did that for about twelve months.

I came back again and went straight back to the school. So I was back at the school in '66, '67 and I went back to a military hospital with the object of going to Vietnam in '68. So I went back there in the beginning of '68 for a couple of months before I went to Vietnam. So I was doing a lot of teaching and prior to going to Vietnam I was teaching in the field ambulance at Puckapunyal, attached to the school, and turning out all the medics that were needed for Vietnam. And that was an experience that one can sometimes live without because I don't - you're not an educator are you? You are an educator?

Yes I am.

Well yes. Well we were teaching under canvas in the snow at Healesville. And the big marquee where we did our main classroom had a hundred national or a hundred soldiers in it doing the medical training. There was no such thing as microphones and there's no such thing as being warm and so you had to and, you know, the noise was just incredible. There was no acoustics.

Was it a hundred soldiers at one time?

No there was more but the major marquee took a hundred. I would say there were probably 300 but they were moving through in different classes, you know, some of them were doing others and doing first aid and smaller things but the class I used to teach there was a hundred in a marquee.

How long was the course?

The course was then ten weeks and then they had experience back in the military hospitals before going to Vietnam.

Were most of them regular army?

No, most of them were national service but you really didn't know who was a national serviceman or who was a regular soldier until such time as you were sitting down doing their papers because you knew then, when you were going through your lists to find out who was in the class, you'd find a pharmacist, a school teacher, somebody who'd done two years uni and things like that, where they'd all been pulled out and said they're not exempt. So you had a great motley of them, so you certainly had to be on your toes, yes.

Did they select to be medics?

Some would have, some wouldn't have. They passed through Kapooka. It is said that - and national service might say this to you too - they didn't ask to go into medical corps, you know, perhaps the psych ratings - SG1s, SG2s, they reckon all the SG3s went in but that is not so because we had all their documents. And a lot of them had associations with medical corps in some other way and they went into medical corps, they elected to go to medical corps, a lot did, a lot didn't and some transferred from infantry because - or artillery where they were not suitable, then they'd be redrafted into medical. And we had to make medics out of them, so that was the material that was going on to Vietnam. So we did have to work very hard to get them through. A lot of them did fail and of course they wouldn't be going, then they'd become GDs - general duties.

Could they fail on their practical?

A lot on their practical and on their theoretical. You know there were just some that were not meant to be medics and there was some who were medics and passed who got to Vietnam and were re-mustered again. We had that facility for re-mustering and put them out on the working parties out filling sand bags and things like because you really didn't want them near patients. But generally they were, you know, so that was my history up to going to Vietnam.

Whilst at the school naturally, all of the young officers, sisters, coming into the army came in, so for the two years before I went to Vietnam I had taught military subjects to all of the nurses that were in the army at that stage. So I knew all the team that I was taking and I was quite happy to take them. I was given that option.

That's one of the things that I asked you before. Do you know, the team that you took up, do you know how they were selected? What was the criteria?

There wasn't a general criteria. They were serving and they had served longer than twelve months. And they had demonstrated that they were suitable to go into a disciplined war situation. Those that played up in the hospitals in their first twelve months I think they just ... the hierarchy naturally wouldn't look at them.

So by 'suitable', was it more their personality?

Their personality, that they could get on with each other, that they were suitable to go. Everyone applied to go but there was some that you would not take because they were a little agro, didn't get on with their fellow officers, couldn't - didn't look as if they would fit into a war discipline. Because that you've got to get on and you've got to be able to take what's handed ... and you've also got to work, and you know, I think ... I would say that the reports that were written on them, when they went through the school, then the reports from their matrons in the military hospitals - if they were black balled by either of those two people then they wouldn't go. And if you could say that was a selection criteria, then I guess that would have been the selection criteria.

Who selected them? Did a nurse select the nurses who went?

Yes I would say so, yes, certainly. Because everyone has an annual report written - every officer in the army has an annual report, the nurses have an annual report and the director - the matron-in-chief, the Jan McCarthy of last years, they visit the hospitals, they know them and they speak with their matrons and the matron would have said, 'No I wouldn't take her anywhere', and so therefore she wouldn't have gone.

When you said that all of the people wanted to go, what do you think was the attraction?

The registered nurses?

Yes.

I guess they just, you know, met the troops coming back, they're working in military hospitals, they can see - because we evacuated every week back to Australia through Butterworth - and they're nursing the patients there, they're listening to the patients and they think, well yeah, this is an experience I would like in my professional life and so they all wanted to go. Some of them I know when I came back were a little bit agro that they hadn't been chosen to go but there was a limited number there, so out of the 200 in the corps perhaps there was only thirteen going. And so, I think, what was the total number that went about ...

Forty-three.

... yeah well forty-three over that period of time and although we needed more nurses from staffing - you definitely needed more there's no doubt and if you looked at the hours that we worked well then you'd know that. But the ceiling is put on by the military board and the Government and we had only 5,000 troops and if you wanted a nurse, then somebody had to give up one of their troops to get a nurse into that 5,000. That could be a cook. I was told once that - you know by the establishment board, which is about that - all right if you can do without one cook you can have another nurse. And so the criteria was governed at a very high

level, so regardless of staffing ratios and hours in which one thought they would work, that doesn't make any difference, it is that ceiling that must not be broken.

When the nurses were chosen to go to Vietnam, was there any preparation for them prior to actually leaving to go?

No, apart from their indoctrination or their Junior Officers Course at the school. They were professionally qualified to go and during their five or six weeks at the School of Army Health you bring in a lot of army discipline, war disciplines and lots of aspects like that, they are exposed to that there. They can then decide whether they'd like to be in a war situation or a base situation.

What were your thoughts about going to Vietnam?

Well, I must say that I was very happy to go because it was my first matronship, although I'd been the senior educator for a while and this was the first time that I had been - I'd been deputy matron but I hadn't sort of had a hospital to run except when the matrons where away, so I guess it's an ambition thing. My experience, of course, was in war before in Korea and because of that you think well, yes I would like to be there and the troops are there, I guess we never questioned whether you should be politically there or not, it doesn't come into it. It's something that you are just naturally led to, to go and do, so I've never hesitated.

When you got there you took over from ...

Amy.

... and was there any sort of handover between ...

Yes.

... her and yourself?

Yes, we had about three days, yes. I took two members up because the hospital had to continue, this team moved in, sort of in shifts and as I was arriving, Amy was staying but two were leaving from Saigon as the other two were coming in. They may have left the day before to get through but you know, we had to staff the hospital and changeover at the same time. There was virtually no doubling of staff at any time except the matron. And so I was there for a couple of days, I think really I only had two days, Amy probably left on a third day. And when I handed over that was about the same. Nell arrived and I handed over to Nell Esby and you move your staff off and you think, yes I've got ... it's not a matter of having days off because you don't really don't get days off. If you can make an afternoon off because the hospital is quiet and we did try to take some time off on Sundays, you know, you think oh well, yes, and until you get the next team in, those who last had their R&R would be the ones that might have to stay on for a couple of days.

Do you remember your first impressions of the hospital?

Yes, my first impressions of the hospital were horrifying. Because there was a bit of a mix up, you know, you arrive into a very - I arrived in the heat, of course - and you arrive in Saigon

and you're sitting on your suitcase and shuffled around, because it's a big, a big American air base. And then you get down to Vung Tau by RAAF on a small craft and mostly your CO will get out there to meet you and as I knew my CO and the matron, you know, something happened and he didn't get there, he didn't hear that I was coming in or something at that time - the planes are often late. And there was only a Jeep there and it was pretty desolate because it was - the hospital was built in a sand pit with these drab buildings around the perimeter up and the hospital was down lower. And it was very dusty, very hot, very dirty and we were very tired.

This is the old ...

This is the old hospital, yes. So this photo here of the old hospital, which you've probably seen, see that is what you're looking at - unpainted tin, huts and sand and nothing growing. You know when you look at a hospital like that and you think, dear me, I mean Korea wasn't any better I must say because we were in the snow there.

Was it hot inside the hospital?

Very hot, you're only - there were a few fans but there were louvres, tin louvres and you can see them. Well you open them and the patients bed was right inside them which means that the sand, the rain and everything just blew in everywhere. And it's very difficult to keep a hospital clean, there was no running water, your hand basins were just basins sitting on a table and that's what we came into.

How long were you in that situation?

We opened the new hospital, which is ... where is it? That ... which was sealed and air-conditioned, built by our own engineers. We opened that in ... I think it was about September, from memory, it was about September anyway, it was later. And of course it was a vast improvement because it was closed and air-conditioned but it leaked everywhere. So whereas you had in the situations like this, this open concept, with the sand and the rain blowing through it, in the new one until it was all adjusted, although it had linoleum and everything on the floor, it leaked. So you're pushing beds in all directions to get them out of the leaks in the roof but anyway the engineers did build it and they adjusted it and it was ... in the end it was quite a satisfactory situation.

Can you just describe the helicopters and the dustoff situations?

The dustoff situations? Yes. Most military hospitals are built in H patterns, so there's H and then there were outer buildings, administration and things say like that there. And this corridor ran through there, it ran out to the helipad.

These were four separate wards?

Wards, yes. That was officers and surgical, that was medical, that was surg, that was the OT (Operation Theatre) complex and the triage.

And intensive care was in here was it?

Yes, it was all in there, the theatres were at the back, the triage and the intensive care in that area. Basically they used the structure of the old ones and converted it over and did that. So patients were evacuated straight back from there into triage. We were lucky we knew when patients were coming in, we knew what was coming, which they would have told you, I've no doubt.

Was that the horn that they signalled?

No. All radio communications were down in the Orderly Room, this section here, and we were in total - if there was a dustoff coming in, then this was notified, so therefore administration was notified. Because there's lots of things must happen, you must get your staff, you must get your stretcher bearers, you must get your chaplains. So there was certain of us had to know every one of them.

I think what most people have said to me is that they used to sound some sort of siren ...

That's right.

... and depending on how many - people seemed to have trouble remembering this - but depending on how many hoots, or whatever of the siren, would depend on how many minutes it was till they landed?

Yes, well the siren did happen but before that we knew.

All right, so you were in radio contact?

Oh yes, we were in total radio contact, yes, it wasn't a hotchpotch, no. And what we knew was the SIs or DIs, the KIAs ...

You'll have to explain those to me?

The seriously injured, the dangerously injured and the killed in actions and the walkers. Now we knew: there may be four walkers, two bodies - it depends, they didn't always bring the bodies in if the aircraft was crowded. They'd bring the bodies in on the next one but we always knew what was coming. Now, the beauty of it is that all medics in the choppers, all dustoff crew, could put in plasma expanders. So there was so much work done in that chopper in the twenty minutes, and this is why it made it very difficult to work, Lynn. You were working at that pitch all the time. You couldn't say, well, you don't know yet. So we would know that there may be two criticals, or something - with plasma expanders - and then, as they turned, you could always see the troops up. And so, therefore, then you knew how many litter bearers you want - there's a team - they're all drilled to get out there. Your OT staff must get to the OT and there's a triage staff to get there - the doctors mainly, to get there - the chaplains and myself.

The nurses didn't actually come out here did they?

No.

No, they stayed here. And the same with the matron as well? What would you do?

What would I do in this? I would always go to triage. Now that's all hours of the day or night. At night they didn't sound the horns to wake everyone up unless it was serious and we needed more staff. Because when you were working on, I had six and two in my first time, that's eight [nurses], to staff the hospital: one of them is me. So when you're staffing the hospital with just that, you know what they've done, you know what might happen tomorrow and you know what ... And so I was notified in all instances. I wouldn't - and they knew very definitely - not everyone would get up and rush down there because you'd want them to sleep if they could, because you don't know what they're going to have to do tomorrow. I might know, but I went down to all. Theatre and triage sisters went down and I would just shake them and say, 'Listen, I think ...'. But again, we were disciplined enough to know that not everyone jumped out of bed and ran down there in the middle of the night - and we had to be. And if I knew they'd always phone me because I had the only phone by my bed. They'd phone me and say, 'There's an awful lot coming in', and I might say (whispering), 'Okay, I'll wake up a couple of them and just say there's this big thing coming in', or I might get down there and just slip up again and say just ... Because the main thing is they all go in to triage, there's a medic, there's a surgeon, there's a gas man: they're all there and you can see at a glance how much surgery you're going to have, and you know how many intensive care nurses you need then, and then you just get them there and give them a chance to get dressed.

By 'gas man' do you mean anaesthetist or medic?

No, no - anaesthetist, yeah. The anaesthetist is the real man in charge there at the triage because he is the one who has to resuscitate and govern the resuscitation procedure before the surgeon. The surgeon's just go, they'll have a look, they assess. Now, this triage took eight I think, from memory - eight stretchers. So we took eight in at a time. They were assessed quickly, resuscitated, resuscitation on every stretcher. All the gear was there and they had a medic and a clerk. So the QM was there or his representative, the Quartermaster, and that is to get the weapons off the soldiers because the weapons are accountable to the soldier. So you get off their hand grenades, their SLRs and, you hope, their claymores because they were supposed to put their claymore mine in a certain spot: they didn't always because it was uncomfortable and they found often that the spot to keep the claymore was in the middle of the back because it was more comfortable for them. And, of course, we had a case come in where these people missed taking the claymore off. This guy was on - he was in triage - and he went to theatre with this mine still in the middle of his back and they rolled him over - I think that was one of Jan's. They rolled him over and here was this claymore there which, then they must get out of that operating theatre very quickly. The claymore will explode if it's touched.

What did they do?

They just get this man and get - because he's the weapons man - get him in, get him in again and get the weapons out - not the patient, no. So, you know, there's little things like that that were dangerous. But no, the draw was very good and everyone knew what they were doing. There was never really any confusion: the teams of medics, unless we were getting more, then they'd have to call more medics on.

What was the maximum capacity that a chopper could take of men - would it be eight or ten?

The Iroquois, depending on how many walkers - because the walkers could sit back - with their litters they would probably carry at least four litters with seriously injured on: I think it would have been four. And you get them off and the next choppers into land straight away because you know that on the next chopper is another four litters. Then, if you've got no ... then you know a next one is coming in and just get this one off so quickly and get them away and get all of these litters in.

What was the atmosphere like in triage?

It is always tense, very tense. When you hear of triages, now, around hospitals, you've got no concept of this war triage. And, as you know, the word 'triage' is a sorting point of casualties and this was the French. And I think the French sorted it out at the Battle of Dien Bien Phu in Vietnam: it was one of their things, the casualties were just so many.

One of the contrasts that I've heard between the American triage and the Australian triage is that in the American hospital it's very noisy, lots of shouting and yelling, and also some people say they did a reverse triage and other people say that the Australians did a reverse triage. Whereas the Australians would take the sickest patient first, the Americans would actually do it in the reverse?

We took, definitely, the ones that needed resuscitation - urgent resuscitation - but they may not move out of triage for some time. I will speak of one patient who had five gunshot wounds across the chest. He came in, as we would have said, dead critical. The medics in the chopper said he's still alive. Now he was flat. Well we couldn't move him into the theatre straight away: it took forty-eight units of blood before he could move from there. I don't know how experienced you are in resuscitation but you can glead in. If you put a CV line in, and then both into the femorals - because they're flat anyway - and you can get three - and I've seen patients with three moving in six bags of blood at a time. Now it took a long time to resuscitate him, but he certainly was the most serious that day. He then had his theatre booked, because as soon as they said they could move him from there in, so his theatre was booked. He was eight hours in theatre, and so he was very seriously injured: and he did walk onto the plane to come home because he was too serious to go on the first one, so we held him over to the next evac. He cried because he wanted to get out as soon as he could. But we promised him that he'd walk onto the next one which was in another week: so kept him to stabilise him to fly.

He actually walked two weeks after ...

He walked - no, one week after - because the next evac was going the next day or so, the next day after.

So within a week he could walk?

Within a week - he only walked four steps - but we said you will walk onto that bus to get onto the plane. Our Red Cross girls took him just down to the beach to just have a look at the beach in Vung Tau before he went, in a car. He had some very heavy surgery done on him,

naturally. He was specialed - Pam will remember him because he was specialed at night and we were very concerned about his mental state because we thought we would save him. We didn't lose a patient the year we were there even if Pam says we lost a pneumonia: she's confused because Marie and I don't remember that. She was the special I put on, and when you've got a special on one patient when you've only got that staff, you've got other problems. Anyway, we were worried about his brain damage, but as soon as he came to, he said words to the effect - in the Australian vernacular. Anyhow, Pam rang up to the mess and she said there's no brain damage.

So, they assessed in triage, and they would say, 'Operating one, operating two, operating three'. Now, that would be the order in which the cases are going in. In his case one theatre was booked. See, we had two: one rather large theatre and a smaller theatre which Jan, no doubt, would have told you. We could put two tables in that one and we did operate two. They never operated out there but did an awful lot of resuscitation. And so we managed that. Now, if we had more patients that we could plan our operating theatres for the next - even if the surgeons operated for the next sixteen hours, which they often did - then we would call in the Americans. We would resuscitate, call in 36 Evac and they would come over and pick up the patient and operate there. They would take them over to the Americans, which wasn't far away.

Was that mainly for neuro?

No, the neuros were sent up, after resuscitation, they were sent up to Bien Hoa. But this was the 36th Evacuation Hospital in Vung Tau. They would come over and take them and bring them back three days later when we had beds and things like that. So that was our union with them and we didn't have any problems at all.

Were you able to work that in reverse as well?

No, we never ever took any Americans because we never really had any space: we never had any space to take their's and they had a much bigger hospital.

So you were working to full capacity all the time?

Always to full capacity, and so we never had any spares to take their's. And they had a much bigger hospital, naturally, so whereas we had these operating theatres in which we could put - I think we only had three tables, I think, from memory we only had three, but they could put up a field table anyway if necessary - they had about ten, with ten theatre sisters and fifty surgeons, whereas we didn't have that. So they were able to take our patients, and they did. Some of them didn't come back to us. There was a triple amputee who preferred to stay with the Americans till he was evacuated. Our chaplains and our Red Cross went across and saw our patients who were in the 36th. We had an officer with a bilateral amputation - lower legs - he came back to us because he wanted to come back to us. And so that was a good union that we had with the Americans.

How did the nurses manage to unwind after things like that? Was there some sort of debriefing?

No, there really wasn't any debriefing because we didn't have much time to debrief because the next situation ... You really are so busy. The only time that the wards may be a little slackened off is when the medevac or the casevac went to Butterworth - to the RAAF. They came up and they picked up: if it was necessary they'd bring up a Herc twice a week; if it was not then they would bring it up once a week and take out all of our seriously injured that we'd prepare and take them onto their next base for their DPCs (Delayed Primary Case/s), because we were doing their DPC - delayed primary cases - all the time. All war wounds, mostly, were left open with wide drainage. So the DPCs all came to theatre to be stabilised so that they could fly the fourteen hour trip from there to here on a Herc. They mostly stayed overnight in Butterworth, but they didn't touch them. In some instances a patient would not make it all the way home: he would be off-loaded at Butterworth and he'd pick up the next flight because he was too sick, really, to go on. But our constant battle was getting the RAAF to take all of our seriously ill and injured, get them out to Butterworth even if they stayed over there. And if we knew another big offensive was coming then we tried to clear the hospital. But then there was so much to do to clean up, to restock, to get on with it before it all happened again. And so there really wasn't much time.

The working hours were long and we had one sister on night duty: she went on about ten and she worked till six. I took the report in the office at five-thirty. We went on before breakfast and then we went and had breakfast, so that got her off. She probably didn't get off till seven anyway: then she had breakfast and went to bed. We'd give breakfast and then go and have breakfast. They might be there then, say, from six o'clock in the morning, just having a break off for meals which often might be tea: and often they missed meals, and it didn't really matter. The meals weren't very good, so it didn't matter if you missed them. And, you know, they never really finished much before seven, eight, nine at night, and that was six days a week.

When did the afternoon staff ...?

The afternoon staff used to come on somewhere two, three, but there weren't a lot of afternoon staff either because when you have only eight sisters, you divide them up. One of them is me; one of them is running a medical ward; one of them is on night duty; one is in the operating theatre, and your second theatre sister is in your triage. Then you've got one there; they're all gone - and one on evening duty. But see, the evening staff would just hand over to the night staff, so you would find, perhaps, if they came on two, three - depending on how busy it was - I might say, 'Look, it's quiet, don't come on till four', because they're the only ones that are going to fill this gap from nine till ten, because that's the only time when they might be alone, but frequently they wouldn't be - everyone might be there until ten o'clock. So the night sister comes on and gets on with what she wants to do. But there were no great gaps where there was changes of shift or anything like that.

Did most of the nurses seem to cope okay with the long hours?

With the long hours, yes.

It seems to me that there were not many opportunities to really ...

Relax?

Relax or unwind?

Yes, they did, and I guess this is one of the things that you had in your mind when you took them. In the twelve months that I was there we shared three days sick. I had a half day; somebody else had a half a day, and two others had one day. And it was three days sick leave between the lot of us, and now that's very good. And if anyone said they were sick we'd just have to cover them. See, towards the end we did get another two sisters, and the two that I got was York and Di Babcock: and so they were there from what little bit of time. But it took me nine months to get two sisters, so we were pretty busy for that whole year. And that was the sick leave - three days we shared - so it wasn't even a day each of that time.

Now they worked long hours. We all got on fairly well together. If things were quiet the relaxation that we may get - well most, I would say, was in the mess. And that was the mess - that's either myself of Pam Barlow sitting there - that was the bar in the mess. The mess was just an open tin hut with wooden sides, unpainted. Somebody gave us a bit of carpet - that was on the floor, and we had a bit of cane furniture. And there was all the doctors and all the others - ancillary medical staff and ourselves in it. Not too many people spent time in the mess. We'd sit and have a drink when we could but that might be at eight or nine o'clock at night. You'd come up for tea, and if things were in a lull, well then we would get off five or six o'clock and go up and have a shower and change and then we may go out - any place really. There were lots of places that were put off bounds to us: lots of restaurants were off bounds, although they might not be off bounds to the Americans. Our health inspectors would find a cockroach in the kitchen and the CO put it off bounds, so we couldn't go there. We could go to the officers' club but you had to come out and you had to be home by nine o'clock anyway. There was a nine o'clock curfew, so the most you could be out ...

That was for all officers?

All, everybody, officers too. The only time that I ever came in after curfew - because if you came through that gate after curfew you were reported and you were in strife - I came through in an admirals car one night. And the American hospital ... they didn't pull up the admiral - I was sitting in the back with the American matron - but otherwise you just didn't do it. It was a disciplinary offence if you did come in. So even if you did go down to the officers' club, you wouldn't get away before seven and you'd be back at nine. If you went to Vung Tau for a meal that's all the time you had. And they did accept it: they did accept it because they were very busy, and when you're very busy you don't mind really what you're doing.

What about the uniforms? Were you very strict about uniforms?

Was I very strict about them? It was ... you'll notice that we're in grey frocks - in the traditional grey frock with short sleeves - and we also did wear veils most of the time. Now it was very difficult, when I mentioned Vietnamese staff, because there was not any Vietnamese staff in the hospital, only in the nurse's quarters. Do you know, those uniforms are fairly frail, and you haven't got an unlimited supply, and you can't get them up tomorrow. And when you first found them belting them in the dirt with stones, then you must stop it - 'No thanks, I don't want you to do my uniforms. I'll do them myself.' So you do do them yourself - that was me in uniform - and then the matron-in-chief of the day insisted that we wore veils and those uniforms and stockings and shoes.

Somebody told me seamed stockings and ...

That's right, and shoes. It was because it was the regulation uniform and she insisted that we wear them. Now, having starched veils was very difficult because we couldn't always get starch. And at one stage, when the Sydney was up, the chaplain gave me all of the starch off the Sydney, every little bit of sailor's starch, so that we could starch those veils. Night duty was greens, evening shift was greens if they wanted it - but it was very hot too. But if you were in greens then you had to have your sleeves down after six o'clock. If you were in that you didn't ... the mosquitoes didn't bite nurses after six o'clock and they didn't bite through your stockings. And it was a bit ridiculous in a way but when you've got a boss - she was in Melbourne at the time - and when she says that is what you will wear, that is what you will wear, because if you vary that then there's always somebody going back and saying, 'Oh, the nurses looked nice in their greens' - 'They're not supposed to be wearing greens.' So you have those things, and it was a bit difficult because the tropical storms would just drench you; the perspiration would drench you; and then you were faced with tomorrow, getting up, uniform and a veil again. I gave up after a while. I wore a hat, you know, one of my walking out hats because we just couldn't. And I said to the nurses, 'When you get into the wards take them off; just keep one somewhere'. There were disposable veils but we weren't allowed to wear them: and things were a bit tense at that stage. I begged to be able to wear them but we weren't allowed.

So if the nurses were woken in the middle of the night to go to dustoff they wore greens?

Yes, they wore greens. Evening shift wore greens; night duty wore greens and boots. So you could do what you liked in your greens and boots and you didn't wear a veil with that.

What were the most difficult things for you as the matron, that you remember, in terms of running that hospital?

Staffing was one. I had a wardmaster who was - I had two wardmasters in that time. The wardmaster sort of runs the discipline of the patients because they're still soldiers, they're still disciplined, even though they're patients. And he also watches the professional side with the sisters, of the medics. So the RSM is the administrative warrant officer for the hospital and he virtually does ... he watches the discipline of the medics in all aspects but their professional discipline, and he works the outside. So this is where I mentioned before, if a medic was no good, and found to be no good, and the sisters complained about him, well, then I would liaise with the wardmaster and he would go on the outside parties where he would fill sand bags or do something like that. If he ever showed that he was ever going to improve we may re-test him or something and he may come back inside, but mostly they stayed out there. A lot of them didn't want to be medics that were there: they stayed outside cleaning latrines and things like that. They didn't get in with the patients. They would be some of these litter bearers, and they get a pretty hard time too because they had to run from all directions to be litter bearers when the sirens went.

Disciplining, I suppose, there ... but my liaison was fairly good with my wardmaster and my with my RSM. Liaising with engineers to make sure that we were getting an improvement in the living quarters of the sisters, because they were pretty basic. They were cement floors with wooden sides. I've no doubt you've seen photos of ...

The hospital, and the chaplains in the hospital, and the logistics support group, we took under our wing an orphanage in Vung Tau which we tried to get to - somebody tried to get there every Sunday - more than one if the hospital was quiet. We'd go in with the chaplain. And the doctors were very good because it was a fairly massive orphanage of Vietnamese children run by nuns. And the nuns were very ill: we didn't realise they were so sick until medical staff, one of them, nearly collapsed one day. Anyway, she was cirrhotic of the liver from deprivation more than anything.

The nuns were Vietnamese?

Yes, Vietnamese, and very sick. And they'd had orphanages right throughout the French thing - they had a great French influence. And we managed to get up toys; our doctors and our nurses managed to give some medical care to the orphans. There were some dear little orphans there. I wanted to bring one back, actually. I looked at [adopting] a little boy called Geup, and whilst the laws of this land said that I couldn't adopt him because I was single, I thought my brother would adopt him and then I could have him. But there was so much corruption that the Red Cross man said it would cost you $1,000 to even speak about it. And so you've got to give up these ideas of trying to save the children. Civil Affairs used to get a lot of rice for us and then the nuns would have rice, the kids would have rice. And then the Viet Cong would come in and steal all the rice that was left over back again, and then they'd capture it again and give it Civil, and then it would come back again. And the rice used to go on like that. But we did enjoy that orphanage, and enjoyed giving the help we could.

Did you have any Viet Cong patients in the hospital?

Not in our time, we did not. We didn't nurse anyone ...

I know that some of the nurses had had experience ...

Yes, after that: we didn't have any before. The first team certainly didn't and we were too busy to take any, but teams after that did have. Pam seems to think that we had a lady in that ... Marie and I didn't think we had, but Pam can say that we did have that one lady in, or a man. It could have been when I was on R&R but he wouldn't have been there very long. We may have had an interpreter in but we didn't: the civil teams were there to nurse them and they nursed them at Bien Hoa.

Did you have much contact with the civilian nurses?

Yes I did. Yes, we did. One team was in Vung Tau and we did have as much contact as we could. They came out to us: they came out to the mess and we may go in there for tea or a Sunday barbecue. Sundays were the only days you could really do anything, and that was if the hospital was quiet. We used to try and take some morning off. I'd always do a round, have a look through the place and, you know, we'd try and cut a few out on Sunday morning and then just put the evening staff on. If there was no dustoff then you were lucky that you didn't go back on a Sunday. So we did try and do some relaxation every Sunday: and we mostly managed it, so it wasn't all hack. And we went to their team's barbecues and that was very pleasant because a lot of them were reserve army, too - a lot of them from Sydney, so it

was nice to be there with them. The others were up at Bien Hoa. I only managed to get up to Bien Hoa, to the civil team up there, once, and stay overnight. You always hope it's going to be ... The doctors got down to us more - they'd stay with us. And the sisters would get down if they could and stay overnight in our mess. You'd always hope it would be a team that you knew. Well, I was in Sydney before I left so, therefore, I knew the staff down there, but it was a Melbourne team and I didn't know too many of them, or an Adelaide team and I didn't know them. But certainly, we spent an overnight ... I went up with a pharmacist. You could never travel by yourself. I was never allowed to travel by myself anywhere - never did.

Were there any times in the twelve months you were there when you felt afraid?

Yes, I guess we all did at times, because you knew that, from the Ops conferences, that ... You know from your casualties that things aren't going the best at that particular section, and you really don't know how far down they are. And the civil team - you always wondered about your own evacuation because it was Civil Affairs that were to get us out, I think, because everyone was sort of committed to battle. If an onslaught had come then they were all committed and so therefore you must have your ... well, you know, it was a Civil Affairs team that was to get the nurses out. And we often had evacuation drill: in the middle of the night we would all have to get down to the hospital in total darkness, in total greens, so that we could work there all night. So that drill was on frequently. The other thing, I guess, that worried us all was the bombing of the hills close to us. It certainly worried me.

Could you hear it?

Yes, you could hear it. The Long Hais were not very far away from us, and the B52s bombed them incessantly where the Viet Cong were. They bombed from about 30,000 feet and I didn't know until pretty late in my tour that the button that released those bombs was pushed in Guam. And I thought, yes, that would be great - I hope they know where they are. After I knew that I'd say, 'Well, I hope that their communications are exact when the bomb release button's pushed' - I'm sure that was true. The bombing of the Long Hais, you just hoped ... But there was a lot of infiltration of Viet Cong throughout Vung Tau. So, I guess, that you never really knew.

But we weren't allowed to wander off by ourselves so we were always protected. You could never move anywhere without armed guards. I mean, within our own complex we could, but not outside. One of my sisters did come home one night late. She'd been over to the RAAF base and of course she was reported at the gate and I had to speak to her, the CO spoke to her, and it was reported that the men that she was with were not armed. But anyway, she said that they did have side arms, they had pistols. I was then ... I was fighting with my CO a little at the time, rest his soul - he's now dead - and I think, just to nag me - I had little enough time to do this, but he appointed me the investigating officer, to do this investigation why my nurse was out late, why she did this. So I had to go over to the air force base, (inaudible), I had to go right up and crawl up on this thing in the aircraft to do it. Oh, it was an angry time for me because I was angry with the CO. Anyone could have done it: people with more time than I, but I think he just really wanted to make sure that I'd do it. And I'd been an Adjutant Quartermaster of a CMF unit before this, so you know, he wasn't ... there was nothing in it that I couldn't do, and I just thought ... and everyone said what a waste of nursing time to have to do this. But anyway, he had a little man complex at the time and he got it - it was done.

Was there some sort of disciplinary action that was taken?

No, she was just spoken to and told not to come in late again. You know, she's an officer and she didn't do it again. And, of course, I was a bit angry with her that I had been put through this too, and I said, 'Well just don't do it: we've all got to be in'. We got on enough to ... whether they liked you or not, you still had to do that bit of discipline there.

In your twelve months were any of the nurses sent home, either through illness or ...?

Not in my time, no. Barbara Black died the year after we came back - she had leukaemia.

Were you in Vietnam when her leukaemia was diagnosed?

It wasn't diagnosed in Vietnam.

Oh, wasn't it?

No.

That's the story that I'd heard?

Somebody has told you that?

Yes.

Can you switch this off for a second and I'll tell you ...

Did I tell you about the tidal wave?

Is that when you had to evacuate the hospital?

Yes. I hope you had a very good description of it because it was ...

Will you give me another one?

Again, the CO did inspections. I guess, you look at inspections, if you're not used to military terminology then you have an inspection at least once a week of your hospital. That means that everything must be up to scratch, and he goes all through the quarters. You know, it's like the old home sister doing the nurses quarters, the matron going around the hospital with the board and things like that, but not as detailed as the COs inspections. Anyway, we'd finished the inspection except for the troops quarters: and our inspections were fairly bad because he was a tall man and he could reach right up there and he could rub his hand ...

So it was to that level of looking for dust?

In this ward, with all this sand blowing through it, where you've only got a hand basin that's static, and you could clean it up and the sand blows in and covers that. He will tell you it hasn't been emptied today and the sister can ... it doesn't matter what you say, it hasn't been emptied - 'Look at the sand, look at the dirt in it'. And you could empty ... we used to cover it

over: I used to say, 'Cover it over, cover it over, and just take it off before he comes'. And so he'd be right up on these ledges. The medics threatened to put razor blades up there so he'd chop his hands and, you know, I begged them not to do it. I said, 'We can accept it'. And they were never good inspections because never did he ever say the nurses have done a good job - 'Nurses and medics, thank you, it was very good, nurses, matron', or something like that.

Was the CO a doctor?

Oh yes, very much so, a doctor. And I had two of them. They split half way through: one was bad in one way, one was bad in the other. So it's like a grand tour: there's myself and the deputy CO and the RSM and the adjutant. We all go in single file, one behind the other, going through this place and I always bow my head somewhere along the way. Anyway, I never, ever went into the troops quarters. He went through the sisters quarters.

What was he inspecting - cleanliness?

Cleanliness and anything at all - just to annoy you. He had nothing to do and we were always busy. And I suppose it generally keeps all units on alert: all unit commanders do it, not just hospitals. So I just got back to the office - I never went up to the troops because I couldn't care what the troops are doing in their huts; it's bad enough - I didn't really want to know what the sisters were doing in their's. And I just got back to my office from this area here, where I gave you that little map, from the orderly room, this medic had just got a call through and said that ALSG (Australian Logistic Support Group), which is our senior command, had said that the hospital must be evacuated in twenty minutes - a tidal wave is to hit. I thought I've got to get this message to the CO, so I grabbed a runner - there's always some newt about - and I said, 'Get up to the CO straight away, and the adjutant, and tell them to get back down. The hospital must be evacuated: I will start evacuation procedures.'

Now, you would have heard that there was somebody had been anaesthetized but they hadn't opened him up; we had a gunshot wound to the femoral artery hanging up in total traction - and a very sick man, too, because he had more than one injury, but that was his big one. You can't move a femoral artery because they're not plastered, they're just in a Thomas, so they mustn't be moved for say three or four days: and you can't release any traction on anything. Anyway, Bill came down. By that time everyone's swung into action - the 2IC - the adjutant. And Marie Findlay said to me, 'Will we keep the records?', and I said, 'Take the records of the patients we need to nurse up in the messes'. You see, we'd just moved up to the messes - the sergeants mess, the officers mess, cooks, everyone - all the foods left, everything. The adjutant said that the QM said he was going to throw all the records and not bring them out. But it was a stupid situation because we were up there for two hours but we did evacuate the hospital in twenty minutes. Everybody that could carry a stretcher carried them. We took enough gear to nurse the patients that we had because they were all sick patients. Anyone who could walk, walked; anyone that had to be littered was littered.

So we got them all up there and there, for the next hour and a half, we stayed. One of the funny aspects of it was one of the physicians said to me - was Bill - 'In true fashion the captain will go down with the ship'. He hadn't come up; but then again he came up the stairs with, 'Oh yes, we've got him'.

And was there a tidal wave?

No there wasn't, but it hit the Philippines. The earthquake had occurred and so, whereas they said it was going to hit this coast of Vietnam, it went the other way and hit the Philippines.

Would have been quite frightening?

It was quite frightening because ... but you know, I was standing there with Jim Hazel, a physician, and a couple of other doctors, and we were looking out to this vast expanse of sea. We know that before a tidal wave there's got to be this suction that takes the water out. It didn't move so after an hour and a half the Americans sent through the all clear and said we may resume. And so we had to take everything back again and set up the hospital again. We lost records all over the place. But anyway, we did that.

But the toilet explosion, just to tell you some of the funnies. It was an exercise in many things, the tidal wave - in how fast we could move to, and how fast we could move patients.

Did the patients help other patients?

Oh yes, but it's a matter of the organisation of it and know where all your patients are. Not that they'd run away from you, they don't: you know, they don't leave you at all. The guy who had the femoral traction - the engineers came down with a big three tonner and the whole bed was lifted and secured to this three tonner, and he was taken up by road. But I said to Jim, you know, 'This is stupid'. I said, 'If we are all going to be hit by a tidal wave why don't we cut his traction and at least give him a chance to swim, because there's nothing he can do now'. He wouldn't have been able to get away at all. So there were some funny aspects of it.

The other funny aspect, as I say, the toilet explosion. The matron of the RAAF hospital was ... Who was this old one?

At the old hospital?

Yes. That's the barbecue. We were standing, actually, outside there. Now the toilet facilities - all the toilets were deep trench multi-latrines, and it was around the back here, because this was the ward that eventually became the triage and the operating theatres were behind it. And the water supply was a rather open water supply on the top that came down through some purification tanks before it got into the operating theatre. Of course, all the water was sterilised in the theatre. And I think there was a field order clerk out there at that stage because we were a little bit pushed. Anyway, the latrines were burnt off frequently, and they are supposed to put some petrol in and they'd just burn them off. Anyway, this soldier was there and ... I don't know whether he put the - they are supposed to be vacated - anyway, he put a lighted cigarette in and the whole lot exploded, and it blew thunder boxes right over, and one of them went right over the operating theatre. We don't know what was dropped into any of the water supplies and things like that: and we had to close for the day because you had to stop operating until you got everything changed and cleaned and secured again. And I was standing near ... the RAAF matron was up because there was a casevac going out, and it was the first time she'd been up to have a look at things. I was standing there with her and ... heard this bang and we didn't know what it was. And anyway, everyone ran in all directions. The RSM ran because we were seeing off the bus to go to the Herc to come back, and the RSM ran into a corner and he said, 'Don't worry about it matron; it's only the dunny gone.' And so it

was a bit humorous. Jan was the theatre sister at the time, so Jan would remember it too. But it certainly was a big explosion. There's lots of little funny things.

Can you tell me about the Siamese twins?

Siamese twins were born. Just to mention it, they were born at the 36th Evac hospital. They came down - they weren't born there - they came down from one of their other surgical units. And anything that looks deformed or anything they won't have - the Vietnamese. These Siamese twins - they had a common liver, ... common liver, common bowel, I think - a little bit. Or it might have been the liver and stomach. Anyway, two little girls. They were flown down to the 36th, and the 36th said they would separate them, and they did - in the midst of war time surgery. And the photos - I haven't got any photos of them - but they kept the kids there for a long time, then they sent them to an orphanage in Saigon. But they were called Shirley Right and Judy Left and so you knew which one was which. But the nurses spoilt them dreadfully - the American nurses. And our guys sent across some fused four-X cans to be separated by the surgeons. But I saw photographs of the surgeon's hand and it was as big as the babies. They used eye instruments, and it was quite an exciting time that he did it. It was written up in the American journals, in the midst of war, to find time to just separate those little twins - yes, and he did that.

Toilet explosion ... You heard about the Chinook did you? Yes, I mentioned it. There was a photo there somewhere of the American nurses sitting in it. There it is. I think I'm somewhere in that. And we were going up to the American nurses, and on the third Chinook, you know. The other two just didn't get off the ground - it's a bit risky. We were going up to farewell one of the battalions up at Nui Dat. Didn't get up to Nui Dat very often.

What were your feelings when you left Vietnam?

Like everyone else says, I could not get out fast enough, no. No regrets because I think that you've got to consider that the year was very long, and there's a reasonable amount of deprivation. You really don't have any time to yourself the whole year; you have none of your own space, and you really are on call twenty-four hours a day. And if you've got to work twenty-four hours a day, well, then you have to do it. I was pleased to come home, very pleased, and I didn't realise that I was so tired because I'd just had another little extra job to come home with. I had been at Ingleburn and had received casualties, and I was then told that I would come back on this medevac to see if there's anything that we should be doing at either end. So I came back on one of the medevac flights and it was, you know, you expect ... I don't know if you've ever seen one of the photos of one of the Hercs set up as a hospital transport with all the litters in, and they've got two RAAF sisters and a doctor on. And you just feel that you'll get a litter that was absolutely packed because even the load master was sleeping on the luggage. Because most people only got a canvas bag - all your other luggage comes back some other way. And I didn't get anywhere to sleep because when we got to Butterworth we had a few hours stopover. And they off-loaded some and took on ones that they had to take off on the last - so there was a little bit of changing there. And, of course, on their return to Australia they are just packed ... they don't leave a - unless there's not much going on - they don't leave a litter empty. And in the air every patient must be on a litter, so therefore - and they don't get up during a flight. The nurses wouldn't let me do any work. They said, 'No Jean, you can just do nothing', and I didn't have a litter to lie on.

How long was the flight?

Fourteen hours. I didn't have a litter and so I went up on the flight deck with the pilots and learned a lot up there with them. Because a lot of patients were on drips, a lot being worked on, on the way back. So I flew from then on, on that flight, I came down on a medevac back, which is only very quick from Vietnam to Butterworth, and then another fourteen hours before we got to Richmond Air Base outside Sydney. And so I stayed overnight in Sydney and then I was going to my brother's place who was in Julia Creek.

So I was coming back. I planned that I would just have a couple of weeks there, you know - it's enough - and I'd be back to sort of play up in Sydney for a while with my friends, and then on to Brisbane for a while because I was posted back there. I didn't come out of Julia Creek for six weeks.

Why was that?

I was too tired - I just slept.

Did you?

Yes, and I didn't get to Sydney. I came back here two days before I was due to go to work. But by that time I had recovered and I felt, you know, because, as I mentioned, I wasn't a thousand percent when I came back.

So it was mostly tiredness?

Yes, it really was tiredness. You know, I've been questioned before about how did you feel about the moratoriums and all of this. You know, what happened to you when you came back, did you get into arguments and things like that. Well I spent those six weeks there and, of course, within family and friends - drank a lot of beer with the priest. I didn't get into any conflict - there was no conflict out there - there wasn't any marches up and down as to who should be in Vietnam and who shouldn't. When I came back here I was immediately teaching again, and I was teaching in a marquee here, this time, with the flood waters running through it. And, you know, I nearly resigned then because I actually ... I went up one day - and I was working very closely with the CO - and I said, 'That's it: you will get my resignation tomorrow unless I can have some duck boards'. I said, 'There's no acoustics. We've been under that canvas for ages. You expect us to teach and test and you just cannot do it under this canvas.' And so I stormed off about that again and so, anyway, somebody found a hut and they built the school at the military hospital and that, you know ... otherwise it wouldn't have been done for ages. I was fairly busy then and I was being investigated, of course - I had a bit of medical investigation. I wasn't hospitalised and so ... We didn't ... we really played in army circles. You didn't go out amongst the civilians that much because, again, you were busy and you spent your time in your mess, or you spent your time in other battalion messes. It was army parties or you'd go down the coast. You read about it. I think one of the things that upset us whilst we were there was, from the moratorium point of view - and I do think it should be mentioned - was that our esteemed Prime Minister of the moment, maybe not tomorrow, but you know he's resigned to day so maybe not tomorrow. But he headed the ACTU, and the ACTU went out. He took the ACTU out in the wharves in Sydney and would not load our supplies for Vietnam on the ship - there was a merchant ship and it was called the

Jeparit. And they would not load anything for Vietnam which put us ... See, the RAAF flew in drugs - we were not short of drugs - but they wouldn't send anything. So the Government of the day put the Jeparit in the navy, overnight, and you've probably ... Have you heard this before? It became the HMAS Jeparit overnight: became a naval ship, loaded by sailors and sailed the next day. So when the request is ...

You know, one of the things that perhaps upsets you in retrospect is that ... It didn't worry me that they took 2,000 years to welcome back the troops from Vietnam, it worried a lot of people but it didn't worry me that much. Nobody spat at me. I suppose that some of the ANZAC Day marches, you know, after that, you know, rape in war, the women of rape in war, they were a bit distressing. But to see the Prime Minister take the salute of the troops that he just wouldn't supply. That was terrible really - it was a bit offensive.

Did you have much to do with the veterans - the Vietnam veterans?

Yes, I do. I belong to the Returned Sisters: I lead them on ANZAC Day. And I've had enough to do with the veterans personally. After I got out of the army I went to the Red Cliff Hospital. I went back as an educator to start with, then became the deputy director in administration. And some of them would phone for jobs and I employed a couple: they didn't last very long but they were mostly medics. But you know, I think I wanted to work them too hard and they didn't want to work that hard. The welcome home march here I was involved in, yes, and led the sisters then. And there were about ... I think we mustered ten - and ten for here was fairly good. I'll show you a photo of one of them before you go. The bikies, and lots of them that I meet - see my wardmaster's here and he's in a mess, he won't live very long. My medics - I still see a lot of my medics and I'm still in touch, very much, with them.

Some of the things that have come out in the American literature about the nurses, as distinct from the men who served ... The few things that have come out are, firstly - and I'll just ask you these and see if you think this is typical of the Australian experience. One is that the American nurses are now claiming they were sexually harassed while they were over there by both doctors and patients? The other thing that is coming out is that they were discriminated against while they were over there because they were women in predominately a male domain? And the third thing is that they are really suffering post traumatic stress syndrome?

All right. To the first one, no. I'm pretty sure there was no sexual harassment - you can ask any of them. No, there wasn't really. We all got on very well and I think Australians do. I don't even know if any of the medics fell in love with any of the nurses (laughs): I don't think they did. But we, en group, as officers, went to the troops for Christmas; we served them for Christmas. And that's been an Australian tradition for ever in our military establishments: officers always serve troops on Christmas Day. We would always go down and see, they would invite ... you could only go to their mess - their recreation room - when you were invited. None of us ever went down by ourselves, even though they would ask me and I could have gone. I never, ever went down because you'll always find the one that wanted to bitch to you, you know, about this system ... and so you just don't listen to all of that. So we, the doctors and the officers, would go to their mess, say, twice a year - Australia Day - they go ANZAC Day, they go Australia Day and, say, for Christmas.

The next one was discrimination. No. I could say the 2IC got drunk one night and called me a bitch but that was because he was a bit annoyed with something. He told me I was a bloody bitch but ... and of course, you know, he was so drunk he was falling over. So I didn't take any notice of that and they called him off - the doctors - he was a doctor - they called him off. And, of course, since then we've seen each other and it's all forgotten: it was forgotten the next morning. I suppose he didn't know ... anyway, I'd forgotten about it. Just don't talk to him for a couple of days and that was all right. No discrimination, the officers were all gentlemen. And, of course, we lived next to the troop, to the chaplains, and we were the only females there. And so, therefore, it was just ... they were just ... they couldn't do enough for you. Every, you know, respect I would say, that was the way we were treated: never discrimination in any way. And I don't think any of us are suffering. I always tell people I am, when something comes up. I say, 'Don't you forget I'm a Vietnam veteran'.

I don't think any of us are suffering post traumatic stress. I'm pretty sure that we're not because we have all adjusted back professionally. Those who have remained in the ... see, Jan's the only one in the service now. You know, Pam went and worked with palliative care. I have done an awful, you know ... I'm up to my ears in charity work and I did quite a few sessions, voluntary, on an AIDS patient. And my first meeting with him I didn't, you know - all I knew was he was homosexual, was that he was a siggy in Vietnam, and so it was a very nice thing. He wasn't even suffering from post traumatic stress. He certainly had AIDS, and he died, and I was with him when he died: but it was just a lovely thing to sit there. He felt, although, dying ... I suppose I cared for him for about four months. Not all day: I did night duty on him one night every week, and then I would do others when people couldn't fill in. I would fill in and do their shift - great people caring for AIDS patients. It was lovely to do that, and he didn't demonstrate any stress to me.

Do you think it exists?

I do think it exists, but I wonder, you know ... I don't know how dominant it is. I don't know if any of our nurses would suffer it because they were well cared for, well protected. I must say that after my year on staffing things did get a little bit better and the war slackened off. For the troops, yes, I can appreciate that they would definitely have some post traumatic shock, stress, and I just ... some of them, may have suffered that stress, whether they have died ... They have every reason to have it, shall I say. And some have coped very well, I think. I see a few of the SAS blokes, especially air service, that I did teach, although they're not medics, they know more than medics because they had to because they can't break silence. And even my relationships with them, when I see them, on ANZAC Day I see some, our special march, we had a few beers with some of the guys I had taught. And if any, they would be suffering, but they're not guys ... but they tell you about ... they ask you, do you remember somebody whom you taught. The bikies here, a lot of them were very badly injured - the Vietnam Veterans Motorcycle Club. They seem to be a group that clicks together, and I was doing a eulogy for another Vietnam veteran, a man, an officer, recently, and they arrived at the funeral.

Is this the group of Vietnam veterans who are bikies?

Who are motorcycle club. There's quite a few of them - there would be sixty. But anyway, there were about fifteen of them at this funeral. They were not expected, and didn't know the guy, but he was a Vietnam veteran so they knew of him, in the paper: and he was murdered,

actually. So in they went. Well, they might act a little bit strange and say they can't do these things. I went across to ... I'd met some of the, you know, the seniors - for want of a better word - of the group - or the master minds. I went across to speak to them, to thank them for coming to Fred's funeral. There was an RSL rep there and he said, do you know I'd taught this other RSL guy. He said, 'Yes, you taught me in the medical'. He said, 'Yes, you taught me in field ambulance in Puckapunyal'. Well, I found four of them that I had taught - two SAS blokes and these others. But they must have had a bit of stress that they just now belong to this community, but they say they love their bikes - the bikes are their wheels.

> Some of the nurses say to me, when I ask them about if they suffered when they came back, if they feel they have had any long term suffering, say that they don't and that they didn't, and the reason that they didn't is because they were nurses and they feel as though somehow that explains it?

No, well I wouldn't explain it that way, that a nurse is any stronger. I think we're able to recall, but you were busy and I think it is in retrospect that you feel that compassion. You know, at the time you feel this tremendous compassion but you've got to put it out of your mind straight away: you've got to get back to it because you just can't do it - it's just straight after one another. You don't have time to, you know, use the nursing process, I can tell you that. Not that I think it works anywhere, but you haven't got time to use it here.

And one of my tasks was the KIA room. Every soldier who was killed must be examined and recorded, and our KIA room was just off the triage so they didn't, you know ... no patients or anything saw how many went into this room. The litter bearers took them around and put them in there and then they were bagged and sent up for embalming to Bien Hoa. And the CO and I used to do that job because there's so many - it was after the triage is moving and everyone's working intensive care, we've got to take care for the dead, too. The doctors are busy, everyone's busy, so the CO and I did the KIA room quite a bit. This is one that I fought with later. He must, as a doctor, go over and say gunshot wound to the heart, entrance, exists, just go over him for other wounds: and this has to be all recorded. And if they haven't taken off the dog tag we take off the dog tags there. And then the medics will come in and bag them, but you must go over every one of them. That - I remember that if I dwelt on that ... I know sometimes if I'm at a funeral and perhaps, when I came back to, I thought, I never want to see a dead soldier again in my lifetime. And you know, you become rather a pacifist. When I see a coffin draped with the flag at funerals, you know, just sometimes the KIA flashes past me and you've just got to pull yourself out of it again. Only once did I not go in because one of our doctors went in and the CO went in too and they just came out and the CO came out with tears in his eyes. Doctor came out and went into the dark and was ill and they said, 'No Jean, we'll just leave it, but you're not going in'. But it was bad injuries - it was multiple bodies and bad injuries because these sergeants had approached a nest and blown off all their heads, so really we didn't know which body and which heads - and they had multiple, shocking injuries. That was very hard for the doctors to do that one too. And again, we felt this, when something like that terribly bad, you know, you just wander off, off this track, you know, there's a path there, you can wander off in the dark and have a cry, and then just come straight back in again and get back into it, because you must get back into it, because you've got to sort out, there's lots of sorting out to do.

> Somebody said something interesting at one of the recent interviews. They wondered about the nurses who hadn't come back [to the Army]. There were a few who

immediately left the army and they wondered how they had coped. I thought that was quite interesting because, I guess, for most of the nurses they came back and they still had some contact with the soldiers, didn't they?

Yes.

Different sense, but further down the path that's still ...

Yes, well, Joan McLeod was one who didn't because we arranged to discharge her in Malaysia, which we could do. But Joan has been out to Australia since. Has anybody told you about Joan McLeod?

She's the person who lives in Scotland ...

She's in Scotland, yes.

... and was in a car accident?

Yes, in Kenya, She went back and did her Mid and then went to Kenya and became a head injuries, quadriplegia. She's reduced down to a para but she's just finished her BA. I'm very much in contact with her. And she has been out: she stayed here.

I wanted to write to her and send her a cassette and see, if I wrote down a few little questions, if she would be prepared to answer them.

Yes, I think she ... I think her memory's pretty good, because I've been to Scotland to see her. And I went up to ... she was on a croft on the Isle of Louis, you know, the croft who was with her mother and the croft had been changed to Joan. She was driving a Saab with gears and it wasn't affecting Joan's life very much. The first letter that I had from her, after this, looked as though a fowl had crawled over this page: it was a bit of head and a bit of everything, but now she's right, she's pretty back so. Joan would remember lots of things, there's no doubt. I don't think her memory would be impaired. As I say, she's been out. I had to change this place a bit. I had her bed over there, and the TV over here, and I had a shower and everything set up out the back where I've got my deep freeze. And so she stayed here for a month with her mother, then she did a three months tour so she saw all of us. Then she went back but we were very much in contact. As I say, I've been to Scotland to see her and we do keep in contact, very much.

Is there anything else that you want to mention?

No, unless you stimulate something. I don't want to tell you about New Zealand sisters, do I. I had a bit of a problem there?

Tell me about them.

A problem that we didn't really know how we were going to resolve. I only had two New Zealand sisters. One worked in the surgical ward and one worked in the medical ward - ran the medical ward - and it was this particular one, although they were both involved. My pharmacist said, you know, 'You're using a lot of antibiotics, you're using a lot of heavy

steroids', and things like this. Marie Findlay also had that medical ward - well, she had one of them - and we just did a sort of a check on it. We didn't have the patients to be using the drugs. So we had to monitor drugs, particularly heavy antibiotics. And all of a sudden I was called into the CO that it had been revealed that my nurses were getting the antibiotics for the bad syphilitic patients that they had in Whisky Coy, the New Zealand Coy of the battalion. And they were sending them up to the RAP so you would nearly say that the records would reveal that the New Zealanders never had syphilis because they never went to the doctors. 'Oh no', the Prime Minister would be saying, 'No syphilis among the New Zealanders'. Because of this and we ...

That's pretty risky for her to take wasn't it?

Very much so, but I wondered if she'd be sent home over that.

[End of interview]