WOMEN VETERANS HISTORICAL PROJECT

ORAL HISTORY COLLECTION

INTERVIEWEE: Diane Corcoran

INTERVIEWER: Therese Strohmer

DATE: March 8, 2012

[Begin Interview]

[First half of original January 18, 2012 interview was lost due to technical issues. On March 8, 2012 Strohmer re-interviewed Corcoran. The second half of the January 18 interview is added at the end of this of this transcript of the March 8 interview.]

TS: Today is March 8, 2012. This is Therese Strohmer and I'm at the home of Diane Corcoran in Durham, North Carolina to conduct an oral history interview for the Women Veterans Historical Collection at the University of North Carolina at Greensboro. Diane, could you state your name the way you'd like it to read on your collection?

DC: Diane Kay Corcoran.

TS: Okay, and this is actually a re-interview of the first part of your interview that we did in late 2011 [actually January 8, 2012.] Well Diane, thanks for letting me come back and visit you again.

DC: You're welcome.

TS: Why don't we start out like we did the first time and tell me a little bit about when and where you were born.

DC: I was born in Rochester, New York, which of course is upstate New York, and grew up. I have two younger brothers.

TS: What are their names?

DC: Kevin Corcoran and Craig Corcoran. My mother is also a nurse, and my dad was a supervisor for General Motors accounting. We lived in a middle class neighborhood in Greece, which is a suburb of Rochester.

TS: And did you—you had—your brothers were both younger, you said?

DC: Yes.

TS: Okay, Now, did anybody on your family have any military service?

DC: Yes, my—actually, my brother Craig was in the air force at the same time I was in Vietnam, and he was in Thailand, actually, flying in and out of Vietnam, I think. You know, they weren't talking about it much at that time. So, not thinking much about it, I'm sure it was stressful for my mother to have two kids halfway around the world. During those days you really—there wasn't any email or much communication. Maybe you could call home once a month on a MARS [military auxiliary radio system] phone or something, but not great communication.

TS: What's a MARS phone?

DC: Some kind of weird, I think like a—I don't—you know, military phone that we were able to use, but it's not—

TS: Like a satellite, kind of?

DC: Satellite phone, or something, yes, you could—but not great communication, and so you pretty much had to just deal with letters.

TS: Well, tell me a little bit about growing up in the suburb of Greece, you said?

DC: Yes, I had a great childhood, I think. My—We were very close to my mother's parents, and we spent every summer with my grandparents out at Lake Ontario, and their cottage; my brothers and I, and my two cousins. So, every summer we were at the lake, and played, and carried on with our grandparents there, and our parents would come for the weekend. Of course, they were working. And, you know, we had a little group of friends in high school that all kind of hung out together and we worked in some of the same places, and it was just—when I look back at it, when I was in the army and talked to a lot of other people, I learned that, you know, I pretty much grew up in the Walton family

[refers to *The Waltons*, a 1970s TV series], in comparison to some other environments that I heard about, so I felt pretty privileged.

TS: Yeah. Did you enjoy school?

DC: I was sort of bored with school. [phone rings]

TS: Were you?

[recording paused]

DC: [extraneous comments redacted]

TS: So, you say you were bored with school?

DC: Well, you know, high school was enjoyable, but I didn't have to work very hard to get decent grades. Not sure why I didn't think about it much, but in order to do exactly what I wanted to do, it didn't occur to me till I was a senior that I really needed to try to excel at this to get in the college I wanted to go to. So, I did fine, but. Then I went away to University of Wisconsin at Superior for a year to get better grades, and got all As, and then decided—I had always wanted to go to nursing school; I was a biology major there.

TS: Why did you always want to go to nursing school?

DC: My mother was a nurse. My mother used to take me to work with her. I just always knew I wanted to be a nurse.

TS: Yeah.

DC: And probably just engrained in my wanting to be of help to people, and doing that, so I always, as far back as I could remember, wanted to be a nurse. So, I did get accepted at Boston University and the University of Hawaii, and I don't remember what the circumstances were, but I was going to have to wait, like, six months. Something to do with the dorms or something, and so I decided I would go to a three year school. I'd go home, back to Rochester, and go to a three year school, which was a hospital based program, because that, I could start right away, and I was ready to do that and become a nurse right then.

So, I did that. Went home and went to Genesee Hospital School of Nursing. And in my last year of that, I joined the army as a cadet where they pay you some little

pittance of something, I don't remember what it was. But you make a commitment to then join the army when you graduate.

TS: What year was that?

DC: Nine—Well, I graduated in '68.

TS: So, what year did you sign up for the—

DC: I signed up in '68.

TS: Okay.

DC: Left in '69. Went to basic training in, I think, November of '68.

TS: Okay. Well, before we get into that, let's back up a little bit. So, you would have been in high school, I guess, when JFK [President John Fitzgerald Kennedy] was assassinated?

DC: I was in high school sitting on a school bus, I remember that, waiting to come home, think. And we heard that on the radio, or somebody announced it. I don't remember. I just remember that we were on a school bus someplace.

TS: Did that—Do you remember any—how you felt about it?

DC: Well, I remember I felt incredibly sad, and certainly now I think back about the opportunities that we missed with different presidents who could have made a bigger impact had they had the time. But I'm not sure, then, if I really thought about that. I just remember thinking how absolutely terrible it was to have this happen in this country. And, you know, for his family and for the country.

TS: Do you remember anything about—with the Cold War? You know, with the tensions with the Soviets? In school did they do the—like, the duck and cover, or anything like that?

DC: No, we never did any of that stuff. I remember—I had friends, the same age group, that talked about that and went through drills of getting under their desks, or something. We never did any of those kinds of things, so I have no idea what that was about.

TS: No? Were you even aware of, like, that tension between the Soviets and the United States?

DC: I don't think—I mean, peripherally, probably, but not—you know, you're in high school.

TS: So, what were you thinking about in high school?

DC: Oh, geez. Everyday stuff; our friends doing things together, you know, the relationships. I just recently, since I'm getting ready to move, have been cleaning out things. And one of the things I found was a box of notes that I had either written or received in high school, and I was—from friends; my boyfriend, my girlfriends. And I thought, "Oh my god, I can't believe that I, or any of us, were so petty in high school, you know. Just—

TS: [laughs] What kind of things did you—

DC: Oh, you know, just silly things about people being mad at each other, and going out here and there, and who's going where, and it just was, like, "Oh my god, I can't—"

TS: Did you go through all those notes?

DC: I read each and every one of them.

TS: Oh did you really?

DC: Yes, I did, and I kept two of them that I'm going to send to still—one of my best friends in high school is still a very good friend; she lives in Hawaii. And her brother, we all stayed good friends, and so I had one of each of their notes and I'm going to send them to them, [chuckles] so they can—

TS: Anything in that—those notes that you picked out for the reason why you wanted to save them?

DC: No, I'm just a packrat. [Therese chuckles] I think that's—I had—as part of those notes, right here, I had my Girl Scout badges as well.

TS: Oh yes?

DC: So, you know, it's just—

TS: Were you a cadet, too?

DC: Oh, just a plain Girl Scout, I don't know. You know, those things. So, it is interesting the kinds of things—it was a journey back—to go back and a lot of stuff in those notes that I had no memory of those people; couldn't identify them now.

TS: Sure

DC: You know, thinking—some discussion I had with a guy I dated mostly through high school, so that was interesting. It is—now I understand, I'm looking at my nephew, is a senior—he's out of high school, but, you know, how they really don't have a great deal of serious thought, some of them. And I was very serious for a kid. I was pretty mature, so—

TS: So, going back and reading those notes, you're like, "Oh my goodness. What was I thinking about?"

DC: Yes, what was I thinking about? Not much. [both chuckle]

TS: Well, did you—so, you said you always wanted to be a nurse? Do you remember, like, from what age?

DC: I'd say, like, ten or eleven. I—it was just like I knew I was going to be a nurse. I knew I'd be a good nurse, and it was sort of like, "Well, I should just be able to go someplace and be a nurse, because I know I'd be a good one." And well, obviously, it doesn't work quite that way. I did get there, but you know.

TS: So, how was college for you? What were your—

DC: College was—once I decided that I needed to work at it, it was good. I didn't have any troubles in school. I didn't have to work really, really hard to get good grades, and to be successful, so I was one of those people who was able to have a good time and still get good grades.

TS: What kinds of things did you do for fun? Because you were talking about the sixties, right?

DC: Yes, well—

TS: Lots going on.

DC: Lots going on in school, but, of course, in Rochester—you know, in Wisconsin it was, kind of, the regular collegiate environment, with fraternities and sororities and parties, and freezing yourself to death up in Superior, Wisconsin. So, that was a lot of fun. I met my roommate there, and we're still friends today. Then I came back and went to nursing school, and so, that's more serious based and doesn't have quite the same college flare as nursing school does, because part of it's based on going to work, and working in the hospital every day.

TS: Was there any kind of counter-culture at—

DC: Not in Rochester.

TS: No?

DC: You know, in the sixties when I went to basic training, there was, you know, and went to San Francisco, that was a whole different life. But Rochester's a pretty conservative place, so there wasn't much going on in terms of, you know, typical stuff of going as groups, going out, having a few beers, dancing, all that kind of stuff, but nothing real elaborate in Rochester.

TS: Were you—What did you think of the Vietnam War at that time?

DC: Well, I remember thinking about it, and didn't really want to think about it from a political point of view. As myself, as a nurse, I was thinking, "Well, it'd probably be—something I'd like to do to help; help the soldiers. But, you know, I was never pro war and so, a lot of my friends just couldn't understand how I could joining the army, because I wasn't also pro having anybody tell me what to do, either. So, they couldn't quite figure out how I was going to manage that whole thing. You know, I wasn't thinking too much about it myself. I knew there were rules and regulations, but somehow it escaped me that it would be, or could be, as restrictive as it can be. I was very, very fortunate over the years to have very independent jobs to find my way into places where I could exceed and excel, without a lot of hoopla, because I don't—I wouldn't do well in real restrictive environments, so.

TS: Some people might be surprised at—to say that you had a lot of freedom to do—

DC: Yes.

TS: —kind of, independent things.

DC: I did. And I got into jobs where I was a consultant, or I had an independent job, or I was doing, you know, the head nurse, or the chief nurse, of the clinic, or something where I could lead something, build it, and have control around the environment. Naturally, as a second lieutenant, I was a staff nurse and so you don't have a lot of control around that, but still, we were taught to be very independent, professionally, pretty early on. That was a good lesson to learn.

TS: Well, tell me about how you came to the decision to choose to join the military.

DC: I knew that I would want to go on and further my education, and I knew that the military, some of the services had educational benefits. So, I thought it would be a good idea to look to the military to see which service had the best educational benefits, because if you wanted to go on, you're going to need money, and many of these services would help you with that. So, I thought, "Okay, I'll look at that." I actually really liked the navy; where the navy people were stationed, I liked their uniforms, I liked the look and feel of that, but the army had the very best educational benefits. And early on they sought to educate their nurses, so that's what I chose.

TS: What do you mean by they sought to educate their nurses?

DC: Well, the services were all different, very early on, about who would require degrees, who would accept AB degrees, so some—the air force, I think, was looking at people with associate degrees. The army, pretty early on, wanted their nurses to have baccalaureate degrees, so there were differences in—and I thought it was important that I be part of a professional group of people who wanted to have the most for their professional nurses, which was a four year degree.

TS: Okay. So, when you finished your nurses training, and you then joined the army—you were talking about how you went to basic training. Where was it that you went to basic training?

DC: Basic training was in San Antonio, Texas.

TS: Tell me about that. What do you remember from that experience?

DC: Well, they had huge groups in basic training; three, four hundred people in a group. And didn't have enough places for them to stay in the barracks, so we—many of us ended up staying at hotels in San Antonio, so that was kind of different. You know, you lived in a hotel, and then went down to Fort Sam [Houston], you know, and took classes, and uniform, and rules, and marching, and different kinds of military training.

TS: You weren't in a barracks, then?

DC: No.

TS: So, you didn't have, like, reveille in the mornings?

DC: No.

TS: No?

DC: No, we were very fortunate. [chuckles] And it was, you know, the winter, so I remember swimming; they had a swimming pool in the middle of winter. So, one minute we're in a uniform and the next minute we're out—

TS: By the pool?

DC: By the pool. So, that was kind of different for going—being in basic training. But it was wonderful in that, you know, I met lots of different people. But even during basic training, we were pretty much told that they had more than—this is like '69, so they had a lot of people volunteering to go to Vietnam so that we wouldn't be going. So, we really didn't even think about it because we were just told, then, that they—

TS: Did you have kind of like a dream sheet that you filled out that said where you wanted to go?

DC: Yes.

TS: Where did you say you wanted to go?

DC: I wanted to go to San Francisco, and that's where I went.

TS: You went to San Francisco?

DC: Myself, and actually, two other people from my nursing school also joined the army at the same time I did, and all three of us went to San Francisco.

TS: Did you do a lot of drill in basic training?

DC: Oh yes, you do some drilling and marching and, you know, a lot of stuff of learning how to put your uniform on, how to march, how to go out in the field; how to do different things.

TS: Were you comfortable with that whole atmosphere, you think?

DC: Yes. You know, it was more fun than anything else.

TS: Was it?

DC: Yes. It wasn't anything real strenuous, I don't remember.

TS: Not physically or mentally challenging?

DC: Well, it was different because it's different material to learn, and so, I mean, I think it was challenging. We did have to do some physical stuff, but I don't remember it being, you know, awful.

TS: Had you been athletic as a girl, at all?

DC: Fairly, yes. So, it wasn't like a big stretch.

TS: What kind of activities did you do?

DC: I played volleyball and baseball, so—I did that in school. I was pretty athletic during that time.

TS: Okay, so, it didn't come as any—

DC: No, it wasn't, you know—and I was in pretty good shape, then, so it was fine. They had some field exercises where they take you out and have you march around, learn to use a compass, and all that stuff, out in the field.

TS: Well, you had all your Girl Scout badges, you probably knew all that.

DC: There you go. [both chuckle] It was more entertaining than anything, I think. I mean, I'm sure there were some things that were different for us, but, you know, I don't remember basic training being traumatic in any way.

TS: Did you go through the same basic training as everybody else as a nurse, or did they—was it different because you were a nurse?

DC: Well, the officers go through a different basic training than enlisted people do. An enlisted one I don't think was quite so much fun. More physical stuff and, you know, so—but in terms of—I think we pretty much went the same classes and stuff as other officers.

TS: I see, okay. Well, tell me, then, about your first assignment.

DC: Well, my first assignment was Letterman Army Hospital, which is on the Presidio that overlooks the Golden Gate Bridge in San Francisco. It's [an] absolutely phenomenal post. Three of us went on a trail to—from San Antonio, and drove to San Francisco, so that was a big adventure. You know, we'd never—we did drive to San Antonio, so essentially we'd driven across the country—

TS: Oh, sure.

DC: —and never really—

TS: All of you had driven it?

DC: Yes.

TS: The same ones?

DC: All three of us in different cars, and didn't really—hadn't ever, you know, ventured much outside of Rochester, so that was a big adventure.

TS: What do you remember about that?

DC: I remember we got in an accident the first night we got in San Francisco when one of the gals—you know, they have a lot of hills in San Francisco, and I had a Mustang convertible that was a stick shift, and so trying to drive those and not have your car roll down those hills was kind of adventuresome. And one of the gals, I don't remember what happened, but I remember we got there late one night and she got hit, and we ended up in the Presidio emergency room. She wasn't hurt badly, but, you know, we sort of started out our army career in the hospital—

TS: Oh no.

DC: —as a patient. Then—I think that was actually the only time I ever lived in the barracks. They had, you know, army barracks for us, and—

TS: How was that?

DC: Oh, they were awful.

TS: In what way?

DC: Just, you know, little tiny rooms and shared baths and—I don't think we stayed there maybe two or three months, we all decided we'd go find an apartment and all of us try to live in an apartment, rather than—since we were working different shifts, we got an apartment and—four of us did, and two people would be on one shift and two people would be on the other, so nobody was ever home that often, and we lived in San Francisco right outside of post in a penthouse apartment for three hundred dollars a month. It was incredible.

TS: Why did you want to go to San Francisco when you put that on your dream sheet?

DC: I'd never been to the west coast. It seemed like a great place to go in the sixties, and so—

TS: What seemed so great about it?

DC: Well, you know, you hear California, and certainly all the—just, it was supposed to be beautiful, and you know, really exciting during that time, and it was. I mean, when you look at it, in the middle of the sixties; and Haight-Ashbury, and hippies everywhere, and concerts in Golden Gate Park. So, you know, by night we wore uniforms and by day we wore bell-bottoms and went out, and you know, saw what was going on. It was an exciting time.

TS: So, what did you think about what was going on?

DC: I thought it was great. It was all part of—you didn't really—I didn't attach as much political meaning to all of it at that time. It was just a time where people were really enjoying themselves, and enjoying music, and you know, a lot of free expression. So, it was a time of, kind of, learning, too, a different culture. Having come from the fairly conservative east coast to Haight-Ashbury was a big—a big change.

TS: Did you find yourself comfortable in this environment right away, or did it take you some time to—

DC: No, I was pretty comfortable.

TS: Were you?

DC: I've always been pretty adaptable. So, I kind of look and see what's going on, and—I mean, I was never a kid that needed to go out and drink a lot and take—you know, there were a lot of drugs available. None of that really interests me. What interests me was the different kinds of things that were going on, like concerts and the music and the, just, kind of, now when I think about it, the whole hippie movement. I just recently went to Long Beach for a meeting, and I felt like I had just walked right back into the seventies, because they—you know, their sitting there and they have all the tie-dyed shirts and these little lean-tos, and they're selling medical marijuana on the street, and I'm thinking, "Oh my God, this looks just like California." So, I never was prone to excesses, to get myself in trouble, but I always enjoyed the differences of cultures and learning what's going on.

TS: Do you remember any of the concerts that you did go to? Who'd you go listen to?

DC: Oh, Jimi Hendrix and Roberta Flack and—oh, I don't know, The Righteous Brothers, I think. I can't remember, but, kind of, that. They had a lot of concerts in the Golden Gate Park.

TS: What was that atmosphere like?

DC: Oh, it was, you know, it was wild; just huge parks and people all over the place. But what I remember, it was all very calm. You know, people weren't like you see in some of these concerts today. People weren't yelling and screaming and being obnoxious. They were enjoying the music and kind of chilled out. But that may have had to do with all the marijuana that was there [Therese chuckles], and I just didn't notice.

TS: So, what other things did you enjoy about being in San Francisco?

DC: Well, you know, the area is just physically beautiful, and there wasn't really a lot of time. I mean, you're working, you know, eight, ten hours a day. You come home, you sleep eight, ten hours, and then you get up and do a little work and go back to work. So, you know, you had some time to enjoy stuff, but I loved the water and being around the water, and just driving around and looking at things. I really, unfortunately, wasn't there

very long. I wish I had been there longer to really get to know the area, but I was only there six months.

TS: Okay. Well, tell me about a typical day at work, then, at—it's Letterman, right?

DC: I worked—Initially, I worked in—we moved, the old hospital to the new hospital, which was quite an experience. One was a one story, you know, spread out hospital. We moved to a regular nine story hospital, and I worked initially in neurosurgery, and I—it was a combined unit and had an ICU unit with it, so one nurse, one corpsman, sixty patients. Thank God that I had come from a hospital-based program, because—

TS: For your nurses training?

DC: Yes, it was a lot to take on. You know, you draw your own blood, you do all your own charting, you pour all your own pills. All these things that nowadays would—well, one nurse, they'd go crazy if they thought they had to do that. And you know, we just learned to do it because these were patients; these were guys coming back from Vietnam, you know, and the head injuries, some of them were having seizures and the ICU—neurosurgery ICU was just a nightmare of people being riddled with head injuries, back injuries; all kinds of other injuries in association with that was—it was terrible. I do remember thinking, "Oh my God, I never realized anybody could be so physically, you know, just wounded in so many places and still be alive." And then some were alive but not functioning, and just how horrible it was for some of the families; a lot of paraplegics. These guys and their wives divorcing them, and they've been in the hospital for months and months. So, it was a lot to learn as a young nurse, and to deal with.

TS: Well, the dealing with—so, how old were you?

DC: I had just gotten out of nursing school, so maybe twenty-one, maybe.

TS: Okay, so, how did you deal with, emotionally, the trauma of all these young men who were injured?

DC: Well, you know, you sort of got to know a lot of them, because we were—they were in the hospital for months, learning to deal with their injuries. And you get very attached them, and you know, have relationships with them, and you learned. I learned a lot of things about nursing, and a lot of things about ethics, in terms of patients, and a lot about hope and the miracle of recovery, sometimes, that can take place.

TS: What kinds of things did you learn about ethics?

DC: Well, I learned very early on—you know, a lot of these patients that were in the neurosurgical ICU were comatose, or were just, what some people at the time would have just called, vegetables. You turn them, you know, you bathe them, you—but they were essentially not responsive, not anything. I learned that you really had to be very careful about what you see and what you do with those patients, because those patients, many times, are processing, and you have no idea that they're—you know, they appear to be comatose and not aware, but they are.

TS: I remember a story now that you told me last time about a young man. Do you know what story I'm talking about?

DC: Yes, in the circle bed.

TS: Yes.

DC: Michael was—has gone off a cliff, a fifty foot cliff, in a car; had a severe head injury. So, when they brought him in, he was on what we call the circle bed, and you had a back injury, a head injury, and the bed just rotates back and forth to help with his congestion, because he was not conscious. He had his eyes open, but he would just look out straight away. There was nothing there. So, I took care of him for a long time and I remember, you know, as we would start pulling out tubes and he'd start physically healing some of the sores. But every day I would talk to Michael and say, "Oh, Michael. How are you? What are you doing?" You know, and just carry on a conversation with him, and it was just part of it, and somewhere along that line I remember something—he had these beautiful blue eyes, and that something in his eyes told me that something was going on in there. There wasn't anything distinct to do that, but for whatever reason, I felt that there was.

So, I sort of amped up the talking to him and would, kind of, give him a hard time sometimes, you know, like, "Come on. What are you doing? You're not talking to me. Why don't you do something," and you know, just teasing him. And after, I don't know how long, maybe three months or so, we had finally put him in a regular bed, but I still had—he was a tall guy. I would have to get him up and rotate him into a wheelchair, still not talking. Well, I guess it was first, still, while he was in the circle bed, and I was giving him a bath or something one day and looking at him, and I remember he said, "Hi." And I was so excited that he—I thought he had talked. His eyes were still just, kind of, glazed over, and I ran and got the doctor and, you know, wanted everybody to look at this, and they all thought I was nuts because he—of course, they couldn't get him to say anything, and he didn't appear to be con—you know, responding to anything. So, I really, kind of, went after him then [phone rings], and it was exciting.

[recording paused]

TS: Okay, we took a little break there for the phone.

DC: So, you know, Michael was an exciting case because I took care of him for a long time, and eventually we did get him to—and he didn't talk again, then, for ages. We got him into a regular bed, and I'm still talking to him, and—

TS: Did everybody believe you that he talked?

DC: I don't think they did. I think they thought I just wanted to hear it so badly that, you know, maybe he made a noise or something. And then one day in transferring him, you had—I had to sort of drape him over me and rotate him into a chair, and when I did that he sort of, just, like, sort of snuggled in my neck, and then he laughed and said, "Ha ha ha ha" something like that. I knew then that he, you know, would talk. So, we started, and he started to talk, and then we never could shut him up. [Therese chuckles] He just went on and on and on, you know, got better. But he remembered that people were there, things people said, and that was a great lesson to know: regardless of how somebody may look, you need to be very careful about what you say around them because they may be half—you know, may not be able to respond, but may be processing and hearing all this information.

TS: So, he remembered when people said things negatively?

DC: Yes.

TS: Did he point them out?

DC: Well, he—I left shortly after that, but there was a guy in the ICU who, the whole time I was there, he was unconscious. He had the—he was hit in the top of the head with a rotor blade from a helicopter, and his wife was a nurse, and I remember she went every day to talk to him, and he was unconscious the whole time I was there. However, after I'd gone to Vietnam, one of my friends who was—worked on the same ward, came and told me that he woke up one day and repeated exactly what people had said. You know, "You're a vegetable. On this day, so and so said this." And he could repeat verbatim what people had said. So, that was a huge, huge lesson that a lot of people don't learn very early on in their careers. But this was, you know, right out of the gate for me.

TS: Right. Now, you mentioned, too, that you learned a lot of things about the job. What—the nursing—

DC: Well, the nursing, I mean, you know, organizing the care for that many people, and emergencies, and just keeping track of sixty patients, and pouring all their medications, and doing all their lab work, and writing everything, and you and one corpsman. When I think about it now, it's incredible that, you know, you—they'd be lucky, probably, to give people five patients now. But we just did it. We found ways to organize things, and so it was a great lesson in organization, in confidence building, and emergency—when things happen, you know how to handle them. So, —And the fact that I'd had some experience in a hospital handling more than one patient was really very, very helpful, because many of the nurses at that time that had come out of degree programs had never worked in a hospital and taken care of a bunch of patients. So, they really didn't know much about procedures, or you know, the patient care side of things.

TS: You had a good background to be able to walk into that a little quicker?

DC: Yes. Yes. The transition was so much easier.

TS: And how was the relationship between the doctors and the nurses?

DC: Well, it—the doctors and nurses in—especially in Vietnam, was really close because they really had to depend on us to tell them what was going on. It's sort of like everybody stepped up a level because we would end up doing things that typically only doctors would do, and the corpsmen would end up doing things that nurses would do. We were—you know, we were pretty aggressive and assertive about patients and who needed what. I remember, kind of, almost having a patient in a bed, with somebody and I going back and forth and I said, "No. This patient is not going to surgery now. This one's going," and you know, arguing with the doctors. I mean, we had no qualms about—they were all young guys just figuring out stuff, too, so. And we had great relationships with them, in terms of professional and personal, you know, so it was a wonderful time in terms of that.

TS: Did the women's movement have any impact on how you were thinking and feeling at that time, too?

DC: I don't know that we really were relating it to that. I think we were very fortunate in the army, that we were encouraged, that we were professionals, and we had professional opinions, and they were worth something. So, however it happened, right from day one I always knew that my opinion about a clinical case was probably, in many cases, just as

good as a physician's, because they were young and half the time didn't know anything either.

And that was really one of the reasons when I went back to San Antonio after Vietnam—I tried to work in a civilian hospital, and I couldn't because the nurses were constantly saying, "Oh, we can't do this," you know, "We have to ask a doctor. We can't do that. Nurses can't do this."

And it was basic stuff that I was used to doing, and I thought, "Oh, I'm not putting up with this. I can't put up with this."

TS: So, in the army, even though you know you had people envision that as much more structured, you were actually empowered—

DC: A great deal.

TS: —to have much more responsibility?

DC: We were respected, our opinions were respected, and certainly felt like we were empowered and had a lot of flexibility in terms of what we could do.

[End First Recording, Begin Second Recording]

TS: So, you never felt like the women's movement, as far as equal rights and those kinds of things, did that flow through the nursing corps?

DC: I don't think so. I don't think at that time, you know—I think it had more to do with my individual spirit at that time. I was always pretty independent. And so, you're aware that this is going on, and, you know, that there's a lot of things happening in the women's movement now, and all of that. I mean, I was aware that it was going on, but I was in my own little environment, and kind of fighting my own battles in terms of making your place in the world. And we were lucky because, for the most part, if you were good at what you did, and you really could back up your ideas and thinking and what you did, and you stood up for yourself, things worked out. Or at least, that was always my experience. I was always a little bit of a—always have been, I'm going to tell it the way it is, and I probably could have learned to do that a little easier early on.

TS: More tactfully?

DC: More tactfully, but I did eventually. But, you know, I really just couldn't stand incompetence.

TS: What would you say when you saw it?

DC: Oh, I told the chief nurse in Vietnam, I didn't know who she was, that the chief nurse was an idiot, and I couldn't imagine who would ever hire her to be the chief nurse, and then I find out she had, you know, and I've got my foot in my mouth. But those kinds of things, and say, "Why would anybody ever hire her? She's so stupid." [Therese chuckles]

TS: Well, did you experience or see any kind of sexual harassment or anything along those lines? Well, before you—not in Vietnam, but before, like, while you were—

DC: In basic training or in the hospital? Not really. No. I mean, you never saw any of that stuff. I didn't experience any of that in the hospital, or—now, as years went on I saw more of that.

TS: Really?

DC: Yes. I mean, I actually saw more of that in my last assignment than I ever saw in the first assignment.

TS: Why do you think that is?

DC: I—Well, I think a lot of it had to do with the individual that was a commander at the time. He just was, you know, insensitive to people's ideas and thoughts, and women in general.

TS: So, you think leadership plays a role in that?

DC: Leadership plays a big role, and, you know, people that you can emulate, people that'll stand up for you. I've seen chief nurses who will throw nurses under the bus. You know, if a doctor says something, the nurse is always going to pay the price. I always felt like, "Hey. I'm going to support my nurses, and they're as smart and every bit as professional as the doctors, so I'll fight for them." So, a lot has to do with leadership.

TS: Well, did you—because we talked about a lot, I'm just trying to get up to the point where we were before, but you did say you had something you wanted to read about when you went to Vietnam.

DC: Yes, I just found this and I thought it was—this actually is the day I took off for Vietnam.

TS: Okay, and talk to how you found out you were going to Vietnam. I don't—I actually am not sure if that's on the other tape.

DC: It might. I was working nights, I remember, at Letterman. My roommate had applied to go to Germany, because she didn't want to go to Vietnam and she was afraid she might have to go. So, she went—had—she wanted to go to personnel to see if her orders were in, and I walked down with her because we were both coming off nights. And I just sort of said to the personnel guy, "Oh, when am I leaving?"

And he said, "Oh, the fifteenth of August you're going to Vietnam." And, I mean, I was shocked. First of all, I'd been told I never would go to Vietnam, and then all of a sudden, I'd been there like six months and I'm going to Vietnam. So, that's how I heard about it.

And then, it worked up to that day. This is the actual day, 1969, on the fifteenth of August. It says, "Was a very unusual day. Many mixed emotions which I just don't know how to handle right now. The car stopped in the middle of the freeway, and some guy took us to the airport." Apparently, the car that was taking us to the airplane died or something on the freeway.

"I took off at 12:20 on the sixteenth. I'm very calm right now, but not sure how long that will last. I'm all right as long as I don't think in terms of an entire year away from all the people I know. It took seven hours to get to Guam. I'm very tired and uncomfortable. We crossed the international dateline, so arrived in Guam on the seventeenth. Waited around for two hours. Let's see, one hour there—one hour from there to Saigon. Now the realization is starting to hit. I feel a lot and feel very alone in this new world. It's such a horrible feeling. I hope things will work out. I'm too tired to put up with any additional aggravation. Last night was probably one of the [most] horrible nights," this was August eighteenth, "I have ever spent." Apparently, some girl kept talking about how horrible these assignments were. I don't know—I don't remember anything about that.

"I spent the night thinking about how I got myself in this horrible mess, and how I was going to work it out. If they send me to some places, I guess it'll be okay. I can't stand this feeling of not being able to catch up, or know what's going to happen. Ms. Composure has finally lost her cools. Please, so that—" And then it goes on to talk about touring the hospital, meeting people, difficult to sleep because it was so hot. I found out I was going to work in neurosurgery, and meeting people on the ward. And it talks about my feet being swollen from the boots. But over the next four or five days, then, you know, I'm settling in, I'm meeting people. It says, "Obviously this is going to be okay. I'm feeling better now." And then, goes—starts in that I'd worked and met some people that I really liked. Talked about having a hangover one day, so I was having trouble at

work. [chuckles] We did have some good parties. This just goes on for the, like, this, you know—

TS: Can we get a copy of that? Maybe make a copy of those? Would that be alright?

DC: Probably.

TS: Okay.

DC: I better read them and make sure there's nothing—

TS: More than hangovers?

DC: —hangovers in there, I don't think so.

TS: That was 1969?

DC: Sixty-nine, yes. So, I went to Vietnam the fifteenth of August and came home in '70. It was quite—right after Tet Offensive [Vietnam war campaign, 1968]; very busy time in Vietnam. And just—you know, it's one of those things that I would never ever have given that up. Great clinical experience, great personal experience.

TS: But it sounds like the twentyish-year-old in you wasn't so happy about going?

DC: Well, I think once I found out I was going, and once I was actually on my way, then—of course, it's a horrible trip. You're in this plane, crushed in. I was the only woman on the plane. So, you got all these guys all over you, and it's hot and dusty and—I mean, it's hours and hours getting over there, so you're exhausted. A lot starts to settle in when you're there and you're going, "Oh my God. What's this about?" And I remember landing in the plane at Bien Hoa Air Force Base, and they would get—I mean, there's probably four hundred guys on this flight, and they'd get them out in groups, and they were in groups all over the tarmac. I'm there, by myself, on my—I had a duffel bag and a trunk, and I'm sort of sitting there and they'd say, "Okay, all you guys from the whatever, second or the third, get in this truck and leave."

And one by one all these groups would leave, and then I was just sitting there all by myself on the tarmac, and I was thinking, "Oh my God", you know? And eventually someone came and got me and took me Saigon Hospital. I spent the first night there, and I remember going into this room, there was a bunk bed and there was a light bulb hanging on a wire. That's all there was in this room. Of course, I'm tired, and I hear bombs going off. At this point, I don't know enough to know if we're being bombed or we're bombing

somebody else, and so it was frightening. And, you know, this wire and this light kept swinging back and forth and I'm going, "What the hell have I gotten myself into?" I remember that light kind of swinging around.

Of course, the next day they took us to a replacement center where they had trailers, and there were a few people there, and they had an officer's club, and, you know, I met some people, and you sat and talked. We were all waiting to get assignments. And so, then you start to assimilate into it. But that first night was kind of—you know, between being tired and just not—just having such a different environment than I was used to living in.

TS: Well, you talked early on about how your brother was in the air force, so two of your three siblings were—

DC: Were there, somewhere.

TS: And your mom, probably, was kind of nervous about it.

DC: Oh, I imagine. I imagine.

TS: What did your parents think about when you did join the army?

DC: My father wasn't too excited about it.

TS: As in, like, he didn't want you to join it?

DC: Well, he didn't really—you know, he was in the army air corps, and they didn't have women in then. My mother had always wanted to go in the service, so I think she was, kind of, living through me. My dad—it was wasn't that he was adamant against it. I mean, the fact that I was going to be an officer, and he thought that was a good idea, and I'd travel. And as I went on, he was, of course, very proud about it, but he had reservations initially.

TS: Did he have a perception of the type of women that joined the military, perhaps?

DC: I think maybe, maybe from some of his experience, but I don't know. They didn't have women—or they may have had women that we didn't know about, you know, the—so, I don't know.

TS: He never really talked about it?

DC: We didn't really ever talk about it.

TS: But your mom was happy for you?

DC: Yes. She—I think she'd always wanted to join the service, and so this was an opportunity to, kind of, live through me.

TS: And how about your brothers?

DC: You know, I don't really remember even talking about it really, because I—they were both home when I left, but I don't remember that we had any discussions. One of my brothers was five years younger, so he was, kind of, off in a different world. When I was in college he was still just starting high school. My other brother, probably—I was in college, so he probably already left for the service because he didn't go to school.

TS: So, he went in the air force before you had joined the army?

DC: Yes. He probably went in the air force right as I was getting out of school.

TS: I see. Now, did you and your brother ever talk about your experiences?

DC: Oh, a little bit, but not a great deal.

TS: No?

DC: No. I think my younger brother would have liked to have gone in the service, but his draft number never came up so he didn't go in.

TS: He didn't—Why do you think he wanted to?

DC: I don't know. I think, maybe, for the patriotic reasons, and he just would have enjoyed that environment, probably.

TS: While you were in, was there any—do you have any memorable awards, or decorations, that you received?

DC: Oh, lots of different awards and decorations. Probably the most significant thing are[sic] two different things. One is an expert medical field badge. I was a young captain and it was something that women didn't typically go for, and especially nurses. It was a pretty grueling routine where you go through a whole week of testing: all kinds of field

sanitation, bandaging, radio—all kinds of different aspects of military life. Then you went on a twelve mile forced road march with a full pack; you had to go out and find stuff in a field in the middle of the night. So, it was very, very grueling, and you had to go over a—what do you call those things? We had to go through a—

TS: Obstacle course?

DC: Obstacle course, yes, like, over a seven foot—

TS: Wall?

DC: —wall, with a patient. And so, you had patients with you, or drag them under wire. It was tough.

TS: Were they real patients?

DC: Real patients; we had real patients.

TS: Really? They weren't dummies?

DC: No dummies in our—in our case, and they were big men. So, it was—

TS: How did you get them over a seven foot wall?

DC: It wasn't easy.

TS: How did you do it? I can't even imagine!

DC: Well, you each take a part of the litter[?] and hold it up and—you know, God, I don't how we did it.

TS: So, you did it as a team?

DC: Yes, as a team. So, that was very, very—the majority of people blew out of it, and—

TS: You mean didn't finish it?

DC: Didn't finish, and the last thing we had to do was this run, and by that time we'd been in this, like, two weeks and we were exhausted. I really was questioning if I could even finish this run. I just thought, "God, I'm just exhausted."

And one of the other male nurses, who was a friend of mine, was running right up in front of me, and I remember he circled back around and came up and he said, “Pretend you’re a butterfly.” [both chuckle] “Just let’s float to the end of this,” or something. He said something to me and it made me laugh, and got me out of my head, and we finished, and I was very, very proud to finish that. And the other thing was, I think I was the first nurse to officially command a hospital. In 1976 I was the chief nurse at the 86th combat support hospital at Fort Campbell [Kentucky], and the commander [unclear]—they had made arrangements, the—typically the highest ranking MSC officer, which is an administrative officer, took command of the hospital.

TS: What does MSC stand for?

DC: Medical service corps.

TS: Okay.

DC: So, they had made arrangements for our company commander. He was a captain too—he was a young captain, to be the new commander, interim commander, when our commander retired, and the post commander was a general officer, and the brigade commander was a full colonel. And we had been out in the field and set up a hospital, and so, I mean, I knew most of these folks. He came over and said, “I want you to command this hospital. Do you have any problem with that?”

And I said, “Well, it’s not typically done, so you’re going to have to call the chief nurse of the [U.S.] Army Nurse Corps.” And I said, “I have no problem with it, but you’ll have to get her permission,” which he did.

It came down, like maybe, the day before we’re supposed to have this big command and review, and you march around and change flags and all this stuff. Of course, at Fort Campbell it was a big deal because they had, like, ten brigades of people and that’s like three hundred people in a group. And our hospital being one, they said, “Okay,” you know, “change of command ceremony’s tomorrow.”

And I’m going, “Oh my God,” because there’s all these things you’re supposed to know what to do. I would march in parades, but behind—you know, I just did what I—I didn’t have to lead it or shout commands or anything. So, I remember going over to the hospital commander, the regular hospital commander, and said, “Look at—they’ve asked me to do this.” And he was an Army Nurse Corps officer, but he was an old infantry officer. I said, “You’ve got to help me figure out these commands and say the right thing, and I don’t want to embarrass the nurse corps.” Because the MSC officers in the regular hospital were furious that this—

TS: That you were going to get the command?

DC: Yes. That—you know, to have a nurse do this when typically—and this young guy had had his pictures taken; he was just all set to take over this stuff. And so, it was a big deal in the hospital and everywhere. I really—I went out there and, I think, divinely guided [chuckles]—did everything right, even though it—I hadn't had any experience, and it's a lot of people. It's one thing when you're going around a corner. It's another thing when twelve or thirteen across have to turn a corner. It takes a lot longer, and I remember thinking about that, but anyhow, it was an exciting thing. I had my command epaulettes and all this, and I think it was, because that was in '75. I mean, now we have hospital commanders, we have brigade commanders. We just got a surgeon general who's a nurse corps officer. So, things have come a long way, but I think I was probably the first nurse to ever officially command a hospital.

TS: That's terrific.

DC: That was very exciting.

TS: I'm going to pause for just a second.

[recording paused]

TS: Okay, just getting my bearings a little bit there. We're going to go back to Vietnam for a little bit, because I think that's where the tape will start again, on the next tape. So, talk—when you were in Vietnam, I know last time you talked a little bit about getting out into the villages. Can you talk about that a little?

DC: Yes. They had what they call MEDCAPS [medical civic action programs], where we would take a truck out, and we would have a dental chair, and we would have these boxes full of medications, and we'd take two or three doctors and nurses, and set up a little clinic in these Vietnamese villages. And they were incredible, because all these young people have—and the babies, and a lot of them have TB [tuberculosis]. They all have sores and different things because they don't wear any shoes. They've got a lot of skin problems and different diseases. It was interesting—because we took out a lot of teeth, because of course they had no dental care. And so, it was always interesting to watch what was going on there.

One of the things that you'd see is these young kids. I'll never forget, and I have a picture of them someplace, a young kid, maybe six or seven, smoking a cigarette, sitting on one of the jeeps, and he was an orphan. His parents had been killed, and he would just bum cigarettes from the GIs, and bum food from them. He went from village to village to get a place to sleep. Seven years old, imagine, you know, living on your own at the age of

seven. And he was a confident little guy. I remember sitting there with his legs crossed, smoking a cigarette, and, I mean, I can't even comprehend that in our culture. Looking at a kid we hardly would let him cross the street at seven, let alone be living by himself. So, there's a huge cultural difference there.

TS: Were there a lot of orphans that you ran across?

DC: Well, a lot of orphans; lots of hurt kids. They would bring orphanages to the hospital sometimes and have a dinner. They'd do some kind of entertainment for us. So, a lot of kids, yes, and Vietnamese orphanages. I've since met—I actually have a friend who has adopted two Vietnamese kids from orphanages during that time.

TS: So, they're grown now?

DC: They're grown, yes. Difficult—difficult times, though, for some of these kids.

TS: In what ways?

DC: Well, just, you know, they spend a lot of time in orphanages. Some of them had problems; just, abandonment problems. And it's amazing how it ends up as an adolescent, you know, or a young person. How some of these, no matter how much nurturing they got, they never overcame the initial problems that they suffered.

TS: When you're in Vietnam, and you're experiencing this different culture, what, for you—do you remember, as a young person, thinking—well, you'd said, "What am I doing here," initially, but what was it that was most difficult for you during your tour; your year there?

DC: I think once you assimilated, and we went to work—I mean, we worked fourteen hours a day, so being tired was difficult; we were always tired. But [coughs] you know, it was exciting in many ways because it was really excellent—I'm going to have to get a—

TS: Oh, something to drink. Here. Just a sec.

[recording paused]

DC: Okay.

TS: Okay. Go ahead.

DC: I don't know if I would say—I mean, you know, you miss your family, but it was fabulous clinical experience, and I loved my work. It's the one time in your life you have never ever felt so appreciated. These young GIs would say, "Oh my God. What are you doing here? You might get hurt." And they were so excited to see an American woman, because you represent their sisters, their mothers, their girlfriends, whatever, and were there. I think it also represents safety. You know, that "oh my God, somebody's going to take care of me." So, you're very, very appreciated and in an environment, although austere, I think we gave wonderful care.

And socially, I mean, we had a lot of crazy things go on. Doctors—I remember one of the surgeons coming out of the OR one day on a pair of roller skates. He had just gotten a package from home, and it had Wonderbread in it, and so, he was sort of passing out these pieces of Wonderbread because it was soft. The bread we got in Vietnam was very starchy and hard and, you know, not very good. We lived, sort of, on frozen M&Ms, and anything we got from home. But here he is, roller skating around, because it was all concrete floors. And, you know, people—small things meant a lot. A package from home was fabulous. We all shared and enjoyed each other.

It was an environment that was different because many of the physicians were married, and yet, many of the physicians were dating nurses. Knowing that they were married, and some of these young nurses thought, "Oh, I'm going to go home with him and lead a different life," and of course that wasn't going to happen. And so, —but I don't remember it being traumatic for most people. In some cases, nurses did marry the guys that they met over there. I met a lot of people that became friends forever, and it was really a great social environment to learn about relationships and living and dying and all those kinds of things. You know, I wouldn't have given up that for anything.

So, hard? The food wasn't great. I got so I hated lime—lemonade, or Kool-Aid, but there were a lot of things that were really good about it. I wasn't unhappy while—when I was there. I wasn't one of those people that said, "Oh, this is tragic and terrible." And I sometimes get upset with people because I, you know, have read some books and things by nurses, and in fact one of them was written about the same hospital I was at, and it, you know, talked about blood up to their knees, and they couldn't ever nurse again because it was so tragic, and all this. I mean, I just didn't see that. I think that a lot of those people probably had issues to begin with, and they had more issues when they went home.

TS: But you were dealing with a lot of serious injuries.

DC: Oh, absolutely, but I thought it was, you know, you sort of have to take the best and leave the rest. It was fabulous clinical experience. You're never ever going to see that. You're never going to make such a big contribution to helping. You're—you see terribly sad things, and certainly that was part of it, and which you don't want to see, you know, in

the war. Some of the things where, you know, the people died and they never got see their family again. That was probably the saddest thing for me. There were people who were injured, who lived quite a while and we knew they were going to die, because at the time we didn't have the ability to ship them home with respirators—transferable respirators. And I always thought they should have brought their parents over. I mean, there weren't that many of them that they—

TS: Was this the quadriplegics that you were talking about before?

DC: Yes. Yes.

TS: Okay.

DC: Yes. I think they should have had an opportunity to come and say goodbye to their kids.

TS: But you knew that you couldn't—they couldn't take the flight back?

DC: No, there was no way—at that time they didn't have respirators on these flights to help them breathe, so there wasn't—you know, they waited for them to die.

TS: Well, tell me about that one experience where you were unhappy with the care that the physicians—

DC: Oh, yes. This was a quadriplegic who had been shot in the back, and he—this kid probably should not have been operated on, but he was. This was a young neurosurgeon, and so he's in a Stryker frame, he's paralyzed, he's on a breathing machine, and he's just going to be sitting there. He is awake and he's conscious, and you know, we'd have to read letters from his fiancé and his parents, knowing very well he was never getting out of this hospital. One day, the electricity went off, and the neurosurgeon that had operated on him happened to be there. And he—you know, the guy's struggling and he's going, "Help me. Help me."

So, I'm grabbing an Ambu [resuscitator] bag and the neurosurgeon sort of waved me off and said, "You know, [mouth?], let him go."

And I'm—I was furious. Because I said, "No," you know, "this is not happening. You get over here and help me and bag him" until we could get some electricity back, because the poor kid's looking at you saying, "Help me. Help me." Yes, he was going to die, but he shouldn't have to die looking at us, needing help. Hopefully you could sedate him. You could, you know, let him go in a more comfortable way. So, I just really was furious with this neurosurgeon. And he was my age, you know, or a little older. I'm sure he had to have been a little older. But he was a young guy and I just was like, "No.

You're not going to sit there and just say, 'Let him go.' Get over here and help and do something." And we would frequently get into it with the doctors, and that was sort of one of the fun things.

TS: Well, when you said he shouldn't have been operated on, what do you mean?

DC: Well, if he was unconscious when he came in, and they knew he had a severed spinal cord at the C4 area, and if he knew that he's never ever going to get out of here and wasn't—I mean, he was barely alive at the time. You know, there probably wasn't a great deal of purpose in making him suffer, knowing he's never getting out of here. Sometimes I think, and I'm sure it's true, that they did things just because they needed the practice, or they needed to try things and see how they would work, as all young surgeons do.

TS: So, maybe not so much necessarily in the best interest of that person?

DC: Yes. And, you know, it's a call; it's a clinical call.

TS: Sure.

DC: Maybe he just didn't even know enough at the time to know that the—you know, you don't know now at the time, but—

TS: Right.

DC: —it's certainly, after you do it. And once you brought them back, then it's—you've got to support them in a way that's right.

TS: And compassionate.

DC: Yes.

TS: Well, we—I know we talked a lot after this on the other tape, but in the time since I've gone and come back, is there anything that you thought about that you might want to add to your experience of being in the Army Nurse Corps?

DC: You know, my—I would never have changed it. There were assignments—I was just talking to my nephew, who is joining the navy next week, and—

TS: Good for him.

DC: And I said, “I’m so excited for you, and I think this is going to be a challenge, and finally you’re going to find something you can put your teeth into.” He’s very, very smart; never been challenged very much; went to college and was bored with that. He’s gotten this special program in nuclear physicist something or other, in the navy, where’s he’s going to get to go to these very high-faluting schools and stuff, and I think he will be challenged. But I told him there’s always three things about every assignment: you’ve got the people, the job, and the place. And if I could get two out three, I always figured I had done pretty well. Because you always knew, you know, if somebody you didn’t like there, or didn’t work out, you were going.

TS: You were only going to be there three years or something?

DC: Yes. Either they were going or you were going, and if it’s a place—and I remember when they told me I was stationed at Huntsville, Alabama, and I said, “Where in the world is that? What’s there?” Redstone Arsenal; tiny little hospital in the middle of Alabama. I mean, there was nothing there. And as I told my nephew, I said “So, you look for something to do that you never did before.” I said, “I learned to fish, boat, and learn to ride a dirt bike. One of the guys there had a motorcycle and taught me how to ride that. And I went fishing, and I had a great time.” So, you just learn different things and get exposed to different things. I really felt like I, for the most part, had wonderful experiences with people and jobs, and very happy. I probably—you know, I, even as—now old as I am, I sometimes see these things and say, “You know, if I had a couple of army nurses I could go do this and straighten this out.” [Therese chuckles] And still think I could probably work circles around some of these other people. Time not to try to do that anymore.

And when I watch these shows on, you know, combat hospital and stuff, it’s very similar. It’s not a whole lot different than it was before.

TS: What shows are you talking about?

DC: The current army hospitals. They have combat hospitals on TV.

TS: Oh, they do?

DC: Yes. Not a lot different.

TS: So it’s a lot like what you experienced?

DC: Yes.

TS: What did you—was that *China Beach* [television series about an evacuation hospital during the Vietnam War] much like the experience you had?

DC: Oh, yes.

TS: Was it?

DC: Very similar.

TS: Was there a favorite place that you were assigned?

DC: I loved being in Germany, and I liked San Francisco. I wish I had been able to stay there longer.

TS: At the time?

DC: At the time, yes. And certainly—

TS: What did you like about Germany?

DC: Well, I liked the nature that's associated with the—in the—you know, you go to the outdoor markets and get fresh flowers every week. And people; it's a different pace of life. I loved—I went out and lived in the German communities, so I enjoyed that. I ended up having very, very good German friends who, last year I just went back and spent a couple of weeks with. And if my parents hadn't been elderly, I probably would have stayed in Germany for a while after I retired; I retired out of Germany. So, it's—that was probably one of my—I loved the international stuff; any—you know, once you get that travel bug, I always enjoyed that.

TS: Well, should I ask you where you least enjoyed, as a place?

DC: I'm trying to think. You know, it goes back to that two out of three rule.

TS: Right. [chuckles] That's what I was just thinking.

DC: Huntsville, Alabama was not the greatest place to live in, because there wasn't much there, but I had great people, and I had a fabulous job. So, you know, it was great for that period of time.

TS: What was the job that you had there?

DC: I was the hospital supervisor, the evening nurse in the emergency room, and you were the pharmacy on-call. So, I mean, you did all these different things that—you know, and it was crazy, the stuff that would come in there. And so, it was an exciting job, and we worked very independently. We started, actually, a nurse practitioner program, kind of, where the nurses treated patients alongside the doctors, so that was interesting.

TS: How long have you been retired?

DC: Unbelievable now, this is—since ’92. Ten years.

TS: Do you miss it?

DC: Well, I do. Ninety-two—no, almost twenty years.

TS: Yes.

DC: I do miss it, yes. I miss the people and the army things. I’m going—actually, the first of April, I’m going to San Antonio, Texas and doing a near death program for an ex-army friend of mine who’s chief of education down there. I’ll be doing a near death—a couple lectures for them, and I was stationed with her in Germany.

TS: So, you’re rubbing elbows with military again?

DC: Yes, some of my old military friends, and I keep up with some of them.

TS: What is it that you miss?

DC: Oh, I don’t know. The camaraderie, I guess. The stories, I mean, we had some great times in some of these different places. And this is not a military town, so—

TS: Where you’re at now, in Durham?

DC: Yes. Here, you know, is not really—if you’re in San Antonio, or one of the military towns, there’s usually some of your army friends around, so this is—I have one friend here who was a student of mine, and she’s ex-army, but—

TS: Other than that, there’s not—

DC: Other than that, yes.

TS: Well, Diane, thanks so much for talking with me again.

DC: Oh, you're very, very welcome.

TS: I hope that you have a great day, and I'll go ahead and shut this off, unless you have anything else you want to add?

DC: Not that I can think of.

TS: Okay. All right, well, thanks again.

[End of Interview]

[Beginning of the original January 18 interview was lost due to technical issues. On March 8, Therese Strohmer re-interviewed Corcoran. This is the remainder of the January 18, 2012 interview.]

INTERVIEWEE: Diane Corcoran

INTERVIEWER: Therese Strohmer

DATE: January 18, 2012

DC: —they probably think he's going to be okay, and that stuff really bothered me, even then. One day, the electricity went out in the whole hospital, so the respirators stopped. And the neurosurgeon happened to be sitting over there and I went to grab an Ambu bag, which means I would—

TS: Manually?

DC: —manually do it, and he said, you know, "Don't do it."

And I'm like, "Oh no. We're not doing it this way." You know, here's this guy saying, "Help me. Help me."

TS: Right.

DC: And if you could have seen us, I'm going—because he's laying flat, so he can't really see me, and I'm going, "Get over here. Get over here," you know, "and help me." Oh, I just wanted to slap him upside the head because here's this guy; that's not the way to let somebody go. You know, so, I went over and Ambu-bagged him until the electricity came back on, and I just—one of the things that was so great is the equality between doctors and nurses. This wouldn't happen—doesn't happen in the civilian world, for sure.

TS: Equality?

DC: Equality, yes. I got on him and I said, "This is ridiculous. You saved him. You should not have saved him at the point of surgery, because you were just practicing." I don't know if it was true or not, but at the time—and I said, "So, we are not letting him go this way. As he gets sicker and sicker you can sedate him, and we'll—we need to make this as compassionate and loving as possible. We are not having this poor guy screaming for breath, you know, as his last moment." So, I mean, there were lots of moments like that where the doctors and nurses would really pair off if it was something we didn't agree with. And he was a young doctor. You know, brand new neurosurgeon, and stuff, and that's—Michael got sick and he got sicker; an infection—what happened [to/with] most of them. We'd sedate him and then he eventually died, but I always thought about them and think, "God, they should bring their parents here," you know, because I can't imagine that there are that many. I mean, there's lots of dying people, but they'd always try to get people home if they could. But they were never going to go home and they would have had the time to get their parents in there and let them say goodbye.

TS: None of the quadriplegics?

DC: None of the quadriplegics ever went home.

TS: That's something I never knew.

DC: Yes, we just didn't have the technology at the time. And now, of course, they have portable ventilators that they can put, you know, folks on to get them back to a stable facility. Just didn't exist then.

TS: So, this must have been really difficult for you. I mean, you're just in your twenties, right?

DC: Oh, yes. You're—I mean, you're really in—there are times when we had lots of things at one time. You had to triage and you'd put ones behind a curtain and say these probably aren't going to make it, so they will wait till the end. Because if you had twenty surgeries to do, you'd take the one that you're pretty sure you can help. But if there's other ones, then, you know, you let them wait, and when the rest of the surgery is over, then, if they're still alive, well, you might do something then. So, that—that's hard.

TS: To prioritize that?

DC: Yes, and to, you know, see that and see so many young men just—and the amputees. I had one guy was a triple amputee. I mean, young guy, lost both legs, one arm, and they're a mess. You know, what am I going to do? How am I—one was a—I remember he was from Dallas [Texas]. I wish I had kept better addresses, and stuff, on people, and follow up, but you didn't think about it at the time. Because he was, like, a rodeo guy and he lost an arm. His question was, "How am I going to—How am I going to be able to do this?"

So, you saw lots of really, really sad stories; some inspiring. I remember one: he was a helicopter pilot, so he's probably a major or lieutenant colonel, you know, older than most everybody else. And he had flown in to pick up a chopper crash, and one of his best friends from home was on that chopper, and he got everybody out except his friend. And so, —and he got a broken arm and some thing, not life threatening things, and he's sitting in the ward and it's late at night and I'm walking through and he's just sitting there, you know, just the look on his face. I went over and I said, you know, "Want to talk?" or something like that.

And he—you can tell—him—he's welling up, and I said, "You know, it takes a really strong man to cry." With that, he just burst into tears and, kind of, threw himself into my arms, you know. I just—I said, "You know—" I don't know what exactly I said, but, "You did want you could do and sometimes we don't choose these things." You know, who lives and who dies, and just comforted him.

Then, all of a sudden, he sort of sat up and you know, and he said, "And where are you from in the States?" [chuckles] and it's like—you know, for a man it's very typical to—you know, what it—get it out, but he just sobbed and I felt so sorry because I could just imagine what he felt like. Because, like, their wives, you know, saw each other every day and all that kind of stuff, so it was tough I'm sure.

TS: How was it that you coped with these emotions that you're dealing with, and death, every day?

DC: Well, now I know, what I believe to be true, is that I had a near-death experience when I was a child. Now I see my individual quirks and beliefs—strong beliefs about things—came from it, I think.

TS: What happened to you when you were a child?

DC: I had my tonsils out and I almost bled to death. I remember my mother taking me home, and of course that's during the ether days, and all that. My mother took me home from the hospital, and got in bed. She'd worked nights, she got in bed. And I started throwing up huge clots of blood; just buckets of it. I went in and I said, "Mom, I'm bleeding." I'm, like, four. I said, "Mom, I'm bleeding."

And of course she's asleep, and she said, "It's all right, go back to bed." So, I went back and got in bed. [makes vomiting noise] Like, in minutes, you know, she sprung out of bed; something registered, and grabbed me up. Of course, we were back to the hospital and I got transfusions and all this other stuff. But, I believe, there are a number of people who have these experiences that don't remember them. I don't remember it, [yawns] but I have a lot of the aftereffects, and I'm sure my interest and compassion and determination about death, dying, justice, all these things, probably come from some of that, and they're kind of typical aftereffects of people who have near-death experiences. Even people who have them as children. My nephew is a near-death experiencer, and you have huge empathy for people, and that sometimes gets you in trouble because you're constantly worrying about how you're going to fix people and fix things. Well, not great when you're dating. And I say [doorbell rings] you pick every loser person— [comments about real estate agent redacted]

TS: Okay, we'll stop for a minute.

[recording paused]

TS: Okay, we had to stop for a second there.

DC: So, in my first—now, remember, I don't know that I've had this experience in Vietnam. I—you know, a near-death experience. I just know that I've always felt differently about things.

TS: Okay.

DC: And I get a young soldier who one night tells me, he says—they always start out and it's still the same today, "You're not going to believe me. Honest to God, I'm telling you the truth," but you know. And he said they were hit with a bomb; the whole platoon was hit. He could see the spirits of those who were going to die and the ones who were going to live, and he had raised up out of his physical body and felt like he was going to heaven.

You know, and they talk about going through a tunnel. He didn't say anything about this. But he went on to describe, kind of, a classic near death experience.

TS: Okay.

DC: And he said, "You know, what—I don't know what this was. What—," and of course, in 1969, there wasn't any discussion—

TS: Information or discourse on that?

DC: Yes, not really. You know, it was in the old religious literature if you go back and read [Plato's] *The Republic* and some of the philosophic stuff. Now, you can sort it out, but nothing then. Raymond Moody wrote his book in 1975, *Life After Life*, is the first book written and still a very classic one. He was a med student and did something on cardiac patients, and so I only knew that it was profound, and I mean, you could see the emotions and how important this was to him, but I didn't know what it was. So, I just encouraged him to—you know, I believed him and all that.

TS: Right.

DC: Then in '75 my father had an MI [myocardial infarction], when I was home.

TS: And that stands for?

DC: Heart attack.

TS: Okay.

DC: They had to resuscitate him, and he didn't believe in any of that stuff and he started to tell me about his experience. He's said, "I'm going to tell you about this experience, but then I don't want to talk about it."

So, then—and I was in my doctoral program at the time and I'm going, "This is fascinating," you know, "What's this about?" I started reading, and by that time the organization had started, so I got involved with that and here we are forty years later.

TS: Right. What's the name of the organization?

DC: The International Association in[for] Near Death Studies. I've been president—this is my second tour as president. I've been president six years now, and moved the organization

to Durham; it was in Connecticut. I really believe that— [comments to uninvolved parties redacted]. What was I talking about?

TS: You were saying that you moved it here to Durham—

DC: Yes, the headquarters, and so I've been involved for the last forty years because I—this is really profound. So, when I was on active duty I used to teach it everywhere; they thought I was nuts, because I'm saying every healthcare professional, every teacher, every counselor should know about this. Clergy; I used to teach the clergy in the army about near-death—way before—because I was in charge of the courses so I would put it in the curriculum. And you know, they're like, "Oh my God, there she goes again." It's lucky I ever got promoted and they didn't think I was—

TS: I was actually kind of thinking, "What if they—"

DC: And thinking, "Oh my God, what's wrong with this woman?" Because this is way early on.

TS: Right.

DC: I spoke at all the professional nursing things, and all the services I would get invited to over the years. So, I mean, and eventually everybody in television has had a near-death experience now. Every movie star, every soap opera; they're always having them. And now it's more of a household word and people know what they are, but there are still a lot of people out there, especially veterans, who are having these experiences. You know, they're psychologically traumatized from their experience in war, they're physically traumatized, and then they have this exceptional experience that could be, you know, a solidifying, healing experience if somebody would let them own it. But they're petrified to tell anybody about it because they think it'll affect their benefits, they think people will think they're crazy. I mean, so, you know, there's all kinds of—I really think we need special groups. We have groups—forty-four groups around the country where they meet every month; we have two right here. They talk about their experience, or if they're researchers they talk about that, or you know, they're just—there's a support group.

TS: I was wondering what your father's experience was.

DC: You know, I hardly remember now. At the time, I just remember that he went out of his physical body, felt like he went through a tunnel and felt like he was in heaven, and saw some people there that had died. All of which is very typical. And he—I mean, it just freaked him out.

TS: So, what are some of the symptoms, I guess you can say, of people that have had a near-death experience? You said empathy; we were talking about that before we stopped the tape.

DC: Now those are after effects.

TS: After effects, sorry, right.

DC: Yes. The after effects are: don't care much about money; materialism; become more altruistic; may have sensitivity to medication, one way or another; may take a tiny bit of medication, or it might take a huge amount of medication. Your blood pressure might be very low. Your temperature; normal temperature might be very low. Mines, like, 96.8. And that's important, because if you get sick and your temperature if ninety-nine, you are really sick, but other people are going to think, "Well, that's just normal." So, I mean, some of these are really important.

TS: Physiological.

DC: Yeah, physiological things. Yes, lots of empathy, to the extent that I know people that gave their paychecks to people, you know, because they—like, "They have nothing. I have food." Well, you know, spouses aren't too happy about things like that; can really affect their relationship. Because one of the things they learn is about love, and unconditional love is different than individual relationships. And they also—many of them get really adamant about a purpose—their purpose in life and their path, and they might not even know that they've had a near-death experience, but they have now this, "I've got to do that."

It's like these guys that I'm working with called Purple Heart Homes; one's a double amputee, one is a brain trauma from Iraq. They are doing this wonderful work about getting homes for veterans, or remodeling homes for veterans. I mean, they spend hours and hours doing this, where—and one of them I said, "I'm sure your wife doesn't understand this."

And he said, "No, she doesn't."

I said, "I'd be happy to talk to her," because it's not a choice for him not to do this, you know, and it's something he's going to have to work into and understand that he's going to have to do everything with balance.

But like the empathy card for a young person, my nephew gets these poor women that are helpless and, you know, needy and stuff, and I told him this morning, I said, "Anybody you meet and think you like, don't pursue it because you always—you're vaccinated with this wanting to help. You need to find somebody ambitious, you know,

smart like you are and that kind of stuff. So, I said I have to check them out first because he does get these terrible, terrible sit—

TS: Go through Aunt Diane first. [chuckles]

DC: And, you know, he's this really good looking, very, very smart—and you go, "Oh my God," and his father and I are going, "She's worse than the last one, and we couldn't wait to get rid of her."

So, there are a lot of after effects that come with it, and see, you wouldn't—like, being very emotional, men [distraught?] all of a sudden. And one of these guys I know, he'll get up and be giving a talk about Iraq or the veterans and he'll start to tear and cry, and he said it drives him nuts, but it's a very typical after effect. I know guys, these old brown shoes soldiers, one day came to see me and he said he went to a farm and saw some ponies romping around; started to cry, you know, and that's just not acceptable for—for them; women can do this. The other thing is they know that's it's really important to be affectionate, and so, once again, women can hug and show affection; typically not happen at[for] men.

My first meeting of this International Association [for Near Death Studies] board meeting, I went and Raymond Moody was there and all the biggies were there, but this—I remember there were a bunch of other people, and this very distinguished young man came in, went up to Raymond and said, "Hi Raymond. It's good to see you," shook hands with him, and then just did a big bear hug, you know.

And I'm going, "God, I haven't ever seen that in a professional meeting before." This is all before I've come to terms with, yes, I'm also an experiencer. I don't know that I am because I don't remember it, but when I look back where my life has gone, the path I've taken, some of the after effects that I have, I'm going, "Yes, I am," and of course, now I've been told by different people who have different skills, one of the things that you get into, I mean, you know, I'm science trained, you know, and PhD in management; very, very grounded stuff. Then they're going, "And you believe this stuff," because these people have psychic skills they go on to have, they have healing skills.

And I said, "I believe it. I've seen it. I've experienced it." I, at this point, would not say no to anything, you know, because this is—

TS: So, the root of all this came out from your experience in Vietnam?

DC: No, it came out from my experience as a child.

TS: But you recognized it later—

DC: Oh, yes.

TS: —in Vietnam, is what I mean.

DC: Yeah. I recognized that he'd had this experience. I still didn't know that—

TS: Right, that you'd had one.

DC: Yes, and I really didn't realize that until many years later when I'm starting to put all this stuff together; it's crazy.

TS: How many—and you said you recognized it in other soldiers while you were there, too?

DC: Yes. Well, they would tell me. You know, they're very hesitant to say anything. But then I started doing lectures and they would come up and talk to me, and when I was in Germany they would call me because by this time I've had articles written about me, and you know, people go, "Okay, she's the go-to person."

TS: "Call her."

DC: "Call her. She'll understand." I had general officers call me and say, "Now, I don't want—"

TS: "Don't tell anyone."

DC: "Don't tell anybody but I need to tell you about this." And so, it's really, really important for veterans to be able to talk about it, but they still aren't comfortable doing that, and so that's what this article is about. He's actually doing a four part series on near-death experiences.

TS: What newspaper is that in?

DC: *The Herald*, and I think it's, like, this month. He said something about the twenty-second, or something, of January. But if I see him—he'll probably send them to me. I'll send you—I'll let you send yourself off of my iPad my article.

TS: Okay.

DC: Then he's doing one on our treasurer who's doing some research, and he apparently had some experiences that he got from somewhere, and I asked Robert if he read it and he said they're not real good experiences, but you know.

TS: Right.

DC: I—we volunteered to give him some of ours from our archives that are really better.

TS: I see. Well, let me shift a little bit on to—I'm staying in Vietnam with you for a little bit here.

DC: Okay.

TS: What kind of things did you do for fun? Did you have any time for anything fun?

DC: Well, you have a little time. You work fourteen hours a day, six days a week, so not a lot of time, but we would have some parties now and then at the officer's club, you know. We'd dance and carry on—you'd get a drink for a dime, so unfortunately you could—for some people that was a real problem. If they had a tendency, they'd get drunk for a dollar, and if you do that every night for a year it's not great.

TS: No, that's true.

DC: But—and so, we would do that. You know, we'd have Christmas parties for the orphanage, or something for the local orphanage, but there really—other than now and then go to the officer club and dance, or go out to eat; we'd go to the main officer's club and have dinner, which was nice. They had one Vietnamese restaurant that you could get to. Other than that there wasn't a lot of—

TS: Did you have any USO [United Service Organizations] events, or anything like that?

DC: Not really.

TS: What about—

DC: Oh, the Bob Hope show. Yes, that was a huge one, and we went with the patients so we got to sit right up front.

TS: Do you remember where that was at?

DC: It was in Long Binh in some huge stadium, and there were thousands of people hanging off the light poles. I remember Connie Francis was one of the stars, and you know, it was very exciting because we were right next to the stage.

TS: How close were you?

DC: Oh, ten feet probably. So, it was—yes, it was really excellent.

TS: And then you got a Bronze Star, is that right?

DC: Yes.

TS: You want to talk about that?

DC: Well, I think it was mainly for an accumulation of events, of things, you know, you—I mean, it's the only time in your life that over the time you saved many lives, probably. From observation, from excellent care, because these patients are so sick and have many, many surgical compromises, and you know—and your ability, you have to really be on the ball to recognize changes. And we had several events like that would happen. We had an event when sixty-seven patients came in at one time and I was on by myself, and one corpsman, and they were Thai patients, and so they're little. They were blown up in a truck, so there's like two on a litter and they're all—names are all the same; Phan Van Man, Phan Van Than, Phan Van Han. So, we just—numbers, and I remember the chief nurse and the assistant chief nurse, and their head in rollers, came and said, "What can we do to help?" They just went around, took blood pressures. I mean, there's just—the place was full of litters and patients, and trying to get charts. You know, take the ones that are seriously ill and do what we could, or seriously injured and prioritize them, patch them up for a minute and start IVs. I mean, it's incredible, the stuff that you do, because now we—you know, I've laughed sometimes where these nursing students will say, "Oh, I can't possibly take care of five patients." [chuckles]

And you know, I'm going, "Oh, honey. You have no idea," because we had to mix our own medications, start our own IVs, you know, bandage all this, debride stuff. I mean—but it was incredible experience, I mean you just—

TS: Right, but Diane, not everybody got a Bronze Star.

DC: Well, no, not everybody did, but—

TS: I mean not every nurse, is what I mean.

DC: Well, no, probably that's true also. I don't—I was just very fortunate. I worked in neurosurgery, then I went to pre-op recovery in ICU which was a very much more intense—not, kind of, the chronic stuff after the surgery, but the stuff before surgery

where lives come and go and what you do and how you get them there. But, I mean, I didn't do some grand act of jumping—

TS: Heroism?

DC: —heroism of some kind, but I certainly did save lives and organize some things and make a difference, I think, in that particular unit. As a young nurse I was very, very assertive and ran three head nurses off the ward because they weren't competent, I didn't think. Can you imagine? Thank God we had a good chief nurse who, you know, listened and kind of understood our immaturity, but also understood what we were good at.

TS: Right.

DC: And you know, she—and recognized that we were right. So, lots of—lots of good stuff happened. Vietnam's a very—I always say I took the best and left the rest, you know.

TS: What—you know that—what was that TV show they had; China Beach?

DC: China Beach.

TS: What did you think about that?

DC: China Beach is pretty accurate.

TS: Yes?

DC: I mean, they were working in tents, we were working in Quonset huts. But people would do silly things to break—one day I'm sitting in the pre-op area, and the surgery's right there, and out comes a surgeon on roller skates with a loaf of Wonderbread going, "Here! Here!" passing out—like he's passing out, you know—I don't know what.

TS: Trinkets or something?

DC: Or something.

TS: Like Mardi Gras.

DC: Yes. [both chuckle] Because—I mean, first of all, you know, Wonderbread is very soft and nice, even after it came over on the boat. The bread we had there was very hard and not very tasty and stuff, so—you know, stuff from home. That, and frozen M&Ms are

what we lived on. I can't drink a glass of lime-lemonade today to save my life. It's all we had to drink. The milk tasted weird; I don't know, it was powdered milk probably.

TS: How was your housing?

DC: We had—we had a Quonset hut that was divided into rooms that I would say—certainly no wider than the end of this fireplace to here.

TS: How many feet is that? I'm not good about that.

DC: I'd say maybe eight feet wide and maybe eight feet long—I mean, a little square.

TS: Okay.

DC: You could get a little single cot in it, a door, and the—some other little—like, your—a trunk or something. That'd be it. You know, we decorated them; had all those flower child posters in them. I actually dated a supply guy, so I had tile, I had mahogany things that he built for me, and he hotwired a phone into my—and everybody would go, "What?"

I said, "Yes, he hotwired a phone into my room."

TS: What did you use the phone for?

DC: When they were call—trying to find us for casualties coming in, they'd call us back to work after we—

TS: Oh, I see, ok.

DC: So, it was never anything—

TS: Just to use on the base.

DC: Just to use on the base, so yeah. So, I had nice—and then—but the side of the place was all open; was screened. So, it was just dust blowing and dust. About half way through my tour I think they closed it and got air conditioning, which was a huge improvement, you know, if you're trying to sleep; very hard to sleep when it's that hot and dusty. And so, I mean, for a lot of it you had—you could go out on a date and go to the restaurant. I went—learned to shoot skeet, so that I did. At one time—this is a funny story. As I said, I dated this supply guy, so one day he brings a jeep and said, "Here, I brought you a jeep.

You can use this to get to the PX and to—" And I said—and he said, "I'm going to take you over and get you a license, and I'll take it and maintain it."

And what do I know? I go, "Okay. That sounds great to me," you know, being in the air force. So, I have this jeep parked right outside the Quonset hut. One day I decide I'm going to the PX, so I get in my—I've got my license, I've got all the stuff. I'm going to the PX, and the chief nurse of Vietnam, the chief nurse of our hospital, and the assistant chief nurse are standing on the corner waiting for their driver, and I stop—I don't know enough to just keep going. I stopped and said, "Colonel, I'm going to the PX, do you want to go?" because there—you know, there's only one or two places to go.

They look at me and this colonel says, "Lieutenant, you can't have a jeep."

And I'm going, "Oh yes ma'am, I can. See, right here's my driver's license," and blah blah blah blah blah.

And she said, "No, you can't have a jeep."

I just went, "Yes ma'am, I can," and they were so stunned, [Therese laughing] I think, and I just said, "Okay, well, if you don't want to go, I'm going," and I took off with the jeep. Being military you can appreciate this because it's like, "Well, why can't I have it? He brought it to me and I have a license," you know.

So, that, and then I drove to the officer's club to have dinner one night with somebody, I think, or I might have taken someone with me. I don't remember. And I remember that was the first time that I recognized incoming, and you could hear them, what we'd say, kind of, walking in and getting closer, and everybody in the dinner place is looking around like, "Okay. When is it time to jump under the table?"

TS: Who's going to do it first?

DC: Who's going to do it first? And it's—I'm thinking, eventually then it stopped but we were all right there ready to jump. Then the person I'm with says, "We better get out of here. We better get back to the base." Well, I'm not sure that was, probably, a good idea to be out there driving around while they're doing that.

TS: No.

DC: But, you know, you have a whole different set of fear stuff when, you know—when you're twenty it really is true you don't think this is going to happen to you, so. But, I mean, some of those times I laugh about them now.

TS: So, what happened with the jeep? Did you—

DC: I kept it.

TS: You had it the whole time?

DC: I had it for a while, and one of the—

TS: Did you ever break up with the supply guy? I think I'd keep him around.

DC: Oh, I wasn't really—I wasn't—

TS: Just kind of dating him?

DC: Yes, I wasn't—it was nothing serious

TS: He gave you a jeep. That's pretty serious.

DC: Well, he gave me a jeep, but he was married.

TS: Okay.

DC: And he knew, you know, I'm not doing anything with—well, probably at the time I had other reasons why I didn't, but I'm like, "You know, I'm going to go out with you and we can have dinner and stuff like that, but this is all that—" He'd liked to have done more, but I'm like, "No, you're married." But he did nice things for me and taught me to shoot skeet.

And the chief nurse from Vietnam—shortly after that, I was sitting in the officer's club talking to some friends of mine and I wasn't paying attention that there was somebody off on my shoulder here, and I'm going, "God, that—" we had a new chief nurse and I'm like, "This woman is dumber than dirt. She doesn't know what she's doing. Who the hell would ever assign her here," you know, because we had such a wonderful one. We had, really, this woman and her husband was chief of personnel for Vietnam, and I'm just shooting off my mouth, you know, and we're all talking about what an idiot she is. And pretty soon, and she said—

TS: You got a tap on the shoulder?

DC: Yes. "What's your name?"

I said, "Lieutenant Corcoran," and I turn around and she's a full colonel. I'm thinking, "Hmm. We don't have any here. I wonder who she is," Don't have a clue who she is.

And she said, “You want to know who assigned that lady? I did.” She was the chief of Vietnam. Of course, I’m all about the truth and sometimes you should let it ride. [Therese chuckles]

I said, “But it is true. She’s dumber than dirt and [makes noise].”

She said, “You are the most smart ass lieutenant.” So, she went and talked to the assistant chief nurse; she didn’t talk to the chief nurse. Of course, after the fact I—you know, you figure out who’s who, but then, you didn’t care. And she said, “You’ve got a lieutenant here that’s [unclear]. She’d got a smart mouth on her,” and this and that.

And the assistant chief nurse, you know, said, “But she’s one hell of a nurse. She’s really a great nurse.”

And she said, “Well, I hope that she learns to,” you know, “pay attention more and not be such a smart mouth.” So, I run into her about a month later, she’s eating in our mess hall, and she says, “Hi Lieutenant Corcoran. How are you? How’s things?

I said, “Same. Same. [Therese laughs] Woman’s dumb. Shouldn’t be a chief—”

And she said, “God, you’re a smart ass,” and when I left Vietnam I gave her a lighter because they all smoked, and it said “Smart Ass Lieutenant; S-A-L-T,” and we became friends. She followed my career and she said, “I thought you would never get promoted because you’re always getting into stuff. You’re right, but stuff that you shouldn’t get into, possibly.”

But that—that jeep was something else and I’m like, “Yes I can. Yes I can have one.”

And she’s going, “No, you can’t have one.”

And—But even as a colonel I hate—I didn’t hate him, I disliked the colonel that I had in Germany very much because he—oh, he was not very bright, he was inappropriate. We’re getting ready for [Operation] Desert Storm; didn’t have a clue, you know. And if I don’t respect somebody—and he drank too much and acted stupid at public things, so if I don’t respect somebody, you know, that’s it. I’m not going to respect you.

He was the commander but we’re both full colonels, and one day he said—and he knew, you know, I was—one day he called me in and he said, “Do you know one of your supervisors took over—” because I’ve always told the supervisors, “Do what’s best for the patient, I will fight the pill—politics for you.” Which is unusual because a lot—some nurses, you know, don’t support their young’uns, so to speak.

And one of them took over a code from a doctor because she didn’t think—she was a wonderful nurse; didn’t think he knew what he was doing, and he didn’t. He’s like, “Do you know that your nurse took over this code from this patient?”

I said, “Yes, I do.” I said, “And what happened? He lived.”

“Yes, but he’s the doctor and you can’t do this.”

And I said, “You know, the patient lived. He didn’t know what he was doing. I’m not doing anything. I’ll give her a congratulations.”

It was always something like that. He's trying to, you know, "You're nurses and this—" and one time one of the—during this transition we established a psychological team to debrief the—because they saw horrible things sometimes. So, we would have the head nurse identify soldiers. Like, one saw her best friend decapitated, you know, and to go through this three day support system thing. He was the assistant chief—

TS: Is this—this is when you're in Germany?

DC: Yes, and he's the psychiatrist

TS: Okay, so this in the Gulf War?

DC: Yes.

TS: Okay, Desert Storm.

DC: And he says, "Well, you can't be doing this. Nurses can't be telling—"

And I said, "Oh, yes they can." Of course, I'd really looked up the regulations and said—

He's saying, "Your nurses can't do this."

And I said, "Yes, they can according to blah blah blah."

He said—and he's getting more and more angry and he's saying, "You don't understand me. I'm trying to tell you."

I said—and I'm very slowly going, "I understand what you're trying to say. Unfortunately, it's not true and you're getting very upset, so you need—" and we're, again, both full colonels, "You need to go away, and if you want to come talk to me and be calmer, you can come see me in my office, but we are doing this." And I'll go right into—this is the Brandon story.

TS: Okay. Brandon [in fire?]?

DC: We have a whole family that's in a Korean restaurant. The propane tank explodes and five members of the family—and there were three or four other people there. One of them threw two kids out the window, and one of them ended up with a head injury, and the rest of the family died of smoke inhalation, not being burned.

So, we have a little boy named Brandon—

TS: Are they a military family?

DC: Yes, a medic; he was one of our medics. And the little girl is in a German hospital with a head injury. All the—the grandmother, the father, mother, two siblings, all in the morgue, and they called me and said he—of course, things are different when you're in a foreign country. He's not a U.S. citizen; he's from Belize. The Germans are going to take the bodies, and by this time I am big into death and dying, I'm big into the near-death, and I know quite a bit about this. I've researched this. This is sort of at the end of my career. I go to social work, I go to the preachers, and say, "Somebody has got to take this child to say goodbye to his parents."

And they're like, "Oh no, we're not doing that." Of course, it's Friday afternoon, it's two o'clock, they're coming at four o'clock. So, I go get my nurse practitioner—psychiatric nurse practitioner, and say, "We need to do this." So, I have somebody go prepare the bodies in the morgue so they just are covered and, you know, they're not burnt so they—and talked—she went and talked to him with puppets and told him the story, you know, about "Your parents died and they're going to heaven and this is how it works," and we both talked to him at great length and assessed that he could do this. If—He was at a, kind of, in between age of about five—four and half or five, so it's kind of an iffy age, but at the same time I think kids have the right to say goodbye.

So, we take him there. We tell him the story; from here, you know, they're going to be buried and they're going to heaven, and blah blah blah. And wow, by Monday, I'm in the hair dresser and I hear two women talking about, "Did you hear about that chief nurse that took this kid to the morgue to see burnt bodies," and blah blah blah, and, "Can you imagine taking a kid to see, you know, their parents?"

So, you know, and I said, "Yes, I know about it. I'm the person who did it. Do you know anything about grief and bereavement in children, and how guilty they feel, and how if they don't know what happened they're forever going to be wondering?" And talked to them.

So, the surgeon who was in charge of it came to see me. He said, "You never asked my permission."

I said, "I didn't need your permission. I know more about grief and bereavement than you do, and this was the right thing to do."

But it's the same old thing, "I'm the surgeon," you know.

And I'm like, "Sorry," and so there's a lot of scuttlebutt.

Then they had a memorial service and his aunt from New York City came to pick him up, and people are saying, "Colonel Corcoran, the aunt's looking for you."

And I said, "Okay," and you know, they're all wondering.

She gets me off in a corner and she said, "Are you the one who took Brandon to the morgue?"

I said, "Yes, I am," and I told her a little bit of why I thought this was important.

She said, "Well, you do me a favor."

And I said, "Sure."

She said, “Can you take him back to the morgue to see that it’s empty, because he’s very concerned that they’ve started their journey?”

So, I said, “Absolutely we can do that.” So, he’s—

TS: Processing that?

DC: —processing, you know. And I told the ward, “He’s going to have dreams. He’s going to have questions. He’s going to be upset. He’s four years old and lost his parents and his grandmother, but we can make this better for him so that they just don’t go off and he never sees them again.”

And one of my supervisors came and said, “Oh, Colonel Corcoran, you did the right thing. My father had a heart attack, they took him to the hospital; I never saw him again. I waited at the front gate for months, waiting for him to come, and nobody ever told me anything. Nobody ever said what happened.”

So, you know, we had a few incidents like that, but by this time I’m, you know—have lectured all over the country and really do understand a lot about it, and the doctors; not part of their training, you know, they don’t get it.

TS: Right. Well, when you—it’s hard to transition sometimes for you, you have such intense wonderful stories.

When you left Vietnam and you came back to the United States, you talked briefly about that reception you got. Do you want to talk about that?

DC: Well, there really wasn’t a reception, you know. Nobody wanted to talk about it. People didn’t ask you—you know, you might get a, “How was it?” you know, from some—well, what do you think? But for the most part nobody wanted to talk to you about it. So, the luncheon, you know, was really wonderful because it was a welcome home; people were saying that.

TS: Which luncheon are you talking about?

DC: The luncheon that they did down at—

TS: At UNCG?

DC: Yes. Several—maybe four or five years ago I got a call; would I like to go to Vermont and be in a study about post-traumatic stress? Now they’re looking at nurses and thinking, “Oh, maybe they had some.”

And I’m going, “You think?” [chuckles] You know?

TS: Right.

DC: And I said, “Yes, I’m happy to come up and do it. I think that I don’t have post-traumatic—” you know, minimal, as we all do. I still—when I dream sometimes, I’m always organizing patients groups—large groups of people and trying to get them help or someplace, but nothing, you know—not terrible flashbacks and those kinds of things that people suffer from. So, we were sort of forgotten as a group of people in terms of the effects of that.

TS: That’s over twenty—twenty-five years really?

DC: Yes, and so, it’s ’69 to ’70, say, so it’s forty—

TS: Yeah, oh yeah.

DC: —forty-one years.

TS: I wasn’t doing my math very well.

DC: So, it’s—you know, it’s different and I’m happy to see that they’re—I just saw they’re doing something, I guess, at NASCAR [National Association for Stock Car Auto Racing] about returning veterans and stuff. I really, really thought that was wonderful. They did a great job with it.

TS: Who’s they?

DC: Whoever organized that luncheon.

TS: Oh, okay.

DC: Yes. You know, and I didn’t realize they had such a great—a bunch of materials and pictures and things. I will also go through my pictures and get some more that I can send to you or give to you. I think they’ve—because I’ve always thought, “Well, I should get this stuff together for the army museum,” you know, but it’s nice to know someplace else has—and they probably have a larger collection down there.

So, when I came back from Vietnam, you know, things were certainly different. As I said, it was hard to nurse in civilian hospitals because they wanted you to act like you didn’t have a brain. I knew right away I would not—going to be able to do that, because I had been given a great deal of decision-making capability and a lot of, you

know, power to do what you needed to do. So, I wouldn't function well in a civilian setting and—where everything had to go back[?], and the simplest of things.

So, I came back in the army. I was out for maybe a year and came back in the army. I was in school during that time, so as soon as I graduated from the—that was a BSN [Bachelor of Science in Nursing] program. Because I had already gone to school for a year, you know, in Superior. Then I went three years of nursing school, and then I had to go back and go to two years of college to get a BSN, and I mean, I learned absolutely nothing about nursing. If you can imagine, the school had twenty-nine of us military nurses, and like, thirty basic nurses all in the same class. Made no sense whatsoever.

TS: Why not?

DC: Well, because our perspectives were so totally different. I remember this young instructor getting up and say, "We're going to talk about neural injuries." Well, I'd just come from the neural center. "What is a realistic expectation for a C4 [vertebra] injury?"

And I'm like, "Nothing. They're going to die of a secondary infection."

"No, that's not correct. They're going to do crutch walking."

I'm going, "That is absolutely not true." Well, here she is trying to tell these young kids—

TS: From a book?

DC: Yes, from a book, and I said that just isn't happening. So, I mean, most of what they had to say, the military nurses in the room had seen a lot worse. And of course, the community health. They sent us down to the barrios of San Antonio with a little bag and, "What's your goal to—" and of course, the nuns; very sweet. "Ms. Corcoran, what are your goals today?"

I said, "To update a shot record." What? Are you going to go in there and clean off all the refried beans and, you know, try to reorganize their life? I learned that cultural experience. You're not going to change their values and systems. Do what little you can to make a difference. So, it was interesting. But it was—actually I did take some wonderful religious courses, but as a Catholic school with, you know, a bunch of eighteen year old Mexican-American students, I was always the one with my hand up or down. Like, "Now you all know, and you know this, that if a baby dies it's going to limbo or purgatory if it's not been baptized."

I don't believe that. I don't believe any baby is going anywhere. I think God's going to love all babies. They're totally innocent and I don't think that's true. So, I was always like—have to have—and you can imagine the number of things that come up in a Catholic college, and I'm going, "I don't think so."

TS: You still had to have that—what's—what was that that Colonel called you? The—

DC: Smart ass lieutenant sort of attitude.

TS: So, you stayed in and—

DC: I stayed in.

TS: And—When you got out and you left Vietnam and you left—you left the military, did you think that you would ever go back to it?

DC: I didn't not think I would. I didn't dislike it. I didn't get out because I was unhappy. I only got out because I needed to go to school, and at that point they weren't ready to send me to school. So—

TS: Because you needed your bachelor's?

DC: Yes, I mean, absolutely, so it wasn't that I was unhappy. I just needed to do what I needed to do, and then they brought me back in of course.

TS: Well, I wanted to ask you, because I'll be here for four days if we go through every little—because you had a long experience.

DC: Yes.

TS: But—So, you got—there's—you had a lot of training.

DC: Yes.

TS: So, let's kind of summarize that training you had. When you did go back in, if you could explain—like, did you apply for certain—education and training, I guess, is what I'm talking about. Did you apply for it or did you have a mentor? You said some people watched your career like that one girl.

DC: Oh, yes.

TS: How did that work?

DC: Well, I think I did have some mentors. That chief nurse in Vietnam was a very good mentor because she would appreciate the—what we knew, and she would support us even

though we didn't always—you know, "You've got to get rid of this head nurse because she doesn't know what she's doing." We might not have always said it exactly right, but we were usually right in terms of the process, and she was very good about that.

So, I got out because I wanted to go to school, but when I came back in, you know, I did have some people that I respected and looked up to. But by that time I knew that I really enjoyed education, I really enjoyed learning new things. Every place I went I tried to look at stuff and—

TS: What do you mean by look at stuff?

DC: Look at things and see what there was to learn, whether it be administrative—and, you know, I was good at leading things and organizing things, and my friends still say that—my pool group at—all these women, I'm probably the youngest one, and they're always saying, "Tell the colonel, go over and fix that. Make them do this, this, or—" [Therese chuckles]

So, I mean, I recognize I had some leadership skills, so ended up pretty quickly going to the chief nurse of the clinic, or chief of the whatever, and organi—being in a leadership position.

TS: You got things done.

DC: Yes. And then I went—you know, again, I went back to school on my own and got my master's degree. And I very intentionally—I got a BSN in nursing and I said "I have learned all I need to know about nursing." I did all I needed to know about nursing in Vietnam, so why would I want to take a master's in nursing? It occurred to me that issues that people have; some are educational, some are problematic with them. So, I got a master's in psych and education, that I'd be able to sort out the people.

So, when I went back to get my PhD, I said, okay, now I'm going to round it out with management, and I didn't take my management—it was the beginning of the PhD program so I had some flexibility, although they—we ended up taking way too many hours. You know, more is better in nursing. I would go to the school of management, or business, and take my courses, not—Because I knew I would have to manage large scale things in the military, not a ward, at this point in my career.

TS: Right.

DC: So, and I have a guy there, very interesting, who I had on my dissertation committee. The man is a genius. People were frightened to death of him. I didn't realize that at the time, but his MBA students would be having diarrhea and vomiting. He's like a six foot seven

African-American man that just looks at you and say, “You believe that crap?” or something.

And you’d go, “Oh.” But I was never afraid of him really. I just found him to be absolutely intriguing. The way he could pull an example of peas in a hospital down to an organizational theory was amazing to me. So, he and I became friends really, and he’s a wonderful, wonderful guy. My dissertation committee hated him because he’s outrageous, and you know, he says what he thinks. But he never says anything that he can’t back up. And so, I had an ex-nun for a chair and she says, “You’re never taking another course with him,” and fortunately she left. And we are still friends today.

Interesting[ly] enough, Ruth’s PhD is from University of Texas. She would be in the office when I would call sometimes and talk to him, and he’d say, “You know Diane Corcoran?”

She said, “No, I don’t know her.”

TS: How many years later did you meet?

DC: Oh, ten, fifteen.

TS: Yeah? Interesting.

DC: She is—they write articles together. They’re very, very close. He’s, of course, older; still working; managing. So, you know, education’s always been important. In the near death stuff we do conferences; we keep trying to educate people. I keep trying to educate, you know, the health care community and people about near death experiences.

TS: Well, my—my question for you is, how the heck did you get promoted? If people have this image of people in the military being followers—

DC: Yes.

TS: —not so—maybe officers, more leadership roles, but still there’s a hierarchy, right. So, how did you get through your performance evaluations? How did you get—

DC: I was an excellent nurse.

TS: That’s all it took—takes?

DC: No. I was an excellent nurse and I was an excellent leader, and you know, I had a big mouth when I was younger, but fortunately I had people that recognized the clinical skills. And see, I was just a captain when they—when I went to be the chief nurse of the

combat support hospital, and so, then to be pulled out and asked to be the commander—because I was the decision maker when we went on these big experiences. I did the Reforger staging one time and I had half the units in lockdown because they didn't do their immunization records right. [Exercise Reforger or Operation Reforger (**Re**turn of **for**ces to **Ger**many) was a NATO exercise conducted annually from 1969 to 1993.] And it's kind of the same thing. The general came over and you know, they're doing ten thousand troops out of here, and I was supposed to check and make sure all their immunization—right on the flight line. I said, "Do you want me to do this right?"

And he said, "Naturally I want you to—" Well, he didn't know what he was—because I knew that their immunization records were going to be a mess. So —and I had forms that I'd—I have great—really good vision; intuitive stuff that comes with a near-death experience that I've learned to trust now.

I had all these forms so we could point out what units, right down to who their—you know. And so, I'm pulling, like, fifty, a hundred people at a time off the line to go and I say, "I am not giving them seven immunizations and then putting them on a plane." You know, that just isn't good nursing sense. So, we ended up having a big falderal with the commanders and all this stuff, and I said to the general, "You asked me to do this correctly. What I'm telling you now is, you need a shake up with these guys about doing their immunizations records. We will straighten this out and stage them and give them shots and stuff, but this is a mess." So, you know, then I had to go around, teach all the units how to read the shot records, and give them to them.

But I did a lot of leadership stuff there, and out in the field, and that's why they want—So, I'm sure that kind of stuff, you know, helps. You're chosen by the post commander to be the commander here and it's never been done before.

TS: Been done by who?

DC: By any other nurse; hadn't ever commanded a unit.

TS: What year was that?

DC: Seventy-five, and the MSC officers—see, there's a hospital; Fort Campbell hospital is right there. And they were so mad, and even in the hospital, so I went over to the chief nurse of the hospital and I said, "John,—" and he's an old barly[burly?] colonel, you know, and he used to be infantry. I said, "I have to go do a command and review tomorrow and I have no idea what the hell that means." And I said, "I don't march—" you know, and I'm marching in these parades, I'm not paying any attention. I just march and go. I said, "But I have to command the hospital," you know? So, I'm like—and I'm like I do not want to embarrass myself, the nurse corps or whatever. The MSC officers were just waiting for me to do that.

TS: What does MSC stand for?

DC: Medical Service Corps. It's our admin[istration] branch.

TS: Okay.

DC: Like, the XO of the hospital and, you know, those guys.

TS: The ones that were expecting to be in this leadership position?

DC: Well, they weren't. The guys in our hospital were captains and majors expecting to go in this, but these are all the colonels and stuff over at the main hospital.

TS: Got you.

DC: And so, —this—John took me down to the Red Cross, I'll never forget it, and we're going, "March, two, three, four! [unclear] Face right, or left right!"

TS: You're going back to your basic training.

DC: Back—well, and he's saying, "You are—got to command the units, so your—you've got to yell out there. You have to do this, do that."

And I thought, "Oh my God, this is complicated." Because the change of command was a little more complicated than march around a circle, and they had ten brigades going to march at this thing. I'm just going, "Oh my God," you know, and our hospital would be considered one because we had, like, three or four hundred people in our hospital. Honest to God, there was divine intervention, this I swear, because I'm going, "Please don't let me embarrass anybody."

So, we didn't have time to practice much; we had, like, twenty minutes. So, the XO and this little captain that thought he was going to be—he'd already had his pictures taken to put up on the wall and all this stuff. And the sergeant major and all these people marched behind me, and then of course, like, a flank of twelve for the hospital for rows and rows and rows. So, we said, "Well, let's just march down and make this first corner," and I'm just going, "[makes noise] Remember [unclear]."

And pretty soon this guy—he'd go, "Diane, wait for us!" [both chuckle] Because I forgot—

TS: You're just moving. You were—

DC: Well, I forgot that it takes me two steps to make a corner; it takes a lot longer for twelve people to flank a corner and then get in line. So, I'm halfway down the field, and oh, it was so funny. But it was one of the proudest moments, really, in my career because we did this and it was flawless. And I looked down and there's, like, all these units, and one of the brigade—one of the other brigade commanders. And they're all full colonels, or colonels, and I'm a captain. He goes to me—

TS: Thumbs up?

DC: Thumbs up, and so, it was really inspiring because I thought, "I did it. I did it. I showed them that women and nurses can do whatever the rest of them can do." Because we don't typically march a lot in these things.

TS: Right.

DC: And, you know, the command went fine; no problems. Then they eventually—

TS: How long did you stay as—

DC: Oh, six months, maybe, and then I went on—then I got picked up for school.

TS: That's when you went for your PhD?

DC: Yes. So, that was—so, I mean, you know, I was very young to have a PhD. I'm sure—I commanded a hospital; all these things led to my secondary promotions, and then I had this unique job of being—as a consultant to building the field force. There was myself and six MSC officers and one doctor, and we—

TS: What was the field force for?

DC: The whole medical combat situation. What was it going to look like—

TS: For the whole army?

DC: Yes, for the army. What was it going to look like? What were the DEPMEDS [deployable medical systems]—are you familiar with DEP—these are these hospitals in a box, basically, that we built. And oh, I mean, all the things that went to it, it was—they were bringing combat stress into it. Myself and these guys and the general would be going back and forth to Washington. Back and for—the chief of staff giving, you know, all this stuff.

Once again, I was usually the only one the MSCs would say, “You can’t tell the general that.”

And I said, “But it is the truth, and if he doesn’t have good information how can he make good decisions?”

“Well, he doesn’t want to hear that. That’s going to cost too much money.”

And I’m going, “You know, we have to say the truth: what we need in a combat situation. What we can’t afford is the delta of what the risk is. Then you can articulate that to people. If we can’t have a hundred people and we need a hundred and we’re only going to have fifty, well, then there will be situations that happen that won’t get covered. And you have to be—you can’t just build for what you can afford,” and oh, we were constantly—but the general really appreciated it.

He was always, “And Diane, what do you think?” [chuckles]

TS: Bracing himself, maybe, a little.

DC: Yes. Yes. Sometimes—Oh God, sometimes I would get on a toot about something that would pass over my desk, and I’d go, “Oh God, why did I have to see this?” because it wasn’t right. One was about cell savers, and you know, and training, and who was doing the work with him. And I’m going, “Oh, this isn’t right.”

TS: What’s a cell saver?

DC: When they have a lot of blood they scoop up the blood, and it reprocesses it and you can give it back to the patient; if you have somebody bleeding a lot and real—and so, in combat, or in any kind of trauma, they can use them to—

TS: Instead of, like, a transfusion?

DC: Well, it would be like, yes, but it’s kind of a machine that scoops up all the blood and then cleans it and then could give it back to the patient. But there’s—it’s kind of complicated, and they wanted these young techs to manage it and clean it and give them meds, and I said, “They are not trained to do this. This should be anesthesia’s job to do this, and no, I’m not going to—” because I was in a position then to be in charge of the training programs for the techs. Oh my God, I went on and on and I said, “No, we’re not doing that,” so.

TS: Did a lot of your recommendations get implemented?

DC: Oh yes. Yes. And then I’ve taken DEPMEDS hospital to the field when I was in Germany on my last tour, and we set up a whole hospital. Even when I was a chief nurse,

you know, of the—so, I mean, I've done a lot of field work, or been in it, and a lot of them were taken and I saw the results of what we planned and worked. Saw the problems that they still had with them in Europe; supply problems. Not mechanical problems, but supply because they didn't have a good supply system. And an air evac[uation] problem which was still a problem with the air force. Ninety-five percent of the air evac is in the reserves, and we could not get patients out of Germany in a timely way. Because people don't realize, I mean, even six months before the ground forces went in we were getting sixty patients a day. Reservists that got hurt, and you know, forgot their meds; a lot of people getting hurt over training and stuff. So, that's a lot of people coming into your hospital that you have to process as patients. And a bunch of them had to go home, and so, you know, they just did not have that set up and organized well to get those patients out of there.

TS: Well, you talked an awful lot about your relationship with your superiors.

DC: Yes.

TS: And even though—I mean, you're like—you speak truth to power, really. It seems that that's been your—

DC: Yes. I've always believed very strongly in mentoring because I was a difficult child, I think.

TS: That's what I was going to go to. I was going to switch to how—and you have talked some about how you—like, how you backed up your nurses and things like that. The question I want to ask you though is, like, what was more difficult for you: being the one that's having to, you know, speak the truth to power, or being the one that's having to deal with these issues? And I know as managing, it's not doing the job, it's managing the people—

DC: Right. Right.

TS: —that makes the difference.

DC: Because, I mean, like, at Frankfurt we had two thousand people that I'm managing. What—philosophically I have always believed that you give people some latitude, because people gave me latitude when I was a youngster and said, "Well, I guess it doesn't matter much if it comes out the way it needs to come out, even though it's not the way they might have done it. So, I was strong on telling the nurses, "You are a professional in your own right, so you have a right to say, no, you won't do something if

you don't think it's the right thing to do professionally, and you have a right to speak up to anybody and give your opinion as long as it's done in a professional manner," and knowing that I'm setting myself up for some stuff here.

And sure enough I did. You know, I'd get doctors coming in my office, "Your lieutenant refuses to give this medication because blah blah blah."

"If she feels like this isn't the right medication, that there's a problem here, I will back it up. You give the medication yourself. I'm not going to put her in a position."

But I've always been sensitive. This is probably my near-death stuff coming through. Always been very intuitive; not always paid attention to it. The last five or ten years in the service I did. But I've always been very sensitive about how people felt. So, for example, when the reservists came three days before Christmas—

TS: Where? Came where?

DC: Came to Germany to the general hospital. We had four hundred army nurse corps officers and enlisted people who had to leave their home at Christmas time and come to a foreign country. Many, many of which—you know, that's the first time they got deployed and never expected to have to do this. And, I mean, we had so many issues, and housing and transportation, and the one big choice is, is this one army or not. You have four hundred people. Are they going to be a separate reserve army or are they part of one army? Well, we expected this to go on for some time. I said there's—

TS: Expected this, being the war?

DC: The war, yes. There is only one army. Once they're here on active duty there's only one army, which had a lot of ramifications because you have a fifty year old head nurse of ICU who's a wonderful nurse. She's a major; she has not a clue; never had any training. Doesn't know how to be a military officer and leader, and I'm going to have to tell this young captain who is the head nurse that she is now going to be the head nurse. We had many situations, because you have one rating scheme, so you have to redo the entire rating scheme of the hospital.

TS: Because the other was reserve and then active duty ratings?

DC: Yes.

TS: Okay.

DC: So, everything is—is redone, which is a huge personnel issue. The personal—many of the enlisted folks who were medics came with their tools because they were mechanics and

garage opener—not medics in real life. Most of the nurses were, so we had training issues, you know, with that kind of stuff. So, I think it is hard sometimes to—there are a lot of cases where you just want to say, "Just do it," you know. Just do this because I said so.

But I really would try to understand people. I mean, because we'd get some strange little nurses doing things. I remember we had a nurse in the ICU, and one night she thought it would be wonderful if she changed all the environment, and the head nurse's office; changed all the desks and all the equipment. Well, you can imagine what happened in the morning. And oh, they were furious, and I'm like, "Lieutenant, why did you think that was a good idea?" I mean, I had a great deal of empathy with people, and would try to teach them, you know, what they might have done.

Even with my lieutenant colonels, I would—I remember I had a lieutenant colonel who was the infection control nurse who had gone to see the supply officer; she's a lieutenant colonel, he's a full colonel. She kept saying, "I want to be like you. I want to be a chief nurse."

I said, "I was a lieutenant colonel when I came here. I—They said, 'You're going—' I came from an education job to sit here. Do it. Could you sit at my desk and do my job right now?"

"Well, with a lot of support and super—"

"No, no. No support, no supervision. Can you—this is what you have to be able to do."

So, incidents would happen. One day she comes in crying to the office, "Oh, he yelled at me, that supply officer—"

I said, "Why did you let him do that?"

"Because he said—" such and such and such.

I said, "Okay. You are going right back down to his office and you are going to say this. And then we role played it. And I said, "Stop your crying," and, "There's no crying in the army, [chuckles] and go down there and say this. You have the right to do this, but the minute you cry and—you've lost. Nobody's going to have any respect for you."

So, I gave the nurses a lot of latitude of—to even make mistakes. You know, you'll learn from those mistakes, but sometimes you have to make them. And they—I think they knew—they all knew I was into this spiritual stuff and all this, because I had training—and this is in Germany, my last tour.

One time some nurse comes running down and she said, "Colonel Corcoran, do you know we have a ghost up on Five West?"

And I said, you know, what most chief nurses would say, "Are you out of your mind? Get out of here," you know. I said, "You do? What happened?"

"Well, a patient who had died three months before is now talking to patients that are there, and the guy is Korean so he doesn't speak English. So, Lena Lad[?] is in there

talking," and he tells his daughter who does speak English. The night nurses are seeing her walk up and down the hall.

TS: Is she also a ghost?

DC: She's a spirit. Lena Lad is a sp—no, the daughter is real.

TS: Real, okay.

DC: And apparently Lena kept telling him to get out of the room; it's her room. So, —and the night nurses won't come out of the nurse's station because they're seeing somebody walking around at night in the—"Can you come up here and help us?"

So, I go up there and there's an intern, a doctor, a couple of nurses in the station. "Okay, this is what we have to do. We're going to go down to the room. He's left now; he's been discharged, and we are going help Lena leave." So, we go down to the room and open the window, and I just say, "You need to tell Lena," you know, "We—Lena, you need to leave now. Your work is done here, and you need to go off and join the light with the other spirits, and everything is going to be okay, and this is how you do this." And I mean, I was as serious as a heart attack.

The doctors are going, "She's going to do what?" You know?

So, we marched down there and did that. I said, "So, let me know if we have any more incidents from Lena." Never had another incident.

But they trusted me to come and tell me these things, you know. And like the empathy part, I went out and bought four hundred gifts—Christmas gifts, so that each reservist would get a little gift as they came into the unit, you know. I'm thinking, "What a horrible thing." A lot of these people have kids. I mean, it wasn't a big—you know, like an ornament or something. But we wrapped every one, and you know, we had a little party to welcome them.

So, at times it was difficult to be on the mentoring end, but I really enjoyed the mentoring part and the supervision part because I thought I could make a difference. In the—when I was in the hospital—the combat support hospital, we had a young man, brand new in the army. Was out with a couple of the other guys; they went out the play pool, had a few beers but nothing significant. They're in the car; it's rainy. They skid. They hit something. He hits his head, and he's sort of wandering in the road, you know, the door came off and all this. And in Kentucky they had a lot of redneck cops, you know. They pushed him into the dirt, and "Why are you being—" And he's disoriented. He hit his head on the thing and all this stuff. You know, one of these little guys that just—sweet; didn't know what the hell happened to him. And he's about to get an Article 15 [nonjudicial punishment] and a this and a that, and disciplinary action.

I said, “No, I’ll take responsibility for him. Release him to me and I’ll take him back to the unit and I’ll do whatever punishment I see is appropriate.” I mean, we had a long talk; “Do you see why you have to be careful about everything you do and say?” I said, “No, I’m not going to let them—” because you know how the company works differently. These guys, the first sergeant would—could give them an article, and I said, “No, you’re not doing that.” So, I gave them some extra training and did something, but—and I mean, I saw him, like, seven years later and he’s an E-8 or something, and you know, successful, family, and very, very appreciative because his career could have changed right then.

So, I had several of those kinds of stories where you’re taking, you know—you’re taking a chance, but. And not always—once in a while you’d be disappointed, but for the most part, I think—and sometimes you have to do things that aren’t popular. In Frankfurt we had a—she was ex air force actually; an air force nurse; been a civilian for thirteen years at this place. And all the nurses say, “She is incompetent. She worked on labor and delivery. She’s had all these precipitous births. She’s—and she’s a very angry black woman.” And they try—everybody says, “No way we’re getting rid of her,” you know, with the racial thing.

But the more I talked to her—I said, “This is—this is not—we can’t let this happen. She’s incompetent. She’s compromising deliveries and babies. She couldn’t, maybe—” she had done terrible things like puncture other nurses’ tires and stuff, so they were frightened of her. They weren’t doing anything. So, you know, I thought, “Oh, here we go. This is going to be a long process.” You know, retraining; make sure she had the training, documentation. Because she’d had marginal documentation, but not enough to—

TS: To kick her out?

DC: To kick her out, and so we went through—must have been a year. She got a lawyer, you know, and all this. I said, “We just have to be fair. We have to go back and make sure that we’ve done all the things we need to do. And this isn’t easy for the head nurse and this—you know, I know this, but we’ll be here and we’ll do this together.”

So, I’ve always, you know—and hopefully I’ve always, like, had classes; given classes that might be unusual that people don’t—one of the things I taught at the academy was Bar and Bar[?]. Have you heard of the—oh geez, I can’t believe I just forgot it. It’s a communication exam that people take in the military a lot. You’re either judgmental or decisive. It’s—what in the world is—

TS: Sure.

DC: You know, the—

TS: I know what you're talking about.

DC: It's—yes, you know the exam.

TS: Like a personality type of exam?

DC: Yes. So, I had, actually, the author of the book come and do a workshop. And, you know, we split the people in four groups, and it—or they—we split them by how they tested out.

TS: Right.

DC: It was very interesting because the boss was one, separate from anybody else. I was another, separate from everybody else, and then they fell into four groups. You know, we did some things with that, but to really demonstrate how you communicate differently. And how those—all those things are a little part, and if you understand them—I gave a class on neurolinguistics because nurses and doctors. Nurses are kinesthetic mostly; they come from their feelings. Doctors are visual. If you are a nurse and say to a doctor, "I feel like Mrs. Smith doesn't—has too much pain and I feel like she needs some pain medication," he is not going to process.

TS: Take that word "feel" out somehow?

DC: Yup, and say, "I see," because he's visual. "I see Mrs. Smith's expression, and I see that—" and he—he will process it better.

TS: I see.

DC: So, I'd give a course on that. Then I went through a phase of giving courses on adult children of alcoholics, that they—it's a very insidious process, so—it's not always alcoholism. It might be over zealous religion. It might be anything like that, but you gain things that you're not really sure of, and you need to be aware of them. So, I gave a workshop—I had somebody give that, because I had two supervisors; one had a father who was a general who was an alcoholic, and the other one had a father who was an alcoholic, and she spent half her teenage years under her bed. And I—You know, I'd say, "You don't think this effects who you are and what you are today?" Because adult children, frequently, if you ask them what time it is they'll tell you how to build a clock, but they learn very quickly not to address things directly because they would have gotten repercussions for that.

TS: That's interesting.

DC: So, you know, give them tools and support them. If they needed psychiatric—or support, go outside the military and get it so it doesn't affect your career. I want to help you be successful.

TS: Did you see any—we talked about, you didn't really see a whole lot of racial discrimination?

DC: Yes.

TS: Did you see any gender discrimination, or sexual discrimination?

DC: Well, there's always some of that, yes, and I would get very upset with that. [sighs] The commander was like a child at this hospital.

TS: Which one?

DC: The hospital commander at—in Germany, —

TS: Okay.

DC: —and there were a couple of other male nurses in our thing, and he'd say, "Come on Diane. Come down here and we're going to tell dirty jokes," or he didn't understand why it was important that one of the reservists had been raped, and why it wasn't a good idea to let her have to take the train by herself in Frankfurt, and that, you know, we needed to provide—and very insensitive, I thought, to some of these things. I was always a big supporter of—you know, we have to pay attention to this stuff. I've dealt with it over time. I mean, I've had my times where—I remember when I was in Washington some guy really came on to me, you know, and got pretty assertive, and I'm—he's another military officer. I was so disappointed in him; he's married, you know, had kids, and I'm like, "What is the matter with you?" Fortunately, I've always been tall, and not always as big as I am now, but certainly able to get my point across. So, I didn't—but I have no tolerance for that in the staff or anybody else.

A couple of times I've had to deal with the—some of that but not very much, and I usually—you know, I used to tell the commander, "Stop acting like a five year old," you know, "No, I'm not doing that," and—

TS: What was it that they wanted to you do?

DC: Tell dirty jokes and come be part of their little, you know—and I'm going, "No—"

TS: The boys club, sort of?

DC: Boys club kind of thing. But, you know, as an officer in a time when it's mostly boys, you learn to—I would never put up with things, or if they said things that I thought were inappropriate for any reason I would tell them, but I could do it in a way—I'm not sure why it worked as well. I wouldn't be—I wouldn't be like, "Oh, there goes Goody Two Shoes. We're not talking to her anymore."

TS: But do you think that you set boundaries that they recognized?

DC: Oh, absolutely, yes.

TS: And that maybe that helped?

DC: Yes. I think it's—you know, there was never any doubt about, "I'm going to do the right thing." I mean, I'm sort of like sway like the oak and you can do it differently, but I'm going to come down on the side of the right thing.

TS: You're pretty much a straight shooter, too, so.

DC: And I'm going to tell you.

TS: What you see is what you get.

DC: What you see is what you get. Right. And I always said—I had an incident actually where when I was in Denver; I had an officer who was going to be assigned to me. Didn't think of it any other way, just had her name on a piece of paper. I got three phone calls from her previous assignment: "This woman is dangerous. She had two people relieved—" she's a major, and you know, just all this stuff.

I said, "Well, I'm always about evaluating and giving people a chance, and I will do the same with her." She came—oh, what a piece of work; piece of work. She probably is a sociopath. First week she was there she went and gave flowers to the commander of the hospital's secretary; she's a low professor at the nursing school. Just did inappropriate things; tried to seduce a student; took her clothes off and left them in the bathroom. We had one bathroom that we all used; the men and women. I mean, just did real inappropriate—and I—I was on her like white [on] rice, you know. She had been always sapping[?] people up. And the current army chief of the nurse corps, she had been

stationed with and, you know, she was, I think, kind of naïve, the army nurse—because sociopaths are very good at being very nice and manipulative and—

TS: Who was the chief at this time?

DC: I don't want to say who it was.

TS: Oh, okay.

DC: And—because she had sent her cards and become friends with her, and when I started counseling her on her inappropriateness—because her assistant—they made her chief of something she didn't even know what she was doing, and I said this is really inappropriate, but I had to work with it. The assistant chief was bright, cute, you know, intelligent, clinically astute; all the things that she wasn't. And she rode her—I finally ended up having to have weekly counseling sessions to protect this young gal from her. It was ridiculous and I the more I had to counsel her, she said, "I'm going to—I'm going to get you, and trust me I can."

The next thing I know there's an anonymous letter that had been written to my hospital chief—to the chief of the corps, which was this chief, and to the interim command chief. The hospital nurse called me—the chief nurse called me and said, "Diane, I got this, it has no name."

I said, "I know where it's from."

And he said, "I'm just going to throw it in the basket."

I said, "Okay."

What I heard was that it came—you know, that it came to the chief nurse and she went to one of the other corps chiefs and said, "What do you think about this"?

Fortunately she knew me; the other one, and she said, "This doesn't, at all, sound like Diane. That's not what her record's about. And the person didn't even sign their name; you don't know who this is from. So, I would do nothing with it." I don't know what she would have done if somebody—because she—you know, she wasn't always real strong about stuff. I mean, treat—treat what—the facts you know, not—there's always a lot of stuff that can be said, but nothing ever happened, and then she got madder. And one time I'm counseling her and she said—and I always had this philosophy: looking for a job when I found this one. You know, fine, they want to fire me after everything that's gone on. Good. Let them.

She came in and she said, "I am going to call the chief of the army nurse corps."

And I said, "Here's the phone. Call her," you know, because she was—I've—to work—she had no conscience about anything. Afterwards I heard, oh my god, even as lieutenant she got caught sleeping on the OR table with a doctor. I mean, she just did all these outrageous things, and no morals about anything.

TS: How was she able to stay in?

DC: People. She would ingratiate people. The SCO [squadron commander?] or the commander; [phone rings] make friends with these people. And, you know—and she managed to do that.

[Recording paused]

TS: [extraneous comments redacted] Okay, so this one woman that you were talking about—so she was able to—

DC: Manipulate people.

TS: That's a good word.

DC: She was a—most sociopaths are expert manipulators and she was really able to do that. I had about five people, the same rank, and so I—and here's a case where it made a difference who she knew, I did not give her a good rating and spelled out the problems in communication stuff. Where most of the other people I had really excelled. She still, eventually, got promoted because she had the general's—

TS: Rating.

DC: —rating on her history.

TS: She had a higher rating than—

DC: So, you know, they look and say, "Well, if the general liked her," and here's a case where, you know, it did make a difference. But I think she did get out of the service as a lieutenant colonel. She didn't ever get promoted beyond that.

TS: Do you think that being a nurse and being in the army would be a different experience for—like, when you were at Fort Campbell, right, in Kentucky, the experience of women at that same time who weren't in nursing that were in the army, do you think there was, maybe, some kind of difference there?

DC: You know, I think it all comes down to competence, for women. You have to be better; you have to be smarter; you can't be one of the boys. You can be friends; you can be colleagues; you can be professionals, but you're not going to excel by being one of the

boys and joining in their antics sometimes. I think you have to set those boundaries for yourself very young.

When I was in Vietnam a situation came up, and I remember thinking, "I am going to do the right thing, and whatever happens, happens, but I am not going to compromise myself, now or ever, to playing a game; doing the wrong thing." You know, that kind of stuff just to get by. And I was successful, and I was very successful with these early—and I'm sure part of that was because of the early education and getting selected and then I would be successful at doing that job or in school. I remember thinking in the PhD program I was young.

TS: What was your age then?

DC: I was twenty-nine, and I'm saying, "I'm the youngest one they've ever sent. How well I do will determine if they ever send young ones again," and you don't know.

I get to the University of Texas and they're, like, "Okay—" they don't care about the army, you know. You're just another student. After about a year, you know, we get ready to take our qualifying exams and I see what—the history, and they're saying "Typically nobody passes these."

And I'm going, "What?" you know. And I'm like, "Oh my God. You don't understand. If I don't pass these my army career is over." The army cared about how successful I was, but the University of Texas didn't care that I was in the army. I was another student, and eleven of us were getting prepared to take our qualifying—and the stuff that we had to go through, and some of it—and I'm like, "Oh my God. This is ridiculous," but—

TS: The hoops that you had to jump through to get—you had to do it.

DC: Yes, but I—you know, again, I'm—we have a thing called issues in nursing, so they give you, like, fifteen issues. Then you're going to have to write about them and take a pro or con position and give all the documentation; that was one little piece of what we had to do. One of the issues was federal funding of abortion at the time. Well, I was in favor of it for a bunch of different reasons; you know, specific things for abortion, not just blanket. Well, my reader is an ex-nun, and when I saw that question—because you don't know what the question is going to be until the day you sit to write the exam, and I looked and I thought, "Oh my God. I'm screwed." [chuckles] And—but, you know—and I don't know how it happened, but I was the only one out of the eleven that passed the exams, and I was so relieved because three quit. You know, they were going to have to retake an exam or write a paper or take a course, and one of them was a good friend of mine. I really encouraged her, but she was so devastated, you know, because we'd already been in school a year and you might have gotten all A's, and then—you know

what it's like, then all of a sudden you're taking qualifying exams; qualified to do what? And they're different, and at the University of Texas at that time in the school of nursing they were selective.

Another friend of mine was in the school of education. Well, they were diagnostic, you know. Maybe you need a little more course work in this area and that—so—and you don't know any of these things, so I was—I thought, "Oh my God." But I succeeded and, you know. So, then here I am the youngest person with a PhD and they don't know what to do with me.

TS: Did you find that—well, you talked about how if you're a woman in the army you have to be the—do your job really well. Did you find that sometimes if—like, as you're looking out there and you're looking at the people that you're working with, and if a woman screws up you're like, "Oh no, that's," like, "a reflection on all the woman" sometimes? That that was a perception, I mean.

DC: Yes, that is was a per—

TS: And then if there's man that screws up it's like, "Oh, that guy's just incompetent."

DC: Well, that's true. Sometimes I would see that with the doctors. They'd do something outrageous and the commander—fortunately one was something I used a lot because if he'd call me about one of my nurses and what they did and this—you know, "You've got to do this," and he had a doctor who slapped a patient.

And I said, "Well, at least my nurses don't slap patients," and that would usually end the conversation, [chuckles] because, you know, it's like outrageous that they would get rid of [away with] this. There were a couple of times where I really went after a doctor for behaving totally outrageous in the middle of this patient. I thought, "I'm going to be in the commander's office tomorrow morning. I know it," you know. "He's going to go straight to the commander."

TS: Were you?

DC: Yes.

TS: Yes?

DC: I was. He yelled and screamed in the middle of the hallway at one of the nurses about not having the x-rays, or something, and where they were. He's a little bitty guy, was a neurosurgeon, and—but he was just obnoxious. And I remember looking down this long hallway and saying, "Okay, do I turn the corner and just go the other way, or do I go and

address it because his behavior is obnoxious." The poor nurse was a mess. She's standing in the middle of the hall surrounded by patients.

TS: How'd it turn out?

DC: It turned out that he'd never behave that way again in front of me, because I went down and got right in his face. Fortunately, I was about a foot and a half taller than he was, and said, "Do not ever talk to my nurses that way again. This was your fault," and explained—you know, I got all the information; got the accurate information. I said, "You are behaving in a way that's unbecoming an officer, and this is not your bailiwick. If you have a problem, call me. I will settle it, but don't ever scream and yell in front of patients like that again." And he was a screamer and yeller in general.

So, the commander, you know, called me in and, "What about this," and blah blah; he's important.

I said, "He behaved unprofessional. You know, behavior unbecoming of an officer. Don't talk to me about it. He was unprofessional." And he—I got no repercussions from that because what could he say? But—

TS: Insubordination?

DC: Yes. Well, no he was—you know, he's not insubordinate to me. I was—outranked him.

TS: Oh, I see.

DC: But, you know, in the hierarchy the doctor's always in charge.

TS: Right.

DC: But I thought about it, literally, as I'm walking down the hall, "What example do I need to leave for my nurses? How do I need—" I mean, I can't go down there and scream and yell. I need to be very much in control; very much use professional language, and you know, all of this. But he never ever yelled in front of me—and he worked in the ER. He'd be yelling and when I would come in—

TS: He'd stop?

DC: —he'd stop.

TS: Well, let me switch to a different topic that is, kind of—it's been in the news the last couple of years, that has to do with gays in the military, and they just repealed the "Don't Ask Don't Tell" just in the last—in the fall, I think, permanently.

DC: Right.

TS: What are your thoughts on that?

DC: Well, my experience over the last twenty-five years is there's always been gays in the military. I can truthfully say that anyone that ever worked for me, if I knew they were gay, my attitude has always been gay or straight don't bring it to work. I don't care what you do. Don't put yourself in a compromising position at work. You can do whatever you want on your own time. And that's for everybody, and I never ever had problems with that. I thought it was ridiculous because there's always been gays in the military; they fought for our country; they worked hard. All—Most other countries have gays in the military and not thought about it.

So, I mean, I'm glad that it's repealed, but the thousands of professional officers, especially during the war, many of them linguists, that were put out because they were gay. Just sad. And it, you know—but it's always—it's always an issue because you had to feel like you had to hide. You know, that you're certainly not going to talk about it; you're certainly going to lead a separate life. I mean, there are always stories of this one—you might hear something of someone; other place. I never personally had to deal with an issue with somebody—about somebody getting in a situation, but had far—I mean, I had to deal with lots of issues with inappropriate sergeants and young students and—you know, coming on to them and intimidating them, and sexual advances and all of that.

So, I—I'm very glad it's appealed [repealed]. I think it's inappropriate, and my experience had always been that most gay, at least officers I knew, I didn't know a lot of enlisted people that were, were always very professional and, you know, weren't bringing their stuff to work.

TS: Right.

DC: And so, I think it's appropriate these days. I'm gay. Had to figure that out; didn't know it very early in my career, so. One of the gay officers was actually stationed at the hospital that I was at in Vietnam, and the army went through a huge thing her—because she was an exemplary officer; they wanted to make her a commander of an area; she was a reservist; she worked at the VA; she was a mother, had four boys; every part of her life was wonderful. When she filled out the application, Grethe Cammermeyer, they said, I think—I don't know however it's worded, "Are you a homosexual?" And she just said,

"Yes," and it started a hullabaloo that went on for ages and ages, and they eventually retired her.

But lots of people I'm sure have had difficult moments because of it, and it's very unnecessary because—and I, you know—it shows you the prejudice with these people saying, "Oh, it's a security issue," you know. "People in the foxhole don't want—" if you ask the soldiers, they don't care. They want somebody who's got their back. You know? They don't care about what's going on with these people, but they use it. And if you can be open about your sexual preference, then it's not a security issue because everybody knows. So, I mean, the logic of it just makes us, as a service, look very unintelligent and ridiculous.

TS: Did you feel like you ever had to live double lives, or anything like that, with the hiding of it?

DC: I just was—led a very separate life. My personal life was my personal life.

TS: Didn't bring it up at all?

DC: No.

TS: Somebody said, "What'd you do this weekend?" or something like that?

DC: Oh, I would say I went here or went there. Many of my friends—close friends, might know, and you know, but didn't really discuss it with—in most circumstances.

TS: Right. Did you—Did you feel like you were a trailblazer?

DC: I did, sort of, with the command thing and with a lot of other things. I felt like I made a difference. Then of course, my near death stuff was like, "Oh my God," you know, "Here's this woman," and I was in a very visible position and I was putting it in all the courses; "You've got to know—" I mean, I was really passionate about it; still am. Every healthcare provider, and every teacher because children might ask you, and if you don't know about it or tell them they're making it up you've done a huge disservice for them.

TS: Did you—the talk now about women in the military, as far as putting women on submarines, you know, or—and the idea that—is there anything that you think that women should not be able to do in the military, or have an opportunity—

DC: Opportunity to do.

TS: Yes.

DC: You know, submarines; that might technically be such close quarters that—I don't know. I don't know enough about their mission in the submarine and the quarters that they have to live in; how that would effect—technically I don't think anything should beyond—you know, we have fighter pilots; we have helicopter pilots. If a woman wants to do something in the military I think they ought to be able to do it. We have women who have been killed; we have women who have been maimed and come home. I know that there was—one was a potential [W]NBA basketball player and she got an amputated arm; her life is going to be different forever.

I don't think anybody—I think the military in general has been unconscionable in this war. I don't think the war ever should have started. I—you know, this young guy that they just reported he died a couple weeks or something; fourteen tours in Iraq. That is just ridiculous. And, you know, nobody's the same after one tour in a combat situation. Two tours, three tours, you're going to have a very—and you wonder why you have all these suicides. The suicide rate is ridiculous, and all these abuse circumstances; with domestic abuse. And I don't think we've got the programs there to handle it. I don't think we've got the screening there to handle it, and so I've very concerned about that. Because, you know, it's a huge psychological factor. I remember my nephew going in to some, I don't know—one of the situations in Iraq, and I wrote him a letter because I said, "You're going to have to do things you have never seen, never thought about. This is not about you," I mean, I—he's a real tough guy outside but a very, very sensitive guy inside, and I knew this was going to—and I still think he's, you know, effected from it.

TS: Do you think there's anything that the civilians don't understand or have misperceptions about; about the army?

DC: Oh, I think there's a lot of things.

TS: Like what?

DC: Well, I don't think they understand the cost to an individual to go away; leave their family. The separation; what that does. The physical and financial cost of moving. You know, not always want to move and we had young kids in Germany that they brought their wives. They weren't eligible to bring their wives, so here they are with three kids and a wife in a German village. They get deployed and the wife doesn't even know how to use the check book. I mean, we ended up having to set up a whole social service for our soldiers that were deployed from Germany to the desert. I think there's a lot of things that the civilian folks don't understand about what they see, what they've had to do, and I don't know how you do understand it unless you've done something similar.

TS: Do you think your life is different because you joined the army?

DC: Absolutely. Absolutely. I mean, I have a great sense of patriotism still. Antiwar; don't like war; don't think we should be in this war, but I would consider myself a great patriot.

TS: What does patriotism mean to you?

DC: That you're going to support the—you know, that you're there to support these soldiers, not necessarily the leadership. They got there—they don't want to be there, some of them. Some of them do, but some of them with suffer great consequences for the—for being in that war. Although I've always said, I'll be right back there if they needed a nurse that could hobble around. Many times I've said—

TS: I don't doubt that for a second, Diane.

DC: I said, "I bet I could hobble around faster than some of them can work." And so, you know, I'm very supportive of the troops in whatever situation they're in. I don't always like the leadership and the choices they make about things. Unfortunately, right now I don't know what the answer is. It's so complicated, this—you know, we got shoved into this.

TS: "This" being?

DC: This war, and then trying to get out of it. Certain stuff happens and then you've got to take responsibility and do something about that. [coughs]

TS: Actually, I don't have any more formal questions, but is there anything we haven't talked about that you wanted to add?

DC: No, I can only say, I think, I'm very proud to be an army nurse. I think once a nurse, always a nurse. It changed my life, and I got lots of travel and experiences from that that certainly affected my life. I think all travel, all things—when I retired I went to work for a company that did technical smart card work, and I was, like, the second employee of this small company. One of the—one of the jobs we were handed was from the DOD [Department of Defense] to say, how do we get combat health information back to America on these [unclear]. Still doesn't happen. You know, they have this little slip of paper and it gets lost, and if you don't have documentation the VA gives you a hard time about benefits and all of that. We see what went on with Agent Orange, and now they're doing the same thing with, you know, Gulf War syndrome [chronic multisymptom

disorder affecting military veterans returning from the Persian Gulf War], or whatever they're calling it. So, we developed a computer chip that would go on your ID card, or on your dog tags. Then I helped develop the medical transfer of information that we would put on a computer; the technicians and programmers would program what I—"I want this to do this, and that to do—" and then we could document a combat injury in a little PDA, and this is fifteen years ago—in a PDA flying in a helicopter, and then we would take the card right to it, get to the next hospital, put the card in. It would show everything that we'd done; who this is, you know. Then we wrote more sophisticated stuff, and then we could dump it into CHCS, which is the military healthcare system. It was magnificent. Do you think they have that? We have computer chips on our ID cards that you could write stuff to, but the services couldn't agree what information went on the ID card, so it never—I mean, great lakes—we did a bunch of work for the training there. And certain pockets, they did it because it was part of our initial training and they still use it. But, I mean, it's an example of how bureaucracy—and we had a small little company that three or four—we had a bunch of programmers, but—and we had a ninety percent solution that they could use and they're still using little lips of paper.

TS: Oh geez. Well, I want to thank you so much for letting me come and chat with you today. It was a wonderful conversation.

DC: Anytime, and I'm happy if you get back and say, "Oh, I wish I had asked that. I wish—" Call me and I'll be happy to do whatever. And if you need anything for your oral history for, you know, your project—for your dissertation, I'm happy to help you.

TS: Oh, thanks. Thanks Diane. I appreciate it. I'm going to go ahead and shut it off now.

DC: Okay.

TS: Thank you again.

DC: You're welcome.

[End of Interview]