

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH CAPT (ret) MARIE BROUILLETTE, NC, USN

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26 May 2005
TELEPHONIC INTERVIEW

OFFICE OF MEDICAL HISTORY
BUREAU OF MEDICINE AND SURGERY
WASHINGTON, DC

**Telephone interview with CAPT Marie Joan Brouillette, NC, USN (Ret.)
CAPT Brouillette was on the staff of Station Hospital, Naval Support
Activity Danang, South Vietnam.**

Where are you from originally?

From Ipswich, MA, just a little north of Boston.

**I know where that is. I've enjoyed Ipswich clams there but I
can't recall the name of the place.**

The Clam Box.

That's it. Where did you go to nursing school?

Lynn Hospital School of Nursing in Lynn, MA.

Had you decided to be a nurse from an early age?

Yes I did. I remember the principal in high school trying to talk me into going to one of the colleges in Boston. But I wanted to be a nurse so I went to a 3-year school. The BS in nursing was not very popular back in the early '50s.

**At some point, you decided to join the Navy. How did that
happen?**

It was in 1958. Many of us stayed at Lynn Hospital as registered nurses. I was an operating room nurse at that time. About three or four of us decided to go see a recruiter. We went to the Air Force recruiter. The next thing we knew we were in the Air Force. So I spent from '59 until '64 with the Air Force Nurse Corps.

I got off active duty and spent about a year or so kicking around. I then decided to come back to the military. A friend of mine had the Navy recruiter over for dinner one evening, so that's how I ended up in the Navy.

How convenient.

I joined the Navy in the summer of '66 and was stationed in Portsmouth, VA. I was there several months when I heard they were looking for nurses for Vietnam. I thought that would be an exciting assignment and volunteered. I subsequently found out that 2,000 nurses volunteered and 18 were chosen.

What do you remember about arriving in Vietnam?

I remember it was a very long ride. It took more than 24 hours. We left from California, landed in Alaska, changed planes there, and went to Hawaii. We spent a few hours there and went on to Japan, then Okinawa. We finally arrived in Danang. It was a long time to be in dress blues--skirt not slacks--and heels. We were absolutely

exhausted when we finally landed.

I remember that landing. I looked out the cabin window and saw the light produced by gunfire. The landing was a quick steep descent into Danang to avoid any enemy ground fire. We were transported in a Navy carry-all from the Air Force base to our quarters at the Naval Hospital compound which was directly across the north-south highway from the Marine Air Base. We were situated just south of Marble Mountain. The Marine air base was adjacent to the China Sea. There was a Seabee base that bordered our north and south perimeters. The Seabees were the folks that manned the guard towers on the unprotected side of our compound.

What did NSA Danang hospital look like?

The hospital was made up of several groupings of mainly Quonset huts connected by cement walkways. The land was slightly hilly and consisted of white beach sand. There was no vegetation. Some of the walkways, the ones connecting the patient areas, had a wooden roof to protect the patients that were being transported by gurney. The casualty receiving area (triage) was adjacent to a small landing strip. It consisted of one Quonset hut and an open area with a cement floor and tin roof. The Pre-op building and x-ray hut were side by side, just up from the receiving area. Next to them was the lower OR hut that contained two operating rooms, the Central Supply half hut, and the upper OR hut that also contained two operating rooms. (The two OR huts and the CSR were in the shape of an "H.")

Did you know what your job was going to be before you got there or did you find out once you arrived?

Not exactly. Prior to deployment, all 18 nurses were ordered to Washington for a few days of orientation. All I remember from those days were discussions concerning the Vietnamese culture. We were briefed on what would be available on the base to satisfy our needs and wants and how to prepare for possible POW status. We did not discuss any of the nursing or medical aspects we might face. It was determined that we would be divided into three groups consisting of four nurses in the first, six in the second, and 8 in the third group because of the fear of losing 18 nurses should the plane go down.

Our Chief Nurse had arrived with three other nurses a couple of days ahead of my group's arrival in-country. It was determined that the 10 of us would search the place for cleaning materials and proceed to get things cleaned up. That took a couple of days. Then we went to take charge of patient care. I was the nurse who had extensive operating room experience so I was assigned to the ORs along with [LCDR] Ruth Morlock, who had some OR training. Nurses with ICU

experience took that over.

When the third group arrived they were assigned to the surgical, medical, and POW wards. On the third day in-country, the sirens went off around midnight. We dressed and ran to the bunker. After the all clear, we returned to our rooms and soon after that, the Chief Nurse told me the Chief Surgeon had called and asked if the OR nurses could come to the triage area to provide assistance. He sent a jeep to pick us up and transport us to the receiving area.

It was pitch-black except for the lights of the open receiving area that was full of casualties lying on stretchers placed on saw horses with IVs hung from a horizontal metal pipe suspended from the ceiling over our heads. There were probably 70 patients out there. Ruth and I proceeded to the pre-op area and ORs to determine the status of things. We decided to split up. She took the upper OR hut and I took the lower one so I could keep in communication with the triage officer.

It was close to midnight when we completed the treatment of the last casualty. I believe we did 112 cases. Ruth and I walked slowly to our quarters bone-tired and in complete silence. We were both in our own way processing the experience of the past 24 hours.

I have a photograph of you dating back to 1968. There's a patient on a gurney and you look like you're outside under a covered walkway. There's a LT [Larry] Bergman, a nurse anesthetist, helping you wheel the gurney.

The patients were transferred onto a gurney upon leaving the triage area and the cement made it very easy to push the gurneys. That saved labor and time because of the need of only one person to transfer a patient. That particular patient was being transferred from the pre-op area to the OR that had been prepared for him. I was with LT Bergman, who would be administering the anesthesia, to assist him in lifting the patient onto the OR table in that OR we were about to enter. I happened to be going by and stopped to give him a hand.

When these patients came in from the helicopters on those stretchers, they must have been in pretty filthy condition.

When the choppers landed, the stretcher bearers would run out to the chopper and deplane the patients and place their stretchers on two saw horses. Each bay had a team assigned and would immediately begin to remove ammunition, boots and clothes, and begin an IV line on each side of the patient's neck. A patient admission chart was initiated and blood was sent to the lab for readings. The triage officer was assessing the needs, treatment was begun, and the patient transferred to x-ray, and then on to the pre-op area for further

treatment and preparation for surgery. If required, the patient would have a chest tube placed, a Foley catheter inserted, and blood started. While these other procedures were being accomplished, the patient was cleaned up as best as could be in the time we had to work on him prior to his transfer to an OR.

It was not unusual for this type of patient to be on an operating room table within 15 minutes after being removed from the chopper. He had received a total evaluation from the triage surgeon, blood work, blood transfusions ready, complete x-rays, the appropriate surgical team or teams notified, and the OR and anesthesia team ready to receive that patient. When a patient had injuries to his head and chest or abdomen and or needed a limb or two taken care of, all three specialty teams would work simultaneously.

Sometime in the spring of '68, we were able to rig a table very similar to one used by a pathologist in a morgue today. We rigged a shower type hose over the table and were able to clean up many patients quickly and safely. We were able to shave some minutes from the time needed in pre-op and the OR. A lot depended on how critical the patient was, the time we had, and the ability of the patient to tolerate some of the procedures we wanted to do. So sometimes a patient went into the operating room not as clean as we would have wished.

Because time was of the essence.

Yes. That was vital. That's why we were able to save so many of these guys. The choppers got them to us very quickly and they were in an operating room very quickly.

You mentioned a head injury. You had a neurosurgeon on the staff?

Oh, yes. We had two and sometimes three.

I understand from previous interviews that these were really the cream of the crop, surgeons with a lot of experience from the civilian world.

If I remember correctly, the Chief of Surgery at Danang was a senior surgeon I worked with in the operating rooms at the Naval Hospital in Portsmouth, VA. He left for Danang about a month or two before I got my orders. He was very happy to see our arrival. Every general surgeon, orthopedic surgeon, neurosurgeon, and ENT surgeon were all experienced in their given fields. They were all in the Navy. I don't remember if they were all Navy trained or had some civilian experience.

A team of researchers arrived sometime during my year to study our processes and procedures for treating casualties. They even pitched in and helped where they could when we were receiving heavy

loads of casualties. I believe a lot of today's trauma treatment in our country's emergency rooms had its birth in NSA Danang.

If they could handle the kind of trauma you were seeing at NSA, you could handle anything.

Absolutely. I don't think some of the stuff we saw in Vietnam would be seen outside a war zone.

A few moments ago, you mentioned Tet. Obviously, things picked up a great deal. Do you remember that period very well?

You bet your boots I do. About a month into my tour of duty, all the nurses went to 12 on/12 off with 2 days off a month. The day off was used to transfer from day to night or vice versa. We also got two R&R trips out of country during our year. I think they lasted 4 or 5 days.

When Tet hit, Ruth, the other trained OR nurse, was on R&R. So that left Marge [LCDR Marjorie Warren] and I to cover the pre-op, four ORs, and Central Supply areas. I was on the day shift and sound asleep in my quarters when the sirens went off. Machine gun fire and rockets began falling close to us. We all had a gurney pad, blankets, and pillow under our beds so that when the sirens went off, we dove under our beds for protection. I was under my bed up against the 3-foot-high cement wall the Quonset hut sat on. The fighting continued for hours and increased in intensity. Planes were flying very low over the quarters. I thought my life was coming to an end. I think I damaged the concrete with my hands. I was so scared.

We had no communication as to what was going on. There was no way of telling what was friendly fire or enemy fire. It was very, very noisy, especially when the planes were over our quarters. It seemed like this went on for 4 or 5 hours.

At dawn, the all clear sounded and we were all anxious to get to our work areas. The air outside the nurses' quarters was heavy with the clouds and odor of gunpowder. There were a few dead VC near the fence line approximately 10 or 15 yards from us. We later found that the VC were attempting to overrun our compound to reach the Marine air base.

I found some patients being processed to go into surgery. There was a steady inflow of casualties but manageable during the first day. However that changed later that day and continued to be very heavy for a number of days and nights. When Marge came back for her night shift, I asked her to concentrate on the Central Supply portion of our job as the wards and the receiving area and ORs were running low on sterile supplies. We both managed a couple of hours of sleep every now and then until the flow of casualties slowed.

At the time of Tet, we had four ORs that had been in service.

We also had two "MASH Units." They were small metal box shaped units that were totally unsatisfactory and had never been used. It was impossible to perform the type of surgeries needed at NSA Danang. We pressed them into service controlling the type of surgery the patient needed. However, even if the patient required simple abdominal surgery, the anesthesiologist and his equipment could not fit into the unit and he was set up outside the door of the unit. We attempted to funnel patients with wounds that could be handled with a spinal or blocks into those two ORs.

Tet demonstrated that we needed to increase our capacity to handle casualties. The Seabees told me they could get steam from the laundry area of the base to the Central Supply hut. The supply officer ordered a sterilizer sent over from the States. These two additions allowed us to greatly increase our ability to sterilize needed supplies. We had two sterilizers but with every three runs, they had to be off line for an hour and a half so its water tank could produce steam. So a third sterilizer and direct steam greatly improved the time and amount for processing needed supplies. (There was no such thing as disposable linen packs in the '60s.)

The Seabees came to me and asked if I could use a "Butler building." After receiving the dimensions of the building, I provided them with a list of what would be needed to turn it into functioning housing for operating rooms. They told me they could get most of the things and offered substitutions which were satisfactory. I gave them some drawings for four separate operating rooms with a central area for sterile supplies and a scrub sink. The scrub sink was the most difficult piece of equipment to get. So some Seabees found a long metal trough somewhere in the countryside. With a little welding, that ended up as the scrub sink for the surgical teams.

The addition of four ORs to the six we had nearly doubled our capabilities. The MASH units were seldom used for reasons I have stated. We now had eight full functioning operating rooms and two MASH units for relatively minor surgeries.

After Tet, four nurses arrived on 48 hours' notice to help us. One of the four was an experienced OR nurse and was assigned to help us. Needless to say, she was a welcome sight.

How did you have meals?

The Tet offensive was the first time we received so many casualties over an extended period of time. However, there were many more days and nights that stressed our capabilities as the fighting was apparently increasing. I have never seen such teamwork before my tour in Vietnam or since. There were no territorial limits. Everyone assigned to NSA Danang was an equal part of the team with

the same goal. Everyone did what they could when they could whether they had any medical training or not.

For example, the cooks would keep track of the needs of the personnel in the receiving, x-ray, pre-op, and OR areas. During very busy times they would come to the pre-op area which was centrally located with a meal wagon designed to transport hot food. They would serve staff members the appropriate meals given the time of day as they were able to break for 5 or 10 minutes between patients. They provided milk shakes so we could feed the surgical teams at the operating table.

On Sundays, the chaplain would come to the patient areas with their sandwich boards letting us know the time of services in the chapel. Sunday was also the day we got steak from the barbecue and vanilla ice cream. Also the day to take the weekly malaria medication that was in bottles at the table. This somewhat provided some stability and servility to life. The laundry personnel worked day and night to keep clean linen coming to CSR so we could keep up with the need for sterile supplies and OR packs. It was this total dedication to the goal of saving as many lives and limbs as humanly possible by all staff members that made the goal achievable.

You were working almost 24 hours a day.

There was no clock as long as the patient care needs were there. A team would go 24, 36, or 48 hours if needed. We used common sense and allowed staff who could go no longer some time to rest. Somehow we managed. No one ever complained.

You folks must have been treating more patients than any other place in the world at that time.

If I remember correctly, we processed over 8,000 patients in the ORs and completed over 12,000 procedures on these same patients. For example, one patient might have needed a limb amputated and his belly opened to have bowel surgery and a craniotomy for a head injury. These three procedures would be done by a general surgeon assisted by an OR tech, an orthopedic surgeon, an OR tech, a neurosurgeon along with a tech, all working at the same time. This method-- simultaneous treatment--had two advantages. First, the patient was under anesthesia for much less time which helped in his recovery. Secondly, the patient tied up the OR for about 1 hour versus the usual 4 hours if the three teams had worked sequentially.

So they were all concentrating on their own specialty.

That's correct.

Do you remember any particular patient above all the others?

Yes. It's strange. When I was at Portsmouth, there were a couple of nurses there who had been in Saigon back in the early '60s.

Tweedie Searcy and Bobbi Hovis.

Yes.

They're good friends of mine.

They're good friends of mine.

How do you like that!

Anyway, Bobbi and Tweedie gave me and Ruth a going away party. And they said, "There's going to be a time where one patient is going to get through your defenses." And I thought of that a lot and I was doing pretty well, even through Tet. I don't know when it was--maybe a couple of months after Tet--when a patient was brought in. I was at lunch with the triage officer and we heard the chopper come in. And then his beeper went off indicating that he was needed immediately. So we both went down to the triage area and this patient was... the worst one I ever saw. He had brains coming out of his head. He had one leg blown off at the hip. The other was mid-thigh. His belly was wide open. One arm was off at the shoulder joint and the other was off at the elbow. His eyeballs were laying on his cheek. His jaw was missing. And he kept saying, "Please; I'm not dead. Help me."

He was one of the ones we went through very quickly to get him to the operating room. Even up until the time he was put under anesthesia, he kept saying, "Please save me. Please save me."

Well, we got him off the operating table but he didn't last very long afterwards so we were unable to save him.

But you tried your best.

That patient got to both the triage surgeon and myself. I think we both went back to our quarters and that was it. I just couldn't take anything for the next 18 hours or so. We had to go and build up our defenses again before we could come back out.

So that's the patient I remember the most. It's amazing, first of all, that someone prior to him, didn't get through my defenses. To this day it's still very emotional for me.

Despite the horrible things you were seeing every day, you were still able to maintain your defenses and function as a nurse?

When I think back to it, it was the most rewarding year of my life, professionally. I think I made a difference with a lot of patients being able to speed things up so that we could save more. With my training, everything all came together and that's what kept

me going. "I've gotta get things working right and we've gotta save these people." I didn't get emotionally involved with any of the patients. Each was a casualty we had to save. And that was it. I wasn't thinking of the person, his family, or anything else. You can't do that and remain sane.

I guess no one ever realizes what kinds of resources they have until they're faced with something like that. How long were you in Vietnam?

One full year.

When did you leave?

In August of '68.

Do you remember the departure?

Oh, yes. I said to someone. "I think they ought to put us on Valium or something the last month we're here." We used to see so many casualties come in who were in their last month of their year of duty. Everybody is looking forward to it. "I've made it 10 months." Or "I've made it 11 months. Please, dear Lord, save me so I can get home."

It happened with us, too. You really got nervous and just couldn't wait for that month to go by. I remember the road trip to get from the hospital compound to the Danang Air Base; we were just scared to death that the carry-all we were riding in would run over a mine. We boarded the plane, still worried that rockets could come in and kill us. Once the plane was off the ground, we breathed a sigh of relief. We were on our way home.

What was the homecoming like?

We landed at March Air Force Base in dress blues. They gave me a terrible time at Customs because of this machine I had. It was a Waterpik to keep my gums from being damaged. I don't know what he thought it was. I told him I had bought it in the States and was just bringing it back with me. He kept me for 20 minutes or so. Here I was coming straight out of a combat zone and he's worried about a Waterpik.

Anyway, I got to LAX. While I was waiting for my flight to Boston, twice someone came up and spit on me. I could not believe it. When we were over there, we had heard that there was a lot of antiwar stuff going on back here in the States. In fact, one night after 26 hours of work, some of the new OR technicians who had just arrived were very concerned as to why we were there. It was the philosophy of the war in general.

They were concerned because they saw all these casualties and,

of course, they were fresh from the States. And they knew what was going on back there. I didn't know about all the antiwar stuff. I was the senior officer present when all this was going on, and all I could tell them was, "We're not here taking part in a war. We're here to take care of the casualties from this war. Our concern is to save the people who are here. They're injured and our job is to get them back to their families."

And then to arrive home and get spit on . . . even before I arrived all the way home. I became very concerned about the antiwar protests. I don't watch CBS News to this day because of Walter Cronkite. It's strange. One of the CBS news reporters had been injured and we operated on him. He was on one of our recovery wards when we caught some incoming rockets, and he was re-injured by flying shrapnel because they hit close enough to that particular building. You never heard Cronkite saying anything about our hospitals being hit. It was just our jets that were going over Hanoi and supposedly bombing their hospitals. Nothing was ever mentioned in the U.S. press about the Viet Cong hitting us. We took incoming rockets many, many times.

What kind of reception did you get when you arrived in Boston?

Just my family--my mother, dad, and brothers welcomed me home.

Did you have any trouble making the transition and getting back into a routine?

It was kind of boring. I remember being very sensitive to loud noises like the backfire of a car. I'd have a tendency to dive under my desk or something. Probably, to this day, I'm still a little jittery when there's an unexpected noise.

Where were you assigned after you got back?

Chelsea Naval Hospital. From there, I applied to go to school--Duty Under Instruction. I went to the University of Virginia. That was the best thing I could do--getting away from hospitals altogether.

Where did you go after you finished the training?

What training? I went there to get my bachelor's degree. After that, I was assigned to Millington, TN, to run the operating rooms, and then moved on to Bethesda to run the operating rooms there. They knew I could handle the job

When did you retire?

I retired after 25 years in August of '84. At the time, I was the Director of Nursing Services at Camp Pendleton.

What did you do after you retired from the Navy?

I retired. That was it. I took up golf and a few things like that.

It's been 37 years since you were in Vietnam. Do you think about it much anymore?

I think of all the lives that were lost. It's sad. I don't think Vietnam ever left me. Shortly after I retired, someone from a TV station called and wanted to discuss Vietnam with me. I recall that I was very short with her. I said, "I just can't turn that on and off so easily." I guess I just didn't want to deal with it. It was still pretty raw for me and never far away from me.

Is Vietnam still a major part of your life in 2005?

I don't think of it every single day. It all depends on what's in the news. I'm sure you can tell by my emotions that things can still be pretty raw. I don't actively think about it. It all depends on what's going on.

I want to thank you very much for spending time with me this afternoon.

Addendum

I would like to elaborate on the bed under a bed that was mentioned earlier. When we arrived at the hospital compound, we were shown the command bunker that was our destination for cover when the sirens warned of incoming fire. We were instructed to have a pair of shorts or slacks and a sweat shirt on the foot of our bed so that we could quickly change from PJs to the above mentioned clothes and run across the beach to the bunker situated about 20 yards from the quarters. We were not issued flak jackets or helmets; we were not supposed to be in harm's way.

We felt very vulnerable running to the bunker without our protection. After the third trip to the bunker, we asked if we could stay in our quarters under our beds against the cement wall. The CO agreed and that became our routine. We all spent many hours sleeping under our beds.

The other story of interest is our welcome or lack of it to Naval Hospital Danang. There were two staff members who were happy to see the nurses arrive--the chief surgeon whom I had worked with in the operating rooms at the Naval Hospital in Portsmouth, VA, and the base chaplain.

The atmosphere we encountered was somewhat hostile for several

weeks. I felt the hostility was a double-headed monster. The staff knew that there would be changes involved in accomplishing the mission of the hospital. I can best describe the atmosphere as, "Oh, Mom's coming."

The Chief Nurse tasked us with making the patients feel like they were in a hospital with a professional environment away from a combat zone. She decided that we would wear starched white nurses' uniform dresses as all Navy nurses wear in naval hospitals in the States. She thought this would be a great morale booster for the patients. The OR nurses wore green scrub dresses.

So, our task of changing the atmosphere was, I believe, the second head of the monster. Their male egos were somewhat diminished because we were successful in lifting the perception of a combat hospital in the middle of a war zone.