Interview with CAPT Miki Iwata, NC, USN (Ret.), formerly of the hospital ship USS Sanctuary (AH-17) during the Vietnam War.

Where are you from?
I was born in Montebello, CA, just outside of LA. And I won’t tell you the date.

When did you decide you wanted to be a nurse?
I decided to be a nurse when I was in high school. My sister went into nursing. In those days, my parents weren’t making a lot of money and had five children. We all wanted to go to college or some kind of school. So nursing was the only possibility because of the scholarships. So I got a scholarship.

Where did you go to nursing school?
Presbyterian Hospital in Philadelphia. I was raised in southern New Jersey in a town called Seabrook Farms.

So you moved from California to New Jersey.
My family was interned for 2 ½ years during World War II. We were in camp in Poston [AZ]. After the war was over and they let us go, we moved to Long Island then New Jersey. We went to a town called Seabrook. Seabrook Farms was a large frozen food packing company that was hiring people for their frozen food plants. About 10,000 Japanese went to Seabrook to find jobs and that’s where we moved and were raised. So I went to high school there, then went to school on a scholarship to Presbyterian Hospital School of Nursing in Philadelphia.

When did you decide to join the Navy?
Becky Kanalz Gutierrez was a Navy nurse who had just gotten out. She said, “Miki, you’d just love the Navy.” And she told us about all the places she went and all the neat guys she met. And how much fun it was. We thought that sounded like a good deal so about six of us left the intensive care unit at Presbyterian Hospital and joined the Navy.

Where did they send you?
Initially, we went to Newport to get training and then I went to Naval Hospital Portsmouth, VA, as my first duty station. That’s where I met Bobbi Hovis and Tweedie Searcy, two special Navy nurses whose friendship I cherish to this day.

What do you remember about that assignment?
What I really wanted to do when I came in the Navy was to go
on a hospital ship. And the detailer said, “You can’t go on the hospital ship unless you have some stateside duty. So when the year was up, they were looking for nurses for the hospital ship and we made it known that we would like to go on the hospital ship, so that’s what happened.

When you say “we,” how many nurses are you talking about?
There were six of us at Portsmouth from Philadelphia who volunteered. One went to the USS Repose; one went to the USS Sanctuary. The four others served their 2 years and got out. We wanted to help our country but also because we thought it was unusual duty and it would be a good experience.

You are the one who went to the Sanctuary. I’ve talked to many nurses over the years and they all say that the assignment every nurse wanted more than anything else was a hospital ship. How did you feel about it?
I loved it. It was one of the best duties I ever had. You really worked hard. You played hard, and you used the things you were taught and worked with wonderful people.

Do you remember the day you reported to the Sanctuary? What did you think when you saw that ship for the first time?
I reported with another nurse, Valerie Vitulli Newman. When we reported aboard, we were put in the SOQ [sick officer’s quarters] because there wasn’t enough room in the nurse’s quarters. We had relieved somebody and they hadn’t yet left. We did not have hot water in the SOQ so we were taking ice-cold showers. The plumbing wasn’t quite up to snuff either. When you flushed the toilet, it wouldn’t flush. But we knew we were in a war zone and it wasn’t going to be perfect.

When we were at supper telling the rest of the nurses about our cold showers, they said, “Why are you doing that? We’ve got hot water on the ship.” It just so happened that the pipes in that particular room didn’t have hot water—just us on the whole ship.

Did you report to the ship in Vietnam?
Yes.

How did you get over there?
We flew over from Travis Air Force Base in California and met the ship in Danang.

Where were you assigned on the ship?
Initially I was on the medical ward and took care of malaria
patients. They were there in large numbers. When they medevaced people to the ship, they didn’t medevac one or two people. They medevaced 50 or 100 either in boats or by helo. When you admitted somebody, you had to have the capacity to admit them or discharge them quickly.

The beds were not cold for very long. They were warm beds because someone had just occupied them. In other words, if you had just come in and were very sick, you’d get on the bottom rack. Then if you get better or somebody comes in that’s sicker than you, then you go to the next level. The racks were four high. If you were up there on the fourth level, that was pretty high. And you had to be pretty well to get up there. If you were too good, you were off the ship.

Who was your skipper at that time?
CAPT John L. Neff, USN, was the CO of the ship and CAPT Donald Robinson and later CAPT [Willard] Arentzen was CO of the hospital. CAPT Robinson was transferred a few months after we arrived. So I wasn’t well acquainted with him. CAPT Arentzen was a wonderful CO. He loved Navy nurses and had a high regard for us and the patients so we had a high regard for him.

How did you take care of malaria patients?
They mostly ran very high fevers. We had to give them their malaria medication. And when you gave it to a large number of people, you really had to be organized and the patients had to be identified properly. One of the problems people in-country had was that some of the soldiers didn’t take their malaria pills so they could be medevaced or transferred out of the combat zone.

Where did you work after the malaria ward?
The second 6 months I worked in the intensive care unit and that was quite an experience. The patients we got had multiple injuries. They had head injuries, orthopedic surgical problems--all in one. They had cranial injuries, broken arms, gunshot wounds, belly wounds. They might have big holes in their backs or their buttocks or both. These wounds had to be packed, cleaned, and dressed. It was labor-intensive and took a lot of people to care for one patient.

Do you remember any patients in particular?
Yes, I do. I remember several of them. I have difficulty going to the Vietnam Wall because I see their names and remember what a tough fight they had to stay alive.

The ones you couldn’t save. Do you ever think about the ones
you did?
No, because we don’t know what happened to the ones that left. When I went back for the dedication of the Vietnam Women’s Memorial in November ’93, a lot of them came and thanked us. That was special.

When did you leave the ship?
In January ’69.

Where did you go after you left the ship?
I went to the Naval Hospital at Annapolis for a year and worked as a general duty nurse. Then I got orders to school--Duty Under Instruction. I went to the University of Pennsylvania to get my bachelors in nursing in Philadelphia. I was at Penn for 2 years (1970-72).

Where did you go after graduation?
I went to Naval Hospital Chelsea in Boston, which was another wonderful duty station. It was a very small place but we saw a lot of patients. I was head of the intensive care unit there.

It sounds like you were getting type cast.
Yes. I came into the Navy as a trained coronary care nurse when there were no coronary care units in the Navy. So when I first came to Portsmouth in ’66, two of us--Janice Lufkin and I--came from the CCU at Presbyterian Hospital in Philadelphia, which was one of the first three CCUs in the U.S. at that time. We were both assigned to set up a unit at Portsmouth.

Just as I was leaving Chelsea, they built a new CCU with a lot of monitors and really modern equipment. Monitoring was the big thing. But they closed the hospital and we had hardly had an opportunity to use this new equipment. Chelsea did a lot of thoracic surgery--a lot of big stuff for such a little hospital.

The frozen blood program was there at Chelsea.
Yes. And that was fantastic. We never had a reaction from a blood transfusion. They froze the blood and gave it. It was an experimental unit.

I was there when the POWs were released. That was interesting. We socialized with the POWs after they came back. Some of them had very sad stories because their families disintegrated. Some were either divorced and others had personal problems.

Did you have any of them as your patients?
No. They were sequestered on a special ward.
Because the war was still going on, I know there were tensions with the civilian community. Some folks have told me that when they were off duty and went downtown, they didn’t wear their uniforms. Did you have that experience?

When I came back from Vietnam, I really didn’t like to let people know that I was in the Navy because a lot of people had very negative feelings. But, for the most part, I didn’t have any antagonism directed at me. But you could tell that the country was not pro-Vietnam War. I feel badly for the soldiers in Iraq because I know what it feels like to be in-country and have people demonstrating against what our government is doing. We were just doing what our country needed us to do. Most of us didn’t have strong feelings one way or another.

When you came back from Vietnam, it was probably a sudden homecoming. One day you’re in-country, in a war zone. Then you get on an airplane and you fly back to the States. And the next day you’re in a shopping center. Did you have problem coming back with no decompression time in between?

No, I can’t say I did except that was the year the Afros were popular. When I saw the first person with an Afro—a child—and thought “how cute.” But I wondered what it was. Then I looked around and saw a lot of people with Afros so I figured it was the new style. We had not been exposed to that particular look and it surprised me. When I was overseas, I craved McDonald’s french fries. It’s crazy but you miss the funniest things.

Where did you go from Chelsea?

I went to the intensive care unit at Naval Hospital Charleston. I was there as head nurse for about 6 months when I was offered orders to San Diego to attend the nurse practitioner’s course. I was in the second class of nurse practitioners but the first Navy practitioner class in collaboration with UCSD. It was a wonderful experience.

What was this new concept of being a nurse practitioner?

At the time we started, nobody actually knew what a nurse practitioner did or what they were capable of doing. They had to teach us to stop thinking like a nurse. We had been task-oriented. Now we were the ones to order the tasks and get out of the habit of doing the tasks. When we first became nurse practitioners, we did what nurses do which was clean up and set up the room for the doctor and whatever. Now, all of a sudden, we were the ones who are in the doctor’s role looking at the patient. We needed help from the nurse to do our job or we’d be doing two jobs.
What’s the nurse practitioner philosophy?
We take the whole person—emotionally, psychologically, as well as physically—and try to treat the whole person.

When your training was over, where did you go?
I went to Naval Hospital Memphis and worked in the family practice clinic there for 2 ½ or 3 years.

This was quite a change. You had been in ICUs all over the place and now you were in a different field. What was that transition like?
It wasn’t difficult. The ICU is intense and as you get older you want to use that experience. As a nurse practitioner, I used a lot of the skills I learned as an intensive care nurse and as a general ward duty nurse.

But we still were learning what the role was. And it was whatever you wanted it to be. We had to be careful though because we were setting the precedent for those that followed.

Where did you go after Memphis?
Naval Hospital Annapolis. That was a fun duty station with the midshipmen and women. Then I went to Naval Hospital Orlando. Following that assignment, they needed someone to go to Guantanamo Bay, Cuba. I was there 18 months.

I understand you were then assigned to a ship and not a hospital ship.
I got orders on the USS Yosemite (AD-19) from Naval Hospital Pensacola. I was supposed to go back to Orlando from Pensacola. The detailer was looking for a nurse practitioner to go on a ship. I said, “I want to go on a ship.” CAPT Glenda Dunn, who was right before me on the Yosemite, told me I’d like the duty so I put in for it and was assigned, even though I was senior to the commanding officer. I was a captain then.

Was that duty different from anything you had before?
It was totally different. I learned to be a Navy officer, not only a Navy Nurse Corps officer. I managed to earn my surface warfare medical officer pin. That’s a proud accomplishment for me.

What did you have to do to earn it?
A lot. I had to study every department on the ship. I had to do engineering watches in the engine room; I had to do watches on the deck. I was all over the ship. I learned the gas alarm system, the fire alarm system, watertight integrity, learn the flags, how
the ship is named—everything about the ship. I had to go before a board of the engineering officer, the deck officer, and the XO. They could ask you any question they wanted. It was a real learning experience. Our commanding officer, CAPT Charles M. Tuck, encouraged every officer to become surface warfare qualified. He would let me maneuver the ship during man overboard drills. I always wanted to say, “This is CAPT Iwata and I have the con.” It was a wonderful experience.

Where did you go from there?
I was on the ship from ’91–’93. I then went to Naval Hospital Orlando in October ’93. They closed the hospital in June of ’95.

There seems to be a pattern here—ICUs and closing hospitals.

When did you retire?
I retired in June of ’95. I had a wonderful career.

How many years did you have altogether?
Twenty-nine wonderful years.

Do you think about your career in the Navy Nurse Corps much anymore?
I do think about it in the sense that they were all good memories and have lots of Nurse Corps friends I stay in contact with. But I wouldn’t say I miss it. But when I come to the reunions, I get to hear and tell all the sea stories with all my friends and it does bring back good memories. Navy nurses enjoy a special camaraderie.

If you had it to do all over again, would you do it?
Absolutely. Joining the Navy was one of the best decisions I ever made.

That last line is a good recruiting line. Thank you very much for spending time with us this afternoon.
It was my pleasure.