

**Helen Ann Vartigian
Veteran**

**Michael Russert and Wayne Clark
Interviewers**

**Home Interview on June 27, 2007
Cohoes, New York**

Q: Could you give me your full name, date and place of birth please?

HAV: Helen Ann Vartigian, V A R T I G I A N. My date of birth was July 6, 1941. My place of birth was Saint Mary's Hospital, Troy, New York.

Q: What was your educational background prior to entering the service?

HAV: I had a Bachelor's Degree in School Nurse Teacher Education from SUNY Plattsburgh (State University of New York).

Q: Obviously, you volunteered, why did you decide to enlist and why did you select the Army?

HAV: Well, I think there was a lot of stuff on the news and in the newspapers; but as I have told a lot of people I was part of the Kennedy era where we said "ask not what your country can do for you, ask what you can do for your country." Friends of mine entered the Peace Corps, some went down south to help Black Americans register to vote and I joined the Army Nurse Corps. I joined in May of 1966 and went to Fort Sam Houston, Texas for a six week orientation. From there I went to Fitzsimons Army Medical Center in Denver, Colorado.

Q: How long were you there?

HAV: I was there from July of 1966 through November of 1966. On Labor Day weekend in 1966, I volunteered to go to Vietnam.

Q: What did you do at Fitzsimons?

HAV: I was a staff nurse on an orthopedic ward. It was a sixty-bed ward and most of our patients were returnees from Vietnam, so needless to say we were very busy.

Q: You were commissioned as a Second Lieutenant?

HAV: No, a First Lieutenant because I had been out of school for three years and had a Bachelor's Degree.

Q: What was the care like at Fitzsimons?

HAV: I thought it was wonderful. We worked our Fannies off, but those patients received beautiful care. Unlike today when some of them have to keep returning for additional operations, if we were able to, we had these back buildings where the patients could come, keep clinic appointments, and all that sort of stuff. They were staffed with one or two people because these patients, for the most part, were ambulatory. Even though they were Quonset-type buildings, they were in excellent shape. We were able to monitor these patients, they were not caught between the cracks. They were not released from the Army quickly. They stayed in a military setting until basically they could function on their own and most of the work was completed.

Q: Why did you decide to volunteer to go to Vietnam?

HAV: Because it was the thing to do and something I wanted to do.

Q: Did any of your friends or people you worked with volunteer to go at the same time?

HAV: There were a couple of people I worked with that went with me to Vietnam. We left a few days after Thanksgiving in 1966. In San Francisco I got in the day before and met a friend who was stationed at Fort Ord, which is on the Monterey Peninsula, and I stayed overnight at her house. We had to report the next day at San Francisco International Airport. Then I met two people I knew from Fitzsimons. It turned out I was assigned to the 12th Evac (Evacuation Hospital) which was a new hospital. By new, I don't mean newly established. The 12th was used in Korea and in World War II, but it had not been to Vietnam yet. When we got there, there were about thirty of us on that plane.

We did not know one another except for the three of us. When we got there, the hospital was not open yet. The 7th Surge (Surgical Hospital) was open, a smaller hospital which closed after we got started. We were in a three hundred-bed hospital.

Q: This was a new facility?

HAV: Right. It was Quonset buildings that had the capability of holding three hundred patients, but when we first got there, there were things that were not completed. So went spent the time painting the wards or getting shelving put in for the supplies, getting those supplies for the wards. Our hospital officially opened, I think, Christmas Day 1966. Things were quiet for the most part until the first weeks of January 1967 and then we had our first mass casualty of probably two hundred patients or more. We were in the base camp of the 25th Infantry Division and we supported them medically. We came under, I think it was the 44th Medical Brigade, which all the hospitals in Vietnam came under. During this mass casualty, the O.R. (Operating Room) Staff worked about seventy-two hours and the rest of us worked twelve to sixteen hours. But everyone ran to the Emergency Room, which was not a good idea. The doctors tried to save everyone so we did not have a true triage that first time. As I said, we tried to save everyone so nobody was placed in the expectant category. By expectant I mean they were going to die and all they needed was medication to keep them pain-free, and maybe somebody to be with them when they passed. Instead, we did try and save everyone.

To the best of my knowledge, while I was there, there were three campaigns and I don't know which one came first that we supported. There was Operation Cedar Falls, Operation Junction City, and Operation Manhattan. This was probably from fighting outside our perimeter. There was no such thing as a front line. According to World War II and Korea where there were front lines, Vietnam was different. In World War II and Korea, the hospitals closest to the front lines were surgical hospitals. They held a smaller number of people, who were then sent to an evacuation hospital. But because there was no front line, and because the helicopter was available, we got them from the most part directly from the field. So even though we were an evacuation hospital, we called ourselves a super-surge hospital because I would say ninety to ninety-five percent of our patients came directly from the field.

Q: How many were there in your unit?

HAV: When we first started, I would say nurse-wise, there were probably about thirty. Corpsman, I guess I want to say about ninety and I'm not sure how many physicians there were maybe ten or twelve initially.

Q: What was the equipment like? I know you mentioned here in the form, something about a lot of the early items were World War II equipment.

HAV: All right, we had things like glass syringes, and we had no intercast.

Q: What do you mean by that?

HAV: It is a type of needle in which was a piece of plastic that slides through the needle then you remove the needle. It was for IV (Intravenous) therapy and it allows you to keep the IV in place without having to change it for a couple of days. It also lessens the chance of it coming out of the vein. The people that had the 60's equipment, you know those disposable needles and syringes, were with the 25th Infantry Division, their battalion aid stations had all this updated type of equipment, so we would try to barter with them. Also, if someone went on R&R (rest and recuperation break) someplace where there was a military hospital, they would take an empty suitcase with them and bring back as much as they could. We had no colostomy bags and no chest bottles for drainage from chest tubes so we used IV glass bottles for just tube drainage. Each of the plastic IV tubing boxes was covered with a piece of plastic so we would cut one end, take out the box and then we would make slits on four sides of that bag and that is what we used for colostomy bags. We had to improvise. We had no hot water except when the sun hit the hot water tank. So when we gave bed baths I had a Bunsen burner on my ward and would fill one container full of water, heat it, and then pour some of that hot water into each of the basins so each patient would receive a tepid rather than cold bed bath.

Q: Do you know if the other hospitals were experiencing shortages of equipment also?

HAV: I don't know for sure, probably the 3rd Field Hospital was the most sophisticated one. It was in a regular buildings, I think the nurses there wore white uniforms if I'm not mistaken.

Q: What kind of uniforms did you wear?

HAV: Fatigues, like in this photo – (Helen shows a black and white group photo of nurses in uniform)

Q: When and where was this photograph taken?

HAV: That was taken Christmas Day in 1966, we only had about seven patients in the hospital and they were all ambulatory. This photo was the nine of us who lived in hooch #3, which was a wooden building with a tin roof. We were getting ready to go over and see the Bob Hope show and Donna was in civilian clothes because she was going to introduce Bob Hope. So that is that picture.

Q: How was that Bob Hope show?

HAV: Excellent. Very good, they had Phyllis Diller, Anita Bryant, Vic Damone, The Korean Kittens, and Miss Universe.

Q: Did he have Connie Stevens with him?

HAV: No, Anita Bryant. We saw many people that year we were there, they came to visit. We saw James Garner, Charlton Heston, Martha Raye, Miss America, Jonathan Winters, Hank Williams, Jr., and Dale Robertson all came. Some just came and walked through the wards, others put on a show throughout the entire year we were there.

Q: Did you have movies at night?

HAV: Yes. Most of them were westerns. One of my good friends who lives in Idaho, Connie Evans (Helen points out Connie in the photo) is a full-blooded Nez Perce Native American from Idaho. We would go to the movies and cheer for the Native Americans.

If Connie went to the movies by herself, when she came back we would say “how was the movie?” and she would say “we lost again.” [Everyone laughs]. I’ve visited Connie three times in the past thirteen years or so and she has been to my house a couple of times. Her husband was a professor of history at Lewis and Clark College, they are both retired now. She retired from the United States Public Health Corps, she worked on the reservation doing Indian healthcare. Now that they are both retired, they make genuine tepees out of canvas instead of leather. They have some Native American friends and relatives who customize the tepees by painting them Native American images. Two years ago, when I was out there in 2005, I went to the Wallowa Powwow (currently known as the Tamkaliks Celebration) with them in Oregon. Connie made me an honorary sister, and presented me with a beautiful Native American blanket.

Q: Was your hospital ever under fire?

HAV: Yes, probably we were mortared anywhere between six and ten times, so I was there for that. The first time we were mortared, I was working on the ward. It was about seven o'clock at night. It was March 15, 1967. We did not have any injuries at all. Initially, we were across from an artillery unit and pretty close to an ammo dump so Cu Chi was not the safest place in the world. I learned twenty years later about tunnels. The Vietnamese women that worked in our compound were not allowed to work in our hooches. In many of the hospitals, the Vietnamese women clean the hooch, polish shoes, things like that. But we could not have that done because lots of times they would work for us during the daytime then work for the VC (Viet Cong) at night. I think that was primarily because they were afraid of the VC and did not want their families suffering by refusing to work for them.

The types of wounds we saw were mainly multiple fragment wounds, amputations, chest and abdominal wounds. If we had head wounds we transferred them down to the 3rd Field Hospital in Saigon because they had neurologists and neurosurgeons. We also had burns and they stemmed basically from phosphorus grenades. The armored personnel carriers, or the APCs as they were called, were very light types of tanks that carried phosphorus grenades which I believe were used to light up the area. What happens is if the armored personnel carrier went over a mine some of the grenades would explode and give terrible burns that made the people's faces look like cartoon caricatures. They were distorted and their face seemed to hugely blow up. That may have been caused by the fluid. So they were treated and transferred out as quickly as possible. The burn hospital was in Japan and they were transported to it as fast as possible.

Our worst enemy at that time was a bug called pseudomonas because we did not have the sophisticated antibiotics that we have today. This bug could get in there and, if allowed to grow, it could kill the person. Today, in Iraq for the most part with fragment wounds and such they did something called delayed primary closures. They would clean up the wound as best as possible, but not sew it back together until they were assured that all the infection had been gone. They treated them with antibiotics, of course, and went to dry dressings. You would put on a dressing, put saline on it, then it would dry and then you would have to take it off. We gave them pain medication before we began because when you took it off it was

painful, but the purpose was to get the pus and everything out. This procedure was usually done from two to four times a day. I was head nurse of the orthopedic ward. A lot of my patients had fragment wounds in addition to fractures, etc. Their usual medication, unless they were allergic to it was to receive an IV of dextrose and water with twelve million units of aqueous penicillin. Patients received that shot twice a day because each IV was supposed to last about twelve hours.

Q: How long were you there?

HAV: I was there a year from November 1966 through November 1967.

Q: What changes did you see take place in medical care while you served there?

HAV: We were able to get some modern equipment. We had excellent surgeons, one in particular, his name was Shannon Turney (@30:43 spelling). I believe he was from Tennessee. I think he completed his internship and the beginning of his residency. I knew he wanted to be a thoracic surgeon. He had a very thick Southern accent so it was hard to understand him initially – until you got used to it. We all used to say we were going to get wristbands in case we became unconscious that we wanted Shannon Turney (@31:30 spelling) to operate on us. That is how highly he was regarded. And he did become a thoracic surgeon.

Q: I know you were an officer for the most part, what were officers like in your unit?

HAV: Well, the medical organization was not necessarily the most STRAC (Strategic Army Corps) people. Most were on a first-name basis. We did have a few regular Army people who tried to make us STRAC, but it was a lost cause. They did have some ridiculous things, we worked twelve hour shifts. The guy from the medical brigade came up and wanted to beautify Cu Chi. The only thing that would beautify Cu Chi would have been the Atomic bomb. [Laughter]. But he wanted the corpsman to plant flowers and grass around the hooches. So after working twelve or fourteen hours they had to plant flowers, which we thought was ridiculous. The corpsman were so scared of the I.G., the Inspector General that takes place everywhere in the Army once a year, that they were made to take the dirty laundry to their hooches. There could be no dirty laundry on the ward in the dirty laundry basket, which is where it was supposed to be. Things like that, Mickey Mouse stuff.

Q: Over the course of the year that you were there, was there one time you received more casualties, did it progress?

HAV: Basically, during the entire year we had what was called three-mass casualties. Not that we were not busy the other times, but this was when so many came in that the people working in the O.R. had to work seventy-two hours. We were open the first year, which was the year I was there and had eight thousand admissions. We were open from 1966 through 1970 and during that time period we received thirty-eight thousand patients. So we were busy.

Q: Did you have problems there with people coming down with tropical diseases such as malaria?

HAV: Yes, we had one medical physician and we had one medical ward. Most of our patients were either malaria, dengue fever or upper respiratory infections. We did have one patient who went to his unit with a sick call complaining of chest pain and everybody thought he was shamming. By the time they brought him to our hospital, he had advanced pericarditis which

is an inflammation or infection of the lining around the heart. There was nothing the doctor could do to save his life. We also took care of Vietnamese patients. There was one Vietnamese ward and we also took care of prisoners of war. There was a time we took care of some Korean patients. On the Vietnamese ward in particular, it was difficult because when a patient came in the hospital, their family believed it meant the patient was going to die and the whole family decided to move in. That made it difficult for the care takers.

Another thing, to get back to being mortared, the last time we were mortared was about five days before we left Vietnam. It was about seven o'clock at night, those of us that were in the hooch went into the bunker. A lot of the patients were watching a movie. There were two medical patients, whose ward was about two hundred yards from where the movie was being shown. Instead of hitting the ground somewhere near, they decided to run back to their ward. Just outside their ward they were hit with an air burst. One was killed and the other had a severe chest injury. The two nurses on the medical ward saw what happened and ran out and administered first aid to the two patients. They were awarded, I think, with an Army commendation medal with "V" Device. Another time we were mortared, some of us were in our hooches, others were working, and the door jammed so we could not get into the bunkers. The Major in charge in our hooch told us to get under our cots which was probably the scariest because when you are in the bunker you are with everybody. You can touch one another, etc. But when you are underneath your own bed, even though your neighbor might be five feet away, there are straw or bamboo walls separating you.

Q: During your time in the service until 1980, what did you do?

HAV: Okay, after returning to Fitzsimmons Army Medical Center, I had about six months left in the initial tour. I got back there in January and it would have been up in May. I said I would go indefinite if I could serve in Europe and I went indefinite and was assigned to SHAPE (Supreme Headquarters Allied Powers Europe), Belgium. I spent two years in Europe, I wound up spending a year in Holland in what was called AAFCE Allied Forces Central Europe in Brunssum, Holland. Under the SHAPE Chief Nurse was this dispensary and they were short a nurse. Because I was the newest one there, that is where I was sent. There were two of us there, my boss was a Major and I was a Captain. After a year we had to cut back on the dispensary so I was sent back to the hospital in Mons, Belgium where I was an Assistant Head Nurse of a multi-service ward. That meant we took care of psychiatric patients. Pediatrics medicine and surgical needs. The most we could hold was about twenty patients. It was not that big. The in-patient department was staffed by United States military. The out-patient department was staffed by the members of the various NATO (North Atlantic Treaty Organization) nations. I took care of English and German patients, Dutch and Turkish and Canadian soldiers. That sort of diversity.

It was a super experience, I spent two years there. When I finished, I put in to go regular Army and went to the career course at Fort Sam Houston, Texas. I spent six months there, July through December 1970, and completed the course. I was assigned to Valley Forge General Hospital in Phoenixville, Pennsylvania. There I worked on the intensive care unit, and was assigned my own ward which was urology and plastic surgery. I was there from January 1971 through June of 1972. After that the Army sent me to graduate school. I went to Russell Sage College in Troy, New York where I received a Master's Degree in Nursing. Eventually I left there and went to Ford Ord, California on the Monterey Peninsula, where I was to be the Director of the Army's Adult Nurse Practitioner Program. That also was a learning experience because my Master's Degree was at a functional minor in education and a

major in medical surgical medicine so I had to learn what a Nurse Practitioner skills were about. The courses were six month in length. I did feel like I was five steps ahead of the other students. At the same time I was an adjunct faculty member at the University of Texas in San Antonio.

My students were Army nurse corps officers who had a Bachelor's Degree in nursing. The course they took from me granted them from twelve to sixteen graduate credits which they could then, at a later date, apply to their Master's Degree at the University of Texas in San Antonio. The graduates in the Adult Nurse Practitioner Program focused on adults who were chronically ill from, for example, diabetes, hypertension, high blood pressure, thyroid and coronary problems. We also did some acute care such as colds and ear infections, but the primary focus was on the chronically ill patients. We maintained them and managed their medications under given protocols. We worked with physician preceptors and for the most part had a collegial relationship with the doctors. Usually the physicians and nurse practitioners even ate lunch together. I was very proud of what they had achieved, from where they were when they started out and what they evolved into. That was probably one of the most rewarding experiences of my life. During that time I was promoted to Major in 1975. After those four years, I wanted a change. I wanted to try administration and stay nearby, but Washington decided they were going to send me to Europe which was the beginning of my demise.

I was the Assistant Chief Nurse of a small hospital in Bremerhaven, Germany. My Chief Nurse and I had an interpersonal conflict and I went into a depression. I wound up being passed over for a promotion to regular Army Major, so I had to get out. It was an Honorable Discharge which I tried to fight, I wrote up something but I did not have the strength to fight it. We were isolated for the most part. I entered the Reserves, but when I got here they said I was overweight and also again depressed. I really did not try to do anything about it. I spent fourteen and a half years on active duty and I was in the inactive Reserves for the last six and half years so I only earned about fifteen units a year for being in the Reserves. In 1997 I received my discharge, which was Major Retired Reserve.

Q: Are you eligible for a pension at age sixty?

HAV: No. I am sixty-five now and one hundred percent disabled through the VA (Veterans Association). Part of it is for psychiatric, my counselors called it PTSD (Post Traumatic Stress Disorder). The VA called it a type of depression. In 1998 or so I had a heart attack. I was diagnosed with diabetes in 1991 and I was put on oral medication. Somewhere down that road the VA came out with Agent Orange causing Type-2 diabetes. I think it was around the same time I had my heart attack. Because I was on insulin after having the heart attack, I got forty-percent disability for the diabetes but they did not feel the heart attack applied. This was 1998 or 1999 when I was working with the state of New York. I was hired in 1993 in the New York State Department of Health. So I kept working and at the age of sixty-two I retired. At that time I had an eighty-percent disability rating with the VA. Then my counselor said we need to put you in for one hundred-percent disability claim. What happened as a result of that was I received a letter from my primary physician and the VA never sent that into the Board. When they did send the letter in, it came through as approved of having ninety-percent disability which is the same pay and benefits as one hundred-percent disability. I never applied for disability through Social Security. I will be retired four years as of June. That Veterans Center really helped me with my depression.

Q: How do you think your time in the service had an effect on your life?

HAV: I loved the Army Nurse Corps and I wish it had turned out better. I see my friends who have made it to Colonel and Lieutenant Colonel. They don't hold it against me [Laughter]. I have a lot of friends who are retired as Full Colonels.

Q: Thank you very much for your interview.

HAV: You are welcome.