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## Who Cares for the Caregiver?

Jan Bassett

“Generally speaking I would not begin to comment on the American Hospitals or nursing, our group was so small compared with their huge cumulus”,<sup>1</sup> writes Nell Espie, one of the forty-three officers of the Royal Australian Army Nursing Corps (RAANC) who served in South Vietnam between 1967 and 1971.<sup>2</sup> The “vast cumulus”, by contrast, comprised more than five thousand members of the Army Nurse Corps, the RAANC’s United States counterpart, who nursed in South Vietnam between 1962 and 1973.<sup>3</sup>

Not only was the Australian group much smaller than the American, it was considerably more homogeneous. Its size and nature brought both advantages and disadvantages, then and in later years. “Who cares for the caregiver?” looks at the backgrounds of the Australian nurses, at their experiences in South Vietnam, and at some of the conclusions which they have since drawn from those experiences. It focuses in particular upon twelve nurses who completed questionnaires for me between 1986 and 1990.<sup>4</sup> They can be taken as being representative of the larger group.

“I was surprised to learn a number of them [American nursing officers working at the 36th Evacuation Hospital, Vung Tau] were recently out of Nursing College and that some were married”, recalls one of the Australian nurses, Jan McCarthy, whose tour of duty in South Vietnam lasted from May 1968 to May 1969. “At this time if you were married in our system you had to resign so this was quite a surprise.”<sup>5</sup> She and her RAANC colleagues who went to South Vietnam were all single (although the regulation preventing married women from remaining in the corps was changed in 1970), all women (the RAANC’s first male officer was only appointed in 1972), and all officers. (The US Army Nurse Corps sent both male and female nursing officers to South Vietnam.) Although female other ranks were enlisted in the RAANC at this time, they were not sent to South Vietnam. Male other ranks at this stage were enlisted in the Royal Australian Army Medical Corps (RAAMC), not the RAANC, although this was based upon an “understanding” rather than a written policy.<sup>6</sup>

The RAANC nurses who served in South Vietnam were all white. Eleven of the twelve in my sample were Australian-born. Furthermore the same eleven all described their parents as Australian. In 1971, only 79.78 per cent of the Australian population in general had been born in Australia.<sup>7</sup> The twelfth nurse was New Zealand-born of New Zealand parents. She and six of the Australian-born nurses had been born in

rural areas. The twelve nurses in general came from larger than average families. The average number of children (including the nurses) in each of their families was 3.8. The highest average number of live births for married women born in Australia between 1898 and 1928, during which time one assumes that most of their mothers were born, was only 3.1.<sup>8</sup> The twelve nurses' fathers included an army officer, a public servant, a railway guard, a psychiatric nurse, a works overseer, several farmers, an accountant, and a company representative; most of their mothers had been engaged in home duties. The twelve nurses were educated at government or Catholic schools (six are Catholics, five Protestants), except for one who attended a Church of England school, in most cases completing between two and four of a possible six years of secondary schooling. Two worked as shop assistants, one as a telephonist, one as a secretary (and later as an other rank [the Australian nomenclature for enlisted personnel] in the RAANC), and another on her family's farm, before beginning their nursing training, which the others commenced soon after leaving school.

Why did they become nurses? "I really cant [sic] remember, I think some of my school friends were doing it. It was a way to get to the city. I did not want to marry the boy next door and have kids", writes Elizabeth Healey. Economic factors certainly influenced some. "I had always had an interest in a health-related profession. [In] 1963 (my first year of tertiary study) University fees were still being levied and unless a student was wealthy or awarded a university scholarship—the entry to University was prohibitive [sic] to the average student. Nursing was a 'secure' alternative profession", recalls Diane Badcock, who had completed the full six years of secondary schooling. "I had really wanted to do Medicine but had to leave school early (family situation) so I then opted for nursing and have never regretted my decision", writes Pam Barlow. Growing up during the Second World War, during which Australian army nurses had a high public profile, also inspired some. In reply to a question asking: "What factors influenced your decision to become a nurse?", Jan McCarthy writes: "Not sure. Always wanted to do nursing for as long as I can remember. Perhaps [it was the influence of the ] war years and living in an army town [Seymour, Victoria]—[I] often saw members of RAANC in town [and it] may have influenced me".

Her answer also helps to explain why she and some of the other nurses had decided to join the army. Nell Espie, one of the older nurses to serve in South Vietnam, who had joined the RAANC in June 1951 and served in Japan and Korea during the Korean War, for example, had also been influenced by Second World War nurses. "Contact with Returned Sisters during post basic nurse training. Advertisement for nurses to serve in Korea", are the reasons she gives for joining the army. Only two of the twelve joined the army specifically because of the Vietnam War. "I was very keen to nurse in S.V.N.[South Viet Nam]", writes Diane Badcock. "With my familial contacts & prior knowledge of the services,

I had no apprehension in applying to join the R.A.A.N.C.” Her father, uncle, brother, and cousin had all served in the army at various times. Ten of the other nurses came from families in which numerous members had belonged to the armed services, particularly during the two world wars; several had brothers who also served in the Vietnam War. All probably had some sympathy with the following view espoused by Trish Ferguson: “I had this belief then (as I still have) that each of us should do some time in the services.” Most of the forty-three nurses originally surveyed were Army, rather than just Vietnam, nurses. The minimum period which any of the forty-three had spent as officers in the RAANC before going to South Vietnam was seven months, the maximum was nineteen years and one month, and the average was approximately three years and one month.<sup>9</sup> Sixty per cent of their US Army Nurse Corps counterparts, however, had had less than six months’ Army experience before going to South Vietnam.<sup>10</sup> Eight of the twelve nurses in my sample were in their twenties when they went to South Vietnam (the three youngest were twenty-three), the remaining four being thirty-five (a matron), forty-two, forty-four, and forty-five (another matron).

“We did not lose any Nurses in Vietnam and we were located in one area”, writes Jan McCarthy. “The US Army Nurse Corps were much larger and were located throughout the country in some instances further forward of their hospitals, nursing in MUST [Medical Unit Self Transportable] units I understand they lost some nurses when units were rocketed by the Viet Cong.”<sup>11</sup> Eight members, in all, of the US Army Nurse Corps, died in South Vietnam; two in a helicopter crash near Saigon on 18 February 1966, four in an aeroplane crash near Qui Nhon on 30 November 1967, one from disease on 8 July 1968, and another from shrapnel wounds which she received during a rocket attack at the 312th Evacuation Hospital at Chu Lai on 8 June 1969.<sup>12</sup>

Four members of the RAANC joined 8 Australian Field Ambulance at Vung Tau, the site of 1 Australian Logistic Support Group, in May 1967 (nurses having been requested by the Australian Director General of Medical Services), then joined 1 Australian Field Hospital when it was raised there in 1968. After these nurses completed their tours of duty the nursing strength was increased to six. By 1969 there were nine RAANC officers on the staff. In that particular year there were more than 900 US Army Nurse Corps officers in South Vietnam, the highest at any stage during the war.<sup>13</sup> When 1 Australian Field Hospital was closed in 1971, there were twelve nurses on its staff, including one matron, four captains, and seven lieutenants. Two of these nurses were members of the Royal New Zealand Nursing Corps (RNZNC). In total, seven RNZNC nurses worked with the RAANC at Vung Tau. Twenty-nine of the RAANC officers completed their twelve month tours of duty; the others, who remained in South Vietnam for periods ranging between three and ten months, returned to Australia for health reasons or because of the hospital’s closure.<sup>14</sup>

No one really attempted to prepare the nurses for what was to come. "We received no professional brief before leaving Australia—the only briefing from the senior nursing officer in the COMD [Command], was on what to take",<sup>15</sup> states Leslie McGurgan, in a belated "brief" written and presented in 1990. Perhaps, in some ways, no one could prepare them. Describing her flight to Saigon in April 1969, Nell Espie, also a veteran of the Korean War, says that "this occasion seemed different somehow to the previous experiences [of travelling with troops going on active service] ... The Vietnam War was different, or seemed so even then to me".<sup>16</sup> The nurses' sense of dislocation, of being thrust from one world to another very different one, must have been underlined by their constant changing of clothes on the way. "We left Australia in summer uniform, but had to change into civilian dress before landing in Singapore and later back into uniform to arrive in Saigon",<sup>17</sup> Nell Espie recalls.

The first four nurses, in particular, found themselves working in basic conditions. Heat, sand, and a lack of running water all caused problems in the field ambulance's huts, which were situated in sand dunes near the beach. One of the original nurses, Terrie Ross (formerly Lieutenant Roche) remembers that, "Supplies and equipment were only just adequate—however justified perhaps by the fact [that] Fd Amb was doing a Hospital job". Conditions gradually improved, and by the time that Nell Espie took over as matron in April 1969 she found a "well established" hospital. "The wards, I.C.U. [Intensive Care Unit], operating theatre and some departments were airconditioned—the mess quarters and offices were not." Supplies and equipment also improved. "In Vietnam [they were] initially not very good under Australian system of supply it became a lot more efficient using the American system", comments Jan McCarthy. When necessary, the Australians also frequently borrowed from the Americans. "One weekend we had to borrow blood from the Americans, when we had used 500 bottles!—not including ordinary fluid replacements", recalls Trish Ferguson.

"Orderlies at first were quite resentful [towards the nurses] but after [a] short time [became] co-operative", Terrie Ross recalls. The nurses were responsible for running the wards, and for training the orderlies [similar to US corpsmen], but were not granted control of the latter. "The Sisters did not know one day from the next which medics would be allocated for ward duties", Leslie McGurgan reports. "This in turn restricted their ability to train their charges and provide some continuity not only in training but also in the nursing care of their patients." There were other anomalies caused by the division of labour by gender, one of the most notable being that relating to salaries. "The corporal in the operating theatre was paid more than the nursing officer, who was a captain, in charge of the operating theatre",<sup>18</sup> Leslie McGurgan also notes. Despite such problems, the doctors, nurses, and orderlies developed a professional relationship which Diane Badcock,

who as Lieutenant Lawrence worked at 1 Australian Field Hospital from February 1969 to February 1970, describes as “nothing short of a miracle”.

The 110-bed 1 Australian Field Hospital was considerably smaller than the 600-bed 36th Evacuation Hospital, the main American hospital with which RAANC nurses had contact in South Vietnam and which was situated on the airfield at Vung Tau until about 1970.<sup>19</sup> Jan McCarthy, who made a number of professional visits to the 36th Evacuation Hospital, was grateful to belong to the smaller hospital. “The operating theatre had 13 operating tables compared with our two in one theatre”, she recalls. “It was large and I felt I wouldn’t like to work in this area with 13 operating teams going at the one time.”<sup>20</sup> There were, however, some disadvantages in working in a hospital with a very small staff. There was no backup for the nurses. When the need arose, the hospital’s handful of nurses simply kept on nursing. Leslie McGurgan records, for example, that: “An outbreak of malaria in 1968/69 took the 100 bed hospital to 259 with no extra staff.”<sup>21</sup> The RAANC nurses were usually rostered to work twelve hours a day (with some shifts being split), six days a week, but often worked for much longer hours. Pam Barlow, who as Lieutenant Matthews worked in South Vietnam from May 1968 to May 1969, notes that hours of work “could be anything up to 16 hours—you lost count after awhile.” Leslie McGurgan also records that “during the Tet offensive in 1968/69 the OTT [operating theatre and triage] worked around the clock for several days.”<sup>22</sup> Beryl Hogarth, who worked at the hospital from August 1970 to April 1971, remembers working at times for “over 14 days without a break”.

Both Australian and American nurses were called upon to undertake very heavy and stressful nursing in South Vietnam. “Compared with previous wars, in SVN [South Viet Nam] we had a much higher proportion of very severe blast injuries compared to gun shot wounds; and due to the rapid evacuation and triage system these casualties became a very heavy nursing commitment—in previous wars these patients, they would never have reached a hospital bed”, explains one Australian nurse. The Australian hospital treated some American servicemen (but they were usually soon moved to American hospitals), along with South Vietnamese servicemen and civilians, North Vietnamese and Viet Cong prisoners-of-war, but most of its patients were Australian and New Zealand servicemen. The most common surgical and intensive care unit nursing, as described by Trish Ferguson, involved: “Mine Explosions—traumatic amputations. Massive and enormous amounts of debridements. Shock lung, malarial lung, cerebral malaria, Laparotomies & Thoracotomies from being peppered by shrapnel”. The stress of such nursing was exacerbated by the fact that the nurses’ professional qualifications did not always match their appointments. The Australian nurses, however, were probably not pushed to the extent that some of their American counterparts were. “Professionally they did

more advanced procedures than we attempted such as IV [intravenous] therapy, intubation of patients, and insertion of chest drainage”, Jan McCarthy says of US Army Nurse Corps officers. “At this time in our system Doctors covered [sic] these aspects. I think they [the American nurses] were trained in IV therapy aspects but were often placed in situations for which they weren’t trained.”<sup>23</sup> The very speedy evacuation of patients to Australia meant that the nurses “did not have the satisfaction of seeing the results of [their] labours”.<sup>24</sup>

There was “No debrief following medivacs [sic] (indeed there was no time for any professional training at all)”.<sup>25</sup> How then did the nurses cope, or attempt to cope, with such stressful nursing? The main way was by relying upon one another. “We were a closely knit group with traditions and a corps background. I got the impression the US Nurse Corps did not have this closeness amongst its officers and they felt somewhat alone”, Jan McCarthy writes. “We relieved our stress levels by discussing our patients injuries, KIAs etc amongst ourselves and we felt we gave each other support. I don’t know how the Americans reacted but I believe their stress levels were greater than ours throughout their tours of Vietnam.”<sup>26</sup>

The nurses’ accommodation at Vung Tau was “Primitive, rivalled WWI but liveable—night duty was a problem—trying to sleep with the heat”. During the dry season, lack of water was a problem. Trish Ferguson recalls that “often only one 2-minute shower [was] allowed daily—[due to] water shortage when water lines [were] blown up”. The deep trench latrines were, in Pam Barlow’s words, “quite revolting”. During the day the Australian nurses wore grey ward dresses (which some were fond of because they symbolized Australian Army nursing traditions), unlike the white dresses worn by American and New Zealand nurses; on night duty, they wore jungle greens. Elizabeth Healey, who as Lieutenant Hall served in South Vietnam between June 1969 and June 1970, considers that the uniform was: “Totally inappropriate ... Too hot and difficult to maintain in SVN. Due to lack of starch and the wet. Still wearing veils!!?? We coped with great difficulty—spent hours on uniform no starch—had it sent from home to SVN or bought it on the ‘black market’”. Most of the nurses found the American food to be, in Maggie Hopcraft’s words, “an acquired taste”. The “Paper Pulp and Cranberry Jam”, as the turkey and cranberry sauce was dubbed, was, in the words of another Australian nurse, “Hideous stuff!!”.

“As the matron I was responsible to provide adequate nursing coverage [with] only 25% of staff to be allowed out of the unit at one time. With only 7 sisters later nine it allowed for little activity”, recalls one of the hospital’s matrons, Nell Espie. In order to let the nurses have as much recreation as possible, she usually remained at the hospital herself. When they could, the nurses swam at the local beach, held barbecues, saw films in theatres at the American and Australian bases, visited the local town about two miles away, and went to parties, at which

some had their only contact with the American nurses. Elizabeth Healey says of the American nurses whom she met at such parties, "I thought they were older than us overall, more 'sophisticated' in sexual behaviour". Sometimes the nurses attended concerts at the Peter Badcoe Club in the compound. Diane Badcock, however, says, "I only went to one. I felt they were male audience orientated/objective & females in the audience were not at all expected to be present". Some of the nurses sought out more work in their spare time. "It may be interesting to note that in our off duty time many of us adopted an orphanage in Vung Tau Village—together with others like engineers, carpenters, Medics, Pharmacists & Doctors etc.", writes Pam Barlow. "We helped in many ways to make life a little easier for these beautiful children who had lost their families due to war." The nurses were allowed five days' rest and recuperation leave, which some spent in Penang, and three days' rest "in country", that is, in South Vietnam. Nell Espie describes her time in Penang as "a life saver".

"There was no debrief on our return to Australia", reflects Leslie McGurgan. What happened to the nurses after they returned home? How, if at all, have their Vietnam experiences affected their lives? What conclusions have they drawn from those experiences? Three nurses left the army immediately; two, the current Director of Nursing Services—Army (DNS-A, or Matron-in-Chief), Colonel J.C.A. McCarthy, and Lieutenant-Colonel L.M. McGurgan, were still in the Army as of July 1990, and the other thirty-eight remained in the army for further periods ranging between one month and seventeen years and ten months, and averaging three years and eleven months. Most of the RAANC nurses who served in South Vietnam held short term commissions in the army, which lasted for two years and could be renewed for further two year periods. Excluding Colonel McCarthy (who as of July 1990 has been a RAANC officer for twenty-three years and ten months) and Lieutenant Colonel McGurgan (twenty-one years and four months), the Vietnam nurses served as officers in the RAANC for total periods (including their Vietnam service) ranging from one year and six months to twenty-eight years and eight months, averaging seven years and ten months.<sup>27</sup>

Some married after they returned to Australia, but the exact figures are difficult to ascertain. Seven of the twelve who completed questionnaires did so. At least three of these women left the Army at about the time of their marriages. Three of the seven, perhaps not surprisingly, married army officers, one of whom had served as an army pharmacist in South Vietnam, another married a photojournalist who had also worked there. Six of the married women have had children, two having three, the others two each.

Unlike their predecessors from the First World War, many of whom could not face nursing again after that war, many of the Vietnam nurses have continued nursing in one form or another. All of the twelve nurses in my sample have since nursed, either in the army (in five cases), or in civilian hospitals, for considerable periods. One, who has nursed



in neurology and neurosurgery fields, completed a post-basic intensive care unit course, worked in ICU (Intensive Care Units) at different hospitals, and has been a clinical instructor in a post-basic ICU course at a school of nursing, since her return from South Vietnam, says of her army experience in general that: "It may have affected my move towards ICU but I'm not sure. I was always trauma inclined anyway". Some, like many of their American counterparts, have found civilian nursing frustrating after their wartime experiences. "Ever since Vietnam, I have been frustrated in civilian nursing by the enormous inadequacies of the system, & the enormous attention paid to non-issues", writes Trish Ferguson. "[I] Have pursued numerous avenues (i.e. certificates in nursing, degree in Psych. & Sociology, different nursing experiences.)—to no avail.—this during the '70s when I did not acknowledge I had been in Vietnam".

"It hasn't been until now that I have realised how much Vietnam in particular has moulded my life", writes Pam Barlow, who believes that she matured a great deal during her time in South Vietnam. "You can't experience what we did and not be more aware of the Quality of Life. There were some of the Army nurses who were affected both medically & socially." Little is known of the nurses' health while they were overseas. "Health of nurses—no records", Leslie McGurgan states bluntly. Several nurses, as mentioned earlier, returned to Australia for health reasons before their tours of duty were due to end. One of the forty-three nurses died from illness, thought at the time not to be war-related (although this has recently been questioned) in November 1971, after her discharge from the army. Many of the Australian nurses claim to be grateful for having had the opportunity of serving in South Vietnam, and consider themselves to be better people for the experience. One, for example, believes herself to be "a more tolerant, more compassionate & understanding person because of it". They have, however, paid a high price for such personal development. Like some of their American counterparts,<sup>28</sup> some of the Australian nurses have exhibited symptoms of Post-Trauma Stress Disorder (PTSD). The nurse who made the above comment, for example, has had almost daily migraine headaches and has awoken constantly at night, since her service in Vietnam. Restlessness and a low tolerance of frustration, especially in regard to civilian nursing, are also frequently hinted at in nurses' comments. Whether they view this positively or negatively, some of the nurses also see themselves as isolated, both from civilian nurses, and, perhaps more interestingly, from returned nurses from other conflicts. "I feel we have had something special in our lives that sets us apart from non-Army nurses", writes one nurse. "We feel as returned sisters from S.V.N. very isolated and consequently an isolated group—very distinct from previous wars & those sisters", writes another.

Strong feelings of sisterhood have sustained many of the Australian nurses in the postwar years. One says of her time in South Vietnam:

“This year cemented and made friendships which are peculiar and special to only those nurses who served in that theatre of war—these friendships continue after 20 yrs & I cannot see them diminishing”. Even one of the nurses who has not remained in touch with her former colleagues comments, “I have lost touch with the girls I worked with but I often think of them”. The RAANC nurses who served in South Vietnam have had to rely upon one another for support, both at the time of their wartime service and in subsequent years. Twenty years after going to South Vietnam, Leslie McGurgan, writing of the need for debriefing after medical and surgical emergencies, says that “we did not ‘care’ for the care givers, only the patients”.<sup>29</sup>

<sup>1</sup> *Autograph Letter Signed*, Nell Espie to Jan Bassett, no date [June 1990].

<sup>2</sup> It should be noted that a number of other Australian nurses, for example, members of the Royal Australian Air Force Nursing Service, also served in South Vietnam.

<sup>3</sup> Elizabeth A. Shields (ed). *Highlights in the History of the Army Nurse Corps*, U.S. Army Center of Military History, Washington, D.C., 1981, especially pp. 49-63.

<sup>4</sup> The twelve nurses, to whom I am deeply indebted, are Margaret Fay Ahern (later Hopcraft), Nellie Jane Espie, Patricia Kay Ferguson (Gibbons), Elizabeth Ann Hall (Healey), Beryl Mary Elizabeth Hogarth, Diane Elizabeth Lawrence (Badcock), Pamela Ann Matthews (Barlow), Janice Christina Ann McCarthy, Terrie Elizabeth Roche (Ross), Shirley Joan Southwell, Janet Elizabeth Studholme, and Ann Christine Wright (Lee). Unless otherwise stated, quotations (some of which I have not attributed specifically for reasons of privacy) from these nurses are taken from their questionnaire answers, which are now in my possession.

<sup>5</sup> J.C.A. McCarthy. “SVN Recollections”, unpublished notes, 1990, copy in my possession.

<sup>6</sup> Information in this paragraph is taken from a letter from Lieutenant C. Gerrard, Directorate Nursing Services—Army (DNS-A), Canberra, 27 May 1989; telephone conversation, Nell Espie and Jan Bassett, 5 July 1990; Shields (ed). *Highlights.... op. cit.*: Dan Freedman & Jacqueline Rhoads (eds). *Nurses in Vietnam: The Forgotten Veterans*, Texas Monthly Press, Austin, 1987; and Kathryn Marshall. *In the Combat Zone: An Oral History of American Women in Vietnam*, Little, Brown and Company, Boston and Toronto, 1987, esp. pp. 4-7.

<sup>7</sup> This percentage is derived from a table in Wray Vamplew (ed). *Australians: Historical Statistics*, Fairfax, Syme & Weldon Associates, Sydney, 1987, pp. 8-9.

<sup>8</sup> See Vamplew (ed). *Ibid.*, p. 55.

<sup>9</sup> It should be noted that the women could not do their nursing training in the RAANC.

<sup>10</sup> Derived from information from DNS-A, Canberra, “Nominal Roll, RAANC ARA officers, 1951-1978”, and DNS-A, Canberra, “RAANC Officers posted to SVN”.

<sup>11</sup> Sara J. McVicker. “Invisible Veterans: The Women Who Served in Vietnam”, *Journal of Psychosocial Nursing*, 23:10, October 1985, pp. 13-19, quote from p. 14.

<sup>12</sup> McCarthy. “SVN Recollections”.

<sup>13</sup> Information taken from Shields (ed). *Highlights, op. cit.*, pp. 62-63.

<sup>14</sup> *Ibid.*, p. 62.

<sup>15</sup> Information from DNS-A, Canberra, “RAANC Officers posted to SVN”; and L. M. McGurgan. “A Brief on the RAANC Involvement in SVN”, paper presented at

DNS-A Conference, Portsea, Victoria, 1990, pp. 1-12. Leslie McGurgan, as Lieutenant L. M. Smith, served in South Vietnam with the RAANC from 29 April 1970 to 30 April 1971. She now holds the rank of Lieutenant-Colonel.

<sup>16</sup> McGurgan. *Ibid.*, p. 9.

<sup>17</sup> ALS, Nell Espie to Jan Bassett, no date [June 1990].

<sup>18</sup> *Ibid.*

<sup>19</sup> *Ibid.*

<sup>20</sup> McGurgan. "A Brief", *op. cit.*, p. 6.

<sup>21</sup> *Ibid.*, p. 10.

<sup>22</sup> Some RAANC nurses had contact with the 24th Evacuation Hospital. A brief nursing exchange programme involving 1 Australian Field Hospital and the 24th Evacuation Hospital was begun in late 1971.

<sup>23</sup> McCarthy. "SVN Recollections", *op. cit.*

<sup>24</sup> McGurgan. "A Brief", *op. cit.*, p. 8.

<sup>25</sup> McGurgan. "A Brief", *op. cit.*, p.7.

<sup>26</sup> *Ibid.*, p. 4.

<sup>27</sup> *Ibid.*, p. 5.

<sup>28</sup> McCarthy. "SVN Recollections", *op. cit.*

<sup>29</sup> McGurgan. "A Brief", *op. cit.*, p. 4.

<sup>30</sup> *Ibid.*, p. 10.

<sup>31</sup> McCarthy. "SVN Recollections", *op. cit.*

<sup>32</sup> McGurgan. "A Brief", *op. cit.*, p.9.

<sup>33</sup> *Ibid.*

<sup>34</sup> These figures are derived from information from DNS-A. Canberra, "Nominal roll, RAANC ARA Officers, 1951-1978"; nurses' questionnaires; and telephone conversation, Jan Bassett and Lieutenant-Colonel C. Gerrard, DNS-A, Canberra, 18 July 1990.

<sup>35</sup> McGurgan. "A Brief", *op. cit.*, p.10.

<sup>36</sup> On the American nurses see, for example, Claudia J. Dewane. "Posttraumatic Stress Disorder in Medical Personnel in Vietnam", *Hospital and Community Psychiatry*, 35:12, December 1984, pp. 1232-1234; and Robert H. Stretch, James D. Vail, & Joseph P. Maloney. "Posttraumatic Stress Disorder Among Army Nurse Corps Vietnam Veterans", *Journal of Consulting and Clinical Psychology*, 53:5, 1985, pp. 704-708.

<sup>37</sup> McGurgan. "A Brief", *op. cit.*, p. 11.