

Maxine Conder
2nd Female Admiral In-Country
Captain and Admiral
Salt Lake City, Utah
"Turning Point"

Interviewer

Give us your full name.

Maxine Conder

Rear Admiral Maxine Conder, United States Navy, retired.

Interviewer

Where were you born?

Maxine Conder

Bingham Canyon, Utah.

Interviewer

You grew up where?

Maxine Conder

In Tooele, Utah.

Interviewer

And you went to high school there?

Maxine Conder

In Tooele.

Interviewer

How did you end up in the Navy?

Maxine Conder

I became a nurse at Saint Mark's Hospital in Salt Lake City. I finished my training in 1947, just after World War II finished. And then when Vietnam came along in 1950, I just felt obligated that I owed something to my country, so I joined the Navy.

Interviewer

Did you mean Korea?

Maxine Conder

I was in Korea, yes, but I joined the Navy in 1951.

Interviewer

You went to basic training and everything like that?

Maxine Conder

No, we didn't. In those days, they needed us so badly, I reported to San Diego Naval Hospital and was put on the wards the next morning. In the afternoons, they sometimes took us out, tried to teach us how to march, but I never had the opportunity of basic training.

Interviewer

How long were you stationed there?

Maxine Conder

Two years.

Interviewer

Take us through how you finally got to Vietnam.

Maxine Conder

From San Diego, I went to the hospital ship, USS Haven, in Inchon, Korea; and then to the hospital at Guam; from Guam to Chelsea Naval Hospital in Boston area. From Boston, I went to Camp Pendleton, California. From there, I came to the University of Utah for my Baccalaureate Degree and then went into recruiting for Washington, Oregon, Idaho, and Montana; then to the University of Washington for my Master's Degree; then to Came Lejeune, North Carolina, as assistant chief nurse; then to Guantanamo Bay, Cuba, as chief nurse; then to Saint Alban's, New York, the hospital. From New York, I went to Portsmouth, New Hampshire; then back to Boston, Massachusetts to the hospital in Philadelphia; and then to Washington, D.C.

Interviewer

Tell us the first time you heard about Vietnam.

Maxine Conder

It was just part of my life. I don't know that there was any really one time that --

Interviewer

But in the military, you must've been listening.

Maxine Conder

It was, but it just seemed like we were fighting somewhere all the time in the small skirmishes or large skirmishes. I think probably when I was stationed at Camp Pendleton, California with the Marines is the first time that I really knew much about Vietnam.

Interviewer

What year was that?

Maxine Conder

1956 to 1960.

Interviewer

So this was part of the Cold War at that time?

Maxine Conder

Yes.

Interviewer

People don't know what it was like back then with this and how Vietnam fit into that idea of the Cold War.

Maxine Conder

Well, we were all so tired of fighting that I just think that we were trying to ignore it as much as possible. But we were still getting patients from various wars, World War II, Korea, and it just seemed like it was an ongoing thing. I don't know if that makes sense, but that's how I felt.

Interviewer

Tell us about how you saw how things were changing.

Maxine Conder

I think I first started getting a reaction to it when I saw the public reaction to Vietnam. They were very bitter and quite nasty to some of us that wore uniforms, at times. We were getting patients back. They were such young boys, such young people. And it just broke my heart to think that Americans weren't supporting our young men like they used to. World War II, it was a country-wide effort. But all of the sudden, in just a few short years, it seemed like the military was being hung out to dry without a lot of support. And I think that's where I first really started to see and hit me because of how the reaction to those young men were.

Interviewer

This was a different sort of war.

Maxine Conder

It was a different sort of war.

Interviewer

What were some of those incidents where the military felt was so different that you talked about the way they treated you?

Maxine Conder

We were advised not to wear uniforms because they'd spit on us in the streets. We wore civilian clothes everywhere we went--on planes, trains, shopping--because we were advised not to wear uniforms.

Interviewer

Things started to escalate, and you saw it from an end of people coming from Vietnam terribly wounded. Tell us about how that began to intensify and how you had to train people.

Maxine Conder

We started getting large numbers at a time. Before, it was just trickle in, but we started getting large numbers. We were constantly training our young corpsmen. They would have a special eight weeks' course, and then come to the hospitals, where we taught them.

As nurses, we taught them hands-on patient care. And we would only have them for six to eight weeks, and then we had to release them when they was going overseas. It would break our hearts when we'd read the casualty list to see that one of our corpsmen had been killed or when one of our patients turned out to be one of our corpsmen that we had been training.

The young men, they're a special breed. They really are. Never in my life have I taken care of patients who would say to me, "Ma'am, my buddy is three or four beds down. He needs you more than I do. Please go take care of him first." They were special young men. It hurt as bad as they were. They were mischievous when they started getting better. Oh, my, they could give you a rough time if you let them. Great, great Americans.

Interviewer

Vietnam really started stateside around '62 or '63 and went until about '75. Tell us about the changes you saw in the military and some of the things you remember so well.

Maxine Conder

We saw a lot of orthopedic patients coming back. We started getting a lot of bomb threats to the hospitals and we would have to evacuate. At times, we just played it cool and did a quick test to see if we could find anything.

Normally, there was nothing there, but sometimes, a couple of times a week we'd get bomb threats.

The atmospheres in the hospitals changed. I hate to have to say that we started to see some of those young men coming back who were on drugs. And that made some changes in the hospitals. You had to be really careful with medications. Sometimes, parents would even bring the drugs in for patients. I've seen that occur.

Interviewer

So you were in the middle of bomb threats and a drug culture?

Maxine Conder

Yes.

Interviewer

How did that make you feel? What went through your head when you got a bomb threat in your own country?

Maxine Conder

Angry. It got to the point where we just got angry. Then I guess maybe we'd say, "Oh, okay, another one." But we were getting a lot of them. But we had a lot of support from some of the people from Hollywood--Bob Hope, Art Linkletter, and various groups that would come in and entertain the troops and really supported us in many, many ways. But there were a few--I won't say all Americans were against us, but there were some loud and active people who were against the Vietnam veterans. And we were in uniform, so we were part of that group.

Interviewer

What were some of the different medical techniques that changed in that time?

Maxine Conder

I think we went into more early ambulation and antibiotics, of course. We had received that first in World War II, but we were able to use antibiotics and prosthesis. There was a lot of changes in prosthesis. In the military, when we were caring for patients, we could not send a man back to full duty if he had a cast on and he was stationed in a submarine. So you had the patients much, much longer in the hospitals than you do in the civilian hospitals. I'm sure they've made great changes in that. I don't know how they handle 'em, but we had to consider where those men were being stationed before we could release them from the hospital setting. That made changes come about, too.

Interviewer

I remember seeing the guys show up in the pajamas from the psych ward and how horrible I felt because there were so many of them. Did you have any dealings with that?

Maxine Conder

We had a lot; yes, we did.

Interviewer

Tell us about that.

Maxine Conder

There was some real sick ones, truly sick ones. There was a lot of young men who used it as an excuse to try and get out of the military, so you had to kinda divide and know who was who and what they were doing. We kept them just a certain length of time, all the patients. If they were going to need longer care, then we would get them prepared to go to VA hospitals or to psych hospitals.

There was a time in Korea when we got a lot of tuberculosis patients, and they were sent to hospitals. We tried to move them on as quickly as possible, giving them the care that they really needed. I didn't work in psych a lot, but I have seen patients who were really, really sick and needed a lot of care. And you just couldn't help but feel sympathy for them and wish that it hadn't occurred.

Interviewer

Did you see a difference in the men because of intensified combat?

Maxine Conder

I served a lot with Marines. The Marines are good at being macho and they can take anything. Yes, we saw some changes, and sometimes they would drink a little bit too much and cause some problems. The Marines were very, very protective to the nurses. They always have been. It was interesting. I guess they knew that they needed us. We weren't in competition with them for anything, but they were always very protective towards the nurses.

Interviewer

What do you think of the Marines?

Maxine Conder

Oh, I have great admiration for the Marines. They test you. As a nurse, they used to test me. When I went into a new ward, they would test me to see, if I gave an order, would I follow through and expect it to be done? If I proved to them that when I gave an order, that's what I expected, then the senior men would step forward and say, "Don't worry about it. We'll take care of it." But the Marines are great for testing you.

Interviewer

Can you give us an example of how that happened?

Maxine Conder

When we discharged patients, we told them they had to clean their beds in the units, wash 'em down. I was new on a ward. Two or three of them came and said they had cleaned their beds, and I said, "Fine. Let's go check 'em." They hadn't; I made 'em do it again. I think I ended up making them do it five times before they actually washed the beds. And after that, the sergeant said, "Don't worry. We'll take care of it from here on in." That type of testing. I remember once we had a medical ward full of Marines, and they were all fine at six o'clock in the morning, and by noon, they were drunk. And we hunted, and hunted, and hunted, and come to find out, their medication bottles for their upset stomachs were filled with alcohol. They had emptied the medicine out and put the alcohol in. And they thought it was great fun that they were putting something over on us. Once we found it, that was no problem. They accepted it, but they had to test us.

Interviewer

Tell us about the Bob Hope show.

Maxine Conder

I was stationed in Philadelphia Naval Hospital, and one day, he walked in the doors. It was just before Thanksgiving. A lot of the patients and the staff had already gone on liberty for the holiday, and he came and he said, "Would it be all right if I put on a show for you?" And the commanding officer said, "Well, we don't have a lot of people here." He said, "That's all right. I'll just put it on for who is here." And so a lot of the dependents came in and surrounding people, and he put on a wonderful show for us just off the street. That was all there was to it.

Interviewer

As the war started to end, when you saw the tumult in the street, do you remember that day? How did you feel?

Maxine Conder

I think I felt sad and kind of a relief. So much had occurred and people that I had known had died. And I was glad it was coming to an end, but I just felt very sad. That sounds silly when something's happening, but I felt sad.

Interviewer

Did you observe any of the patients and how they felt that day?

Maxine Conder

I think pretty much the way I felt. Kind of thought, "Well, finally. It's over, or it's going to be over." But there wasn't any cheering like you saw last night at the White House. There just wasn't a lot of merriment. It was just, "thank goodness."

Interviewer

Did people talk about the war while you were there?

Maxine Conder

Most of the people were very, very supportive. I had a nurse once who put in for conscientious objector as a nurse, and she just didn't wanna take care of military or their dependents. I said, "If you get out and go into a civilian hospital, how can you determine whether they're a dependent of a military or not?" We had occasional incidents like that. Most of the people--and some of the enlisted were anti-Vietnam War. But they came in and did their job and did it well.

Interviewer

Can you talk about the medical care and the type of wounds?

Maxine Conder

I was involved in a triage situation early in my Navy career overseas. I was impressed with the fact that we were not short of help. In fact, people came from all over to assist us. They were bringing the wounded in; we were taking care of them and the doctor would say, "We need--," and you turned around, and the tray was already there prepared, all the solutions. The people really work as teamwork. That's the probably the greatest gift I ever got from the Navy, was teamwork; learning how important teamwork is in life itself.

But this situation, we had wounds of all kinds. We had amputees; we had head wounds; we had severe abdominal wounds. There was a team at each area, and there was teams standing behind them preparing the trays and the supplies that they needed. I've never forgotten that because that's how we work. That's how you do it in the military. And I think it's important that you realize that when an individual was wounded, usually there was more than one type of wound. There might be a head wound, and a leg wound and a shoulder wound. So there'd be various teams

working on them at the same time. When we started preparing how many nurses you would need or how many doctors, you had to consider that type of a situation. You just couldn't talk about one patient. It was because of the various wounds that were involved, and I think that's true of every fighting force, every area we serve in, every war that occurs. An individual doesn't get just one wound.

Interviewer

Can you talk about the hospital reunions?

Maxine Conder

Oh, yes. They would come from all over, and it was great to see. Those young men had the best time, and the families. We did everything we could to support the families and make it easy for them. It gave us all a big lift when we would see that occur. Sometimes, when a hospital ship would come in with wounded, you might get 2- or 300 patients one afternoon, and so one ward might get 35 new patients, and that was a bit hairy.

Interviewer

Did you have to train nurses to go specifically for Vietnam?

Maxine Conder

When you join the Navy Nurse Corps, you are a registered nurse. You were a professional nurse, and we all went in as officers. We usually had two or three or four years in the United States. We took care of wounded and dependents and all. So no, there was no special training. We had special training for operating room nurses to take care of all types of patients needing surgery. So no, there was no special schooling for those going overseas.

Interviewer

Did you have any that actually went in-country and then came back?

Maxine Conder

Yes, a few. A lot of them find it difficult to talk about. A few of 'em needed some therapy, someone to talk to and a professional to talk to and help them through some difficult times. All nurses, after you've had a busy day and things go bad, and you've come off duty, you get together and you kinda unwind and you let go. And this happens in civilian nurses as well as in the military. So we got into the habit of telling sea stories, and that kinda let off steam. So we kind of served as one another's therapist when we would tell these sea stories, what this had happened and that had happened. To this day, when I meet a group of Navy nurses, we can spend hours going over sea stories.

Interviewer

A sea story is a--?

Maxine Conder

Story that occurred that, rather unique, outside of the ordinary. And we had some good times.

Interviewer

Did the term "PTSD" even exist when you were--?

Maxine Conder

No. Yes, we had nurses and doctors and corpsman and everyone who had some problems when they came back. We tried to support them and help them. And they needed sometimes professional help. We didn't have a title for it in those days. But yes, there was young people that needed help.

Interviewer

Did you have any encounters with Agent Orange victims?

Maxine Conder

Yes, we did.

Interviewer

Tell us about that.

Maxine Conder

We didn't really know too much about how to handle it because it was new. Sometimes just the behavior of the patients that we were treating, not really the disease, if that makes sense.

Interviewer

What are the symptoms of it?

Maxine Conder

That's a long time ago. I'm not sure I can. That's about 40 years.

Interviewer

But you knew something was different.

Maxine Conder

Yes, we knew something was different, and as I said, I think we were treating the symptoms more than we were treating the disease, 'cause we just didn't understand it.

Interviewer

So this was more behavioral?

Maxine Conder

Yes.

Interviewer

Boy, that must have been quite noticeable if you're getting shell-shocked patients in there anyway.

Maxine Conder

We quickly learned, working on the wards, that if you were on night duty, you were very careful how you approached a patient, because sometimes they'd come up swinging. They were still half asleep. We learned to touch the bottom of their feet to arouse them up if we were gonna give 'em medications or something, but you didn't go between the beds up close to the patients because they were a little touchy, and they'd come up swinging at times.

Interviewer

What about the POWs?

Maxine Conder

I was the chief nurse at the Naval Hospital Boston, Chelsea, Massachusetts, and we got a total of four, one each night, over a period of time. And they came in about 11:00, 11:30 at night. They were in pretty good shape by the time they came home, and they lived locally; their families were local. They'd come in around 11:30, 12:00 at night. I usually would meet them at the airport, which was very close to the hospital, and escort them back to our place. They were great. They were wonderful people.

Most of 'em had been prisoners five years or longer. One young man, whose both parents had died while he was over there, and he was in his 20s, arrived about midnight one night and insisted on calling all his friends for a party, friends that he hadn't talked to or been in touch with for five, six years. But people got on the phone and called 'em, and so one-, two-, three o'clock in the morning, they opened the club and allowed him to have a party for his friends. So they were great.

They were very, very interesting. It was interesting to watch their reaction to clothes. I've had them stop by my office. They had been shopping, and they'd have a new pair of shoes. And they'd rub their fingers over the end of the shoes and the toe of the shoes, because they haven't had shoes for five, six, seven years. They would bring their shirts to show me because they had never seen colored shirts. They were always white shirts in the military. They were really special people.

Interviewer

Did you ever meet or treat anybody from Utah that you knew?

Maxine Conder

Yes, I did. One young man from Tooele identified himself. He was a Marine at one of the bases. I had taken care of him before I would join the Navy, and he was about five or six at that time, and I hadn't seen him, and he was in the Marines when I saw him the second time. He identified himself as from Tooele. I wish I could remember his name. He did come up and identify himself.

Interviewer

Can you talk about this picture where you're holding the Boston Herald?

Maxine Conder

I don't remember a lot. I received that picture through the mail here just a year ago, that had been found on one of the carriers. I don't know they had got it, but it was found on the carrier and sent to me. I think we all had been waiting for the word. We knew that things were changing.

I was the chief nurse at the Naval Hospital Chelsea at that time. When that newspaper came out, we were all so pleased and so delighted. It was a difficult time. It's difficult to see so many young boys – 17-, 18-, 19-, 20-year-olds – come in wounded. There comes a point where you just think, "I just don't think I can take care of many more." All these young kids, they shouldn't be injured. They should be out having a good time. So when that newspaper came, I just had to hold it up.

Interviewer

That's something that we don't think about, is when you see these young men and sometimes young ladies, their lives are changed forever.

Maxine Conder

They are, and they start coming in at 17. Often, you feel like you're their mother. Some of them are so homesick and you find 'em in tears. Some of them will say, "I made a mistake. I shouldn't be here." They'll come bring their pictures of their parents and of their girlfriends. They're just kids in many instances. But oh, how they liked to play jokes. And you really have to stay on your toes when you get a lot of those young ones. But it's at night when you find that they--sometimes a few tears and a few difficulties for them. They're great young people; really the greatest

young people.

Interviewer

Have you run into any of your former patients over the years?

Maxine Conder

Not since I moved back to Utah. When I was on one coast or the other, I frequently would see them. But being in the Navy, I haven't come across many former patients here in Utah. And we saw so many. Oh, you just can't imagine how many young people came through those wards. Some of them would've broken your hearts; some that we knew just wasn't going to make it, it would break your heart.

Interviewer

It must be really difficult to see an amputee or things like that. How do you get that out of your head?

Maxine Conder

You go off duty and you pace for a few hours, and finally, you work it through. You lose some sleep. You get up the next morning, and go back, and do it again. But we took care of dependents, we took care of retirees so that we had all ages, but it was these young people. They started coming in at 17 and through their early 20s. They were so naive; they didn't really know what they were getting into. Older than that, the military had been around and they were very supportive of the youngsters. It would break your heart with some of those young men.

Interviewer

Does any patient or story stand out in your mind?

Maxine Conder

I had a young patient, my very first duty station. He was a young patient that had some type of chest problems. It wasn't a wound; it was a medical patient, an illness. He was just such a youngster, and we knew he wasn't going to survive, and he had several surgeries. Each time he would say, "Ma'am, would you be here and holding my hands when I wake back up?" So I tried to make a point of, every time he came out of surgery and started to rouse, that I was there, standing by his side, holding his hand. We eventually lost him. We knew we were going to. But I think he touched me probably more than anyone.

It was my first duty station, and I was still learning, too. But he was such a special young man. But a lot of 'em were. Some of 'em would really, really touch your hearts. We learned we couldn't get too attached to 'em. That was difficult for us. We just couldn't handle that if you got too attached to them. And the same with the corpsman. We knew that they were going to be shipped out; we knew that they were going into battle in many instances, either Vietnam, Korea, wherever. You had to be careful not to get too attached to some of these people. They could still break your heart. They were so young and just kind of innocent.

I remember one time when I was stationed in Cuba, a first class corpsman came to me and he said, one of the young corpsman was so homesick, would I talk to him? And the young corpsman thought he had fallen in love with one of the nurses who was much older than him. So I said, "Yes, I will talk to him." And so I sat down and talked to this young man. He said, "Yeah, I know she's much older than I am and that, but I sure do like her. And my home's in Alaska, so it's too far to take leave and go home." It was the cutest conversation I'd had. He would just, "Yes, I'm homesick and I do like that nurse, but she is older than me, and I know that."

You just got like you were a mother figure to so many of these young people and you couldn't help but wonder what the outcome was going to be, especially when they were shipped out. You hated to see a draft go out. One of my hardest jobs was as chief nurse or assistant to chief nurse--each month make out a list of the corpsman that I thought were ready to be shipped overseas. Now I knew that within six weeks, some of those young men would be killed. And I knew that within six to eight weeks, some of 'em would be back in the wards that I was in charge of as wounded. And that gets to you after a time.

Interviewer

From the time they're wounded in country to the time you see them, how long did it take to get there? What's the process to get them to the States?

Maxine Conder

First of all, you have to realize that an Army or a military can't travel loaded down with wounded, so they have to be moved fast. They have to be moved out. Usually, there's triage areas or there's hospitals. There's hospital ships off of the coast where they're sent for immediate care. As soon as they're stabilized, they are started to be shipped back to the United States.

The aerovac planes run by the Air Force with Air Force nurses in it come in almost on a daily basis to ship those people back to the States. They are usually taken to hospital that's close to their home as possible. We would get patients that were fairly well stabilized. Sometimes you fought hard to keep them going. But they moved them out of the battle area as quickly as possible.

Interviewer

It would be just days before you'd see them.

Maxine Conder

Yes, and then with hospital ships, they would come in usually every six, eight months and they would bring 2- or 300 patients. But the military moved their wounded. Now sometimes they were wounded less seriously. They would be held at the local area hospital ship. We had a naval hospital there in Da Nang. They would be held there and then sent back to duty. But those patients that required more serious care was moved out as quickly as possible.

Interviewer

Tell us about being an Admiral.

Maxine Conder

The Navy promoted the first woman Admiral was also a nurse. There was a lot of very talented women line officers, but the nurses were the first to be promoted. When it came time for her to retire, we were told that there would not be a second Admiral in the Navy. So one day, I was the chief nurse, Director of Nursing Service at Naval Hospital Philadelphia. I received a phone call from a friend who was stationed at one of the bureaus.

Interviewer

What is your rank at this time?

Maxine Conder

I was a Navy Captain.

Interviewer

That's equal to a Colonel?

Maxine Conder

Yes. The Navy had decided to promote another woman Admiral, and I was in the zone. There's a list of oh, maybe 20 of us who had the time in service, education, and we were in the zone. As I said, I was in the zone. I just thought, "So what? It's just never gonna happen."

At the same time, my parents were celebrating their 50th wedding anniversary that summer. I had a good friend down in Puerto Rico, and I decided to take 'em down to Puerto Rico to visit as a 50th wedding anniversary present. So they flew from Utah to Philadelphia, and then I took them down to Puerto Rico. While we were down there, they had the selection board, and I was notified that I had been selected for Admiral down in Puerto Rico. So I'm very grateful that my parents were with me and had the opportunity to attend all the parties and excitement.

Interviewer

Tell us about the phone call.

Maxine Conder

I had the phone call from the Surgeon General of the Navy, who told me that I had been selected for Admiral and that he would see me when I returned back to the States. A good friend of mine was a Chief Nurse at the Naval Hospital in Puerto Rico. She was the one who told him where I was, so she called right back, and I told her what had happened. And she said, "Well, I've made an appointment for you to have your hair done. We're having a party tonight." So it was an exciting time down in Puerto Rico. Then we returned to Philadelphia where I was stationed, and then more parties. Finally, I was notified in February and promoted in May.

Interviewer

The girl from Tooele, Utah.

Maxine Conder

Yes. I had 2,600 Navy nurses stationed around the world. I was responsible for their training, their assignments. I had to make sure I had sufficient operating room nurses, ICU nurses, medical nurses, psychiatric nurses, so on and so forth. I had to make their assignments; send them here, there; I had to recruit because we were always retiring people, so on and so forth. Education was very important, keeping up with the latest advances in medicine, and so on and so forth.

Interviewer

Tell us about your feelings about changes you've seen in the military and women and their role.

Maxine Conder

From my early days?

Interviewer

Yes. Women are now going directly into combat, which is very unusual.

Maxine Conder

Congress has never said women can serve in combat. There is a law that says that women don't serve in combat, but nothing's ever been done. We fought that for a long time. I have mixed feelings about it about women being in combat, because I served and worked with some of the women from the NATO countries who had been overrun by the Germans during World War II. And as they said, when you have women in the military, it makes all women suspect. If we were overcome, someone ran into this country, brought an army in, all women would be suspect because we have women in the military. I support women in the military. They do a fantastic job.

I think we do as well or better than a lot of people. But we have to consider that it took us a long, long time. Many of the laws will say, "Such and such and such--except women." So for most of my Navy career, women who were married was not allowed to stay on active duty. For a long time, women with children was not allowed to remain on active duty. For a long time, if a woman did marry a civilian, the civilian husband wasn't allowed to go to the commissary, or to the exchange, or to the clubs or anything. He wasn't entitled to that. But if a man married a woman, she was entitled to all of those things. So there was many, many changes that we worked on over the years.

Most of the men didn't realize how anti-women the laws were, and they were surprised and were supportive to us. There were a few that fought us, but it was a matter of getting laws changed, not just policies and regulations. It was laws that we had to change. But the laws had never been changed about women in combat situations. During Vietnam, we had Marines in one barracks in Da Nang and Navy nurses in the next building. They both dodged and slept under their beds because of bombs coming over. But the men were in combat. The women weren't, because we don't put women in combat, so it was silly things like that. We worked a long time to get changes made. But there's two sides to this. We have to protect our American public--the grandmothers, and the children, and that if we were ever attacked here in this country, heaven forbid, but it could happen.

It's hard to tell who's on active duty and who's not. There was a lot of civilian women in Vietnam who carried bombs and set off detonators and so on and so forth. So that makes all women suspect. You have to consider all sides. There are so many sides to it. I'm very proud of the women in the military. I think they do a fantastic job. While there's some jobs that women cannot do, there's a lot of those same jobs that young men can't do. I have great admiration for both.

Interviewer

You made a career in the military and nursing. What's your feeling about war in general?

Maxine Conder

I hate wars. I think sometimes they're necessary. Sometimes, they're not. I think sometimes, people step ahead too fast. They need to do a little stop and thinking. But I hate wars because I've seen so many wounded, so many lives disrupted, so many deaths from wars. But I think the way the world population is, we have to protect ourselves and sometimes, that requires fighting. I think the women are playing a much, much larger role in the military today than we did in my days in many, many ways.

My last few years on active duty, we were seeing nurses become commanding officers of hospitals and taking over jobs that normally only doctors or men had. And now, it's really bloomed, and you find women doing many, many jobs that 30 years ago would've been considered unrealistic. Women can do a lot of things; women are great. I wish that there came a time we could devote all of our energy to peace and not to fighting -- no one wins. But oh, I am proud of the American service men. I am proud of the American service women.

Interviewer

Is there something we haven't covered that you would like to make sure we talk about?

Maxine Conder

One thing: you never hear about military nurses. Seldom do you ever hear about military nurses. You don't see 'em in the headlines; you don't see 'em in the newspapers but there is never an activity going on that you don't have backup from the military nurses. They are great, great people; very dedicated people; very patriotic people. And if I learned one thing in the military that was to be proud of this country and the people we serve and serve with.