



Patricia Rushton Interview
Salt Lake City, Utah

Interviewer

Give us your full name.

Patricia Rushton

Patricia Rushton.

Interviewer

And you're from originally?

Patricia Rushton

I was raised in Kearns, Utah. I currently live in West Valley, so Utah is my home.

Interviewer

And you graduated from high school here?

Patricia Rushton

I did. I graduated from Cypress High School in Magna, Utah; then the University of Utah for nursing school.

Interviewer

When did you decide you wanted to go into the Navy?

Patricia Rushton

Well, that's a great part of the story, and I always ask people that when I interview them myself. At the time, of course, the military needed nurses, and there was a big recruiting program on, to recruit nurses into the military. We all, of course, knew about the war, and everybody had their own feelings about what was happening there. I had always kind of been raised to believe that our United States leaders knew what they were doing and that war was a bad thing but that was usually fought for good reasons.

So I went to nursing, and in the first year of nursing, the recruiters got a chance to come talk to our nursing class. They tried to do this nationwide. I've talked to a number of recruiters. Usually, there wasn't any conflict between the recruiters. They would often come together in the same car to the different nursing schools. They came to the University of Utah, and they looked great. They were supposed to. They looked great in their uniforms, and they all had about essentially the same story to tell about what the benefits were and why they wanted us to serve. I liked the Navy uniform, and so that's why I decided on the Navy. And it's interesting that, as I've talked to other nurses, they say the same thing. "Why'd you join the military?" Kinda the same story. "Why'd you join the Navy?" "Cause I liked the uniform."

Other reasons people went in were to travel. It was an adventure for many people, even though it was a hard war; to kinda get out of their hometown sort of thing; to learn new things; to serve. They saw their brothers and their boyfriends and sometimes their fathers going in the military, and they wanted to serve, too. So there were lots of reasons, but the superficial reason was, oftentimes, one liked the uniform. So I joined the Navy, and of course, the come-on, the motivation to join the military as opposed to just staying civilian nursing was that they were gonna pay for my school.

My folks weren't poor, but they weren't rich either, so this was a good way for me to get some income to do it. They were gonna pay for everything. They would pay for the last year or the last two years; then you owed them another year besides that. So if you went in for two, you owed them three. If you went in for one, you owed them two. I was commissioned and went in as a junior. They paid for tuition and books; they paid a monthly salary. I lived with my folks, so I was able to bank all that money. But for many people, that was their means of buying groceries, was what the Navy paid them. I don't remember the amount, but it was a reasonable amount. It was a good amount. It wasn't a small amount sort of thing.

Then you knew that you were gonna serve. That always made me feel really good. I was really glad to tell people I was in the Navy. I had a classmate who, when it got toward time when needed to actually go serve, she had some real conflicts about the war. She had brothers who had conflicts, and they were real concerned about her serving in a war that they felt was morally wrong. When it came down to it, she chose not to serve. She still had to pay back her obligation, but they allowed her to serve on a civilian ward, a dependent's ward, as opposed to serving with the actual servicemen.

So we finished our time and we went to Newport. I had never been outside of Salt Lake City. The freeway was a new thing. We went to Newport, Rhode Island. I remember flying into Newport and taking a cab to Newport Naval Base. I had never seen ships and I had never seen the ocean. We came around the bend there, and here was the gray Navy, gray ships on blue water. And I thought, "Yep, this is where I'm supposed to be." We were there a month, to be oriented, and it wasn't like we had to pass a lot of tests. It wasn't like the enlisted orientation. We were

there to get oriented to what the military meant: get fitted for uniforms; learn about rank; learn about some of the jargon so that we could make some sense out of what people were saying to us. So we were there for about a month.

I knew that I'd be stationed at Philadelphia Naval Hospital, and I'd asked for Philadelphia. I really enjoyed history, and I'd never been East. I knew Philadelphia was a great hub for Revolutionary history. The other reason was because I'd read articles about taking care of the military amputees. During Vietnam, Oakland Naval Hospital and Philadelphia Naval Hospital were the amputee centers for the Navy. So going East, Philadelphia seemed like a reasonable place to go.

It was very much a culture shock. As I said, I'd never been away from home, so I was very homesick. The military was a new culture, though they weren't unkind; it was new, and it took a little while to get used to. I'd never lived in a big city. I thought Salt Lake was big; then there was Philadelphia. It's an old city, so it's narrow streets, and terrible traffic, and one-way streets. If you caught yourself going down a one-way street the wrong way, you'd have to find a way to turn around; double parking everywhere; traveling in that traffic was very difficult. But eventually, I got used to that sort of thing. People were kind. I met good people who became good friends. So being in Philadelphia was a great experience.

I was a brand-new graduate; I had learned lots of skills and ways to be a nurse, but I had not really learned organization yet, or a priority setting in terms of a large group. And so this was a great experience. Philadelphia Naval Hospital was an old Naval hospital, and had had lots of open-bed wards, like 30 open-bed wards, which meant that there were no walls. There were occasionally some curtains, but not very often. And you just saw everything, which was great from a nursing standpoint, 'cause you could literally see anything that was going on. If there was trouble at one end of the ward or the other, you knew it right away, as opposed to wondering if somebody was gonna put out a light kinda stuff.

There was no privacy, but these men had lived aboard ships and in tents, so they knew about living together. They took care of each other. They were very supportive to each other and tried to keep each others' spirits up, and laughed, and talked, and played music and that sort of thing. It was a great experience from that standpoint, but it didn't take long for you to learn that you had to have ways of organizing your time 'cause on the day shift, you'd be the nurse for 30 patients with maybe three or four corpsman. If you were lucky, there was another nurse on with you.

But on the afternoon or the night shift, you were the nurse for five wards of 30 patients, so you would be responsible for 150 men and their healthcare. In those days, the military required that you be someplace, so you couldn't just be at home. Now we send everybody as an outpatient back to their home after 24 hours or less, but in those days, they couldn't do it. They had to be stationed somewhere. If they weren't on their ship or their duty station, then they had to be in the hospital.

So you'd have 150 men, and you were responsible for their behavior or misbehavior. Then you'd have five or ten really sick people. Of course, sick in those days was a whole lot different than sick now. The people who were really sick didn't make it back to Philadelphia Naval Hospital. But the people who were sick enough to be sick there were people who had just come out of surgery or people who'd come back from the front, even though they'd been stabilized at an aid station or a Naval hospital overseas.

I worked orthopedics 'cause I specifically asked for the orthopedic ward so I could work with the amputees. So I took care of a lot of patients who came back from orthopedic surgery. These were post-operative guys who needed fairly intensive care on the ward. It was in the early days of Intensive Care Units. We didn't have a lot of Intensive Care Units. I don't even remember where the first one was, but Philadelphia wasn't it. When we finally opened an Intensive Care Unit, it was again just an open-bed, open-unit ward.

The sickest of the patients were there, and the nurses got some orientation to taking care of really sick patients, as they were then. Probably the only difference was that you had, instead of having one nurse for 30 guys, you had one nurse for maybe three, or four, or five guys. The ratio today for taking care of patients is about one nurse to five patients in a well-staffed hospital. In an Intensive Care, it's probably one nurse per patient or one nurse per two patients if you have some stable patients in the ICU. So you can kinda see the difference in the acuity, in the seriousness of their illness then as opposed to now. Now many of these patients would be out and home, but they just couldn't do that then, so some interesting experiences.

These guys were used to taking orders, and I didn't understand the implications of giving an order. I said to this corpsman one day, "I need this closet open. I don't care how you get it done, just get it done." So he did. He took the door off the hinges so we could get in, and didn't put it back together. My head nurse said, "Miss Rushton, that is destroying government property." So I was in trouble, because I'd given him an order and he'd followed it, so I learned rather quickly to be careful how I said what I said, so that they would know what I wanted, but they wouldn't overextend themselves or get me in trouble.

When you work the day shift, the folks were supposed to be up at six in the morning. They were up at six in the morning when they were active duty, so there was no difference when they were in the hospital. They were able to get out of bed; they were supposed to be out of bed and helping get breakfast and that kind of thing for the folks. During the nighttime, this new Marine had been admitted, a kid. Even compared to me at 21, he was a kid. So I'm

going around ward going, "Reveille, Reveille, everybody up." So he pops out of bed, only he had an amputation, so instead of getting out of bed, he popped out of bed onto the floor because he, in his half-awake state, did exactly what he was told to do and got up.

I had one fellow who said, "Miss Rushton, don't touch me when you call Reveille in the morning," 'cause he said, "I'll pop up and smack ya." That was their survival mode in their half-awake state. They didn't make any discrimination between an officer and a Viet Cong. Those were the days when hospital beds had traction bars on them for these orthopedic patients, big bars that went over the bed that a trapeze hung on that they could hold onto and help to move around in bed. So I'd go around and shake the traction bars as opposed to touching him because they meant what they said, and they were bigger than I was.

So those kinds of experiences taught me in hurry how to speak to enlisted; helped me learn the difference between the officer ranks and the enlisted ranks. These were good men. We were always admonished not to date enlisted people. The rationale was good, though it was a little bit rankling to some nurses. You didn't know where these folks had come from; you didn't know their backgrounds. They were in the military. They could've been really hardened people in a civilian life before they came in the military and there was no way of knowing that. Officers were selected carefully, with the hope that they didn't have a criminal background or any of those kinds of things.

So there was a different social status, with the understanding that there probably had been a different social status when they were a civilian as well. And so we were asked not to be social with the enlisted people, and they understood that as well. But as a general rule, these were good people. They always treated me well. The enlisted corpsman always showed me respect.

I'm a Latter-Day Saint, and they didn't get me a hard time about the Word of Wisdom. They didn't offer me coffee, tea, or alcohol. They didn't offer me cigarettes. They knew I didn't do that, and so that was never part of the issue. They didn't ask me to do something morally that I wouldn't have been willing to do. I was always very clear about that and they were always very careful. I had one officer who was not LDS, and he said, "Would you like a stick of gum?" And I said, "No." He said, "Oh, I'm so sorry. Is that part of your religion?" And I said, "No, I just don't like chewing gum." So yeah, I had to be careful, too, about what I said, and that I explained myself.

We had one fellow who came back, and I never noticed any bitterness from the patients that I took care of about the war, or about how they were treated, or the fact that they had to serve. I don't remember any of that kind of thing from the enlisted people that I took care of. But sometimes they were angry, and they had their own personalities, and this one fellow--I can't remember if he physically struck out at an officer or if he, verbally, was abusive, but they were gonna charge him. They were gonna take him to what amounts to a military court.

So the psychologist or a psychiatrist came to see him and he said, "Well, you can get out of this by pleading mental illness or mental handicap." I can't remember exactly how he put it. So this fellow was gonna do that, and I said, "Now you understand that will be on your health record for the rest of your life. That'll be in your military record for the rest of your life." He still went through with that, 'cause he was more concerned about the consequences if he went to court; we had a captain's mast. I don't know what happened to him, but they had to balance those kinds of things.

I took care of one older gentleman; he was a Master Chief, so he'd come up a long ways in the enlisted ranks. He was an amputee; he'd been in Vietnam, and he'd been in an accident and lost a leg. He'd been on the ward for a long time. He'd been on there long before I got there. I don't know why he hadn't been rehabbed enough to go out, but he was still there. One day, he had a heart attack and he died. He'd been there forever. He was just part of the ward, part of the institution, part of the wallpaper, you know? That was really hard. Everybody knew what had happened. You could put curtains around that, but everybody was quite clear about what had happened and that he was gone.

Even his physician had a hard time. The physician said to me, "Well now, you call the family." As a general rule, that's not a nurse's responsibility, but this physician just couldn't do it. Mentally, emotionally, he just couldn't do it. So we talked about that, and he was able to finally call the family and talk to them about this death. But we all cared about this man so much. It was very difficult to watch him die like that.

I had another patient who, again, he was a Veteran. He hadn't been serving on this current war, but Philadelphia Naval Hospital took care of Veterans as well. He was a World War II Veteran, and he came in, and he decided he'd had enough of this life. He'd been somewhere else in the hospital and they had gotten him stable. Then he'd gone to the Intensive Care and they'd gotten him stable again. And then he came back to my ward. He did have an orthopedic problem. I can't remember exactly what it was. He said, "I'm gonna die," and he did. Within 48 hours, he was gone. And there was no reason that we could think of why he'd gone except that he just had enough of being here.

So you met all kinds of folks. It was a really interesting experience to take care of people that were gonna go back to life in a rehab. All these people were amputees, so the hope is that they would go back to some sort of normal life. And Philadelphia was a great place to be an amputee because they had a great rehab department. They had good physical therapists. They probably had the top of the line, the most talented prosthetists, people who could make their prosthetics, in the world. For a long time, Philadelphia was the center for amputees. It was nothing like they are today, but clearly these folks went out with a limb that they could use if they were willing to do that.

Interviewer

So you chose amputees. To me, it would be so difficult, 'cause you know what they're gonna go through.

Patricia Rushton

Well, it's interesting, because one of the other nurses that I've since interviewed in my project, and who turned out to be my recruiter, Sandy Kirkpatrick, at the time, she had been in Oakland at the Naval Hospital. She'd written an article for the "Reader's Digest," which I had read prior to being recruited. She talked about what great people these were, the patients, the physicians that she'd worked with; how wonderful her experience had been; how flexible these people were; and how able they were to cope. I guess that's probably the trigger that sent me to Philadelphia to work with the amputees, was her article about what a great experience it had been, and how well they were able to go back to normal life.

In truth, they didn't have anything to keep them from doing that. They could put a leg on, or an arm. We had a great hand service in Philadelphia, probably one of the earliest hand specialties anywhere. They could take people's hands that had been just terribly mutilated and they could, after several surgeries, of course, and lots of rehab, these Veterans could go out with hands that worked. It was long before any kind of automated anything in terms of prosthetics. But the hands that they took looked as close to normal as they could, though they couldn't use them, at the time, like they can now, with the great prosthetics that we have now. They could live a "normal kind of life." So actually, the amputees were in pretty good shape. They generally didn't go out with chronic illnesses that were gonna plague them the rest of their lives. If their families were able to cope with their handicap, with their body change, they went back to families that were supportive.

So we did great work in Philadelphia, and most of those guys did go back to what appeared to be some sort of normal lifestyle. And of course now, if they're still surviving, they can take advantage of all the great prosthetics that we have now if they're still physically able to do that, 'cause they're Veterans and they get care for the rest of their lives.

Interviewer

What year was this?

Patricia Rushton

I went active duty when I graduated from the university, which would've been in 1971.

Interviewer

So the whole social world is in tumult. How did Veterans handle that?

Patricia Rushton

Well, they would start by going out on liberty on the weekends or in the evening. They'd go out together, so they had each other's support. Sometimes friends and family would go with them. I think we encouraged them to do that, because that meant that they could go out and be exposed to whatever--hopefully, kindness--but also whatever remarks, or criticism, or that sort of thing, might be made. We know that sometimes, people weren't kind, that some of our Veterans came back--as I have mentioned before, we were required to wear our uniforms out on liberty or when we were traveling, in order to get the military discount or to travel military, we had to be in full uniform. I came home from Philadelphia several times in my Navy blues and my bridge coat. We don't even wear bridge coats anymore. Lots of uniform, in order to take advantage of the military discount. So people knew that you were military; there wasn't any question about that.

Sometimes, people were kind, and they'd say thank you. But more often, they didn't say anything. Sometimes, some people could be really mean. I have a friend, who has passed away since, but when she came back from Vietnam to the military establishment--I don't remember which hospital it was--the people there snubbed her, because there was lots of concern about whether the people that stayed home to take care of patients would be looked down upon because they didn't go to the front or they didn't go to the hospital ships. And of course, that certainly wasn't true among their own. I don't remember anybody questioning the fact that I had never went to Vietnam, that I was in Philadelphia all of my active duty. But some people, it's kinda like, "Well, we don't have time for you. We don't wanna hear your stories about the front. We don't want you to talk about it 'cause we've had our own problems here."

I have another nurse who's talked about how wives of Vietnam Veterans, people who were in Vietnam or who had served in Vietnam, who'd be teaching school, that the children at the school would come with razor blades in their shoes. Not all of them, of course, but the occasional stinker would come with a razor blade, and he would cut these women. They'd cut their legs at recess, and sometimes it would be a laceration that was easily healed and treated; sometimes, they would cut deeper and it would be a tendon or that sort of thing, that would cause permanent damage or long-term damage.

One nurse I spoke to said that she was on a plane and they were serving meals, and the stewardess didn't serve her one. And she said, "How 'bout me?" And she said, "Oh, no. We don't serve Vietnam Veterans here," and so she didn't get anything to eat. My friend who returned from Vietnam also served during Desert Storm. Of course, it was a whole 180 degree turnaround during Desert Storm. Veterans were honored; they were said thank you to.

I had one fellow who said that when he came back to the airport, he just simply sat down next to a fellow, and the

fellow said, "Won't you let me buy you a car?" It was a whole: "Let me buy you a car. He's my card. If there's anything I can do, please let me know," those kinds of things, but certainly not during Vietnam. She said that when the women's memorial was dedicated after Desert Storm that they marched in the parade. That these nurses marched in the parade from Bethesda Naval Hospital down to the women's memorial and that there were crowds on both sides of those streets. She was old then. She was in her late 50s. She said, "Come a long way from being a youngster in Vietnam and not being thought too much of, to now, having people go for it kind of thing in this parade."

Interviewer

What was that story about Detroit?

Patricia Rushton

I had a lady who had been a recruiter. She was married. I'm sorry, I don't remember for sure if it was Detroit, but wherever she was as a recruiter, she had a military car, which they drove from one place to another to recruit. She parked it in her yard, and one night, the house next to them was blown up. I don't remember that people were killed in that home, but it was clear that whoever the bomber was had simply gotten the wrong house, and he'd meant to bomb my friend's home because she was a Vietnam recruiter. So there were some of those kinds of instances. But they're also great instances. Like I said--

Interviewer

Tell us some.

Patricia Rushton

Well, I was always treated with a great deal of respect. I was never asked to compromise myself or my values. The people that I worked with, my patients and my corpsman, were always glad to see me. It was never like, "Oh my gosh, here comes Miss Rushton." It was like, "Oh, Miss Rushton, you're here!" So that always made you feel really good. And I was always really proud to serve. Some other good things: nurses tell about how, when they were stationed on the ship, that when they go back and forth on liberty that they were always protected from those who didn't understand they were nurses, while they were on the liberty boat going back and forth.

Interviewer

Tell us about the Marines and sailors.

Patricia Rushton

Well, Marines are Marines. They're a very close group, I think. They are very stoic as a general rule. These were young men, so they were still growing up. I took care of one Marine who came with osteosarcoma. At the time, in that era, we didn't have chemotherapy. We didn't have really good radiation. We didn't really understand the mechanisms of cancer growth. There was some cancers we could do something about, but to have osteosarcoma was generally a death sentence. People died from it because we never knew about it until it was late. It had already spread; we didn't have good treatment for it. So those people who were diagnosed with that knew that probably, they were gonna die.

I had a couple of patients with osteosarcoma, and this one young man, he understood. Oftentimes, it was in an extremity, a leg or an arm. I can't remember if he let them amputate or not. But he said, "I'm gonna die. I know I'm going to die. I'm just gonna do the best I can until then." Well, this other young man came in, and he'd been diagnosed with osteosarcoma, and he'd been on the front. So I remember him talking about battles that he'd been in. He was very active and very agile, and they took off his legs with the hope that they had caught it early enough to treat him.

So those were in the early days of chemotherapy, when people were treating patients with cancer with single drugs. We never treat people with single drugs anymore. We always treat 'em with some sort of combination because we have a better understanding of what causes cancer and how the cancer cell works. But he was getting a single drug and probably one of the worst. He was getting Adriamycin. I remember that so well because Adriamycin is red and the physician came up and gave this red medicine. I'm sure that's what it was. Of course, Adriamycin makes you lose your hair, and makes you be nauseated and vomit, and decreases your blood count so that you're not able to fight infections.

So this fellow was pretty sick from his treatment, and we didn't have good therapies for the symptoms, either. We didn't have the medications we have now to control nausea. We've never been able to figure out how to keep them from losing their hair. I remember him losing his hair and being bald. He and I became fairly good friends. His family, they did live in Detroit, and his family would come to visit, and they were very concerned. They were wonderful people and are wonderful people. I've kept in touch with them. They would come down and they would bring things for the ward. They'd invite me to dinner with the family and that sort of thing. They were always very positive and they were always very hopeful that Jerry--his name was Jerry--would get by this, but he didn't. He ended up with lung metastasis, and he did end up dying at home. He was discharged from the military and went home to die. We kept in touch. That was probably my first real experience with dying from somebody that was closer than some of the patients that I'd taken care of. Fortunately and unfortunately, you don't get close to every patient you take care of. You couldn't tolerate that emotionally. But it's good to have some patients that you're very

close to, so that you can identify with what's happening to them.

Interviewer

Were you encouraged to not get close?

Patricia Rushton

No. Well, I think the attitude of the day was, in nursing school, we were always told to be empathetic, but not sympathetic, which meant that you had an understanding what they were going through, but you didn't have the same feeling as them. That was always a very gray line about what those two meant. We were always cautioned not to get so close that we couldn't be objective about giving them care. Where does that line go? I don't know anymore where objective and subjective goes. We were always encouraged to be very professional, talk in very professional language.

Nurses weren't to share any bad news; that was always a physician's responsibility. It remains pretty much a physician's responsibility today, though with nurse practitioners and clinical specialists, the people who are doing a little more advanced nursing now, we find people that are able to share that kind of information. Nurses have a lot more information. They have a lot more understanding now about the path of physiology and the physiology of the body than we did in the '60s and '70s. So we understand what's happening.

When patients ask us today, we try and be as clear with them as we can. If there's something that a physician feels he needs to tell them, we try to make sure that we're clear about what that is and that the physician is there to do it. We're able to share and we're able to be honest. Sometimes, it was harder back in the '60s and '70s to be. It wasn't that we were dishonest. We would just back with up with this is something that the physician needs to talk to you about.

Interviewer

Did Jerry talk to you about the war and what he did?

Patricia Rushton

He didn't talk a lot about all the details, but I remember him saying that he'd been in some firefights, and he'd been in some places that were dangerous. It's been a long time since I, obviously, spoke to him. I remember talking to him about being in some undercover kind of situations, so he was in some dangerous places, I think. He was always very proud to be a Marine. He never had any bitterness about serving in Vietnam and was never, "Why did they do this to me? Why me?" kind of thing. I don't know if he just didn't think about it. Just to be a Marine was what he was. That's what Marines are. If they're Marines, they're always Marines. It's like if you're a nurse, you're always a nurse. It becomes part of your identity sort of thing.

Interviewer

Did you run into any patients who had that bitter attitude?

Patricia Rushton

I did not. And maybe I was too naive to recognize it, I don't know. But I don't remember a single patient who was rebellious or angry about the war. They had just – as we all did – they had all just gone and done what they needed to do. Now we're glad to have done it, I think.

Interviewer

When the families would come see their son for the first time, how did you prepare them for that?

Patricia Rushton

Well, it was interesting because I'd never had that situation where it was the first exposure. I think the military had already notified them that their son—we didn't really see women during Vietnam on the front. We saw them in the hospitals; we saw them with the Red Cross. I know there were some volunteers on the front, but not very many, as a general rule. So most of the people we saw were men. I think the military had explained to families that their son had been wounded; probably had talked to them about the extent of the wounds. By the time I got them in Philadelphia, the Marines had actually talked to their families, so there'd been that kind of interaction.

I never saw or knew of a family member who wouldn't come see their Veteran. I never knew of that, though I know that it did happen. But we were 25 years past World War II, and the difficulty with body image that some of the folks in World War II had experienced, I just was never aware of that going on. I wasn't aware of it happening here in Salt Lake, when I'd come home or before I went. I know that Salt Lake was never a hot bed of rebellion, thank goodness. And I didn't really see any of that in Philadelphia. I was never in places like San Francisco or I don't know, what other places had lots of rebellious folks. I just never ever saw that.

If it happened, it happened suddenly, and it happened on the streets with the Veteran when I wasn't with them. I just never had that personal experience though I could see it on television. I knew that it was happening. It was clear that people were unhappy about the war. I don't know if, at the time, I really understood what was happening in Vietnam, except that we were there, supposedly, to keep this group of people free and certainly that was a good goal, to keep them free.

Interviewer

How did you feel when we left for Saigon?

Patricia Rushton

Well, interestingly enough, Philadelphia was one of the places where the POWs came back to. Nurses were hand-picked to take care of the POWs, and I was not one of them, so I didn't get that opportunity. But I do remember the night that they came back, that there was lots of security; they were moved into the hospital very quickly; they were moved to a special ward that had been prepared for them. We didn't get hundreds or anything. I don't even remember how many we got, but it was probably less than 50. Those nurses took care of them.

I don't remember there being a lot of media around on an extensive basis like there may have been in some other places, Bethesda perhaps, or even on the West Coast. I was glad that it was to the point where they could come home; I didn't have any personal experience with that. I was glad that the war was over, though I think I've always felt bad that that was probably the first war that we were not able to be victorious in, and that's always hard, that you felt like you lost.

Interviewer

Do you remember how the men reacted when those helicopters were seen?

Patricia Rushton

I don't remember that at all, and I don't know if it was whether I was off-shift at the time and wasn't there watching it with them. I just don't remember.

Interviewer

Did we ever bring South Vietnamese?

Patricia Rushton

No, I don't remember them. I know that South Vietnamese people were taken care of in our hospitals in Vietnam, but I'm not aware that any were brought to the States per se. There may have been an occasion, but not as a general rule. Well, we took care of them there. We sent them back to their own communities as far as I know, from what I hear from other nurses.

We took care of POWs, and that was always a bit of an issue from the nurses I hear talking about it. They were concerned about resources; they were concerned, as we have been with Desert Storm, with the Gulf Wars, that resources might be misdirected to prisoners of war from the enemy. That doesn't stop us from taking care of them. I hear that from the nurses that were in Vietnam that they took care of those POWs. They took care of the dependents; they took care of the wounded, regardless of what color their skin was or what country they came from, as they have in the Gulf Wars.

Interviewer

I imagine you knew some women that had served in-country.

Patricia Rushton

I didn't know any at the time, but I've had the opportunity to interview a number of them since.

Interviewer

Tell us about some of them, and what they went through.

Patricia Rushton

I think that, again, they wanted to serve, and they chose to serve. The Navy was a little different, from what I can gather from talking to people in the other services. The other services would frequently send their nurses pretty quickly to the front without a very long orientation. And perhaps somebody from those services would correct me, but that's my impression, is that they sent them pretty quickly. So they didn't have a period of time when they got oriented to the military, to taking of Veterans, to the military medicine system. When I went in the Navy, nobody even asked you to volunteer for Vietnam until you'd been in at least a year. Perhaps that was because I served a little closer to the end of the war, though I don't think we were aware that the war was winding down. I wasn't aware that the war was winding down per se. As far as I knew, there was still a war and people were still shooting.

Interviewer

Because of the patient load?

Patricia Rushton

Yeah, because of the patient load, though in Philadelphia, my supervisor would say to me, "You keep that ward straight and you get those beds cleaned up because you don't know when you're gonna have an aerovac come in and you're gonna get 20 patients." So there obviously had been a time when Philadelphia got aerovac with 20, or 30, or 40 patients at a time that they would distribute throughout the hospital in the middle of the night because nurses would say that to me. But I never saw that. We never got the middle of night admission kinds of things. But the nurses that I spoke to from being over there, they would. They would get aerovac. They got helicopters from the front to the ship at all hours. If they were at a "tent unit," M.A.S.H. unit, whatever they were calling them in Vietnam, it was not uncommon for them to get big loads of patients any time of the day, and they had to be prepared to be able to take care of them, and they did. They didn't look at people's skin color or look at dog tags. They just took care of the patients. And of course, if they were POWs, they had to be more careful about security 'cause they didn't know what those POWs would do in the process of their recovery, so they had to be a little more

careful about that. But there was never a question. I've never talked to a nurse where there was any question about taking care of the patient, whoever he was; they just did it.

Interviewer

But there was a triage.

Patricia Rushton

Well, there's always a triage because--

Interviewer

First, they took care of the Americans, then they took care of the South Vietnamese, then they took care of the civilians, and lastly, a lot of them did not want to care for North Vietnamese.

Patricia Rushton

Is that a statement or a question?

Interviewer

From what you know, is that true?

Patricia Rushton

From what I know, from what I've heard, the issue was not, "Gosh, he's Vietnamese. We're gonna put him over there." That was not the issue. The issue was, "Gosh, he's got a bruise. We're gonna put him over there. This guy's got a chest wound. We're gonna take him now." The issue was always the acuity of the condition, not the skin color or the nationality. I've never heard anybody say that.

Interviewer

That's interesting.

Patricia Rushton

Even today, the nurses I've talked to from Desert Storm, the ones who serve in those hospitals on the front, are saying the same thing. "We just take care of 'em. We just do what we need to do," and sometimes, they comment on how the servicemen might say, "You're gonna take care of him before you take care of my buddy over there?" But the issue is that it's his buddy sort of thing. But the nurses and the physicians that I talk to don't--when you go into nursing, you take care of whoever you need to take care of.

Interviewer

Did you run across any Agent Orange?

Patricia Rushton

I did not. I think at the time, we knew that it was being sprayed. The people that I worked with understood the reason. The reason, as we understood it, was to make it easier to find the enemy. Jungles are jungles, and I've never been to one. I know how hard it must have been to find the enemy. I don't think we understood the side effects. I think the people were told that there weren't any, as we always are, sometimes. Since then, it's been interesting, 'cause I do work for the VA here in Salt Lake on occasion, when they need help, and I can go work. And so we do see Veterans who've been exposed to Agent Orange. And now we understand that they have a high rate of diabetes. They have a higher rate of some kinds of cancer. They have a high rate of some other chronic diseases, all of which I can't remember at the time, but diabetes and cancer, principally lymphoma, stand out in my head that those are illnesses that clearly were associated with Agent Orange. But we didn't understand that during Vietnam. We've only understood that in the following years.

Interviewer

Sadly, there was some drug addiction happening among a lot of the soldiers.

Patricia Rushton

I did not have to deal with it. Again, maybe it was my naiveté, I don't know. Maybe it was that I was on an orthopedic ward and maybe things were different there. I don't know. But I have spoken to other nurses who ran across that kind of thing. We were very careful to keep the narcotics locked up. Those were in the days which you had to count narcotics every shift. They were under lock and key. We don't have to do that anymore. Narcotics are still under lock and key, but we don't have to count them 'cause we have automated systems that count 'em for us. It's really quite amazing. You carried keys, and you had to be sure you left the keys at the end of the shift instead of taking them home with you, and they were sort of the bane of your existence to make sure you knew where those keys were all the time.

My patients, if they were addicted before they got to me, I didn't know of it. I knew of one young man who became-- I don't know if it's addicted or habituated to a particular drug that he used for pain during his hospitalization, and I don't know what happened to him afterward, whether it became a continuing problem for him or not. I don't know. But I never had an incident.

I know of other nurses who had incidents. One nurse was called into the commanding officer's office with the thought that she was involved, and that was clearly not the case, and they worked that out. I had another nurse who became addicted herself, and a pharmacist figured it out and offered her help. She was able to get around it

and did not suffer any physical or emotional--well, I think she suffered some emotional consequences, as a result of her exposure to the war and the Veterans, but she was able to get around the drug addiction issue with some help. I know of one nurse who found another nurse was stealing drugs for her addicted husband who had been a Vietnam Veteran. I personally was fortunate enough not to have to deal with that issue, though I knew it was there and we were always very careful. I just never had that experience.

Interviewer

What are some of the positive stories that you were a part of?

Patricia Rushton

Well, as I say, most of our patients went home. That was good. We had one young man who had a fracture of his neck, and at the time, they were putting people in braces to hold their heads still, those halo braces. I remember treating him for a long time with this halo brace on to make sure that he didn't get infection. His family lived in Philadelphia, and they would try to send the Veterans to the nearest Naval Hospital to their home. So he and his family lived in Philadelphia, and he was eventually able to go home on liberty, and then eventually able to go home, and he did well, and he recovered.

I remember other patients, I guess. I just remember that they were able to go home, that they were able to be discharged or even able to go back to duty sort of thing. A few years ago, I was able to get an article published in a military magazine, and someone from the Philadelphia Naval Hospital read it. He emailed me and he said, "Do you remember me? I was one of those guys with hand injuries, and I was a pain in your neck." But he'd married since, and he had a family, and stayed in the Navy as long as he could, and finally got out after 30 years or so as a chief. So those kinds of stories are good to hear, that people recovered, and they went home and they led pretty normal lives in terms of families and stuff.

Interviewer

You know nurses now that have served recently. What are the similarities and what are the differences?

Patricia Rushton

Some of the similarities are physical ones. We're still serving out of tents. They're still building tent hospitals, just like they were in Korea and Vietnam. They're still doing that. The tents get a little better, but they're still tents. They are air conditioned now; they weren't air conditioned then. I think starting with maybe Korea, certainly Vietnam, the ability to get patients to care quicker has certainly been improved. Each war improves that a little bit; maybe 'cause our technology, our aircraft become a little better in terms of getting people. The technology is better now. We take higher technology with us when we go, but the goal is still to take care of patients.

I think more Veterans are surviving their wounds now. When they get to us, they're more stabilized, but they're also sicker, because in Vietnam and Korea, and certainly World War II, and certainly World War I, the people who were badly injured just died on the field. But now we get 'em home. And of course with things like the Kevlar and that sort of stuff, we're seeing more extremity wounds because we're protecting their midsection so that we don't see them with lung injuries and heart injuries. Clearly more head injuries now because of the technology, the different kinds of explosives that rattle their brains and cause more kinds of head injuries than we've had in those other wars, they probably would've died.

In terms of attitude, the attitude is still, "I need to go serve. My brother, my father, my neighbor, they're serving. I need to go serve. It's what I need to do." So people volunteer. People stay in the reserves. It was interesting that, during Desert Storm, those of us who'd been in the reserves for a long time, we kinda knew that war was probably gonna come sooner or later. Of course, the reserves hadn't been mobilized. I don't know if they'd ever been mobilized until Desert Storm.

And all of a sudden, we found ourselves mobilized with "be there yesterday" kinds of attitudes. My one friend, we were both in the reserve unit here, and during Vietnam, they kinda cherry picked. They'd take a person here and there. In the early days of Desert Storm, they did the same thing. They cherry picked. They'd say you, and you, and you, but not you, and you, and you. So she was called, and it was just before Labor Day weekend, and they said, "You need to be up here to the reserve center on Friday." I think they called her on Wednesday or something like that, some 48 hours or something. "You need to be here at the reserve center on Friday and you're shipping out." So she got to the reserve center, and this is a similar story to everyone that got to the reserve center, and they told her she needed to be in Fresno the next Tuesday. So that meant she had like, four days to close up her house, take care of her bills, get somebody to take care of the critters, that kind of stuff. She did. She drove to Fresno, California over the Labor Day weekend and was there on Tuesday. But when she joined the reserves, she knew that that was a possibility. She had accepted that. She was single. She didn't have children and that kind of thing. We were single.

In fact, she had this inkling that she would be called up as soon as they mobilized the hospital ships. She'd had an opportunity to serve on the hospital ships when they were doing their first humanitarian voyages. She'd been there, so she knew that when they took the troops out of San Francisco, out of Oakland, sent them to the ship, that probably she was gonna be mobilized. She thought she'd go to the ship. As it turned out, she ended up in Fresno, California, at the Naval Air Station there.

But she said, "It was interesting, that as I got there, other reservists, people who hadn't had as long experience in the reserves would come and say, 'You want me to work nights?'" These were people who had civilian jobs. They were nurses in industry, or they were high in the administration of a hospital, or they were in education. They hadn't worked shift work in a long time. Fortunately, most of 'em had actually taken care of patients, but as you get more senior in nursing, you don't have to work as many night shifts. So they'd come and they'd say, "You want me to work nights?" Yeah. There's only a few of us, and we'll all be rotating shifts. "We don't have the weekend off?" No. It was a real culture shock.

When we went in, during Vietnam, people had time to think about it, even if they'd put in for it, even if they'd volunteered for it. And many, many, many nurses did volunteer to go to Vietnam, in the Navy at least. They'd generally have a couple of months or a few weeks to get their act together and get ready to go. Most of us didn't have much. It wasn't like we had a household, 'cause we were all young, and not married, and didn't have any kids. And so you put your stuff in a bag and you went. So we had time to think about it.

But the folks for Desert Storm, they didn't have any time to think about it. This was a new war. We didn't know we were going to war 'til we did. They were mobilized in a hurry, and the military wanted them to be there yesterday. I mean, they wanted them there now. We understood that, but then when the time came for us to come home--and I was mobilized for Desert Storm, too. I was mobilized to Oakland Naval Hospital when they sent the troops from Oakland to the ship. But I didn't get mobilized until the following February, so I had a long time to think about it. Then when they got ready for us, when the war was over, when that 100 days was gone and we weren't bombing people anymore, they wanted us gone. They wanted us gone yesterday, too. So not only did we not have time to think about going to serve, we didn't have time to think about what was gonna happen when we came home. For many people, they'd rearrange their leases on their homes. They told their jobs they wouldn't be back 'til who-knows-when. I had lots of leave. I was working at the VA at the time and I had lots of leave, and I took it. I didn't know if I'd be back, ever. I didn't know if I'd be back, how soon, so I had used up my leave kind of thing.

When my friend Sherry got to Fresno, she was there for several months, and she'd keep seeing nurses rotated to the Gulf. She hadn't been rotated, because she was still reserve, and there was some sort of rule about, "the reserves couldn't go unless they had so many days," or something or other. When they finally rewrote the rule -- when they could see the war was gonna go on for more than a month, they finally rewrote the rule. Finally, she said she had been the one that had been in a place to actually detail people to go, and so she'd been sending lots of people. And she felt badly about that, that they were going and she wasn't. And this is true for the nurses in Vietnam as well.

One of my friend's first duty stations was at Annapolis. It was her job to detail the corpsman to go. In Vietnam, you knew there was a good chance those corpsmen were never gonna come home. So here she was, in a position to literally make life and death decisions, and she always felt guilty about that -- even to the day she died, she felt guilty about that -- 'cause we had talked not too long before she passed away. So nurses are the ones who make those kinds of decisions.

Interviewer

Maxine did that, too.

Patricia Rushton

Yes. That's a hard thing to do. In my project, I did get the story of one World War I nurse. Here she was, on the front in World War I, 20 years old. She was the triage nurse. She was the one that was making decisions about which of those patients you'd put over there to let die and which of them went to the operating room, such as it was during World War I. So nurses are the ones who get to have the honor for, have to, however you look at that, make those kinds of decisions. And that's been true in every war.

Interviewer

Did you ever run into anybody from Utah?

Patricia Rushton

I don't remember any military nurses. We had a very active ward in Philadelphia. There was only one ward in Philadelphia in the '70s. Now, there are numerous wards in Philadelphia. That was an experience. I told you about the traffic -- getting from my apartment in South Philly right next to the Naval base to that ward in midtown Philadelphia was an adventure. I was young, and I hadn't done a lot of driving, and I had a car, but finding it was an experience. But those people were very supportive, and they didn't think anything about me being in the military. I was just another ward member, and they expected me to do all the things ward members do here, and they invited me to all the things that ward members get invited to here.

Interviewer

These were soldiers that you knew?

Patricia Rushton

No. There was one young man; when I first got there and was scared to death, this one young man figured it out. He didn't ever say anything, but he figured it out, got me on the bus, got me to the ward. And I don't remember ever seeing him again after that. He apparently was stationed at the Naval base, and he was LDS, and he was going to

church, and he figured out how to get us there. And after that, I think I drove. But he was very kind.

Interviewer

It was pretty intense for these 18-, 19-year-old boys to lose a part of their body.

Patricia Rushton

Were we trained to deal with their emotions?

Interviewer

Of course. The kid who jumps in the morning and ends up on the floor, I would imagine that would be pretty traumatizing for him.

Patricia Rushton

Well, it was, and he complained. He complained, but he didn't complain to me. He complained to somebody else. I think he complained to--

Interviewer

Talk about how they come in and they realize and they don't have their legs.

Patricia Rushton

Well, you have to remember that these young men did not receive their amputation in our hospital, as a general rule. Generally, they had been amputated before they got to us. And they might have to go back to the operating room to have their stump revised, or fitted, or whatever. But generally, they came having already lost their body part. So it wasn't like they were waking up from anesthesia going, "Where is my leg?" But obviously, it still was an adjustment. They were--

Interviewer

It takes months.

Patricia Rushton

It takes months. It takes a lifetime to rearrange your life to function in a different way. But from what we could see -- and I didn't have the honor of following any of them through the rest of their lives to know how they did -- but when they left our facility, if you were an amputee, in those days, they automatically got discharged with an honorable discharge. That isn't the case now. Now many of them want to, and do, go back to duty even though they have an amputation, because our technology is such that their amputations allow them to do almost the same thing they did before. Of course there's an adjustment, but they certainly can continue to serve, and it certainly is less expensive on the American tax dollar if they're serving than if they're home getting a pension. It's better for them to get a salary and be functional than it is for them to be getting a pension.

How did they cope? Well, I think they supported each other. They sang to each other; they cheered each other on; they encouraged each other, "Come on, you can do this," kind of thing. They joked around with each other; they made it clear that they weren't gonna feel sorry for anybody; that nobody in that ward was any worse off than I was. So I'm not gonna feel sorry for you, for all amputees. So let's get it together. We tried really hard to make sure that they did something functional.

In those days, we didn't have housekeeping. The patients and the corpsman were the housekeeping staff. So those patients that could, got up and they cleaned. We did have a cooking staff; we didn't have to have 'em cook. But they would serve food; they helped their buddies eat. If they needed to, they took 'em on liberty. If they could walk, they'd push an amputee in a wheelchair on liberty. They did those kinds of things to support each other. Just as they had been brothers in the field or on the ship, they were brothers in this ward, too. I think that sort of thing certainly helped them.

I think the big, open bed wards were really a great way to do nursing because they could see each other, and they knew when somebody was having a hard time, and they would support them. We could see when somebody was having a hard time, and we could do better patient care. And now all the rooms are private rooms, so if you're feeling sorry for yourself, you're the only one in your room to feel sorry for yourself instead of the guys saying, "Buck up! You're not any worse off than I am."

Interviewer

Do you have any thoughts that you want to share?

Patricia Rushton

Well, I think that it's interesting that so many people have returned to South Vietnam. So many Americans who served there, who served in the war, have returned to South Vietnam. I think it's so interesting that we are trading partners with South Vietnam. There are businesses; there are social and business interactions between South Vietnam and America and sometimes between North Vietnam and America in spite of the fact that some terrible things happened between us. I think the men and women who served in that war, like any war, were pretty brave. They didn't understand how brave they were, but they were. They made some real sacrifices.

Interviewer

You said that when you interview nurses, they all say, "I did nothing remarkable."

Patricia Rushton

Yeah. Oh, yeah. That's what they say. "I didn't do anything special. I just did what I had to do." I mean, that's a common line. "I just did what I had to do." I see it in the productions of the television stations like KUED or the other television stations that have done it.

As I've talked to nurses, they've all said the same thing, that they didn't have any question about going. They had some different reasons, but none of them were selfish reasons. All of them were a need to serve, and that's what nurses do. That's why you go into nursing. I don't know any nurse, and there may be some out there, but I don't know any nurse who would go into nursing for some other reason besides serving. Now there may be other reasons to do it: I need to make a living for my family; I need a productive job; I need to contribute to society. But all of them, the foundation is service: service to my patients; service to the company I work for; service to my family. There's always some service component there. Nursing is too hard of work to not be doing it for a good reason. And women today – it used to be, even during Vietnam, when the only thing women could--well, the most common reasons for women to work were teacher, nurse, secretary--and certainly during World War II and Korea and that sort of thing. Or if you were Catholic, become a nun was an occupation. I say that not understanding that culture at all 'cause I'm not a member of that culture. But I know that people have said that to me. All of them service things. But today, women can do anything. They can do anything, and they do. We do anything; we do everything. Now there is no occupation that is strictly a male occupation anymore, even the military.

That's perhaps one of the biggest differences between Desert Storm and Vietnam, is that women in Vietnam did not carry a weapon. They never carried a weapon. Even if they were in Vietnam, they didn't carry a weapon. Now, when women go to Desert Storm, they're issued a weapon. They're told they better not lose it, or they'll end up in jail. I've had nurses from Desert Storm who said, "I'd come home and I couldn't find my weapon. I'd be in the bathroom, thinking, 'Now, where did I set that down at?'" The bathroom at home, not the bathroom in the Gulf. They'd be in their home bathroom, and they'd have to remember, "Oh, I'm home. I don't have to carry a weapon anymore."

But in Vietnam, even the nurses who were on the front never carried a weapon. The corpsmen were issued weapons. The physicians, I think, were. I may be wrong about that. Certainly, the Marine guards, they were all issued weapons. But the women were never issued a weapon. I had one nurse who told me, "I had PTSD in the first half hour I got to Vietnam because I was being shot at when our plane landed. And in the first 24 hours, we had an attack on our base, and when I woke up in the morning, there was a Viet Cong, on the porch, on the step of my hooch. And I was the first door inside the hooch. If he'd got in, I'd have been the first one he had gotten." And she came home with PTSD. She's the only nurse who's told me that.

Well, I have another friend who says the same thing. She was going to the ship. She needed to stay a night or two in Da Nang in the hospital there. The hospital was attacked, and she found herself under the bed with a flak jacket and a helmet on, going "How did a poor girl, from where I came from, end up in a place like this?" So those kinds of things happened. I'm sure that there are times my friend that did rotate finally when her time came, when they rewrote the rule and she was able to rotate to the Gulf, she said to her chief nurse, "I've gotta go. I can't send these other people anymore if I don't go." So she rotated to the desert. She was only there for a couple of months, but she talks about how there were scary things.

When she came home, she was at work one day, and they were doing some work on the roof of the building that she was in. She was at the hospital, and they let some old asphalt slide down the slide into the truck, and she heard that. The next thing she knew, she was under a desk. This was a Desert Storm Veteran. She thought it was an attack. So those kinds of things happen. But back to the original subject.

So women today can do everything, and they carry guns, and they fly. We've heard about all the great women Navy pilots and Air Force pilots. Nurses are there for service. It's too hard of work to not be there for the right reason. It's too hard, emotionally. It's too hard, physically, to not be there for the right reason. In terms of what I think about Vietnam, I think we all learned a lot. I think that I am the nurse I am, and the person I am, not principally because of Vietnam, because I think there were lots of other things--family, church--that had an impact on that. But I organize the way I organize because of my experience at Philadelphia. I set priorities the way I set priorities, sometimes, because of that experience. And I am verbal. I was shy before I went to Philadelphia. It wasn't that I didn't talk. I wasn't an introvert, but I wasn't a fighter. I didn't say what I thought. Of course, age allows you to do more of that. But I think after my time in Vietnam, I learned to say what I thought. Sometimes I don't say it very well; sometimes I don't say it as tactfully as I should. But I do say it, and people don't have to guess where I stand, as a general rule. Some of that is because of my experience in Vietnam. I've talked to other nurses who say the same thing. I organize; I set priorities; I say my piece. I do the things I do because of my experience in the military. That's what I learned there. And it isn't that there's a course to teach you how to do that. It becomes a necessity. If you've got 150 patients, you've gotta figure out how to organize and set priorities or you're gonna make a mistake. You won't be able to take care of them. So those kinds of things are a result of my military service during Vietnam.

Interviewer

Is there anything we haven't talked about that you wanted to make sure we found out?

Patricia Rushton

I need to talk about the Nurses of War project. I started this project, oh, I can't remember how long ago –five or six years ago, maybe longer. There was a project going on at Brigham Young University to interview LDS Veterans – 'cause obviously, BYU is supported by The Church of Jesus Christ of Latter-day Saints – and they hadn't interviewed any nurses. And I said, "Well, why not?" I think the two gentlemen that were doing the project didn't really understand about nurses. They weren't nurses. I don't know if they'd served in the military or not, but they had interviewed mostly men Veterans because those are the people that came forth. I said, "Well, can I interview the nurses?" They said, "Sure." So they got me a little grant and we started this project.

Of course, to start with, we interviewed LDS nurses, because that's where I work, but realizing, of course, that the world of military nurses is wide and large, and that nurses haven't spoken, haven't talked about their experiences any more than any other Veteran. They just did what they had to do when they came home, and they went back to work wherever they were. So we began, and I've interviewed about 250 nurses, maybe a few more. Their stories are amazing and wonderful, and the project is ongoing. There's no time limit. I'd love to interview as many nurses as are willing to talk.

Sometimes nurses will say, "My story isn't important. She doesn't want my story," but that's not true. Every nurse that I've spoken to has had common themes. But every nurse I've spoken to has told me at least one thing that I didn't know before, because their experiences are different. So we like to let people know that there are projects available for them to talk and express their experiences. I think one of the nurses you spoke to for the World War II project, Ora Mae Hyatt --

Interviewer

Ora Mae, sure.

Patricia Rushton

Yeah, Ora Mae. She's wonderful. She'd never told her story to anyone until she told it to me. She may have mentioned a few things, but she had never really told the story to anybody. And after she finished telling it to me, she told it to everybody. She speaks to Boy Scout groups. She spoke to the Veterans at the Salt Lake City library. She told the story for the book. She spoke to everybody, because I think she realized how important her story was. We want to encourage nurses as well as other Veterans to talk and to tell their stories to somebody.