

**Interviewee:** Helen Enyeart  
**Interviewer:** Robin Sellers  
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**Sellers:** Helen, are you aware that we are tape-recording this interview?

**Enyeart:** Yes, I am.

**Sellers:** And do we have your permission to do that?

**Enyeart:** You certainly do.

**Sellers:** Fine. Let's go ahead then. How about telling me where you were born and where you grew up?

**Enyeart:** Well, I was born in Nome, Alaska, and spent all of my youth there until I graduated from high school. And Nome, of course, was a very, very small town. At that point in time, Alaska didn't offer much in the way of further education, and nursing had always, always, been my goal. For some reason, I just felt like that was what I was meant to be and do.

**Sellers:** Where you exposed to nursing or medical situations as you were growing up?

**Enyeart:** My parents had some friends who were in the medical profession. But I don't think I was really terribly involved in any of their activities or spent any great deal of time discussing it. It just seemed to be something that I was called to do. And so in order to pursue my dream of being a nurse, I had to leave Alaska. I did have a scholarship when I graduated from high school; however, the school that it was to did not offer nursing. So that was the end of that. [Chuckles]. So I selected a three-year diploma program, which was at that point probably one of the better avenues for nurses. Not like today where, at least, you need to start at the entry level BSN. I went to school in Spokane, Washington, after spending a year at Gonzaga University in Spokane with a pre-nursing major.

**Sellers:** What year did you graduate from high school?

**Enyeart:** 1956.

**Sellers:** Just to give it context.

**Enyeart:** [Chuckling] Okay. So I initially went to Gonzaga University because they did offer a pre-nursing major in which ultimately you would have received a BS in Nursing Education. However, in January of my senior year in my nurses' training program, they

discontinued their program. So I was kind of in limbo, and, you know, if hindsight is good, I probably should have collected all my credits and transferred to another university and worked toward at least a BSN in nursing at that point. However, I didn't do that. After graduating, my roommates and I decided we wanted to live in Portland, Oregon. We went there, took our state boards that we all passed, and worked at a county hospital in Portland, Oregon. Then one of my roommates decided that the Air Force was the way to go. And I said, "Oh, no no, Joan. No, we're NOT going to do that." [Laughter]

So she arranged to invite an Air Force recruiter to come and interview her. My other roommate and I decided that we didn't want to be involved at ALL with this. Not at all. So we left and let Joan deal with the Air Force recruiter. But, lo and behold, they were still there – the recruiters – when we returned, and of course, they gave both of us their spiel. And believe it or not, the other two decided not to do it and I joined the Air Force [laughs].

**Sellers:** Were you an only child?

**Enyeart:** No. No, I have one sister.

**Sellers:** Had your parents – was your dad –

**Enyeart:** No –

**Sellers:** — not in World War II, he would have been too old.

**Enyeart:** No, he was not in World War II. My dad was born in Yugoslavia, actually, and my mother was born in Canada – Toronto, Canada. They were both naturalized citizens. Dad went to the University of Washington and he was a mining engineer, and spent his summers working in Alaska, whether it be the fish canneries or road construction or whatever, just to fund his college education. But he got the Alaskan bug and stayed there.

**Sellers:** So that how you ended up being born there.

**Enyeart:** That's exactly right.

**Sellers:** So there's no military in your background either?

**Enyeart:** No. No, none. [Laughs]

**Sellers:** What was it about the spiel that the recruiters gave you that so intrigued you?

**Enyeart:** Well, travel, I suppose. I just thought, "Oh, that would be just so exciting to go someplace new and different, and maybe I could go overseas." However, my thought process at the time was, "I'm young. What's two years? I'll be an officer. It would be fun to do something new and different." So, I did. [Laughs]

And my first assignment was at Moody Air Force Base in Georgia. And of course, for a

Northern gal being exposed to the heat and humidity in Georgia, it was quite a cultural shock. And cultural, too, in that, you know, in Alaska we really didn't have – or at least, in Nome – we didn't have any black population. I was just absolutely dismayed, I guess, when I noted the “colored” restrooms and the restrooms for the white. The drinking fountains. I just had a really, really difficult time understanding that. But that was part of my learning experience. So I went to — spent almost two years in Georgia.

**Sellers:** And what did you do there? What was your assignment?

**Enyeart:** I was just a staff nurse in a medical-surgical unit. It had everything and anything – orthopedics, pediatrics, surgery, medicine, you name it. It was just a combination of everything.

**Sellers:** Did you put in then for a transfer, or did that happen automatically?

**Enyeart:** Well, no. I guess it sort of does. I went to flight nurse school when I was there. As you would expect, the management, or chiefs in the service, tried to encourage us to go career Reserve or stay longer or extend our two year commitment. Of course, at that point, I thought “Well, gee, why not? What is another two years? That won't bother me.” And so after — let me see, I hadn't been there all that long, just about a year and a half, I guess. And after I decided to go career Reserve status so that I could accept other assignments or stay longer or what have you, I was transferred to Torrejon Air Base in Spain, which was just outside of Madrid. And that was a three year assignment which was *really* marvelous. As you can imagine, Spain was extremely interesting; I did a lot of traveling, plus it afford me the opportunity to travel all over Europe, which was wonderful, just absolutely wonderful. Germany, England, France, Italy, you know. Ah! I loved it! Also, I was just a staff nurse on a surgical unit and it sort of had a modified intensive care unit-type sort of thing there, but we really didn't have a ICU in those days. That was in — I was there '63 to '66.

**Sellers:** What was your relationship to the Spaniards at the time? You were out and among them or were you completely isolated?

**Enyeart:** Well, some of our staff at the hospital were actually nationals – were Spanish nationals. Some of our wards had Spanish nurses that worked there, sort of like in a civil service position; however, in an overseas environment it's not quite civil service.

**Sellers:** Were you accepted among just the civilian population?

**Enyeart:** Oh yes!

**Sellers:** No bad feelings?

**Enyeart:** No. No. However, they did warn us when we were initially there, you know, to be not “ugly Americans”. You know, to respect the Spanish and what have you. But no, I didn't

encounter any difficulty at all. We did have a lot of Spanish nationals that were employed throughout the base. The only thing that I had a problem with – and it was in the contract that the Armed Forces had with the Spanish nationals, or the government – was that we were not allowed to fly the American flag *on the base*, which is most unusual, most unusual – except for very special occasions. Every once in a while we were allowed to do so. But for the most part we could not fly our American flag, as we do all the time. So that was a hard thing for me. That was probably the one thing that upset me more than anything was that. And I can remember my first trip back to the United States after being there for a period of time, and seeing that flag. I thought, “Oh, how I have missed that!” You know, it was just one of those things that you just take for granted and you don’t have it.

But I was a staff nurse there on the medical-surgical unit, and also I had an additional duty of on-call flight nurse responsibilities. There were only two of us in the hospital that were selected to do that. That was simply to augment the air-evac, or air medical evacuation squadron, that was stationed in Germany, in case their staff was tied up, they didn’t have any planes available, or it would have been more expedient for us to move a patient from the Spanish state to a major hospital elsewhere.

And I probably didn’t have that many emergencies, but I did have several. One of them, for example, was a newborn born with a congenital defect, an omphalocele, which is just all the intestines are on the outside of the abdominal wall. And, of course, the hospital – and it was in southern Spain, it wasn’t ours – wasn’t equipped to handle that sort of thing, and so we air-evacuated the patient to a hospital in Germany. And from there, they did surgery and so forth and so on.

And probably the most memorable flight I had was when we had a patient – it was a Navy patient – he wasn’t a SEAL, but I am not sure exactly what his rank was. He’d been injured with a parachute flare; they were detonating defective ones and somehow this one detonated and went right into his buttocks and lodged there.

**Sellers:** Oh! How embarrassing! Not to mention uncomfortable.

**Enyeart:** Yes, yes it was. It was terrible! And this was in southern Spain, so he was moved to our hospital at Torrejon. They removed the flare in the operating room with the bomb squad and everybody else there, you know, just in case something went on.

**Sellers:** Poor guy. [Chuckling]

**Enyeart:** Oh, it was terrible. But anyway, he — that was all successful, and we managed — he survived the surgery all right, but then developed gas gangrene of the peritoneal cavity. That is caused by bacteria that cannot function or live in the presence of oxygen. And the only way – and this was very, very new at the time – that they thought that they could manage this was transfer him to a place where he could have hyperbaric oxygen, which is 100 percent oxygen delivered in a pressure environment or what they often what they refer to as —

**Sellers:** Isn’t that what they do when they have the bends?

**Enyeart:** Yes. Yes. They do that for — it's in a hyperbaric chamber and they pressurize it to different levels of sea level. You know, a typical routine treatment is 45 feet of seawater pressure, whereas for gas gangrene it's 66 feet, or three atmospheres of pressure.

**Sellers:** Okay, so they're actually destroying the atmosphere that it can grow in.

**Enyeart:** Right. They're forcing the oxygen — the 100 percent oxygen — it's actually dissolved in the plasma, because typically oxygen is transported by the hemoglobin in the blood, and once that is fully loaded, you can't put anymore oxygen on it. So the pressure dissolves it in the plasma and then you have additional oxygen in the tissues which, of course, attacks the bacteria.

**Sellers:** Well, you lost me somewhere along there, but that's okay [laughs]. I followed you up to a certain point.

**Enyeart:** I'm sorry. But that was very, very interesting. There was absolutely no aircraft available at Torrejon except B-52s that were on alert status. Somehow, between the hospital, the base commander, and all the powers-to-be, they managed to take a B-52 off alert status on the flight line and we took the patient, Terry, down to Rota, Spain, which was a naval base, so that we could use the hyperbaric chamber on a submarine tender. They had that so that they could treat the Navy personnel who did develop bends from diving and that sort of thing. So we got there. By this time our patient was really quite toxic because of the gas gangrene, and they had one of their Navy corpsmen in the chamber with him, and he would just not cooperate. *Would not cooperate.* He was, I guess, scared; he was toxic, he was disoriented, all of those things. The Navy corpsman just couldn't handle him. And I said to the flight surgeon that I was with, "You know, Jack, he knows me. I've been specializing him, essentially. Why don't you let me go in?" I had no knowledge of a compression chamber at that point. None! [Chuckles] And he said, "Well, have you had a chest X-ray recently?" Because the chamber can damage your lungs if you don't know how to breathe and when not to breathe and that sort of thing. And I said, "Oh yeah, I had that whenever it was." He said, "Okay. Fine," then sort of gave me a briefing. So we exchanged places, and he did well. He knew me and he cooperated, and he really, really improved tremendously. However, there had been so much damage to the peritoneal cavity and all the underlying structures in there that — I don't know; I can't remember how many different treatments we gave him — but he gradually improved. However, we had a major complication. The damage to the tissue finally eroded through — the iliac artery is the one that was so fragile and so damaged — that he had a major abdominal bleed. So that meant taking him over to the operating room at the naval hospital, and he survived that. So anyway [chuckles], it was quite an experience. It really, really was. Then we took him back to our hospital at Torrejon — and I really have lost count of the number of treatments, but it was many. And I went in with all of them; I don't think they ever allowed a Navy corpsman to go back in. They just decided it was more effective with me in there. But anyway, such is life.

**Sellers:** Wow. Now you got an award for that?

**Enyeart:** Yes, I did.

**Sellers:** Tell me what exactly that award is and how it's awarded.

**Enyeart:** Well, the VFW Women's Auxiliary developed that award, or initiated that award, to recognize a military nurse of any branch of the service for unique experiences that put them in grave danger – put themselves in grave danger. And I didn't know anything about it, but my hospital commander thought that maybe I met the criteria for that and so wrote a lengthy narrative, submitted it, and somehow I was selected. I really was surprised, because this was in 1965. There were a lot of nurses in Vietnam that were at the same amount of risk, if not *more*, than I was by going in that chamber. Since it was the first one that they awarded, you can imagine that the Air Force was really quite excited about that. They really were. They made a big deal out of it. It was an exciting time for me. I was kind of — my head was in a cloud or something. I just really didn't anticipate anything like that. I was just doing my job, you know? I didn't think I was doing anything special.

**Sellers:** Apparently they thought you were.

**Enyeart:** I guess so. And my sister — there were all kinds of article and pictures and clippings and so forth and so on. She put all that together in a folder-type thing and sent it to me, which was really, really nice. And I have that.

**Sellers:** One of things where you just say, "Oh thank you!"

**Enyeart:** Yeah! That's really what I did say when they gave me the award. I said, "I thank you." I just was speechless.

**Sellers:** Well, that may have been good. Sometimes you can talk yourself out of something.

**Enyeart:** Well, that's true. That's true. But that was an exciting time, and of course, the Air Force was very excited about that. Yeah, I'm not sure that they still do it; I know that it continued for many years. Another friend of mine down the road, several years later, was also selected for that, so they did continue it for a while. But it was very nice.

**Sellers:** You rotated then back to the States, to California?

**Enyeart:** Right. California.

**Sellers:** Could you have stayed in Europe if you had wanted to?

**Enyeart:** I was there for three years and that was the length of that assignment. It would have been possible, I suppose, to do that. I just never really made a big deal about assignments or where I was going to be sent. I just basically had no preference because that seemed to work

out fine. Whereas people that said “Well, I won’t go anyplace but such-and-such,” really didn’t do as well as I did by saying “I don’t care [chuckles]; just put me where you need me.”

**Sellers:** You had the proper attitude.

**Enyeart:** Well, it worked. It worked.

**Sellers:** So what did you do at Travis?

**Enyeart:** Well, initially I worked in the hospital in the Intensive Care Unit. I was there for about a year, and then they transferred me to the Aeromedical Evacuation Squadron, which was also at Travis. So it wasn’t any major move. I didn’t have to pack and relocate and drive anyplace, or fly anyplace. It was just a very simple move. I was assigned there for a two year period from January of 1967 until December of 1968.

**Sellers:** Were you treating mostly people who were stateside or were they bringing boys back from Vietnam?

**Enyeart:** Both. Our squadron covered the western part of the United States: Washington, Idaho, California, Arizona, New Mexico, Texas, and Oklahoma. We had missions in those areas all originating out of Travis Air Force Base in California. We would transport military and their dependents from small hospital locations to, let’s say, a medical center in San Antonio, Wilford Hall, for surgical reasons, for consults, for different complicated medical issues. But we also had a large number of battle casualties that came in to Travis for staging to their final destination. And they tried —, first of all, they had to get the military casualties, the battle casualties, to hospitals that could handle them medically and surgically, but they also wanted to get them as close to home as possible. So some of the boys, and girls, had a real lengthy process getting to their final destination. And we did have a lot of battle casualties that came into Travis. In fact, we had a Casualty Staging Unit as part of the hospital, where they kept the battle casualty patients until we had a flight or a flight where they could go to wherever they were supposed to go. So I would say at least 50 percent of our patients were battle casualties at that time, and sometimes more than that on our flights.

**Sellers:** What kind of injuries were you seeing from the battle casualties?

**Enyeart:** Everything. A lot of burns – a lot of burns, a lot of fractures, amputations, people that were blind. We had a lot of patients in full body casts, Spica casts. We had on respirators. And then we also had patients that had medical problems, whether it be hepatitis or renal failure or – you know, it was just the whole gamut. And wounds, a lot of wounds. Open wounds, infected wounds, that sort of thing.

**Sellers:** Were you seeing any attempts by the military medical corps to be innovative in the kind of treatment? I know they say Vietnam caused a lot of changes.

**Enyeart:** Well, yes. First of all, they way they were able manage and stabilize the patients and then get them on a plane and back to the United States. They used respirators that were – “bird respirators” is what we called them – they were small and worked well at altitude and you didn’t have the big heavy stuff — of course, everything’s changed now, but back then it seems archaic compared to what we have today. The treatments for burns markedly improved, and that’s something that today we are still using. They developed what they called silvadene – it’s a cream with a silver base to it, which is – silver is antibacterial or anti-microbial. And that’s still in use!

**Sellers:** And that was something that was developed because of the injuries in Vietnam —

**Enyeart:** Right, because of the burns. Oh, some of those burns are just indescribable. I can close my eyes and still see them. It’s just one of those things. There were a lot of amputations, too. That’s kind of hard to deal with.

**Sellers:** I can imagine. What were the attitudes? I suppose, everything from acceptance to death wishes of some of the kids.

**Enyeart:** You know, amazingly, they were positive and upbeat for the majority. I just didn’t run into a lot of griping or complaining or anger. There wasn’t a lot anger. There was a lot of pain, but we could manage that. But they weren’t real angry. There were a few that were withdrawn, didn’t care to discuss anything. And of course, we also had our psychiatric patients that just could not deal with it, and with those that is a totally different ball game. But we saw just about everything.

Then, during that particular assignment, I was sent on a temporary duty over and staged out of the Philippines. My mission at that time was to fly in and out of Vietnam. All of our patients at that point were military. The purpose of that was to move — they were just so, so busy; the air-evac staff and squadrons that were located in the Pacific were just overwhelmed. That was during the TET Offensive in 1968, when the Viet Cong really did a lot of damage to military forces. There were nurses activated from reserve units and guard units, and then they also pulled from the Aero Medical Squadron, stateside, to supplement the staffing over there.

**Sellers:** Take me through one of those air-evacs from Vietnam. You would fly from Clark to Vietnam?

**Enyeart:** You could fly from Clark to Vietnam, or from Yakota Air Base in Japan to Vietnam, either/or. We would either go into the main staging units – we didn’t go right to their primary or their MASH units – we went into the staging units where the battle casualties were moved once they’d been stabilized. That was either at Camran Bay, Da Nang Air Base, or Tonsanot. Those were the three bases that I flew in and out of.

**Sellers:** Did you ever encounter any fire, or were those bases secure?

**Enyeart:** Oh, no no no!

**Sellers:** You were going into the middle of it?

**Enyeart:** Right. There were times when we would be loading the aircraft with patients and they would say — well, you'd hear fire all the time; you'd hear the shots, gunshots, the rockets, whatever they were, that was being set off. They would let us know. They'd say, "Okay, that's incoming and the bunker's over there." Which was really pointless, because we had patients on board and we wouldn't leave the patients. Or, "It's out-going, so don't worry about. Just continue with your loading."

We used a C-141 aircraft, which is a jet aircraft and it is basically cargo. But they would reconfigure that for patients, and we could use both stretchers – litters – and we had some seats for patients that were lucky enough to be ambulatory. It would depend. Our patient load would be somewhere between usually fifty and sixty patients, and our staff was two nurses and three med techs. The heaviest patient load that I ever had was fifty litter patients, or stretcher patients, and thirty ambulatory. That was eighty.

**Sellers:** Were you the only nurse?

**Enyeart:** No. There's one more nurse. There's always two nurses on that size aircraft. So that was pretty heavy duty.

**Sellers:** What kind of things were you having to do? It was more than just supervision, I'm sure.

**Enyeart:** Oh, absolutely! Well, pain management. You can imagine the amount of pain that these new battle casualties are in. Some of them are fresh post-op; they've had some surgery. They're all on IVs, intravenous fluid, and antibiotics, and —

**Sellers:** Was the cabin pressurized enough to make the IVs work okay?

**Enyeart:** Yes. It's not a problem with that. You have to watch it, of course. But no — well, you have to pressurize the cabin anyway, especially if you have pulmonary injuries.

**Sellers:** But I've talked to a lot of evac nurses who worked in Italy and Europe during World War II, and they didn't have pressurized cabins.

**Enyeart:** Right. Oh, that makes a big, big difference.

**Sellers:** That caused all kinds of problems for them. So they had to fly low, but that meant that they were in the line of fire from the ground. [chuckles]

**Enyeart:** Exactly!

**Sellers:** So things were a little better when you were —

**Enyeart:** Oh, yes, yes. Thank heavens. And that was the same, too, with the hyperbaric chamber. You have problems with your pressure changes, so you have to be right on top of that. Oh, no, it did help, but we weren't pressurized to ground level, that's for sure. But with head injuries and your pulmonary patients, and we had those, you had to be real careful about your pressure changes. The majority of patients were on IV antibiotic therapy. And I can remember one time all the — I believe it was penicillin — all they had were one million unit vials. Each of the patients were at least on a 20 million unit dose, and we had to mix our own IVS and add them at that point. And I thought, "Oh my goodness! How am I going to get all this done?!" [laughs] But we managed, and everybody got what they were supposed to get. It was a challenge, but it was a wonderful experience. I would not — I'm so glad, and feel so fortunate that I had it; but it's one that I will never ever, ever, ever forget.

**Sellers:** Did you ever have any close calls?

**Enyeart:** In what way? With being shot down?

**Sellers:** With being shot down or engine trouble or something in the plane? Or anytime were you just thought, "What on earth made me come here?"?

**Enyeart:** Well, we had engine trouble a few times, but I just never really spent a lot of time dwelling on it. There were times when — I guess, I was more concerned about the patients and whether they were going to make it or not. One time I had — we were in Vietnam, and I'm not sure what base it was, but I was checking my patients before flight. This one young guy was in a hip Spica cast, a cast from his waist down. I was just checking it, and he had just been put on the stretcher and the cast was saturated with blood and the stretcher was wet as well. So I called to ask for a flight surgeon to come and evaluate him; I wasn't sure I wanted to take him. And he said to me, "You know, he's going to be better off with you than he is here." I said, "Well, I'm off-loading him at Clark, then, because he is not going to the States. I refuse to let him go there." He said, "Fine. Do whatever you want. But he's better off with you." I thought, "Oh, let me get him there before he bleeds out." But he went directly to surgery as soon as we got to Clark.

**Sellers:** But he made it?

**Enyeart:** He made it.

**Sellers:** Oh, good. Did you ever lose one that surprised you? Or that you wake up in the night and think about could I have done something differently? Or is that not something that is wise to do?

**Enyeart:** It's better not to do that, but right now I can't recall anything like that. There were patients that I know did not make it, and I knew they weren't going to. But I don't think that changed what we did or how we did it. We took care of them just as if we knew they were going to be up and walking the next day.

**Sellers:** When you came back from that deployment, was there a down time for you where you weren't on edge all the time? You had a duty, where you could go to bed at night and get up in the morning?

**Enyeart:** Well, sort of. I went back to air-evac squadron and did essentially the same thing. So we were flying — I went back to flying, you know, because the battle casualties and the routine patients kept coming in. My days were really not that changed. The only difference was that I wasn't crossing as many time zones. That was tough, because you could start out in Vietnam and within less than two days you were on the East Coast at Andrews Air Force Base.

**Sellers:** And your brain wasn't.

**Enyeart:** Exactly. It seemed like for a while there every place I was or went to, it was breakfast time. And I'm not a breakfast eater. [laughter] But then it was just back to the normal. It wasn't the urgency. Things were not as tense, I would guess you would say. That would be the only difference. But we were still managing the battle casualties and the routine patients, and back to flying the western portion of the United States.

**Sellers:** What kind of flak were getting when you got back to the United States? Were you feeling any of the unrest in the country about the war in Vietnam? Did you have to deal with any of that?

**Enyeart:** Not a lot, because the particular community we were living in, which was the community surrounding the base, were pretty much military, a tremendous amount of military personnel, and they were supportive. Now, it was different in San Francisco. The articles in the paper and that sort of thing were extremely negative. But we just didn't let it bother us. We felt like that was what we were there to do and we needed to support our commanders.

**Sellers:** Did you ever have any leave time in any of these places?

**Enyeart:** Oh, of course, but —

**Sellers:** Want to tell me good stories? Want your husband to leave the room?

**Enyeart:** [Laughing] Oh no! Ah, let's see. I always had, it seemed like, plenty of leave time accumulated, and I certainly did use it. I traveled all over Europe. I didn't have any vacation time to speak of when I was in — well, I didn't have any at all when I was flying in and out of Vietnam. When I was stationed in California, we just did a lot of trips and a lot of travel to the various areas like Lake Tahoe and the mountains. I have family in Washington state; I'd go there. A friend of mine, we went to Mexico City and Acapulco and spent a week or so there. So we just did a lot of traveling, a lot of fun things. That was one of the things that I always liked to do and still do, as a matter of fact.

**Sellers:** You were in Japan?

**Enyeart:** Yeah, I was. For two years.

**Sellers:** What was that like?

**Enyeart:** Well, here again we were still dealing with a lot of Vietnam patients. A tremendous amount. In fact, a lot of them out of Vietnam were scheduled as – our hospital at Tachikawa – as their destination hospital. So we had two Intensive Care units there, and I was charge nurse of the regular Intensive Care, which was medical/surgical at that point. And we also had what we called “the dirty ICU” and that’s where our Vietnam patients were, because most of them were infected; they had horrible wounds or they were on renal dialysis because of acute renal failure due to the massive antibiotics that they had received. I also was part of the kidney dialysis team, and we had a tremendous amount of renal patients. They were acute patients, they were not chronic, and it was simply because of antibiotic therapy.

**Sellers:** Was there no way that could be recognized and readjusted so that one treatment didn’t worsen another?

**Enyeart:** Well, I think they have now, but at time they didn’t really anticipate that that would happen. But right now, that is something that is certainly — renal dialysis has changed so much over the years, I just cannot believe it. I just cannot believe how different it is.

**Sellers:** So that is something else that they’ve learned from their experiences.

**Enyeart:** Oh, yes. Initially the dialysis units would look like a great big washing machine tub. [Chuckling] And when I think of all of those tubes and thingamajiggers that we used to deal with and this little nice unit that they deal with now – there’s just no comparison.

**Sellers:** Well, medical improvements have done a lot for all of us.

**Enyeart:** They certainly have. I feel like the military medicine has certainly contributed, because they’ve had to be on top of things.

**Sellers:** How did you meet your husband? Was he in the service?

**Enyeart:** Yes, he was in the service. I meet him in San Antonio, Texas.

**Sellers:** That’s not very glamorous. You’ve been all these other neat places and you meet in Texas.

**Enyeart:** Right. Right. Well, after Japan — and that was a good assignment; I got to travel all over Japan when I took my leave, vacation time, there. Japan is an extremely interesting country – a lot of beauty. It took me awhile to adjust to the Japanese culture, because they always say “yes” even though they don’t mean it. I guess they’re saving face, but you finally figure out what’s what. That took me a while. Of course, in Japan as well, we had Japanese

nationals working at the hospital and other place on base, either in nursing aid or nurse positions. I had a good time in Japan; I really did. We did a lot of travel and it was fun, even though the hospital work was overwhelming at times and stressful. But that was good. I also had a friend who was stationed in the Philippines. We met up and we went to Hong Kong and Bangkok, just really did a lot of shopping and had a lot of fun. It's just a neat thing to travel. I enjoy it anyway. I really do; it's a good education.

**Sellers:** Well, then, how did you meet him in Texas?

**Enyeart:** Well, let's see. That was after I had been on recruiting and had a school assignment.

**Sellers:** That was a while down the line when you were back in the States permanently?

**Enyeart:** Yes. Well, no I had another overseas assignment, actually, after that. But let's see. When I came back from Japan, they sent me to Las Vegas, but that didn't last very long because I was selected to go on recruiting. I ended up in Richmond, Virginia, which was new to me. I hadn't really spent a lot time on the East Coast. That was an interesting assignment, and I was there for over three years. Then, I had an AFIT, or Air Force Institute of Technology, assignment where I finally went back to school and got my Bachelor of Science in Nursing at the University of Virginia.

And then, I went to San Antonio and I was assigned to Brooks Air Force Base, which is – or was – basically the Air Force Research Center. They did all sorts of new and exciting and fun things. I was assigned to the Hyperbaric Medicine Department. And that's where I met Bob, in San Antonio. That was another really — I've had an atypical career. I truly did, because I spent very little time in the clinical, you know, the hospital environment.

**Sellers:** But still, you were using your nursing.

**Enyeart:** Oh yes, yes. That was the part — it's important that they try and keep you at least current. Hyperbaric medicine at that time was research. I didn't even know that the Air Force had a Hyperbaric Medicine Research department. I did not know that. When I got my orders, I thought, "Oh wow!" [Laughter] Of course, I did know what hyperbarics was, because I'd had that experience in Spain. So I thought, "Okay, well, that will prove interesting." And it was. Hyperbarics was in its infancy at that point. That was in '76, I believe. Yes. And Dr. Jeff Davis who was a pioneer in the field of hyperbarics along with Dr. Dunn and Dr. Heimbach were working hard evaluating patients, establishing treatment protocols, trying to decide what really would work in hyperbarics; what wouldn't. At that time Medicare did not really recognize it as a valid therapy, but now they do. So all of this has evolved and, today, some of the protocols that were developed then are still in use, some have been modified and are in use. It's certainly refined and so much different than when were trying —

End side A

**Sellers:** Let me ask a little bit about when you went back to Korea in 1980. You said it was your only remote assignment. What does that mean?

**Enyeart:** Well, that means that it's isolated. For single people, that's not a problem; but if you're married, there's no – you're not allowed dependents or your spouse and that sort of thing. Even though Bob was still active duty, he couldn't have come. It's isolated and your family support group is not with you. You are basically separated from your family. But that was a good assignment also. I hadn't been to Korea when I was stationed in Japan, even though it's relatively close. But I was at Osan, which is just south of the DMZ. We had a small hospital, just basically one unit – out-patient center and emergency room, a flight surgeon's office because there was a lot of flying out of Osan. In fact, that's where the U-2s were. Which is that spy plane. I had a tour of that and that was really interesting, very, very different from any of the aircraft that I ever flew in. That was an interesting experience. Not everybody gets to go through a U-2. That was good.

Korea. We were allowed to take vacation or our leave time one time on our tour there. I did come back and spend thirty days in the States, part of it with my husband and part with my family. I was the chief nurse at the hospital there and responsible for the all the nursing things that went on. We didn't have battle casualties there, but we did have some aircraft incidents and injuries. And of course, fatalities as well. It was a different assignment, but I enjoyed it.

**Sellers:** Then you came to MacDill. Aside from your time in Oregon and Washington, most of what you did was completely away from the climate and environment that you had grown up in.

**Enyeart:** Exactly.

**Sellers:** Why did you settle in Florida?

**Enyeart:** [Laughs] Well, you know, once I found out that you didn't have to freeze to death and that you didn't have to have six months of darkness and six months of daylight – that there really was another part of the world – I said, "Heck, Alaska is absolutely beautiful, magnificent, but I don't have to put up with that anymore." I'd spent so many years in Florida, at least at this point, and most of my assignments were in the South, or warm climates. I guess that sounded so much better to me than the rain and gloom in Washington state, which drives me bananas. I've been back to Alaska; we've cruised up there a couple of times. I don't have any family ties except for one cousin in southeastern Alaska. I just really don't think I'd be happy back up in that part of the country. And I don't like Washington. It's beautiful country, but it rains so much that I find that when you are used to sunshine and brightness and cheery, it's very depressing to me. When I do go to visit, it seems like they could have nice weather the week before I get there and the week after, but it rains when I'm there.

**Sellers:** So I'm guessing that you acclimated to the heat and humidity very well.

**Enyeart:** Yes, really quite well. I really have. It doesn't bother me all that much.

**Sellers:** When did you retire?

**Enyeart:** 1983.

**Sellers:** Okay, so that was what? 21, 22 years?

**Enyeart:** A little over 22 years.

**Sellers:** You were still quite young. Did you do something else after that?

**Enyeart:** Oh, of course. I finally just retired last September.

**Sellers:** Okay, so you stayed with the nursing?

**Enyeart:** I stayed with nursing, but not in a clinical environment. I worked for an insurance company for a while developing preferred provider organizations, claims analysis, that sort of thing. Then got into home health from the administrative — I never really worked in the field with home health, but a friend of mine was starting a home health agency and she asked me to help her with policy development and that sort of thing. Then it just kind of evolved from there and I ended up in the administrative management point of home health. I did that for different agencies from, I guess, probably '87 until '98, '99, somewhere in there. Then my husband had been ill — he's a colon cancer patient, but he's doing very well — he's past his five year mark so he's fine. But his girls live in San Antonio, and we decided in — I think it was '98; or maybe '99, I'm not sure — but anyway, somewhere in there — that we would go back to San Antonio. Well, that lasted about five years. While I was there, I ran into a physiologist that I had worked with at Brooks, and they had opened hyperbaric units in San Antonio. He said, "Helen, don't you think you'd like to work? You don't have to work a lot, but if you'd just be available for days off or things like that." And I said, "Paul, I haven't taken a blood pressure for years. I'm not sure you really want me around." [Laughs] He said, "Oh, no no. I'll have one of the nurses call you." And we chatted. I said, "Well, you know, I really liked it. But I haven't done any wound care and I haven't done any of that kind of stuff for a long time." She said, "It's just the same. It really hasn't changed." So I said, "Okay, I'll give it a try. But — if I'm available, I'll work, but if I'm out of town or we're traveling, then no. I'm just not available. You have to deal with that." And it worked out really well. I had the best of both worlds. I could work when I wanted to, and if I wanted to be gone, I was gone. It was perfect! I mean, it was perfect, absolutely perfect. Then we decided to come back to Florida. I don't know, we just had spent so many years here. It's home. I just really enjoyed it. It's good here; we have a lot of friends scattered throughout the state. I don't know — it's good to be home. That's the way I feel about it.

**Sellers:** Well, then it is where you should be. Can you think of anything else you'd like to add to the tape?

**Enyeart:** No, I can't. I just hope that maybe, whatever, some of this is helpful for you as

far as collecting the history. I think it is a wonderful thing that this is happening.  
[comments about sending copies of information not transcribed]

**Sellers:** You're aware that we've recorded this?

**Enyeart:** Yes, I am.

**Sellers:** With your permission?

**Enyeart:** Yes, of course.

End