

**Interviewer: Margaret Lloyd**

**Interviewee: Dorothy Peacock**

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**Oral Transcript Interview:**

International Rescue Committee (IRC) Nurse, Dorothy Peacock, speaks about her time during Vietnam War:1967-1968

**Margaret Lloyd:** This is student Margaret Lloyd interviewing Mrs. Dorothy Peacock on the twenty ninth of March, 2019. And now, we begin. Hello, Miss Dorothy. I have come to ask you some questions about your experience during the Vietnam War. Are you ready to get started?

**Dorothy Peacock:** Sure.

**Margaret Lloyd:** Okay, So please tell me a little bit about yourself your family, career- basically anything leading up to your time before the Vietnam War.

**Dorothy Peacock:** I'll start with my birth. I was born in Ontario, Canada in a subsistence farm. And, I Went to a one room schoolhouse with eight grades and one teacher. And, then to High school in the Canadian system of junior and senior matriculation with the for senior matriculation and national exam. And then, to nursing school in Stratford, Ontario and also to London, Ontario and to Toronto, Ontario for extended training that was included in the nursing program. The location to orient non Canadians if you think between Niagara Falls and Detroit Michigan on the northern side of Lake Erie about 50 miles north of Lake Erie. Or another way to orient- Is Cleveland; Go across the lake and then 50 miles north was where I was born and raised. Let's see... What else Should I say

**Margaret Lloyd:** So, how did you become involved in the Vietnam War?

**Dorothy Peacock:** Oh. Well...I first the rest. The important part o getting to Vietnam was the fact that I had trained in anesthesia in Detroit, Michigan, and I was working in Portland, Oregon for Kaiser Hospital. And, getting even knowing about the job in Vietnam was a happenstance affair. In that, Three o'clock (3 to 4. A.m.) while waiting for obstetrical. Needing obstetrical anesthesia. I took a British medical journal into the labor room and there they were advertising for an anesthesiologist to do hair lip anesthesia care for surgery on hair lips and cleft palates in the "win the hearts and minds" program.

**Margaret Lloyd:** And, who was sponsoring that program?

**Dorothy Peacock:** It was the International Rescue Committee. An organization with a very interesting past. And, It was formed by a Jewish organization in New York and Washington in order to bring intellectuals and artists, particularly possibly musicians out of Germany because of Hitler: The fear of Hitler's domination and Jewish persecution. They did that. They were instrumental in forging papers and so on. After World War II, they branched out into the health care field. And they were the ones advertising for an anesthesiologist because they already had a surgeon there in the small town of Quang Ngai. And, He had lost patients because of inadequate airway management during surgery. That's how I got to Vietnam was answering that ad and it was quite a remarkable casual way. I salvaged a piece of yellow lined paper and just wrote: I know how to do this anesthesia and put my contacts -Contact telephone number and did not bother putting it an envelope. I just folded it over and scotch taped it. And put a stamp on it and stamps at that time were five cents. I think I borrowed the stamp or bumped the stamp from somebody and threw it in the mail and promptly forgot I even did it.

**Margaret Lloyd:** Wow. It's kind like you let fate decide if that. Letter would get to the right place.

**Dorothy Peacock:** Well, it was a completely a casual thing to do with not very serious interest. So I didn't care whether they answered or not.

**Margaret Lloyd:** And it seems like it became serious. Are you saying it was a pretty quick turnaround from sending a letter to actually getting to Vietnam?

**Dorothy Peacock:** It was. They called me from Washington, IRC office called me from Washington in three days.

**Margaret Lloyd:** Wow. So it got there quick.

**Dorothy Peacock:** It did.

**Margaret Lloyd:** No envelope needed.

**Dorothy Peacock:** And, they were interested in having me come to Washington for an interview. How soon could you come?

**Margaret Lloyd:** And so, once you nailed the interview, I'm guessing, did you have to do any specific medical training or any kind of safety training before you got transferred to Vietnam.

**Dorothy Peacock:** Well, I knew how to do anesthesia. So, and specifically- and it's worth commenting-I don't know that this is the time you really want me to say this but, there is an axiom in anesthesia that problems or catastrophes and problems in anesthesia are not big cases often like open heart or open heads. It's when you share the airway with the surgeon. And, blood and instruments and packs and fingers and so on are in the mouth. But first, last, and always- the patient must still be breathing and still have a patent airway without saliva collecting in the tube. And it needs to be in the trachea and not into one lung and as the surgeon is pushing things in and pulling things out of the mouth sometimes forgetting the vulnerability of that endotracheal tube. And then, with all the care in the world it can be out. And then there is the difficulty of having a throat full of blood and instruments and packs and he doesn't want to remove them right now. And then, when all else, you have to make a tracheostomy and you have to have the right size equipment and the ability to do that right away quick. So, that is one of the hazards of anesthesia for lip and palate repair

**Margaret Lloyd:** And that sounds like that was why you went over to Quang Ngai. Did I say that correctly?

**Dorothy Peacock:** Quang Ngai.

**Margaret Lloyd:** Quang Ngai. To do the cleft palate repairs and lip repairs?

**Dorothy Peacock:** That's right. And that's what, that's what International Rescue Committee wanted because the surgeon who was a Spanish, volatile personality had written in the letter, that I was given to read on that interview, that he wouldn't do any more until they sent anesthesia that he could rely on. And so, as far as preparation for me going- other people, I learned this after the fact, other people had been to Hawaii for three months to learn culture and language, but they didn't bother with any of that because he was gonna come home. And so, I was sent straight away. In fact in the interview in New York, I guess she had decided that I'd be ok to sand. And she said to the secretary, just get a ticket and take the shuttle. You go with her and take the

shuttle to Washington. And there, I went to the Pentagon and the guy with all kinds of badges. Being a Canadian, I didn't know about American military. I didn't even know what all his stars meant. I didn't know what rank he was except I gathered that maybe he was fairly rank. And that after he was reading the dossier, he said, "What exactly is a judu again? They've got green stars all over this page". And, I guess the green stars meant expedite this person.

**Margaret Lloyd:** And so that was one of my next questions. So you are Canadian, but it sounds like you spent some time in the US before going to Vietnam.

**Dorothy Peacock:** I did anesthesia training and I had a job in Portland and I had a green card, but I had a Canadian passport.

**Margaret Lloyd:** And so, how did you feel about the Vietnam War and the U.S. involvement before going over there? What did you think of it?

**Dorothy Peacock:** I have to be honest and say that I wasn't reading the newspapers very well just picking things up in a casual way. I hardly knew the geography of East Asia and certainly didn't know anything about the geography populations. Knew nothing really valuable about Vietnam. And I was working full time and I also was working at the University lab putting dogs and goats to sleep for the surgeons to practice and we started that after midnight. They were doing that for surgical practice, and I was doing it for money because I was taking flying lessons and uh I was busy playing, flying, and climbing mountains on weekends. And, Life was good. And, I had no dog in the fight. So ,I was I was young and carefree.

**Margaret Lloyd:** It sounds like you were very adventurous to answer that ad. Three days later to hear back and then very soon after to go to Quang Ngai. And so what year did you end up going over there?

**Dorothy Peacock:** I went in 1967.

**Margaret Lloyd:** 1967. And, what you were you born?

**Dorothy Peacock:** In 1936.

**Margaret Lloyd:** Wow. So you were...you were almost 30.

**Dorothy Peacock:** I was 29 and I became 30 when I was in Vietnam.

**Margaret Lloyd:** Wow. And so you said one of the campaigns was to win the hearts and minds of the people, the Vietnamese people. And so, how did you gain the trust of the Viet people in the village that you were in?

**Dorothy Peacock:** There was no specific attempt to gain trust. The team was very functional. We were very functional and quite disciplined, and we went to work every day and went on time. And, The bamboo wire which is spoken so much about in the West, is very functional in the east. People know what you do and where you are and exactly what you do. Now the "win the hearts and minds" is quite interesting in concept. And, If you have a child with a very deformed face and the disfigurement of the lip and often a tooth... Many of these children had gotten by the critical stage of the palate being open where the child, the baby, has inefficient swallowing ability and they asperate. So, these children are healthy and they're functioning, but they are disfigured, terribly disfigured. Any parent would feel bad to have their child looking like that and they'd feel very grateful to anybody who would fix that. And, so that as far as to "win the hearts and minds" it is very very efficient thing to do. The other one I don't believe that I mentioned to you is the vesicle vaginal fistula. And, it's where a woman labor's long with often a posterior baby, that is the baby facing up. When babies are better born when they face the mother's rectum. And that, it develops an ischemic hole between the vagina and the bladder. And so a young healthy woman leaks urine. And, this is can turn up in countries where obstetrical care is not available or the patient can't make it there or they don't know. And, it is still common in the world where obstetrical care is not available.

**Margaret Lloyd:** So, you did anesthesia for the cleft palate procedures, the vaginal fistula procedures on the women. But, did you also provide anesthesia for anything more.

**Dorothy Peacock:** Well, It was during the the escalation of the war. One never knows what's happening when you're in it, but the war was at its peak shortly after I was there. And, we would prepare four patients for lip repairs at the beginning of my time there. And, sometimes it happened, but if a helicopter came in with three or four terribly wounded patients which were often penetrating belly and chest wounds and lots of amputations of legs. And so, the Vietnamese population would know full well to just to go on home because the emergencies would take precedent.

**Margaret Lloyd:** That was one of my next questions, what injuries were the most common that you saw and what caused those injuries?

**Dorothy Peacock:** Well, the things that fly around in war, both the bullets and the bombs and then the things they hit that also fly into people. Or, just in dead, just air pressure can fracture a leg. I recall picking up maybe a four or five year old boy, small boy, and he was as shocky as can be just to look at him. He did not demonstrate pain and yet he was so shocky. And, then I realized his legs were bending at the femur- mid-femur. And, the postulated the best I could get the history from the mother was that he was standing behind a rail. His knee was protected and his upper body was protected, but the force of the air blast had hit him mid thigh and had fractured both femurs. And of course, a fractured femur will lose lots of blood into soft tissue and that's why he was shocky. And he was so shocky that he didn't demonstrate pain.

**Margaret Lloyd:** Wow! How old was he did you say?

**Dorothy Peacock:** Oh, 4 or 5.

**Margaret Lloyd:** And so did this happen a lot just because of the landmines in the area or children out playing. Is this something you saw a lot?

**Dorothy Peacock:** A curse...and it's a shame that Princess Di died prematurely because I think that one of her causes was ridding the world of landmines. And, they were a diabolical thing. They were placed in rice paddy fields and who knew where they are. And I believe that in Cambodia there are still lots and lots of mines. And then, this was many years later- 50 years later- when I went to Afghanistan. I looked at that mountain and thought oh gosh I think I can still climb that mountain. They said, No. No, nobody goes up there: the Russian land mines or up there. They are still live.

**Margaret Lloyd:** And so, that leads me to my next question. What was it like for the Vietnamese people to have war in their homeland? Did you ever talk to or just by observing them or talking to the women and children and people living in Quang Nghai.

Well yes, I talked to them all the time. I ate in their homes and went to their weddings. We have no way to relate to how disturbing it is to one's life. And, refugee camps are a terrible place.

Parents are gone and the children end up there. Or, a home. The defoliation of homes where usually the father was in the military, so it was a mother and children, and they were hustled off into C-47 planes with the ends dropped down. And, they were hustled off into that, and they would be collecting their children and some pots and pans. They don't know where they're going, and they are leaving behind this lovely, humble, little village where they have ventilation all rigged up. They've got fruit trees. But one of the terribly important things many of them being of the Buddhist faith, is the ancestor worship or ancestor, I don't think it's worship as such, but, a constant revering of age as they keep the generations relating to each other. And so the other, the other thing that they know, is their rice paddies and the water buffalo that helps them plow the rice paddies and they have no idea of how they're going to eat. And rightly so. There's no rice, there's no fruit. Their pig is left behind- their little pigs. And they're, they know where to get their fish. And, it's a good time to point out that I saw little or no malnutrition. That would only be a problem case. But, the nutrition is very good. It's very healthy. Probably coronary artery disease not a problem in their lives because they eat fish and rice and veggies and fruit.

**Margaret Lloyd:** And so, while you were over there did you get to eat the same food that they were eating, or were you provided a different cuisine?

**Dorothy Peacock:** Well, we had access to the PX. And there, it's interesting too to realize that the quality of food is better than in the stores.

**Margaret Lloyd:** Wow. I love that!

**Dorothy Peacock:** And that one of the humorous things that I remember early on was a red cross American guy who said... his first statement was to me, "Oh you're fresh from home. Do you know how to make meatloaf?". And, I thought really? He was sick and tired of steak and lobster. He wanted to know how to make comfort food. And his idea of comfort food was meatloaf.

**Margaret Lloyd:** And so that leads me to two questions and one of them has to do with the women's role of cooking. Did your gender ever influence how you were treated by civilians or soldiers or fellow employees? I know that you mentioned Dr. Blanco was a Hispanic male. And so, were there some things that you weren't allowed to do because you were a woman?

**Dorothy Peacock:** No. In fact, after talking with you first, I realized that I hadn't even thought about it. But, thinking again, I suspect that they are one of the least misogynistic nation of men I ever knew. Now, there could be some unflattering comments could be made by the American military that maybe there were a lot of gay men. And, I don't believe it was true. These were boys that were going to war. And they were homesick and they hadn't even left yet. And if you hold somebody's hand doesn't mean you're gay.

**Margaret Lloyd:** So, the meatloaf question was just innocent. As a woman, you didn't have to deal with any gender inequality?

**Dorothy Peacock:** None at all. Maybe, the American officers. The American enlisted men, no. In fact, the business of giving blood or needing blood was an issue. It is a terrible thing to see a child with a healthy heart, lungs, and healthy body and salvageable, but their blood loss is so that you think, I don't think they can survive this amount of blood loss. And in the Buddhist faith, they really are reluctant, as in refuse to give blood. And I believe, the nearest explanation I can come to is the fact that they feel that their body needs to be whole in the next life. And if you give blood, it wouldn't be. So, the American policy of giving blood was the blood should be given to American soldiers but not to the Vietnamese. But, sometimes I broke that rule, and I would ask in the enlisted men if anybody would give blood. You can come and eat in the women's house. And so with bribery you'd have 10 guys who wouldn't care if they give a pint of blood.

**Margaret Lloyd:** And so, did you observe any other cultural events, religions, or daily tasks that were specific to Vietnam? I know you mentioned water buffalo... seeing them go across the town as a as a warning sometimes. What did you mean by that?

**Dorothy Peacock:** Well, children would be sent to bring the water buffalo home from work after they had been to school. And, it's just a humorous thing that if the water buffalo were coming home, everything is OK. There was also one man who worked at the hospital and brought his pig because somebody could steal his pig, or the Vietcong could steal his pig for food. So, he brought him to work. And so there was the joke, the sign of the buffalo, the sign of the pig- All's well. God is in heaven and all is well.



**Margaret Lloyd:** And so, can you describe the scenery of Quang Ngai. What did you see when you looked out at the hospital window, or when you're walking across town? What did it look like?

**Dorothy Peacock:** Off the main street was a partially built large, large Catholic cathedral. And, it was being financed during the French time there. Financed by Zim. And that had all stopped for lack of money of their federal money coming. And, it had become a refugee camp. And, refugee camps that are not supported had no garbage management often, and no constant source of food for them. But, their homes had just been obliterated with the either bombs or napalm. Vietnam is a beautiful country. I had not mentioned yet the Spanish surgeon and the Irish midwife, who was very functional. Surgeons can't work without their toys and without anesthesia. And so, she was a jack of all trades with Irish humor and wit and crazy expressions. Her favorite saying was, "Ireland has forty shades of green (Like the song says) and Vietnam has thirty nine". And, the rice paddies are in different stages of growth and transplanting. And, their hillsides and distances and so on are beautiful. Beautiful rice paddy fields. Now, to the soldier who is slogging in those rice paddies and the little walkways that may have bombs in them, and they may be put there. Who knows which side really but puts them there. It's also interesting to note that, this again is when I was in Afghanistan, there was a landmine there that was made in Mississippi. And, I thought that if I made landmines I wouldn't put my name and location on the landmine. Landmines not only blows off legs but blows perineums.

**Margaret Lloyd:** And for the listener who doesn't know what a perineum is... What is that exactly?

**Dorothy Peacock:** Well the sphincters of the perineum. You have a rectal sphincter and a urinary sphincter. And, if those are destroyed beyond repair, the only way to let that patient to survive is to exteriorize both of them onto the abdomen. So, now the patient is constantly urinating from there and also, their bowel movements. And, there is really no fixing that if the sphincters are gone and the perineum and the rectal sigmoid is gone. Now, for a through and through injuries of the abdomen with small bowel and large bowel involved. In order to help with contamination into the abdominal cavity. In order to let healing take place both bladder and bowel can be temporarily exteriorized, and then connected back up if the patient survives. And, that is that is one of the problems I know I wrote in letters that we are making a country of unclosed colostomies and amputees.

**Margaret Lloyd:** Unclosed?

**Dorothy Peacock:** Because we didn't get around to closing them. If you've got so many people that are injured... now, we even scheduled closure of colostomy because you'd have a patient wanting desperately to get them fixed. And so, they'd come day after day and you'd say, yeah we'll try. But then when the injured came in, they would go back home.

**Margaret Lloyd:** So, you had kind of a triage system? If the helicopters came, there were no cleft palates and no colostomy close ups either.... It was about who was injured then?

**Dorothy Peacock:** Yes. Well, very often there was such a backlog, of what would be considered backlog of surgery in a Western hospital. The debridement of wounds- pus, open bones that needed debriding were an endless supply. Burn patients that need grafting were an endless supply.

**Margaret Lloyd:** And so, you're coming from working in a United States hospital in Portland to Vietnam. And so, what was that medical scene like? Maybe describe the hospital or the surgical unit and just anything you can think of that was distinctly different from Portland and the hospitals in America.

**Dorothy Peacock:** First, it was patterned after the French cottage hospitals. And so, there was a plague ward, for example, orthopedic ward, general ward and a burn ward. And they were separate. Surgery was double storied. And, the basic things in time of war and maybe in time of peace too... However, in my early time in health care, physical plants when not luxuriant by any means. However, it is the lack of infrastructure as far as water, clean water is concerned. The heat, the sewage is pretty much negligent, pretty much absent. And, the washing of linens and the drying of linens during the rainy season is impossible- everything just stays damp actually.

**Margaret Lloyd:** When is the rainy season? Do you recall?

**Dorothy Peacock:** Late fall. Four months of rain starting in October. I'm not sure.

**Margaret Lloyd:** Did it cool down during the rainy season?

**Dorothy Peacock:** It can be quite cool during the rainy season or flooding. It can be quite cool.

**Margaret Lloyd:** And then, what about when it's summer season?

**Dorothy Peacock:** When it's hot in an operating room with a light and no air conditioning and the heat of the light on a thermometer, you have to take it out otherwise it's going to blow the mercury off the thermometer.

**Margaret Lloyd:** Wow!

**Dorothy Peacock:** And, perspiration from a working point of view for those who are accustomed to the heat-it would seem as though the Vietnamese can tolerate heat. They actually do not sweat much. - But, for a Canadian, you sweat like mad and in fact, hydration is an enormous problem and the electrolyte loss from sweating.

**Margaret Lloyd:** You provided the anesthesia for a lot of these surgical procedures including the amputations and the extraction of bullet wounds. Who were performing the surgeries?

**Dorothy Peacock:** Well the Spanish surgeon, who I say is Spanish because he was born in Spain and did residency there. He came to New York and did a second residency. And then signed on with I.R.C.. He had huge surgical experience and most of the time, I was working with him. And, I worked with the Irish midwife. I also sent the letter back to I.R.C. that we need an operating room nurse who knows her job. So, she came after I did, and we functioned like any team functions in a operating room- surgeon, anesthesia, the Vietnamese were often the scrub nurses, and Cora, Irish midwife, would either be scrubbing or circulating.

**Margaret Lloyd:** What precautions did you and Dr. Blanco and the Irish midwife take to protect yourself from disease? What we call now, personal protection gear.

**Dorothy Peacock:** We wore gloves. Surgeons, if they had them, wore gloves. They often didn't wear gowns if there were no gowns or all the linen was wet, you just wore gloves. The basic rule of keep your hands away from your face, keep contaminated part of your body away from all mucous membrane as in eyes. It's worthwhile taking care of your hands, so you don't have any open cuts. The E. Coli probably is so ubiquitous in the air, and that people who grow up without a level of defense against...any traveling to any third world, the diarrheas that come, usually are of E. Coli origin. And, there are those who are not susceptible, and there are those who are

terribly susceptible. Diarrhea is a common cause if they eat anything away from the px. I personally was not affected at all, and I ate local food all the time.

**Margaret Lloyd:** What does PX stand for? Is that the mess hall?

**Dorothy Peacock:** You know it's so common. Well it's where all the supplies are.

**Margaret Lloyd:** Okay. So, the Vietnamese people could drink the water and they had a higher level of E. Coli resistance?

**Dorothy Peacock:** Well, they also have diarrhea. The other common denominator is the ascariasis round worm. And again, from fecal contamination in gardens. And, the prevention from that is 10 percent Clorox. Vegetables were often rinsed in Clorox- real dilute Clorox.

**Margaret Lloyd:** And so, the worm that you mentioned is that something you would see when you were on the operating table?

**Dorothy Peacock:** Oh yes! Malaria spleens where the spleen enlarges... Because of its size, it is often hit by bullets, or just blows. Football players can rupture spleens from just the blow. But if a spleen is large, it is then inflamed and friable and much much more apt to rupture. The spleen is in the capsule, and sometimes the spleen itself will rupture but the capsule will not. So, 8 or 10 days later, the capsule ruptures and the patient is bleeding uncontrollably into the abdomen. But back to the ascariasis worm, it is pretty much a common denominator of life. And, a shocking thing to see for the first time is when a bowel has been perforated and a worm has come out through the hole and the worm is free in the abdomen. The worm can be shot into two, and both ends of the worm will still move. If one eats food from the local markets even with all kinds of care, it is best just to take the medicine weekly. The other medication that is taken all the time by military and civilians is malaria prevention. I did not have malaria while I was there.

**Margaret Lloyd:** Did you observe a patient with malaria?

**Dorothy Peacock:** Hundreds of them and hundreds with worms.

**Margaret Lloyd:** So now, I want to play a little bit of a word association game just to compare what a hospital was like then versus now. And so, I'm going to give you a word and if you could

just describe what it looked like in 1968 when you were over in Vietnam. The first thing I would like to ask about is an ambulance. Did they have methods, like us, of a way to get patients quickly to the hospital?

**Dorothy Peacock:** Into the front door of the hospital, often patients arrived in the French vehicle called Lambretta. I think it is a two-cylinder engine. It sounds like a lawnmower, and it has narrow wheels. The patient would sometimes be sitting inside or sometimes in a hammock that was held by a bamboo pole and the bamboo pole tied crossways in the lambretta. They may have come from miles and miles. Also, if you couldn't afford the lambretta, two men or two people would be carrying that pole on their shoulder and there would be a blanket over the pole and inside that hammock is a patient. And sometimes they have walked for the longest time. One of the problems for people that were say shot in crossfire or who knows in the afternoon, they wouldn't be able to move at night. And so sometimes those patients with penetrating belly and chest wounds with insurmountable or absolutely surgical solution would have been coming for two days because they can't travel at night. In the back door of the hospital, there was a helicopter pad and the patients would arrive by helicopter. And so, seventeenth century in the front door and twentieth century in the back door.

**Margaret Lloyd:** Was it common for a helicopter to land? Did that happen every day, twice a day?

**Dorothy Peacock:** Sometimes they would be landing one right after another if they had a lot of wounded.

**Margaret Lloyd:** My next word that I wanted to ask you about is anesthesia. I know that you would put the patients under during procedures. What about post-op? Did they get any type of morphine? Was there enough medication?

**Dorothy Peacock:** Post-operative pain was almost ignored. If you went to the hospital at night, there were not crying patients or thrashing patients. And you'd wonder how they are managing this terrible orthopedic wounds that hurt like mad. And you'd wonder how in the world. It's almost as though there is a mental dissociation. And, it makes one wonder about our expectations in health care and maybe they're not all needed at all.

**Margaret Lloyd:** That leads me to my next question-hospital rooms? In the 21st century, everyone gets their own room. What was it like over there during a war zone?

**Dorothy Peacock:** Well, I'll use the orthopedic ward as the example. There would be a patient in each beds. The beds are iron beds with thin mattresses. Sometimes without sheets, sometimes with just rubber on them. And then, those beds are so close together that often you are moving one bed if you want to get to the head of the next patient on that side, on the other side. And then there would be an army litter with another patient, often a child or smaller woman resting between the two beds. And things like fractured femurs were surgically treated with a closed system, and they were in this country too, earlier on. Treated with traction with wire through a femur particularly with a wire through the tibia that is on a yoke and then pulled. And those patients will need to be in the bed for a good time. In the third world, opening a bone is often, even with the antibiotics, can be better treated closed and sometimes better treated closed in the big USA too.

**Margaret Lloyd:** And so that was my next question, about infection. It sounds like there wasn't much of a sterile environment just because of the hot conditions and the lack of supplies. How did you guys deal with that?

**Dorothy Peacock:** Well in the operating room, I have a picture with a helicopter landing and there are flies stickers in the operating room. And that speaks volumes about the amount of contamination. So there are flaws and there are dusts. And, the most important thing you can do is to get that window closed with the dust coming from the chopper. Everyone got penicillin and streptomycin and tetanus. Tetanus. The immunization is not everywhere. On the other hand, I saw it tetanus in Birmingham too. And that's a child who simply was not immunized and whatever injury. I saw the first three tetanus patients on the day I arrived. I was a little bit distraught on the day I arrived because I'd lost all my luggage. And the plane that I arrived in took two pieces of lead in the wing and I thought oh my goodness this wasn't that good an idea. And when I arrived at the door of the hospital, the driver said there's an American woman working in there he thought. Randy was about a 50-year-old woman who had worked in Tunisia and a very wise and experienced nurse. She said, "it's quite a trip isn't it"? And, casual, wise, and humorous. And, she said, "let me show you these three tetanus patients back here and your life won't seem so bad". And there were three patients- A young woman, a small child, and then a medium sized child. They all had tubes in their windpipe. And, I looked at what was written on the bottles that was dripping into them as I noticed a family member adjusting something, the

roller control. In those bottles was pentothal and a muscle relaxant. Muscle relaxant is the kind that anesthesia uses to paralyze the patient completely. And this wise nurse said to me, "We have better ventilators here than we have at home. They never fail here". The family are ventilating the patient. And if the patient convulses, they give them a little more medicine. And when they think that's more than they maybe need, they slow it down again. But the family sets up the shift routine.

**Margaret Lloyd:** And so with so many patients packed in, what would you say the size of a room like that was? The hospital room or the orthopedic ward?

**Dorothy Peacock:** Oh, let's see. It would be a big room. It would be 50 or 60 feet long and the two beds would be eight feet and eight feet in a narrow aisle through the middle. So, thirty-four or thirty-five feet wide and 70 or 80 feet long I suppose. But the one thing I didn't mention when describing an army litter on two beds. You could also have, you saw in the picture, where beds are in that narrow walkway between and you're just putting one foot right in front of the other to walk there. Another interesting thing... I didn't mention this story. In the morning, this was actually at the TET time when there were so many injured. And after a while you thought you know I think we should eat something, and we should drink something because nobody has urinated all day. And over in the corner of the emergency room, I saw a woman who had a newborn baby still red and looks as though it hasn't even been washed. And, this is her plight, her humorous had a blast shot here. And she has both bones stuck out in her humerus. She had a blast wound of the jaw which had got the insertion of her tongue. And she had rigged up a sling with a piece of rubber tube to hold her wrist. And this hand with the fractured humeru was a hold of her tongue because if she let her tongue go, she couldn't breathe. And in this arm was tucked this newborn that was sucking.

**Margaret Lloyd:** Wow!

**Dorothy Peacock:** I thought... we can't go home...we can't go home. And what I did was stitch her tongue to her chest because her chin was gone. Stitch her tongue to her chest with a little piece of rubber in there so that it would give. And then, I put her arm in a proper sling. She was delighted. Now she could let the infant suck on the other breast. And before she would allow us to try and fix these things and wash them and fix this jaw somehow, we had to carry her in an army litter with the baby to that orthopedic ward that you had to put one foot in front of the other to get through. And she bargained with somebody there who was breast feeding a baby. She

would not give that baby to us because without breast milk the milk is contaminated and it's a death sentence. She wasn't gonna do that. But, she bargained with the woman and they see each other's plight and she left her baby with that, and then we put her to sleep.

**Margaret Lloyd:** That speaks highly of the Vietnamese people and their need to still be mothers to their children during this awful war.

**Dorothy Peacock:** Their ability to problem solve and the resilience and the tolerance of pain...It is unimaginable.

**Margaret Lloyd:** And so, what were the Vietnamese people like, and how did the children act? What did you see when you were over there? What did you observe?

**Dorothy Peacock:** Well I think many people are surprised to know that there's little or no illiteracy in Vietnam. And that the only people who can't read, write, and cipher are those who are mentally slow. And that everyone can read and write and the children all can do basic arithmetic with the abacus. And, I bought a bicycle there and you buy a bicycle in pieces. And so you want two wheels... And the guy is putting the bike together, assembling the bike. He's got all these pieces lined up and you say that one. And, she adds it up on the abacus. Then you buy a bike for fifteen dollars. I became friends with the bike shop. My maid loved to make peanut butter cookies, and I would take half a dozen peanut butter cookies and stop at the bike shop, and he would tune it up and oil everything. I would drink tea and we chatted. Well, I didn't chat, but my maid would chat away.

**Margaret Lloyd:** So, it sounds like you developed this deep bond with the people that you were living around. Was that the typical attitude and bond of the I.R.C. workers? How was that different from how the soldiers interacted with the Vietnamese? Did you get to observe the differences?

**Dorothy Peacock:** Well, we were there in different capacities. I have always said I lived a schizophrenic life there because I ate one meal a day with soldiers. I heard them talk about their lives. Many of them were coming from the field and many of them had the thousand-yard stare in their eyes, and they didn't talk too much. And then there were those who drank too much, and they gambled too much. And, the sense of desperation...one could be aware of that. One of the first realizations that I had the first night that I ate at the mess hall. I realized that that table to my



right was speaking Spanish and that they were from Puerto Rico. And I realized that the table to my left were speaking gaelic. And they were Filipino Seabees. And I learned very much that the Seabees are enormously functional to the war. The Vietnamese co-workers were easy to get on with because we all knew more or less the job. And so, it's easy to coordinate stuff with them. One is aware that a patient can be a Viet Cong. Not at the beginning, I was not aware. A story about that was a young obviously healthy man with a leg blown off needed an amputation. And there were so many many children and abdominal injuries. And so he gets low on the priority, but his litter was very much in the way of everything and one wonders how this is happening. And then later on, I realized when I went into the other operating room to get a connector, a curved connector, that would work better for keeping out of the way of the surgeon that he was dead on the operating room table. And that, undoubtedly, it was a purposeful death. And one of the realities of war is that he was of soldier age. He was also very fit, robust so he had been eating very well from childhood. One realizes that there is all kinds of desperate politics that will be happening. Another thing about the physical plan was the number of sandbags and tunnels in connection with the operating room. The slit trenches- slit windows created with the sandbags where the person inside could swivel a gun to the extreme right and extreme left whereas bullets coming in would have a much less chance of hitting the shooter. And then, sandbag bunkers in several places of the hospital and some of them inside the buildings too.

**Margaret Lloyd:** Is this how you protected the hospital during the Tet Offensive? Did you still perform procedures? Was there an influx of patients? Is that why you had the sandbags covering the hospital?

**Dorothy Peacock:** Well, the sandbags were already there. Filling sandbags was an endless task that people did. They could load them in the most ingenious ways on bicycles and take them home to protect their own small home. And you know, that would get argued about but how could you blame somebody who wanted to protect his own house and his own children. To have some kind of wall to be behind. They had bunkers on the top of the administration building, and I suppose that the administrator then was supposed to go up there and shoot. I don't know.

**Margaret Lloyd:** Where were you during the Tet Offensive?

**Dorothy Peacock:** During the Tet Offensive, I was in the bunker in the back of the house.

**Margaret Lloyd:** Were you still able to treat patients?

**Dorothy Peacock:** During that time, No. No. Well there was so much shooting outside, you didn't go outside at all. There would be two days you did not did not go out and there were many, many dead between the block between the old French hotel that I lived in and the hospital. There were many dead left unburied for that time.

**Margaret Lloyd:** Did you have the option to leave Vietnam during the Tet offensive?

**Dorothy Peacock:** They did...as a civilian. As a civilian, you know I could because there is nothing bad, I don't think really bad that would happen to me because it's a signed contract, but it is a piece of paper. And unlike a military guy who gets all kinds of repercussions if he's AWOL. At some level, the authorities knew that there was build up. But, when the Tet Offensive happened, there were nine big cities and 36 villages or something like that. They were all bombed in one night and then again on the next night. And in between times, there was no burying of people. And Morgues... The morgue in the hospital was shoulder height. A room 10 by 10 shoulder height with bodies. And, I always remember stopping by just to look at the amount of heat and humidity and the odor. And, the rigor mortis bodies and there was an American hand with a dog tag. If you could follow that shoulder and I could feel the dog tag. Finally, could pull it around and see his number and name. You know you needed a lot of moving and untangling. Think of ...think of a ball of yarn tangled up. Rigger mortice arms here and legs there.

**Margaret Lloyd:** Thank you for sharing that, and I'm sure that family's very happy that you wrote down the soldier's military I.D. number. So that leads into my next question. How did you deal with the chaos and the fatigue and the destruction of the war? I mean you were over there for 18 months.

**Dorothy Peacock:** Yes, 18 months. There are many positive things. And you live life and human relationships at a very intense and fast rate. The Vietnamese physicians would be four or five of them who we saw frequently. There was all kinds of professional courtesy and professional respect for each other. They were marvelously ubiquitous or cross trained. Many of them came from Hanoi rather. And two of them had trained in Paris. They were very very efficient, but they were in the South Vietnamese army. So, their lives were dictated so we certainly bonded with them. There were eight American physicians who were assigned to the hospital. And some of them were in various stages of their training. One or two of them sometimes came to the operating room, but the rest did not. And then the Vietnamese staff, of course we were with them

all the time. And learned about their families and was invited to their homes to eat and so and so were getting married... come to the party. Vietnamese wedding was simple. Simple people and a dirt floor and women in beautiful Ao Dais. I haven't mentioned the Ao Dais, the national costume and pastel colors of Ao Dais with white pants underneath. And, the custom of serving other people. The food placed in bowls in the center of the table and you turned your chopsticks around, and you took food from the bowl and you put it there. Put it on the two people across the table and the two people to your side, never on your own. And it's kind of a very inefficient, hilarious business because they're busy putting food on your plate and you're busy putting food on their plate. And of course you always serve the choice to someone else. And you also chuck the chicken bones over your shoulder and the dogs run and that seems all right too. You get used to that.

**Margaret Lloyd:** It sounds like you experienced some beautiful moments when you were over there.

**Dorothy Peacock:** Oh, they were wonderful. You can smell perfume. You think really, isn't that wonderful.

**Margaret Lloyd:** And so, how was your experience in Quang Ngai different than what you expected when you first wrote that letter to New York?

**Dorothy Peacock:** I had no idea. I didn't know where Vietnam was. I didn't know anything about Asia.

**Margaret Lloyd:** Then you ended up spending 18 months there?

**Dorothy Peacock:** Well, I signed a contract.

**Margaret Lloyd:** Yes. And so, what lasting impact did the Vietnam War have on your life? It sounds like you remember a tremendous amount. And you mentioned Afghanistan. Did the Vietnam War influence your decision to go serve in Afghanistan as well?

**Dorothy Peacock:** I think you shouldn't even use the word serve. I was young and naive and thought, I'm bored. They're going to pay my way, and I was paid a reasonable salary. When it came time before I signed that contract when they were talking. You know, I didn't ask about

salary at all. And she said well have you thought about pay, and I said no. I said, “Well, can you pay me what I'm paid now”? She said yes, no problem. And so that's the way that was decided.

**Margaret Lloyd:** Well it doesn't matter that boredom got you there, but you were there, and you were helping people. That's amazing.

**Dorothy Peacock:** The choice to be there is a very different mentally emotional than the soldier who is conscripted and shot at. I was shot at too, but then I volunteered that. It's a world of difference.

**Margaret Lloyd:** Is there anything else that you would like to share or bring up about your experience? Maybe a memory that stands out that you haven't told me yet?

**Dorothy Peacock:** There are many, many individual stories. I'll tell one about my maid who was 18 and a beautiful girl who always wore the Ao Dai. Who had hair to her waist. In order to survive there, you had to have somebody wash your clothes and keep your keys for things. And because she did so much for me... when I made the R&R trip to Bangkok.... She was a beautiful seamstress, beautiful. She made my clothes and all my clothes were stolen before I got there. And so, she and her mother made me clothes to wear-a white uniform. It was very comfortable too. Anyway, in Thailand, I bought her the best piece of Thai silk that I could see. She always looked at material quality and threads. And when I brought that back, she was just delighted, and I was delighted, and I thought that I got the right thing. She wanted to go home to show her family. The next morning, she comes early and bangs on the door and comes right in. She's got a black eye, half her hair is cut off, and she is beating on me and shaking her fist at me. And, I thought, child, what's wrong with you? Finally, because I couldn't understand because she was talking a mile a minute to me. And, I can't figure out what she's saying at all. I take her by the hand and we go next door to the American missionary who can talk on the telephone to Vietnamese. And, she took this silk home... This is the story. She took the silk. Her mother and her friends, you know she's showing this showing this off, know the quality. They all know it. And the old human jealousy aspect... And so they say, you're sleeping with a guy. You've become a prostitute. That's why somebody brought you this. Nobody else would buy that. They broke one wall out of her house. They smashed her sewing machine. And they, you know, they beat on her. She had some bruises, and she had the black eye. You know this beautiful hair... They cut half of it off, close to the scalp on one side.

**Margaret Lloyd:** Such a different culture...

**Dorothy Peacock:** Well, we do the same things. We have jealousy just like that. And, we might drip somebody just like that.

**Margaret Lloyd:** Well what came of the silk? Where did it go?

**Dorothy Peacock:** Oh, it got trampled! They're going to destroy the silk, so that she cannot be dressed better than they. And it's an example of inappropriate aid so often. There's a term for that. I can't think of it. Because on Saturdays, she and I went down to the market and we got local food and sometimes went to the hairdressers because you got this wonderful hair wash and massage, shoulder massage. They put lemon juice in your hair and squeeze the lemon in your hair. It was wonderful. We often stopped at the dry goods places to look at material because she liked material. And, I did too. Now why I just didn't buy her a piece of material from the market...from the street where everybody would know where she got it. You see, I destroyed her friends. I destroyed her house. I destroyed a sewing machine with an inappropriate gift. And I think that American handouts all over the world do that.

**Margaret Lloyd:** How did that story impact how you were a volunteer in Afghanistan? Did you refrain from a gesture like that I guess?

**Dorothy Peacock:** Well, it made you think twice about what you get people. Is it a gift that will give harm to someone. I do know for example...Well, I went to Afghanistan with Samaritan's Purse from the Baptist organization in North Carolina. Billy Graham's organization, Samaritan's Purse. His son Franklin Graham is the one who runs the medical arm of that. I think Baptist churches, certainly here in the south, I hear people mention it all the time at Christmas time, they pack their Christmas shoe boxes. And in Omar Sharif, I saw one of those big containers. You know they are 20 by 20 and 10 by 10, and that's the small ones. It's a huge number of cubic feet, and they're filled with shoe boxes. And one of the humorous things when I arrived in Afghanistan, this guy was talking at the table about the shoe boxes. He said that he would never have anything to do with shoe boxes again in his whole life. And they had brought some to that little town home and they were going to give them out. They went to the boys school. Girls don't go to school there. So, they went to the school and there was so much aggression and grabbing that one boy climbed up and climbed through the window and fell. He had a bad fracture of the elbow. I mean that elbow couldn't work. And the next day, there was all this tinsel and glitter

and junk -Christmas junk-all over the place on the street. They looked at it and thought this is nothing. And it reminded one of opening Christmas presents here and looking at the amount of garbage that you have to take out afterwards.

**Margaret Lloyd:** Is that why you think I.R.C. focused on, you know, medical missions? You were over there for cleft palate and lip repairs.

**Dorothy Peacock:** It certainly works better. Because bright, clear-headed people know without you telling them what is a value and what isn't. For example, the family from our community that I grew up in, the little farming community that I grew up with, wanted to send something. And it was rainy season and it was cool, so I said you know light sweaters would be okay that fit boys and girls. It worked out okay, but still who do you give them too? The boy who has both legs blown off? Well.... And, they also sent dolls. They don't know anything about gender toys. So, there's a little boy who sees a little blond doll. He wants the doll. You think, I'll give him that doll. Well, his brother that's here is annoyed. The guy who I have coerced to stay and take his leg off because he knows surgically very well how to amputate that. He's got eight children at home. He's staying over. I know very well he's staying over because he sees those sweaters and dolls. He's right. He deserves a doll. Finally, after about two days of this, I gave all my loot that they sent to me to the Red Cross worker who was working in the orphanage. Because people respect me for what I do. I don't want them to respect me because I've got the key for the locked dolls. I don't want to do dolls and sweaters. So, there's an example of the double edge of a handout that is completely inappropriate. But, we do it here. You've got shirts on sale at any little old goofy store right here and people will push and push on each other.

**Margaret Lloyd:** It sounds like you're describing Black Friday.

**Dorothy Peacock:** Exactly. Exactly.

**Margaret Lloyd:** So real quick, you went back to amputations and the whole purpose that you were in Vietnam. How long would a cleft palate procedure take?

**Dorothy Peacock:** Well I guess it depends on the amount of deformity. If it's a bilateral cleft and there's not much redundancy of tissue around to move the pulling of teeth... It depends entirely on how much there is to do. Once the child is anesthetized and the airway very secure and if it's a

one-sided cleft without too much split in the deficit or too much gap in that deficit, Dr. Blanco would do that in 30 minutes.

**Margaret Lloyd:** Okay. And then, one more question about the amputees. Was there physical therapy for them or did they have wheelchairs or crutches? How did they recover?

**Dorothy Peacock:** The Quakers from England set up a prosthesis center there and it was one of the marvelously useful things. They had taught and encouraged young men and young women who wear amputees themselves. And some of them with an arm off and with a foot and an arm, they could still would carve a league. It was managed and taught by one jolly Brit and a couple of guys who were sort of apprentices that were students. They had some electrical machines and they powered them with a generator. Those Quakers were an example of putting together a function with people who know how to do it. And then you do the job you knew how to do. I've gone on other mission trips where you know you were sort of doing something maybe, but marginal.

**Margaret Lloyd:** So, I think those were all my questions on the medical aspect of your job. Did you have anything else that you wanted to add? Anything that I may have missed.? I.V. bags, x-ray...did we cover everything?

**Dorothy Peacock:** From a personal point of view. I was allowed three R&Rs. Every six months, you could take a week off for an R&R. I went to Bangkok one time. I went to Singapore one time. I went to Taiwan. On the way home, I stopped for one week in Japan, and I climbed Mount Fuji. I went to the old city of Nara and rode the trains, the bullet trains and that was quite lovely. And then to Hawaii. I did schedule to stay in Hawaii for a week and decided that I was depressed in Hawaii because of opulence and The Ugly American behavior. The demanding and the noise...I could not relate. The memory of Quang Ngai and the memory of children and wondering... You know, not that I was looking after everybody, but at least when you looked after one patient that one patient was better for a minute anyway. And you thought that your life counted. And then you come to think what in the world even doing civilian operating room anesthesia management. I went to Case Western in Cleveland and the Cleveland Clinic. It's hard to relate about getting excited about scheduled surgery and bad manners and shouting and carrying on and pecking orders. War changes forever your outlook and priorities of life.

**Margaret Lloyd:** So, you came back to America... Was that in 1969 or the end of 1968?

**Dorothy Peacock:** Fall of '68.

**Margaret Lloyd:** So, the Tet Offensive marked a pivotal point in the United States viewpoint of the war and kind of what was happening over in Vietnam. And so once you came back to the US and started working at Case Western, did you start following the war closely? What changed?

**Dorothy Peacock:** Oh yes, for sure. Yes, the names and the places were now all familiar to me and I had a picture of Asia in my mind. Some picture at least. Yes, first the announcement of My Lai, for example, came out in the Cleveland Plain Dealer Newspaper first. I did keep a diary in Vietnam. I also wrote letters to my mother. However, my mother's letters were very much edited to not worry parents too much. The diary from the hospital, sometimes it would be very brief, but I did keep some diary about how much we were doing. I did keep a diary that I mailed back to New York once a month. I sent them, this is what I did. I did it really for both Dr. Blanco and Cora. This is what we are doing. I became their mother figure you know because we were all being paid. And you know to make accountability. Rather than make generalizations, I thought that I'll just write down what we are doing and a little summary of patients and medical stuff. They can do with that what they want to do. Where was I going with this?

**Margaret Lloyd:** Well we're talking about how you changed coming back from Vietnam.

**Dorothy Peacock:** Oh yes. Well, hard at the beginning and time wears off. But the anti-war sentiment was raging in the northeast and raging in hospitals. And bizarre behavior was exhibited from all kinds of professionals. I was still very schizophrenic in my head because I would always have to be loyal to the American soldier. It wasn't his fault entirely. There was, of course, from those who were pro-war...I even hear that here in the south... Anyone who went to Canada to draft to be a draft dodger or who sang anti-war songs. And there's a little bit of that currently, if you're not for it than you're automatically against something. Well that's not true. You have an opinion then that's not a good idea. So, it was equally schizophrenic to relate to people. For a long long time, I did what I think lots of soldiers do- They won't talk about it. I'll come over if we play cards, but I'm not talking about it because I can't make you understand. And even now, when I gave my talk at the OLLI lifelong learning. Lots of comments... I thought, oh you didn't get what I meant. It also made me feel like that I didn't say that right then. But that happens all the time with any story. With any education... you know there is a teacher



and then there is a learner. You can teach something but if it isn't learned, or it's learned the wrong way.

**Margaret Lloyd:** Yeah. Different perspectives... Well, thank you for opening up now and being a part of this project. I just have one more question for you. I know we've been talking for a while now, but I just wanted to ask you, what do you wish people from my generation knew about the war? Is there something in particular that you think that we're missing when we study about the Vietnam War?

**Dorothy Peacock:** Well there's the old adage, those who don't learn from history are doomed to repeat it. From my perspective, there is no way to justify violence. There's all the reason in the world to work hard at peace and to pay for it. Learn to pay for it. We've certainly paid for weapons. We certainly pay for B-52 bombs, bombers, and helicopters. Why don't we work hard at peace? I like to think that your generation will have the gumption to try harder than my generation did. Prophylaxis is always an unglamorous thing. We're better at fixing things than preventing things. I guess... You know it borders on all religious ideas. I like to say that I looked at the milk of human kindness. I saw displayed in a simple recovery room in Vietnam where a woman with a chest tube out and there are two people in the room and you come there with a baby and there's no place to put the baby post-operatively. And she goes, you can put the baby on her feet over there and she puts her hand down and pats the baby. And you think, I'm not sure I would be able to do it. I'm not sure I would do that. Might be thinking.... Oh, that's just her birth. That's a Buddhist culture. I saw it in Afghanistan in the Islamic culture. I saw those burly guys that looked like Ali Baba in the 40 Thieves and thought, Oh my Gosh, I hope you come and look after me when I'm out of it.

**Margaret Lloyd:** Kindness.

**Dorothy Peacock:** Yes. And he's good, and he's gentle as can be, and he's funny.

**Margaret Lloyd:** Okay. Well thank you for sharing with me. This has been Margaret Lloyd interviewing Dorothy Peacock. The interview lasted an hour and 42 minutes and is ending at 9:18 p.m.