

Australians at War Film Archive

Dianne Fairhead - Transcript of interview

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Tape 1

00:47 **So Dianne, would you be able to give me that brief summary that we were just talking about?**

Sure. Well I was born in Unley, Adelaide, South Australia in 1944, tenth of June.

01:00 Went to primary school in Lyndon Park Primary, which is an area in Adelaide that was just being opened up at that time. secondary school at MLC [Methodist Ladies' College], university for three years which was, physio [physiotherapy] in those days was a diploma course and that was at the Adelaide University. After that I worked at the Royal Adelaide Hospital for a year, in private practice for nine months and then went to the

01:30 UK [United Kingdom] and worked in the UK for eighteen months. Came back to Australia, oh and travelled in Europe as everyone did in those days, came back to Adelaide and found Adelaide very difficult after all that and then went to Vietnam for the year. Came home. Shortly after that married Fred who I'd met in Vietnam. We had

02:00 a son then we had twin daughters, all under twenty months which was pretty exciting and I can't tell you what went on in the world for quite a few months then. I guess I moved round like a gypsy after Fred's, because he was still in the army, until eventually we were in Canberra for about seven years. Then he resigned from the army and we all came to Adelaide. My Mum and Dad were both still alive so it was good to come here while they were still

02:30 here. Dad died shortly after we arrived and we're still here in Adelaide and I'm still working part time as a physio. Is that enough or do you want more?

Fabulous, no that's fantastic, thanks Dianne. Okay, so could we start with your early childhood? Do you, were you in Unley, how long were you in Unley for?

Only for a short time and then my parents bought a house on Greenhill Road, Toorak Gardens which

03:00 was quite large. I had an older sister and a step-brother who lived in New South Wales at that time and he later moved to New Guinea. The house was a great house, we had, there was room for fruit trees and animals and in those days there was a tram going up Greenhill Road, which is hard to believe now, and there were empty blocks on the other side of the road, so

03:30 there was a lot of places for every sort of natural play, cubby houses in all the spare blocks and all, you know, just fun, riding bikes everywhere, I went everywhere on my bike. Lyndon Park School, it was a new school and it was really good. I think the, probably the thing that I remember most about Lyndon Park School is that it was, we had some very large spare

04:00 blocks going down towards Portrush Road, and we often had little bushfires there and we'd get the afternoon off or the day off when there was a bushfire. And I'm not sure whether it's that but I do recall over the years, the only really bad dreams I've ever had have been about fires and it's probably because of that. I guess we had a, I think I had a happy childhood, I was interested to read some letters of my sister's once and she felt that she wasn't as happy as I obviously was.

04:30 But it was good until I was, when I was eleven my brother died in New Guinea, which was pretty devastating for the family. He'd been a patrol officer in, and was living in, Goroka and there was an outbreak of hepatitis and the doctor thought that he probably had hepatitis and was treating him for that and he actually had a ruptured duodenal ulcer so was flown to Madang and died and Dad was never the same after than. It was

05:00 awful, someone came to the door and just said, you know, "Your son's died, he's been buried," and, you know, get on with life sort of thing. But he was a very, he was quiet but he had a wonderful sense of humour, Dad. Was very proud of Judith, my sister, and I. Mum was a real home body, she sewed very well, did lots of cooking, everything

05:30 was home done but she was very, very house proud and everything looked perfect. And I sometimes didn't quite fit the mould, I don't think I, wasn't quite as desirous of having everything look perfect as she was. But it was a, yeah, I had a fun childhood then went to MLC, I guess I had a reason, pretty good academic and sporting record

06:00 there, I've always liked sport so.

So Melbourne?

No this was MLC in Adelaide, it's now Annesley.

Oh Annesley.

Yeah, Methodist Ladies' College, it's now Annesley, down on Greenhill Road. I played hockey and tennis and was an associate prefect in those days. I wasn't quite willing enough to toe the line to be a prefect but that was fine, I didn't mind that. Made some really good

06:30 friends there and eight of us still see each other on each other's birthday, thirty, forty years on, which is really interesting in itself to have followed each other's lives, you know, for that long. We don't see a lot of each other apart from those birthdays but we do support each other, you know, if times are tough. I guess when we came back to Adelaide after I'd left Adelaide for twenty years,

07:00 I wondered whether I'd fit into that group again because they'd all just stayed in Adelaide and I'd gone and, you know, lived a very different life and then came back. But I, yeah, it was good to get back there.

Did your father have career ambitions for you and Judith or were you not pushed in that direction?

I think what he wanted was for us to get a stable

07:30 job and be well paid. And he could not believe that we wanted to go to university, that was just so out of his realm. He'd had a very, very difficult childhood and during the Depression life was pretty awful, he was never well.

What did you know of his childhood?

Well I know that his father sent him off to Western Australia to work for an uncle, a bit like A B Facey in 'A Fortunate Life', and he worked for this dreadful uncle in Western Australia and was,

08:00 I don't know that he was physically abused but he was certainly mentally abused by it. And because he was quite small because he'd been very sick as a baby, which I found out a long time later, and then he was diagnosed with Coeliac Disease so I can see why he was so sick, it was amazing he'd lived. I think he just wanted financial security for us and he had a friend who was the bank, the New South Wales

08:30 head bank manager in South Australia and he would've given Jude and I a job, you know, quick as a flash. And Dad couldn't believe that we didn't want to do this but we didn't, and so Jude had actually gone to university, and in those days you either got a Commonwealth scholarship or you paid full fees, and her results at school had been quite good, good enough to get into physio, she did physio too, but she,

09:00 well Mum and Dad would have been paying. And I do recall the year that she did her first year, she did very well. I was doing leaving which was what you got your matriculation results to, you know, go to university on, and I'd got a Commonwealth scholarship. So we knew that they weren't gonna be paying for me. And then a week later they gave out scholarships for the first year university students that had done quite well

09:30 and Jude had got a scholarship there so that, I think that was probably the second time I ever saw Dad cry. And the only other time I ever saw him cry he was just so, so excited, so relieved I can relate to it very well now, many years later. But he, he was always very supportive after we got going and very proud, I understand. Not that he'd ever say, I mean he was very, very reluctant to show his

10:00 feelings in any way, but I guess he was proud.

Had your dad had any war service?

No he wasn't, he wouldn't have passed a medical but also he was working at General Motors Holden at the time and that was in one of those jobs where, you know, they stay home.

Reserved occupation.

Yeah, reserved occupation. Yeah, so he had, but he always felt a little, little bit like a second class

10:30 citizen I think when, you know, friends'd talk about the war service and what they'd done. And knowing that he hadn't gone, I think he felt a bit, not ashamed because there's no way in the world he could've, but I think a lot of people who didn't go to the war felt that they weren't quite as good. But he certainly didn't encourage me in any way to even think that way. I mean the army, I knew nothing about the army, the military service at all really. In Adelaide you're fairly cut

11:00 off from anything military, apart from the RAAF [Royal Australian Air Force] air base, you just don't hear about it, or you certainly didn't in those days.

It seems extraordinary now to think that he'd paid for you to go to MLC, and obviously invested substantially in your education and your sister's education, that he would then not expect you to go to university, now.

11:30 Yeah, well that's the difference then and now and I've often talked about this with my daughters, that we were sort of that middle generation. I mean my mother would never have expected to have tertiary education, even to work after she was married was quite extraordinary. And for me, well I guess in, when I was going to uni, my closest friends amongst the eight that we still meet,

12:00 four are physios, three are social workers and one's a nurse. So that's sort of indicative of the sort of professions that you, it was socially acceptable I suppose, more to going to. I recall I had thought at the time, and my academic results at the time would have been enough for me to get into medicine but I knew that for Mum and Dad to support me for that long was just not a goer. So,

12:30 and I'm glad in retrospect that I didn't, more study, phh. But yes, it does seem strange but I think Dad was, I mean he saw education as just making a better person, not necessarily as a means to an end.

You said that your mother was a bit unusual in that she did do a bit of work?

Yeah, only for a little while, she was a,

13:00 oh I suppose you'd call her a dressmaker, she worked for John Martins for quite a while. As I said, my brother was a step brother, Dad had been married and his first wife died of TB [tuberculosis] in the TB ward in the Adelaide hospital, which is a pretty horrific place, so he hated hospitals after that. And my brother at the time when his mother died was four, so when Mum married Dad she had a small child

13:30 to look after fairly, pretty much straight away, so she could, she didn't work for long. I think she would have always liked to have, to have had that independence which is what, you know, gives you, yeah. Yeah, I was gonna say earlier and I got a bit side tracked, talking to my daughters about working, they now can't see why on earth anyone would ever consider that a woman can't do whatever they want to, as is

14:00 fairly obvious with, you know, one of them being a marine botanist. They, you know, the concept is just really difficult to understand, that things have changed so quickly in those three generations.

What are the opportunities that your daughters had at that leaving school age that you can reflect on that you didn't, other than the option of university as a little bit of left-field activity?

14:30 I think probably that they probably wouldn't have had to go against the social mores of the time quite as much to go into different professions. I think that I was extremely fortunate with the opportunities that I had and I am eternally grateful to my

15:00 parents for what they did and a lot of other people of my age certainly didn't have the opportunities. But I think, I don't know that they have a lot more, I guess they have more freedom as in freedom in that they, my parents, expected me to live at home until I married and left home. We certainly didn't have those

15:30 expectations of our daughters so I suppose they had freedom to mix with a whole lot of other people and just living different lifestyles that we didn't have. But apart from that I think, I don't think there was all that much difference.

Your step-brother, that's quite an unusual situation for that time as well, that your mother was married and

16:00 **then had a son suddenly. What do you know of her relationship with her step-son and how that was in the family?**

Mum and Dad really haven't, didn't talk a lot about that. I think

16:30 certainly, probably all of Tony, the four years of Tony's life up until when his mother died, probably was pretty awful 'cause I guess his mother would have been in hospital a lot of that time. Dad didn't ever talk about her at all, whatever I've learned it's sort of through Mum or through Dad's sister, who looked after Tony because she had a son about the same age so she felt quite capable of bringing up Tony and

17:00 her son. And apparently there was quite a lot of, oh, not aggression, but she was not happy when Mum came into the picture and then Tony went back to living with Dad and my mother. I think probably it must have been quite hard. I have recollections of Tony and these big boys coming and, you know, throwing me round as a little kid and pushing me in the pram and

17:30 a few things like that, but not much. And I think probably when he'd finished school and he went to Adelaide Technical College, he went to Wollongong and then after some time there he went up to New Guinea and was a patrol officer which was a pretty outlandish thing to do at the time. I mean that was really into another world that we, people in Australia wouldn't have

18:00 known much about. He sent back, he used to send back photos and I remember the photos of this exotic place.

How old were you?

Well I was eleven when he died. When I was in primary school I can remember doing a project on rubber and being very lucky that I could get the information from my brother and he sent down all sorts of things. 'Cause as well as being a patrol officer, I think he did that for quite a

18:30 period of time, and then he did some work on a rubber plantation so I got all the information first hand. But he used to come home occasionally and every, I think every two years he'd come back to Australia. And you know, there's not much I remember about him really. In 1954, I think it was, or '56, Adelaide had an earthquake and I can remember the

19:00 stories went round afterwards that Tony didn't even wake up because they have so many earthquakes in New Guinea, it was no big deal. And the other thing was that he expected a lot of shirts to be washed, and Mum wasn't too keen about that 'cause he was endlessly, you know, changing shirts in New Guinea. But I can't, I can't, I just know Dad was even less well after he died, but he just would never talk about it.

What was your relation-

19:30 **ship with your parents like?**

I think it was pretty good. I think even though Dad didn't talk a lot I felt a huge rapport with him. I guess I'm not really a talker, I'm more a doer so I suppose we were very similar. He had a really dry sense of humour which, oh, I just loved.

20:00 Mum, I guess I learned to really appreciate Mum more when I got older, as I'm sure a lot of girls do and when they have their own children they appreciate their mothers even more. Mum always wanted us to look right and to do the right thing. I found that sometimes it wasn't what I wanted to do and Mum still wanted

20:30 you to do it so that it'd look right for other people.

Could you give me an example of that?

Well I suppose really simple things, 'cause she was always into clothes, I mean she'd always want you to wear what you, looked right, you know, was the right thing, what society said you should wear, even if you were uncomfortable in that sort of thing. She just, I think she just found it hard to really value her opinion enough to give an honest one, she just wanted to always say what

21:00 was the right thing to say, to do.

Was it a loving relationship with your mother?

Not loving in that you do a lot of, you know, touchy-feely stuff. I guess we got a few hugs here and there but not a lot.

Has that changed much in your, between the generations, as you brought up your girls?

Oh I certainly tried a lot more

21:30 to do a lot more, be a lot more open. And I think, yeah, what I've always made a real point of is even if they've asked my opinion of something, even if I knew that what I said was going absolutely to the opposite of what they wanted, I was always determined that they would know how I felt, whether it was, you know, whether they were gonna be happy about it or not. And in lots of cases you know, when you're a

22:00 teenager you want to do and say pretty outlandish things, and it's only ten years later you might realise, 'Oh yes, well Mum probably was right there.' So I've, I mean, to be honest with myself and other people has always been incredibly important and I'm not willing to compromise that ever, so.

And that's something that you didn't see in your mother and decided to change?

Well in a way, I think it's something that she felt society, she had to fit in,

22:30 and whether it was how she felt about things or not, she saw that that's what was important. Yeah, I guess I'm not expressing that too well but ...

I think we can understand.

She, you know, it was, in those days what you appeared to be was the thing that was important, what you were you sometimes hid a bit.

Your time at university, can you tell me how that was for you?

23:00 Oh it was great, incredibly hard work. Physio in those days was very full-on, no time off at all. We used

to scoff at friends who were doing arts degrees and that sort of thing and say that they'd spent most of their time in the refectory. Well we could virtually never get there because we had very concentrated

23:30 lectures and then in-between, in those days we still had, in the first two years, you still had to dissect a whole body, so you spent a lot of time on anatomy which was also a very good place to make friends with all of the medical students and dental students that were around, so it was a lot of fun really. It sounds pretty gory but it was, you made a lot of contacts there. I still played hockey at uni, played inter-varsity hockey for

24:00 the first year. Unfortunately at the end of our first year, no, it couldn't have been the end, whenever 'Prosh' is in university, I think it's September. The first year physio students were playing the third year medical students at rugby in a block of land which is where the new medical school on Frome Road is now. And a fellow, who shall be nameless, who is now a

24:30 professor of community medicine somewhere in Australia, picked me up to dump me in a great huge mud puddle, thinking it would be a whole lot of fun and the scrum, so called, collapsed on me and I broke my ankle. So my hockey was never quite the same after that. It was a lot of laughs, everyone thought it was very funny but the anaesthetist, when he was putting me under that night, happened to be the guy that was so-called refereeing the match, so he had no sympathy for me. And it was,

25:00 was really, I mean it was an amusing experience, and it was, as a physio student, it was probably quite good too 'cause I had some inside information as to what it feels like when you have a fracture and plaster on and then take it off, so I suppose it wasn't all bad. But my hockey wasn't the same, so I played that year and I don't think I played third year. I met up with a, and there were a group of us, most of the guys were at Saint Marks, and we used to go

25:30 skiing, get a bus and go skiing in the holidays, so, in the September holidays, we did that for a couple of years.

Un-chaperoned?

Oh absolutely, yeah, that was fun, go to Falls Creek and we stayed there.

And how did your mother feel about that?

Yes, I don't know.

Was that acceptable?

I think it was, yes. I doubt that she had any friends whose daughters did it, but it, the people I was going with, she knew. I mean we were

26:00 a fairly, even though we all worked really hard we had a pretty good life, so we played fairly hard too, so. She knew most of the guys and she loved to have people come to our house, which was really good, so she had a chance to meet people. And I guess that's what was a little bit different, oh, between my life and the girls' life was that because we didn't have the transport options, we didn't all own a car and that sort of thing,

26:30 a lot more things were actually done at home so we had a lot more people at our place. And I've got a couple of friends who remember Mum really well from all of the pre-ball parties, the post-whatever or just the gatherings that we had at our place. So I guess Mum accepted because she knew the people but it was, I say, it was very hard work and I managed to pass every year, which was good. And ...

You still living at home?

27:00 Yes, yes, I was then, yeah. To leave home was not acceptable, it was very extraordinary. If you were living in the city and had easy access to work or uni, you only really left home when you got married.

Did you want to leave home?

I think it would have been, I knew friends who lived in the country who had flats in North Adelaide and they had a, I thought they had a pretty good lifestyle.

27:30 But I knew that wouldn't be, I couldn't, well it would have hurt Mum dreadfully. I don't know how Dad would've coped, he would've been sad 'cause even though he didn't talk to us a lot, he liked to, you know, see you coming and going, and know what was going on. But it just would've been, I think Mum would've found that just too unacceptable which, I suppose, is why after I'd worked for the couple of years or

28:00 nearly couple of years, I'd saved up enough money to go off overseas, and that's what you did. That was the way I suppose, to get away from the family nest and get out and learn to live on your own a bit more.

Have an excuse. It seems as though your childhood was slightly constrained but certainly quite

28:30 **proper. And you have decided to go into physiotherapy and obviously are dealing with anatomy**

and things like dissecting a human body. Was that confronting for you for the first time, that you had to deal with that kind of thing, or did it seem like a natural progression for you?

I think it's probably confronting for anyone who goes into the anatomy room on the first day when all

29:00 the bodies are laid out. They look pretty sort of scrunched up but they still look like bodies 'cause they've got skin and fingernails and hair. I think once you get the skin off it's just, it's a learning experience. I think the most confronting thing for me, like most people, would be the smell. But the fact that that's what I was doing, it didn't faze me really, it was just a wonderful way to learn anatomy.

Would physiotherapists be expected to dissect a human body now?

29:30 I think they might do an arm and a leg, they certainly don't do the whole body or the head and neck like we did. And it depends, there are some times when people aren't donating their bodies to science as much and there aren't enough bodies, so I'm actually not sure what they do at Adelaide University and I'm not sure that other physiotherapy schools did the same. Adelaide at the time was very, very well thought of,

30:00 to the extent that when I went to London, I went into the Chartered Society to say that, "Here I am, I'm looking for a job." They just, they asked where I'd trained and I said, "Adelaide University," and there were no questions asked, I was just offered work straight away 'cause they had such respect for the people that were running the school here, and so whether other schools were as in-depth I really, I don't know.

I've spoken to nurses from the

30:30 **similar era who've bemoaned the change from very practical based nursing to very theoretical based nursing as they see it now. Was that the case in physiotherapy, that you felt you were getting a very practical ...?**

Yeah, well I, yes it was. I think we had a little bit more

31:00 patient time than they do now, but it was a, it was a different course. A lot of the things that we did because people, our tutors, lecturers, knew that they worked, techniques you used with someone after they'd had a stroke and that sort of thing. Now there's a huge amount of theory behind it, reasons why it worked, a lot of neuro-science and all that sort of thing. So the students nowadays have to learn all that

31:30 neuro-science whereas we were given a person that had had a stroke and you did it with them, so I suppose there is more, we did more practical and I think because of that a lot of physios now are probably disenchanted when they get out into the work force. Certainly if they're going into hospital work

32:00 or the sort of work I do where there's a lot of repetitive work, maybe not as stimulating for the grey cells but certainly very rewarding I find. But if they've reached huge academic levels in physio as a student then go out and do very practical work, and physio is practical for heaven's sake, it's all hands on stuff, you know, it's not right that that should be the expectation that they would keep on going. So lots of them go into

32:30 research or they, you know, find another job, do something different. But I don't think it's quite as cut and dried as nursing is, that's, you know, they went from real hospital training to university training which is quite different.

When you'd finished your degree, do you remember graduating quite well?

33:00 We didn't have a graduation as such, we were only diplomas, so we didn't graduate. I mean we did graduate, we didn't have a ceremony, so. In those days there were thirty-five who started in first year and seventeen of us graduated so we could pick and choose where we worked pretty much and it was always preferable to work in one of the big hospitals, to get a good all-round experience,

33:30 so I went to the Royal Adelaide Hospital and did all of the rotational rosters there that were offered.

Can you take us through that?

Oh well you'd spend three months in, I think I would have done three months in orthopaedic, three months in neuro-surgery, three months in intensive care and three months in out-patients, which gives you a pretty broad scope and confidence, I think, to go

34:00 on to do pretty well anything if you coped with it. We had good supervisors in those days, the wards were, it was busy, I don't know, I can't, it was a long time ago.

And your first year in wards, would you be working straight away or would you be expected to watch?

Oh no, no. Well see, we were working in the

34:30 wards as a second year student, when you were a student you were working in the wards with

supervision. And then as a third year student you'd be working with fairly distant supervision. And in third year, ah, in first year out you worked but there was someone that you could refer to if you needed to. But generally speaking, I guess, I don't know, I guess I must have been fairly confident 'cause I don't recall any traumas there at all. Don't know, too

35:00 long ago.

How was the pay?

Oh that was something that Dad was always concerned about 'cause he always said, "We would've got paid a lot more if you'd gone to work in a bank." Well it was enough, I was still living at home so I saved some. I would have absolutely no idea how much the pay was.

Were you expected to contribute to the family?

Oh yeah, I paid some board but really it was pretty nominal. And I guess I didn't live an outlandish

35:30 lifestyle, I would've had holidays, I had friends interstate and I went skiing, that was important. I belonged to a tennis club, and I guess I'd, by then I'd started going to orchestral concerts so I would've paid for myself as well as going to movies and that sort of thing. Yes, there was enough to live on and I must have started saving then.

36:00 I certainly saved more in the nine or so months that I worked in private practice, that was, and the pay was a lot better there. But to me the pay was not important when you were, that first year out, it's important to get the experience in different places. And then the, in the second year I could've stayed on at the Adelaide but I chose to go and work in this private practice which once again was very

36:30 interesting, 'cause it's totally different and it gives you a bit of an insight into, you know ...

What injuries were you dealing with in private practice?

Oh they were a lot more sore backs, necks and sporting injuries, like private practice is pretty much these days. Well I shouldn't say that 'cause I haven't been in private practice for years but I was in Canberra for a while and it was the same thing. And I really like rehab [rehabilitation] sort of

37:00 work, so you don't get that in private practice unless it's very, very specialised.

Were you doing much post-operative therapy?

Well in the Adelaide it would have been, but not in private practice at all. Yeah, in the Adelaide it would have, well all of the neuro-surgical stuff, the intensive care of course and orthopaedics, all post-op [post-operative] stuff.

37:30 **I'm thinking of your later experiences and just wondering if you had any experience of things like amputations or ...?**

Oh yeah, in a regular big hospital, orthopaedic ward you'd always have amputations unfortunately. People with, I mean, not so many would be from trauma, more would be from peripheral vascular disease or from, you know, from diabetes, smoking

38:00 too much, drinking too much, that sort of thing, having amputations because of that. But there would have been a few trauma ones I guess but certainly nothing like I saw in Vietnam. At the hospital I worked in, in Scotland, they had quite a lot of trauma cases there cause we were on a, quite a busy motorway. So we unfortunately got a lot of trauma cases and there was a big burns unit there which I'd worked in. So I suppose post-op. things didn't

38:30 worry me. You know, some people, I guess, would go into that ward and not really know where to start but it just wasn't something that was foreign to me so it was just slightly different from the ones in Vietnam.

Your social life, obviously you had friends from university and people to go skiing with, are these

39:00 **men possible future romances or would you have had to, were you meeting men anywhere else that might possibly be the future ...?**

Oh yeah, yeah, there were, I had lots of friends and in those days you went out with a person and then, you know, the couples would go in a group. Not like quite so much now, where you can just go out in a group and people aren't paired up, but I guess I was

39:30 never short of a date and I didn't spend a lot of time sitting at home. But it was never oh, I suppose there was one fellow who lived in the country, we saw each other for a long time and he desperately wanted to marry me, and I loved his lifestyle and I would've loved to live in the country but I didn't love him enough so I didn't, I wasn't willing to commit myself there. But mostly I just had a lot of really good friends

40:00 amongst the fellows I went out with. A lot of them were med [medical] students and young doctors because we'd spent so much time together as we were students that they were really good friends and

we did a lot with. I suppose I met a few different people, non-medical people at the tennis club I played at. But they were probably the areas where I would have met people. And I also, all through this

40:30 I was very involved in the local church activities. I played the organ and played tennis and netball some of the time with a church group and I used to, I like good, hard-hitting tennis so I used to play with the boys more than the girls so I just had lots of friends.

Venus Williams?

No, no way, nowhere near that good but I like a good, I mean

41:00 I play fairly inconsistent tennis but it's good fun, I still, still the same.

Did you go to dances?

Yeah, yeah, I guess there were, well the dances in those days would have been, sort of, every university faculty association had their own balls and there were, you know, old scholars' ones and that sort of thing so I would've gone to those, yeah,

41:30 yeah, lots of dancing, parties.

Thanks Dianne, we'll just hold that there.

Tape 2

00:40 **I might just move away from the physiotherapy for a little while and just more broadly how world events were shaping your life or how aware were you on that. This is around, I'm thinking of the early '60s to mid '60s we're talking, you were in training up to about '65?**

'65 yeah, yeah.

In that period,

01:00 **you know, '60 to '65, you, were there any world events that stick in your mind in that period, the emerging new world and new world order?**

I'm really fairly ashamed to say no. I think probably because we were incredibly focused because the course was very, very full on, there really wasn't time.

01:30 **Did, President Kennedy's assassination for instance, does that stick in your mind?**

Oh I, yeah, I do remember it but I can't remember where I was like everyone else can.

Yeah, you would have been quite...

I can remember when Robert Kennedy died but I can't really remember. I can remember that The Beatles came to Adelaide but I wasn't one of the crowd 'cause we were working.

Was that a big deal, Beatles music?

Yeah, we had a lot of Beatles music at our

02:00 parties. You know, you'd have a party out in the garage and The Beatles'd play and yeah, lot of memories for that period.

What about politically, sort of the end of the Menzies era, do you, what sort of politics did your family ...?

I think Mum and Dad were, they were not, they weren't talk, they didn't talk about politics really. They were very, very Liberal.

02:30 I don't think my mother would ever have dreamed of voting anything but Liberal all her life. And the times when I haven't, you know, when I've wavered, and certainly I haven't for years, but when she was around and aware of what was going on, I wouldn't have told her that, "Mum, I haven't voted Liberal," 'cause she would've aagh, shock, horror. They were, I guess they were fairly happy with,

03:00 with their lot. I don't know, I guess if I had, I suppose I was aware that there were a lot of people who were getting a pretty rough deal in life and I wanted to be able to help them. I suppose, well I'm quite sure that's why I did physio. I mean, there's people out there that need helping but whether I saw it as a, a thing that

03:30 you'd vote Labor or Liberal about, I don't know. The Labor Party, Young Labor and the University Labor, were always much more interesting than Liberal but, once again, we just didn't have time to be involved in any sort of university clubs at all. If I had, you know, maybe it would have made for a much more

interesting time, but I wouldn't have passed physio. As I said, you know, only seventeen got through from thirty-five, they were pretty brutal.

How old were you when you graduated

04:00 **from your course?**

Would have been twenty-four. You had to be twenty-one to start in those days. I'd actually finished, which meant you had to be, I mean you had, you had to be, no, that's not right. You had to be eighteen to start which meant you would be twenty-one when you graduated because for some reason they seemed to think that's the age where you could be let loose on patients.

04:30 I'd finished school when I was, I would have been sixteen, sixteen and a half, seven-, no I must have been seventeen. Anyway I had to fill in a year before I could do physio, so I worked as a secretary in an optician's business in North Terrace and did Psych 1A at uni just to keep my hand in.

While

05:00 **you were training, you graduated '68, that would make it?**

No, no.

'65.

'65 I think it was, yeah. Yeah.

Yeah, so you were twenty-one?

I'm not very good on dates.

Twenty-one, yeah.

Twenty-one yeah.

Okay. That was the year National Service was introduced, what did you know about that, anything?

Not a lot, no. I didn't know of anyone who'd been called up at all. The only thing I

05:30 suppose I knew about army, military, anything, was that three guys that I knew that went to sort of the brothers' school had gone to RMC [Royal Military College], and that's really all I knew. I didn't have family connections, none of Mum and Dad's friends had children who, or even they, had anything to do with the military at all. So

06:00 I was completely naïve, I think you would say, about anything to do with military, apart from historical things and history, I was interested in history.

When were you first, did you become aware of the conflict in Vietnam and Australia's involvement in it?

Oh I would imagine that one was aware from, you know, what was in the newspapers but because it didn't have a personal impact, I

06:30 confess that it was just something that was happening somewhere else that had very little to do with me.

Did your family have a television set when you were growing up?

We got one pretty late, yeah.

What, early sixties or ...? Do you remember your first, watching your first television program?

I can remember what it looked like but they were pretty dreadful programs. We must've got it when I was still at school, so it would have been very

07:00 early '60s I guess.

Incredible change in Australian society when television was introduced, you went through it.

Yes, yeah.

Was there fights over television programs or what to watch or ...?

No, I can't recall that. I would imagine that, I guess we were pretty regimented now that I think about it, you know. I'd come home from, well, certainly for school, it'd be school and sports practice after school and then I'd come home, we'd have something to eat and

07:30 I'd do my homework study and then go to bed. So I don't think I, pretty sure I didn't watch a lot of television, there was too much else, at that time it wasn't really an important part of my life.

Any particular programs that stick in your mind?

No. Nothing at all really.

Were you, was there a news bulletins you were watching or items on the news that stuck, stick in your mind?

I honestly, I have no recollection of it

08:00 at all.

What precipitated your interest to go over to England and Europe?

Well I guess my sister had been before but a lot of friends had, and it was that, sort of what you did almost. But also it was a way to get away from home. Pretty drastic. But I had always determined what I did and

08:30 I'd always loved European history, so I was pretty interested to see what it actually looked like over there. And it was Europe I wanted to go to, knowing that I would be able to work in England. So I could go to England, work there, save up and then holiday in Europe and then go back and work a bit more, which is what I did in fact.

How much was England seen as still the mother country?

Oh yeah it was, pretty much then, yeah.

As you were growing up, did you celebrate the Queen's birthday and cracker night and things like that?

09:00 Yes, yeah, I remember cracker night. We used to go to a friend's place and yeah, that was quite big deal. I can't really remember many other holidays. I can remember when the Queen came out, our school was involved in the big show that was put on down at the show grounds here. And I was a little

09:30 flower I think, we had hoops and had them all decorated and ...

When was that, which ...?

It was '56 I think.

Yeah, '56 when she came out, yeah.

'56 when she came. Yeah, so, and that was really big deal when she came, yeah, because, 'cause you actually, the only way that you saw her otherwise was in books so to actually see her, 'Wow.' Hard to believe.

What magazines are you reading, what's your ...?

10:00 At that stage?

In the '60s.

I would imagine the 'Women's Weekly' was probably the only magazine that I, that's the only one that I can remember. I mean Mum would have bought it probably.

And did your mum teach you cooking from the 'Women's Weekly' cook book or the ...?

Oh, I don't know where she learned it from, she was a very good cook. Yeah.

Did she pass that on to you?

I guess sort of by osmosis she must have yes, I quite like cooking, so, and I like making

10:30 jams and freezing fruit and that sort of thing, I suppose I can't bear to see waste, I must have got that from them because nothing, we had fruit trees and nothing went to waste.

Where does that value of, which I believe is no longer in our society, (UNCLEAR) consumer, but where do you think that came from?

Well I don't know, I think

11:00 certainly they had it because of the Depression. And if you had food you saved it, if you didn't eat it now you did something with it so it was edible later. I think I probably was always happy to do that. Although I must admit I used to think, 'It'd be lovely if we could just have some shop-bought stuff instead of all the stuff that Mum's preserved.' But I think after being in Vietnam,

11:30 just the dreadful materialism I saw amongst people when I came back to Australia just reinforced any of those sort of emerging values that I might have had. I couldn't believe that people wasted so much and needed so much when they really didn't, or wanted so much but didn't really need it.

Did your mum and dad talk to you about the Depression years, say, "When we were a kid we didn't have this," things like that?

12:00 Well they probably didn't verbalise it but you knew that they were giving us stuff that they'd never had, they'd made sacrifices for us, we were very aware of that. I'm much more aware of it now than I was then, but, 'cause when you're a child, a teenager, you're really not too fussed whether the family's re-mortgaged the house to pay for your education and that sort of thing. But as you become a parent yourself, you can

12:30 see the huge sacrifices that they did make for our education and, you know, I am grateful and I hope they were very aware that we were, but you don't say that when you're a child. But they, yeah, life hadn't been easy for them but it was the Depression I guess.

How did you, did you save up to go on your trip to England?

Oh yes, yeah, I completely looked after myself.

How long ahead did you have to do that?

13:00 Well I would have been doing it just when I was working. I certainly worked through all of the university holidays, or the long holidays but that would've been just enough for, you know, spending money for university term. But I would've saved from when I started working at the Adelaide and then in private practice, so it would've probably been probably eighteen, twenty months.

Were you consciously saving for that trip?

Oh yes, yeah, that was my plan.

And how does one, how did you

13:30 **plan, go about planning that trip and who were you, did you go over with a girlfriend?**

No, I went on my own. I decided that I didn't want to be constrained by other people. Well I had two very good friends who went together and we'd actually been a trio for a long time, done a lot of things together, school and physio friends. But I just knew that I wanted, you know, this is what I wanted, to see whether I was okay on my own and could I do it, and you know, I'm really, really pleased I did.

14:00 I went by ship on the Orcades from Adelaide to London via the Cape of Good Hope, which was quite amazing, six months, six weeks. Felt like six months but six weeks was a long time on the ship, lot of fun.

Any shipboard romances?

Oh yes, of course. I think that's, I used to compare being on a ship a bit like on a skiing holiday, you know, totally

14:30 divorced from reality. It's a short period of time, it's very unnatural surroundings and you have to get real when you get to the end of it. But, yeah, but it was good, I made a couple of really good friends, I met a fellow who was a Presbyterian minister, going to do a PhD in Edinburgh. Now I'd never come across anyone like him before, he

15:00 was a real thinker, he was an interesting fellow, he liked dancing a lot but he also had a wife so his wife was incredibly jealous and it was, I mean, I, we just talked, I mean he was really interesting to talk to. And never in my wildest dreams would I ever have thought to, you know, break up their marriage in any way at all, but she obviously thought I was going to. Yes, so that was quite interesting. When he turned up in Edinburgh it was even more interesting.

15:30 **He followed you to Edinburgh?**

No, well that's where he was going and I actually worked at a hospital midway between Edinburgh and Glasgow. And somehow he found out I was there and lobbed up the hospital one day. Well I ...

Put him straight or ...?

yeah I just said it was crazy, I mean he was obviously distressing his wife far too much and yes, we'd have a drink and that was it. But shipboard life was a lot of fun really.

16:00 **What was it like leaving, this was the first time you'd really left Australia?**

Oh yes, absolutely, I'd had holidays on my own, I'd had a cousin who lived in Canberra so I'd gone to stay with her a few times, and I'd been to Perth with a friend, we went by train when we were at uni but I'd never left Australia.

What did your passport say on the front cover in those days, was it, did it say British citizen or Australian subject, Australian citizen or something, something like that?

I think it had, yes, I think it did have 'British Passport'.

16:30 Yes, I can't remember, my memory is not all that good as you can see.

No, it's just a fine point, I think because we were, Australians were ...

Yeah, but we were very much, I mean you were at home, it was just an extension of your home, country, to be there although you were still thought of as a colonial, very much by certain parts of the English, mostly, society. The Scots I got on very well with, but some of the English, they, you know, oh, very much the

17:00 'colonials', you know.

Can you remember coming into, where did you land?

Tilbury. Yes, I can, an incredible feeling of insecurity. I mean the security that you got on the ship for those six weeks was fantastic, you knew exactly where you were, you knew all the people, you knew where your next meal was coming from, where your bed was. I had arranged to go into a flat in South Kensington though, so I actually knew where

17:30 I was going, I had an address but I had no picture of it in my mind. But I had become, I wasn't great friends with her, a Scottish girl who'd, whose brother, no, yeah, whose brother was friends of someone in Adelaide. So she'd actually come to Adelaide while I was at uni and I'd heard, somehow I heard, oh a fellow I was going out

18:00 with was, there was some sort of family connection and they said, "Do you know of anywhere, a flat going?" And I knew of this flat in North Adelaide that was looking for someone else, so I put her in touch with them and she lived there for oh, about a year I think and we were quite good friends and she always said, "If you ever come to London, let me know," you know, "there'll be a place for you." So I let her know sometime before and there was a place in South Kensington so I went there. But

18:30 you know, arriving with a small amount of money, because I didn't have a lot, I anticipated getting work straight away to live with people and not know them.

What was the long term plan, you know, was there a sort of a ...?

Oh I don't know that there really was one.

I mean were you going for a particular period of time?

Oh I guess so, I'd go for at least a year, 'cause I really, I couldn't see the point in just going to visit, I really wanted to

19:00 work 'cause I think you, and I liked the idea of being able to stay in a place for a few seasons so that you can really get the feel of the place. And I think being in the U.K. for more than just the summer is good, I mean, to see the good and the bad I think is very important. So I suppose I must have thought at least a year, it turned out to be longer than that but.

How long were you away for?

19:30 Well I'd gone in the August of 1967 and came back in February '69 so it was long, and I really had to force myself to come back to Australia. 'Cause I'd been living and working in Scotland for about

20:00 seven months straight, I'd taken on a two month locum and then had just, they were very happy with me working and I was very happy with the work. And I'd just kept renewing it until eventually I thought, "I'm getting too comfortable here, I've, sort of forgetting what life was like in Australia and I should probably go home and see what it's like, and then if I want to come back then I'll come back."

This was in Edinburgh?

Yeah, well I was working

20:30 in a hospital and it was midway between Edinburgh and Glasgow on the A8. In those days it was a three lane highway with a passing lane in the middle which is pretty good when it's fog a lot of the time so we had a huge lot of trauma in there.

Is that the first time you'd encountered physiotherapy, ah, having to work with patients who'd been in accidents and traumatic ...?

Well I suppose, apart from in the regular wards in Adelaide, that, those

21:00 traumas were quite bad and we had, there was a very new burns unit that'd been established there, which was pretty horrific.

What was the thing you found most difficult in dealing with those traumatic, which inj-, which type of injury did you find most difficult to work with?

Oh I suppose anything that disfigures someone, someone's face more than anything is the hardest because their perception of themselves changes so much, and

21:30 the way the people relate to you is hugely dependent on how you look. Even if there's a really fantastic person inside, it takes a very strong person to be able to relate very well to someone who's incredibly disfigured. So I suppose it would have been that. Amputees don't worry me at all, amputees can have a jolly good life.

What about the first time you had encountered an amputee?

- 22:00 I'd, I mean it probably sounds awful but I can't really remember being horrified. I was a student, you learn about what you do with them. And I think, I know Fred and I had talked, when I was working in the hospital in Vietnam very early on, I recall him saying, "How on earth can you ever work in a place like this when," you know, "these guys look like they do
- 22:30 and they're so badly injured." And it really hit me then that, as a physio or somebody who works in a hospital, someone comes in hugely, badly injured and that's how you first see them. What you see is the transition from that disastrous state to a better state. Whereas for him, he knew what the whole person was like and it's really negative to see them go to that point. But if you've never seen the whole person I think it's probably easier
- 23:00 to accept that, 'Okay, here you are, you're in a dreadful mess, but we're going to help you, we're going to make you better.' So it's just, I, well that's certainly how I feel now and I'm sure I would've then because if you become too distressed by it, well you're not going to be able to do your work.

What is the, what was your early impressions of how the loss of a limb would affect the person's

- 23:30 **psyche, how they, self image, or ...?**

Well it all depends on how they would cope with a prosthesis and to what they could get back. Anyone sitting in a wheelchair, having to stay in a wheelchair is hugely disadvantaged. Because for one thing, they're below everyone else when you're talking and that's really bad unless people squat down. And I always make a point of trying to squat down when I'm talking

- 24:00 to people in a wheelchair 'cause then at least then you get eye contact with them. But once they get up on two legs again then I've known some amputees whose life after they've had an amputation has been infinitely better than it was before. Because they've had to do a lot of soul searching for a while and then decided to get on, you know, and live a better life. And if they've been fortunate enough to have the sort of injury that takes a prosthesis easily and they don't have a breakdown, they can
- 24:30 get on and have a pretty good life. But I mean of course it has an affect, most people have a body image where they've got, you know, two arms and two legs and if that's shattered, well then it has a fairly profound affect.

Patients sometimes given that, would you be getting involved in counselling patients who would be facing amputation and have to make that decision?

Oh not really, no, I wouldn't have. I mean we would

- 25:00 normally see them afterwards. The only counselling I would have done and I still do with people that've been, you know, diabetics that don't look after themselves and they come in with big toes that are bleeding and need care. I mean that's often the first step to a, the amputation and you just have to counsel them to look after themselves more. But not, "How are you going to live your life afterwards?"

Nobody comes along and says, "No, don't cut it off, I don't want to lose that limb," or...?

Oh,

- 25:30 well I mean they all say that but if you've got a, if, I mean the ones I see now, if they've got a toe that is in bad shape, it usually means that the circulation in that leg is really bad so they've got a lot of pain and they probably can't walk anyway. If you're given the option that you've got a painful leg, a whole leg, it's very painful, you can't walk, or, we can take your lower leg off, you won't have the pain hopefully, won't have
- 26:00 phantom pain, and a prosthesis, and you'll get back on your feet, well that's a more difficult decision for them to make but often they'll go for the latter. I mean they will go for the latter if it's got an infection, 'cause gradually it'll go up and up and there's a point when you take it off.

Did you ever encounter when you were in that period of, the phantom pain in limbs that people had lost limbs and they saw phantom limbs, the phenomenon of phantom limbs?

Oh yes, yeah that's very common.

- 26:30 Very, very difficult.

Strange phenomenon isn't it?

Yeah, it's very distressing. Especially, well I mean if they have just sensations that are just, "I've got an itchy toe," that's alright, but if they actually have pain, the same sort of pain they had before but they haven't got the limb, then I think that's very cruel. And there's a few things that we can do but often if it's really, really bad they just have to resort to fairly

- 27:00 drastic medication but it's not uncommon.

Now the end of the '60s in England must have been a fairly fun place to be, did you enjoy the

sort of cultural revolution?

Yes, yeah, it was fun, it was fun, we were pretty poor. I learned to cook all sorts of extraordinary things without meat in it because meat was very expensive in those days. You didn't have to waste a lot of

- 27:30 material in making clothes 'cause it was very definitely the mini skirt era. But it was fun. Actually my Scottish friend was secretary, at that stage she was secretary to the general manager of the Royal Festival Hall. So she would sometimes ring sort of four o'clock at work and say, you know, "No-one wants his tickets, he's given them to me, I'll meet you at the Hall,"
- 28:00 and we'd go and hear all sorts of wonderful people, you know, classical musicians which was fantastic. I mean, in retrospect I was really, really lucky, that was pretty exciting. We did a lot of, she was a true Scot so we did a lot of walking, we used to go to the gardens and catch the 'Green-line' bus and go out a bit further to parks and that sort of thing. But it was the era
- 28:30 of Carnaby Street and that sort of stuff. I guess I, I mean I wasn't into mind altering substances apart from the odd beer that I could afford but, so I wasn't madly into it I suppose, but it was a good place to be.

What eventually brought you back?

To Australia? Yeah, I think what I said before, I suppose part of it was I'd had a relation-

- 29:00 ship with a fellow in Scotland that'd gone on for quite some time and we had, yeah, I guess we had broken up. I had another holiday and then I thought, 'Well maybe now's ...' I'd gone off to Ireland with another friend of his. I had a fairly interesting, had a lot of male friends, platonic friends a lot, and I guess I've always found them easier to get on with than women, they're much more
- 29:30 open and straightforward and, you know, if you're honest then it was fine, so. We went off ...

A trail of broken hearts I suspect?

No, well, I don't know that it was that but ...

A trail of broken hearts behind you?

Well this guy that I went to Ireland, in retrospect I found out that he fancied more than just a platonic relationship but I had to put him straight too. But then I went back to Scotland and I thought, 'Well now is probably the time to see whether I want to stay in this lovely country.' 'Cause I mean I had special

- 30:00 friendships but I did love, I'd really enjoyed where I was working, where I was living in Edinburgh by that stage. I initially had lived in the nurses' quarters in the hospital. I enjoyed being able to go to London, some time earlier than that, you know, I'd had a couple of holidays in Europe and these were the huge advantages of just being able to say, "Okay I've got three weeks off I'll go to Greece," or,
- 30:30 you know, and I knew I wouldn't be able to do that in Australia. But I just, I wanted to see my family, my sister had got married while I was away and that was, I was very happy for her but quite devastated I couldn't be part of it. And I just knew that I had to come back to see whether Australia really was the country that I wanted to be in. And when I got home, even though I found life in Adelaide very difficult,
- 31:00 the general idea of coming back to Australia was certainly, you know, I was happy with that.

How did you get back?

I flew back on some outlandish flight in retrospect when I think about it. I didn't have a lot of money and it was some sort of, it was like a package deal, what was it

- 31:30 called, 'Britannia' or something like that. Anyway we flew on some clapped out aircraft to Holland from London and then on a Bristol charter flight, which, old Bristol aircraft, rattled like mad. And the plan was that would fly to Bangkok and stay in Bangkok for
- 32:00 a couple of days and then back to Adelaide via Perth. And I actually, I'd sent home the dates 'cause by the time I got to Bangkok then it was going to be Thai Airlines, but it was still in a package deal. So in Thailand I discovered that the flight that I was going on was going later and it was going via Sydney. And I must have been very poor at the time 'cause I didn't ring Mum and Dad and
- 32:30 say, "This is what I'm doing," I sent a postcard. So I arrived home in Adelaide in the morning and they had been expecting me the night before. They'd all gone down to the airport, quite a few friends had gone to meet me, my sister, who at that stage was about seven months pregnant, was down there and everyone came off the aircraft and I wasn't there. So
- 33:00 Jude, oh we must have stopped at Singapore on the way as well 'cause Jude had visions of me being caught up in the white slave trade and all that sort of stuff 'cause I just wasn't there, and Dad at the time was friends with, what was his name, Reg Retner, who was something to do with Ansett Airlines or one of the airlines. And he got onto Reg to see, you know, what had happened to me 'cause they just, there was absolutely no information anywhere. And he just said, "Well if it's on a charter

33:30 flight there are no names so we have absolutely no idea what's happened to her." Well the next morning I arrived at Adelaide airport, there was no-one there to meet me, so I thought, 'Oh well, this is what it's been like every other place I've stopped for the last,' you know, 'eighteen months.' So I went to phone and rang up and said, "Well, where are you, here I am." Oh, everyone was very, very happy. And I, yeah, got home but all of the joy of you know, meeting me at the airport, that was all gone, all my friends had gone

34:00 home and that sort of thing so it was just Mum and Dad and my sister were there to meet me.

How different were you to when you went away?

Oh I think I was probably fairly different, I certainly looked different. When I look at the clothes I wore home, I wore a dress that had a, hardly any skirt at all, and that was a little bit earlier than all the super mini skirts were in, to Adelaide, so that was probably a bit shocking for them. And I guess I was very un-

34:30 settled really being here, I loved to see the family and I loved the first, the initial seeing of all of my friends but my closest friends in Adelaide had all married while I'd been away. As my Dad said, "You saved a lot of money on bridesmaid's dresses by being in the U.K.," 'cause, you know, I didn't have to be bridesmaid for all these people. He was always very pleased with saving money. They were very, very happily married and that was

35:00 really good but I just wasn't ready for that and Adelaide at that, at the time, you were, you know, as I said earlier, you lived at home with your parents or you got married and there wasn't really much in-between. I suppose I would've been very unsettled. I did live at home for a while and I got work, private, I was working for, oh doing locums in private practice 'cause that wasn't a,

35:30 I guess nothing really fazed me. I'd worked in quite a lot of different places in the U.K. The last one I'd worked for a few months at the end but up until then I'd done locums in the National Hospital for Nervous Diseases, which is a quite wonderful neurological hospital in Queens Square in London. I'd worked there for a few weeks, the sort of, the night shift, and they were doing very innovative surgery for Parkinson's people and old people, a

36:00 place with geriatrics and I'd also done a few other odd jobs like looking after children and walking dogs in Hyde Park and cleaning houses and that sort of stuff so.

Had you been affected by the feminist movement in any way do you think or indirect or directly, probably indirectly?

Oh I think ...

Had you taken an interest in what had been going on with the ...?

No, not directly but I think by that stage I'd decided that, you know, there wasn't really anything I couldn't do if I didn't want to, so I suppose

36:30 that was an indirect way. And it was by that stage it was becoming more easy to be a female on your own, rather than just an attachment to a husband.

How keen, were you keen to pursue your career, what options were open to you ...

Oh yeah.

and where'd you think, which direction'd you think you might take?

Well I just, I know I then just started looking for an interesting job and I thought well I'm, it's not gonna be in Adelaide but I can go and work anywhere, it's not a problem. And I

37:00 started applying for, I think the jobs were in Alice Springs, Townsville and Geelong and there were quite interesting jobs going that I thought that I had a good chance of getting. And then I was still a member of the South Australian Physio Association and we have, had in those days about a three page newsletter and there was a few lines saying, 'Physiotherapist required for twelve months' service in Vietnam urgently.'

37:30 And I thought, 'Mmm, yes, okay, I'll look into that,' 'cause I had assumed at that stage it would probably be a civilian team and I think I was really interested, probably, to go to a place that was not quite so materialistic. I suppose I'd lived on very little for that period of time when I was away and I didn't see the need to have lots of things around me and that people

38:00 can live perfectly well without it and I had skills to help, so.

Did you know where Vietnam was when you ...?

Oh yes, that's about all I did know in actual... I mean I'd been aware but not as acutely aware as I would've been in Australia because of all the, there had been marches up until then, obviously, in Adelaide but I'd been in the U.K. And although we were aware of it and I knew that Australia was

38:30 very much involved, I still didn't know anyone and I wasn't, you know, a hugely politically aware person I suppose. But my, all my feeling was, you know, 'I've got skills to give and if someone needs them, I'll

check it out.'

Did you discuss this with your friends or what they were doing or did you feel ...?

No, well most of them, you know, they were onto having their first child, so they'd, my

39:00 close friends they weren't, they'd given up working and I thought, 'How could you bear to do it?' you know, it's a passport to all sorts of things, being a physio.

Didn't feel you ran the risk of, you know, missing out on, you know...?

What, getting married and having children?

Yeah.

Well I suppose maybe it went through my mind but I couldn't wait to get out of Adelaide quick enough, so I don't think it could've been too much concern. I think they all thought that and I know two in particular

39:30 they forever, you know, "Come to the dinner party," and they'd have someone there to try and line you up with. And I just thought you know, "There's more to life than this. I don't need to find someone and settle down to feel like I'm an alright person," which is what the, their prevailing thought was. I thought I was alright. So I phoned the number that they gave in the physio newsletter and this person said, "Well

40:00 it's an army position, are you interested?" And I said, "Oh well," you know, at that point I thought, 'Nothing ventured' So I just took the number and rang and it was, I had to go to a, I guess it was the recruiting place in Adelaide to have a psych [psychological] test and a medical test initially.

I might just pull you up there Di, can we ...

Yeah sure.

Tape 3

01:16 **Dianne, you were talking about the process of getting involved with the army and medicals and the procedures you had to go through, could you explain that to us in some detail because not many people have gone in the way that you did?**

01:30 Well in retrospect I think it was exceedingly rapid, I had the psych and the medical in Adelaide and they said, "Yep, that's fine, now if you're interested in going any further you would need to go to Melbourne to be interviewed," by the Medical Corps hierarchy I presume it was. And it just so happened that my sister had just had a baby and I was planning on going to Melbourne the next week any day. So without really, I imagine, thinking it

02:00 through to a great extent, I said, "Oh yeah, well I'll be in Melbourne next week, I'll have an interview," so one was set up for me, and I guess it's the sort of situation where you don't desperately need the job or you don't desperately need what you're going for that you go in all sort of quite confident, and I must've, not knowing who I was being interviewed by, and I'm sure if I had been aware of ranks, I would

02:30 have realised that these were pretty high up people. Anyway, I had the interview and at the end of the interview they said well, "We think you'd be fine, when could you go?" And I just said, "Well you know, hasn't anyone else applied for goodness' sake, am I the only crazy person to do this?" And they said, "Yes," there had been some other applications but they weren't what, FE, which is 'Fit to Go Anywhere', fit enough to go.

What would have disqualified them?

Well one girl had,

03:00 she was blind in one eye, she's the only one I know, because she was actually employed as a physio at Two Mill Hospital in Sydney, Ingleburn, and I know that's what disqualified her, well that was what I heard had disqualified her. As it turned out, in the end she did go up for six months, but I don't really know and I don't really know what their criteria was.

What were their psych tests like, that's a ...?

03:30 I think it was just a regular army psych test, I have absolutely no recollection of it at all. But one would like to think that it was you know, "Would you be absolutely shattered by what you are going to see?" But in actual fact I don't think it was, they honestly didn't know what to do with me for the whole of the time so I don't think there was a slot to put me in. They hadn't had a physio in the army, actually in the regular army,

04:00 since the last war so they really didn't know what rank to give me, they didn't have any uniforms. It

was, you know, I was a real oddity. Anyway they said, "Yeah, you'd be alright, when would you be willing to go?" and I just said, "Well I think I should probably go back to Adelaide and speak to my parents," you know, "let them know what I'm doing." So I did that and then I imagine it must have been

04:30 a couple of weeks later I flew to Sydney to Ingleburn and then went through the process of, I presume that that's where I would've signed on, but I'm a bit hazy about all of that. I could probably find out, you know, have got some records but I haven't looked at it for ever.

So what were your parents' reactions, 'Dianne's off on another adventure'?

I think the only thing I can think of,

05:00 the only words I remember is one of them said, "Well that's just the sort of thing you would do," so I think they were sort of accepting of it. I imagine they were probably horrified but knew that there was no way in the world that they would be able to stop me, if that was what I'd chosen to do, that's what I'd do. I did, the other day actually we had a lunch with the school group I mentioned before and I said to them, you know, that this was going to happen. And I said,

05:30 "What did you think when I told you all?" 'cause, you know, we would have talked about things, "What did you think when I said what I was doing?" And one of them said, "Well I think you were trying to get away to forget the guy in Scotland." And I thought, 'Yeah well, that's typical, that's what you would think.' Another one said, "Well, I couldn't imagine anything worse, I couldn't bear the thought of going to anywhere that is even slightly dangerous," and she has stayed in Adelaide her whole life. She got,

06:00 she got married as soon as she could, has had children, they do travel but she would never travel on her own, she wouldn't dream of it. And one of the others said, "Well you were always a bit different at school, you always a bit sort of quieter and," I think she said, "more thoughtful about things and I wasn't at all surprised when you went." So I was quite fascinated 'cause I'd never asked them before what they thought. My sister can't remember at all what she thought when I went, but I guess

06:30 they, most of them just thought, 'Oh well, this is another crazy thing Di's off to do.' 'Cause I guess a few of the trips that I'd had when I'd been living in the U.K. had been, and the jobs had been a little bit less than normal or ordinary, so I guess they were accepting of it. So then in Ingleburn it was about, well it was certainly all of June

07:00 that I was there, and I think I left on July the second to go to Vietnam, so it took all of that time to custom make uniform, and basically that's what it was. I was just sitting round, I really wasn't, I don't know whether I wasn't allowed or whether the physio there, 'cause she was the one who desperately wanted to go to Vietnam and wasn't allowed to go, she was not keen about me doing anything in the wards. So I just had the odd,

07:30 you know, fitting for uniforms and I'd started to understand a little bit more the way the military system worked, you know, the hierarchical system to a certain extent. Which I don't think ever really made a great impression on me because I sort of tend to see people as people and not what they are so I would never be a good army officer anyway. Eventually

08:00 they made the uniform, which was khaki, I can't even remember the name of the uniforms now. Anyway the formal uniform is khaki whereas the nursing ones are grey, but the same design. The hat, they managed to find one in stores that was a 1944 issue so I had that. Custom made greens, as all of the girls had that, were actually very nice.

08:30 And then got issued with all the regular army Medical Corps stuff and because all of the Medical Corps up until then had been male, and they issued me with slouch hat and oh, quite a few other odd things which the other girls weren't getting issued but they just didn't, they didn't know where to put me so that was fine. They decided that my rank would be lieutenant, in retrospect probably there should've been, you know, I should

09:00 have, if I'd known, I probably would have pushed for captain and now it would be, I think, because dentists, pathologists and, well, pharmacists, they all went in as captains. But once again they didn't know what to do with me and I didn't know and it didn't fuss me until I realised some time later, you know, the difference in income would've been

09:30 quite an amount, the fact that I was that rank didn't worry me.

What was the army telling you about Vietnam and did you have any military sort of training at all?

No. No, I knew very little. I think Fred would agree that the Medical Corps in those days were not very military anyway

10:00 but the guys were given training with small arms so they at least understood. I certainly wasn't given anything like that, I think I learned just by being there for the four weeks and a bit. I wasn't really given, to my recollection, any formal training, they really didn't know what I would be doing in Vietnam because there hadn't been a physio. It was only that successive

10:30 surgeons had come back since the field hospital had gone from being Eighth Field Ambulance to One

Field Hospital and a more established place, that, and the ICU [Intensive Care Unit] was well and truly set up. Successive surgeons were saying they thought they were getting more chest complications than they should have and that maybe, maybe it was a physio that was missing, so then they decided, yes, they would have a physio. So I, there was

- 11:00 no-one that I could talk to, "What's it like," you know, "What are you doing?" And it was absolutely blind and now when I think about it, I cannot believe that I did it but I think going into the absolute unknown was, mmm, well, I did.

Did you know that the doctors had been saying that it was, there were a lot of chest problems?

Well yeah. I think that's, that little bit I had gleaned at the interview, I had asked what sort of things it would be, and you know, they had said that it would

- 11:30 be mostly intensive care work and that really didn't faze me 'cause I had done enough intensive care work and felt comfortable in going into different situations enough, so I suppose they must have thought I'd cope, and I guess I did, so.

How old were you?

Well I would have been about twenty-five by then, what was it, '69, yeah twenty-five. So, and I'd had quite a lot of experience in different places which

- 12:00 does help going in absolutely blind, not knowing anyone and just being able to pick up and work, which is what you do when you do locums. You just go into a completely new hospital and don't know anyone at all and just, you know, do your job. And I'd obviously managed to do that so I suppose they thought that I might be able to do it there.

Had you painted yourself a mental picture of what you expected Vietnam to be like, what you

- 12:30 **thought you might be doing?**

I, the only thing that I can recall, and I suppose the bit that I was somewhat disappointed about, was that I thought that I may be working with some of the civilians and we weren't at all. I'd, I honestly don't think I knew a lot about it, I mean obviously some of the sisters that were coming back to the hospital would talk a bit about it but they,

- 13:00 and I suppose they painted a picture of life, a little bit, but really talking about it and being there, if you hadn't been there, there is no way in the world that you could imagine what it was going to be like. So I really didn't have any idea of what I was going to.

So there for a month while not doing much except being fitted for uniforms and anticipating your leaving,

- 13:30 **when did you leave?**

I left on July the second, I actually thought until I just checked something last night that it was June the thirtieth but it was July the second so, and on a Qantas charter flight, in uniform. And the only, there are two things I can remember about that flight, one is that we had stewards and I guess they were army guys serving and I presume he must

- 14:00 have got such a shock to see a female that he spilled a glass of orange juice over my beautiful uniform, just after we'd taken off from Sydney, and the other thing was in Singapore, because of the political situation, they said that we were not allowed to appear as if we're in the army when we were on the ground there. So the guys just took off their service shirts and put on another shirt, and I had to take some other clothes to change

- 14:30 into while we were on the ground, which was absolutely crazy. And then flew to Tan Son Nhut in Saigon and then on a Caribou from there to Vung Tau and then I think the CO [Commanding Officer] at the hospital at the time came to meet me.

What, how long had you spent in Saigon?

Oh only a matter of hours, just to, at the airport

- 15:00 at Ton San Nhut. And that, I guess, was when it really hit home where I was because there were row after row after row of military aircraft. And the smell, I mean, not of military aircraft but I guess it was being in the tropics and again that incredible smell when you get off the aircraft and then all of these military aircraft absolutely everywhere. And at Ton San Nhut that's all you could see, you couldn't see anything else, you couldn't see anything, any other part of Saigon.

Could you describe

- 15:30 **the smell?**

Did I, or could I?

Could you?

Oh, well I think it's what hits you if you've never flown to Singapore or anywhere in Asia during the wet season. It's just heavy, smelly, horrible, you know, not nice, mixed with a huge amount of aircraft fuel smell,

- 16:00 so pretty overwhelming. But I, I can't really recall how I would have felt, I imagine I would've been in a bit of a daze at that stage 'cause, you know, sometimes when absolutely everything is new, it's a little bit much to take in but I didn't flake out or anything so I must have survived.

Had you talked to any of the men on the flight on the way over?

Oh yeah I'm sure I would have, I mean I can't remember in

- 16:30 particular but I imagine I would've. I don't know that I went up with anyone that I had met before, there was no-one else going to the hospital and that was a shame because quite often there were. But I had, in the hospital, I had met two sisters that I knew were going to be there, they'd gone about a month, you know, in the month that I'd been there so at least I knew when I got to the hospital there'd be a couple of friendly faces.

And what were your first

- 17:00 **impressions of arrival at the hospital?**

Very austere, military, you know, businesslike place. I, we would've flown in to, where would we have flown, in Vung Tau, I can't remember what the name of the air base is there,

- 17:30 I should be able to but I can't, and then went by jeep to 1 ASG [Area Support Group]. Well it's fairly isolated from the rest of the town and we would've had to go through a little bit of Vung Tau. I suppose I had had a short period, a holiday in Bangkok and Singapore, before so I had an idea of what Asian cities and the less wealthy parts of Asian

- 18:00 cities were like, so it was like that, only compounded, ...

How so?

... and a lot of soldiers around, lot of people in uniform around.

How was it compounded?

Well there was nothing that looked like it was well looked after or had a lot of money behind it. I mean there were no, there were buildings that looked like they could've been beautiful once, beautiful French architecture but they were, you know, falling into disrepair. And the

- 18:30 streets might have had beautiful old trees lining them but there was, you know, rubbish and barbed wire and that everywhere, so. It's, if you could see through it, you knew what it must have been like once but that was not important at the moment to be keeping them looking all beautiful.

What kind of security was there at the hospital?

The security for the females was quite strict. We

- 19:00 were allowed out into the, into Vung Tau but we had to go by the 1ASG vehicles. We weren't allowed to just go out of the camp area and walk, that was just a no-no. We could go down to the beach 'cause that was all within our area and there was secure beach, so. We, and oft-times

- 19:30 in the good weather we spent a lot of time at the beach, a few of us, sailing even. To go any further than Vung Tau, and I was quite fortunate, once again, being not Nursing Corps, it meant that the matron who was a dear but must have been very hard for her, I think, being in Vietnam, she actually didn't have authority over me, the CO [Commanding Officer] of the

- 20:00 hospital did 'cause I was Medical Corps, and he was, not more lenient, but he was less black and white, and if he saw good reason for me doing something, he would let me. So I went to Saigon a few times, there was a, I think it's Thirty-six Evac. [Medical Evacuation unit] or Three Evac, I've forgotten the numbers now but there's an evacuation hospital in Saigon, and I

- 20:30 occasionally went to see the physios there and he understood that it was probably very isolating for me to be the only one of a profession there. There had been a, an American Evac. hospital in Sai, in Vung Tau for a little while but they, that closed when the Americans pulled out of the area. But to go to Saigon we had to fly, we weren't allowed to go anywhere out of Vung

- 21:00 Tau Road at all. I also, as most of the other girls did, went up Nui Dat quite often to, when the battalions come in they'd have parties and if there were any female round eyes around who were willing to go up to a party, you were always invited so, you know, if all the work was done you'd either go up by helicopter or by Caribou. I also went to Bien Hoa where the,

- 21:30 there was a civilian team, I went there for a weekend and was very interested to see them. I would like to have gone back again because they were doing the work that I had fancied that I, you know, would probably quite like to do. Working more long term with people and with civilians and children, difficult though it was, it was very much needed.

They sound like things we need to explore a bit more, I'll just bring us back to the arrival first so that,

22:00 **and then we'll head back there because I think they're important. You'd found it to be an austere place, you may have had a couple of friendly faces but essentially were on your own. Can you give me your first, where were you sleeping, who told you what was going on?**

Well I slept with the, in the sisters' quarters with, there were two Red Cross girls and I'm actually not sure

22:30 how many sisters there were. But we were in two huts, in an 'L' shape, all sand bagged with a stockade wall around. We always laughed, we weren't sure whether it was to keep us in or the guys out. They were a hut with a passage way on one side with windows that opened and then little partitioned rooms off really, were

23:00 the bedrooms with opening out windows, shutters, with a bed, mosquito net and I think a chest of drawers, it might have had a little chest of drawers, and army khaki wardrobe thing. And we had a sitting room, a communal sitting room for the females and a little kitchen in

23:30 that. So it was, oh and a communal showering which worked most of the time except when the water was cut off or whatever happened. It was just a cement pathway with a little bit of grass in the wet or sand in the dry sand bags and building, fence so that was pretty plain. The, who showed me round,

24:00 I think probably the sister that I'd met in Australia and the matron. Matron and I got on quite well although she found me difficult, because I, you know, she couldn't tell me what to do. As far as the professional side, the CO of the hospital told me what was expected, and what was expected was that I would work in the wards and that I would set up an outpatient clinic. And

24:30 they had allocated me about a quarter, one end of the hut that was the, where films were showed or when we had meeting, big meetings, everyone would go in there, and he just said, "This is your area, whatever you want, let me know and we'll get it from the Americans." So I had to then decide what sort of equipment I wanted and not really knowing exactly what I'd be doing was a bit tricky but

25:00 I think I ended up with probably an ultrasound, some, an exercise bike, some weights, springs, couple of short waves. For some reason they sent infra-red lamps, which I disposed of quite quickly 'cause I couldn't imagine why anyone would ever want to use those, and a table, a treatment table, and

25:30 I think two fans and it was in a loo-, in a room that had a cement floor and louvred windows down both sides.

Was it properly partitioned, separated from the meeting room?

Oh yeah, we were never, they were never in use at the same time, the other end was after hours use really, so, that wasn't a problem. It was adequate. The worst thing was that I found when the wet season came, had a tin roof,

26:00 and it was an isolated building. Quite a lot of the hospital complex was connected by covered way so that when the wet came you could move around and not get soaking wet but I didn't have anything from my building to the rest of the building and when the wet came and the rain started on the galvanised iron roof, it had a dreadful affect on me and I, every time it happened I'd have to make a dash to the loo.

26:30 That was, I mean I, then I'd get organised you know, if the rain was starting at four you'd know what you had to do, it was very hot in my room, very hot. So I used to see, well I worked from sort of seven-thirty in the morning to five at night if it was needed, so I'd try and see outpatients when it was cooler. But the warm, the wards were air-conditioned so it was okay for the guys in the wards.

So these, this was your clinic?

27:00 Yeah.

And these people would presumably then go back to their beds at night if they were ...?

No, no, it was, no, they would be completely separated, the clinic was where outpatients would come and guys that'd maybe got a twisted ankle, knee, playing football, some who had hurt their back but they were still living in their unit. The ward work, they were inpatients

27:30 for all of the time they were there and that's where I saw them, in the ward. I wouldn't have thought that the two would've, I suppose some of the gunshot wounds, they may have come over as they improved but a lot of the really bad injuries, they went home with the Medevacs [Medical Evacuations] anyway, I didn't ever see them at an outpatient stage.

This is a lot of responsibility for you, running your own show?

Yeah, I guess it was really,

28:00 yeah. That's why I, I mean it's like it was another person, I look back now and I think, 'Mmm, yeah,

wow, was pretty amazing,’ and I think it was but I was quite comfortable professionally, I got on pretty well, I think there was one of the surgeons at one stage was fairly difficult to get on with ‘cause he didn’t give very good directions. And

28:30 a physio in those days was much more, they couldn’t initiate things, or they couldn’t see a patient and initiate treatment, they would have to wait until the doctor said, “Look, I would like you to see this person,” then you could do whatever you wanted to with them. But it was up to the doctor first to say it. It’s a little bit different these days. But one of the guys, I think he was probably

29:00 not terribly comfortable himself and that was a bit more difficult, but the surgeons had three month rotate, they were CMF [Citizens’ Military Force] doctors so they were there for three months, so that was okay. And the, there was a captain, a surgical registrar he’d be like, he was there all the time and we got on pretty well and he knew what I could do. And one of the other doctors spent quite a lot of time soon after he arrived

29:30 to see, you know, or to find out from me what I could do too, so it was a fairly good rapport and I just felt I was part of a team and it was fantastic. The team working together for, you know, for all these guys was like you’d never get anywhere. I mean you, I’d worked in places where the focus is very much on the patient obviously but then you go home to your own families or go away on holidays or

30:00 do things. But there, it was, you know, twenty-four hours a day if a dust-off [medical evacuation helicopter] came in, everyone was there and you were there. And I worked seven days a week if it was needed or, you know, a half a day for a week every day when it wasn’t needed and did something else so, it was, you were there when you were needed and the whole team, and they made me feel part of it so I was lucky.

And the Americans had sent you down some of these ultra ...?

Ultra-

30:30 sound, yeah and short wave.

And what was it you got rid of, the lamps?

Oh the lamps, yes, I mean that’s ...

What treatment would they have been used for?

Oh well in Australia I mean you’d, in, that was in the days when you had a, you know, someone had a sporting injury and you’d put an infra-red lamp on it. We don’t use them, well I certainly never use them now. It’s like a hot water bottle or something, just keep it warm and get the circulation going more, but you were warm all the time there, you didn’t

31:00 need to be warmed up externally. So I used ice quite a lot and we had an ice machine, can’t remember where it was, didn’t have one in the room but I would have used ice more than heat. But really it was more just hands on stuff, there were a lot of, and getting guys back fit so that they could go back to work, whatever their work was.

How were you finding the lack of privacy?

31:30 If I’ve got a little nest to go into at some stage during the day I’m fine so I had my own room, we didn’t share a room. And I mean it was only you in the room, you couldn’t have visitors in the sleeping quarters so there was enough privacy. It was, sometimes you were forced into company when you probably didn’t feel like it but then that’s,

32:00 it wasn’t all bad. I had some, made some pretty good friends and I also made friends in different areas in LSG [Logistics Support Group], the whole area. For a while there were a couple of guys that were a lot of fun at an engineering workshop so a couple of, or one of the other girls and I used to go there and I used to play tennis still and swim, and if

32:30 someone wanted to go for a sail, I wouldn’t go on my own, but sailing. So there were, and we could go to the beach on our little bit of the beach between the barbed wire bits. So I was, I think there was, I mean I didn’t find the lack of privacy a problem ‘cause, as I say, if you’ve got a place to go to, to sleep, I think if I had slept in a dormitory I’d hate that but I was fine. I bought a little record player and I had

33:00 a few favourite records that I’d taken up with me and I’d play those and drift off to somewhere else for a while ...

What were they?

read. Oh gosh, well, the only one I can probably remember is a beautiful Spanish guitar and a soloist singing Spanish music, a soloist that I’d bought when I was in Spain. And some orchestral music that I’d bought when I was in London and it would sort of take

33:30 me back to cold places probably, that’s what I dreamed of for a long time, being cold again.

Did you literally have dreams about it?

Oh I don't know but I think when you're just hot and mozzies buzzing around you when you're trying to sleep, and having to sleep with a fan on which I managed to acquire from someone, you know, it's not the easiest of sleeping conditions. But I always, I slept enough, I always woke very early,

- 34:00 'cause I was at work pretty early. I've never since ever been a terribly good early riser, so I'm quite impressed that I could do it while I was up there. But it was much easier to do things when it was cool, so you'd get up in that cool time just after dawn, is much better than having sleep and getting up when it was hot.

What was your relationship like with the nurses?

Pretty good really.

- 34:30 I think for the first eight months there were people there that I got on very well with, there were probably three or four of us that did lots of things together and one of the Red Cross girls who I'm still quite friendly with. I mean they're either in New South Wales or in Vict-, ah, Western Australia. There is one nurse, or two actually that have come to live in Adelaide and I see them occasionally, I don't see them a lot.
- 35:00 But when we catch up we're, I mean we're very good friends, they're the sort of people that you don't have to see all the time but having lived in that situation so closely for eight months, we knew each other pretty well. They were, professionally I think they were quite happy. I think occasionally when I went off and did something a bit different like I went up to a
- 35:30 conference in Na Trang which is a long way further than the Australians were, I went up to an American Physical Therapy Conference up there, they were a bit envious. But mostly I'm sure it was quite good and we got on well enough in intensive care which can be a pretty stressful situation because often physios are well known for coming just after the nurses have got the patient comfortable
- 36:00 and the physios come along and want them to move side to side, to deep breathe and cough and make them uncomfortable again. So if you haven't, if you're not on a reasonable, you know, rapport with the nursing staff, so that you can get the optimum time to do it, that can cause quite a lot of disruptions and I was very well aware of that before I went there. But one of the girls, who is in Adelaide now and who I've been good friends with, she was an intensive care nurse,

- 36:30 so yeah, and she, we stayed friends so it must have been alright.

As a lay person who doesn't understand much about these things, it seems as though physiotherapy is intersecting with quite a few different sets of people, the surgeons and obviously the registrar and the nurses and the matron and all these different people, and there's, in

- 37:00 **some sense partially the job's a, there's a point at which their job ends and your job starts and so on. Were there no tensions over that?**

I honestly can't recall any. I think there was a period in the hospital when sometimes when people are about to leave or when they've just arrived, because there was

- 37:30 a turnover, it wasn't as comfortable because people didn't know each other and because there has to be all this co-operation. But I think basically everyone was so focused on getting the guys as well as they could be and they were so fantastic to treat 'cause they, the, you know, the old mateship really is hugely alive and well in that situation where you have someone who's
- 38:00 incredibly badly wounded, and they, you know, will sort of scoff at their own wounds and ask how their mate is, it's pretty easy to be very interested in them, and I think most people would have been focusing most on that. I can't remember but then I've talked to people who were there at the same time as I was, and I was unaware of a whole lot of other things too, little assignments that were going on and that sort of thing. So
- 38:30 I think I've always known that I have the ability to cope with a certain amount and outside that, well if it's not something that I have to directly do something about or can do something about, well don't worry about it. And I think as far as I was concerned, I was working okay and I got on with the people I needed to. And I don't recall
- 39:00 being unhappy professionally, and I have in the last few weeks read quite a few letters that I wrote home, I wrote weekly to my parents and Mum kept all the letters, which is quite interesting. And also the ones that Fred wrote and I wrote, well I haven't got the ones I wrote to him. But the only thing I had said certainly to Mum and Dad was that on some occasions I wasn't madly busy and I like to be
- 39:30 busy all the time. And then no sooner would I say I wasn't very busy and we'd have another influx of patients in, so it fluctuated a bit, but I don't recall being unhappy in a professional way where I felt comfortable with where I was. Sometimes I wasn't possibly sure whether I was doing enough, whether they were happy with me but getting feedback was not something that I got then or
- 40:00 afterwards, so. But we, I mean I fixed necks, backs, knees, ankles and sorted out a few chests so I guess, I don't know, history might know. I'd quite like one day if I ever could to actually see if some sort

of report was ever written, but to be perfectly frank I didn't ever get any feedback when I came back to Australia to know whether it was a good idea or not. But then it didn't fuss me at the time, it's only in years since that

40:30 I've thought, 'Mmm, was a bit strange,' 'cause usually you know, in a situation like that you'd get a report saying, you know, 'You could have done better.' Probably if I'd stayed in the army it would have happened, but I didn't, so.

Thanks Dianne, we'll just stop there.

Tape 4

00:44 **Can you tell me about the war?**

God, that's like the questions you'd get when I came home, "How was it?" I'd think, 'Well, what do you really want to know?'

Just tell me about the first time you knew you weren't in South Kensington,

01:00 **and you weren't in Adelaide?**

I guess that was fairly soon after I arrived really, when we had soldiers brought in with limbs blown off, and you could see what a mine did, that was pretty dreadful.

Can you tell me about that particular moment?

I guess they're the moments that you don't really think about.

01:30 Well, I suppose when they first came to the hospital, I actually, generally speaking, didn't see them when they came off the Dustoff, but you knew that a Dustoff was coming 'cause the siren went at the hospital so you knew there was incoming Dustoff and the siren made different sounds depending on how far away it was.

What, how did that work, can you take us through the first time you heard those ...?

Well wherever you are

02:00 in the whole of the area, certainly the hospital area and I imagine the whole of ASG, you could hear the sirens. So that, and everyone knew that the helicopter had, the Iroquois helicopters would have gone to pick up wounded and they were probably, well they used to say twenty minutes away. So you'd hear when they'd initially picked up and then as they got closer there were,

02:30 the siren would make another sound and I can't remember what it was, but I mean sirens are pretty spooky things anyway. The helicopter would land at the hospital pad which was called Vampire, which is why the Hospital Association is now called Vampire Association, not because they're blood suckers, and the guys would be taken into triage where, you know, clothes'd be cut off and the surgeon, ICU people and

03:00 the ICU sisters would assess them. Now I wasn't in there.

Did you ever go down to a Dustoff?

Yeah, yeah I did and I, on I think two occasions, went to triage when the anaesthetist asked me to 'cause they had problems, real problems with guys with chests and they couldn't get them breathing properly or one of them had half his chest all gunked up and they just wanted to get him to cough a bit more

03:30 so I went down then and that's horrific, I mean that's where they cut off all the clothes and blood and guts everywhere.

It might be difficult for you to talk about this but it is the reality of the war for you and for those soldiers who are wounded. Can you tell us about that time, tell us about that moment when you saw those soldiers coming in that first time when you encountered those ...?

Well I suppose it's what,

04:00 you look at the rest of the guys and you know that these ones that are coming in were incredibly fit, they were really, really, I mean, all of our soldiers were really fit young men, and to see them so messed up, especially if it was mines when they had, I mean occasionally we had triple amputees come in, with legs blown off. But you see I really didn't see them then, I would see them

04:30 mostly after they'd been to theatre and been tidied up. But the thing that will forever absolutely horrify me and I have the most vivid memories and I suppose if I ever have any flashbacks it would be on this, is going into the ward and seeing how nurses will place a person in the bed so they're easiest to look after in intensive care. If they're a child they'll put them in the middle of the

- 05:00 bed, if they're very tall they'll take up the whole bed so they can get at the, mostly the things around the, you know, the breathing and all that sort of stuff. To go into ICU and see a hale and hearty male body put halfway down the bed 'cause they don't have any legs I think that is something that I will never forget. And if I ever see anyone joking and laying in a bed halfway down I just can't, I hate it, because that's,
- 05:30 I mean, that's what the nursing sisters used to do, and I've talked to them about that since and they say, "But of course we did that, that was easiest to look after them." But to me that was just so obvious that loss of limbs and sure it was easier to get at their stumps and their lungs and their faces but it was just such a stark visual reminder that they weren't there. I mean if you put someone up to the top end of the bed and put the sheet, you can make out

- 06:00 that, you know, they're still alright, if you put them half way down you know jolly well there's no legs there.

What was the name of that person that you first encountered?

I can't remember.

Is there a, can you tell us about the...

No.

... your most, the patient, the names of these people rather than just patients?

Well, I honestly, I can't remember. I can't remember, and nursing staff would remember because they were with them you know, on twelve hour shifts. But I

- 06:30 would go in and I would see them for the half hour treatment and then I'd go off and see someone who'd sprained their ankle or hurt their back messing around at football and then I'd go back again, you know, I'd maybe see them two or three times, three or four times a day if they were in intensive care. But it wasn't like I was as close to them, I should be able to remember some of the names and probably if I really searched way back there I might be able
- 07:00 to. But I, you know, there were some who, 'cause physio in intensive care is not nice, it is making you uncomfortable, that's what we're supposed to do, and on one occasion I can remember there was somebody, there was one guy in there who had a really bad chest and I'd been giving this guy a really hard time 'cause he was pretty well consolidated which
- 07:30 meant he had pneumonia on one side of his, lower part of his lung. So that meant that I had to do a lot of work with him to try and get air back in to that area and, you know, pummel him and move him and get him to cough when everything else hurt because usually it was because they had multiple fragment wounds in their abdomen. And if you think of a, anyone who's got you know, a fractured rib or a little incision, coughing is the worst thing they want to do, well these guys had bits all over them. So getting them to cough was probably the last thing
- 08:00 on earth they'd ever want to do, and I'd been working with this guy and he was slowly improving and another guy was admitted who needed chest physio. This fellow who I thought I'd been, made my absolute worst enemy said, you know, "Work with her, it's good," you know, "you'll feel better afterwards, it's dreadful at the time but you'll feel better afterwards, it's worth it." And I thought, 'Well that's,' you know you, 'that's the sort of feedback you probably need.' I know, having worked in intensive cares before,
- 08:30 that they see the physio coming in and cringe, I mean everyone does because they know that you're gonna make the patient really uncomfortable.

Were there lots of patients that couldn't be moved back to Australia because they were too badly wounded?

Well initially, but they all would move 'cause see we only kept them until they were stabilised in our, in the hospital and once they were stabilised then they would go in a Medevac back to Australia via Butterworth or they'd stay in Butterworth for a little while and then go back to Australia. So the really badly

- 09:00 wounded ones I would have seen in intensive care often while they were unconscious or then just regaining consciousness or not so zonked out on pain stuff. And they, by the time they got, you know, good enough to be, have a bit of a joke with you, well they were stabilised enough to go back to Australia. So that was the really frustrating thing at the point when I thought I would really be able to do some, you know, real improving their lot in life,
- 09:30 they'd go.

I can imagine where you've used these terms, dust-off, and heli-, Iroquois coming in and sirens going off, it's all very familiar to you after a while but I can imagine that it would have been completely foreign to you when you first got there.

Oh, yeah.

I mean, what's an Iroquois, what's a, what is a fragment wound, what is all this stuff? What, can you, those initial impressions, do they, how do they, can you tell us about some of those initial impressions that you have, those

10:00 **that still stay with you?**

I guess I've always loved aircraft, part of me always wanted to be a pilot, to fly, I've just always loved aircraft so I suppose in a way I was in seventh heaven with all these things flying around and the opportunity myself to be able to fly on them. But I think it was, it's like a,

10:30 well just like a completely different life, totally divorced from anything I'd done before so I was just re-sort of learning how to live in this place.

Geckos running around on the ceiling?

Geckos, yeah. Yeah, lovely geckos and frogs out in the garden.

11:00 I'd, I've never minded doing different things so it wasn't difficult or uncomfortable, it was just different and I suppose maybe that's why these guys in Melbourne thought I might be able to cope 'cause I had put myself in a whole lot of different situations by choice. But certainly

11:30 the work in intensive care, the injuries were worse than I had ever seen before. I'd, plenty of times I'd worked with motor car, vehicle accidents but they were nothing like the abdominal and chest wounds that the mine would do. You know, you got, well even I got to the point of being able to work out which was the one who was closest to the mine and, you know, the person who trod on the mine usually got

12:00 killed and then the next one lost legs, you know, and if they were a bit further away they might lose stuff higher up and, or just have multiple fragment wounds to their abdomen. And that was, I guess a bit of knowledge that you don't really want to have but that's just fact really, how it was.

You could tell, how could you tell that?

Oh at the level, I mean the way that it sprayed out and chop your legs off, blow you up and then chop your legs off and ...

12:30 **What particular challenges does it place on a physiotherapist, a mine injury as opposed to, you know, something else, what is the trauma that's caused to the leg that you have to deal with?**

Well it's gone basically, mostly, so I guess as far as a physio is concerned, the challenge is further down the track and that's where I was frustrated 'cause I, apart from making sure they had maintained their passive range of movement which meant you know, you could lift the leg up and make sure it moved back. 'Cause mostly you can lift

13:00 it up very nicely when you've had an amputation but getting it to go back is very difficult 'cause you spend quite a lot of time laying on your back, obviously. But so I'd have to get them to lay on their side and make sure they can move their leg back because you can't walk adequately without enough hip extension.

What other things have happened to the, a lower body injury to a soldier that really affects them, when they're first coming in?

Oh well their private parts can get shot asunder

13:30 and blown off. We had one guy who, I suppose you could say was a quadruple amputee, he had his penis blown off, two legs and an arm and he died, and that's pretty shattering for everyone.

Were you treating him?

No, no, he didn't actually, he didn't make it through theatre I don't think. It was unusual for a triple amputee to make it. I think I, there had been another one but

14:00 mostly I guess if they had that sort of injury they would have had quite a lot of abdominal and chest injuries as well so my job would be to get them to keep breathing adequately. If you don't, if you're not breathing adequately you get pneumonia and then pneumonia'll kill you.

Did they ask you, what do they say, do they ask you how they're going, do they, what do they, especially the more serious ...?

I would say

14:30 for most of them at the times, the early on times they wouldn't have been aware of what was going on, they would have been so zonked out with pain medication. The lesser injured, even if they were still quite badly injured would not all that often ask about themselves, they would usually ask about their mates, to know how their mates were going more. You know, they'd ask that before they'd ask about how they were going.

15:00 I think for a lot of them the reality of the situation of their, and their future probably wouldn't have hit

home at that point. The fact that they were alive was the big plus, all of the devastating psychological effects and the loss of physical ability wouldn't hit home until they had been in a, you know, rehab hospital for a while.

15:30 **What are you asking them when you first meet them?**

Wow, usually take a deep breath.

Do you introduce yourself, do you ...?

Oh well yes, I certainly would. Most of them probably would know, most of the guys knew what was going on at the hospital. But, and a lot of them said that they, once they got injured they knew that they would be in

16:00 the hospital within half an hour and they'd be okay, and that kept them going, some of them, that the care was absolutely top rate when they got there. I would say the majority probably knew there was a physio there but whether they knew what involvement they would ever have with me if they ended up in intensive care, I have no idea. But yeah, sure I would introduce myself, they'd know, and I would probably have said

16:30 that I was 'Di the Physio', I would never have said I was Lieutenant Skews, I just could never handle that. Most of the, the ones that I treated that got to know me would just call me Phys., that was easier, 'cause they really couldn't call me Di. That, 'cause they, I mean the majority were the other ranks so they couldn't be that familiar but Phys. was perfectly acceptable to everybody.

Who are you dealing with at your rank, you're not exactly someone who's been ...?

17:00 Not terribly well, no, I ...

Can you tell us how you illustrate that, perhaps some amusing incident that you bumped into, because you were not exactly long-term military at that stage, you've only been in a matter of weeks really?

Well trying to remember to salute when I had my hat on was always a problem. 'Cause if you wear your hat and a soldier goes past they'll salute and you're supposed to salute back. Well I got round that by forgetting to wear my hat most of the time.

17:30 But I was not in awe of rank, I quite often had to treat generals' backs and when you're getting, when you're looking after someone who's got a backache, I mean you can't, rank means nothing but it's pretty familiar and thank heavens I helped them. So I really didn't ever handle the rank thing terribly well.

Was there a lot

18:00 **of, because of the particular nature of the warfare of helicopters, heavy landings, back injuries, jumping out, things like this that you were having to deal with because of the way their, the nature of the way they were doing Dustoffs and stuff, is there anything particular to a helicopter that creates a certain range of injuries for physiotherapy?**

I don't know, I don't know that there was, I think probably it would have come in years to come, with the repetitive, for those who, and that would have been more RAAF guys probably,

18:30 doing ...

But they're jumping in and out and they're doing insertions and ...?

Well yeah, the soldiers, well I mean they were so fit and they were, most of them were young, that their spines were young and bouncy too with very, very good, strong, abdominal and back muscles looking after them. Lifting, 'cause there's quite a lot of lifting, and occupational health and safety issues were not quite as strict there as they are now probably, there would have been quite a few lifting injuries

19:00 and that was always a bit tricky trying to, you know, treating the back. And if they worked like in the engineering workshop or something like that, they'd come to have their back treated and then I'd say, "Look, you can't do any lifting for a while." But to get somebody to get some time off 'cause they had a bad back was very difficult, cause their superior officer would probably say, "Oh they're malingering," you know, bad backs are notoriously difficult to

19:30 accept by a lot of people. If you've got a bad back yourself you know it's bloody awful, but you probably look no different on the outside and it's only when you do specific tests you can tell. And I mean, I can tell when I look at someone with their back exposed whether they've got a bad back or not, there are signs that you can see, spasm in the muscle and all that sort of thing, but the, you know, the sergeant or whatever looking after the OR [Other Rank] that

20:00 says he's got a bad back 'cause he was lifting something, probably thinks they're malingering. And, 'Oh, they're going up to that physio and what would she know?' sort of thing. So it was a bit hard sometimes to get them to, to let these guys be fixed up properly.

Did you ever, can you tell us about the time you came across malingering, what you thought

was malingering?

Well I don't know that I actually ever did to be honest. I, the,

20:30 most, certainly any of the soldiers were front line soldiers, if they had a problem they were always pretty genuine. There might have been the odd person, I suppose, in some of the workshops and that sort of thing, who were 'pogos' as they used to say, you know, on the base, who thought they were having a pretty hard time but in fact weren't. But ...

What do you mean by

21:00 **that, sorry?**

I mean they thought they were at the war but they weren't at the sharp end as the, you know, the infantry would say, they were just down there in a nice, safe environment. As Fred, I mean he gave me a really hard time, you know, "You're nice and safe down here, nothing really happens," you know, "if you want to really be in the war you go up the sharp end where it's all happening." There was quite a lot of bantering between the soldiers who

21:30 were in Nui Dat and those who, in the battalions who went out to fire support bases and went out, with guys who were in the Catering Corps in Vung Tau or in a workshop in Vung Tau and that sort of thing.

Tell us about the time you first saw signs of the sharp end, the active war?

Well when I went up to Nui Dat, I suppose. But we, see we were

22:00 shielded so much, we weren't allowed to go, if it looked like there was an alert somewhere, we weren't allowed to go, so.

Did you hear gunfire?

Oh yeah and you heard bombing of the Long Hai mountains, the B-52 bombs dropping shook us and we....

Can you tell us about that feeling?

Well I can tell you on New Year's Eve in 1970, New Year's morning, New Year's Day morning on 1970,

22:30 we'd had a New Year's Eve party, the hospital mess was a very hospitable place and people, officers from all around would come to it because obviously if there were girls there it changed the atmosphere so we were always quite busy and we had lots of parties. So we'd had a party on New Year's Eve and gone to bed and I remember being woken by what I thought was an earthquake, 'cause the ground was

23:00 just shaking so much, and I will admit I fell out of bed and fell under the bed, what good it was going to do me I don't know, but that was my reaction as I was half asleep, and then I realised that they were bombing the Long Hai Mountains again, which were, they were far enough away for huge bomb strikes, I mean B-52s just go on and on and on and just masses and masses of bombs fall out.

23:30 Nothing from there could come, get to us but there were, I mean there were quite a lot of occasions where we had red alerts and we had to wear our greens and carry our helmets and that sort of stuff, we weren't allowed off the base because it was thought that we might be under rocket attack. It didn't ever happen but we were within rocket range of a particular island, Long Son Island I think it was called, and there was a thought that the hospital could be

24:00 under rocket attack. So we had fairly strict, oh it was very strict, we had to stay put, you couldn't go off base on those occasions. And if anywhere else that we were going to, like, you know, a gathering at Nui Dat, if they were, if there was some heightened alert or if it was near Tet or some other Chinese celebration, we weren't allowed to go anywhere. And there was a very swanky

24:30 Australian ambassador's gathering that we were due to go to and there was some alert and we couldn't go there, so they were very strict, so in actual fact we didn't see actual fighting, because they just shielded us so far away from it.

Tell me about the skies, what could you see of the war in the sky?

Well the most

25:00 imprinting memory that I think anyone ever from Vietnam has is of the sound of Iroquois helicopters coming, that still makes me go goosey, I know it makes Fred feel strange, for different reasons. For me it's because there's a Dustoff helicopter coming in but for him it could be all sorts of reasons because they were the same, they were used as gun ships when they weren't being used as Dustoff helicopters.

25:30 And I was quite good friends with a few, quite a few RAAF pilots and Americans so I suppose helicopters, the thing that I think of in the skies, we didn't see much else.

Hear the jets?

I can't really remember that, I don't think they would've gone over. The time I went up to

26:00 Na Trang, I went on what's called the Wallaby Milk Run and I just went and it stopped at all sorts of places, and we stopped at Phan Rang where the Canberra Bombers were, I think that's what they were.

Yeah the Canberra Bombers were based there, big American base too.

Yeah, and there was a lot more activity in the sky in Na Trang than there was in Vung Tau. Vung Tau was like a sleepy little place after being in

26:30 Na Trang and the weekend I went there, in fact, the town was closed 'cause there were, there was activity everywhere. But somehow we got in, the aircraft got in and I stayed there for the weekend and went to this conference where there were a whole lot of Americans and a few Koreans there and we had thought that we'd be able to go out and eat at a few different places but couldn't.

What was the conference you went to?

It was American Physical Therapy.

27:00 Really was not of any immediate value to me because most of it was on burns, skin grafts and something else that was probably later, prosthetics and amputees. But this was one of the occasions where the physical therapist from Saigon who I saw occasionally, had invited me. And I

27:30 thought, 'No, Buckley's chance of going, they're far too far north,' but I asked the CO and he was quite willing to bend the rules if I went with a RAAF aircraft. They'd organised, the Americans had organised for me to fly up with the Americans but their safety record was nowhere near the same as the Australians, so if I went on this Wallaby Milk Run which took a lot longer and it was pretty hairy going in and out of some places not

28:00 knowing whether you were, whether the place was friendly held or not.

Tell us about travelling in the back of a Caribou?

Oh, well most of it was up front 'cause I knew the pilots but then you sort of did. I mean they're just transport aircraft, small transport aircraft, very noisy, but I guess they fly a bit lower so you do see a bit more, not nowhere near the amount

28:30 that you see of the country in a helicopter but you see a bit more. I suppose the thing I remember most about that trip up was coming in to Dai Lat the guy said, "You better," you know, "strap up and hang on 'cause we're going in to Dai Lat but we don't know whether it's friendly held or VC [Viet Cong] held." So we must have gone in at an angle of about sixty degrees, I reckon, they can take off in a very short, land and take off in a very short way,

29:00 Caribous, and I think they stretched the limit on this occasion. So we landed, taxied along and the, you know, the back comes up so that you, they off-load whatever they needed to. And after they'd off-loaded all the stores, there were a whole lot of villagers that were out on the tarmac desperately trying to get onto the plane to get out and the load master just pushing them off. It was not a pretty sight but I mean, that's the way it was. And then the aircraft, it was just slowly taxiing all the time

29:30 and then took off, you know, up like, leaving your stomach behind. But it was safe and I had absolutely implicit faith in the RAAF pilots, they were very, very strict and fussy about safety, all of the, you know, the safety aspects so I was quite sure I'd get there.

When the B-52 strikes were on during the day, what were you able to go out and see, the condensation trails in the sky or the planes

30:00 **or anything?**

I don't ever remember seeing it, I just remember the sound, the sound and the feeling. But I think I'm much more of a sound person and I, it's only in later years I've thought that because I went to that 'G for George' display, have you seen that at the War Memorial?

I have, yeah.

The new 'G for George' and I couldn't handle it, had to leave.

30:30 I'd watched for a few minutes and it was just too much, it was just so overwhelming and I think it's the sound. But then I don't recall hearing sounds like that in Vietnam, so I don't know whether it was the sound that was more evocative, I really don't know.

Could you tell the difference between the sort of helicopters that were coming in?

Oh yeah, yeah, I mean the Iroquois got a very distinct sound, I could tell you if an Iroquois flew over here.

What is it?

31:00 Oh, I don't know, it just gets in your bones, you just feel the vibrations, yeah, you just know. The spookiest thing I have ever in my life experienced was when they flew over at the dedication of the

Vietnam War Memorial, was the first time I'd had anything to do with Vietnam Veterans, apart from Fred and friends, post-Vietnam and we decided to go to that. And you know, there were masses and masses there and

31:30 the, there was this huge amount of noise on an oval when everyone was gathering and these Iroquois flew over, well you could have heard a pin drop. I mean everyone is affected the same in some incredibly strong way with the helicopter, with the Iroquois. There were Bell "little Sue" helicopters, there were a few different ones and Loaches but the Iroquois just got a 'phoa, woka, woka, woka', I don't know, it's different,

32:00 yeah.

You were obviously, you're trained to handle things as a medical professional you know, you've got to be on the mettle all the time, when didn't you handle it?

I don't know that there was any occasion there, I

32:30 haven't handled things since we've been home, but not in relation to that, but I don't think in relation to my work, to me existing there. I don't, I think I've always been able to rationalise and rationalise a situation and sort of accept if I can't do anything about it, just accept the situation.

33:00 **Can you tell me about your closest colleague there or friend but person who went on, not Fred, but we'll talk about that but people you were working with?**

Yeah, no, it was really, I mean I didn't meet Fred until, well I'd met him but we didn't become close until probably March, April and I left or he left in June, early June, so that was quite brief.

33:30 I don't know that I ever had one particularly close one, I had a very good soul mate for a while, who was a RAAF helicopter pilot, who was a very interesting fellow who'd been very badly burned before he, in a training accident before he went. I found him very interesting because he could tell me the other side of, you know, picking up people and what his side of the war was.

What was his name?

Bill Robertson, he's

34:00 I don't know what, I think he went to live in Western Australia. There were ...

How did you get to know Bill?

Oh just at the mess, I mean you went, we were, we, the Officers' Mess as a whole were invited very often to go over to the RAAF Mess which was in Vung Tau. It was always quite a fun place to go but they always had much better food than we had and

34:30 food was really quite important 'cause our food was dreadful, the hospital food, the mess food was pretty ordinary, pretty worse than ordinary for a while, depending on who the cook was, but they over-cooked everything and we didn't get much fresh food but whereas the RAAF got stuff flown in all the time, they had wonderful food, they often had fantastic seafood and they lived very well so you didn't knock back an invitation to go to the RAAF Mess.

35:00 And I don't know, somehow I guess I just got talking to Bill and we saw quite a lot of each other and would, there were a few restaurants that you could go out to in Vung Tau, and if he was off and I was off, he'd get a vehicle and we'd get time you know, you'd go out to ten or eleven but curfew was, you always had to be back before curfew. So they were I mean it made it easy to have a

35:30 lot of friends with a lot of people and you didn't have to get in too deep because you could finish it at that time.

Tell me about curfew?

Well I think it was a safety valve myself, as far as I was concerned.

What do you mean?

Well just that, you know, you had to be home by then, you had to be in and secure and safe by a certain time. There was no ability to drag out a, you know,

36:00 relationship, a assignation or whatever you want to say. But curfew just meant, yeah, we could go into town on the times when the, there weren't any heightened alerts.

What time was curfew?

I think it was either ten or eleven, it wasn't all that early.

Is there a, you said you were, the sounds, is there a particular silence that falls after curfew?

36:30 No, I don't think so, not that I can recall. No, well I think the hospital, the sound was sort of different there to, I mean that was curfew for us on the base for the Australian soldiers, it wasn't a curfew, I mean we had to be in and secure in the whole base, I'm sure the rest of Vung Tau went

37:00 on just as it always had.

The, what sort of shifts were you working, were you having to work a, 'cause you were the only physiotherapist?

Yeah, I didn't have shifts. During my time there the nursing staff, that was one bone of real contention when there must have been a change in matron,

37:30 but they were put on twelve hour shifts and that was crazy because they were either too tired or if they weren't busy, they still got too tired but they were a bit aggro. But I just, I worked when the work was there.

Are you on call twenty-four hours ...?

Yeah. Yeah, and so if I was doing something different on a Sunday and there were guys in intensive care who needed to be seen, I would see them

38:00 and then I'd maybe go to the beach or go and play tennis or go visit somewhere and then if I needed to see them again, you know, I'd go and see them again, so I could have time off in-between. But normally it was six days a week, seven thirty to whenever I finished, which was usually five, five-thirty with probably a little, maybe an hour, hour and a half off in the middle of the day for a bit of a, you know, catch up, 'cause if it's stinking hot you really need

38:30 a bit of a siesta then. But if I wasn't busy then I, I don't know what I did if I wasn't really busy during the working times. I was, against my will, made treasurer of the mess so that gave me a bit of work to do 'cause the guys thought when I arrived initially that I wouldn't be very busy so they gave that to me, I didn't like that at all.

39:00 I suppose there weren't a lot of times when I wasn't, didn't have enough to fill in my time and there were quite a few times when I was very, very busy. I think most of the time I felt like it was worthwhile, me being there, but the nursing staff had very strict shifts and they were on and off. And often I wasn't, you know, often they, my

39:30 particular friends were working when I was off which is probably why I had a lot more friends from a lot of different areas that I did different things with. I was very lucky really, we, I mean I, there were a couple of guys who were, I don't know where they were from, but if they every came to Vung Tau for a, and they could wangle

40:00 a few hours extra, you know, they'd go sailing and I liked sailing, I'd done a bit in Adelaide so I'd go sailing on a little Corsair, not, we didn't go out very far, but it was just, you know, it was a wonderful free feeling. And the beach without all the barbed wire would be quite beautiful beach in that area. And a bit of tennis, that was always there and there was a pool at The Badcoe Club although I didn't go there very often. I

40:30 felt that it was, 'cause that's where the units from Nui Dat would come down for R&C for a week and the guys'd just sit around drinking like mad and, you know, going off in to town in search of women and seeing a round eye woman in bathers was probably more than they could cope with, so I didn't do that very often, only if there was, I mean you sort of knew where your limits were, and I think it was

41:00 not fair and not comfortable. But generally speaking they were all terribly, unless they'd had a lot to drink, the soldiers were fantastic and I got on okay with them.

You were a lieutenant too, you could ...?

Well that's right, at least you had some rank at some stage if needed but I just thought that was, it was not necessary to ...

Stop there and change that tape.

Tape 5

00:50 **Dianne, we sort of talked in broad terms about what you were doing. I think it would be useful to talk a little more in specifics now and**

01:00 **go through a few of the kinds of things that you were dealing with and how you dealt with them. So if you could for me, if you could list off a few of the different kinds of injuries that you would be then helping to rehabilitate the men with?**

Well they really fell into probably three areas, there were the really acute, massive injuries, the mine incidents.

01:30 Gunshot wounds, which might be, you know, a single gunshot to a calf, and if it wasn't, if it didn't damage a lot of tissue it was just fairly superficial, it was a matter of making sure that that muscle was

working well enough, get rid of the swelling first and then make sure that the guy had, 'cause it was often

02:00 calves I think, make sure they had full range of movement in their ankle and then build up their strength. They had to be able to be back at work quite quickly and I think it was three weeks. If it was going to take longer than that for them to get well, well then it was a bit of a grey area and they may be sent home.

So there were the bullet wounds, the amputation probably from mines and the third category?

And the others would be

02:30 the sort of injuries that you get if you get a mass of fellows together anywhere, they'll play football, soccer, whatever, so there'll be the inevitable sprains of knees, knees and ankles. And then quite a few older, so they were sort of, well as I said earlier, a couple of generals had bad backs and there were some older of the sergeants and that sort of thing, might have some

03:00 back injury, back, long-term back problems that they just needed a bit of help with, so that was pretty regular sort of outpatient stuff that you'd do anywhere.

Okay, well let's start with the last first, can you remember a particular person, can you remember back to a particular person who had one of those kind of either a sore back or a football injury or someone that you treated?

Oh, not really.

What about the man in the

03:30 **photograph, the sergeant who was laying down?**

Yeah, I can't remember how he hurt his back. He worked on the base somewhere, that's about all I can remember about him, so he was obviously mobilising his back.

Okay, so how would he present to you, how would he be sent to you?

Well he would've fronted up to his RAP [Regimental Aid Post], the, you know the, like the outpatient doctor and they would've seen that he had a problem and

04:00 seeing there was a physio on the base, they would've referred him to me.

And how would you hear about that?

Oh I imagine I had an official form, I can't remember what the numbers of forms are but they've all got numbers and you had to fill them out in triplicate and all that sort of thing, so I would've just got one of those.

And would you see them on the day, or would he have to have made an appointment for his injury or long-term back problem?

That I really can't remember, I would imagine that they would be seen fairly promptly,

04:30 because you didn't really fiddle around so I imagine I'd probably see him quite quickly. But I really can't remember that, that's the sort of detail I really haven't, you know, thought about this at all for the last many years.

Sure. Well hypothetically a sergeant has an injury and he's been referred to you from the RAP, and it's a long-term injury, and so now what would you do from there, what kinds of assessments

05:00 **would you make and how would you work on him and over what period?**

Oh, well there's a huge amount of variables in there. I mean I would just do, assess him as I would any back, you see what sort of movement they've got, where, how much pain it is on a scale of, you know, zero to, one to ten, how much is the pain, what things make it worse, what things make it better. Assuming that there's

05:30 some limitation of movement, I'd probably do some mobilisation which involves, you know, well mobilising or manipulating, but I would mobilise, I don't manipulate which just means going sort of up and down the spine, finding where the sore spot is or doing particular techniques of mobilisation which, we were very lucky in my days to be trained by a, Jeff Maitland, who's

06:00 a real, probably the God for physios in mobilising and manipulating, and that was something that was very familiar to me, so backs weren't a real problem. And then it would be a matter of re-educating if need be, the way possibly that he was lifting or sitting at a desk or whatever he was doing. And I would imagine that they would probably be seen, a normal routine would be every other

06:30 day for a week and, if it was improving, continue on for maybe another a week and that would be it. And I, you know, they'd have to be okay quite quickly, so if, unless it was a really, really severe back injury

and if it was that bad it probably wouldn't be alright to stay up there. So they were not really severe, they were just sort of niggly aches, I imagine, that I saw but as I say, I really can't remember.

07:00 **Would you give the men any exercises that they had to do?**

Oh yeah, yeah. Yeah they would have been, yeah, and I mean if they were coming to physio and they were given directions to do things, they did it, and they were very good.

Not like civilian life?

No, well you have to be motivated to get right, so some people are and some people aren't. But yeah they

07:30 would've got sorted.

So approximately a week to maybe a fortnight of every other day?

Yeah, I wouldn't have thought that I'd see them any longer but, you know, as I say, that's the sort of detail that I'm afraid I really can't remember.

How long would these sessions last?

Well I treated that Outpatient Department pretty much like I would any,

08:00 anywhere, and about a half an hour is what you would normally give with an assessment and a treatment. And then they'd, you know, go off with a home programme to do themselves.

Did you do any chiropractic bone manipulation things?

Well I suppose that's what this is really. But I mean there's manip-, there's mobilisation and

08:30 manipulation. Mobilisation is moving the spine but at all times the patient is in a situation where they can stop the, stop what you're doing, if they move you stop. Manipulation's when you're completely in control and you go that little bit further so the patient doesn't have any control of it. But when I was taught, you mobilised and only in very extraordinary circumstances manipulated 'cause

09:00 mobilising was perfectly adequate and that's what I would do. But we had some pretty interesting rotational techniques and that sort of thing which are quite good on backs but looked pretty scary to other people, but they're not.

That the patients would do themselves or ...?

Oh no, no, that I'd do to them. And that was good, they were all, I, most people are quite surprised at your apparent strength when you do these but in fact you don't have to be strong, it's just a matter of putting people in

09:30 exactly the right position and getting the movement in. But that's, I mean a back's a back with anyone, whether they're a soldier or a civilian or what, male, female, doesn't matter.

Were these men feeling results pretty quickly?

Mmm.

If they're rating pain to you, were they saying, "Oh that feels better Phys," or ...?

Oh well usually, I mean typically when

10:00 you treat someone with a back problem you will, in most situations the things you look for is, are you getting more movement in an area that was restricted before with less pain, what you don't get immediately is a lot less overall pain. Quite often what you'll get is somebody who's got the more movement

10:30 so you can anticipate that they will have less pain in a couple of days' time but always tell them that when you go home tonight or today you might feel more uncomfortable and tomorrow you might feel uncomfortable, there's a good chance the next day you'll feel better. And we have the guidelines by seeing what the movement is to know that that probably will happen and usually it does. So sometimes they might feel better when they walk out but

11:00 it's how you feel a couple of days down the track usually which is the more long-lasting thing which is why it's always dreadful to treat your family because you have to live with them for that first twenty-four hours when they feel dreadful you see, so I don't like treating family.

Would, you said that the doctor had to refer a patient on to you. If you felt that there was a need for a

11:30 **complementary technique such as pain relief, drugs or you felt that that was necessary, were you in a position then to approach the doctor?**

Oh yeah, yeah, that's commonplace, that's, you'd always do that. Yeah, if there's not enough pain cover, certainly with some of the, I mean with someone with a gunshot wound or with an acute injury, it's

important to get good pain cover while you're

- 12:00 maintaining movement. If they've got too much pain that's going to restrict movement and the restricting movement in itself in the long run will be a, you know, a bad result, so. Yes, but co-operation with the other staff is very important.

So is what you're saying that physiotherapy may in some cases, in these instances have actually meant an increase in the amount of drugs that was required so that the physiotherapy could take place?

In the short term

- 12:30 yes, yeah, as it would now. I mean somebody who has a knee replacement, they might, or a knee operation, might feel very comfortable while they're sitting there doing nothing and think they don't need any pain cover. But if you want them to move, that's going to be a bit more uncomfortable so you're better off having some pain cover to get them to move for a couple of weeks and then at the end of that you take off the pain relief when they've got the
- 13:00 movement, because inevitably it's going to be painful getting it, so that's pretty much the same. I mean I wouldn't have thought that these guys, any of them, would have had an excessive amount of pain cover, I mean they were pretty tough fellas.

In the situation where you're in a place of limited resource or a place like your

- 13:30 **clinic, is it, were there things that you would tell the men to do, knowing what their living conditions were like, that could help them, were hot water bottles or did you tell them it might be good to sunbathe or were there things that were sort of specific to your location?**

I don't know, the only extra, the only thing that would've been useful probably is access to water, and I can't

- 14:00 remember whether I would've, I certainly didn't take anyone to the pool or to the sea but for a lot of injuries walking in water and being in the water is really good. But I don't think that I probably would've had a specific request to do anything like that, I don't know, I'm not being much help to you because I can't remember these things.

That's alright, that's alright. Let's talk a bit

- 14:30 **about a gunshot wound, do any pop out as being particularly striking in your memory or do they just sort of blur into ...?**

They are all blurred really.

Okay, well could we take a hypothetical of the gunshot wound through the calf. This man has to recover in three weeks, can you tell me from the day he's brought in how that would work, because clearly there's triage and

- 15:00 **so on before he can get back?**

Yeah, well they obviously clean up the wounds, stitch it up and then it would be up to me, say it was in the calf, it would be up to me to make sure that they didn't lose dorsi-flexion, which is moving your ankle up, because if you've got pain in your calf you're obviously not going to want to move it, so if you keep it in one position, that area that's been

- 15:30 traumatised will heal up, but heal up in a shortened position. So that when it's healed you might think, 'Oh this is fine,' but the first time you try to run and need to use that calf muscle it'll probably tear, so it's really important to assist the healing in through a full range of movement. So I'd do active and passive range of movement of the ankle and start doing some strength work to increase the strength.

When would that take place in the

- 16:00 **routine, when would you have first have got them after they'd been injured?**

I would imagine it would be, would have been quite early, I mean, as soon as the sutures are in you'd start doing a bit of work but not until the sutures'd be out, which'd be a week to ten days, would you be able to do any really strong work, 'cause you might pull the sutures out.

In civilian life would you be doing it that quickly?

Oh yeah, haven't seen many gunshot wounds,

- 16:30 probably the same as a really bad, I don't know, maybe a slice into the muscle for some reason, glass or something. And I, yeah, I think you would do it but the healing process might not have been as quick because these guys were very fit with very good range of movement, no arthritis, you know, all of those things, they had a fit body to start off with,
- 17:00 so it's a whole lot easier to get somebody rehabilitated when they, when you've got a fit body to start off with.

So within twenty-four hours you'd be doing some passive movement?

Yeah, well it might have been a little bit longer than that, it would really depend on how extensive it was and how much swelling. You might be getting them to, if it was quite extensive and a lot of swelling, you'd have their leg up on,

- 17:30 elevated and just getting them moving their toes and their ankle a little bit, you probably would start doing it pretty well straight away.

And then from a gunshot wound you would be able to in what space of time have them full weight-bearing and walking around, I assume they had to be that fit to go back to their units?

Oh yeah, well depending on

- 18:00 how deep it was and what damage, I mean that's really variable but then I guess, you know, the doctors would make a fairly good guess or estimation of whether they were going to be fit in the limited time that they were given. Some probably would fall either way and they may have been given some leeway but I,

- 18:30 I mean it really, it's hard to say, because it's, depends what bit of the body it goes into. You might have a very small, apparently small wound which has affected a nerve and if it's affected a nerve, well then it's going to take a very long time. And you wouldn't, if it was just a, what we would probably call a flesh wound, well then I don't suppose there'd be a problem getting back in the three weeks. But they'd have to be able to run and, you know, jump around a bit.

- 19:00 I think they were probably given a little bit of a lead into, they wouldn't be, you know, going out bush straight away but they had to have the potential to be able to do it quite soon.

You, would you most often know the circumstances around their gunshot wound, obviously if it was through the calf they could talk,

- 19:30 **would they tell you how that happened?**

Oh yeah, yeah, the guys'd talk quite a lot. I mean they'd tell you what they wanted to tell you though not necessarily everything. But I think some would and some wouldn't, some would be really happy just to see a friendly face and a sister, sort of, figure and just happy to treat me like their

- 20:00 sister, and I was very happy for that, if they just wanted to talk about anything, that was fine. Some of them needed some time out, they often needed time out and I guess I did that more than quizzing them on exactly how it'd happened.

Did you ever see wounds that you knew or suspected to be self-inflicted?

No, I didn't

- 20:30 but one did hear the, that it had happened or, yes, that it had happened, I mean I know that it has happened but I didn't see any. Oh no, hang on, I might have actually seen a hand, there might have been one fellow who did something to his hand I think.

In order ...?

To go home. I mean if you make a mess of

- 21:00 your hand you're not much good in the army so, yeah. I'm not, it's a bit blurry but I do recall there being someone but I'm, I couldn't give you any specifics.

Did you ever hear about incidents of fragging [killing of an officer by their own troops]?

No.

Of soldiers becoming intoxicated or so angry with their superior officers that they'd take out a gun and try and shoot at their own?

- 21:30 Oh there were a bit of anecdotal things around, I can't remember anything specific amongst the Australians. I mean one heard all sorts of things about the Americans.

Can you tell me about those?

Well there appeared to be a lot more drug taking in the Americans and there wasn't quite the same oh, understanding,

- 22:00 knowledge, extended family sort of care. The Australians knew, I mean certainly in the battalions, they knew everyone, in the Americans it was the one on one replacement so there was not that same sensation of looking after each other which I think is why the Australians did, you know, this mateship thing, I think it was so much stronger because they knew everyone and they knew their good and bad faults. So I think it was

- 22:30 a lot less prevalent in the Australian Army than it would've been in the American. But I'm sure it does happen but I don't know specific ones.

Did you hear anything from the American physios that you went to visit?

We would have just talked about work I think.

So those sorts of issues wouldn't have come up?

No,

23:00 not really much point in them discussing really. I mean it's obviously a morale thing and it's not going to help anyone's morale by talking about it so, no, I wouldn't have talked about it.

Amputations, are there any that stand out for you, apart from the chap who died?

Oh, no there aren't really 'cause I say I couldn't really get to know them as

23:30 people. I'm sure if I'd seen them when I came back to Australia, and was involved in their rehabilitation, it would be much better and I would've got to know them very well but I don't, it was brief, and they were either zonked out or in too much pain or it was too early.

What were the common, most common amputations?

24:00 Legs.

One or both?

Well I suppose double amputees were less frequent so I suppose one foot.

A foot or the whole ...?

Well not, you don't very often have the foot, I mean lower leg or upper leg.

And which was most common of those?

Oh I don't know, I'd need to look at statistics, but I think probably

24:30 it was probably an above knee, would have been I would say, from the mines because they would have all been from the mines.

So an above knee amputation, why would you see that man or why would he be considered to be fit to join his unit within three weeks?

Oh no, well see they wouldn't be, they would be the ones that I'd see in intensive care.

Can you tell me about the intensive care and your sort of routine in there?

Well it was mostly looking after

25:00 their chest, as I had said earlier, if they didn't, I mean, if you've been injured so badly that you've got an amputation there's a good chance that you're going to have other nicks and cuts all over you, multiple fragment wounds as well, it would be unusual just to have a clean amputation. So that they would have difficulties in moving about in bed, if you don't move around in bed and take deep breaths and stay flat on your back all the time, you're going to get pneumonia and

25:30 die from that. So my involvement was to make sure that they didn't get pneumonia, that they maintained good air entry and were able to move and maintain full range of movement of their other limbs.

How would you achieve that, are these beds adjustable, the beds that you had, were you able to sit them upright without ...?

Oh no, well you don't normally, you wouldn't be, they wouldn't be at the stage of sitting up, it'd be rolling from side to side and tipping the whole bed and draining.

26:00 I mean it's ...

Mucus?

Yeah, pretty general intensive care stuff as it would be anywhere. I mean if they were good enough to be sitting up, comfortably sitting up for any length of time, they probably would go to a general ward. And there was a general surgical ward where a lot moved out to and would be there for a little while before they went home, before they were Medevac'd out.

On the medical side of things, on this sort of line of questioning about specifics and your

26:30 **physiotherapy, was there anything about treating people in this situation other than the fact that you don't see as many gunshot wounds and mines and so-on in civilian life, was there anything that was distinct from civilian ...?**

As in the sort of cases that we'd see?

As in the work, your work practices or the way, the things you were commonly doing? Was

there anything that you thought,

27:00 **‘Wow, I seem to be doing a lot of this and not much or that,’ or ...?**

No, I don't think so, I guess the most different thing was that the, in the army the officers, the sisters, were all female and the orderlies which we would normally call nurses were all male so that was different. But my work was as I would do for any

27:30 similar group of people anywhere.

Did you ever need orderlies to assist you?

Oh I would, yeah, yes, I mean moving someone comfortably from one position to another, you always need someone to help, so if it wasn't one of the sisters in the ward it would have been a medical orderly, yeah.

And were medical orderlies, did you have authority to

28:00 **tell them to come and help you with things or would you just request like you would normally in a work environment?**

Yeah, it, I mean it was part of their work so they did it, I mean I would never have to order anyone to do anything. Well I could have if I wanted to I suppose but I wouldn't, they were there for the good of the patient too so they knew what needed to be done. But they'd just help, I mean it was just working like a team and

28:30 team members help each other.

I guess the other patients that we haven't really touched on much are of course the fatalities and I suppose a lot of time they would die before they'd get to the physio stage?

Oh yeah, yeah.

Were there any that you'd work on that died subsequently?

There were some multiple amputees that might have survived for a short time that died,

29:00 not a lot though 'cause the care was pretty fantastic and they got to theatre very quickly. So if they were gonna die from blood loss that was a lot less in Vietnam that it would have ever been anywhere else.

Including civilian lives?

Oh yeah.

Why?

'Cause they just got there quickly. I mean to be in a major road accident and to be in theatre within twenty minutes doesn't happen very often. I mean it

29:30 certainly didn't happen then, now we've got some air evacuee, you know, rescue helicopters that'll go out and pick some, pick acutely injured people up so it probably is happening more but in those days it certainly didn't. So there were some people that probably survived injuries that if it had been a car accident they certainly wouldn't have survived.

Where were you getting your blood from?

I'm not sure about that.

30:00 I know when we had a lot of patients come in, all of a sudden they would ask for donations and we'd, whoever could give blood would give blood so they were you know, fresh blood. But whether, I presume that there were supplies, U.S. supplies, I'm really not sure. I can remember giving blood a few times myself, I've been a blood donor for

30:30 years so that wasn't any big deal.

Where were your supplies coming from, the rest of your supplies, medical?

The U.S., they were all U.S. supplies.

Do you know why that was?

I guess that's the way the army was supplying its, I mean a huge, a lot of the supplies were U.S. supplies, some medical ones were too.

What was the food like for the patients?

31:00 Well it all came from the same kitchen and ours wasn't all that flash so I mean it's adequate, was enough to keep body and soul together and it was, had a level of nutrition which was acceptable but it wasn't very palatable. Wasn't the sort of thing you'd say, "Wow," you know, "it's lunch time, I'm really, really looking forward to this meal." I mean they'd be vegetables that had the Vitamin C cooked out of

them you'd think, but maybe they didn't have.

31:30 I think it was, it was adequate.

There were no specific dietary needs of somebody who has a particular problem with their ...?

Well you wouldn't get diabetics up there so you wouldn't have that and anyone who had a particular diet wouldn't be in the army for a start. And if they were very, very badly injured they'd probably be, just be given, you know, they'd be on drips.

32:00 So I imag-, I guess, maybe if there was some, a swallowing difficulty at some early stage you'd vitamise that but that's, that'd just be done with the same sort of food.

Now you went to a hospital, didn't you, at some point there where they were doing the kind of work that you had anticipated doing or hoped to do?

Well yes, I had initially thought, all of the American hospitals

32:30 looked after civilians and soldiers as well so they had the whole gamut. I went to hospital in, well the hospital in Saigon did that, the one in Na Trang did and also the civilian hospital in Bien Hoa where our, one of the civilian teams from Australia was, they were looking

33:00 after the same sort of injuries to civilians, I guess, that we were to soldiers.

And how long did you spend in Bien Hoa?

Oh only a weekend.

Did anything strike you as different from the way that you were doing things or the facilities or anything?

Oh well, it's very different, working in the army is a very structured and

33:30 I, yeah I suppose it's the structure that's different. I think the security was, for us, was more obvious in the civilian teams they certainly had security issues, the place that I went to was quite close to an airfield and they were supported by the U.S. and Australian service people as well

34:00 but they weren't service so they could do what they wanted to when they wanted to do it which was very, really, you know, it was different to us. When you're in the army you do a lot more as you're told to do, when and where.

Would you like to have swapped once you got there and gone with that team?

Well I,

34:30 well it's hard to know, it's very hypothetical, it would have been interesting, would have been very different. But I've, I had no desire to leave where I was, I was, you know, I was doing a reasonable job where I was so that was fine. I don't think I, I can't say that I would have wanted to just drop one job and pick up another, no.

35:00 **Let's talk a little bit about your recreation. Can you tell me, tell us about the leave that we were sort of just beginning to hear and left for a while?**

Well as a female in the army there, we were given two specific periods of recreation leave,

35:30 two blocks. We had R & R [Rest & Recreation] like all of the other service people did but we were also given an R&C [Rest and Care] they called it and we were able to, the girls were able to go, fly by C130s to Butterworth, the RAAF air base at Butterworth, and then stay in a lovely old English, oh, I think it was a British Army

36:00 holiday place in Penang, called the Runnymede. So it had, I went there with another nurse and we had five days there which was absolute heaven in, that was probably in about December I think.

What can you remember of the place?

Clean sheets, big deep baths, very comfortable bed and a lot of sleep are the main things. It

36:30 was a lovely old place, it had huge, oh and frangipanis, very large rooms with fans, wooden floors, very large windows going out on to a polished wooden balcony and big open, it was an open balcony. But certainly out from my window there were frangipani trees up at, it was on the first floor and they were all up at the first floor level

37:00 and this beautiful perfume of the frangipanis and geckos all over the walls.

So you were in heaven?

Yes. And a bit of shopping too, did a bit of retail therapy there. And I do recall from there writing to a friend in Adelaide who I knew had gone to Penang on holidays and I wrote and said what a wonderfully clean place it was and how lovely it was and raving on. And I got this letter back from her

- 37:30 saying that she thought it was the smelliest, dirtiest place she'd ever been to. And I thought, well it just shows, you know, when you compare Adelaide to Penang maybe it is, but from Vung Tau and Vietnam to Penang it was heaven. So we had that and also I had, my five days or week or whatever it was R & R in Hong Kong in April, I went there. I'd also been given
- 38:00 a weekend, about three quarters of the way through my time a female doctor came so she was another female Medical Corps person so we had two of us in brown uniform so we felt pretty happy with each other. And the CO had given us for some reason, I don't know why but a sort of a weekend leave pass to go up to stay in Saigon, so we stayed in Saigon for a weekend in the Embassy Hotel and just moved

38:30 around and, just went to the zoo and walked and had meals and drinks and slept, just to get out.

All at your own expense?

Well I imagine so, I can't imagine that the army would have paid for us but I don't recall. The fact that we were given the time to go was quite wonderful, the Embassy Hotel I think one didn't pay a vast amount to stay in if you were a service person anyway so that was,

- 39:00 that was a real holiday. Other times, there wasn't really any other time away, I don't think, apart from when I went up to Na Trang but that wasn't a holiday, that was work, sort of.

Did you ever go to the Peter Badcoe Club [a soldiers' club in Vietnam]?

Oh yes, yeah, well that was not all that far, I mean we could walk there or we could take our, the pink Citroën once we got that and that was, that's on the base so yeah, we did go down there

- 39:30 quite frequently. There was a swimming pool which occasionally I used or ...

What were your security arrangements going down there?

No, well we were all within the same base so that was fine and you just, I guess we had to let people know where we were going but it was, that was, the security cover there was the same as it was for the hospital so that was not a problem. And it was at the Peter Badcoe Club where they had a few tennis courts

- 40:00 and sailing, little Corsair sailing boats and the beach was just there too. So, yeah, I guess I would have gone there fairly frequently in good weather.

Did you drink while you were there?

I had the odd gin and tonic I think, yes.

Not excessive.

No. No, I mean you could, obviously it was duty free and that sort of stuff, so you could. But

- 40:30 I liked gin and tonic but that would probably be, oh occasionally there was an American, the Pacific Club in Vung Tau, that was quite a big club, they often had shows on there, we'd occasionally go there, and I had my first Whisky Sours there, which are quite an interesting drink but I'm not, I mean I don't drink beer or any other drink so I'm not madly keen on anything.

Okay, we'll just stop there Dianne.

Tape 6

- 00:41 **What con-, can you tell us about contact you had with the Vietnamese people?**

Extremely limited, really very extremely limited, which is one of my reasons for wanting to go back to Vietnam 'cause I feel that was very sadly lacking.

- 01:00 Once again it was made difficult, I had a little girl who used to come and clean, but she'd often be done and gone before I got to work. But occasionally, oh she hung around when those photos were taken I showed you 'cause she quite liked having her photo taken. We had cleaning staff in the sleeping quarters were Vietnamese and our laundry went

- 01:30 out to a local laundry, the sheets and towels, and they were absolutely dreadful, they smelled something horrific. We occasionally went in to the local markets and you'd see people. Very occasionally I went to, there's an orphanage in Vung Tau which the Red

- 02:00 Cross people and the men, the doctors and the dentists would visit in their capacity to give, you know, assistance, diagnostic and all that sort of thing. But I can only remember doing it a couple of times and I'm really sad about that. If I had my time over again I would really push the point and say, you know, "Surely it's safe for me to go too."

- 02:30 I, you know, I really feel almost ashamed that I didn't make more of an effort but it was made very difficult for us to do it and I guess I didn't realise that it would have been possible had I pushed, or it probably would have been possible. The nursing staff and I did very little of that, the, there was a New Zealand nursing sister
- 03:00 who actually did find some way to get to the orphanage quite frequently but I didn't know, even know that until I met her years later and we talked about things. So it was, I mean one observed from afar but I had very little interaction, oh I suppose the other thing in my capacity as a, as the treasurer, I had to make sure every time people were leaving the mess, I had to go in and get a pewter
- 03:30 engraved with their name, so I had some contact with the shopkeeper that did that.

What was that, how did, what happened?

Oh, you know how the army, lots of places they give you a pewter mug, you know a beer mug, and you'd have your name and the time that you were at the field hospital, I mean you end up with umpteen thousand pewter mugs. But it was my job, 'cause I was dishing out the money to buy the things, "Oh well you can go and get them engraved too," so I'd take them in to this little fellow

- 04:00 in a shop and get them engraved. I must have made some sort of impression on him because the last time I went in he gave me a, they, in the shop they also did beautiful lacquer work, I don't know whether you've seen the gorgeous lacquer work they did with gold fish and that sort of thing. Well they did that, unfortunately I didn't purchase any of those but he gave me a name thing to go on my desk with, I think it was a 'D.K. Skews'
- 04:30 in beautiful gold writing on this lacquered thing so, you know, I thought that was quite sweet of him really, but I had very limited contact 'cause the food was dubious and certainly in Vung Tau it was well known that a lot of the shops were run by the VC. I mean they'd be, just look like regular
- 05:00 shops or stalls during the day but they'd give out supplies or the men'd disappear into the night, so it was an interesting place to be and not probably the sort of place that you spend a lot of time wandering round in, so I didn't have much contact at all.

Tell us about Vung Tau, apart from the Peter Badcoe Club?

Well I suppose the other

- 05:30 contact one had was when you went to a restaurant and there were a few of those, some were on limits and some were off limits.

The restaurants?

Yes.

Why were the restaurants off limits?

Well who knows who was running them, there was one in particular that was a very good restaurant that was off limits. But there was a journalist up there that I used to go out for meals with when he was there and he had no qualms about going to off limits places, so I must admit

- 06:00 I went a few times. It was very nice food but it was probably VC run, you know, and you're giving the profits to the enemy, it was a bit dubious.

What did you think of the enemy?

Well that's what, I mean if you say it like that, it becomes a, becomes nothing. If you get it down to a personal thing then it's very different. So ...

How did you know, what did you know of the situation and the war that was going on around you at that time?

- 06:30 We were briefed every now and then, not all that often actually in the hospital, but we were given briefings when there were big American pushes into Cambodia, we were given quite a lot of briefings because it was anticipated, you know, there might be a lot more work. And if there was a particular offensive planned or heard of we'd get to hear about that. But ...

Were you put on stand-by or something when something was going on?

Well you

- 07:00 just, leave was cancelled, yes, and you're put on an alert and you have to wear your greens and you carry your helmet and stuff.

And the sirens going off for the choppers coming in?

Well if they were bringing, if they, if it did eventuate that there were wounded coming in, certainly that would be happening. But I suppose we were slightly, I mean it's a little bit different being in a hospital

- 07:30 where the focus is actually getting people fit and well again, when the focus of people everywhere else

is to kill others, it's a very strange, you know, very difficult for your brain to get around sometimes, so you don't think about it.

Was it an ethical dilemma for you being in that situation, or to what extent was it not?

No, I don't think so 'cause I,

08:00 I felt that my skills were needed and that's what I was there for. I would never think that going to war in any situation is the right thing to do but having had, you know, having sent our troops there and soldiers there, and they needed a physio, well I was quite happy.

Any second, once you'd got into the job and everything and been in Vietnam a while, were there any regrets that you wonder what you got yourself in for?

08:30 I don't think so. I guess you'd have to have an alternative that you maybe you wish you were doing to be in that sort of situation and I don't think I was. I guess I'm a person who lives for now

09:00 so what could have been or, you know, what should have been is, well that's where I was, so make the most of it, the situation where I was. So I don't think so, I mean I'm sure my family would've been much happier if I hadn't done it, although they didn't voice that as such. When, towards the end of my time there I was given a posting to go to Two

09:30 Mill Hospital after I come back from Vietnam, I do recall getting a letter from Mum saying, "For goodness' sake, you're not staying in the army are you?" You know, she was horrified, she thought one year was quite enough, you know, I was stark raving mad to have done that and why would I want to continue. But in fact I had no intention of, and they knew when I took the job that it was unlikely that I would want to continue, mostly because I didn't really want to be in Sydney or Brisbane and that would be, well they were the

10:00 choices at the time.

Sydney, Brisbane, or Vietnam?

Well, well I'd been to Sydney, I'd been to Sydney and Brisbane, I knew what they were like, I hadn't been to Vietnam.

Of course quite a momentous event happened to you when you were there?

Yeah, yes.

Do you, tell us what led to meeting Fred and ...?

Well I think probably we had met officially at

10:30 sort of parties and gatherings.

Can you remember meeting for the first time?

I can remember meeting at a particular, I think it was either 5 or 9RAR [Royal Australian Regiment], Fred remembers the numbers better than I do, and our wonderful New Zealand 2IC [Second in Command] of the battalion, who I had got to know quite well because he used to come down and see the wounded guys in 6RAR quite a lot and we got on quite well, he's

11:00 a real character, and he just said, "I want you to come and meet the battalion poet." And there was Fred drinking wine out of a copper goblet, which his sister had sent him, and I thought he was a bit different. So I just thought he was, yeah, worth knowing and then we, I don't know, just went on from there somehow, in some strange way.

Love at first sight?

I think there was definitely something there at,

11:30 you know, an instant connection. I had, I went on R & R to Hong Kong not long after that and I do recall buying him a very, very, very expensive Parker pen set. So I decided, I have decided in retrospect that I must have been exceedingly fond of him 'cause it was, I was not all that reckless with my money, which he'd said he'd like a, when I'd asked him

12:00 if he wanted something, he'd said he'd like a decent pen 'cause he'd had one that'd been stolen.

Before that, leading up to it, while things are at war and I guess it's quite an extraordinary environment to be in, in some case, in some ways, despite all the bad things happening, it's, I would, in many ways it strikes me that these environments are quite romantic?

Oh I had a ball,

12:30 really. I had friends all around the place, and if there was ever a party on and you were halfway good fun, could dance or could play sport, could do something, you'd get invited, so you know, I had a very good time.

But people are forming close attachments you know, men are forming strong mateships and they're also, and liaisons with women and ...?

Yeah, and it's, yeah and that was really quite tricky and I think

13:00 for a long, I was very careful 'cause I was quite sure that it was a very abnormal environment and any relationship that was formed in that environment wouldn't be a regular one because it was so abnormal. And I had, up until then, had a lot of very good friends, probably erred a little bit more to the romantic side with one fellow, but then

13:30 decided, you know, that wasn't a good idea, and Fred came along and then yes, it was not ...

Were you with him when you met Fred, the other chap?

I don't know, I don't know whether I was or not. I don't think so, oh no, not on that day, definitely not, no, no. No, I, but I think I, you know, I could've still been, I mean you say 'going out' but it was, you know, a phone call, "Look we've got something on at this mess,

14:00 do you want to come over?" and you'd go and you know, could be bit of fun or they'd be playing music or One lot of people, at Seventeen Construction they were, they had some really good contacts with some Americans in Vung Tau that had oh, can't remember what the boats were called, some sort of boat, and amazing though it might seem we water skied

14:30 behind these boats in the Mekong. No, it wasn't the Mekong, what was, in the sea, it would have been the sea, there in Vietnam, in Vung Tau. And you know, if you were up for a bit of fun, there were a lot of people who were happy to have you along to lighten that all male environment. But often it was more as a sister, as, just as a, another one to you know, bounce

15:00 ideas off and talk to, but it certainly wasn't with Fred, no.

Just, I'd like to pursue that, but I would think that men coming off the battlefield and being wounded, would find great emotional and spiritual comfort in meeting, having female companionship and ...

I think it does.

you, your role would also, how did you fulfil that role, how do you fill, tell us about ...?

I just think by being a friend and listening and talking and being

15:30 compassionate.

Did you do that consciously or how aware were you of that, perhaps ...?

Well I think if you're going to work in any of the caring professions you have that in you anyway, you have to have a huge amount of empathy if you're going to be a good nurse, good physio, really. And listening is something that I find quite easy to do. I

16:00 don't form opinions incredibly rapidly about people, I'll always give them a bit of time so I suppose people learned to trust me and we just talked.

Soldiers coming off a battlefield, he's badly wounded, he's possibly lost a leg, how do you deal with that, the, his needs of the human being, not just the body but the mind and he's got to reach out to the first person he sees and possibly it's you. How are you dealing with that

16:30 **in that hospital in Vung Tau?**

Well, as I said to Sofia, often the really badly wounded ones wouldn't really have, either be alert enough to be thinking terribly straight early on, but their biggest problems would come later.

Well perhaps even then, the minor wounds, but from Vietnam we know that people were, you know, there was a great psychic wound to many of those Veterans and even at the time, what were you seeing of that in that hospital?

Oh I can, yeah,

17:00 well that used to happen with, not even just patients, just some of the guys if they'd, if I had treated them and they were in Vung Tau again they'd come in to talk, and they'd talk about letters they were getting from home. You know, not abusive letters but letters about, you know, 'What are you doing there, we're having all these moratoriums at, in the,' you know, student friends or whatever in Australia having moratoriums anti-Vietnam. And they'd come

17:30 and say, "What in the hell are we doing here?" you know, "why are we here, why am I getting shot up? Why," you know, "why is this all happening?" So it certainly was very, very difficult for them.

Why were they coming to you?

Just 'cause I was a listener. And I mean I was very non-threatening to them, I was not, I guess it was easier for some people to open up to someone where they knew I didn't have a chain of, 'This

18:00 guy's going soft,' or something. If they just wanted to talk, I guess maybe I was their big sister and I was really happy with that.

These are old patients that have gone back?

Yeah.

Any of those patients that you knew were killed or soldiers that you knew were ...?

I don't know, I don't know.

So they'd just, they'd ring you up or they'd come round to the hospital or ...?

Oh no they'd just, well if they were down, I mean some were down on R & C

18:30 you know, or doing something, a weekend or a few days off down at the Badcoe Club and they'd lob up and just pop in. I mean, I was very approachable in that they didn't have any great formalities with me and I, my hut, if I was there, they could see me, they'd just come in.

You'd obviously have to be very self-contained, it seems, in that environment, does that, that's a trade-off, the trade-off is, are you somewhat lonely too?

Oh I think I

19:00 was quite a lot of the time because I was a one-off and didn't really fit anywhere. Some, and I've thought that for a long time, I mean a lot of things that have happened, I suppose, to me have been some of my own making, to make ...

What do you mean?

Well to be, even to the extent when I went off to England, you know, I chose to go on my own so that was an experience that I can't share with any of my old friends

19:30 or family because it was me on my own. And going to Vietnam was so completely different to what any of my family or friends had any concept of, that it was an experience that I couldn't share and I, you know, think that, don't quite know why I'd be doing this. And being a one-off in, within the hospital, sure I had really good friends amongst the nursing staff, but they were nurses and I was Medical Corp. But they were male and they were doctors, so I

20:00 was, I suppose I was a little bit lonely but at a, you know, I had lots of friends.

But you're also having to hold back because you know the sit-, circumstances?

Yeah, yeah but I suppose, I don't know that lonely's quite the word but I mean you, it was not a situation where you

20:30 were completely, totally relaxed all the time you know, that's for sure. Yeah, it wasn't a, I don't think I was uncomfortably lonely.

Things changed when you met Fred somewhat? How, without, falling in love in a time of war to me is a very romantic situation.

21:00 Yes it was a bit bizarre really.

Can you shed some light on that for us?

Well there were a couple of, well quite a few fairly romantic situations but there were some really bizarre ones. Well we did go into, there's a beautiful French restaurant in Vung Tau called Surno's which really is, in better times, would have been quite exquisite but anyway it had high walls and barbed wire all round

21:30 it. But we both remember very well going there and just having French onion soup 'cause that's all we could afford if we had a bottle of wine and we, 'cause the wine was exorbitantly expensive at these French restaurants, we had a beautiful bottle of wine and that was very lovely. We used to occasionally, I don't know that I would've ever rung Fred because it was, I'd never know where he was but occasionally he'd ring me

22:00 and he'd be talking for a little while and then someone at one of the exchanges'd say, "You alright sir, got through alright sir?" And a little bit later someone, 'cause it had to go through a couple of exchanges, you know, and they'd just hop on the line every now and then to make sure you're alright. And you'd think, 'Oh yeah and they're listening to every word we're saying,' so nothing, absolutely nothing was private, everyone knew.

Did you have any secret codes that you'd communicate with one another?

No I don't think so, no, not that I can

22:30 recall.

Is it possible to go for a romantic stroll down the beach?

Oh yeah.

Can you hold, can you ...

Yeah, well you, there were places you could go.

get away?

Yeah, you could get away a bit and Fred came, he managed to wangle, his CO was very accepting with a bit of pushing from the 2IC who, as I say, introduced us and

23:00 we got on well so it was okay for Fred to form some sort of relationship with me. So they somehow managed to get a little bit of extra time for Fred every now and then in Vung Tau, not a lot though really.

The war became quite personal for you then because you've got someone you care about in harm's way, how was that affecting your time there?

Oh, yeah. Well I suppose, yeah, it certainly does change it and there were

23:30 a couple of other girls who had, in fact one of the nurses at the same time was, had married a fellow from 6RAR as well. Yeah, well it's a lot more scary when you know that there is a contact and someone coming in but that's, I mean that's, in that way it changes for fear that it, you know, it might be them but nothing else had changed

24:00 'cause everything went on as it had before. I don't think we actually saw a huge amount of each other, there was a lot of letter writing and I probably got up to Nui Dat a few times. And then when Fred's battalion went home, he stayed on for a while afterwards so we saw quite a lot of each other then 'cause he was staying down in Vung Tau then.

Could you travel between Nui Dat and Vung

24:30 **Tau overland?**

No, no I was never allowed to do that, could only fly so I could only ever go, I mean I couldn't ever think, 'Oh I want to go there,' was only if there happened to be some function on that they'd, you know, want us to go.

And as everything gets compressed, I can imagine how,

25:00 **I'm just wondering how you, you know, when you realised you'd fallen in love, yeah?**

The relationship. Yes, well I think the most intense moments were when Fred was actually going home and I was staying there, that was just dreadful. I was due to

25:30 be there for at least another six weeks after he'd left and I don't think we knew how that was going to cope, we were going to cope with that. But I'd plucked up a lot of courage and asked the CO if there was any way that I could go up to Saigon the night before he left, and he said I could. So we had a very romantic evening in Saigon before he

26:00 left which was very, I mean it's a very strange place to be. But yeah, you're quite right, I mean it is a, you think well you've got to grab every minute while you can and yeah, well we both survived and here we are, crazy together still.

Did some of the, those experiences that Fred went through,

26:30 **somehow you, rub off on you, you know the, those battlefield experiences became much more real for you or ...?**

He's really, he's never talked even to me about the really bad things that happened, he would not, he would not talk. I think, oh he used to talk about what was happening at the time when we were in Vietnam

27:00 but once we'd left and come home that was it, that part of his life was done, finished. When we probably should've been talking about things a bit more, that's when we started our family and it got a bit frantic with so many children all at one time. And then you know, when things could have been starting to calm down a little bit of course we had the

27:30 disaster with David so that really closed, well I mean, I say closed Fred up a lot more 'cause he then wouldn't even talk about David so there've been a lot of doors that just got closed for a long time. And I, we really just didn't talk about it, seems really bizarre but I'd said in, I think it's in that book, we were asked, the different people were asked how,

28:00 you know, what had happened since and I said that I'd just put that all away too. And it was only when we went to the dedication of the War Memorial, the Vietnam Memorial, that actually things got opened up a little bit and that was decades later, but I really hadn't talked about it, there was no other physio I could talk to anything about. I didn't actually have any contact with any nursing staff for years.

- 28:30 I didn't know where they were, it's only in the last probably five or six years that I've started making contact with those people again. I guess as we've all reached that stage in our life that you know, you've got a bit of time to reflect on the past but we were just living life day by day. And I mean I've always wished that Fred could talk
- 29:00 about things but it wasn't in his nature to do it and I'd talk to old school friends of his and they said, "Oh God, it's a waste of time," you know, "even when he was at school if he'd get something went wrong he'd just go and sit under a bush and keep it all to himself for a while and then sort himself and then come out, don't expect him to talk." So, yeah, so it, the last couple of years have been quite a revelation really.
- 29:30 **Can you tell us about the departure, how he just flew off on a plane, you dropped him at the airport?**
- Yeah, well we would have gone into Ton San Nhut and he would've caught the Qantas jet home and I got on a Caribou and went back to Vung Tau and that was, I mean it was not good 'cause he wasn't there but also the staff had changed. Because we were on a, you were there for one year, you did, the whole hospital
- 30:00 staff didn't come one day and then leave twelve months later, it was sort of one person changed, and the people that I had become closest to and were most comfortable with had left by oh, about nine months of my tour I suppose and although there were others there that I was okay with, it wasn't the same sort of close.
- Did you have a hand-over to the person who replaced you?**
- Half an hour,
- 30:30 half an hour at Ton San Nhut airport, absolutely appalling. So she didn't know much more than I did by the time she got there.
- What are the compressed words of wisdom?**
- Oh heaven knows what I said to her.
- Twelve months in Vietnam, what do you say, what are the gems of survival that are required, what ...?**
- I think I ...
- Just pretend I'm that person handing over okay, what are you gonna tell me, you've got a very limited period of time?**
- I can't imagine what I said.
- What are you going to tell me?**
- I think probably,
- 31:00 because she was a non-military too, she'd come from Western Australia, I think one of the biggest things I probably would have said to her at that stage is, "Don't worry about the forms," you know, "the forms will sort themselves out," 'cause the army has endless forms, even in my work I had to fill out form after form, "and just worry about the patients." We had written letters 'cause she knew that she was coming so she in fact did know more and
- 31:30 I'd left a lot of notes and that sort of stuff back in Vung Tau for her. But we were supposed to have a week's hand-over and then something went wrong and she came up and we just managed to cross in a hut in Ton San Nhut airport, yeah, so it was pretty poor really.
- What things did you sort of consider that were, sort of souvenirs, did you collect any particular souvenirs from that time or ...?**
- 32:00 I didn't, there were no real Vietnamese things. I suppose I bought, I took quite a few photographs so I guess they were more my souvenirs than anything. When I went to Penang and Hong Kong I spent money, oh it was dreadful, 'cause the only place to spend it in Vung Tau was really, well you could spend a
- 32:30 little bit in the markets and you could spend a fair bit on booze if you wanted to, or at the PX [Post Exchange - American canteen unit] stores or at our Australian Asco, and you could buy some, you know, electrical goods, jewellery, watches, records, that sort of stuff but that's about where it ended so when I got to Penang and Hong Kong there were all sorts of other things, silly things I bought. Lots of umbrellas and pretty, pretty things, different, I suppose
- 33:00 feminine type things and food. But I bought home, I suppose there are a few things, I mean they're silly things that I bought home that just remind me of people like one of my particular friends who was one of the nurses, she said, "Oh I can't take that," and it was this little waste paper basket that she'd had that had flowers all on it,

33:30 and I've still got it, just 'cause, you know, every time I look at that I remember her. And I've sort of, normally get things that remind me of people and places, rather than the fact that they look beautiful.

She also came back with you or ...?

No, she'd come back a few months before, or a couple of months before, yeah. She's, she lives in Sydney and she married an army guy too. You should have interviewed them.

Maybe we will if you can give us

34:00 **their names.**

Yeah, yeah, so I don't, I mean I'd bought, I'd given radios to everyone that I could give them to and bought watches for people and bought myself a lovely little sewing machine in Hong Kong which I still use, that sort of stuff. But don't know that there were other real souvenir sort of things.

34:30 **What contact did you have with Americans at all, apart ...?**

Oh in fits and starts there was a bit, when I first got to the hospital there was an American hospital in Vung Tau, so I saw a bit of them there but then that closed. The nearest one then was Saigon, I'd see some there. I guess I got to know them fairly well, a group anyway quite well

35:00 when we were in Na Trang and when we were forced to stay in the sort of hotel environment because we couldn't get out because it was unsafe, so we were quite good friends and they visited the hospital a few times after that. And there was a fellow, I have no idea how I met him, but he was a chopper pilot who occasionally used to lob in at the hot-, the hotel, the hospital,

35:30 and if I wasn't, if I'd finished all my work we'd just go for a fly, just fly around the coast for a while or, "Do you want to come up to Saigon?" so we'd just fly up to Saigon.

Did he give you a fly of the helicopter?

No, no, I didn't ever really want to do that but that happened a few times but not a huge amount of contact with them. For a while after the American hospital closed in

36:00 Vung Tau we got quite a lot of American sold, ah, wounded and they were not the same as the Australian guys.

How do you mean?

They just were, well, they were American. I guess they didn't, I guess the overwhelming impression you got from our guys was that they cared about each other so much, and maybe we knew them better, I don't know. But the Americans didn't seem to, they

36:30 were more looking after themselves, probably they didn't know the others terribly well, so that's reasonable.

Were there American, black Americans or Afro-Americans?

I can't remember if there were, I imagine there were certainly a lot of black American soldiers, so. We would've had quite a lot of contact with Americans at the Pacific Club in, 'cause that was an American Service club,

37:00 in Vung Tau, they made very good Whisky Sours, they had quite good music playing there, apart from that I can't remember much at all.

What sort of music, did you remember, what is a song that you remember of Vietnam at that time?

Oh the one that most people remembered was i'm 'Leaving on a Jet Plane' 'cause they kept playing that 'cause that, you know, that's, that was what people remembered, they were going home, 'I'm leaving on a jet plane going home.' Glen Campbell was quite big at the mome-, at that time.

37:30 And Neil Sed-, ah, what's his name, 'Whiter Shade of Pale,' that's very, very reminiscent, I mean if I hear that it brings back all sorts of, just sort of memories of that time.

What, how, when a memory comes back, how does it come back to you, is it a

38:00 **smell, is it a sound, is it a taste or a ...?**

Sounds normally, sounds just, I just end up somewhere else for a little while. Not unpleasant, just forced back there beyond your wish really sometimes. But that's, yeah, that's alright.

Soph, do you want to stop, yeah?

00:49 **What were your, what's your fondest memory of your time in Vietnam?**

Oh, goodness me, that's something I needed to do some homework

01:00 on probably.

Anything come out and strike you as a nice moment, or ...?

Well obviously the most life changing one was meeting Fred, but the, otherwise, they're more blurred I think, really. Being part of a team was

01:30 pretty amazing, I don't know that there's any very specific thing really, not that I can remember now, no.

When you were coming home, how long did you know in advance that you were coming home, was it ...?

Oh, you virtually know the day you go what day you're coming home, unless there's a plane strike or something like that, so I knew that I'd be coming home three hundred and sixty five days after the day I arrived there,

02:00 so I left on July the second.

Was there anything you bought back with you that have been mementoes of your time there?

Well, no, just the radios and record players and watches and gifts I'd bought for people and photos, that's the main thing, quite a lot of photos, that probably wouldn't mean a lot to other people,

02:30 which is what most of my photos are like, but they mean a lot to me, so that's probably all, yeah.

So you arrived home but not to any sort of fanfare because they'd all gone home thinking that you weren't arriving?

Oh no, no, this, that was when I came back from overseas ...

From the U.K.

No.

Can you tell about your homecoming?

From Vietnam, the planes as they usually did, arrived in the evening

03:00 and Fred had driven from Perth to Sydney via Adelaide to meet me, so I was very lucky, I had someone there to meet me. I had bought quite a lot of gifts for people and thought I'd have quite a time to go through customs, and I didn't have to go through customs at all, which was very slack of them, but I guess they thought very kind.

What year was that?

'70,

03:30 early July '70. And then Fred and I we went off, I can't even remember where we stayed in Sydney, but we stayed in Sydney a while and then drove from Sydney to ... and that was a shock, I mean not only was I cold, but amongst all these people and all these things, and it was pretty

04:00 mind-blowing really. To be in Vietnam one day, you know, leaving Ton San Nhut Airport and then in Sydney the next day where life went on as if nothing had happened, that was quite tricky. But I guess I was lucky that I had a, you know, I had something else that was overwhelming me so I wasn't too distressed about that, I was just very pleased to see Fred. And we drove to Melbourne

04:30 via Canberra with my, to stay with my sister and her family and decided in Canberra we'd get married, so, we didn't get married then but we decided we would. Got to Melbourne and things got rolling to get a wedding organised as soon as we could because he was then, he had a posting to Skyville in New South Wales and I couldn't see any point in delaying a minute. So

05:00 we, I think yeah, we just went to Melbourne and spent a few days with my sister and her husband and first son and then we came back to Adelaide and then got wedding organised and got married in August.

So you'd been back ...?

Not very long ...

Couple of months.

Couple of months, mmm.

Can you think back to that time and tell me what,

05:30 **what were the glaring, what things stood out to you as so different to your, where you had been living?**

Well, I was appalled at the amount that everybody ate, I thought it was just positively disgusting that you could go to, 'cause in those days people, you know, friends, groups of people had dinner parties and had five courses and that sort of thing and I,

06:00 I was just horrified at that. So the fact that people ate such a lot and there was so much waste and the fact that there was such a huge importance on material things that was totally unnecessary for, to live, you could live with a lot less. So I think they were the things that really hit me then and probably still do I think and, you know, we desire far more material things

06:30 than we need and it's almost immoral, but that's the way the world is. And I guess the other thing was that I was pretty amazed to be back amongst people that I loved and that loved me and how lucky we were, how incredibly lucky we were to be in Australia but also how very wasteful and reckless with things we were that

07:00 we didn't really need.

Did Fred feel the same way as you, were you able to discuss it?

I don't know that we did discuss it really, neither of us has been terribly, been interested in material possessions. Most of our furniture is furniture that we've got from family or second-hand places that we've done up or whatever, so that's never really

07:30 been important. I don't think we talked about anything much but, you know, getting married really, so there was a fairly rapid stop about thoughts about Vietnam. The thing that I did have to do was to, you know, relinquish my commission so I did have to go, come back and go down to Keswick and be discharged, so that took a little while to do that but

08:00 it was really just the formalities because they knew I was, I had resigned, I think I'd probably put in my resignation in Vietnam so it was just a matter of time. Taking the time that, I suppose it must have been leave and that sort of thing owed to me and being paid for that and then left and that was my stint in the army.

Had

08:30 **you, sorry, we'll just stop for a moment. Had you left Vietnam with the vague notion that you were going to marry Fred?**

Oh yeah, pretty much, we hadn't formalised it, but we were very keen and the fact that he drove from Perth to Sydney was a fairly good indication that he was quite keen, and stopped in at Adelaide and met my parents, my sister and my

09:00 brother-in-law before I was there, I think that was incredibly brave of him to do that.

What did they all think of him?

I think they liked him, yeah, I think my brother-in-law probably quizzed him. He's a big-time solicitor and he was a very nosy person in those days too, so he would have quizzed Fred and they decided he was okay. I mean at that stage we hadn't told the family that we were going to get married, but I think they had a fairly good idea that we probably would.

09:30 **How long did your, the actual process of your discharge take, was that all done in one day once you'd had your time off?**

No, no, I think you have to have things like medicals and dentals and all that sort of thing so it probably took more than one day, but I've got absolutely no idea how long. Bit of paperwork and signing off but certainly you have to have, you know, the medical and dental to make sure that, and I think I probably had some dental

10:00 work done before I left, but that's, that was all, but that was all done at Keswick so it wasn't far from home.

Any regrets about leaving the army?

No, I had none at all then, there was no future. I mean I wanted to keep being a physio if I could, but there was no way that I would be able to be in the army at that stage, there was

10:30 no provision given for married couples in the army. At least they make it a little bit easier these days, I understand, but no, it was never in my thoughts that I would continue, it would have been extraordinary if I had.

So after your marriage in Adelaide, you knew that Fred was being posted, and

11:00 **this must have gone on quite a lot with, were you prepared for that lifestyle of moving?**

Well I think if you go in with your eyes open, yeah, we moved I think eleven or thirteen times in eleven years or something like that so yes, we were quite used to that, but then I'd really moved a lot in the years prior to it so I wasn't locked into being a

11:30 South Australian, I was quite happy to be an Australian living anywhere. It's important to be able to make contact with my family and to see them every now and then, but I didn't feel I had to live really close to them. And yes, I knew that every couple of years he'd get a posting and we'd move on and I think the children knew that and understood that too, and we tried to make as much fun of it as we could, you know, 'What exciting new place are we going to?' and

12:00 I think the girls were reasonably well-adjusted about it.

When you were planning to have a family, when you had David and then the girls, what, how were you thinking that would impact with the army career, or were you thinking that as it did in fact turn out, that you could do both?

12:30 Well it shouldn't make any difference. I think probably what in those days, one member, and it was usually the wife, would have to forsake a lot of her career path. I mean I worked as a physio in orbit for four years since, you know, since we were

13:00 married but never in one place long enough to set up, say, a private practice that would become really lucrative because we would be, you know, we'd move in a couple of years so that, I suppose, moved me down a different career path being very much a generalist, being able to do anything. Not that that really worried me, but I think moving all the time does make it very difficult to,

13:30 for the other person who has no control over when you do move, to set up a reasonable profession. Probably easier these days but certainly then it was pretty well impossible. But every time we moved and the times I wanted to work, you know, we'd move, we'd get settled, get the children at school and then, you know, I'd look round for work, and I could usually find some, part-time, I haven't worked full-time for

14:00 a long time, because I wanted to give time to the children as well, but I've always managed to get some work.

Other than the natural upshot of having to move and so some career sacrifices being made, what's expected of an army wife?

Well, one thing, one thing I hated was being called an army

14:30 wife 'cause I said, "I am not an army wife, I am married to an army officer and that is it." The worst, I think the worst time was when he was at Staff College in Queenscliff and we had a very, very old-fashioned brigadier and his wife who really was an 'army wife', that was her profession. She was a very wonderful wife and she, now most of the students

15:00 would have been in their early thirties with young children and she persisted in having morning tea parties where you couldn't take the children and this was just so ludicrous, we had a four year old and two two year olds. Now there weren't many people that would baby-sit our children but not 'cause they were dreadful, but they'd hear that we had a four year old and two year old twins and they'd freak out and think, 'No way in the world.' So, you know, that, being

15:30 an army wife to that extent there, was crazy but I went to a few things but then I managed to do things with the children, it was good. When Fred was 2IC of the battalion in Brisbane, I guess it would have been more of an army wife role, I must admit I tried, and hopefully for some of the time

16:00 succeeded in being a friend to a lot of the subalterns' wives and that sort of thing. But I was shocked at one function, we'd all been getting on really well, and they were, one of the younger ones was calling me Mrs Fairhead, and I said, "For heaven's sake, don't call me Mrs Fairhead, my name's Dianne, call me Dianne or Di," you know, "that's who I am." And she looked at me and she said, "Oh no, I wouldn't do that 'cause tomorrow you might get, you might say that I have to call you Mrs Fairhead." And I

16:30 thought, 'You've obviously been somewhere a bit different 'cause I'm not going to change like that,' you know, sort of what you see is what you get. But that second year there was when David was in hospital and I don't think I was a very good army wife or wife or anything then so I guess that was a bit tricky. I probably wasn't the sort of army wife that makes generals but then Fred knew

17:00 I wasn't going to be pandering to other brigadiers' wives, have them for morning tea and that sort of thing, that's just not me. If that was the way he was going to progress, well he was quite happy not to, so we understood that.

I've heard a lot about this sort of army wife thing, whatever it is, and some people, it seems to become their entire life, their husband's career is,

17:30 **is their entire life?**

And I think probably, 'Well that's fine if that's their thing,' but it certainly wasn't mine. And I suppose in some ways a little bit of a cop-out saying, "No I can't do so and so 'cause I'm working," that makes it

easy. You can't be, I mean I was always willing to be involved in any supportive things that were needed but just socialising with a whole lot of women is just not my thing, I couldn't do that, and if that's what was needed

18:00 to, you know, increase career chances of a spouse, then I think the system is completely wrong, so I wasn't a party to it.

But the army did continue to play its own part in your life, and even once Fred had left suffering some post traumatic stress.

18:30 **It's not often that we have the opportunity and I don't want to take away from your interview by asking you about it, but we discussed previously that you wouldn't mind some questions about that. That this isn't something that just affects the person obviously, there are implications for the family. Could you tell me about the PTSD [Post-Traumatic Stress Disorder] from your perspective?**

Well I guess the main thing is that Fred became more and more

19:00 detached from the family. He's always been very self-contained but over the last few years I had thought that maybe he was unhappy in our relationship because he was so edgy all the time but then he'd say no it wasn't, it was work, work was really getting to him. And the things that were

19:30 getting to him were people making stupid decisions, you know, petty decisions, and it wasn't the big things that were worrying him it was people just doing stupid things and he was becoming more and more intolerant of other peoples' small failings. He was also, well he didn't really

20:00 talk much, he wouldn't talk much to the girls, we used to just think that he was getting, becoming a really grumpy old man and you know I'd say something to some of my friends and they'd say, "All men become," you know, "grumpy old men." And the girls'd, you know, they'd come in and say, "Is Dad in a good mood," you know, "can we talk to him about something?" 'cause sometimes it would be just not worthwhile. He just, it's not that he was never, he's never been an aggressive person, he would just shut off even more so that

20:30 it was like we were living in the same house but he was living down some pathway and the rest of us were somewhere else. It was interesting, Sarah, in the course of her research, was staying with some friends in Brisbane and this girl, actually this girl was in the army herself, but her father had been in the army and she started talking about her Dad who had been diagnosed with PTSD. And Sarah said she just sat there with her mouth

21:00 gaping open and said, "But you're talking about my father, that's my father, my father does that," or "he doesn't do that." Then I suppose ...

What sort of things was she talking about ...?

Well it was the inability to communicate, and the irritability, poor sleep. I mean, Fred wouldn't, he'd be up really early but be tired and he'd nod off every now and then and hated me organising anything, okay if he organised it, he'd do it. But it got to the point where I thought,

21:30 'Well it's not worth me organising any social outing 'cause he'll just, he'll either say, 'No,' and that was okay, but if he said, 'Yes,' he'll go along with a very ill-grace.' Once he was there he was always fine but he hated it if anyone else organised anything. And he was just, he was obviously not happy, but then I suppose that I found it very difficult to know because,

22:00 sure, Fred'd had the Vietnam experience but also losing a son is pretty devastating too, so it was always very hard to know what was the problem or was he just miserable with his lot. But it was, the girls and I just crept round on egg-shells, pretty much, making sure that we didn't make him, you know, get him any more agitated or cross.

How long did this last for?

Well I guess it's being going on for years

22:30 in retrospect, just getting worse and worse. But sometimes when things happen very, very slowly, you can't see that it's happening and it's only if you can somehow take a snapshot of how things were ten years ago and how things are now you can see the incredible difference. We'd just learned to, we'd learned to live with him. I mean we all love Fred and we were willing to move around so that we didn't aggravate

23:00 him, but it was obvious that we were modifying our lifestyle to an extent that was quite ridiculous in the end, just to make sure that we didn't aggravate Fred, I mean that wasn't good for them either. They, I mean he was funny, he'd answer the phone and grumpy as can be and, when the girls were both living at home you know. But people'd ring up and they wouldn't say who they were and he'd hand the phone out, "There's some nameless person on the phone," and so these fellows'd

23:30 you know, get to the phone and chat away and that was fine. Then every Boxing Day we have a big party, you know fifty, seventy people just come during the day, come in here, and their friends started coming and they'd meet Fred and they'd say, "You're actually quite a nice fellow when we get to see you

face to face," you know, "it's quite different, you sound so terrifying on the phone." And if you got him in a good mood, he's got a really good sense of humour, so he'd think that was funny. But then, you know, it would continue, that it

- 24:00 was almost like the phone was interrupting his life so why on earth would he have to answer it. So I guess it was wanting to be in control, and I understand that's part of, you know, the whole problem, when things are taken out of your control he just didn't like it. But it's been a lot easier the last year although I must admit I haven't coped with his rapid instant, at work full-
- 24:30 time to no work, that's been quite hard. It's not what we planned, not what you think your life's going to be like, you think there's going to be a gradual easing. And Fred would slip into some consultant work and that sort of thing 'cause he had a lot of skills there and knowledge that have just gone, that are pretty well wasted now, which I think is dreadful. But he's a much happier person, so that's good, that's really good, so we're all finding life
- 25:00 a little bit easier.

He mentioned in his interview that you had never threatened to leave him, but he felt that it certainly wasn't good for the relationship, that he was feeling that and that snapped him into a point of thinking, 'I've got to get some help.'

Well that's right, I had got to the point where I thought, 'Well if this is what life's going to be like for the next twenty years, I don't really think I

- 25:30 want it.' And I guess that would have been, that was after David died, 'cause I had this thought that everything'd be so much better after he died 'cause the seventeen years of him living in such a profoundly handicapped state was really horrific and I thought things would improve. And my great sadness was, when
- 26:00 he had died things didn't improve, they probably got worse, that's when I realised that there was something more going on here. Not that I really thought that it was PTSD, I just thought, you know, extremely miserable. And it was really when a friend of, an intelligence officer friend of Fred's who lives in Brisbane came down to visit us on his beautiful new motorbike, he wanted to take it for a spin, so he drove it to, rode it to Adelaide.
- 26:30 He came and we sat outside one summer's evening and talking about how his life was and the three of us were talking. And he said to Fred, "Mate, you need help." And Fred, 'Phhh,' and he went inside and then Roger and I talked for a bit longer and he said, "You really do need to get Fred to go and see a counsellor, I think it would be a really good idea." And I said, "Roger, if you can do it good on you, but there is no way in the world that I could tell
- 27:00 Fred that he needs to go and see a counsellor 'cause that would just trigger off heaven knows what." So I went to bed and they talked for quite a bit longer. I didn't say anything, but I was absolutely amazed a couple of months later when Fred said he had an appointment to go and see a counsellor, so that's when I guess he realised that he did have to do something about it. And also another friend, in fact one of the friends that he's played tennis with this morning, lovely Indian
- 27:30 fellow, went through a lot of, a huge amount of depression and he'd said to Fred that his life wouldn't have been worth living if he hadn't managed to go and talk to somebody and end up visiting a psychiatrist every now and then. And he'd sort of, I think that possibly had helped too, I don't know, but it had legitimised it a little bit more that here was this guy in a very, he was in a very high-powered position in Santos
- 28:00 at the time and he was willing to admit that he was, you know, needing help and had gone to get it. So Fred did and I'm eternally grateful that he did, and I think, yeah, I thought he was going quite well with the counselling and then suddenly he flipped his lid or something. I wasn't there at the time so I don't know the actual incident that happened but he, you know, one day he was busy working, the next day
- 28:30 he was off on sick-leave for two weeks and then six months and then a year and then retired, so it was all very dramatic really.
- How is that for the wife of the person, how do you cope with the sudden change, with the ups and downs?**
- I was, well I think if I hadn't had my work it would have been very hard, certainly for the first year at least. I've never known any
- 29:00 one to sleep as much as Fred did. Whether he, I understand that the medication was certainly encouraging that, but I also think sleep, and I'm guilty of it myself, you know, go to sleep and you can blot out what's happened, it's a way of surviving I think and I think he was catching up on a lot of times when he hadn't slept. He still doesn't sleep all that well,
- 29:30 but I think I would have been very frustrated, not because I thought he should be, 'cause I understand depression and all the things that he was going through, but to actually be in a house with somebody who is sleeping most of the time, when a week ago, or two months ago, you know he got up at six

o'clock in the morning was off to work and then got home at half past five, six o'clock, yes, it was a bit too dramatic.

30:00 So, but I think I'm better now. I wasn't, I think I've been, I hope I've been supportive to him, but it wasn't the way that I would choose to spend this part of our life, that's for sure.

Does it present some health problems for you in terms of your own state of mind because you're looking, you've been treading on egg-shells and then you're also living with and trying to keep an eye on,

30:30 **and so on, with someone who's severely traumatised. Is that, how's that for you?**

Oh, I think you do, to a certain extent, have to put your desires as second or, if you have children, third down the list and it is at some point you think, 'Well I think it's about time I looked after myself.'

31:00 I guess I've, survived and managed 'cause I have done things on my own. I play tennis and I get out and, you know, do that, or I'll go for a walk, I go to concerts and listen to live music, whereas Fred listens to music in there. We do quite a lot of things separately, so I guess I've had outlets but I've, I mean

31:30 I've been pretty down but I've, once again, knowing whether it was, how Fred was, or whether it was because of what happened to David, and that was something that one doesn't know, what sort of effect that has. And I think for me, I mean that's dreadful for any parent to lose a child, but to lose a child that is profoundly handicapped

32:00 and be a physio and not being able to do anything to help him, ever, was something where I had to really divide myself into sections where I got to the point where I suppose I was a bit fearful that I'd never really allow myself to feel things properly because it was all just a bit too painful, so I guess I became a bit

32:30 zombie-like with, in relation to how Fred was as well. I suppose it's just a matter of just getting through the day and if you can do that you've done pretty well. Because for years with David, while he was still quite young, it was, you know, if you got to the end of the day without making an absolute fool of yourself, it was a bit of a plus. And I guess having the girls helped that and the girls have been just amazing but they've been,

33:00 Sarah in particular is incredibly perceptive, and she, when she was in Canberra two, it might have been three years ago, she was doing some research in the War Memorial. She actually got into the pictorial, the videos of, she wanted to, she was doing other stuff but then she looked up Fred and me to see if she could get some footage 'cause she thought it'd be fun to bring it home. We didn't know about

33:30 that. Last year she actually, she got some and put it on video and did bring it home and set it all up for us and we'd been away on holidays and she left a message when we got home, "Just turn the video on, you'll get a surprise." So we turned it on and there was Fred giving a briefing in a rubber plantation somewhere. So that was pretty amazing but she said she'd also done it the year before but she didn't think Fred would've been able to cope with what he saw. I thought, "How did you know that?"

34:00 And I, you know, I hadn't realised that she had been so affected 'cause she'd probably been around, Anne had, I think Anne had left and was living somewhere else at the time so she hadn't seen. So they've been very tolerant and perceptive because they loved their Dad and no matter what, they're still his daughters.

A tough road for them as well, the loss of their brother ...

34:30 Oh, yeah.

and of course the upshots of the service.

Yeah, I think they're pretty amazing really. They were much more mature as young people than, certainly in the latter part of their school years, I think they probably found that they had sorted out priorities a lot earlier than a lot of other girls who just fuss about what they look like and what they,

35:00 what they wear. You know there were, this was just going on and they'd go and visit their brother, lying there, unable to do anything, you know, their beloved brother, so it sort of made them live in a place that no-one else could get to. But they're, I mean they would never, never do anything in a hospital, they knew that when they came to choose their profession, there was no way they were going to do anything.

35:30 But they've, they've been quite good, they've been, it's been very difficult for them to, or for all of us with David really to know when to grieve because if he'd died when he was six it would have been a lot easier, but for him to hang on in such a state for another seventeen years was very difficult. But when he did die, it was much, much better for the girls,

36:00 they could, you know, the old thing, is, it gives it closure, at least he's not there suffering any more, so that was good for them. But, oh sure their life would have been very different if he'd been around, but they learned that not everything goes your way and they learned that at a very early age. And so all the problems that they've come up against, they've coped with very well since, so they're pretty good people.

They have perspective.

They certainly

36:30 do, mmm, yeah.

As Fred improves with help and support, do his relationships with you, and the girls and his friends change at all?

Yes, yes, he's much more, he's much more willing to see the other point of view, which is really good. He's, he's much

37:00 more relaxed, he still gets pretty crabby and likes to be in control, but I think that's always been his personality anyway, but he's certainly a lot easier to get on with for all of us. Sarah still, because she's a fairly strong person, she still finds that she has to be a little bit careful sometimes, she sort of goes in a bit,

37:30 a bit Bolshie [Bolshevik - unco-operative] about things. Fred, the shutters come down for a little while but then he soon, he'll think about it and then he's okay. I mean often he still, when something's suggested and he obviously disagrees, or if I suggest we go and do something, he's still not mad keen to do something that he doesn't sort out but he'll usually think about it for a little while and then come back and

38:00 agree to do it if it's acceptable. He's, generally speaking, a lot easier to live with, yeah.

So you still have to be patient, but it may eventually end up in a reasonable assessment of your, what you're saying or what you've put forward?

Oh yes, yes, yes, he's much more logical I suppose really, yeah, and he's just willing to take other people's point

38:30 of view a bit more.

What's your outlook on the future? How do you, you said this got to a point, this PTSD, and his state of mind had got to such a point that you thought, 'This isn't how I want to spend the next ten or twenty years,' what do you think about the next ten or twenty years now?

Well I think they're looking a lot better.

39:00 I think we could hang in there. Yeah, I think I, at the point I said that, I think I just felt very, very alone. And being alone in a relationship is much worse than being alone, you know, just on your own, I think. Knowing that you're being shut out of that other person's life entirely is really, really difficult and that's what had happened.

39:30 It, I think it would take us a while to get back to where we were because that's years of, well I guess, very little communication really, so, I mean it's not perfect, but yeah, we're working on it. I think we're better than we were. And there's still enough other things about Fred that makes me want to, you know, stay with him,

40:00 that I wouldn't, it'd, yeah, well I mean I wouldn't even consider leaving now, and I don't have that feeling that, you know, 'If this is what it's going to be like, I don't want to be around for another twenty years.' I don't feel like that now.

Do you think the fact that you had been to Vietnam and you'd seen a lot of these young chaps coming in to triage and,

40:30 **and so on, and you saw that horror face to face yourself and knew that Fred was probably out there, you know, seeing men that he was commanding in states like that on the battlefield. Did that give you an empathy for him that perhaps somebody who hadn't been to see those things...?**

Oh I think inevitably it would, yes. I don't think, I don't think you could ever

41:00 possibly understand what it would be like unless you'd had, I mean I don't, I wouldn't say that I can understand, but I can go a little bit of the way towards understanding what it must have been like and I think it must help. I think for women who were living their normal life while their spouse was going through these horrors, it must be really, really difficult. It's just,

41:30 it really wouldn't matter how often you talked about it or people told you, you couldn't visualise what it would be like, so I, yeah, I think it probably has led me to be a lot more patient and accepting of it.

And in terms of you and, sorry, we'll just stop there.

- 00:26 **Dianne, that empathy that, or shared experience that may have helped you to understand where Fred was coming from leads me to ask the question, has that impacted on you at all, the Vietnam experience, has that left any legacy with you as, in your work there?**
- 01:00 I don't know, often think about it, I don't really know. I think the experience there has probably made me a little intolerant of people who fuss about the unimportant things in life, but then it was compounded so monumentally when David was first in hospital,
- 01:30 so I'm not sure. And they were, this was only sort of six, seven years difference, so it's hard to tell what it is, but I do find that I am, I can't be bothered with a lot of frippery and frivolity. I mean it's not that I don't like having fun but when people, some people, the most important thing is,
- 02:00 oh well I suppose at the moment we're trying to organise a wedding for one of our daughters, the one that's in America, Antarctica, and what she would like, and what I'd be happy with, is a sort of an overgrown family meal, which would be lovely, just with friends around, and that's what she wants. Well I have another friend who's had, and she's a very
- 02:30 dear friend of mine, but the fuss and the money that went into whether the tulle was right on the ceiling and the, oh just a whole lot of stuff that to me, okay, it probably is important to her, but it's not important to me. The people, the people's relationship is really, in the end, the only thing that's really important and
- 03:00 I'm not sure really whether it's my time in Vietnam, my feelings with David being in hospital and how he was for so long, or the fact that I'm still a rehab physio where I see people with such huge problems who are making a go of their life with great losses. And then you see other people wimping about unimportant stuff, so I'm
- 03:30 a bit intolerant, but I think that's probably the main thing. And on the positive side, I guess I know you know, I know what my priorities are, so I suppose that's a very positive thing really.

And your priorities are people?

Well, family and people you love and making, you know, looking after them, and I guess it's just reinforced that if we don't look after our families and our smaller community well then how on earth can we expect the broader community

- 04:00 and the country to be a decent place if we aren't willing to put ourselves out and look after those people close to us.

Often at the end of an interview we ask a question that I'd like to pose to you now because I think it's relevant to what you're talking about. Which is, if someone were watching this in fifty or a hundred or a hundred and fifty years time, what message would you like to be able to give to somebody who's in that position, because society

- 04:30 **may well have changed a lot in that time? You may find that values have shifted or, in one way or another and you have a particular take on the importance of certain things in life that I think's really valuable, if you ...**

Well I can't see that it would, the importance would be any different in a hundred and fifty years if we're still human beings. I think human beings need companionship, they need to be appreciated

- 05:00 and acknowledged by other people. Whether marriage is still around, whether there's that need to be monogamous, I don't know, but I think the need of one human being for another and in a family community environment will still be very important, and looking after each other is something that's incredibly important I think.

What's made for your successful family, given the

- 05:30 **adversities you've faced?**

Oh dear, I wish I knew. I guess an acceptance of, I think I might have said it earlier, there are some things that you just know that you can't change and you have to accept those and not dwell upon them even if they are really, really bad things.

- 06:00 You can't, I mean if I had a magic wand I would change things, but you don't have that, so you have to accept and make something positive out of it. Now if it's just an ability to see what's important in life or to decide yourself what's important for you to be happy or that you're, you know, that you have to look after your children better, well that's fine. But I think the acceptance

- 06:30 of what life has dealt you and getting on with it and turning it into a positive. Like, I mean people have said, "How on earth did you manage to move so many times with the children?" and I said, "But we just turn it into fun." If you start saying two months before a move, "Oh dear, we have to move again, oh dear, won't it be dreadful, you'll leave all of your friends and, you know, life's going to be so dreadful." But if we turned it into when they were quite young, "Oh wow, we're going to be moving to this new place and it's near

- 07:00 something and we'll be able to this, that and the other," they loved moving. And after we'd been in Canberra, the first, when we were living there, after three years, they were asking, "When are we moving, why aren't we moving, why are we living here so long?" So I think it's just taking and if you can change it, work like mad to change it, if you can't change it, accept it and turn it round to be some Pollyanna-ish type
- 07:30 positive if you can.
- You're still a very optimistic person.**
- Well, I don't, yes I suppose I am, I suppose I'm a very realistic, but I think there is always just a little bit there that you can turn around so that you can make life okay. I hope so, gosh, be dreadful if it wasn't.
- I'd like to share that optimism with you.**
- 08:00 My pleasure.
- Dianne, Vietnam must be almost a lifetime ago for you now, but how do you reflect on that war now, how does that sit with you, do you feel we should have had troops there, do you think that, how do you feel about the whole Vietnam situation?**
- 08:30 Well, no, I don't think any of us should have been there, no, we certainly should have, shouldn't have. I mean that was the beginning of doing what the U.S. President wanted to do as far as I can see and we're just doing it worse and worse now. But we didn't change anything by being there really, I can't see that we did. Maybe we changed society in our own countries but we didn't really change the outcome, we just dragged it on a bit longer for the Vietnamese
- 09:00 people. I guess it gave a lot of people a focus to decide what was right and what wasn't right in America and Australia mostly, a little bit in Europe, but I can't see ever that war can't ever be the way to sort things out. But then I think the people that make the decisions don't see the individuals and that's the thing. I think it's when you know
- 09:30 what's happened to the individuals and that the people on the other side are the same sort of individuals probably as you are here. I mean unless they are really, really evil, and there aren't all that many people around I'm sure that are really genuinely evil, there must be some other way to do it, don't know what though.
- How has that shaped your,**
- 10:00 **not only politics, but your broader view of war, later in life? Do you feel like that's had an impact on the way you feel now about ...?**
- Oh well, I just, I think it's horrific that there is a war anywhere. And once again I think, I guess the way I reacted, to my surprise, when I did go to
- 10:30 the War Memorial and the 'G for George' display, sound and light sort of display was on, dropping bombs. I have just recently had a lot of Eastern European patients at work and they were people that, and Germans, people that were absolutely devastated by the war in Europe, and to see them all these many years on
- 11:00 and seeing the effects that are still going on from a bomb that dropped on their town, their village, is just horrific. We can't really conceptualise when a war's on that for a whole generation there's going to be people's lives destroyed, some of them. But if they live, changed in such extraordinary ways, so I just can't see that sorting it out with a war,
- 11:30 killing the opposition, dropping bombs, collateral damage, any of that stuff.
- Well the concept of collateral damage is quite an interesting concept in itself?**
- Well, yeah, I mean that makes, takes the humanity out of it, makes it sound like it's not human beings being killed.
- And I'm sure that you were a caring and genuine person when you went to Vietnam, but**
- 12:00 **then once you know that Fred's out there and you're starting to fall in love with this man, and it adds an extra element of ..., 'Some patrol's been hit, is that him.' How can that sort of feeling be impressed upon the people who make the decisions to go to war, that ...?**
- The trouble is they're so divorced from the ground, you know, the ground level
- 12:30 stuff, I don't suppose it'll ever happen until it's their sons or daughters that are being involved. I mean we always say in the hospital business, what we want is the Minister for Health's mother, if you're working in aged care, to need a nursing home bed and they can't get a nursing home bed, maybe then things would change. Or if they, you know, want stroke rehab, for someone to have a stroke so they can see what it's really like, then they might change, but
- 13:00 that's fairytale land. That doesn't happen, because by the time, I mean well that could happen but as far

as the decisions for making wars, they're miles away from the people that would actually be killed or be collateral damage or be involved.

So you don't see the decisions makers as evil?

No. No, not evil,

- 13:30 I mean they're not bad, they think they're doing the right thing but they've just forgotten what the right thing is. Well they're doing it for political reasons and it's the right, I mean they're doing the right thing in some way, they're justifying it for political reasons or, mostly political reasons.

How has your career continued,

- 14:00 **you've kept your career up and to this day, with enormous pressures on your time and your strength. Can you tell us about your career over the past few years and your work?**

Well I think it's probably been my saving grace, 'cause I've always made a pact with myself that when I went to work

- 14:30 home problems would finish when I got to the door, the work door, and I'd give it a hundred percent while I was there. Which that, in a way, allows you to have a bit of time off from those problems, and then when I'd leave work, 'cause I mean, work in itself has enough problems, with, especially in rehab stuff, a lot of adjustments for lots of people. And then I'd start thinking about things when I left work, so that I could divide my energies and not

- 15:00 be completely exhausted all the time. I am generally tired most of the time but I sleep well, I've always been able to sleep. I think if I hadn't been able to sleep I would have gone stark raving mad but I really, I suppose I've always been a reasonable sleeper, but when David was first in hospital, I decided I was not gonna take the sleeping pills they kept offering me and just sort of worked out my own way of switching

- 15:30 my brain off, just reading and really focusing very hard on whatever I was reading and not allowing myself to think about the bad things that were happening, the nightmares, and hoping that I'd go to sleep and generally speaking I'd sleep, so if you can sleep, you can face the next day reasonably well. And I think certainly for a long time, not looking too far ahead was

- 16:00 the other thing, not, you know, not worrying about things too far away, just getting through today. Which is not very good for long-term planning but we've done a bit of long-term planning here and there, but mostly, I didn't realise that that's how we were living just sort of day-by-day. Until my brother-in-law was talking about their plans and his sort of

- 16:30 career plans and what everyone in the family was doing and I thought, 'God, you're so different to us, we don't live like that at all.' But then everyone doesn't have to be the same and we've survived, so it must have been okay for us.

Your life seems to have been spent from quite an early age, revolving around caring for people in one way or another?

Yeah, well I guess there are those that are fulfilled by doing that and

- 17:00 those that aren't. I enjoy it, I get a real kick out of seeing people improve with the skills that I can give them as far as work is concerned, yeah, I guess that's right and I wouldn't have it any other way. I hope when I stop working I can do, you know, carry on with something. I certainly don't want to go into all the bridge circles and that sort of thing around town, that's the sort of thing I,

- 17:30 I know it's really good friendship but to me it's not contributing greatly to society and I would like to be able to, you know, leave a mark somewhere.

Are you still planning on a day-to-day basis at the moment, or are you looking more long term now?

Oh no, we're having to do a bit, the last couple of years we've done a bit more planning, Fred certainly did a lot of planning for our trip to the U.S. to see Annie last year.

- 18:00 And this year we've got a few more things planned, oh yeah, we're much better now, yes, we're a bit more normal I think. Well we've got a, the wedding at the end of the year and my niece's wedding in Bali and, what else? I think that I'll work out this year, I might retire next year, I don't know, the patients are getting a little

- 18:30 bit close to my age so I think maybe it's time I retired. When they start coming in and are younger than me well then I'll know I'm in strife, seeing it's a geriatric place.

You'll have to ask them for a back adjustment one day. We'll just stop there for a moment. Dianne, is there anything else that you'd like to say on this record? Your

- 19:00 **input's been fantastic and your experience is very unusual and in this archive your contribution is going to be fantastic, is there anything else that you would like to add?**

Well just one thing, a bit of an aside I suppose, when I was involved in helping Honor Wilson write her book, Physiotherapist In War, I was amazed at the similarities of the,

19:30 the slowness of actually involving physiotherapists in treatment earlier. And then once again in Vietnam, I'm sure it won't happen again, I'm sure they are more part of a team, but if the whole Medical Corps is needed anywhere else, I hope that physios are part of the team straight up, without having to

20:00 slowly ease in and for successive people to think, 'Oh, I think there's someone missing here,' and then realising that it's a physio. But apart from that I don't think there's anything else.

It's an important role in the rehabilitation.

It's just in the team, you know, if you're going to have the team you should have them all, yes. But there was a bit of reluctance in the Second World War,

20:30 early on, 'cause there were quite a lot of physios. I think they were called something else initially, but there was some reluctance initially and it was sort of the same, and I was quite surprised that we reinvent the wheel far too often, it doesn't need to happen.

It's been a real pleasure talking to you today and thank you so much for your time and your contribution.

It's my pleasure and I hope it's, yeah I hope it is useful one day for somebody to see how life has been.

Definitely. Thanks very much Di, it's been great.

INTERVIEW ENDS