Three Wars, One Eventful Life

The Mobile Army Surgical Hospital was the last to evacuate the North Korean port of Hungnam just before Christmas 1950. American troops, bone tired and bloodied, were heading south to regroup after their epic battle with the Chinese at the Chosin Reservoir. The casualties were as staggering as the subzero cold. Still, “everything seemed all right,” a young soldier said, “as long as the nurses were here.”

This is a story about one of those nurses—one whose ancestors had fought for the United States in every war since 1775. During World War II, Barbara Jean Nichols helped build Boeing bombers. In 1950, she volunteered to go to Korea. And in Vietnam she won the Bronze Star for her extraordinary service.

It’s also a story about the servicewomen of all stripes and the riveting “Rosies” who changed society’s attitudes about the role of women. In her 95 years, Barbara Jean Nichols has seen it all. She was born just two years after the 19th Amendment was ratified, granting women the right to vote.

AT THE APEX of World War II, the Army Nurse Corps was 59,000 strong. Many of those intrepid young women were closer to the front lines than at any time since the Civil War. But as the Cold War began to boil in the summer of 1950, experienced nurses and combat-ready soldiers were in short supply. The former commander of the women’s branch of the U.S. Naval Reserve argued for a draft that didn’t exempt young women. “Protecting” service women from being sent overseas during World War II shortchanged the 300,000 who served their country with skill and valor, Mildred McAfee Horton wrote in *Ladies’ Home Journal*. That sense of “pseudo gallantry” led recruiters “across the length and breadth of the land to think they had to ‘glamorize’ the services as playgrounds for ‘cute’ girls.”
Barbara Jean Nichols, with her apple cheeks and tomboy grin, would be the first to admit she wasn’t the cheerleader type. Though barely 5 feet tall, she was a sturdy, self-sufficient young woman who loved her country. When the U.S. Cadet Nurse Corps was created by Congress in 1943, Nichols seized the opportunity. She left the Boeing assembly line and found her life’s work.

First Lieutenant Nichols turned 28 in the summer of 1950 as North Korean communist troops swarmed across the 38th Parallel dividing north from south. They seized Seoul and pushed U.N. troops to the outskirts of Pusan at the bottom of the peninsula. Nichols was one of the first Army nurses to arrive. The horrific wounds and suffering she saw haunt her still.

In Korea, some combat-area hospital units anesthetized their stress with alcohol-laced shenanigans. Nichols was no goody-goody, though she rarely drank anything stronger than ginger ale, didn’t smoke and never hijacked a jeep. What defined “Barb” was that she was a great nurse—knowledgeable, calm and efficient, with a reassuring smile and infectious laugh. Whenever she had a spare moment she worked with missionaries to help the children orphaned by the war. Their searching eyes went right to her heart. When she arrived in Vietnam in 1965, Nichols saw the same little faces; children thrilled to have a hug, a teddy bear or, better yet, shoes.

It’s hard to believe she’s now 95. Nichols exudes a spry self-confidence. Her memory for details is impressive, despite her claims to the contrary. She walks a mile with chums every
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One day at Panorama City, the sprawling retirement community in Lacey. One day not long ago she visited the Vietnam Veterans Memorial on the Capitol Campus at Olympia. Three burly guys wearing POW/MIA biker vests spotted the service ribbons on her cap. When they learned she was a retired lieutenant colonel in the Army Nurse Corps, it was selfie time. Nichols was one of the “angels” who’d held the hands of gravely wounded GI’s in the 8th Field Hospital at Nha Trang. In Korea, she had cared for the Baby Boomers’ dads and uncles.

Nichols is a skilled genealogist and the author of articles and a book about her fascinating family tree. Its roots are in England (traceable to the Scribners of Shropshire in the 1300s), Germany and Norway. In America, the branches reach from Massachusetts to Mukilteo, starting with a young Puritan who “but for providence” could have been lost at sea in 1620. John Howland was swept overboard as the hundred-foot Mayflower and its retching passengers plowed storm-tossed seas. According to one of the most reliable accounts, “Howland managed to grab hold of the topsail halyards, giving the crew enough time to rescue him with a boat-hook.” Howland became an influential citizen of the Plymouth Colony, begat 11 children and lived until the age of 80. Our decorated U.S. Army nurse and a remarkable array of other Americans are Howland descendants, including Mormon patriarch Joseph Smith, Humphrey Bogart, Alec Baldwin, both George Bushes, Franklin D. Roosevelt, Sarah Palin, and Benjamin Spock. Or as Barb puts it, “Isn’t that something? And that’s just on my mother’s line.”

Nichols’ seventh great-grandfather on her father’s line also arrived in Plymouth in the 1600s. She is a proud member of the Daughters of the American Revolution.

Fast forward to the 1850s and you’ll discover the Nichols clan as prosperous, pine-tree lumbermen in Onalaska, Wisconsin. They built a sawmill, acquired more and managed to survive ruinous fires and market downturns. By the 1890s, however, overcutting had depleted Wisconsin’s forests. The family branched out to Washington State and began manufacturing cedar shingles.

Bernard Nichols, Barb’s father, stayed behind. He was good with machinery. America was acquiring wheels, so he became an auto mechanic. Twenty-one in 1917 when the U.S. declared war on Germany, Bernard

Nichols with her parents when she returned from Korea. Nichols collection
Nichols signed up for the U.S. Army's fledgling Air Service and became a bombardier on the western front. The aviators in those plodding biplane bombers, top speed 104 mph, had no parachutes. Nor had the controls advanced much since Kitty Hawk. “The bombs were at his feet,” Nichols remembers her father saying. “He’d just pick one up and drop it over the side. One day he was thrown out of the plane when the landing gear hit a hole along the dirt runway. At the hospital, they slapped a plaster cast on his broken leg. Pretty soon it began to itch terribly. There was a tremendous problem with cooties—body lice—on the front lines during World War I. When they cut off the cast that’s what they found. We’d always say, ‘Tell us about the cooties, Daddy!’ ” That might have been the first clue Barb was nurse material.

After the war, her father married Esther Amick, an Iowa girl, and became a contractor. Barbara Jean was born on August 19, 1922, at Riverside, Calif. Her brother Robert arrived 18 months later. When the Depression hit, their father managed to hold onto a job selling Chevrolets. General Motors was especially resilient in promoting its lowest-priced models. Still, Bernard Nichols must have been a go-getter. Barb has the buttons he received for selling more than a hundred cars a year. “He always had his demonstrator, the latest model,” she remembers. “We’d go somewhere practically every weekend. Daddy bought a winged trailer with sides that unfolded. He was a very ingenious guy. He rigged up auxiliary power, so we had lights and a stove. Off we’d go, on a camping trip.” She loved hiking, all the more so when the family moved to Seattle after she completed grade school. At Queen Anne High School, she joined Rod ‘n’ Reel and the German Club. She loved history and science. Her stated ambition in her Class of 1940 yearbook entry was “to be a dietitian in the Mayo Hospital, Rochester, Minnesota.”

World War II changed all that.

AFTER SHE GRADUATED, the Nichols moved to Anchorage. Barb’s father had landed a job with the U.S. Army Corps of Engineers, building military installations. On December 7, 1941, she was starting out on a cross-country ski when she heard sirens wailing
incessantly in the distance. She rushed home. “It was hard to believe: Most of our fleet had been sunk at Pearl Harbor. Everyone said the Aleutian Islands were next, so all of the dependents had to leave Alaska. Our ship ran aground on the way back to Seattle and we ran out of food. When we finally arrived, everyone said the Japanese were going to invade along the Washington coast. Everyone installed ‘blackout’ shades on their windows. There were air-raid drills in all the schools. When I got to Boeing, security was tight and the roof of the factory was camouflaged to look like a normal neighborhood from the air.”

At 19, Barb Nichols donned coveralls, wrapped her short brown hair in a bandana and went to work for 72 cents an hour at Boeing’s mammoth factory along the east bank of the Duwamish Waterway. A year earlier, Boeing had 8,400 workers. Now there were 29,000 as the company accelerated production of the B-17 Flying Fortress, a sleek bomber bristling with machine-guns. “Boeing managers had long resisted the idea of hiring women for the production lines,” historian Polly Reed Myers wrote. All that changed “when it became clear that the number of men leaving jobs for the military was outweighing the number of women entering the work force.”

Nichols soon graduated from cabin upholsterer to nose installer. If the guys resented her, she says it never showed. Some became good friends. She was a quick learner, dexterous and a good sport—a “girl” to be sure but no pushover. Her job was to install the B-17’s Plexiglas nose. Chromate corrosion inhibitor was carefully applied glue-like
Barbara Nichols

all along its edges. Using a dolly, she’d push the nose piece into place, making sure the seal was tight. “Then I had to get inside and put the bolts through and tighten them all up.” It was harder than it looked if you did it right. In the spring of 1944, Nichols added her name to the fuselage of “Five Grand,” the 5,000th Boeing-built B-17. She was transferred to the production line for the new B-29 Superfortress, but that October she turned in her tools. She was going to be a nurse.

A strong-willed woman made it possible.

FRANCES PAYNE BOLTON, 55, was a staunch Republican isolationist when she succeeded her late husband as a member of Congress from Ohio’s 22nd District in 1940. She would serve fourteen more terms. While Franklin D. Roosevelt vowed to make America “the great arsenal of democracy,” Bolton opposed instituting a military draft and rejected the president’s Lend-Lease program to assist the beleaguered British. When Pearl Harbor plunged America into World War II, however, Bolton was all in.

Born into a wealthy Cleveland family, Bolton was a feminist who practiced yoga. She became interested in health care as a young woman. In the 1920s, her financial contributions funded one of the first university nursing schools in America at what is now Case Western Reserve University. To meet the need for wartime nurses, Bolton wrote and shepherded to unanimous passage the Bolton Act of 1943, which created the U.S. Cadet Nurse Corps. The legislation also reflected her strong civil-rights sensibilities, mandating that the corps be funded “without regard to race or ethnicity.” Earlier she had called for desegregation and gender equity in military nursing units, which were all all-white and all-female. The Bolton Act appropriated $160 million in federal funds to 1,125 nursing schools across the nation. “At the time, it was considered the largest experiment in federally subsidized education in the history of the United States,” historians at Case Western wrote. Over the next five years the Cadet Nurse Corps produced 124,065 graduates who would make an indelible mark on society:

The Corps united American nurses from diverse backgrounds to work for a common purpose. By 1945, 85 percent of all nursing students
in the country were Cadet Nurses, and the Corps’ funding represented more than half of the entire U.S. Public Health Service budget.

Nursing, Rep. Bolton declared, was the “number one service for women, not only in a time of war when hundreds of thousands of men’s lives depend upon nursing care, but also in peacetime—for the nurse is not only caring for the sick but also teaching health.” Introducing an unprecedented non-discriminatory clause, the Bolton Act opened up the nursing profession to all women between the ages of 17 to 35 who had completed high school and were in good health. For minority women in particular, the act was their best opportunity to not only receive a nursing education but also to respond to their country’s patriotic call to service at an urgent time in history. … All members of the U.S. Cadet Nurse Corps received tuition scholarships, monthly stipends and payment of all other education fees, including the cost of books and uniforms. The act [stipulated] only that they complete their education within 30 months and pledge themselves to serve in “military or essential civilian nursing throughout the war.”

To Barb Nichols, the Cadet Nurse Corps was a dream come true. “I would have had to get a loan to pay for college. The Nurse Corps would pay for everything! I liked science. I liked helping people. We were in the middle of a war and they needed nurses. It was an easy decision.” She raised her right hand and pledged: “I will keep my body strong, my mind alert, and my heart steadfast; I will be kind, tolerant, and understanding. Above all, I will dedicate myself now and forever to the triumph of life over death; As a Cadet nurse, I pledge to my country my service in essential nursing for the duration of the war.”

Besides books and uniforms, “we got $5 a month in spending money,” Nichols says, chuckling at the memory of how far $5 would go in 1944.

She took her training at Everett General Hospital and the city’s new junior col-
Barbara Nichols

College in a converted elementary school. “The Cadet Nurse Corps was a three-year program,” Barb recalls, “and I think it was much better hands-on training than student nurses get today. Our training was more in depth, in the classroom and on the hospital floor. We did intensive patient care, which they don’t do today. In the morning, we brought in toothbrushes, wash cloths, basins of water. The patient didn’t get out of bed. If they had to go to the bathroom we’d clean ‘em all up. After breakfast we’d change the bedsheets and turn them over. That’s when you’d do the back rub. The patient care routine was a morning and night ritual.”

Barbara Jean Nichols was the valedictorian of the nursing class of 1947 at Everett General Hospital. She was commissioned a second lieutenant in the U.S. Army Nurse Corps on December 2, 1948, and assigned to Madigan General Hospital at Fort Lewis. Madigan was a maze of corridors and wards, and a mile-and-a-half long. Nichols helped care for soldiers who had suffered terrible deprivations in Japanese POW camps.

At the outset of World War II, nurses who married had been discharged—“sometimes dishonorably, if their commanding officer so decreed.” The armed services’ attitudes toward females in uniform—spurred by manpower shortages and the exemplary performance of service women—had grown more enlightened by war’s end. Pregnancy, however, was still grounds for automatic discharge. While military nurses were not restricted to wartime service, WACS and WAVES were discharged by the thousands at war’s end.

The landmark Women’s Armed Services Integration Act of 1948—endorsed by General Eisenhower and leaders of the other armed services—empowered women to serve as permanent, regular members of the armed forces. * Two years later, the wisdom of that decision became clear.

* Mossbacks in Congress had stalled the legislation for three sessions. A Senate Committee grilled Rear Admiral Clifford Swanson on “the biological differences which might incapacitate women sailors.” Menstruation was hardly a handicap, the admiral said. As for menopause, “it is well known that men pass through the same physiological change with symptomatology closely resembling that of women.”
ON JUNE 28, 1950, Kim Il-sung’s North Korean People’s Army captured Seoul, steamrolling the outmanned South Koreans with Soviet tanks and lethal artillery. On the 5th of July, hard on the heels of the first U.S. infantry units, 57 nurses arrived in Korea. A dozen advanced to the front lines with the first Mobile Army Surgical Hospital—“MASH” for short.

First Lieutenant Nichols and 500 other nurses volunteered as reinforcements. When Nichols landed at Pusan on October 29, General MacArthur’s daring amphibious landing at Inchon had the communists on the run and the capital back in friendly hands. As South Korean forces advanced on the Yalu River along the Chinese border, the U.S. Army’s X Corps and 1st Marine Division arrived at the North Korean port of Wonsan along the Sea of Japan. Chairman Mao Zedong, fearful that the Americans had designs on overturning his communist revolution, sent hundreds of thousands of Chinese soldiers into battle.

Nichols was ordered to catch the night train to Seoul, then make her way “by any means possible, given the exigencies of war,” to join the 8055th MASH, which had pitched its tents somewhere along the 38th Parallel dividing the two Koreas.

“Supposedly it would be a short trip—only about 200 miles,” Nichols remembers, “except that a lot of the railroad bridges had been damaged and whole sections of track blown up. So instead of an overnight trip it took us several days to get to the capital,
which was in rubble.” The train chugged north past rivers of refugees, possessions strapped to backs or being pushed on makeshift carts. Seoul would change hands four times in three years of warfare.

“I reported for duty with the 8055th. Before long, however, I was informed they needed me more at Pusan, given my experience as a surgical nurse. So off I went, right back to where I’d landed—except that I got the measles and ended up on a hospital ship.” That they put her in isolation on the USS Consolation struck her as ironic. It was galling “as all get out” to be a hospitalized Army nurse in the middle of a war.

Before long, however, Nichols ended up at the U.S. Army’s 3rd Field Hospital, a collection of tents and Quonset Huts on the outskirts of Pusan. The medical staff consisted of three officers and 16 enlisted men. The 3rd would merge with the 14th Field Hospital and grow from 892 patients in the fly-infested summer of 1950 to 10,548 in the cold, dark first days of 1951—most of them prisoners of war.

After three months of 16-hour days, Nichols was named chief nurse for the 3rd Field Hospital. She also received a battlefield promotion. It had taken her only a little over two years to advance from a second lieutenant with a junior-college nursing degree to seasoned combat-theater captain.

Early in her nurse’s training, Nichols was gratified to discover she wasn’t squeamish. Compound fractures and bone-deep lacerations were taken in stride. None of that, however, prepared her for the battlefield casualties she saw in Korea: Sucking chest wounds, blackened frostbit toes that snapped right off, multiple traumatic amputations. Another nurse—one who’d seen the worst of World War II—wrote in her diary that “in all my 17 years of experience I’ve never seen such patients. Blind, or with legs, arms or buttocks blown off.” Nichols can’t shake the memory of one writhing, hollow-eyed GI who arrived on a litter. “A mortar hit him right here,” she remembers, pointing to the middle of her chest. “You could put your hand between the skin and the flesh and muscles, like you
do when you skin a chicken. On another day, they brought us a fella whose head was nearly severed. We practically had to hold it onto his neck. There was only one artery intact. We thought, ‘How could he still be alive?’ ‘He was airlifted to Japan. They never heard if he survived.’ ‘Honestly, I hope he didn’t,’ she says, voice husky with emotion, the italics hers. ‘When you’re doing your job as a nurse or doctor you have to stay calm. When it bothers you is later. It’s the memories that won’t go away. It catches up with you.’

THE MASH units early on didn’t even have X-Ray equipment. ‘We made do as best we could. We had to take off a patient’s dressings, wash them and put them on boards studded with nails to stretch and dry. We’d use them over and over and over. After they were washed and dried, we’d autoclave them to sterilize them. It actually worked.’

The nurses were well-organized scroungers. Conditions were so primitive that the medical teams developed a ‘we’re-all-in-it-together’ esprit de corps. Washing your undies in your helmet became almost fun. When the doctor draft kicked in that first winter, first-rate young physicians from top medical schools (think “Hawkeye” Pierce) arrived to augment the veteran Army doctors, though specialists were still in short supply. Nurses administered anesthesia. Nichols says she rarely encountered a military doctor who didn’t respect nurses. ‘We were all part of a team.’

Pushing 30, Nichols was the savvy big sister to younger nurses during her 19 months in Korea. In the war’s first months, the front lines were so fluid that nurses in MASH units and evacuation hospitals were “almost constantly under fire and on the move.” The rowdy reputation the 8055th accrued was based on events later in the war when the ground fighting was stalemated.* Even then, Nichols says the hijinks were exaggerated by Hollywood script writers. At first she wouldn’t watch “M*A*S*H” on TV because it was “so demeaning” to the nurses. ‘We didn’t have enough time for all that partying—we were so pooped from working long hours. Some days we worked all day and all night and all day the next day.” Everyone took “pep” pills to stay alert, Nichols says, yet she can’t recall anyone becoming addicted or selling drugs on the black market. “In Korea we had all the meds sitting out; big bottles of aspirin with codeine, just sitting there. Morphine syrettes. We all had ‘em in our pockets—enlisted and officers alike. That was never the case in Vietnam, and you wouldn’t dare do that today. Yet in Korea we had no problem.”

Treating the wounded was a relay race. The combat medics were the first responders, quickly doing triage if there were multiple casualties. ‘When the patients got

* One of the great stories about the 8055th—this one apparently true—concerns a young nurse dispatched to Seoul to “bring back as many sanitary napkins as possible” for the nurses in her MASH unit. ‘The getaway was doubling as a first date of sorts, with a handsome new doctor assigned to the unit.” At the check-out counter at the PX, she was surrounded by male soldiers. ‘And instead of sanitary napkins, stacked high in front of her were boxes and boxes of condoms—the result of an embarrassing translation error. …. ‘Where are you stationed?’ one GI quipped.’ Another said, ‘Are there more back there like you?’”
to us, usually by medevac since the roads were so primitive, we’d give them the best care we could and airlift them to a bigger facility if they needed more attention,” Nichols says. Antibiotics, anticoagulants and blood transfusions saved countless lives. The helicopters were a godsend.

Battlefield medicine had advanced dramatically in the five years since World War II, to say nothing of World War I, “when the journey from the trenches to the field hospital could take between 12 and 48 hours” and 8.1 percent of the wounded died. The World War II fatality rate for seriously wounded soldiers was 4.4 percent. In Korea “that number was cut almost in half, to 2.5 percent,” military historians note, thanks to the MASH units and airlifts. “The 8th Army surgeon estimated that of the 750 critically wounded soldiers evacuated on Feb. 20, 1951, half would have died if only ground transportation had been used.”

WITH THE 65th anniversary of the Korean Armistice looming in 2018, Nichols points to her experiences in the POW hospital as one of the seldom told stories of the war.

North Korean POWs were “often hysterical, defiant or rigid with fear because of propaganda that portrayed Americans as cruel and sadistic,” a history of servicewomen during the Korean War notes. Nurses at one evacuation hospital “placed postoperative patients in with the newly admitted” so they would see the quality of care. The nurses and doctors at the 3rd Field Hospital had to view their patients as patients, not the enemy, Barb
Nichols says, not that it was always easy. "If you’ve taken an oath to be a healer, you are first and foremost a health-care professional above prejudice. We did have a few enlisted men who were very bitter, and they did some terrible things to the prisoners. They wouldn’t do anything to help them. They were angry that we were taking care of our prisoners while the North Koreans and Chinese were not taking care of theirs."

Truth, as the old adage goes, is usually the first casualty in the fog of war. The notion that all of the Geneva Convention violations and atrocities of the Korean War were committed by the North Koreans and Chinese was categorically dispelled in 1999. A Pulitzer Prize-winning investigation by Associated Press reporters documented that U.S. troops machine-gunned 300 Korean refugees at a railway bridge early in the war. Foreign journalists who maintain the U.S. whitewashed its crimes say the American military used biological weapons during the war. Moreover, they assert that stories of American POWs being tortured and brainwashed ("The Manchurian Candidate") have been exaggerated.

Around 7,200 Americans were taken prisoner during the war, according to U.S. reports, and 2,806 died in captivity. Most of the casualties, according to critics of U.S. atrocity tales, occurred “during relocation marches and in the temporary camps run by the North Korean army and … some of this can be attributed to lack of food and medical care, which reflected the overall primitive and poor conditions of a country with little resources.”

Hogwash, U.S. veterans’ groups say. North Korea, with Stalin’s blessings, not to mention Soviet tanks and fighter jets, started the war. China jumped in “when we had their communist pal on the run.” Oral histories with American POWs are replete with harrowing accounts of death marches; airmen dying after being tortured with heated, sharpened bamboo sticks; of a mass execution with armor-piercing bullets at point-blank range; of wounded prisoners being denied medical care and “subjected to experimental monkey-gland operations.” Dysentery in the communist POW camps “became an ever-present problem, with no medical treatment available. Many of the POWs developed pneumonia.” In addition, “the captors took revenge for air raids by Americans during the [relocation] marches,” reportedly murdering 100 POWs in a train tunnel.

Thousands of North Korean soldiers taken prisoner claimed they had been conscripted practically on penalty of death. U.N. officials at Pusan tried to isolate them from the hard-core communists among the Chinese POWs, some of whom “would rather die in their tents than submit to western medical care.” Most of the POW patients Nichols saw were North Korean. “They’d say, ‘We’ve never had it so good!’ We gave them clothes, decent food and first-rate medical care. They were not treated like that in their own Army, that’s for sure. In addition to whatever injuries they had, they arrived at our hospital with TB, dysentery and tapeworms! Oh gosh it was terrible! I can still see the nurse anesthetist cringing: The surgeon would make an incision, and all of a sudden there’d be this scream. Tapeworms were coming out. Any time we opened them up, there they were. That’s why they had so much pain. It was so gross!”
BEYOND THE HOSPITAL compound was a world in heartbreaking chaos. Hundreds of thousands of the 5.8 million Korea civilians displaced by the war had taken refuge inside the Pusan Perimeter where U.N. forces were holding the line. Enterprising scavengers—young, old and in-between—the refugees fashioned lean-to’s from worn-out tarps, flattened cans and corrugated tin. One desolate hill was home to a colony of 2,000 half-starved children. A Marine wrote home that their “radiatorlike ribs” sapped his soul. A volunteer with the Christian Children’s Fund remembered:

These tiny innocents had their own special benefactors—grimy, dog-tired American soldiers. Using their entrenching tools, the GIs had dug foxholes on the mountainside for these homeless Korean kids. At night the little ones would slide into foxholes—each big enough for just one child—and cover themselves with a piece of cardboard made from a U.S. Army C-ration carton.

Whenever possible, the Army nurses and doctors provided medical care to the refugees and visited the rudimentary new orphanages. There were simply too many hun-
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gry, homeless people with a multitude of ailments. “The hardest part was the children,” Nichols remembers. By some estimates, a hundred-thousand were orphaned during the war: “You wanted to help them all. Their eyes melted your heart.” She scrounged medical supplies and began working with the missionaries. Nichols’ Christian faith is her lodestar.

When she wrote her parents in Everett, care packages began arriving. Barb’s niece, a youngster on San Juan Island, told the other kids about the orphans. Pretty soon packages were arriving from the Friday Harbor School. Another nurse wrote to Sears, Roebuck & Co., which responded with a load of children’s clothes. GI’s all over Korea were making appeals of their own and donating millions of dollars from their own puny pay.

By the end of her tour in Korea, Nichols was seeing the birth, literally, of a problem that would collide with Korea’s pride in racial purity and calcified aversion to illegitimacy: mixed-race children. There were perhaps 1,500 “GI babies.” Facilitating adoptions of those children would prove “a lot more challenging,” Nichols says. In Vietnam 14 years later she watched the problem grow exponentially. It was a lot longer war, with more opportunity for fraternization. “By some estimates, tens of thousands of American servicemen fathered children with Vietnamese women,” The New York Times reported in 2013.

THE PUSAN PERIMETER was no longer a virtual redoubt when Captain Nichols rotated back to the States in May of 1952. U.N. troops, with multi-pronged offensives by the U.S. Army, Navy, Air Force and Marines, were on the move. Dwight D. Eisenhower, now the Republican candidate for president, had vowed to go to Korea and bring the war “to an early and honorable end.” Nichols was back at Fort Lewis when the armistice took effect on July 27, 1953.

North of the demilitarized zone at the 38th Parallel, the misnamed Democratic People’s Republic of Korea would become Kim Il-sung’s fiefdom. The “Great Leader” and his subjects were doing pretty well until the struggling Soviet Union cut back its support in the Gorbachev era. South Korea, its infrastructure devastated, and with more than 2.5 million civilians dead or injured, struggled as a market-economy state with a succession of authoritarian governments. In the 1970s, however, it emerged as one of the Pacific Rim’s economic juggernauts.

The contrast today between north and south could be hardly more dramatic. Whenever Seoul, an ultra-modern metropolis of 10 million, appears on her Samsung TV, Nichols can hardly believe her eyes. And Pusan—Koreanized to “Busan”—is now the world’s fifth busiest seaport, with a population of 3.6 million. The Pusan she knew, with honey-bucket stench and kimchee fumes wafting through the air and refugees everywhere, was “pure culture shock” for a Seattle girl who’d never been overseas.

Looking back, Nichols says she never gave much thought to the politics of the Cold War before, during or after her 19 months in Korea—or the “Domino theory” that got us into the mess in Vietnam. “I was an Army nurse. I was there to patch people up.”
One thing Nichols knew for sure was that she wanted to stay in the Army. Thirty-one years old and single when she returned to Madigan General Hospital (“I never met Mr. Right, or at least he never met me”), she applied for and promptly received a regular Army commission at a time when thousands of reserve officers were being riffed. “Now I knew I was safe.”

When she was transferred to Fort Lawton at Seattle, Nichols enrolled in night-school at the University of Washington to work toward a four-year nursing degree. Bouncing around in the service, she eventually received her Bachelor of Science from the University of Minnesota. “I’m proud of that,” she says. “I didn’t have to do it, but it was important to me.”

She spent two wonderful years in Germany, exploring the country by car most every weekend, before returning to Fort Lewis. She headed an emergency team of nurses sent to Anchorage in 1964 after a massive earthquake killed 139.

MAJOR NICHOLS REPORTED for duty in her third war on January 10, 1965.

The 8th Field Hospital at Nha Trang, part of the 43rd Medical Group stationed at Fort Lewis, was the military’s first major medical center in Vietnam. When Nichols arrived at the teeming base 250 miles north of Saigon the first thing she noted was that the facilities were dramatically better.

“In our MASH units and field hospitals in Korea we had just a few leftovers from World War II,” Nichols remembers. “We had to improvise everything. It was very primitive. In Vietnam, we had new equipment and plenty of it from the states. Everything we needed. State-of-the-art operating rooms. We even had a Wangensteen suction device (for gastrointestinal surgery). In Korea, we had to use bottles to create a gastric siphon—Rube Goldberg stuff.”

Unfortunately, many of the wounds were worse. Vietnam amounted to a jungle war. Booby traps and mines were major components of the North Vietnamese arsenal. Thanks to medevacs and operating rooms overseen by the likes of Major Nichols, a GI’s chances of surviving a major injury, including multiple traumatic amputations, were much better than in Korea—though some who survived, armless and legless, told their nurses they wished they
had died. Most nurses internalized that stress, though some ducked into vacant rooms to cry their eyes out. It was hard to know the right thing to say. In the 1980s, long after she had retired, Nichols began hearing on TV about veterans with PTSD. “Hey,” she said to herself, “I have those symptoms too.”

The U.S. dumped more than 19 million gallons of herbicides on 4.5 million acres of Vietnam. The fallout is pernicious. Nichols has peripheral neuropathy, a nervous system malady related to Agent Orange exposure. At first, your fingers and toes tingle. Next your feet or hands feel like they’re on fire, especially at night. Thousands of other Vietnam veterans share her pain. They know a central truth about military nurses: They’re soldiers, too. Barbara Jean Nichols has a hundred percent combat disability. She’s exasperated and angry that the care she receives from the Veterans Administration is “just not very good.” She wishes she had a better doctor and wonders why veterans don’t deserve the best.

She pauses a moment, thinking of her father’s last days at the Veterans’ Hospital at American Lake in Pierce County while she was in Vietnam. He was active in the American Legion, proud to boast that his daughter was an Army nurse who’d just won the Bronze Star.

“If I feel as if I’m out here dangling, largely forgotten by the VA, well, I’m also lucky that my Social Security and combat disability pay for everything. Because I was an officer I always had a lot of privileges. I retired as a lieutenant colonel. I have a nice place to live—29 years at Panorama City, with friends and good neighbors. We walk the A Circle four times a day, which makes a mile. I’m OK. Hey, I’m 95!” She worries about the disabled sergeant with a wife and kids—and about the soldiers being sent to the Mideast time and again. “It isn’t right. We need the draft again. For women as well as men.”

Now and then, for special events, she dusts off her old uniform. “It’s a little snug,” she says with a proud little smile. “But I can still get into it.”

John C. Hughes