

Wisconsin Veterans Museum
Research Center

Transcript of an
Oral History Interview with
Helen Gurkow
Doctor, Army, Persian Gulf War
1995

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Gurkow, Helen Jean, (1926 -). Oral History Interview, 1995.

User Copy: 2 sound cassettes (ca. 104 min.); analog, 1 7/8 ips, mono.

Master Copy: 2 sound cassettes (ca. 104 min.); analog, 1 7/8 ips, mono.

Abstract

Helen Gurkow, a Lancaster, Wisconsin native, describes her service as a doctor in the Wisconsin National Guard in the Persian Gulf War. Gurkow discusses her pre-war life and education, obtaining her medical degree, and being the first woman to do surgical residence at Madison General Hospital. She tells of a 1979 letter from the State Medical Society of Wisconsin informing all doctors of the desperate need for medical staff in the Wisconsin National Guard. Gurkow says she volunteered and, within 24 hours, was contacted about entering the Guard, eventually entering as a lieutenant colonel in the 13th Evac Hospital in 1979. Expected to do histories and physicals and citing boredom, Gurkow was transferred to the 147th Aviation Attack Helicopter Unit at Truax Field as a flight surgeon. Gurkow speaks of her work at the Wisconsin Military Academy at Camp Douglas working under then Colonel James G. Blaney. She discusses her lack of formal training, saying she had been enlisted about six months before she learned to salute. Gurkow explains her eventual transfer back to the 13th Evac Hospital and later her deployment to Dhahran, Saudi Arabia with the unit. She tells of the active duty call up message on her answering machine, the rush to close her civilian life, and her ignorance in packing her duffle bag about what to take. Gurkow describes the fear she felt as the unit was attacked nightly with scud missiles and her claustrophobia in full protective gear. She relates that she discontinued taking the anti-nerve gas pill Prostigmine because of the side effects and talks about a pact made with a friend to leave the other behind if either was severely gassed. Gurkow describes various types of injuries she treated ranging from asthma attacks to severe combat injuries. She also explains that the two busiest doctors on staff were the orthopedic doctor because of sprains and the OB-GYN because of the numerous pregnancies. She relates in great detail enlisted combat women's health issues and how Iraqi male POWs would refuse medical treatment from a female doctor. She describes her twelve-hour shifts and the living conditions in the camp, addressing the social aspects of the unit such as the social isolation caused by the lack of a mess hall for gathering. She also addresses day-to-day living in terms of shelter, furnishings, hygiene, desert life, and rock collecting as recreation. On the eve of their return home, Gurkow describes a missile attack, citing her hip injury as the result of being thrown thirty feet in the air. Gurkow describes her homecoming, and how a post-war return to everyday life has been difficult due to suffering from Persian Gulf War Syndrome and psychological effects from her experience. After returning from the Persian Gulf, Gurkow tells of ending her military career and her position as Ohio State Surgeon. She ends by describing a recent cultural trip to Southeast Asia and reflects on the Vietnam War.

Biographical Sketch

Helen Gurkow, (1926-) served as a doctor with the 13th Evac Hospital Wisconsin National Guard Unit during the Persian Gulf War. Gurkow is a member of Disabled American Veterans and more recently traveled to Southeast Asia. She now lives in Middleton, Wisconsin.

Interviewed by Mark Van Ells, 1995.

Transcribed by Joanna D. Glen, Joseph Dillenburg, 2007.

Transcription edited by Brooke E. Perry Hoesli, WVM staff, 2008

Interview Transcript

Mark: Today's date is May 2, 1995. This is Mark Van Ells, Archivist, Wisconsin Veterans Museum, doing an oral history interview this afternoon with Dr. Helen Gurkow of Madison, our first veteran of the Persian Gulf conflict, very first one.

Gurkow: Well, thank you.

Mark: Thanks for stopping in. I suppose we should start the interview by having you tell me a little bit about how you got into, well first of all, where you were born and raised and how you got into medicine in the first place.

Gurkow: I was born and raised in Lancaster, Wisconsin. My father was in business there for about seventy years I think. Anyway, I was brought up in the grocery store and farm implement business and graduated from Lancaster High School. I went to the University of Illinois for undergraduate and decided to go into physiology and I wanted to do research. That was my ultimate aim. And then I came up to Madison and did my Ph.D., Masters and Ph.D. in the Anatomy Department of the Medical School and taught for a few years microscopic anatomy and anatomy of the brain. Then I decided that, well, I couldn't get enough research money - this was 1958 and there wasn't a lot of research money out there for Ph.D.'s and so I decided in order to get research money because my research at the time was enervation of striated muscle and to get research money I would have to have an M.D. So, I had a choice of through my professor, Dr. Bass with the Anatomy Department, he was famous and probably the world's most authority on the inner ear and the human ear. And, so he said I had a choice, I could go to Northwestern or Milwaukee Marquette. So I chose Marquette, got my medical degree there, came back to Madison. Always come back to Madison, you know. And did my internship at Madison General Hospital, which is now Meriter and was the first woman to do a surgical residency, which caused quite a stir. I did not do the entire residency, I did one year and it was great. And then I went out and solo GP in Platteville, WI and that was 1964 and I was there until 1987. And in 1979, the State Medical Society of Wisconsin sent a form letter around to all the doctors in the state saying that the National Guard was short of doctors. So, I thought, I talked to my office girl and I said, "This is a lark, I'm too old for this." But, I felt really up that morning and I took their little card and I wrote, "Have stethoscope, will travel. When you're desperate enough to ignore my age, call me." They were on my doorstep in twenty-four hours. And "Do you want to go to the Guard?" I didn't, I don't know how to do, I don't know anything about the military and be the last person that would ever be regimented, you know. So, anyway, I sort of got trapped and I waltzed in the military as a lieutenant colonel.

Mark: I see. I wanna come--I'll come back to that. I don't want to get too far off the subject, but this is something you touched on already and I was going to ask the question anyway. And that has to do with being a professional woman in the 1950's and 1960's. You must have been a rarity in your field at the time.

Gurkow: Yes. Yes. There was, there was one other woman. There was a woman over in Cuba City that was practicing medicine at the time. I sort of was the salmon you know, always going in the wrong direction. Although I talk to girls today and I think they're having more problems today, or at least they see more problems. I didn't see any problems. I didn't have any problems.

Mark: In terms of professional courtesy and respect and that sort of thing?

Gurkow: Right. I had no problems at all. None in Medical School, other than with a few residents and but--The attending physicians were always very, very nice. I can't say enough for Marquette and I can't say enough for the physicians I worked with at Madison General. I never felt any, any discrimination at all. But, of course, I avoided a lot of this when I got out in practice because I went solo.

Mark: I was going to ask, how did your patients?--by the time you got to that it was the mid 60's--

Gurkow: Well, I was very fortunate. I opened my own office and my mother was alive at the time and she was very nice. She said, "You know, I know you're going to open your office tomorrow," and she said "now do you have enough to do?" And I ran that office alone. I had no help because I couldn't afford any help when I came out. And I said, "Well, yes, I have things to do here." She said, "Well, you know, there's a lots of times in the wintertime I never sell anything in the store." You know because at that point they were all farm implements. She was trying to tell me not feel bad if I didn't get a patient. My first patient came in at 4:00 in the afternoon and I think I had a hell of a time collecting the bill from them, but at least I never went a day without a patient. I worked hard and I didn't have any problems because my name was known. My father had been in business already at that time since probably 1925 and so, this, you know, he'd been there for a long time and the name was known. So I did not have any problems in that way. And then it, it just gradually built up. So I did, I did have a lot, I still get notes from patients who, "The main reason I took my children to you, particularly my daughters, was I wanted them to see that they could do something." You know so I had a lot of that, but I guess I didn't realize it. I never even thought about it. I never gave a minute's time to that because I wasn't brought up that way. My father said, "You're a Gurkow, you can do it." And so that was the way I was raised.

Mark: Interesting. Going back to the military, as a doctor in the, was it National Guard or Reserve?

Gurkow: Yes, National Guard. 13th Evac Hospital.

Mark: What sort of basic training did you do? If you would describe your introduction and indoctrination into the military. Where did you learn to salute, or did you? Where did you learn to put on your uniform and all that sort of thing?

Gurkow: I did, I never did learn that. And unfortunately, (laughs)—well, you see when we came in, I should backtrack here. I, you know, sort of got trapped and come to find out when I got to the 13th Evac, which was out at Mendota at the time, there were five of us. There were four men and myself and I called us the Over-the-Hill-Bunch. And we came in and they were so glad to get doctors, and we were really eager, you know. We didn't know what went on in the military but, nobody taught us a thing. Because, they told us "Well, at your age you'll probably only get five years." And that was '79, you know, so by '84 I'd be gone because I was too old. And so, there wasn't anything until about 1980, about 1982 or 3, somebody said, "You know, you ought to be taking, what they call basic medical courses, military medical courses and advanced military medical courses and here they teach you all these things." Well, for some reason or another we didn't take them and they wavered the basic course for us and I think it was probably in about '80, '81, I did it, the advanced A-med course and so basically all we were doing at 13th EVAC was histories and physicals. That's really what they needed us for. And they really weren't interested in going to push us to do anything, well, there was nothing else to do. But, they wanted to keep us happy because that's what they needed the physicians for. And, but it got very boring. So in about 1982, Dr. Sharpe, who is from Waterloo, I never know if it's Watertown or Waterloo--the closest, closer one to Madison. Anyway, Dr. Sharpe said "Let's go be flight surgeons." And I said "Well, what's that?" And he says "Well, that's where we go and learn to fly helicopters and then we can be doctors to the aviators." I didn't tell him I was scared to death of the second rung of a ladder. I said, "OK" (laughs). So the state sent three of us down there and we did this seven week course in split segments so we wouldn't be away from our practice that long. So then I became a Flight Surgeon and was assigned to the 147th Aviation Attack Helicopter Unit over here at Truax. And was there for eight years. So, I really did not have any military training. Somewhere along the line, I think the first time we had annual training down at Ft. Leonard Wood, we had at that time, oh, he's right out of MASH I can't think of his name. Colonel Potter! We had a Colonel Potter. And Colonel Potter took me over in the corner and showed me how to salute. That was, (laughs) I didn't know how.

Mark: And you had been in how long now?

Gurkow: Probably a year. Maybe six months. Because I think I came in—it was annual training, it was in the spring, so probably had been in three to six months. And so somebody showed me how to put the things on my uniform and I took a Polaroid picture of him and every time I would change uniforms, I would go back to the picture to see where everything was, you know with the coin measurement and everything else. So it was difficult because we really didn't know, didn't get any training in that sense. So now I'm a flight surgeon with the attack helicopter unit and that was great sport because we--I didn't do a lot of hands on flying in aircraft but we got that training down at Ft. Rucker and that was really a fun thing to do. I thoroughly enjoyed those aviators. They're a special breed of people and really enjoyed that. Then every year we have annual training, as you well know, which is a two-week stint. And usually with the 13th EVAC Hospital, obviously we were a field hospital and it was supposed to go to the field. I think on the weekend they set the hospital up once and I decided I didn't like that. I kept saying, "Well, I'm not going to rough it. My idea of roughing it is Motel 6, window open, no air conditioning, black and white TV and a mile from a mall with a sale. I'm not going to do that." So somebody said, "Well, you know at that WMA, which is the Wisconsin Military Academy, they are always in need of a doctor." And I says "That sounds like a good deal." So I went up there and met the now General Blaney who was a Lieutenant Colonel at the time, no, a Colonel, a full-bird Colonel at the time. And he and I became friends and I helped him work with the students so that they wouldn't get injured in that two weeks because this was officer's candidate training.

Mark: This was up at Camp Douglas?

Gurkow: Camp Douglas, yes. So I did that for many, many years and Col. Blaney went on to become General Blaney now. But it, that was a busy, busy two weeks but it was a very rewarding two weeks because I would do something and I was productive. I still didn't get any military training. So there was one thing that they required, at 4:00 when they had the taking the flag down and all that and they had all the troops out in the field and they wanted all the staff to appear in dress uniform at different times and be there, so I came down and I was in my green skirt and green blouse, 'cause it was warm and I saw Col. Blaney nod to this young lady and she said, "Come on Colonel." I was a Lieutenant Colonel now. And took me off into a room. And she said, "Your boards aren't on right, and this pin isn't here." And so they changed all of this. And I came back out and thought, "One of these days I'll learn." I'm watching and not paying a lot of attention to what they were announcing and all of a sudden I hear my name. Instantly, there's Blaney on one side and I've forgotten who was on the other side, take my epaulets. And I said, "Oh, my God I'm so mis-dressed they're taking it off of me." Well, this was the best

kept secret. They promoted me to full-bird, out there. And that was very thrilling and very exciting. But everybody knew but me. But I still really don't know how to dress (laughs).

Mark: How was practicing medicine in the military different than in your civilian practice?

Gurkow: Well, we really don't practice medicine in the military, at least in the National Guard. We are there basically to do the physicals, the annual, the quad physicals. Every four years a soldier is supposed to have a complete physical. And so the 13th Evac mission there was to do all the physicals in the, of the state units. And so this was what our mission was, basically. So we never really practiced. The only time I really practiced was when I was at the Wisconsin Military Academy for that two weeks of annual training. And that was a lot because kids were getting hurt and we'd see blisters and sprained ankles and broken arms and things like that. And that really wasn't any difference. Because we had a TMC, Troop Medical Center, there and I had medics and we were on duty around the clock, so that was just like doing the emergency room at home, you know. So there was no difference there.

Mark: At the time the Gulf War broke out, do you recall where you were, what you were doing and all that sort of thing?

Gurkow: Oh yes. Well, I had decided early in '90 that I was getting a little bored with the aviation unit and I thought "Well, maybe I'll go back to the 13th". There were some medical students there and I had thought it would be kind of fun to work with the medical students and do a little military things along with some of their, allowing them to talk about what they're studying for their exams for and that would be kind of fun to do because I enjoy students. So I transferred back to the 13th Evac and I have a friend in the 13th Evac, Rosemary Salatki and she's a nurse. We've been friends since, really since I joined and Rosemary said, "Now do you have all your things straightened out, you know, I think we are going to be activated." I said, "Oh, Rosie, no way. There is no way they are going to take us." And so this is now July, August. Late August she said she wanted me to bring everything that you have to my house and I want to see what you got and I'm going to show you how to wear it. I said, "Rosemary, we're not, this is not necessary." She said, "Do it." So I did and I had my helmet and my web gear and I didn't know how to put any of this stuff on so ok, we went through it all and somebody was there and said, "Oh, I'm going to snap your picture." So I have a picture of me in my shorts and my two duffels and my helmet on. I said "that would be a great Christmas card, look at what the military missed." Well, unfortunately, it went out (laughs). "Oh my God, look at what's going!" You know (laughs). I was just totally dumbfounded. I was not there, I was not at home when the call came and I have a tape of it and I use that as an introduction to my slide show and this

man who reads the citation from the government scares the hell out of you. I mean, you know, “You bring everything you got and you will report...” You think the world’s coming to an end.

Mark: This is on your answering machine.

Gurkow: This is on my answering machine. Yes, yes. Very frightening.

Mark: When did you get this notice?

Gurkow: This came on the, I think this came on the 18th of November. And we were to report on the 21st. I’m not sure of those dates. I’d have to look those up again. But I think we had three or four days or something like that. And then we had a--maybe it was a week earlier, because I think the 21st we went to--I can’t say. It was around in there.

Mark: What you’ve described thus far is a very informal military situation.

Gurkow: It was.

Mark: Did this change after you got that telephone call? Did things suddenly start getting GI? Or, did things go on pretty much the same as before.

Gurkow: Pretty much the same. It was scary, because, you know, I’m trying to get all my things together and the first thing you do, we asked everybody after we got to McCoy, “What did you do right after you got the call.” I just sat there looking around thinking what am I going to do with things and what’s going to happen? One lady said she just went out and made cookies. Another lady said she went over in the corner and finished reading my book. Nobody wanted to deal with it right away. And I really didn’t know what to do either. So I did have a friend, one of my aviators that was out east, and I called and Jay had been on active duty and so I called Jay and said “What do I do?” He said “Put everything in storage.” I said “But they only said six months.” “Wrong answer, put it in storage.” Which was the right thing to do. So, my friend had to, Mary Rose had to put everything in storage after I was gone because I didn’t have time to do it. Have the movers come in and pack everything up. So but, the night that I packed up to report, fortunately, we had a week here in Madison which helped, but we still had to take everything that we owned military-wise to the 13th that Monday morning. And that Sunday night I’m packing and there is no way, I don’t know how to pack a duffel, I’d never packed a duffel, you know. And so I’m almost in tears because I said “My God, I’m going to war with two duffels and three garbage bags.” Well, I got over there and so was everybody else. I mean, we took, it took one little enlisted gal to show us how to pack the duffels and get everything in there. Yeah. But then what to take was a problem. I had no idea.

Mark: So you had to report at the--

Gurkow: We went to report at the 13th Evac Hospital for that first week.

Mark: This is up—

Gurkow: Which is in Mendota. Just out of Mendota. It's where we've had our unit for many years. It's now down at State Street, er, Wright Street, but it was out there for many, many years.

Mark: If you would describe for me your transportation overseas from the 13th to Saudi Arabia. How did you get from where to where and--

Gurkow: Well, We went first; first we were in Madison for a week. By bus we were taken to Ft. McCoy and we stayed there from the 21st of November until the 13th of January because they could not find our hospital. We had one of these inflatable-type hospitals and ours was not available and so we were sending people all over Europe and England trying to find one of those hospitals before they could ship us over. So then on the 13th of January they said "Today is a Go Day." And of course it was supposed to be a big secret. And I kept calling my friends at home and this one lady read the whole itinerary for me out of the newspaper. So, it was a big secret (laughs)! She knew more than I did. That sort of was the tendency from then on. We were, then they had a 747 come in to Volk Field, which is Camp Douglas and we went down to Camp Douglas and had our last supper and then we were waiting around to load and finally they said, "Back to McCoy, we are iced out." So, back to McCoy we went and of course we had cleared everything out. We didn't, you know, we just had our ruck sacks and everything else. So we stayed there overnight and started out again. So finally, the next day, the weather broke enough. It was still snowing when we left but we flew from here, from Madison to New York, and then we were delayed in New York for about, oh, six or eight hours because of the weather conditions. And from there flew to Rhine-Main and Frankfurt and went to the USO and had a cold shower and I said that it was the first time I ever flew first class in a 747 and wouldn't you know it, there wasn't any booze. Because we had, obviously, they weren't serving any but their excuse was weapons, you know. Well anyway, so then from Rhine-Main we went to Dhahran, Saudi Arabia. The airport was probably about 35 about 35 or 40 miles out. So and then it was--This, I think, was the first time we got to feel that "My God, this is not an annual training day."

Mark: Now, if my chronology is correct, you took off on the 14th or something?

Gurkow: Yes.

Mark: And by the time you got there, this is when the actual Desert Shield turned into Desert Storm if I'm not mistaken.

Gurkow: I don't know that. I don't know. Because I thought we were still Desert Shield up until the—I thought it was in February.

Mark: No, it was in January. January 15th was the big day, and then they waited a day or two before they started the air assault.

Gurkow: OK. 'Cause I didn't realize, I don't think that's the way I have it in my notes. That the air assault didn't start until later because they were, I do have it, that's going ahead of ourselves here, there was some--but they delayed the ground assault and they increased the air assaults because we didn't have medical supplies. Yeah.

Mark: So you landed at Dhahran and where were you eventually based?

Gurkow: Well then we were taken, we were taken to a huge apartment complex there, we called it, Khobar Towers actually was the name, but we named, I don't know where it got MGM, but that MGM. And it held, there were probably oh, maybe 20, 10-20 multi-storied apartment complexes and that's where we, we stayed there.

Mark: In Dhahran?

Gurkow: In Dhahran, yes. That's where we were scudded [attacked with Scud Missiles] for a whole week solid. Every night. It became--that was when we knew we were in a war. And sometimes I can't even talk about it unless crying because it was so frightening. It was so frightening. And of course we never knew what it was gonna—you know we were really worried about gas attacks, because we had been training. And that was—when we were up to for McCoy. All of a sudden it sort of hit home, you know. "God, this is, we can't just slough off on this gas mask training. We do really have to learn how to breathe in one of those things." And it wasn't easy, because I have claustrophobia with something close, you know. And, so what would happen, Saddam was really smart because he always scudded us at night. It was frightening enough anyway. And so you would just get ready to go to sleep, or you'd get to sleep and then about 10 or 11 o'clock you could faintly hear the sirens at the airport and then somebody would be driving around the compound with a loudspeaker and you know it was "SCUD ALERT, SCUD ALERT!" And so then we would get MOPP 4 [Mission Oriented Protective Posture, Level 4]. And MOPP 4 of course was everything. The, our chemical suit, boots, gas mask, helmet and gloves and this is what we were in MOPP 4. And unfortunately we were on the third floor and this building had terrazzo

stairs, and we for some reason, somebody, there is a lot of very intelligent people in the military, and they decided that maybe we wouldn't die as fast if we were on third floor, the first floor as if we were on third floor. Wait a minute I'm sorry we were on fifth floor. And we would die not as fast on third floor, ok. So that meant we had to get into MOPP 4, no lights and go down all these 8 flights of stairs, you know, to get downstairs, in the dark. And somebody's always dragging water along. Well, you know, this is just an accident waiting to happen. Well, unfortunately,--Well, fortunately the first thing that happened, we decided not to stay out in the hallway. So we rapped on the door and it was a bunch of aviators. And so of course I'm, they soon learned I was a flight surgeon and I no longer had to sleep on the floor. Because our apartments had no furniture, nothing, we sat on the floor, we slept on the floor, we ate on the floor, we did everything on the floor. But I had a cot very shortly after that. Well, anyway, we did this every night. A couple nights the while, I think for five hours, six hours we were in MOPP 4 in that, with that gas mask on. Very frightening.

Mark: Now, this is winter, but it's still fairly warm—

Gurkow: This is January. It's cold. It's cold. It was cool. We would still wear our field jackets and I had the silk long underwear. The silk stuff, you know the insulated stuff and I kept, I wore that and it was comfortable. And it would warm up, maybe around Noon, it would maybe get up sixty. But in January it was cold. It was cold, yeah. So we, we of course went through this scudding every night and as I say one night it was really bad, we must have gone downstairs at 2 o'clock and finally just fell asleep on the terrazzo floor 'cause then it started getting warm in the apartments, you know. So that was cooler in there. And survived that but then, I think it was probably, oh, towards the last part of the week, sure enough, somebody fell and fall and broke, and slipped on the stairs after somebody had dropped a bottle of water, and broke a wrist. And then we did not have to go downstairs anymore, which was kinda nice. So we got scudded again about 10 o'clock the next night and so, at this point you're a little slower in moving, you know. And in, there was a little porch off of our little tiny kitchen that had a cement latticework. And so you could look out, you can't see very much, but you could look out. So they had the Scud alert going and I looked out and I saw two red flares going up and I thought "what in the hell is going on?" Then all of a sudden there was this huge explosion, right over the building. Well a Patriot took a Scud out right over top of us and then all this tinkling of metal coming down (laughs). I made tracks real fast. Get that mask on you know. And this is the time we started taking Prostigmine. Which right now is the big question, is this causing us the problem?

Mark: This is the anti-nerve gas, nerve gas antidote?

Gurkow: Anti-nerve pill. Well, no. It's a pill to reduce the effects of Sarin.

Mark: Ok, I see. Ask a doctor (laughs).

Gurkow: Yeah (laughs). Well, interesting enough, we took it and of course it supposed to make you a little nauseated and give you a little diarrhea, neither of which you need, and I did notice walking around the compound—'cause I said to Rosemary, I said "Boy, I am so short of breath." And she said "Well, maybe it's because we're carrying all this stuff." And I said "I don't know, but jeez I hope I'm not going into heart failure." And I think that afternoon is when I decide, we talked it over and I said "Rosemary, I'm not gonna take this stuff anymore. I've taken enough of it and I think this is what's giving me all these symptoms. And anyway, if we're gassed," we made a pact, "if we're gassed and you come by seeing me—" 'Cause with a gas you would start vomiting in your mask and what the hell are they gonna do for you anyway? Nothing and if they did you'd end up as a vegetable anyway. So I said, "just keep on walking and forget it." So this is a pact that we made. And so, I don't think we were to take any more, much after that but I did stop taking it then. Then we started getting Scudded more and more and they decided that they better start getting troops outta there. They had about 20, 30 thousand troops in there. And they decided they better start dispersing them. So we were then told, which wasn't really well organized to say the least, we were told to be ready to go to the field within the next day or two. And so that afternoon, we had come back from a walk and word came to our area that they wanted volunteers to go. Well, obviously we weren't going to volunteer. And within an hour they said "Everybody goes." Well it's because communications, or lack thereof, we did lose a Lieutenant Colonel Nurse because she, nobody told her about it. And it was just, it was a real gaggle. We had to get everything ready, get our duffels downstairs and through those on the truck, and then we had to walk about two miles to a chinook helicopter and, there were four of them, and again there was no accountability by the way. So off we flew. Well, I don't know whether the pilots didn't know where to go or what, but they decided that it was getting dark and, see this was 4 o'clock so we obviously couldn't fly very long. And so they had to set down at night. And so I, we were at some refueling station, I can't remember the name of it right now. Anyway, we got out and of course nobody told us again where to go (laughs). And so, Rosemary was carrying the back rack and I decide that this bird [Colonel's rank insignia] has got to be useful some way. So some young man was directing traffic and I went over to him, and of course he was active duty and the bird worked. "What's the matter Colonel?" And I said "No one has told us where in the hell to go (pounds on table)." He says "C'mon, I'll take you." So he took the back—I said "And she can't carry that damn thing any longer." And so he took it and took us up to a huge tent where we were all being housed for the evening. So Rosemary and I and another officer had been-- we were in with a group of enlisted people at MGM and were having a

lot of fun with these kids so we decided to stay with them. So we got over with them in this big tent and the man came around, said “Now you don’t have to worry, we’ve never been Scudded out here. However, if one would come, over here at the edge of the tent, c’mere and I’ll show you, there is a hole.” And this hole went down under the tent. And they said “Now you just go right down in that hole and that will take you outside into a trench.” And I thought, “Oh, ok. Don’t have to worry, nothings happening.” Well we didn’t have too much in the line sleeping equipment of anything and it was cold. So Rosemary found two, found a garbage bag, so we both put our feet in the garbage bag. And two of the enlisted people took their turn at guarding our stuff, ‘cause there were many people in this tent and this soldier that had taken us there said “watch yourself in there.” So we’re trying to sleep and it’s really cold and then every alarm in the book went off. So here we are trying to get our gas masks on, of course mine fell out in getting up and my, I wear very heavy glasses, of course get, couldn’t see, couldn’t get my gas mask sealed. It was a disaster. Anyway, one of the enlisted people grabbed me and away we went down in this stupid hole and it was, it was slit trench, no wider than your shoulders and probably just a little deeper than I am tall. And I’m about 5’5”, 5’6”, so probably a six foot trench. And then you just lean against the wall and try to listen to, to concentrate on the valve of the gas mask that would flip as you inhaled and exhaled.

[End of Tape 1 Side A]

Gurkow: Well, that was, that was not nice, that was not nice at all. But anyway, Rosemary had all, she got a little anxiety attack there and we were able to calm her down. Because I was usually the one that they had, everybody usually had to spend their time on. So anyway we got through that.

Mark: Now was there an actual Scud or was this just another—

Gurkow: Well as far as we know, this is all, right now the military is denying, you see. And I, to get ahead of myself, I discharged soldiers from McCoy that swear that they have all the tapes, all the whistles went off, all their tapes [chemical agent detection tape, worn on the chemical suit] turned, that they were gassed. You know, so, but you can’t get the milit—can’t get the Pentagon yet to go along with this. But anyway, so the next morning they helicoptered us to another, in the Chinooks, to another area. And they couldn’t seem to quite land us at our own base. And that was sort of not well organized either, but we won’t go into that. Anyway, we were at this base for another night and then we managed to, by truck, to get to our campsite.

Mark: Which was where?

Gurkow: This was, our campsite was, there's a road that goes from Dhahran north and is called Tapline Road. So we were, and our camp was just about three miles off of this tap road and we were 35 miles west of Hafar al-Batin, and that's 35 miles south of the Iraqi border. And of course from what little I studied in the Advanced A-Med course, we were supposed to be behind the lines. I didn't think we were gonna be up in the first in the line, which we were at that point. And so that's where we set our hospital up there.

Mark: And if you would, describe this hospital to me.

Gurkow: Well we,--

Mark: You mentioned that it was kind of an inflatable kind of thing, I've actually seen that, but for those that haven't.

Gurkow: Yeah, they're a little difficult to handle, to describe. Well, first of all, our campsite was good mile square. And when we go there these GP Larges, which are 20 x 40 tents, there were quite a few of those up. There were two rows up and that's about all that was there because our tent had not arrived yet, I mean our hospital, I'm sorry. Our hospital had not arrived. So they just had the sleeping tents up. So when we got there of course then it was a matter of getting--we had there--the showers were up and that sort of thing. But no hospital, we did not get our hospital for another two weeks. And so we had at least two weeks there before we could start. Now this hospital comes in what they call milvans. And a milvan is probably like a freight car only half the size of a freight car. And it's metal and you open up the end and then you just pull out all the canvas and its lined and sealed so that—it sort of goes over what we called “dinosaur ribs.” And then it is well part of it's inflatable in the sense that it won't collapse if it gets a hole in it, that's not the idea. I think the “dinosaur ribs” now hold it now more than the inflation. I don't think it was inflatable. The only thing that we used was through the center of the tent was a big tube and that was our air conditioning. So it actually, inflatable is an incorrect description, it was metal struts and ribs that held it up. And it was lined of course; it had a plastic, plasticized floor, and very, very modern. We had all the equipment that you would need. And so we, the hospital would open up like that and you just literally pull it out and put the ribs in and then you can attach it in any design that you wanted. The OR [operating room], surgery area, the same thing, pull it out and in there were all the pans and the stuff sterile that you would use for an OR, same way for X-ray and the same way for laboratory. So everything is right there in a very compact unit. But obviously it's not mobile. So we weren't mobile.

Mark: And so after all the equipment arrived, what, what took place? Was it just a matter of getting everything all set up for the ground war? Did you know that was going to take place?

Gurkow: Yes, well we were told that the ground war was gonna be somewhere around the 15th, we figured that that's what it was going to be. And but the thing was to get the hospital there, get it up and get it functional. And I think we did not become functional until about the 12th or 13th of February because that's when we moved our—we did go to work right away and have a TMC, a sick call because troops were coming in from all over. It was very, very primitive but at least we could treat people and take care of the kids that were hurt or sick.

Mark: And what sort of problems did you experience at this point? I mean what happens to soldiers—

Gurkow: Well we had a lot of sore muscles because nobody had filled sandbags before and more driving. These kids in the transport companies were driving long hours and the military doesn't put springs in anything, you know, so these truck would hurt. And then you get off the Tapline Road which was the only blacktop road in Saudi, I think, it was the military supply roads which were just graded, just a graded area and then they became washboard instantly. And so it was rough riding. So we had sprains and lots of that type of thing. And then we started getting lots of asthmatic attacks. Kids that had not had asthma problems since they were children and some of them, in fact I'm just going through that now in my diary, and acute, recurrent asthmatic attacks, enough that we had to ship a lot of people home because of that.

Mark: And what do you suppose the cause of that was?

Gurkow: Oh, the sand. The sand and the dust over there, yeah, because it was just a—it wasn't, you know people get a wrong impression of what it was. It wasn't sandy, sandy beach. It was sand and rocks and then it would become almost like a mortar after you walked on it or it got a little wet. But yet that sand was always coming off of the top. And that was a problem at the hospital with our plastic flooring because the rocks kept coming up and then we're worrying about that cutting into the flooring. So you could never, ever scrape away all the rocks so that, that was just impossible. But our hospital, it took two or three days for them to erect the hospital and get that going. But then our big problem was water because, you know. And then they also had another hospital right alongside of us, so we had a 400 bed and then the 312th had 400 beds, so there, right at these two compounds there was 800 beds. Now the reason for this was, because we were 35 miles from the Iraqi border, the Army, the military had felt that they were going to have a real fire fight when they invaded Iraq. In other words, there'd be a big tank fight on the other side of the border and they were going to need these 800 beds for burn cases. And

fortunately it didn't turn out that way but that's why the two hospitals were there. So then the next thing was a water supply and it's amazing to think that the engineers were trying to tap for water, not oil and managed to do a good job of it. In fact, right across the road from us they managed to tap into a good well and then they piped the water to us in a plastic hose and so we were, because we were really concerned, we're ready to open the hospital and we had two 10,000 gallon bladders but our truck only held a thousand gallons of water. So you can imagine how many trips that truck is going to have to make to even keep it filled. Let alone—and we were running, and we would use, they figured we were using at least 10,000 a day, just with the six hundred or eight hundred people now in the unit, and then when we had hospital it was going to be even worse, so they had to get water to us. So we were fortunate to have that water supply. And in our area, I think they sucked dry about 8 wells.

Mark: So did, before your hospitals fully operational it took about how long?

Gurkow: Well we got, we went out there, I would say almost three weeks. Because we were out there the, about the 24th of February and we didn't open until around the 10th of February—January 24th to about the 10th or 12th of February before it became operational.

Mark: I see. Now I want to sort of change subjects here before we move on to the ground war. Get into some of the more social-type things. Describe for me if you would some of the other people in your unit, what sort of backgrounds did the other doctors come from, the enlisted view on how they got along with the doctors, where'd they come from and what sort of backgrounds. That sort of thing.

Gurkow: Ok, we had in the 13th Evac, as 13th Evac National Guard members there were about 13 doctors, some of them I didn't even know because they were at the different Det. Meds. [Medical Detachments], we had two dets, two units, one I think, I don't know where they were. They were out of town and there's a Dr. Gunther out of Milwaukee, I'd never met him before. And I'm trying to think of the psychiatrist's name. Come to find out I had him as a medical student, I can't remember his name right now (laughs). Dr. Klein, he's a psychiatrist and I found out that, he was one of my first classes that I taught when I was doing my Ph.D. And then we had Dr. Bayme, who was from out here at Hill—oh hill-something—Hillsborough. He was a flight surgeon with me over at 147th. Dr. Bryan, who was a pulmonologist, he was from here in town. And let's see—we had a young resident, anesthesiologist resident that they pulled out of his residency, which we won't go into that because that's a very unhappy situation. And then we had Dr. Colopy, which is an interesting story. Dr. Colopy in an orthoped from Milwaukee and (laughs) Dr. Colopy, the best way to describe him is he reminds you of sort of a little W. C. Fields. He kind

of walks that way and talks that way. And Dr. Colopy was enlisted in September and I think it was, he got a pretty good amount of money to come in, why he needed that, I don't know. Anyway, he had been in Vietnam but apparently not militarized at all and I don't think, I think he got out right after that (laughs). And I'm not sure, I think he was a doctor over there but I'm not really sure of that. But anyway, (laughs) Dr. Colopy got, he got in in September and lo and behold, is activated in November (laughs)--which did not set well with Colopy. So he became kind of a interesting—and everybody's, sort of the brunt behind his back type of thing but he turned out to be a good guy. One of the things that happened when we were in camp, the Bedouins were cleared out of the desert but they sort of came back when nothing happened and one morning one of the nurses got up and she said "You've just gotta go out and see what walked into our camp. There's a jackass out there." (Pounds on table) And so the girls ran out and the only thing they could see was Dr. Colopy coming down the road (laughs)! Well everybody thought that was one of the best stories of the 13th. Yes I think the unit, we had a good unit and especially our enlisted people. I think the enlisted people held that unit together much, much better than the officers did, for the simple reason because they are used to working and we sort of came there and did just our very little cubicle type of job and left, whereas the enlisted people had an ongoing continuation every time they came to drill. So I think it was probably to their, their credit that our unit was so good and, you know, there's a lot to maintaining a unit with that many people. Sanitation, for example, is just a big, big problem and you've got latrines and you've got garbage and you've got medical disposals. And I can't say enough for those people. We had the cleanest latrines of any base camp there and we had the smallest flies of any camp there. So again, I can't say enough for—and I enjoyed the enlisted people. I sort of, I think it was, the active duty people couldn't understand what this lady Colonel was always down in the mess hall, talking to the kids down in the mess hall and making the daily rounds to the different units but I enjoyed them and rather than with my colleagues which we didn't, you know, who wants to talk to a doctor all the time when you're a doctor? It was much more interesting talking to the enlisted people. I think there was good rapport.

Mark: So what did you do for fun?

Gurkow: Well,--

Mark: I assume you were busy, but you must have had some time off.

Gurkow: Yeah, but I didn't partake in the volleyball. They had a volleyball court, two volleyball courts and they had a baseball team. There really wasn't much to do for fun and we had a real problem with mail. We did get any mail from the time we left here in January until the 14th of February was the first mail we

got. And so this was really quite catastrophic for us. So I did a lot of letter writing and of course it wasn't until after that time that we started getting, oh, things from home, the paperbacks and things like that. I really couldn't get too interested in reading so that's why I wrote journals. I've got so many journals, that's why I'm trying to type it up because I'm gonna lose those little books. The little book fit in my pant pocket real easy and so I have a lot of those and I'm trying to get those so that they just don't get lost over the passage of time. Mainly writing and walking, we did, we walked the berm, the periphery of the camp. We periodically would venture out into the desert but the desert yet was quite formidable and quite frightening, sort of the moon type of thing because it was barren, you know there was just so desolate. And we had very, probably one of the nicer sites because our site sloped a little bit down into what they call a wadi, which would be an old, old river bed. And then it went up to some hills in the far distance, probably a mile or two away. Which we were told to flee to if we were over ran (laughs). Oh that would have been a joke. We finally did get to see the otherside, it was just plain land and sky on the other side too. You sort of became, the other bad thing about the 13th, we did not have a mess hall. And this I think was probably one of the things that reduced the camaraderie. We had no place to sit down, have a cup of coffee with you. Or when we went and got our food there was no place to go and eat but back to your own tent and your own area, so you had someplace to sit down and eat. So this was a very, very bad thing and I don't understand that, but then that's the commander's problem, not mine. But it was a problem.

Mark: Now I've interviewed quite a few World War II veterans and they describe a lot of drinking. Now you're in Saudi Arabia where you're not supposed to have any liquor in the first place, so I assume that wasn't a problem.

Gurkow: No, so of course I'm a teetotaler anyway. I mean I have a glass of wine once in awhile but it's not my ultimate thing. Where I was really personally got together with a couple of people and said "Look, we know so and so, and so and so, hits the bottle pretty hard and we don't want D.T.'s on the flight over." And so we managed to be sure we had some medication in case that happened but you know a good alcoholic never is without booze. I mean they know how to take it and how to keep it and if they've got any rank they have no problem, they will get it. And then if they had rank of course you could get over to Bahrain, the island there and officers were allowed over there and there was liquor there. Now I haven't any idea if there was any in the unit, I did hear one night that they had a wild party with absolute alcohol and somebody got damn sick and nearly died and since that is only hearsay, that's the way we have to leave it.

Mark: I resist using television and movie imagery in these interviews, but I, in this situation all I can think of is "Hawkeye" and "Trapper" and the still and all that sort of thing. And that wasn't your experience.

Gurkow: No, because there was none of that. Not that I've ever known of. And I'm sure, they can't keep that many secrets. There is no secrets kept there. And so it's, as far as I know there wasn't any of that. There was partying because 13th Evac is noted for its party. 13th Evac has always had the "Blackcat Bar" and in fact that's always set up at A.T. [Annual Training] before anything else. So the "Blackcat" was always there. And the 13th Evac was noted for their toga parties and they were wild party people (laughs). And so that was long before my time. That has carried over, so they had their parties, yeah.

Mark: Now in a medical unit I suppose you had a lot of men and women in the same unit?

Gurkow: Oh yes.

Mark: And you had to ship them overseas and put them in a combat zone together. Were there any problems with this or did it go fairly well?

Gurkow: As far as I know it went fairly well. And of course, you know, it makes a difference when you're a full-bird. Because you just don't, a lot of that stuff, it's only hearsay what you hear. I'm sure—I haven't any idea what some of the enlisted girls had gone through. I do know that some of the, I don't know if you want this on tape. Well you can wipe it out. I do think (laughs) there is a problem sending women into a war zone. And I think that the next, if they do it again, they better start thinking about the Nor implant [contraceptive implants] because our number, our number one busiest doctors were of course the orthopods, because the sprains and all that sort of thing, our number two busiest doctor was the GYN doctor, OB-GYN. And this is a real problem with women in the war zone. And plus you put women over there and get them out there, well you know your worrying about toxic shock syndrome, and all of this stuff when they don't have a chance to bathe and they're on the road all the time in some of those other units. It's one thing to be in a medical unit versus being a transfer, being a grunt or being in a transportation unit, that must have been real problems. So—'Cause I ran the sick call and it became a problem because we soon ran out of pregnancy tests and I think that some of the girls in these other units soon found out that that might be a way home, this just wasn't the best idea in the whole world. And so, then of course, (laughs) I had to go to the regs and see how they treat this. Well, it's rather interesting because what you'd have to do is, the regs say that she has to have missed three periods, she has to have a positive pregnancy test and then you have to determine the estimated due date and then you send it back to the commander. So then it's up to the commander, does he want to keep her? Does he want to send her home? Does he want to give her an Article 15 [Article 15 of the Uniform Code of Military Justice, Non-Judicial Punishments]? It's all up to him. But we had a lot of pregnancies. And when

I helped discharge soldiers at McCoy, that was the number one problem, some of these units came back all, practically all, 80% of the girls were pregnant. Which has never been dealt with, interesting enough with the military but I'm sure they don't want to take the flak from all the women lib, you know. Because this is a real problem and it's something that they're going to have to address, but the interesting part of it is, that pregnancy is a line of duty. Now a line of duty means the government will pay for it even though you're discharged. Which I thought was kind of interesting. I had to do a lot of research when I was at McCoy to find out how that was handled.

Mark: This is one of the things that makes the Gulf War unique, because even in Vietnam there were only 10,000 women total. Out of like 300,000.

Gurkow: Yes. And they weren't combat. You know, they were mostly in the medical, mostly in the medical.

Mark: Was pregnancy the biggest medical problem or were there? You mentioned toxic shock or—

Gurkow: Well we had a lot of vaginitis and this again was because of, I'm sure, their hygiene conditions and, toward the end when it was getting hot. Cause I would always worry about the—'cause you wanna remember, these girls are 18, 19, 20 years old. They're very, very young. And I'm not just too sure how well educated they were either, in street smarts, I guess that's the way I want to put it. And it was telling them "Look, now worry about toxic shock, I'm worried about toxic shock syndrome so be sure you can change your tampons and be sure you do all of that. And tell your friends, because I don't want you kids getting sick out there." 'Cause they could get sick 200 miles away and there'd be nobody there to take care of them. So it was a real problem and I really felt sorry for those girls because they had so much stuff to carry and drag around and I'm sure that they—It'd be interesting to talk to some of them, to see really what they had to put up with. I bet it wasn't the greatest, the greatest thing in the whole world.

Mark: Well, I'd like to get them in here eventually.

Gurkow: Yeah, I hope you can. I hope you can. Particularly, some of the girls that were in transportation units and unit where there weren't that many women because our unit for example the average age of the doctors was 58 and the average age of the nurses was around 45, so I mean this is not a bunch of kids. And of course we had lots of rank (laughs). I mean, these enlisted people would come to the TMC, you know, to my sick-call and they would just, their eyes would, particularly active duty, their eyes would just roll, they hadn't seen so much brass in their entire military career (laughs). Oh yeah, hell, Lieutenant Colonel and Colonels are a dime a dozen in this unit. But it, I

think I was told, now I wouldn't put this down in stone, but I think that our first surgical case was an entopic pregnancy. And we just, it was our OB-GYN man was busy. He was busy. So they're very important, if their gonna have women in a unit, or in the military, to be sure that they're well supplied with gynecologists.

Mark: Now, in the National Guard setting, I would imagine that there were probably a lot of husbands and wives? In the same unit?

Gurkow: We had one husband and wife in our unit. No, I guess, I will take that back, we had two, we had two in our unit. He was enlisted and she was a nurse. And then in the other one they were both enlisted. And they, but they were fairly high ranking, so there wasn't any problem there. But that was the only two and I don't know about any other unit. I would doubt in a non-medical unit—well, they could be enlisted, they could be enlisted.

Mark: Just a curiosity. Now as for the Saudis and other allies I suppose, did you have much contact with them when you were in Dhahran?

Gurkow: We had absolutely none. Absolutely none. I would say almost zero because I said I experienced the war, the climate, but not the culture. No some of our enlisted people that went out to buy on local economy were able to strike up some friendships with the men, but I'm telling you, this probably the only war that sperm, American sperm wasn't left over there, or produced anything because they'd have been killed. That's the way that society is. And, which is rather unique I think, I think this is very unique. When you stop and think of from World War Two on, or One on. And all the problems we've had over the rest of the world, this did not happen this time. And of course you couldn't see them anyway and they weren't usually out. I got into Hafar al Batin once. And I was able to go shopping in the little shops and they closed it off to the military the next day, but I got there and the women looked like, they looked like a little black pear because they have, they're totally encased in black with a little screen over their face, through this black chador. And the military called 'em "B.O.W.s," "Black Moving Objects." And they looked like little pears moving around and they would not talk to you, they would not talk to you at all.

Mark: I was gonna ask you, as a woman soldier over there you were kind of an oddity to the Saudis but you apparently didn't--[unintelligible]

Gurkow: No, see I didn't have that contact. And some of the girls that drove did. That was not my experience. I did have some problems when we got some POWs [Prisoners of War] in they didn't want a woman examining them, they didn't want a woman doctor, they didn't want a nurse examining them or a doctor examining them but through the interpreters it was that or die, you know, take

your choice. And so, didn't have that problem very long. That's hard for them.

Mark: We'll come back to that. Well actually I suppose it's time now. We left off, in the chronology we left off with the ground war about to begin. You had the hospital all set up.

Gurkow: We had the hospital set up but our problem was supplies and we didn't have supplies, and if you ever read the story which Gunther put out, Pullman from Milwaukee, that we were going to, we were making our saline solutions with our packages of salt. I can't believe anybody would believe that, but it got onto the first page, the front page of the Wall Street Journal. But no way were we going to do that (laughs). Anyway, I talked to somebody after the war was over, of high rank, and apparently I don't know the general, but he said "every morning we were briefed by the General. And every morning the general would say 'Do you have this and this for my soldiers?' And the comment was 'yes.'" And this man that I was talking to said, well he was physician, medical and he said "I was just laying for him. I was just waiting for him because I know he'd want everything for his soldiers and then the very last would be medical." And sure enough as the time goes on and on, it's medical. He says "do you have all this for the soldiers?" And he said "Hell no. We don't have I.V. solutions, we don't have this, we don't have this--" So it's my understanding from the rumors, that the ground war was delayed a full week and we had, I don't know, 10 or 12 of those C-131's, you know those big suckers, that did nothing but fly round the clock between Saudi and Germany to bring us back supplies. We would go to the MED SOM [Medical Supply, Optical and Maintenance Battalion], which is our supply unit and I would tease them. I'd say "Give me a grocery cart and just let me saunter through." "No way!" And "Do you have this?" "No." Well, after that week, they literally were chasing us as we drove out, "Don't you want this? Don't you want that?" Because they had so much stuff you know. And that's why it took, that was my idea of why they delayed the ground war. And then we were told we would know when the ground war would start because we were under 7th Corp and that's—well the 1st and 3rd Division, was going to come up and one go on either side of us and then right into Iraq. And of course we knew it was happening because, you know (laughs), of all of the haze in the sky and all of that. And we knew they were on the move. And I know I was on emergency room call for that twelve hour span and so—They were supposed to strike that night but something happened and it was delayed that night. So it was then the next night that the ground war started. And then of course when those troops went on either side of us they just kept going and then when they did, when they swung east to go farther in toward Baghdad and toward Kuwait actually, they met no resistance. And then by the time they started meeting resistance they were too far away to fly the wounded to us. So we got, we got a couple of people. Well, we got probably under a hundred of

our own and under a hundred POWs. I can't give you the right, the correct number because I don't have that, the unit has that. But I know we got a young man that was hit by friendly fire and then of course we had our local injuries. We had a lot of casualties on that Tapline Road. It was a two way, just a regular road, you know? What am I trying to say? A two-way road, blacktop. And it's solid, you have no idea of the equipment over there. I'm talking the barren desert and Cecil B. DeMille should have been there because there was traffic, lines of trucks going this way and this way and this way (laughs). It would have made fantastic movie because you can't imagine the equipment we had there. It was, it was just unbelievable. And, hmm, I lost my train of thought there.

Mark: Were there a lot of motor vehicle accidents?

Gurkow: Yes. Lot's of motor vehicle accidents. So on this Tapline Road or course its solid going both directions with military. And then you put the natives out there and they—I don't—the driver education, if they ever had it, is to the floorboard. And so then they'd just get out in the passing zone and you'd have no choice but off into the desert. I mean you had to get off the road because it was head on. And they don't ding anything, it's totaled, it's totaled. And that's how we would mark our turns, with the two vehicles or the one vehicle and they're all accordioned (laughs). But they were very dangerous because they just simply would, their little Toyotas would whip out and—So finally 7th Corp said “Absolutely no passing by military vehicles on that highway. We don't care what.” And of course then of course a wild camel would run across the road or one that somebody, their camel, and a truck would hit it.

[End of Tape 1 Side B]

Gurkow: --in to, off of this road and find some areas that were up and down and see how those Humvee's would take it, you know, if they would do like the Jeep. And see if they, how high they could fly off the top of one. And a lot of them ended up upside-down. So we had a lot of casualties, on highway casualties. So—

Mark: But in terms of combat casualties, you were apparently able to handle whatever had come your way.

Gurkow: Yeah, because it wasn't really—And everything that came our way had been treated. There are two units that roll with the troops, the Mashas [M.A.S.H. Mobile Army Surgical Hospital] and the Cashes [C.S.H. Combat Support Hospital]. And as I understand it, the Mashas were functional and they didn't even bother to open up the Cashes. The difference between the two is one,

and I'm not sure again, one just does treating and doesn't hold, they just keep going on and the next one can treat and hold for a few hours. But they do roll with the troops. Well, I did meet a gal that was with one of the Mashers and she said that they got lost because they kept moving too fast, they lost communication and everything out there. She said (laughs) it was just god-awful the night of the attack. And she was in that. Everything we got had been treated and that was the idea, that they would be treated by one, passed on to another and if they couldn't, if the soldier was not ever going to go back, you know, had to have more treatment, could not be put right back into the firing line, then it would come back and finally get to the 13th Evac and there we would do the same. Now we had holding facilities so that we could either hospitalize them, and obviously if we knew that it was just something that they could go back on duty with, or we would keep them. And then we had minimal care and if they were ambulatory they could go over to minimal care. And we did have quite a few troops that would go to minimal care because we were still practicing as civilian doctors and we would write "light duty." Well, there is no light duty when you're in war. There is no light duty. So then it was up to the soldier. "Now do you want to go to our minimal care?" Well the most common answer was "No way, because my unit is on the move and I'm gonna be with another unit." And the last thing you do want--don't want is to be uprooted from your companions because they're your whole support group. And that's very important, that's very important over there, was the support group. And this is something I don't think a lot of people understand between versus the Guard versus the Reserve. In the Reserve they can, they don't call up a unit, they don't have to call up a unit. They can just go in there and say "I want so and so, and so and so, and so and so." Whereas in the National Guard they must take the whole unit and then they don't fragment the unit. Now they did take the 44th General Hospital, which is a Reserve unit here, but they fragmented it in Germany. And so you never know who you're going to go with and you don't want to go with somebody you don't get along with, you want to go with your buddies. So at least in the 13th what they did then was fill in our vacancies with active duty people. So we got probably another thirteen doctors that were active duty doctors. To fill out our whole roster so that we had all the specialties.

Mark: As far as combat casualties were concerned, what did you see? Were there a lot of heavy, sort of really bad casualties or the light, ambulatory ones?

Gurkow: No, we saw the heavy stuff. This young man that came in that was shot, he had a groin wound and they were able to save his leg that night. And this was the first time we'd heard about this and the only—and we got the story because of his ranting and raving. And I think that's probably why he lived, because he was so damn mad (pounds on table) at this guy in this other personnel carrier that apparently went berserk and just opened up. Killed this kid's buddy.

Mark: Oh, this is a friendly fire—

Gurkow: Friendly fire. Yes. Apparently killed this kid's buddy. And—

Mark: A psychological case.

Gurkow: They think so. But this kid was so angry, because, number one, he killed his buddy, and number two, they finally had to kill him. They finally had to take him out because he just wouldn't stop firing on them. And so, and this kid was really quite badly hurt. So he was our—and then of course after we got him stabilized he was evacuated out immediately. And then they went down to Riyadh and right over to Germany. We were supposed to have, if the war got really bad, then they would have brought the aircraft up and used Tapline Road as a runway to evacuate directly from our hospital out to Germany, 'cause that's where they were gonna go.

Mark: Now the actual combat casualties started coming in how long after the ground war had started? A day or two?

Gurkow: Within a day. I would say 24 to 36 hours because see, they had been treated and it was just a matter then of moving them until they got, until they hit our place, evacuated 'em to us. Because they came in on helicopters.

Mark: I see. Now, there was a lot of armored warfare. I would imagine, what casualties there were, would there perhaps be a lot of burns?

Gurkow: Well, you see, they really didn't have the tank fights that we expected. At least our unit didn't get it. Now I don't know what they got, they might have gotten that stuff over in the Naval ships in the bay. I think they saw a lot more burn cases than we did. But I really don't think, it was so short that there wasn't any chance. And then I think he was enough, he took all his stuff and hid it.

Mark: Saddam Hussein did, yah.

Gurkow: Yeah, see, he took all his helicopters and all his aircraft and he stuck 'em over in Iran. The Air Force keep saying "Don't worry, there won't be any more Scuds. We've got all the Scuds sighted, launching sites destroyed." And the next night we'd get scudded more than we did the night before. So you know-- (laughs). So much for P.R. [Public Relations]

Mark: The prisoners, now you mentioned you had some Iraqi prisoners, could you perhaps describe your impressions of them. Did you get any sense of their conditions, their moral, etcetera, etcetera?

Gurkow: Well, there's no way of getting, of understanding that. The interesting thing was we got two in at the same time, were both evaced in and they were—one was a Republican Guard member, tall, very well health, robust young man and the 16 year old boy, who was just one of the ground troops and this kid was just so emaciated. You could tell that the elite did very well and these other kids were just gun fodder. It was interesting to see 'cause the one thing this kid—our interpreters—'cause we were concerned. We had no security except what we provided for ourselves, again which is something we should have had but we didn't. And our kids were so trusting, my gosh, some of us got a little concerned and went to the—we had three people there that were our translators—and said look, what do we have to be worried about? Because they could grab a gun and kill everybody there before our kids would even know what hit 'em. And so the interpreters said, well you don't have to worry about that kid because he's so glad to get something to eat (laughs) that he's not going to do anything to stop that flow of food. But the Republican Guard is more apt to kill himself—because he was captured. But then I talked to some of the kids, or some of the young men that were guards for a camp nearby that had a lot of POWs and that was a real problem, that was a real problem.

Mark: In terms of sanitation?

Gurkow: No. In terms of sanitation, in terms of rioting, and well it was a real problem because these people were—they were giving up—why not? They wanted a meal, that's all they were interested in is a meal.

Mark: So, the actual ground war didn't last too long. When did you leave Saudi Arabia? What happened in between the end of the ground war and your leaving?

Gurkow: Well, we kept our hospital open until the 8th of March. And we were getting patient—we never had very many patients but we were seeing a lot of out patient stuff and emergency room stuff. And the 8th of March they were told to disband the hospital and so they tore it down. And we, of course, we thought we'd go home in two weeks and we sat there until the first of May. Because somewhere or the other they couldn't find a seat for us. They couldn't find us a way. Here a million dollar unit is sitting in the desert for six weeks again—of course they did that six weeks up at McCoy too. All because they just—it certainly didn't use the medical personnel efficiently. There's no reason to have high powered cardiovascular surgeons, neurosurgeons and all these high powered people sitting out in the desert doing not one damn thing (pounding) for six weeks. I mean, you know this is ridiculous.

Mark: And so what's going on at this time?

Gurkow: Well we're just bored silly. So what we did, they said "well of course these units have got to have physicals." Now we're back to the physical thing again. You gotta have a physical before they can leave the desert. We had nothing to do physicals with. So "Well, you gotta do what you can do." So we went around to different units because no Guardsman could go back without a physical. So they got a half-assed physical. And then if the—we discharged 'em—when I was on duty at McCoy, then we finished up their physical. I don't think Active Duty did a very good job. It was very interesting, you know, they touted "now you're active duty, you're active duty" when they activated us. Well then when we got to Saudi, "You're Active Duty, Guard." I mean—you know there was a distinction because active duty did not really accept active duty guard, because we are laid back but we're much better trained than they were. And I thought that our enthusiasm and devotion to duty was a lot, lot better; a lot less goofing off with our group. And we had active duty people in, in term of enlisted and they were great at knowing how to get out of things. So I really—but I think there was a little roughness there between the two because of the fact that we were not active duty. But interesting thing that you haven't asked me was the day to day living. And I think this is probably the most difficult part of it. Now my tent, I was in a tent, a GP Large which was 20 feet by 40 and I had a corner, it was down in the corner, and I had about a six foot square. And Rosemary had her cot next to mine and what we did was--we had this little cardboard box for a table. I still can't throw boxes away, by the way, because there's gonna be a use for that little box. These things became so valuable when we got there. 'Cause we didn't know what to bring. And so when we were setting up the hospital then of course we're out scavenging and the deal was, if anything sat there for 24 hours it was fair game, you could take it. And so you're out trying to get, scavenging for anything that you could use and well the MREs [Meal, Ready to Eat], military ready to eat meals, prepared meals came in a box probably, oh maybe 24 by 12. And it was in, it was a slide in box, you know what I'm talking about?—envelope, envelope, ok—so you cut the end out of that and that's a nice drawer, 'cause it would slide out. Then the thing was to find another big box to insert your three or four MRE boxes and then you had a dresser, you see, you had a little dresser that you could haul your drawers in that. And then I found a big box and that was a table. And you cut a hole in the other end and then you store your food under that. Well, then we had nothing but a sand floor. Well, on one of my meanderings I found this huge piece of paper, it was like a huge envelope, and that thing must have been about three feet wide and about six feet long. So I managed to drag that back to my tent, and then I carefully dissected it. And I found out there was six layers of heavy sheets of wrapping paper and the very center, it was plastic. So opened that all up and I laid that down and see that covered my six foot square. I had a floor. Put the paper down underneath and laid the plastic on top. So I said "Rosemary, we have to find another one of those." And so I managed to scout around and then I go a hold of the kids on the garbage, I said

“if you see one of those, bring it.” Well, they brought us two, so that we had one for hers and one in the middle. So then we could at least get out on plastic. And that of course attracted sand all the time. So that was, our living quarters were a problem. When we first got there we had clotheslines and can you believe it, there were only two people in the unit that even thought about clothespins. Clothespins were worth a million dollars a piece. I mean it was unbelievable (laughs). We had no pans or anything to do our laundry in. Our laundry the entire time there was done squatting over a basin of cold water. You did everything by hand. The only good thing about it is, when it warmed up you didn’t have to wring anything out. All you had to do was be able to lift it up and throw it over the line because within two hours it was dry. So now, and we had our cots in there in our tent—and our cots—when we first got there we had of course no electricity. And then we got one bulb and then I think we got two, one on either end, or one in the middle and one on either end. And then I was on emergency room when one of our electricians got hurt, and so I managed to tape him up and telling him “Now you know, really”—I’m taping his ribs up and doing everything, I says “you know, really row 1 tent 4 is in dire need of another light.” And so I get off twelve hours later and there was another light. So then we could plug in our little hot pots and heat our water. Now our tents were heated by little fuel burners, little oil heaters. Little oil heaters which we would throw our food on. There was one in each tent and the can of oil was outside and then you know at least that took—‘cause it was very cold out there in January, February. In fact one morning we got up there was frost on the tent. And it was very cold and very dark, very dark at night. So then we had our showers, and I don’t think in my life I will ever forget how cold a cold shower can be. It numbs your head. Oh god that water was cold! At first we just had the shower stalls, in fact our shower stalls was probably the only place we could close a door and have any privacy. Everything else was wide open. At first we had the shower stalls and then we went—and of course the tent all around it and then they got a little nicer in there. They got a little gravel on the floor and all that, and sinks over on the one side and, but they never were truly enclosed. So at the top there was, they were always open. And when the wind blows, hooo, that air would come down through there. And try to dry off and shiver at the same time is not an easy feat to do. And (laughs) then of course you had to wash your hair because you had to get wet and turn off the water, and then you soap up, clean yourself and then you turn the water on to rinse because you had to save water all the time. So obviously you had to wash your hair every time you did it. So you were lucky to get back to your tent not having your hair full of sand, because of the wind blowing. Now of course that was always a problem, was the wind blowing. This, we would get a sandstorm probably about every six to seven days. And the first one came, probably within a week after we got there. And it was so frightening because everything turned orange. It just—in the middle of the afternoon it turned orange and dark. You don’t see and inch

in front of you when that storm really gets going. And they were very frightening. I got pictures of that.

Mark: Did these sandstorms affect the medical operations? Did the sand get into your sterilization—

Gurkow: Yah, I'm sure we would have had trouble with that as time went on because we kept it pretty well wrapped and under plastic until we used it but, yeah, you're not going to keep that out. So we had—this was true, of course this is true of any military situation, you never close a wound. You don't close anything. Everything has to heal by what we call secondary intent. It just has to grow shut, because if you close it up your chances of infection go up 85%. I mean there's just no way you're gonna close anything. So even on the abd— You would close up, of course, the abdomen and muscle layer but then you'd leave the fat layer on the skin open because otherwise you're gonna get an infection. The other thing I forgot to tell you about of course is our latrines. And they were always a quarter mile away and so we would joke you know. Of course I'm a little old lady. I turned 65 two days before the ground war started. So I don't know how many other little old ladies can say that that's where they spent their sixty-fifth birthday (laughs). And I think it's really interesting too, I had, they were very nice about it. Rosemary had got them to save all the Twinkies, they were local but they were like a Twinkie. And they saved all of those and somebody had some frosting, put that on over the Twinkies and then they used M&Ms. And that was my birthday cake. And then I got all these nice food presents, you know always food. But I think the best was, one of my aviators, Jim Kerner and his wife, had sent an envelope along for Rosemary to give to me on my birthday and it was to apply for Medicare (laughs). So I thought, jeez, I'm gonna send that in postage free. I did that. I thought that was funny. Anyway, we always would joke about “Yeah, you know our latrines a quarter of a mile away. You've gotta have good sphincter control.” And so (laughs) we'd get out to the latrine. And of course they were four-holers, and we joking said we became “seat bangers” because the thing that you did was you walk in, and you would, you'd kick the front of the seat, you'd kick that and then you'd bang the seat a couple of times so that if there were any scorpions or spiders anything you hope to hell they dropped off. And then of course we had to go everywhere with our helmet and our gas mask. And I want you to know that the hole is smaller than the helmet. 'Cause a couple of times mine flipped (laughs) and I would have lost it if that hole had been any bigger. It's amazing how much time survival involves. And it was basic survival, just basic survival.

Mark: You mean in terms of—

Gurkow: The time it took. It took you all day. I mean your talking going to the johns gonna take you half an hour, by the time you get there, by the time you get

back it'll take you half an hour. And do laundry, it's gonna take you all day to do laundry because everything in at the pan, you gotta carry it—but then of course you've got nothing else to do anyway. And particularly after—And then, you see, it didn't warm up until the middle of March. It started warming up and then the desert, all the desert flowers came out. And I think, we couldn't figure out after we started—then we started walking in the desert. And these little belly flowers, they were so pretty. The desert started then to be alive and not dead to us. And I'll never forget the first time we were walking in the desert and all of a sudden I just turned to Rosemary and I went “shhh.” And she said “what's the matter?” I said, “I hear a bird!” I don't think I had heard a bird before. So you know there is life in the desert but we were, of course, we were so afraid of it. So then we would go out in the desert and do a lot of walking in the desert. You could see—Interesting enough there were no cactus plants there. All you had to do was scrape back the sand and it was wet, so it was really too wet for that sort of thing. But very interesting rock formation out there and so we collected rocks. And everybody in the unit I think collected rocks. And the worst thing you had to do at then end of the day was decide which rocks you were gonna throw away. I kinda averaged it out with—actually there were 300 people in our unit and I would sat that we all brought home at minimum five pounds of rocks. So we had (laughs) a big flight full of rocks!

Mark: Are they particularly colorful?

Gurkow: Yes. All different colors, just all different colors. I don't know anything about rock, but their red rocks and green rocks and blue rocks and all kinds of rocks. So yah, we all were out there collecting. But you see we had nothing else to do. And when you re bored, you know, you watch haircuts and it's amazing how interesting they are. And we were bored very much for that last six weeks.

Mark: As for the scavenging you mentioned, I was just curious, was rank involved in that or was there a kind of democracy of who was the best scavenger?

Gurkow: It was who got there first. And Rosemary, when we'd walk the berm, Rosemary would always say, “Now take a plastic bag along.” And we'd come back with—I'd say what is this and “It's a piece of wire, put it in the bag.” And so I said “My god, I feel just like a bag lady.” But we would always—it's amazing, pretty soon I'd say, “I need a piece of wire.” “Don't you have a piece?” And I'd say “That's right! I have a piece of wire that bag.” Or string. The other thing that was out in the desert was that the—of course the nomads were coming through with their herds, flocks of goats and sheep. And you'd see these green, really bright green patches when the weather got better. And what happens is they would bring a truck out to the middle of the desert and they'd dump these sacks of grain on the ground. And these sacks were made

of green woven plastic and of course we used those for everything. In fact I have one framed at home because it has a big circle on it and it's something about farmers silo company and agriculture and all the rest is in Arabic, but it does have that English on it. And of course we brought those bags home and we used those to cover two thirds of the latrine so people couldn't look in (laughs). They had all kinds of uses. It's amazing. So no, rank I don't think had too much to do with it. It was whoever got there first. I think I did hear some rank being pulled but, you know you take your life in your own hands if you start pulling that crap too much. And after all, we didn't know how long we were gonna be there and as I say, our enlisted people were so good that if you—I would never, they could have it as far as I was concerned because sooner or later I'm gonna come to 'em and say "I really need this", or "Do you think you can get me this and this, I need it over in the TMC [Troop Medical Clinic]. I don't have a pan to wash our hands in." And there'd be a pan there the next morning. So, no I, as far as I know, at least it didn't among us [unintelligible].

Mark: Okay, so your trip home?

Gurkow: Well the trip home—We were sitting around there and being told it was gonna happen now, gonna happen again and a—But they said when they played "On Wisconsin" that would be it. Well, we were crying and dancing and "Oh great! We're going home!" So we quick all get ready to go home and of course then at the same time we got "you can't leave any evidence that you were ever there." So at the same time you gotta start cutting sandbags, because on your tent you have the vertical, and down at the bottom of the tent it has a horizontal piece that you put the sandbags on so that the tent doesn't lift up. So two thirds of our tent those bags were gone and quite a few of the tents they did take down. Oh and then they, of course we had two or three days of this, they finally issued us our desert storm uniform and said "Now you will fly to the States in this uniform, you can't wear your greens."

Mark: This is the brown—

Gurkow: The brown—

Mark: And you were wearing the greens?

Gurkow: Oh, we wore the green the whole time we were there. In fact the one I got had holes in it. So I don't know somebody made a lot of money off of those desert uniforms. But anyway we never got one. The best thing I got were desert boots and they were good. And they ended up with only large uniforms, so of course I had gained enough weight over there that it didn't hurt too much. I got rid of it when I got home, I gave it to a friend because, well you know. So we were all packed up and I had, fortunately I had put everything, tied plastic around it and hung it up and had practically everything pretty well arranged.

So Rosemary said “Well, let’s go for a walk.” So we did our nightly walk around the berm and coming back I said “I think I’m going back and do a little more putting stuff away.” And so I’m busy in the tent and all of a sudden I heard somebody yelling. So I went out and I looked and I could—this grey, black, just huge was coming in. So about that time Rosemary got there and she said “I think we’re gonna get hit.” I said “what do you think that is?” She says “I don’t know but it looks big.” And then somebody yelled “It hit the berm.” That meant it hit our perimeter. And so we dove in the tent. And so I’m standing at the tent holding this flap shut and of course periodically opening it up and looking out, you couldn’t see two inches ahead of yourself. That thing hit us three times. And the second time it hit is when my tent went airborne. I don’t know, it probably went up six, seven feet. And then it threw me, it threw me about 30 feet. And so that’s where I’m complaining about my hip now. That was devastating because then we had to try to find what was remnants of our stuff. Fortunately I had just about everything in the duffel bag. I think I lost one roll of film. But, outside of that—we evacuated about 4 people out that were hurt, concussions and things like that. Which was difficult, because we had to use flares because all our communications were down at this point because we were leaving and all. And of course we were leaving early in the morning, well fortunately they had milvans there yet, so we had shade because we didn’t get out of there until in the afternoon. It was a real delightful—it was a delightful feeling to get out of there. Something I never thought, I fully believed I’d never come home anyway. So it was a really nice, nice feeling to get out of there. But yet you get so numb sitting there doing nothing that, okay you just do—you become sheep-like. I never realized that until I just said that. But you do, I mean, you just don’t argue with—We’ll who’re you gonna argue, you’re not gonna go anyplace anyway? And so you do become very sheep-like and—We went from there to KKMC [King Khalid Military City] and stayed overnight, got showers, got food and got something cold to drink because now it was getting hot. That last month there we maxed out all our thermometers and I think they went to a hundred and twenty. And that was great, you know, you could hang up something, I hung up a cotton scrubs top I had and I pinned it on one side and by the time I pinned it on the other side it was dry in the middle. I mean that’s—there was probably 1% humidity, but I loved it, I just love that. And, just all you had to do was worry about drinking enough water. So anyway, at KKMC then we got ready and we flew from there to Germany. And from there to New York and then landed again at Volk Field.

Mark: Was there any sort of greeting or anything?

Gurkow: Oh yes. 13th Evac people, we got good people there and support people at home. Oh yes, all the family was there. Yah.

- Mark: Now, on the home front, at this time there were all the yellow ribbons and this sort of thing, were you aware of this?
- Gurkow: Oh yes. We were aware that because up at Fort McCoy too there's a group of trees right by, as you come in the entrance. I don't know, there must be fifteen trees there. They had a yellow flag on there for every unit and that flag stayed there until that unit came back and as demobed [demobilized] out of McCoy.
- Mark: As you were leaving though, you knew—
- Gurkow: We knew the flag was there, yes. I mean the ribbon was there. Oh yeah, this is the great part of this war, because of the support that they got at home. And I honestly think that they got that support because they had the Guard in. I don't think they would have gotten that kind of support from active duty. Because active duty people don't touch as many people as Guard people do.
- Mark: It doesn't reach into the community as much?
- Gurkow: No, it does not reach into the community. How many people do we know around here that was Active Duty, that's Active Duty?
- Mark: So, you got back, and you went back home and went back to work the next day?
- Gurkow: We got a weekend--No, no. We got only got a weekend off and then had to report back to McCoy to be demobilized. And so then you have to go through all kinds of things. And they do give you—and all the health thing and all the things, if your line of duty, any problems that you had over there, finish up your physical, any lines of duties or injuries that you had over there. If you have a line of duty then of course you have access to the V.A. [Veterans Administration] for treatment. And some of us they discharged a group of us, cause they were active duty that was doing it, and within three days I was told to come back because I needed to be treated on active duty. So I went back to McCoy and then was sent to Fitzsimmons for treatment for my hip and multiple other things. So came back and volunteered to work in the demobe [demobilization] station. And by that time then it was manned totally by National Guard people. So we were, there were quite a number of units from Ohio, not Ohio, Iowa, Illinois, Minnesota, Michigan, Minnesota units that came through McCoy for—they were out-processed there and they were demobed there too. And so we had quite a group of medical people there taking care of them.
- Mark: Did you get a sense of any sort of medical problems that these, now veterans, were having as a result of the war?

Gurkow: No, we didn't have any of that. We didn't see too much of that at all. This has all come on all of us in the last—since we've been home.

Mark: So as these guys are being discharged, there's no hint of—

Gurkow: No, no hint of, in fact you actually had to tear it out of 'em. Were you sick over there? "No, well, I think yeah." You know. And I would keep telling them, look the military takes care of their contractors. If you don't have a line of duty you're not gonna get taken care of. Well, fortunately they changed that now, so that they do have a gulf rostersy [sic] for the—any soldier that was in, over there, that now has a complaint, that does not have a line of duty can go to the VA and be examined and get on that roster. Which is what should be done.

Mark: Now in terms of readjusting from the war, in terms of your practice first of all, did you have any troubles with that?

Gurkow: Well, I was fortunately out of my practice when I went. I had closed my practice in '87. And I was up here doing locum tenens where I go out and work for other doctors.

[End of Tape 2 Side A]

Gurkow: --And I was up here doing locum tenens where I go out and work for other doctors. And doing peer review work and things like that. So fortunately—my practice would have been wiped out, it would have been totally wiped out. So I was very fortunate. And some of the other doctors in the unit had just sold out to the bigger Dean Clinic, Marshfield Clinic and all that and they were fortunate because they too would have been wiped out because you can't hold a practice if you aren't there. And there's no way you can meet overhead because you don't make one tenth in the military what you make on the outside. So, and some of them were very badly hurt financially.

Mark: But for you personally, you weren't adversely affected professionally?

Gurkow: No. Not professionally no.

Mark: What about in terms of medical problems? We've discussed some of these already.

Gurkow: Yeah. I've got the—I've been fighting recognizing it, but I've got the muscular weakness and of course I have a hip problem with—and the fatigue. And these two are progressing gradually, more and more. And finally I was

telling the one doctor at VA, I said “you know, I’m as tired now as when I diagnosed hypothyroidism on myself four or five years ago.” And he turned around. He says “Have you heard of the Gulf Syndrome?” And so apparently I’ve got something. Rosemary has a little something she’s complaining, and she’s very young. So you worry about this in the younger people.

Mark: What do you attribute this to?

Gurkow: I haven’t any idea. No idea.

Mark: ‘Cause you mentioned the pills.

Gurkow: Yeah the Prostigmine. Well, there’s some reports coming out now but—the thing is—well I suppose genetically everybody reacts to something different. But, there was so much that we don’t know. How much came down from Kuwait in the smoke? And we did, we went up and we visited the area and we saw all of that, but weren’t in it long enough, I’m sure, to get too much. But we don’t know what the winds brought and what was already there. It’s just very strange because I read in one of the magazines about two young soldiers that are really very badly disabled and they were station at Hafar al-Batin, which I said was 35 miles from us. And there was no activity out in that—well we got Scudded a couple of times out there. But we don’t know, we just don’t know. And I don’t remember ever using any insect repellent in our clothing, I know we didn’t.

Mark: Which is another culprit?

Gurkow: Which is another thing—yeah—they’re going into all those. So I know that—I don’t know anything about that insect repellent because I know we didn’t use anything like that. But I do know we got the anthrax shots, we got botulism shots, and that sort of thing. So, who knows? Who knows?

Mark: I may have known this, you mentioned one incident where some troops suspected that they were exposed to chemical—

Gurkow: Yes. This was when I was out-processing, helping out-processing in Milwaukee, err, in Fort McCoy. And I don’t remember what units they were but they were not the same unit. It was two different units. And these young men were NBC officers, well, NBC enlisted people, which is Nuclear, Biological, Chemical division. And they handled all that. And they would handle the tapes and the whistles and all that. And both of them said “I have it all documented and nobody will listen to me.” And I said the only thing you can do is keep the material until the time comes that you can give it to somebody you trust.

Mark: I mean I realize this is third hand but, I’m—

Gurkow: Yeah, this is hearsay type of thing.

Mark: I'm curious, was it an attack or an accidental sort of thing or—

Gurkow: No, well, I don't—This was during the night, and I don't know whether they were scudded or not but this was, at that point, this is when the stuff went off. So it was, they were stationary when this happened. So whether something came in—I don't know what happened in that sense. But you know, you—

Mark: I'm sure we'll hear more of this.

Gurkow: Yeah, I'm sure you will. Well of course you know you get a little worried when you don't know these people that are telling you this. Are they ok mentally, you know? But gee, when you get it from two different sources, different units. And I've heard it numerous times but nobody will recognize this at this point. So who knows, who knows?

Mark: Stay tuned.

Gurkow: Yeah, that's right, stay tuned. Down the road there'll be a lot coming through.

Mark: What about psychological [unintelligible]?

Gurkow: Psychological, you know, this was interesting because we were over there and this was in probably around Easter time and I remember talking to our chaplain saying “what did the fellows in World War II do when they were gone four years?” I mean, I said “We're talking three or four months and we all feel like we're ready for the looney bin.” And having problems. And our psychiatrist, I know Dr. Klein was busy all the time and he had a couple nurse psychologists and they were busy all the time. And he said he didn't know either. What did they do when they were gone for that, for years at a time when we were having so damn much trouble in this short period of time? And I'm still having trouble. With feelings, you turned off your feelings and I said I've become sheep-like and it's been taking me a long time to get back my “up your rear” attitude and go off and do things I'm going to do. So it's—it was devastating in that sense, it was really devastating. And of course the psychiatrist keeps telling me “you want to remember this is the first time in your life you didn't control the situation. You didn't know what was going on. And there was nothing you could do about it.” And this is what's so hard on the psyche, there's nothing you can do about it, when you always did everything. You know so. I—at least you're getting some insight now but, (laughs) getting insight and doing anything about it are two different things too you know. It's taken a lot of us a long time. So I'm still getting, I'm still seeing somebody at the VA.

Mark: Now, I've interviewed a lot of vets and they're mostly young guys and I then ask them about G.I. Bill benefits and home loan benefits and all those sorts of things. You were quite well established in your practice and your profession and everything, I suppose a lot of this doesn't apply to you, but in terms of sort of federal and state benefits available to veterans have you used any of them?

Gurkow: No, I haven't used any of those. They called me up and offered to train me for something and I said "no, I've got enough degrees." I don't need to be trained—I'm too old to be trained for anything anyway. I'm gonna go on computers on my own but—No, it's there and it's just a matter of—I think it's good. They deserve this and the thing is to help them find out its there but usually if they, once they zero in on something then they start scouting and they know that those benefits are there for them. And I think that's great, they should have those. I do think the one thing we ought to do is, not just because I served over there, but I do think the least we can do is take care of these people that gave up a lot to go. You know they gave up an awful lot to go and most of these people, particularly the enlisted people, lost a great deal. Because, I would say, probably 89% of them, their full time jobs paid twice as much as what they made in the military, so that they take a big pay cut and everything else. But, no matter what it did to me, I would not have missed it. I was scared to death they wouldn't take me because I was too old. At McCoy I kind of tip-toed around this, scared to death that they'd say "Hey, you're too old." I didn't want anybody to forget my phone number. In fact, we had one other, the other woman doctor in our unit had severe, well she'd had cancer therapy. And she said "I know they won't take me." And she went over to Palm(?), out-processing, and talked to this man. She said, "You know I can't carry a duffel." I can't do this, I can't do that. And he says "Can you practice medicine?" "Well," She says, "I practice medicine all the time." He says "You're going." So, that was the thing, they needed doctors, there was no question about that, they needed doctors.

Mark: I've just got one last area that I cover and it involves veteran's organizations, reunions and those kinds of things. Now, again, with the Gulf it's been just within the past five years so some of these are not terribly applicable but in the past, what is it four years now, have you joined any veterans associations?

Gurkow: No and that's because I'm not settled yet. I'm moving to Middleton shortly and so I figured well, I'll join something over there. But I have not joined a local—I don't even know if we're eligible for V.F.W., are we? I don't think we are.

Mark: You are.

Gurkow: Oh, are we? Well, anyway I haven't gotten around to that yet. But I do belong to the D.V.A. [D.V.A.? Disabled American Veterans]. That's one thing I joined immediately because I could see that it was a good organization and they do help the soldier and the veteran. Of course, see—Now what happened after we come back, of course this probably doesn't pertain exactly to the Gulf but, after I came back, within six months they wanted someone to go out to Ohio to be on a retention board, the twenty years officers retention. And they needed a minority O-6 doctor, and along comes one that's a flight surgeon too, so I'm a real rare bird. So I said "oh yah, I'll go out." So I went out there and met these people out there and they asked me to stay another week as a consultant to the enlisted board and I said "fine." Next thing they offered me was Ohio State Surgeon position. So that was—I took it. It only meant I had to change my patches. And this was a fun two and a half years on the fast track. One of two women in the country, and it was just great. Just a real great way to end up a military career that was supposed to last five years and ended up fifteen years and a war! And so I have great respect for Ohio too. I mean they are a little more up and coming in women getting command units and things like that. I have to give them credit for that. And plus of course the fact that they had a woman State Surgeon. (Laughs) So that's how I ended my military career was Ohio. But I'm still on the mailing list for the 13th and the state and I know so many people here in this state. And I try to—I'm in their retired officers group so that when they have meetings to brief all the retirees on what's going on in the Guard because of the downsizing, I get to go to that. And it's nice to see all these people again.

Mark: That was my next question, have you gotten together with any of the people you went to war with?

Gurkow: Well, I went to the 13th Evac. Rosemary keeps me in contact when the 13th Evac has—well of course now it's changed, the 13th MASH. In fact we encased the colors in October, September/October. So that unit will be gone. Which is a shame because you're gonna miss that. But I usually go to the Christmas parties at the 147th Aviation and the 13th because I know enough people there yet. Of course the aviators are changing very fast, they're getting younger and younger and younger (laughs). And the unit is changing from an attack helicopter unit it's going to a Blackhawk unit which will be a T and A unit then.

Mark: Now, you went to Vietnam recently, is that right?

Gurkow: No. I never, I did not go. Dr. Colopy and our unit had been in Vietnam.

Mark: Oh, see I thought you had gone.

Gurkow: Oh, recently, yes! Yes, I just did a tour to Southeast Asia last fall; Cambodia, Laos and Vietnam.

Mark: Now this was a—

Gurkow: This was a cultural tour. I wanted to get there before tourism ruins it. And you know, I swam on China Beach and they're now building a five-star hotel there. And so.

Mark: Was it enjoyable?

Gurkow: Yes. I enjoyed all three countries and I did not like Saigon [Ho Chi Minh City]. Saigon, well Saigon's like Bangkok. I mean it's just gross, you know. I much preferred Hanoi. I liked Hanoi. I'd like to do, see more in Northern Vietnam. It's a—well of course it's a different type of terrain too, it's different up there.

Mark: It's more temperate too.

Gurkow: Yeah, yeah. And, interesting enough, they of course, they have a war museum and everything there. I went to the war museum and I walked into the ground and the first thing you see is a Huey. And I got tears in my eyes and walked out (voice breaking). 'Cause I had too many guys that fought there. In fact there was quite a few of my guys, men at 147th that fought, flew there. And I don't want to hear any more about that. So and some of them [members of her tour group] went in and said "Well, you know, it's really negative toward the U.S." And now they want money from us (laughs). So you know, they are not over the war anymore than those of us that are a little older. Now you take some younger people on the tour, they went out and they wanted to see the tunnels. I said "I don't want to see that." I just, too close to the kids that got killed over there and as I say, I had three aviators that had flew there. And when you hear them talk, they don't talk much, but there's nothing I could do—I was interested in the culture, the—I really wouldn't have known that it was communistic. They had become very capitalistic. Of course took pictures of Ho Chi—of the Hanoi Hilton. Which they are going to, I hear, build a Hilton. Going to tear it down and build a Hilton there.

Mark: A real Hanoi Hilton.

Gurkow: A real Hilton. Yup. And it's—Laos is very, very primitive. These people are going from abacus to wireless, to a computer. It's just—But again, this is interesting, we're talking about having different languages in this country, this is why Laos is so backward, they got forty-eight dialects. Nobody can talk to one another. This is why we need one language. You know, otherwise we're gonna lose communications.

Mark: This, it's off the subject but, I'm interested in Southeast Asia anyway. From your impression is it going to be over tourist?

Gurkow: Oh, I think so.

Mark: You think this is going to happen?

Gurkow: Yes, yes. That's the reason I wanted to go. The children in Cambodia do not beg. I bet you today they beg. Because here you'd see, and I'd look at these Americans and I'd say "you're making beggars out of them." And they'd say "What do you mean?" And they're shoving candy at them. Little kids are standing there looking at you and now they run up and they shove candy at them. Tomorrow they're gonna run out and demand candy. I mean this is a human nature, human thing. And they couldn't see that. Couldn't see you're making beggars out of them. You know. So it's gonna be—and of course you do see beggars in—the kids are all beggars in Vietnam because we've made 'em that way. Tourists, if it isn't us it's the French. You can always tell the French have been there first because the kids want "bon bons." I went to the Zaskar Valley, which is between Shrinigar, Kashmir and Ladakh [Northern India], and its one of the valleys in there—I did this a number of years ago—it was the first time open to vehicular traffic. I went on a camera, photographic tour because I'm a photographer. And we got in there and all the little kids come running up "bon-bons, bon-bons" and singing little French ditties. Well the French had been in there on horseback. There great. The French are always there first. And Cambodia is just fascinating with the Khmer Rouge and all of the history of the Khmers.

Mark: Well, we've exhausted my questions and I even expanded upon some I had forgotten. Anything you'd like to add.

Gurkow: No, I don't think so. I, as I say I'm glad I went. It was certainly enjoyable. It was a whole different facet of life, you know, the military is very different. And I got to tolerate the regimentation. It's amazing, medically speaking, I think they have just recently been changed, but they have what they call the AR 40-501 which is your medical bible. And it's unbelievable but that thing covers any possibility that you could have. And it hadn't been updated for many, many years and I think they did a recent update on it, but just about—there isn't anything in there, you can go and there is a regulation. And we laugh, in a sense, but to think that you can write something that would cover all of this, it's kind of amazing. So yeah, it was a good experience. It's sort of like, you can knock the Pope if you're Catholic, but if you're not Catholic you leave him alone. And so that's the way I feel, I wanna knock the Army I can knock 'em but, if you haven't been in, you don't knock 'em. And there's really good people in there as in everywhere else, and there's some bad people too. Overall, it was a good experience.

Mark: Well, I thank you for coming in.

Gurkow: Oh, you're entirely welcome.

[End of Interview]