

**Wisconsin Veterans Museum  
Research Center**

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

**OH**  
**358**

**Gurkow, Helen Jean**, (b. 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. Dr. 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. Dr. Gurkow says she volunteered and, within 24 hours, was contacted about entering the Guard, eventually entering as a lieutenant colonel in the 13<sup>th</sup> Evacuation Hospital in 1979. Expected to do histories and physicals and citing boredom, Dr. Gurkow was transferred to the 147<sup>th</sup> Aviation Attack Helicopter Unit at Truax Field as a flight surgeon. Dr. 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. Dr. Gurkow explains her eventual transfer back to the 13<sup>th</sup> Evacuation Hospital. 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, and, in 1991, deployment to Dhahran, Saudi Arabia, to Khobar Towers with the unit. Dr. Gurkow describes the fear she felt in Khobar Towers, Dhahran, when it was attacked by Scud missiles almost every night and her claustrophobia in full protective gear. She relates that she discontinued taking the anti-nerve gas pill Pyridostigmine because of the side effects and talks about a pact made with a friend to leave the other behind if the other was severely gassed. After three weeks in Khobar Tower 13<sup>th</sup> Evacuation personnel were flown to hospital site, thirty-five miles west of Hafar al-Batin and thirty-five miles south of the Iraqi border, off Tapline Road. Dr. Gurkow describes various types of injuries she treated ranging from asthma attacks to severe combat injuries. She explains that the busiest doctor on staff was the orthopedic doctor because of sprain injuries. She relates in great detail enlisted combat women's health issues and how Iraqi male POWs would refuse medical treatment from a female doctor or nurse. 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. Dr. Gurkow describes the evening of their last day there as the "mother-of-all-storms." She was holding the tent flap when the tent went airborne, throwing her down, the tent pole hitting her. She describes her homecoming, and how post-war return to everyday life has been difficult due to suffering from Persian Gulf War Syndrome and psychological effects from her experience. After a year or so of treatment on active duty, she was discharged to the National Guard, Headquarters sending her to Ohio for retention

board. They asked her to take a job with them so she transferred to the Ohio National Guard and became Ohio State Surgeon, the first woman to hold the position.

### **Biographical Sketch**

Helen Gurkow, (b.1926) served as a doctor with the 13<sup>th</sup> Evacuation Hospital Wisconsin National Guard Unit during the Persian Gulf War.

Bachelor of Science—University of Illinois, Champaign, Illinois.

Master and PhD in Anatomy and Physiology—also taught—University of Wisconsin Medical School, Madison, Wisconsin.

MD—Marquette Medical School (now Medical College of Wisconsin).

Private Medical Practice in Platteville, Wisconsin—1964-1987.

National Guard: Wisconsin: 1979. 13<sup>th</sup> Evacuation Hospital  
 1991 Colonel/Flight Surgeon with 147<sup>th</sup> Helicopter unit  
 1<sup>st</sup> woman

Ohio: 1992-1994 State Surgeon—first woman

Gulf War Veteran 1990-1992

World traveler—over 70 countries—1967-2016

Some multiple times

Photographer

### **Archivists Note:**

Interviewed by Mark Van Ells, 1995.

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

Transcription (originally) reviewed by Brooke E. Perry Hoesli, WVM staff, 2008.

Transcript revised by Helen Gurkow, edits made by Jeff Javid, 2018.

Doctor Gurkow requested that edits be made to her original transcript and these edits are reflected in this document. The recording for this interview has not been edited, so there will be discrepancies between the recording and the written transcript.

## Interview Transcript

Van Ells: 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.

Dr. Gurkow: Well, thank you.

Van Ells: 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.

Dr. 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. Bast in 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 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 what 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.

- Van Ells: 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.
- Dr. Gurkow: Yes. There was a woman over in Cuba City that was practicing medicine at the time. I sort of was a salmon always going in the wrong direction. Although I talk to girls today and I think they're having some problems today, or at least they see more problems. I didn't see any problems. I didn't have any problems.
- Van Ells: In terms of professional courtesy and respect and that sort of thing?
- Dr. Gurkow: Right. I had no problems at all. None in Medical School, other than with a few residents. 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.
- Van Ells: I was going to ask, how did your patients?—by the time you got to that it was the midsixties—
- Dr. 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, "I know you're going to open your office tomorrow," and she said, "Now do you have enough to do?" 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, there's a lots of times in the wintertime I never sell anything in the store." 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 since 1925 in Lancaster, Wisconsin, just fifteen miles away. My practice gradually built up. I still get notes from former patients. I remember one lady saying, "The main reason I took my children to you, particularly my daughters, was I wanted them to see that they could be anything that they wanted to be." I never gave that any thought. I guess it was the way I was brought up. My father said, "You are a Gurkow, you can do it."
- Van Ells: Interesting. Going back to the military, as a doctor in the, was it National Guard or Reserve?

Dr. Gurkow: Yes, National Guard. 13th Evac Hospital. It was for one year.

Van Ells: 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?

Dr. Gurkow: I never did learn that. And unfortunately [laughs]—well, you see when we came in, I should backtrack here. I 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. We didn't know what went on in the military and nobody taught us a thing. Because, they told us, "Well, at your age you'll probably only get five years." And that was '79, 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 pushing 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. 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 one to Madison. Anyway, Dr. Sharpe said "Let's go be flight surgeons." And I said, "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 to Fort Rucker, Alabama. It's a nine-week course which we split into 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. [laughs] I didn't know how.

Van Ells: And you had been in how long now?

Dr. 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 it and every time I would change uniforms, I would go back to the picture to see where everything was 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 any 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. 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 and treated injuries.

Van Ells: This was up at Camp Douglas?

Dr. Gurkow: Camp Douglas, yes. So I did that for many, many years and Col. Blaney went on to become General Blaney now. But it was a busy, busy two weeks but it was a very rewarding two weeks because I was productive. I still didn't get any military training. So there was one thing that they required, at four [PM] when they took the flag down 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. And that was very thrilling and very exciting. But everybody knew but me. But I still really don’t know how to dress [laughs].

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

Dr. 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 was to do all the physicals in the state units, this was what our mission was. 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. So there was no difference there.

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

Dr. 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 13<sup>th</sup>.” There were some medical students there and I had thought it would be kind of fun to work with them; do a little military things along with some of them; allowing them to talk about what they’re studying for their exams because I enjoy students. So I transferred back to the 13th Evac and I have a friend in the 13th Evac, Rosemary Sedlock and she’s a nurse. We’ve been friends since I joined and Rosemary said, “Now do you have all your things straightened out? 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 to her and she wanted to see what I had and was going to show me 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 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. “You bring everything you got and you will report...” You think the world’s coming to an end.

Van Ells: This is on your answering machine.

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

Van Ells: When did you get this notice?

Dr. Gurkow: This came on the, I think this came on the eighteenth of November. And we were to report on the twenty-first. 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 twenty-first we went to—I can’t say. It was around in there.

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

Dr. Gurkow: It was.

Van Ells: 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.

Dr. Gurkow: Pretty much the same. It was scary, because I’m trying to get all my things together and the first thing I did, was 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 a 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. 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 Mary Rose had to put everything in storage after I was gone because I didn’t have time to do it. Had the movers come in and pack. I was to report with everything I owned military-wise on Monday morning the thirteenth. On Sunday night, I was trying to pack a duffel bag. I’d never packed one before. I was almost in tears because I didn’t know how or what to take—I said, “My God, I’m going to war with two duffels and three garbage bags of stuff.” At the 13<sup>th</sup>, it took an enlisted gal to show me how to pack the duffels and get everything in.

Van Ells: So you had to report at the—

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

Van Ells: This is up—

Dr. Gurkow: Which is in Mendota in Madison. It's where we've had our unit for many years. It's now down on Wright Street, but it was out there for many, many years.

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

Dr. Gurkow: Well, first we were in Madison for a week. By bus we were taken to Ft. McCoy and we stayed there from the twenty-first of November until the thirteenth 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 thirteenth of January they said, "Today is a Go Day." And of course it was supposed to be a big secret. 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. 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. 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 had our rucksacks and everything else. We stayed there overnight and went back to Volk Field. The weather broke but it was snowing when we flew to New York. We were delayed there four or five hours due to weather, flew to Rhine-Main Field in Frankfurt [Germany]. We went to the USO and had cold showers. I said that was the first time I ever flew first class in a 747 and wouldn't you know they didn't serve booze. Their excuse was weapons aboard. Well, they wouldn't serve it to the troops anyway. From there we flew to Dhahran, Saudi Arabia. The airport was about thirty-five miles from Dhahran. I think this was the first time I got to feel that, "My God, this is not annual training."

Van Ells: Now, if my chronology is correct, you took off on the fourteenth or something?

Dr. Gurkow: Yes.

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

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

Van Ells: No, it was in January. January fifteenth was the big day, and then they waited a day or two before they started the air assault.

Dr. 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.

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

Dr. Gurkow: Well then we were taken, we were taken to a huge apartment complex there, 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 twenty, ten to twenty multi-storied apartment complexes and that's where we stayed.

Van Ells: In Dhahran?

Dr. Gurkow: In Dhahran, yes. That's where we were scudded [attacked with Scud Missiles; mobile launcher-fired long-range surface-to-surface guided missiles developed by Soviet Union] 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 going on—we were really worried about gas attacks, because we had been training. And that was—when we were up to Fort McCoy. All of a sudden it sort of hit home, you know. "God, this is it, 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. 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 ten or eleven o'clock you could faintly hear the sirens at the airport and then somebody would be driving around the compound with a loudspeaker, "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: 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 [there is a lot of very intelligent people in the military] decided that maybe we wouldn't die as fast if we were on first 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 eight flights of stairs. In the dark. And somebody's always dragged water along. Well, you know, this is just an accident waiting to happen. Well, unfortunately— 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 for five hours, six hours we were in MOPP 4. Very frightening.

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

Dr. 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. 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 two o'clock and finally just fell asleep on the terrazzo floor 'cause then it started getting warm in the apartments. 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, someone 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. 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 [US manufactured surface to air missile with advanced interceptor and radar capabilities] 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. And this is the time we started taking Pyridostigmine. Which right now is the big question, is this causing us the problem?

Van Ells: This is the anti-nerve gas, nerve gas antidote?

Dr. Gurkow: It's a pill to reduce the effects of Sarin.

Van Ells: Ok, I see. Ask a doctor [laughs].

Dr. 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 20,000, thirty-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 nobody told her about it. It was a real gaggle. We had to get everything ready, get our duffels downstairs and throw 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 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. A 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, okay. Don’t have to worry, nothing’s happening.” Well we didn’t have too much in the line sleeping equipment of anything and it was cold. So Rosemary found two, 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. I wear very heavy glasses, 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, and concentrate on the valve of the gas mask that would flip as you inhaled and exhaled.

**[End of Tape 1 Side A]**

Dr. Gurkow: Well, that was not nice, that was not nice at all. But anyway, Rosemary had 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.

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

Dr. Gurkow: Well as far as we know, this is all, right now the military is denying. 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. But you can’t get the military—can’t get the Pentagon yet to go along with this. But anyway, the next morning they helicoptered us to another area. 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.

Van Ells: Which was where?

Dr. Gurkow: There's a road that goes from Dhahran north and is called Tapline Road [major east-west two-lane highway running length of Saudi Arabia]. Our camp was just about three miles off of this road and we were thirty-five miles west of Hafar al-Batin, and that's thirty-five 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.

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

Dr. Gurkow: Well we—

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

Dr. Gurkow: Yeah, they're a little difficult to describe. First of all, the campsite was a good mile square. When we first got there two rows of GP [government purchase] large tents already set up. These twenty by forty tents were our sleeping tents. They had put up the showers and latrines but our hospital had not arrived yet. We didn't get the hospital for another week or so. The hospital comes in what they call milvans. A milvan is probably half the size of a freight car. It's metal, you open it up at one end and put out the canvas that covers what we called the "dinosaur ribs." The inflatable part is under these ribs so if it deflates it won't collapse. It was totally enclosed with plastic. Really it was very modern and we could design it the way that would fit the area. We had all the equipment needed. The OR (operating room) and surgery area, the same thing—just pull it out of the milvan and there was all the pans, sterilizers, etc. needed. It was the same for X-ray and the laboratory. Obviously we weren't mobile.

Van Ells: 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?

Dr. Gurkow: Yes, well we were told that the ground war was gonna be somewhere around the 15<sup>th</sup>, we figured that that's what it was going to be; 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 twelfth or thirteenth of February because that's when we moved our tent TMC [Troop Medical Clinic?] into hospital 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.

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

Dr. 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. So it was rough riding. We had sprains and lots of that type of thing. 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.

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

Dr. Gurkow: Oh, the sand. The sand and the dust over there. 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 we could never, ever scrape away all the rocks, that was just impossible. It took two or three days for them to erect the hospital and get that going. Then our big problem was water. They also had another hospital right alongside of us, so we had a 400 bed and then the 312<sup>th</sup> had 400 beds, so at these two compounds there were 800 beds. Now the reason for this was, because we were thirty-five 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. 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 large plastic hose. We're ready to open the hospital and we had two 10,000 gallon water 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. When we were up and running we would use, they figured, 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. In our area, I think they sucked dry about eight wells.

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

Dr. Gurkow: I would say almost three weeks. Because we were out there the, about the twenty-fourth of February and we didn't open until around the tenth of February—January twenty-fourth to about the tenth or twelfth of February before it became operational.

Van Ells: 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.

Dr. Gurkow: Ok, of the 13<sup>th</sup> Evac National Guard members there thirteen doctors. Some of them I didn't even know because they were at the different Det. Meds. [Medical Detachments]. We had had two dets but I didn't know where they were located. There was a Dr. Pullman from Milwaukee whom I had never met, the same for Dr. Klein, a psychiatrist then—I found out he was in one of the first classes I taught in Med School when I was working for a Ph.D. We had Dr. Bayme, who was from Hillsborough. He was a flight surgeon from the 147<sup>th</sup> AVN—my former unit. Dr. Byron a pulmonologist from Madison. We had a young resident anesthesiologist that they pulled out of his residency—not sure why, but a sad situation. Then we had Dr. Colopy, an orthoped from Milwaukee. He was very interesting—the best way to describe him is he reminds you a little of 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 know, 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 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 of jokes 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 13<sup>th</sup>. Yes I think 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 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 credit that our unit was so good. 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. 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. So again, I can't say enough for them—and I enjoyed the enlisted people. 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 there and making the daily rounds to the different units but I enjoyed them and rather than with my colleagues—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.

Van Ells: So what did you do for fun?

Dr. Gurkow: Well—

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

Dr. 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 didn't get any mail from the time we left home in January until the fourteenth of February. This was really quite catastrophic for us. I did a lot of letter writing and of course it wasn't until after that time that we started getting 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 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 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-like type of thing because it was barren—it was just so desolate. And we probably had one of the nicer sites because our site sloped a little bit down into what they call a wadi, which had 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

other side, it was just plain land and sky on the other side too. The other bad thing about the 13<sup>th</sup>, 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. Or when we went and got our food there was no place to go and eat but back to our own tent, 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.

Van Ells: 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.

Dr. Gurkow: I'm a teetotaler anyway. I mean I have a glass of wine once in a while but it's not my ultimate thing. Where I 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.

Van Ells: 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.

Dr. 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 13<sup>th</sup> Evac is noted for its party. 13<sup>th</sup> Evac has always had the "Black Cat Bar" and in fact that's always set up at A.T. [Annual Training] before anything else. So the "Black Cat" was always there. And the 13<sup>th</sup> 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.

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

Dr. Gurkow: Oh yes.

- Van Ells: 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?
- Dr. 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 know 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 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 in the field, you're 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 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. [Laughs] I had to go to the regs to 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 her 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 after the war, that was the number one problem. Some of these units came back, 80% of the girls were pregnant. 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.
- Van Ells: 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.
- Dr. Gurkow: Yes. And they weren't combat. They were mostly in the medical units.

- Van Ells: Was pregnancy the biggest medical problem or were there? You mentioned toxic shock or—
- Dr. Gurkow: 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. Remember, these girls are eighteen, nineteen, twenty 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. I 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. Tell your friends, because I don't want you kids getting sick out there." Because you 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—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 thing in the whole world.
- Van Ells: Well, I'd like to get them in here eventually.
- Dr. Gurkow: I hope you can. Particularly, some of the girls that were in transportation units and units where there weren't that many women because our unit for example the average age of the doctors was fifty-eight and the average age of the nurses was around forty-five, 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, to my sick-call, 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 I think I was told, now I wouldn't put this down in stone, but I think that our first surgical case was an ectopic pregnancy. Our OB-GYN man 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.
- Van Ells: Now, in the National Guard setting, I would imagine that there were probably a lot of husbands and wives? In the same unit?
- Dr. 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. The other pair were both enlisted. 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.
- Van Ells: 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?

Dr. Gurkow: We had absolutely none. I would say almost zero because I said I experienced the war, the climate, but not the culture. 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 American sperm wasn't left over there, or produced anything because they'd have been killed. That's the way that society is. It is rather unique I think. When you stop and think of from World War Two, or One all the problems we've had over the rest of the world, this did not happen this time; of course women couldn't see anyway and they weren't usually out. I got into Hafar al Batin once. 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—little black pear because they're totally encased in black with a little screen over their face. The military called 'em "B.O.W.s," "Black Moving Objects." They looked like little pears moving around and they would not talk to me.

Van Ells: 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—[inaudible]

Dr. Gurkow: No, I didn't have that contact the local men. And some of the girls that drove did. That was not my experience. I did have some problems when we got POWs [Prisoners of War] in they didn't want a woman examining them, didn't want a woman doctor, didn't want a nurse examining them. Through the interpreters it was that or die, take your choice. Didn't have that problem very long. That's hard for them.

Van Ells: 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.

Dr. Gurkow: We had the hospital set up but our problem was supplies. We didn't have supplies, and if you ever read the story which Gunther put out [on 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 on 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. 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, ten or twelve of those C-131’s—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 [my idea of why they delayed the ground war]. Then we were told we would know when the ground war would start because we were under 7<sup>th</sup> Corp and that’s—well the 1<sup>st</sup> and 3<sup>rd</sup> Division, was going to come up and one go on either side of us and then right into Iraq. Of course we knew it was happening because (laughs) of all of the haze in the sky and all of that. We knew they were on the move. 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. When those troops went on either side of us they just kept going, they swung east to go farther in toward Baghdad and toward Kuwait actually, they met no resistance. By the time they started meeting resistance they were too far away to fly the wounded to us. So we got a couple of people. We got probably under a hundred of our own and under a hundred POWs. I can’t give you 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. 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 just unbelievable. I lost my train of thought there.

Van Ells: Were there a lot of motor vehicle accidents?

Dr. Gurkow: Yes. Lot’s of motor vehicle accidents. So on this Tapline Road of course its solid going both directions with military, then you put the natives out there and they don’t have—the driver education, if they ever had it, is put it to the floorboard. 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. That’s how we would mark our turns, with the two vehicles or the one vehicle and they’re all accorded [laughs]. But they were very dangerous

because they with their little Toyotas would whip in and out and—So finally 7<sup>th</sup> Corp said “Absolutely no passing by military vehicles on that highway. We don’t care what.” Then of course a wild camel would run across the road or one that somebody owned, and a truck would hit it.

**[End of Tape 1 Side B]**

Dr. Gurkow: —off road there were many dunes and the enlisted drove up and down to see how those Humvees would take it, if they would do like the Jeep. And see 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—

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

Dr. Gurkow: Yeah, because it wasn’t bad—Everything that came our way had been treated. There are two units that roll with the troops, the Mashers [M.A.S.H. Mobile Army Surgical Hospital] and the Cashes [C.S.H. Combat Support Hospital]. And as I understand it, the Mashers were functional and they didn’t even bother to open up the Cashes. The difference between the two is one, I’m not sure, 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. If the soldier was not ever going to go back into the firing line then he would come back and finally get to the 13<sup>th</sup> Evac and then 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. Then we had minimal care and if they were ambulatory they could go over to minimal care. 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. 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.” The last thing you don’t want is to be uprooted from your companions because they’re your whole support group. This is something I don’t think a lot of people understand between versus the

Guard versus the Reserve. In the Reserve they don't 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 44<sup>th</sup> General Hospital, which is a Reserve unit here, but they fragmented it in Germany. 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 13<sup>th</sup> 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.

Van Ells: 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?

Dr. 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. This was the first time we'd heard about it. 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.

Van Ells: Oh, this is a friendly fire—

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

Van Ells: A psychological case.

Dr. 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. This kid was really quite badly hurt. After we got him stabilized he was evacuated immediately to Riyadh [Saudi Arabia] and then to Germany. We were supposed to have, if the war had gotten real bad they would have brought in aircraft, used Tapline Road as a runway and evacuated them directly to Germany.

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

Dr. Gurkow: Within a day. I would say twenty-four to thirty-six hours because see, they had been treated and it was just a matter of moving them until they got evaced to us. They came in on helicopters.

- Van Ells: 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?
- Dr. Gurkow: When the US Army crossed into Iraq there was no resistance. I don't know when they met the enemy. At the point it was closer to send the wounded to the Navy ships in the bay. They probably saw a lot more burn cases than we did.
- Van Ells: Saddam Hussein did, yah.
- Dr. 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—at Khobar Towers [laughs]. So much for P.R. [Public Relations]
- Van Ells: 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[e?], etcetera, etcetera?
- Dr. Gurkow: Well, there's no way of getting, of understanding them. The interesting thing was we got two in at the same time, were both evaced in—one was a Republican Guard member, tall, very healthy, robust young man and the sixteen-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. 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. 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? They could grab a gun and kill everybody there before our people would even know what hit 'em. 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 young men that were guards for a camp nearby that had a lot of POWs and that was a real problem.
- Van Ells: In terms of sanitation?
- Dr. Gurkow: No, not in terms of sanitation, in terms of rioting. 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.

Van Ells: 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?

Dr. Gurkow: We kept our hospital open until the eighth of March. We were getting patients—we never had very many patients but we were seeing a lot of out-patient stuff and emergency room stuff. And the eighth of March we were told to disband the hospital and so it was torn down. We thought we'd go home in two weeks and we sat there until the first of May because they couldn't find aircraft for us. Here a million dollar unit is sitting in the desert for six weeks—of course they did that up at McCoy too—they 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.

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

Dr. Gurkow: Well we were just bored silly. We were told that we might as well start doing physicals. Now we are back to the physical again. Troops have to have a physical before they can leave the desert. We had no equipment to do physical. Well, you got to do what you got to do. We went to other units to get enough supplies. After I got home, I was kept at Ft. McCoy for treatment of my injuries so I help finishing up the physicals. Active duty people had been doing them and not the best for the Guard soldiers—that's just my opinion. When the Guard was first activated, we were "Active Duty" people, when we got to Saudi, we were "Active Duty Guard." Again, it's my personal opinion that the Guard is more laid back. But an interesting thing is that you haven't asked about our daily living. That was the most difficult part of the war. I lived in end of a GP large tent. This tent was twenty by forty feet. My spot was in the corner at one end. I had about a six-foot square area. My cot was close to the end of the tent and Rosemary's cot was across from mine separated by a large box that was our table. We kept searching the camp for boxes that we could make a dresser. I still can't throw away a small box—might need it for something. So when we were setting up the hospital we're out scavenging and the deal was, if anything sat there for twenty-four hours it was fair game, we could take it. And so out we are 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 twenty-four by twelve. It was a slide in box, 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 we had a dresser, 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. Cut a hole in the other end and then we stored food under that. 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. 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 detail, 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 of bed and step on plastic. And that of course it 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. We did everything by hand. The only good thing about it was, when it warmed up we didn't have to wring anything out. All we 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 we had our cots in our tent—but no electricity. Then we got one bulb and then I think we got three, one on either end and one in the middle and one on either end. I was on emergency room when one of our electricians got hurt, and I managed to tape him up and telling him, "Now you know, really"—I'm taping his ribs up, 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. Our tents were heated by 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 because very cold out there in January, February. In fact one morning we got up there was frost on the tent. It was very cold and very dark, very dark at night. 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 a tent all around it and then they got a little nicer in there. They got a little gravel on the floor and all sinks on the one side but they never were truly enclosed. So at the top there was always open. When the wind blew, hooo, that air would come down through there. Try to dry off and shiver at the same time is not an easy feat to do. And [laughs] then of course we had to wash our hair because we had to get wet and turn off the water, and then we soap up, clean ourselves and then turn the water on to

rinse because we had to save water all the time. So obviously we had to wash our hair every time we did it. So we were lucky to get back to our tent not having our hair full of sand, because of the wind was blowing. Now of course that was always a problem if the wind blowing. We would get a sandstorm probably about every six to seven days. The first one came, probably within a week after we got there. 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 an inch in front of you when that storm really gets going. And they were very frightening. I got pictures of that.

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

Dr. 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. This was true, of course, in any military situation, we never close a wound. We don't close anything. Everything has to heal by what we call secondary intent. It just has to grow shut, because if it is closed up the chances of infection go up 85 per cent. I mean there's just no way you're gonna close anything. So even on the abdomen. You would close up 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 is our latrines. They were always a quarter mile away and so we would joke the distance. I'm a little old lady. I turned sixty-five 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, 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 I got all these nice food presents, always food. But I think the best was, one of my aviators, Jim Kerner and his wife, had sent an envelope along with 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 we did was we walk in, and we would kick the front of the seat, we'd kick that and then we'd bang the seat a couple of times so that if there were any scorpions or spiders we hoped 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 latrine 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.

Van Ells: You mean in terms of—

Dr. Gurkow: The time it took. It took us all day. I mean talking about going to the john gonna take us half an hour, by the time we get there, by the time we get back, it was a half an hour. To do laundry will take us all day because everything is washed in a pan but we had nothing else to do. It didn't warm up until the middle of March and then all the desert flowers came out. So pretty. The desert started to be alive to us, not dead like it was when we arrived. I'll never forget the time we were in the desert. I stopped and turned to Rosemary and I went, "Shhh." She said, "What's the matter?" I said, "I hear a bird!" I don't think I had heard a bird before. Now we knew there was life in the desert but we were afraid of it. Interesting, there are no cactus plants there. All we had to do was dig into the sand and it was wet, too wet for cactus plants. But very interesting rock formation out there and so we collected rocks. And everybody in the unit I think collected rocks. The worst thing we had to do at the end of the day was decide which rocks we were gonna throw away. I kinda averaged it out with—actually there were 300 people in our unit and I would say that we all brought home at minimum five pounds of rocks each. So we had [laughs] a big flight full of rocks!

Van Ells: Are they particularly colorful?

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

Van Ells: 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?

Dr. Gurkow: It was who got there first. Rosemary would always say, "Now take a plastic bag along." We'd come upon something—I'd say, "What is this?" "It's a piece of wire, put it in the bag." I said "My god, I feel just like a bag lady." But we would always manage to use it. "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 were nomads coming through with their flocks of goats and sheep. And we see these green, really bright green patches when the weather got better. What

happened is they would bring a truck out to the middle of the desert and they'd dump these sacks of grain on the ground. These sacks were made of green woven plastic and of course we used them 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. Of course we brought those bags to camp used those to cover two thirds of the latrine window 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. After all, we didn't know how long we were gonna be there and as I say, our enlisted people were so good that 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—Rosemary and me.

Van Ells: Okay, so your trip home?

Dr. Gurkow: Well, the trip home. They said it was now—no later. Finally when they played "On Wisconsin" that would be a go. We were also told we couldn't leave any evidence that we were even here. That meant we had to get rid of sandbags. On the bottom of our tent wall there was a traverse flap. We had sandbags on these flaps all around the tent so the sandstorms wouldn't take the tent. There were lots of sandbags to get rid of! Finally "On Wisconsin"—we were crying and dancing at the same time. They issued Desert Storm uniforms—they were brown. We wore green uniforms the entire time there—"Can't go home wearing your greens."

Van Ells: This is the brown—

Dr. Gurkow: The brown—

Van Ells: And you were wearing the greens?

Dr. Gurkow: Oh, we wore the green the whole time we were there. In fact, mine had holes in it. So I don't know somebody made a lot of money off of those desert uniforms. The best thing I got were desert boots—they were good. They had 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. So we were all packed up. I had, fortunately I had put everything in plastic and hung it up and had practically everything pretty well covered when sandstorms hit. Rosemary said, "Well, let's go for a

walk.” 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.” I was busy in the tent and all of a sudden I heard somebody yelling. So I went out and I looked and I could see this grey, black, just huge cloud coming in. 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. We dove in the tent. I’m standing at the tent holding this flap shut and of course periodically opening it up and looking out, I couldn’t see two inches ahead of my hand. That thing hit us three times. The second time it hit is when my tent went airborne. I don’t know, it probably went up six, seven feet, then it threw me, it threw me ten to fifteen feet. That is why I am complaining about my hip now. That was devastating. The tent was down and everything was covered in sand. We had to find what was left of our stuff. Fortunately I had almost everything in a duffel bag. I think I lost a roll of film. We had to evacuate four or five people who were seriously hurt. We had to do that by flares and not sure how they communicated because most of it had to be taken down. We were supposed to leave early in the morning but it didn’t happen until late in the afternoon. Fortunately the milvans were still there so we had shade. It really was a delightful feeling to be getting out of here. It’s something I never thought of because I thought that I would be in a body bag. So it was really a nice feeling to be getting out of there. But I got so numb sitting around nothing—I became sheep-like. I never realized that until I just said it. We didn’t even argue—there wasn’t any point to it so we became sheep-like. We went from our unit to KKMC [King Khalid Military City]. Stayed overnight and got cold showers, food and cold drinks. It was getting hot now. That last month in the desert I think that the thermometers maxed out at 120. It was great in terms of laundry—I could hang up a dripping scrub suit top by pinning one side to the line and by the time I pinned the other side, it was dry in the middle. The humidity was probably 1 percent—I loved it. All we had to worry about was drinking enough water. So from KKM we flew to Germany and finally Volk Field. I forgot to mention that after I was thrown down from the airborne tent, one of the large supporting tent poles fell on my back.

Van Ells: Was there any sort of greeting or anything?

Dr. Gurkow: Oh yes. 13<sup>th</sup> Evac people, we got good support people at home. Oh yes, all the families were there.

Van Ells: Now, on the home front, at this time there were all the yellow ribbons and this sort of thing, where you aware of this?

Dr. Gurkow: Oh yes. We were aware that because up at Fort McCoy too there's a group of trees right by 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.

Van Ells: As you were leaving though, you knew—

Dr. 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. 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.

Van Ells: It doesn't reach into the community as much?

Dr. Gurkow: No, it does not reach into the community. How many people do we know around here that was Active Duty?

Van Ells: So, you got back, and you went back home and went back to work the next day?

Dr. Gurkow: We only got the weekend off and then had to report back to McCoy to be demobilized. They finished up our physicals. If you have an injury that's considered a "line of duty" then treatment is done at McCoy and late at the VA [Veterans Administration]. Active duty people were doing the discharges and sent a lot of us home even though we had injuries due to the war. I wasn't home three days when I got a call to report back to McCoy and would be back on active duty and be treated. I was sent to Fitzsimmons for my hip and back and multiple other things on an outpatient basis. I returned to McCoy and was treated locally. Between treatments, and while healing, I volunteer to work in the demobilization center. By this time it was totally run by National Guard people. There were large numbers of units coming through from Iowa, Illinois, Minnesota and Michigan.

Van Ells: Did you get a sense of any sort of medical problems that these, now veterans, were having as a result of the war?

Dr. 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—since we've been home.

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

Dr. Gurkow: No hint of, in fact you actually had to tear it out of 'em. Were you sick over there? "No, well, I think yeah." 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—any soldier that was 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.

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

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

**[End of Tape 2 Side A]**

Dr. Gurkow: Also doing peer review work and things like that. So my practice would have been wiped out, it would have been totally wiped out. So I was very fortunate. Some of the other doctors in the unit had just sold out to the bigger Dean Clinic, Marshfield Clinic. They were fortunate because they too would have been wiped out because you can't hold a practice if you aren't there. There's no way you can meet overhead because you don't make one tenth in the military what you make on the outside. Some of them were very badly hurt financially.

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

Dr. Gurkow: Not professionally, no.

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

Dr. Gurkow: I've been fighting recognizing it, but I've got the muscular weakness and of course I have a hip problem—and the fatigue. These two are progressing gradually, more and more. I was telling 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 and said, "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.

Van Ells: What do you attribute this to?

Dr. Gurkow: I haven't any idea. No idea.

Van Ells: 'Cause you mentioned the pills.

Dr. 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? 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 was thirty-five miles from us. We got Scudded a couple of times out there. But we don't know. I don't remember ever using any insect repellent in our clothing, I know we didn't.

Van Ells: Which is another culprit?

Dr. Gurkow: 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?

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

Dr. Gurkow: Yes. This was when I was helping out-processing at, in Fort McCoy. I don't remember what unit they were but they were not the same unit. It was two different units. These young men were NBC officers [Nuclear, Biological, Chemical division]. They handled all that. They would handle the tapes and the whistles and all that. Both of them said, "I have it all documented and nobody will listen to me." 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.

Van Ells: I mean I realize this is third hand but, I'm—

Dr. Gurkow: Yes, this is hearsay type of thing.

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

Dr. Gurkow: This was during the night, and I don't know whether they were Scudded or not but this is when the Scuds went off. They were stationary when this

happened. So whether something came in—I don't know what happened in that sense. But you know, you—

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

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

Van Ells: Stay tuned.

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

Van Ells: What about psychological [inaudible]?

Dr. Gurkow: Psychological, 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?" "We're talking three or four months and we all feel like we're ready for the looney bin." Having problems. Our psychiatrist, Dr. Klein, was busy all the time and he had a couple nurse psychologists who were busy all the time. He said he didn't know either. What did they do when they were gone for years at a time when we were having so damn much trouble in this short period of time? I'm still having trouble. 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 want to do. So it's—it was devastating in that sense, it was really devastating. 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." This is what's so hard on the psyche, there's nothing you can do about it, when you always did everything. I—at least I'm getting some insight now but [laughs] getting insight and doing anything about it are two different things. It's taken a lot of us a long time. I'm still seeing somebody at the VA.

Van Ells: 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?

Dr. 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. These vets deserve this and the thing is to help them find out 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 percent 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 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.

Van Ells: 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?

Dr. 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.

Van Ells: You are.

Dr. Gurkow: Oh, are we? Well, anyway I haven't gotten around to that yet. But I do belong to the DVA [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. Within six months HQ wanted someone to go out to Ohio to be on a retention board; the twenty years officers retention. 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 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 it—I took it. It only meant I had to change my patches and start. 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 one year 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. But I'm still on the mailing list for the 13<sup>th</sup> and I know so many people here in this state. 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.

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

Dr. Gurkow: Well, Rosemary keeps me in contact when the 13<sup>th</sup> Evac has—well of course now it's changed, the 13<sup>th</sup> MASH. In fact we encased the colors in October, September/October. So that unit will be gone. Which is a shame because I am gonna miss that. But I usually go to the Christmas parties at the 147<sup>th</sup> Aviation. 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 Blackhawk battalion which will be a T and A unit then.

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

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

Van Ells: Oh, see I thought you had gone.

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

Van Ells: Now this was a—

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

Van Ells: Was it enjoyable?

Dr. 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 see more in Northern Vietnam. It's a—well it's a different type of terrain too.

Van Ells: It's more temperate too.

Dr. Gurkow: In Hanoi 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. 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 147<sup>th</sup> that fought, flew there. I don't want to hear any more about that. Some of the members of my tour group went in and said, "Well, it's really negative toward the U.S." And now they want money from us [laughs]. They are not over the war any more 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 was too close to the kids that got killed over there and as I said, I had aviators that had flew there. I was interested in the culture—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. I hear they are going to tear it down and build a Hilton there.

Van Ells: A real Hanoi Hilton.

Dr. Gurkow: A real Hilton. Yup. Laos is very, very primitive. These people are going from abacus to wireless, to a computer. 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. People can't talk to one another. This is why we need one language. Otherwise we're gonna lose communications.

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

Dr. Gurkow: Oh, I think so.

Van Ells: You think this is going to happen?

Dr. Gurkow: Yes, yes. That's the reason I wanted to go. The children in Cambodia do not beg. I bet you today they beg. Tourists are 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 human nature. They didn't realize they are making beggars

out of them. 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 it's 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 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. The French are always there first. Cambodia is just fascinating with the Khmer Rouge and all of the history of the Khmers.

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

Dr. Gurkow: No, I don't think so. As I say, I'm glad I went. It was certainly enjoyable. It was a whole different facet of life. 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. It's unbelievable but that thing covers any possibility that you could have. It hadn't been updated for many, many years and I think they did a recent update on it, but there isn't question not covered. 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 yes, 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. 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 everywhere else, and there's some bad people too. Overall, it was a good experience.

Van Ells: Well, I thank you for coming in.

Dr. Gurkow: Oh, you're entirely welcome.

**[End of Gurkow.OH358][End of interview]**

### **Narrator's Postscript:**

Flight surgeon training is a nine-week course taught at Fort Rucker, Alabama. I had to take the course over a two-year period because I could not leave my practice that long. Part of the training included learning to fly a helicopter. I had an excellent IP (instructor pilot). I don't remember how many hours of training I had before he said it's time to

hover. That meant I had to bring the aircraft to three feet above the ground, hold it steady and still. That is not easy. It takes all four appendages working very gently together. I got my hove bug badge. Then one day the IP told me to land. I did that and he started leaving the aircraft. “You can solo now.” My answer: “No! You drive, I ride.” In the military, at least in the Guard, the Flight Surgeon’s job is to see that the pilots meet all the physical requirements that flying a helicopter requires. That all we do—is physicals.