

**Interview with Betty Gregorio Baker, Navy nurse aboard the USS *Consolation* (AH-15) during the Korean War. Conducted by Mr. Jan K. Herman, Historian, Bureau of Medicine and Surgery, 9 May 2001.**

**Where did you grow up?**

I was born in the small town of Brockway, PA.

**Had you decided that you wanted to become a nurse when you were young?**

Actually, that was the only profession that I thought of becoming. I lived right across the street from a good friend who I went into nurses' training with at Cook County School of Nursing in Chicago, IL. While there the cadet nurse came into being so I became a cadet nurse. I think we got 15 dollars a month stipend.

**You were saying that your friend had been. . .**

We both went into nurses' training together. No, actually, she went 6 months before I did because she became ill then and dropped out for 6 months, but we went in really for the 3 years. We then graduated together, and she stayed and married an intern and I was working on a surgical floor at Cook County. I had just graduated, and a Navy commander was doing a fellowship and he said you should really be in the Navy. So, he took me up to Great Lakes and I had a VIP tour of the Great Lakes [Hospital], of the wards and the nurses' quarters. Before you know it I joined the Navy and became ENS Betty L. Gregorio, Nurse Corps, USN. I then received orders to Great Lakes and received my indoctrination at Great Lakes, IL.

**What was that like?**

It was wonderful. There were about eight of us in the indoctrination class and you learned to recognize all of the ranks and the rates. We had our own nurses' quarters and we all ate together and you always had a senior nurse at the head of the table and a less senior nurse at the foot of the table that served our food. We had sterling silver coffee and tea pots. We were really treated quite well.

**Where was your first assignment?**

After indoctrination at Great Lakes I worked in the contagion ward there for awhile. I then received orders for Oak Knoll Hospital in Oakland, CA. I traveled across the country and arrived in Oak Knoll Hospital. There I worked mostly on the dependent's ward. I worked in the premature nursery, the regular nursery, and then I was working in the delivery rooms.

**What year would that have been?**

That was between 1948 and 1950. In 1950 that war broke out. I was working in the delivery room and got off duty one afternoon at 3 o'clock. I was then informed that I had orders to the USS *Consolation* hospital ship. There was a car waiting to take three of us ensigns over to Treasure Island and we were to get our seersucker uniforms and Navy blue slacks and shirts and we were leaving on Monday morning. So I really didn't have much time to think about going overseas.

Monday morning three of us ensigns were there at the Oakland port. They loaded us and 240 tons of equipment on the ship. Of course, when I stood at the bottom of that ship and looked up and saw those big red crosses, that ship looked so huge it just took my breath away. I thought “Oh, my goodness, where am I going?” But it was a remarkable experience.

**So you checked aboard.**

We checked aboard. At the time we didn't know where we were going and we had no patients. We rolled bandages and made up sterile solutions. We also did a lot of sun bathing up on the decks and played volleyball and learned how to play bridge. Then we landed in Yokosuka in August 1950.

**Who was your chief nurse?**

We started out with Miss Kolinowski. She was actually Mrs. Lang then. She had married the previous ship captain. Our ship captain was CAPT Ryan and our medical doctor was Dr. Robert Baker.

**Where were you assigned on the ship? What department?**

When we started getting patients, I was assigned to the neurology unit where we got most of the head cases. At the time I was an ensign and I worked with LT Biddlechase. She was the senior nurse there. We had to start from scratch, ordering what kind of trays we needed, suture removing trays, order our equipment from central supply--how many face basins, bedpans. Whatever we needed we had to set up a whole unit. We had to get the medications we thought we would need, order our narcotics, and set up our department completely. Of course, the medical supplies were still around because they stashed those tons of medical supplies all over the ship.

When we got to Yokosuka we off-loaded most of the medical supplies because Yokosuka had grown from a little 75-bed dispensary to a full blown hospital in a matter of weeks. So they needed some more supplies too which we brought along with us.

**Did you find the quality of supplies that you had to work on the ship up-to-date?**

Pretty much so. After we started getting patients we didn't have any Stryker frame beds on the ship at all. That's when you turn the patients--especially spinal injuries. That's when you needed to use the Stryker frame. But it wasn't too long after that we did get some. I know we had two in our unit that I used.

**But the quality of the drugs that were aboard--penicillin and Aureomycin and those types of drugs which were used in the civilian community and in the military medical community. . . you had all of those on the ship?**

Oh yes, we had everything. I think penicillin then was given every 3 hours. All our patients were on penicillin, so every 3 hours you had to give your shots. Streptomycin I think you had to give every 6 hours. Now these drugs are given once a day but we were giving them every 3 hours then. Sulfa drugs were used quite a bit during that time. And our doctor had standing orders because he was so busy operating when our casualties started coming in that he'd make

his rounds in the morning and then everything else you had your standing orders to follow. You knew what to do if a patient went up to 103. Or if it went up to 106 or 108. Because the temperatures after surgery went up quite high.

**What were the types of surgery you were doing? Was it just removing fragments?**

Most of the casualties coming in were fractures and we had a lot of orthopedic doctors on the ship. And there were a lot of abdominal wounds and head injuries. We did get a neurosurgeon and he was the only neurosurgeon in the area at that time so they were sending all the head injuries to the *Consolation*. In 7 months, while he was aboard the ship, he did 119 craniotomies and 14 craniectomies.

**What was his name?**

Dr. Gale Clark. He was a commander and later became admiral.

**He was a career Navy physician.**

Yes, he was.

**What would a typical day be like for you when you were over in Korea?**

Well, you went to your ward. You had one nurse and two or three corpsman working with you. The doctors made rounds. You took their orders and started. Some of your patients were unconscious. Some were on Byrd respirators. You bathed them, turned them, gave them their medications. Your whole day was busy. Sometimes I worked nights, and many times I never took a break and left my post. One of the doctors would call me up and say, "Come down. I have some soup all hot for you. Come down and take a break." And I would say, "Oh, no, I can't take a break. I have patients on respirators." He said "Your corpsmen are very competent and they will take care of things for you." One time I did go down and started eating/drinking some soup and then I said, "I have to go back." And I went right up to my unit and went right back to my Frenchman who was on a respirator, and he wasn't breathing. So I called down because he was the anesthetist down there doing this to me and I said, "You come up here right now. My patient isn't breathing." And he came running up and we got the patient breathing again.

Many times when the patients would come down from Army units that were further up, everyone would go back to work on their units, usually around 8 o'clock. Some of the patients still had their fatigues on, some of their original dressings were on, and we didn't do any cleaning of the head wounds because many times some of the brain would be oozing out. So they did all of that head shaving down in the operating room. We would line them up and they would get them into clean pajamas and into bed.

We also had a patient who was a corpsman. He had been doing some air evac and he had gotten too close to the helicopter blades and gotten half the back of his head hit with them. He was a patient Dr. Clark had operated on. We took care of him for quite a few months. We tried to keep him longer because we were taking such good care of him. He knew we had the first female doctor aboard the ship, Dr. Bernice Walters and he had worked with her before. He had been one of her corpsman when she had been stateside. She would come in and talk to him every day.

**He was conscious then?**

He was vaguely conscious, sometimes not too coherent because he always thought I was Dr. Walters because we kind of looked alike. She had dark hair and was about my size and he would say “Dr. Walters, please come here and do this for me.”

**Do you know the outcome?**

There were rules that you could only keep patients for so long aboard the ship. Periodically we would go to Yokosuka and Kobe and we would off-load the number of patients we had aboard at that time. This one time we did have to off-load him. I heard that he had been transferred back to Oak Knoll. Then I didn't hear anything for some time and then somebody told me he had died. So I really don't know for sure what happened to him. He was interesting also because the dental department made a metal plate for his head because he had so much of the skull missing and they made a metal plate that Dr. Clark inserted.

**Were there other patients that you followed through their treatment?**

No, I didn't know what happened to most of our patients.

**That seems to be a complaint that most of our medical people have is that they never knew what happened to their patients and it was very unsatisfying for a physician or a nurse.**

I know we later had an English patient. The *Consolation* has reunions every 2 years and Dr. Clark had come to one of our reunions and he had corresponded with the father of this patient we had and had talked with him about his outcome..

**For the kinds of cases that you saw it must have been a very emotional thing even for a nurse who has to be slightly dispassionate.**

Well I'll tell you about one patient I had. He was a doctor. We got him back from surgery and his temperature started going up and when his temperature was 103. . . Of course, all of them were elevated in bed for head injuries. We'd take his pajama top off and put alcohol sponges under his arms and in his groin and icebags and turn the fan on him. He would be pleading “Please, oh please give me a blanket. I was always good to my patients. Why are you doing this to me?” And I had to listen to this. You knew you were doing the right thing and you had to do this. After a few hours of this I checked with Dr. Clark and asked if I could remove some of the icebags. And he said, “You have my standing orders?” And I said, “Oh yes sir.” And he said, “Carry them out.” I went back and would talk to him and tried to tell him that we had to try and get his temperature down so I was glad his temperature didn't go up to 106 because the next standing order was an ice water enema.

**Did you treat a lot of foreign patients? You mentioned a Frenchman and an English patient.**

We had Turks. At first we had a problem with food with the Turks because they didn't eat pork. It really didn't take long for things to change and we got food that they could eat. We had some South Korean patients and they were excellent patients. They didn't want you to do too

much for them. I also had a North Korean POW patient and I bathed him every day and shined up the silver tooth in his mouth. Every time I'd assign this corpsman to take care of him, he would be busy with another patient. So I just ended up bathing him myself.

**Did you ever communicate with him in anyway?**

He had had surgery and was unconscious.

When we went to Hungnam up the coast on Christmas Eve [1950], they were evacuating Hungnam. Everyone was going to be evacuated and they were to blow up everything. They weren't supposed to leave any ammunition or supplies. Sometimes when they blew up these ammunition dumps they blew them up a little early so we got a lot of head cases there also. We also got a lot of fractures and frostbite cases.

**I want to take you back a bit before we go to Hungnam because I want to ask you about the evacuation and the patients you saw there. Do you remember the ship docking at Pusan when you first got to Korea? What do you remember about your first sights and smells of Korea?**

Well, we were there on the dock and we didn't go ashore when we got there. I only remember going ashore once or twice. I remember seeing people carrying honey pots on the shoulders.

**I recall talking to people saying that the first thing they remember was the smell and it was an open sewer. Is that what you recall?**

Yes, and the little children usually didn't have any underpants on and anything at all. They usually just had a little top on.

**So you saw a lot of refugees, mostly?**

Yes, coming down. But I don't remember too much. Later we visited an orphanage but I really don't remember much about Pusan.

**But you certainly remember when you went up to Hungnam in December of 1950 and started seeing the patients who were coming down from the Chosin Reservoir. What condition were they in?**

They were tired of the war. They were exhausted. I remember I had one patient who said "This is it." He had been through World War II. He said, "When I get home I'm not going to fight another war." He said it was a terrible war. As I said, the frostbites were. Either their fingers were black and hard or their feet were swollen, weeping, red. It was just terrible to look at.

**Did you care for any of those? They weren't head cases.**

No, I must've rotated at times because I remember soaking some of those feet and I think they were giving them blood thinners. I don't remember too much. Sometimes you had to debride some of them.

**I know a lot of those patients ended going to Yokosuka and they treated them there.**

**They had a frostbite wing and they tried all sorts of things to save limbs and digits.**

They were trying different things there. I think they were giving them coumadin or blood thinners and various things then.

**They really hadn't had much experience with frostbite so they didn't know what to do with them. You talked about those patients and the evacuation of Hungnam.**

We went up to Inchon too. It was another place where we received them. You would kind of get these patients in waves. There would be a big push and we'd get a lot of patients. And then we would get rid of some patients, keep some, and then not have as many patients for a while. I think we were the first ship up at Inchon. That was September 15, 1950.

**What do you remember about that whole thing? That was the big invasion.**

We were there and I remember that we were off to one side. All the ships were there. We could see all of the ships firing and then the landing ships going out. Then the big invasion push came. I guess MacArthur was very right on that invasion because they had to work with the tide. Afterward I have a picture of two ships that were high and dry because the tide went out and they were left. On that invasion they had to time it just right for all of the ships to go in with the tide. Then when they got there, there was that big wall that they had to climb over.

**Did you see that?**

I could see that.

**And you could see the city burning and you could see all of that?**

We saw a lot of the fires.

**How long after that did you start getting patients? It must have been quickly after that.**

Yes. We had small boats coming out bringing the patients.

**It must have been later in September when Admiral Boone was sent by the Surgeon General to go inspect the hospital ship and see what the medical situation was in Pusan and then Inchon, of course. And it was at that time that he wanted to board the *Consolation*. Admiral Struble told him that the ship was 10 miles away and maybe 2 hours by boat. He also told him that he had to be back by nightfall and it was going to be really close. To make a long story short, the *Rochester's* helicopter pilot took Boone over to the *Consolation* and dropped him aboard on the cable. You were probably aboard then. Do you remember any of this?**

I remember seeing pictures there because they went down to the operating room. I remember Betty Murray was in charge of the operating room and she had some pictures taken. I remember hearing that he had been down in the operating room at one time.

**Is Betty Murray still around?**

No, she died. Breast cancer. She operated a tight operating room. When they would do

the triage out on the deck at Pusan they would send them where they were going. I think we only had two or three operating rooms at the most. They would have patients outside the operating rooms that they had to check to make sure which patient who was the worst off to come into the operating room next. With the head injury cases, the corpsmen would shave their heads and get the scalp all ready. Many times, Dr. Clark would be sleeping on a gurney between cases. Then he would go in and operate, they would suture up, and he would go back and take a cat nap until the next case would come up.

**Did the nurses ever get a chance to do that? To take cat naps the way the surgeons did?**

No. They were working around the clock and we worked in our shifts and we would go back whenever patients came down. Maybe it would take several hours to get the patients undressed, bathed, admitted and a certain amount of paperwork had to be done.

**I'm going to take you back again to Hungnam and the evacuation because that was a fairly dramatic event.**

We had, I think, the *St. Paul*, the big cruiser, and the *Missouri*. We could go out on deck and could see the guns firing. We could hear them at night shelling the coastline so that all of the troops could get picked up.

**Was the ship still there when the ships blew up everything or had you left?**

We were about the last ship to leave because there were some small boats picking up the last of the people coming down.

**Because there were a lot of the refugees that came with the troops.**

Yes they did.

**Everyone who wanted to leave got an opportunity. They got everybody aboard the ships. . .**

I think the *Consolation* was the last ship there to make sure we got all of the casualties and then we picked the small boats brought out the last of the casualties and then when we left we kind of passed the other ships, and they all gave us a toot--a kind of a "well done."

**Did you take aboard a lot of refugees?**

It's not very clear to me. Sometimes you were too busy working that you were unaware of anything else. It's good that we got the daily paper so we got to know what was happening, where are troops were and what's going on.

**The ship's paper?**

Yes, the ship's paper. Of course we all ate together and everybody exchanged stories of what was going on on their ward. One time I had to go and work in the ENT--ear, nose and throat--ward and I remember I went in and the corpsman said, "Here's the tracheotomy tray in case anyone stops breathing and you have to do an emergency tracheotomy." I said "Oh, thanks."

**You hadn't been taught how to do it; they just gave you the tray?**

Well, the tray is there, opened at all times in case you needed it in a hurry.

**But you had never done one.**

Oh no, but you learning in nursing school how to find the Adam's apple and make a longitudinal and not a vertical cut so you don't cut anything.

**They were serious though.**

They were serious, and when you looked around and saw some of the patients you knew it could be a possibility.

**So you made this run back and forth, in this case between Hungnam and Yokosuka.**

Here's a list of the trips [hands list to Jan] Then we also had basket leave when we got to Yokosuka.

**Could you please explain what basket leave is?**

You had to sign papers to take vacation, where you were going and when you were due back. But then when you came back from your vacation they tore it up so it really didn't count as far as how much leave you had left.

**You took lots of leave in Japan when you had the opportunity?**

Yes. We went ice skating and saw the Buddhas, and lots of interesting things.

**I want to talk a little bit about the helicopter. At some point they decided to send the ship back for refitting in Oakland and of course you were aboard. . .**

That's when I got off the ship. We arrived in San Diego and off loaded patients and then we went into Long Beach. The ship was going to go into repairs there to receive the helicopter deck. That's when I had orders to get off the ship.

**And what did you do when you got off the ship? Where did you go?**

I had orders to the Naval Hospital at Memphis, TN.

**So this was a PCS move for you?**

I didn't want to get off. I wanted to stay and see the helicopter deck.

**You never got to see it built?**

No.

**Is there anything else about Korea that you can remember? How did you cope with the stress of the day-to-day job?**

Sometimes it did get you and you would have your friends to talk to. At one time I was showing a little bit of stress and one of the doctors talked to Gale Clark and Dr. Clark talked to



me and said “Would you like to work in another unit off this floor?” And I said “Oh, no.” I didn’t want to work anywhere else except for him because I had gotten accustomed to what he wanted. But you had the evenings when you weren’t on the wards. I learned to play bridge and various games and they showed movies in the wardrooms. The nurses had a separate wardroom from the doctors and the line officers had their wardroom. Then after supper, you would get together and intermingle.

**Was the ship air-conditioned?**

Yes.

**I would imagine working in that ward, it would have been more stressful than the others because many of these patients weren’t in very good condition and the head cases were the worse. The recovery rate would not have been what it was with some of the other injuries. There was a lot of permanent disability and all of that. You knew that these patients were going to be permanently disabled if they ever survived so that must have put a lot of stress just knowing you were working on patients that were so critical.**

Yes, and as I say the saddest one was our corpsman, to see him lying there.

**The doctor you saw had been wounded in the head?**

Yes.

**Was he injured in Inchon?**

I don’t remember exactly when it happened.

**Did you ever find the outcome of that particular case?**

No.

**Do you remember his name?**

No.

**I was going to say we could try and find him and let you know.**

I am so very sorry that I didn’t start a journal. We were all in our early 20s. I might have been 23. When I retired from nursing . . . When I got married, I didn’t nurse for about 12 years and then I went into the coronary care unit--with hearts instead of heads. The ships now have ICUs--intensive care units--critical care units, and recovery rooms. Back then you got your patients directly from the operating room. They didn’t stop and get stable in a recovery unit or an intensive care unit. You had Byrd respirators on you floor and you didn’t have a respiratory therapist to come and check them every couple of hours and change their tubing. You didn’t have that back then. There weren’t special units back then. But I know when I went to the USNS *Comfort*, which is over in Baltimore, I would get lost on that ship. They have intensive care units and a burn unit I think they have now that is enclosed all in plastic. That ship is quite remarkable.

**You said you had a smallpox patient?**

Yes, in fact he kind of stumped the doctors while there. They didn't know what was wrong with him. They were running all kinds of tests on him then finally he broke out and then he was diagnosed with smallpox. Two nurses were assigned to take care of him; they each had a 12-hour shift so that not too many people would be exposed to him. But for a while there he couldn't swallow or anything. He had lesions in his mouth, in his nose. He was literally covered with smallpox. Many of the doctors had never seen smallpox so of course everybody took a peek at him.

**Did you treat Korean patients?**

We had a little Korean girl we called Connie. And everybody would go up to her and carry her all around the wards.

**Did she have a head injury?**

Yes, her head was bandaged. Everybody would go up when they had some spare time and carry her around the ward. She had all kinds of toys in her bed. We had her in the sick officers quarters.

**Well it's been 50 years since you were in Korea, do you have any thoughts about that time?**

Last June, I was asked to be part of the presidential delegation that went back to Seoul, Korea for the 50th Anniversary. Togo West, the Secretary of Veterans Affairs and his wife and Charlie Rangel with 13 Black veterans from Korea were with us. We also had a POW and several other veterans. The big affair was set there at the Korean Memorial--it is just fabulous! But when you saw the thousands of veterans there with their white hats (showing that they were veterans). And you'd look out and see a sea of white hats. The South Korean veterans were there and there were veterans from each of the 16 countries that had participated in the Korean War were there. You would look out into the audience and think that these were the men that were in the bunkers, not having the proper clothing, being shot at. Some of them were left for dead. I looked out at that sea of hats and was just so proud to be there with them.