

South Australians at War – transcript – OH 644/7

Interview with Mrs Betty Lawrence (nee Crocker)

J.D. SOMERVILLE ORAL HISTORY COLLECTION, STATE LIBRARY OF SOUTH AUSTRALIA: INTERVIEW NO. OH 644/7

Interview with Mrs Betty Lawrence née Crocker, recorded by Rob Linn at West Beach, South Australia, on the 22nd May 2002 for The State Library of South Australia South Australians at War Oral History Project 2002.

TAPE 1 SIDE A

[Tape ID comments]

Well, Betty, what's your full name, please?

Betty Irene Lawrence.

And what's your date of birth?

3rd June 1925.

And you told me just a minute ago that you were born at Waikerie?

Waikerie, South Australia.

And who were your parents, please?

My parents were Arthur Ernest Crocker and Marjorie Flockhart Crocker. My father was a First World War Digger, served in France with the Australian Army Medical Corps as a Field Ambulance man.

So what they call a paramedic today?

Paramedic today, yes, called a paramedic today.

Did he ever talk to you, Betty, about his experiences?

No, not until I told him that I was enlisting for Korea. And I was quite horrified as to what he told me, and he finished by saying, 'Don't worry about it when you go to war. If the bullet has got your name on it you'll get it no matter what you do.' And that was his farewell statement to me, and that was the first I knew, although I did know that he had lost an eye during the War. But he never mentioned anything about that.

So was he quite fatalistic about war?

Well, I suppose he thought along those lines seeing as he survived the horrors of France.

And sorry, I think you said to me earlier – what did he do as his occupation, what was his occupation when he came back?

When he came back? He took up land at Moorook, South Australia, when they opened up land for ex-service people, and unfortunately, after a few years, because the soil was not relevant to growing fruit and vines, he moved to Barmera, we went to Barmera. And we were there for – I was four when they moved to Glossop and opened up that area, which is quite close to Monash. And he had sixty acres of land there and had a multi-fruit growing property, and also, in the beginning, there was dry land farming as well.



And you grew up in the Riverland, then?

I grew up in the Riverland until I was ten. I went to — started school at the tiny little Glossop school, (laughs) a two-teacher school, absolutely enjoyed it thoroughly. I started school at the age of four because, in those days, if you turned five during the next year you could go to school. So I started at four — four and a half, actually, four and a half. And that only went up to Grade Five. And from Grade Five I went to the Berri Primary School until I did my Qualifying Certificate. And my father was, perhaps before his time, a believer in education for girls, and I was sent to Adelaide to live with my grandmother, who I absolutely adored, and I went to Adelaide High School.

So was she your father's mother or your mother's?

My father's mother. She was very much an English lady. My father was English, by the way, originally. He came out here when he was nine years of age with his mother.

Although he served in the AIF in the First World War.

Yes.

But where had he been brought up, Betty — in England, where was he raised, what part of England?

In England? A little village called Milton Combe outside Plymouth. Yes, he came out here. In actual fact, it was rather a strange — for the time — thing for him to do and also for his mother. His father was to come to South Australia to be an architect in the early days, and three weeks before they were due to sail and everything had been organised and so forth — she had three sons at the time; my father was the eldest — he was killed in a carriage accident. And in those days, wouldn't you think she would have just stayed, with three young sons? She was very much an English lady, with all its connotations. And she said, apparently said, 'Well, this is what my husband wanted to do, was to go to South Australia.' So she came to South Australia with three young sons. And she set up a business, a Chandler's business, serving sailing ships.

Based at the Port?

Based at the Port. And she finished up, when she — after some time she married again, she married a widower with seven children — (laughs) and they had one. So there was seven of his and three of hers and one of the new situation. And she finished up being in the Central Provision Stores, she was responsible for setting up the Central Provision Stores, CPS. She was a very lovely lady. Anyway, I lived with her while I went to school at Adelaide High School, and it was my ambition to do Medicine, and I qualified, but unfortunately in those days there were no scholarships for females for Medicine, and my father had had five bad years on the land and there was no money available, so I did nursing instead, and started at sixteen, because it was wartime and you could start at sixteen.

This is 1940?

1941. And normally you applied to a hospital to do nursing, but during the War all essential services were handled by the Manpower. And the Manpower directed me to go to Broken Hill, because Broken Hill was in the South Australian Manpower area because it was too far from Sydney, and that's where I did my first general training and also followed it up with twelve months of Accident and Emergency and Accident Theatre work, which later on was one of the criteria that I was accepted for the United Nations forces. And after Broken Hill and that extra course I went to Sydney, to the Crown Street Maternity Hospital and did Midwifery, came back to South Australia and did Infant and Child Welfare at Torrens House on South Terrace, and then went to Northfield Infectious Diseases. I did my course there and became Sister In Charge of the two polio wards during the last polio epidemic.

That must have been a pretty harrowing time, being out at Northfield at that period.

It was. It was very, very harrowing, but we had wonderful medical staff. And it was very harrowing and it was also very confining because, as nursing staff, we were sort of not accepted outside in the community because they thought we would be carrying the disease. I mean, there was such a fear of polio at that time— it really was a time when people were terrified for their children and for themselves. And we had

quite a large number of prominent people who had polio. We had a lot of children. One of the children that I remember very, very clearly was Sir Donald Bradman's son, and I saw a side of Sir Donald Bradman that no-one else ever saw. Because of his status in the community, he was one of the few people that was allowed in to see his son when he was in the respirator.

So John had –

Polio.

– polio, and Don's daughter was cerebral palsy, I think.

That's right. Yes.

Gosh. So he had a handful.

Absolutely, yes.

Now, that's something I didn't know, that John had had polio.

It pleased me immensely to see him walking without a caliper in the procession at his father's funeral. I'll tell you something else about that later, but not on the tape. Yes.

Betty, could you just give a – before we come to more detailed material, just give us an overview of your life from that time at Northfield on, to the present. Just a very quick overview.

From Northfield?

Yes.

Well, immediately leaving Northfield I went into the services and served in Japan and Korea and in Australia, and during that time I met my husband.

That's Bill.

Yes, Bill. And we met in a very strange situation. I had been sent to 3 Camp Hospital in Puckapunyal when I came back from Korea as a casualty, and I thought, 'Oh, this is great, I won't have any more war wounds to attend to.' I thought it was going to be lovely. I only had four months left to do of my service, four years' service, but it didn't turn out that way. One night when I was on duty in the Casualty section, a young medico – young in medical terms but not in age or experience – brought down eight seriously wounded National Servicemen who had been injured in an illegal grenade accident. And the rule at that time was that you were not allowed to give National Servicemen anaesthetics in the camp hospitals. They had to be sent to, in the case of Melbourne, to Heidelberg; in South Australia it would have been to Daws Road. And there was one boy who was very badly wounded and I'd put him on the theatre table, he was unconscious and he had a severe head wound, and this medico, who did not know who I was or what I was – I had a white theatre gown on and no indication as to who I was – and he said, 'I think I'll stitch up that boy's head before he wakes up.' And I looked at it and I said, 'I don't think so, sir. See that grey matter?' And he didn't proceed. We got all the casualties, eight of them, off to Heidelberg – the boy with the head injury was the only one who died; the others survived their stupid prank – and we went, the young doctor and myself, went to dinner that night. He used to eat up in the hospital mess. He was only doing a month's service with the RAP from – at the Alfred Hospital, he was a junior resident, and I was that night orderly officer, which meant I had to be in full uniform with all necessary things up, and he looked at me and he said, 'You did know what you were doing, didn't you?' (laughs) 'Would you like to come to the pictures?' So we went to the pictures. We were married a year later, and we went to North-West Victoria, he was the GP and I was the nurse –

This is at Red Cliffs.

– at Red Cliffs, and we looked after a very, very large number of ex-service people for forty-four years.

And Bill had been in the Second World War.

Bill had been in the Second World War, he had served in Borneo and New Guinea and had done Medicine when he came back from the War because, even though he was an engineer when he was in the

War, but he came back and after being in that group of people who tried to rescue the people from the Sandakan Death March, he was so influenced by the fact that he was unable to do anything for them — nobody would have been able to do anything, anyway — but he was so influenced by the fact that he couldn't do anything for any of them that, when he came back, he did Medicine. And that's how we met.

And I had three children, and for forty-four years we lived up in Red Cliffs. My children had to go — when they reached the age of eleven and twelve — to boarding school because there were no facilities for secondary education to the standard that we felt that they needed, and they all went to boarding school, which wasn't a very pleasant experience but it was necessary. And that's — life just went on for forty-four years like that.

And, Betty, you now live at West Beach in South Australia.

Yes.

But could we just recap for a minute: when you entered the armed services, were you given a rank?

Yes. I was the first member of the newly-formed Royal Australian Army Nursing Corps. Prior to that it had been the Australian Army Nursing Service. And they were only called 'Sisters', or 'Matron' if they happened to be in charge of the place. But when we became Royal Australian Army Nursing Corps we were part of the Army and had equivalent ranks, and I was an officer, Lieutenant to start with but finished up in my last year as being a Captain. Yes, we had rank.

And you served four years?

Four years was the minimum that you could sign on for, four years, and you were under the auspices of the Army to go where and when you were wanted. No redress, you had to do as you were told.

Betty, with all the nursing experience you'd had by the time you got to the Northfield Infectious Diseases ward, what caused you to sign up with the Army?

I was on duty, on night duty, at Northfield, and I was having supper and reading a paper, reading the newspaper — and I'm a great reader of the newspaper, I read everything on it — and I saw this little advertisement from the Defence Department calling for nurses, trained nurses, preferably with Accident and Emergency and Theatre qualifications, to join K Force. And at that time it was the end of the polio epidemic and I was just beginning to sort of think, 'What will I do now?' And I don't know whether it was because my father — I knew he'd been in the First World War but I hadn't heard much about it — or what, but I thought, 'Well, I've got the qualifications, I'll apply.' I felt that I was the sort of person they were looking for, I thought I'd be useful, and that's how it happened.

You told me earlier of your father's response and the story he gave you

—
Yes! (laughs)

— but what did your mother and father, and even your grandmother, say to you when you informed them that you'd joined the Army?

My mother was not pleased. (laughs) Most displeased! But then she was most displeased about me trooping around Australia doing nursing, so that was nothing new. As I said — I told you what my father said. My grandmother, she said, 'Well,' she said, 'take care of yourself, but,' she said, 'I know that you're the right person for the job.' That's the sort of person she was, you know, she'd summed me up. (laughs)
Yes.

Was there support in the broader community for the type of work you'd be doing, do you think?

None whatsoever. We became known as the most forgotten of the forgotten war, and it was very distressing when we returned because there were no facilities for counselling, nothing for us to get over what we had experienced. I was in a very particular situation, because, being a theatre sister and also

being the only Australian in a surgical team, I did not have connection with the sisters who were working in the hospital and I didn't have the same rapport with them. Although I was still a resident in the nursing home when I was in Japan at the hospital, my hours of duty didn't coincide with those of the ward, because, as a theatre sister, I was required to work continuously until every person on the convoys that were coming in had been treated, and sometimes that meant twenty-four hours or even longer. So I did not have anyone back in Australia — well, certainly as I had married and gone to an isolated area — I didn't have anybody to talk to about it, and have until now hardly mentioned it. For two reasons: I didn't have anybody to talk to about [it], and I also had the feeling that, if I did talk to people about it, they wouldn't believe it. So I wrote it instead (rustling of paper) in my diary. And that's the only sort of feeling I had.

Betty, you did say, though, that your family supported you. Now, I wonder if, in some detail for the next little while, we could actually go through what happened to you as soon as you joined the Army? Where were you first sent?

(reading) My first posting was to Woodside Army Camp. To my somewhat chagrin there was no troops in camp full-time, except for a nucleus of officers and NCOs. There was nothing there. (tapping sound) The hospital existed in name only, a large building about the same size as a fifty [bed] hospital ward, plus the necessary ancillary rooms. With the assistance of one female NCO, Sergeant Querupil —

I beg your pardon? Sergeant — — —?

— Querupil, an ex-VAD from the Second World War, a member of the Citizens' Military Force, I was instructed by Matron Kestel, the part-time Army Matron for South Australia, to prepare the hospital to be ready to receive patients from the forthcoming National Service intakes. If possible, it was to be ready in one month.

So they didn't ask much.

No, they didn't ask much. Particularly — what a job! — the building contained beds in a heap covered with dust and chip, but little else. Colonel Matthews was camp commandant and Matron informed me that I was to approach him for assistance in acquiring the necessary equipment. I considered it fortunate that I'd had considerable experience at Northfield and knew what was required to cater for up to fifty mainly medical patients plus the care of the occasional accident before transfer to Daws Road. So I spent the first days in my service preparing a long list of equipment required. It was a long, comprehensive list. Colonel Matthews evidently considered it in the same light. He thought it was okay. It was duly stamped and I awaited the result. I honestly believed it would be some time before the items arrived, thus it was, to my surprise, one week later that the two large Army trucks arrived. The Army ordinance personnel carried everything into the ward and Sergeant and I looked at it in dismay, wondering how we would ever get it unpacked, sorted and prepared ready for use in less than three weeks. But we did. We did. We unpacked it and decided which was the best way to — where to put it and so forth and so forth and so forth. And it was ready — the day that the first National Servicemen walked in, it was ready. (laughs) That was my first job!

Anyway, I only stayed there for about two weeks and then I was sent off to Healesville School of Army Health in Healesville —

In Victoria.

— in Victoria, to be indoctrinated as an Army officer. Marched up and down the hills, drilled and drilled and drilled.

Had you anticipated this, Betty?

No way, no way! (laughs) I must admit, it was good for the physique, I was really fit, I was really, really fit. And this lasted for six weeks. We had lectures on Army law, officers' mess etiquette, which we titled 'Knife and fork course', training in how to deal with war injuries. They were very good injuries made from sort of plastic, they looked very realistic but they didn't smell. (laughs) And we were taught how to look after all these things if necessary. And, you know, nothing could prepare us for the sickening smell of wounded men who'd been in their clothes for days and days in filthy conditions, the distress of dying

and wounded. The young British National Servicemen were like kindergarten children, crying for their mothers. None of that was taught to us in the School of Ill Health.

The School of Ill Health? (laughter)

As we called it! After six weeks I came back to South Australia just for a very short time, about ten days, and I was sent off to Korea via Japan.

And how did you get to Japan, Betty?

What a journey it was flying to Japan in the '50s! After travelling from Melbourne to Sydney by train, spending a few days after being briefed by the Transport Officer, we reported to the Transport Officer at Mascot Airport at 1630 hours. I was supplied with my ticket and no passports required, even though we were in civilian dress, uniforms, et cetera, in the luggage. This was because we were travelling on a civilian Qantas 'plane, right? On board were soldiers joining regiments in Korea plus Japanese wool buyers, that was all that was on board. We left Sydney at 1800 hours on a very hot evening, travelled all night to Darwin, landed at Darwin, supplied with breakfast, reboarded and flew until 1700 hours to Manila. It was possible, because of the low altitude, to view the scenery of the myriads of islands, tropical seas, et cetera, but nevertheless it was a very, very long day. None of the facilities on board as provided now, none whatsoever. On arrival in Manila, we plus the soldiers, with the exception of four who were left to guard the 'plane with its weaponry cargo — because at that time, the Communist guerrillas, the Huks, were very active in the Philippines, particularly in Manila.

How do you spell Huks?

H-U-K-S, they were the rebels, right? We boarded a bus and were driven to the Manila Hotel after being stopped en route three times at checkpoints. On arrival at the Manila Hotel, which was still showing signs of the Japanese Invasion in the '40s such as shell holes in the walls, the first thing that struck me was a large notice in several languages, saying, 'Deposit your gun here'. Then came some confusion about my room. Because we were listed by our rank — in my case Lieutenant — with no distinction as to whether we were male or female, I had been billeted with the Major in charge of the soldiers. The Transport Officer had omitted to see that I had a number preceded by 'F', which meant of course 'female' and '4' for South Australia, 'F4/3'. (laughs) Oh dear, oh dear. He was very smartly — I very smartly corrected them and ordered a single room. It turned out to be the bridal suite! (laughs) Unbelievable! A huge bedroom upstairs with a picture window overlooking Manila Harbour, which was filled with wrecks of ships sunk during the War. A king size bed, beautifully fitted, a large bathroom and a sitting room. All very lovely, but it was wasted on me because immediately after the evening meal I fell into bed and slept until called at five-thirty next day. Flew all day to Iwakuni in Southern Japan, then back to Kure Hospital by boat along the Inland Sea. It was very, very cold and we were in summer gear. And as always, the Inland Sea was a beauty to behold — high mountains either side and vegetation, vines, et cetera — without a doubt. I had spent some leave on one of the islands called Miyajima, directly opposite Hiroshima, so I was familiar with the surroundings, but the nurses were enthralled. There were two other nurses on board — — —.

Yes. Who were they, Betty?

They were the first non-officers to go.

What were their names, do you remember?

I can't remember their names now.

END OF TAPE 1 SIDE A

TAPE 1 SIDE B

[They were the first non-officers to go.

What were their names, do you remember?

I can't remember their names now.]

They were Australian girls?

They were Australian girls, yes. Yes, so we arrived in Japan. On arrival at Kure I discharged my duty as officer in charge and never encountered the four nurses again, because shortly after my arrival I was called to Matron's office and told I was going to Korea to serve at the British Commonwealth's own military unit in Seoul. She also told me she would be accompanying me — this was a big shock — on an official tour of the facility. Two days later, having been fitted out with fleecy-lined, studded-soled boots and a parka, I waited in the nurses' home for Matron and our transport to the wharf to retravel the Inland Sea to Iwakuni. We slept, or tried to, on the floor of the despatch hut on the Air Force base, taking off next morning in a Dakota — unlined, no seats, the plane had no seats, only slung canvas on either side, under which were boxes of supplies — ammunition. (laughs) Great! Absolutely great. Everything from food to arms. It was absolutely freezing in the plane, especially as we ascended to climb over the rugged snow-capped mountains before descending, which to me appeared to be a perilous practice, onto Seoul Airport. Apart from being used as the transport base, the airport was also a fighter aircraft [base], so there was plenty of activity. Because of the wintry conditions the airstrips were of Marsden steel matting. Matron and I were very glad to squeeze into a heated jeep for our journey to the medical unit. Oh, it was freezing, absolutely freezing. I believe the temperature was minus twenty that day.

Betty, when you came in over Seoul, could you see what had been the city?

Yes.

So it was daytime.

It was daytime.

What was the sight you saw from the air.

Absolute devastation. Everything — the buildings that were standing were skeletons, and then of course when we got on the ground it was just rubble, it was devastation, absolute devastation. Seoul at that time had been invaded about three times. On the way down to Pusan the North Koreans had savaged it, on the way back they'd ravished it, and then it continued to be bombed by the North Koreans.

And during the Second World War the Japanese had occupied Korea, is that right?

Yes, yes. That's why the Japanese and the Koreans hate each other still.

So was this view of Seoul other than you'd anticipated?

I had no idea what Seoul was like, I really didn't know. I was just so — to be quite honest, I was absolutely terrified in the plane going from Japan to Korea. It didn't seem to be a very safe sort of transport, (laughs) especially sitting on ammunition boxes — and it was so cold, absolutely freezing. And despite the fact that we'd been given a parka and the fur-lined boots, that was all. The rest of the uniform was our summer uniform, because the uniform we'd been given was designed by people in Australia who had no idea that December in Korea was mighty cold. Oh! Unbelievable. We solved that little problem, anyway. We went to some of the other countries' units and got winter gear. Got string vests from the Danes, lovely warm shirts from the Americans and trousers — except the Sarge said, 'Oh,' he said, 'Sister,' he said, 'You'll have to do a bit of sewing. I haven't got any ladies pants!' Never mind, that didn't matter. And, as I said, we had RAF flying boots, that's what had been given to us, nothing from the Australians, it was just unbelievable.

So were you taken straight to your living quarters?

Yes, yes.

And that was in a compound?

Well, the living quarters were — as I said, the whole of the city was rubble with skeleton buildings. It should have prepared me on the way in, from the airport, for the primitive conditions of the site of the BCZMU.

Now, just explain what that is.

British Commonwealth Zone Medical Unit, right? Because remember, it was a United Nations war, and in an ordinary war — if there ever is an ordinary war — each country who's fighting supplies everything themselves, but with the Korean War it was the first time that the United Nations asked different countries to supply certain things. And our medical unit was made up from medical personnel from Canada, India, Australia and of course Britain, and that's why it was called the British Commonwealth Zone Medical Unit.

Can I just ask you now, before we go on, Betty, what was it like working with that mix of cultures and nationalities?

At first it was very difficult. As I said, I was the theatre sister, I worked with the same people all the time. That was in Japan, where we were receiving the patients, where we were doing the surgery, and later on I'll explain how that came about. I found it very difficult at first, in many respects. Each country names the instruments differently, that was the first thing. And I did have a little language problem with the anaesthetist. He was a French-Canadian and he had very small command of the English language.

That was Dr McNally, (interviewee laughs) is that right? Dr McNally?

Yes. And I had a Scottish surgeon who was so Scottish that I found it a little difficult, although he was easier to understand than the French-Canadian.

Was that Mr Webster — — —?

No, he was an Englishman, Mr Webster, he was an Englishman. Anyway, but, because we were not doing elective surgery and we were dealing with war wounds, the same lot of instruments applied, one after the other, and we very quickly got so used to each other we didn't even bother to talk. I knew exactly what he wanted. And because there was such a shortage of doctors, the operating theatre in Japan had four tables in a row, one room, four tables in a row, and the senior surgeons — there were two senior surgeons — used to go from one table to the other, and sometimes they were so busy with something more serious they would leave the theatre sister to do the final suturing, which was something you never did in civilian life, but we'd been taught that at Army School of Ill Health. (laughs) And so that really wasn't any problem. But it was different. So you really became not just the theatre sister, you became more or less an assistant surgeon, you had no choice, you just had to do those things. And you had to do a lot of things that you had never done before.

Betty, where was the BCZMU situated in Seoul?

It was thirty-five miles from the front line at that particular time, when it was first established. It was established in this old school. Okay. What did we have to sleep on? We slept on an Army stretcher inside a sleeping bag. And it was so cold that, if we didn't grease the zipper of our sleeping bags at night you couldn't get them open in the morning, so — — —. (laughs)

They froze, did they?

Yes, they froze. There was no heating. No heating in the building. Electricity was at the whim of the generator, which sometimes worked and sometimes didn't, and we used hurricane lamps. And that produced a little thought in my mind: 'Here we are in the twentieth century, and we're doing exactly the same as Florence Nightingale did in the Crimean War. Absolutely. Absolutely.'

That would almost be enough to send shivers up your spine.

Yes. And we were extremely short of equipment — this was at the BCZMU — and we were very, very glad that our patients — a forty-eight hour stop in that unit was a long stop, because they were sent as quickly as possible to Japan. When they arrived at us or we had collected them at the BCZMU, their wounds were covered with a plaster. We had no idea what was under that plaster, because they never had proper

surgery before they were transported to Japan. It wasn't until they got to Japan in the theatre that they had proper surgery. All they did at the RAPs or the Field Ambulance stations was stop bleeding, immobilise fractures and resus[citate] them to a point where they could be transported to Japan. Because there was no static hospital in Korea, everything was mobile, because in the beginning, of course, it was up and down like a yoyo.

That's the war, you mean.

Yes. And of course, you see, you couldn't establish hospitals in that sort of situation, no way. No way. None of them had hospitals. We had hospital ships off the shore, American and Danish, but that was even very, very difficult. And so when they arrived in Japan at the theatre having arrived by 'plane and train, they all had plasters on and we never knew what was underneath. And sometimes it would be something small, most times it was something very serious. But going back to the BCZMU, as I said, it was so freezing and it was very, very spartan. The engineers had arranged forty-four gallon drums in a row, and the six female nurses, two British, two Canadian and two Australian, we used to go to shower about once every three days — that's how long it used to take them to warm up the water — and like horse stall we'd line up, pull the cord and have our shower and get back very quickly into our clothes. But there was a funny part about it, was it was a tented sort of area, they put this tent around it, and there was a guard running round while we were showering. I guarantee he had a few peeps through the holes! (laughter)

So the engineers, they'd made the forty-four gallon drums into showers, is that right?

Yes, they'd put them on a platform and we pulled a cord and we just all lined up like horses in the stable and had a quick shower.

And the guards all sold tickets.

And the guards all sold tickets, yes. Anyway, we used to get back into our clothes pretty quickly. At night-time we would not undress except for our parkas and boots. There were two reasons for that: it was too damn cold to get into anything else, and also the North Koreans, in their Russian-supplied bombers, used to bomb Korea very frequently, and when the siren went, no matter what time it was at night, whether we were off-duty or on duty, we all had to go to the wards and only return back to try and get some sleep when the all-clear went. So it wasn't exactly a safe environment for us. The only time we left the environment was when we were out on collection. Because the British Commonwealth patients had been sent to various other areas, to the Americans, to the Norwegians, to the Danish, the Indian Field Ambulance, they were taken wherever it was close to, and the country was rough, rugged, very hard for ambulances. Now, sometimes they would arrive at the BCZMU by various routes. If they were in an ambulance they were the lucky ones. They used to be strapped to the bonnets of jeeps — these are wounded people — strapped to the bonnets of jeeps — (sighs)

On stretchers?

No. (laughs) They couldn't take the stretchers away from the RAP Field Ambulance, okay? And some of those people had actually been evacuated from the actual fighting area to the RAP — you may have heard this from, if you have interviewed any of the medico RAP people — on the sides of tanks. And some had gone from the front line area to the American hospital ship by helicopter. The helicopters were not like they are now. They were Sikorsky helicopters and they had a thing called a barouche on the outside and they would be able to take two casualties at a time, but there was no care for those patients, they were just strapped to the outside of the helicopter.

That barouche is a bit like a carrier rack?

Yes, like a basket. And they strapped them to the outside of the helicopters. But there were no medical personnel on the helicopter and no treatment for these patients, but it did reduce the mortality rate because they did get medical care, of a sort, very rapidly. And I understand the statistics of the number of wounded as against the number who died was the lowest rate of any war because of that. Only the very, very serious were helicoptered out, and usually to an American hospital ship. So it was our duty from the BCZMU to get all these people into our little unit, transport area, for the RAAF medic-evac to take them

to Japan. So it was our responsibility to collect the patients, if you can understand. And so we used to go out with the ambulance, Field Ambulance people plus one of us, and on reflection it was a pretty dangerous sort of activity. But when I think of it I think of the funny side of it because, as I said so often, we were a United Nations, and each unit we went to I was called by something different. I'd go to the Americans and I'd be 'Loo-tenant!' (laughs) I'd go to the British — oh, very deferential, 'Ma'am' and a lovely salute. I'd go to the Norwegians, 'Unh.' 'Patients?' That would be about as far as we'd get because we had a language problem, but never mind. But you'd go to the Aussies — we had to go to the Aussie RAP, the 2nd Regiment I went to, on one occasion — and you were lucky if you got a salute, but you always got, 'G'day, Sis!' (laughs) But you could get all that in one day, on one trip, and you'd come back and think, 'What am I, really? Who am I? (laughs) Where do I belong?' But it certainly brought home the fact that we were there as a member of the United Nations. (squeaking window blind, break in recording) Brought home the fact that we were there as members of the United Nations, not just as Australians. And it was a very, very enlightening experience, particularly medically, to see how people treated wounded from different countries.

And were there large differences?

Probably not large, but small. Small differences. The Americans were very gung ho, let's put it that way. I did a couple of days' surgery work on a hospital ship and I was astounded how rapidly they did an amputation with no consideration as to whether that limb could be saved if less radical surgery was done, whereas the British surgeons, if it needed an amputation, there was much consultation as to how far we'll take it off, and in most cases it was done as low as possible so that when they finally got back to Britain, Canada or Australia there was a chance that they wouldn't lose the limb totally. But the Americans never thought along those lines. It was — I never expressed an opinion, of course, it was not my place to do so, but I felt it; I felt that they were very gung ho, and very quick — it was a quick amputation without any thinking of the consequences of being able to, perhaps, make it less traumatic for the patient.

Betty, did that give you an appreciation of Australian medical expertise at the time, or British?

As I said, I was not working with an Australian team, I was with the British Commonwealth, and my team did not contain an Australian surgeon. But I will say this, that the patients who came from the Australian units where they had been treated by Australian medicos at the front line and the RAP, and also the Australian Field Ambulance, which was there, plus the Indian Field Ambulance, which were also involved with the Australians — I have met several gentlemen who were involved in that since I came back here, they also made the comment that how wonderful the Indians were — yes, they could be very, very pleased with themselves that they were responsible for quite a number of the wounded having less traumatic injuries because of their care, when they came back. And in some cases they got back because of the intensive care, whereas, as I said, in some of the other units, there wasn't much thought about that.

Betty, you said as a theatre team, and is this radical surgery, would you call it, in the sense that it had to be done immediately and whatever way to get the wounded through for the next stage? Is that what you were involved with?

The radical surgery — the surgery that I was doing, as surgery, was in Japan, not in Korea.

Yes.

Yes.

Yes.

No, we didn't go in for radical surgery at all. We did surgery, it was — every patient was marked off as a delayed primary surgery. This is how they came from Korea. All they'd had in Korea was something to be able to — staunching of bleeding, fractures plastered, and everything had a plaster on it. They didn't even suture up the top wounds because the rough conditions of evacuating them — this is why plaster was put on — rough conditions and open wounds — sutured wounds don't do very well because they become open wounds, do you follow what I mean?

Yes, I do, yes.

Right? So therefore they didn't have the last suturing done, they only tied off bleeders, so when we removed the plaster we were confronted with an open wound.

So at the BCZMU in Seoul, your task was more preparation?

Preparation to get them to Japan by forty-eight hours. And we spent two months at a time there, sort of

Rotation and back to Japan.

— rotation and back to Japan, yes.

Well, we'll come to Japan in a minute. What I might do is finish this tape here, I think, and go to the next tape so we can get some more detail on Seoul.

Yes.

END OF TAPE 1 SIDE B

TAPE 2 SIDE A

[Tape ID comments]

You ask me — — —?

I'll ask you, Betty, about — — —.

Yes, ask me to explain the difference between Korea and Japan.

Yes, that's right.

Right? Okay?

Yes. So, Betty, if you could explain the difference between what you were doing in Korea and in Japan with the wounded, so that we can get a picture — the big picture, if you like — of how the wounded were treated?

Right.

Because what you've been saying to me is, because of the war situation in Korea, you could not have any fixed hospital. Is that correct?

That's correct, that's correct. And we had the BCZMU for all British Commonwealth service personnel, and that was where they were brought in, where they were collected, to be transferred to Japan by RAAF air-evac. Now, some of the patients that were there perhaps would only stay a few hours. It would depend on entirely when they were going out. At the most, they were there for forty-eight hours. And all we could do for them was just general care, tender loving care. We had no facilities for surgery, no personnel for surgery, and very, very little equipment. Equipment was very, very basic. So all these patients that came in to the transit unit had been seen at the regimental aid post at the front line, or had been transferred from the regimental aid post to an American hospital ship, Indian Field Ambulance unit — somewhere where there were some medical people, not a basic hospital, though. And they had been prepared to a state where they could be transferred to Japan for final surgery, final reconstructive or whatever was necessary. So when they came to us their wounds were all covered with plaster, they were not bleeding because the bleeding had been stopped and they were all covered with plaster, and that was necessary because it reduced the amount of traction on open wounds. And the plasters were not removed until they arrived in the operating theatre in Japan, where major surgery was performed.

So, Betty, what were your tools of trade, in effect, in Seoul?

In Seoul? Give them something to drink, perhaps have to give them penicillin or painkillers — which, I might add, both of which, were carried in the pockets of our parka because otherwise they would freeze and be useless. So we carried penicillin and aqueous painkillers in the pockets of our parkas —

So are we talking morphia?

— yes, yes, it was. And we had to use those, and it was in the days when it all came in ampoules, so you had to have a syringe and — it doesn't do me much pleasure to have to say this — but sometimes we used the same syringe on three or four patients. We had no choice. We were very, very short of equipment and we really gave them a hot drink and resuscitation, general resuscitation, until they were taken by ambulance to Kimpo Airport, where the air-evac 'plane used to come in.

How do you spell Kimpo?

Kimpo, K-I-M-P-O. Number 77 Squadron was there, RAAF. And they were then handed over to the care of the RAAF medi-evac which was staffed by RAAF Air Force sisters. And from there they went to Iwakuni, where the air base was in Japan, and they were rested there for a short while — not long, then they were transferred to an ambulance train. Now, that ambulance train was two carriages that were attached to the ordinary Japanese rail service, and those two carriages were staffed by nursing sisters. And there was one occasion only when I handed my patients in Seoul over to the Australian nursing sister who was on the air, and she handed them over to an Australian nursing sister on the train, and that only happened once. That only happened once when it was three Australians in a row.

And, Betty, with your work at this field base in Seoul, if I may call it that — the BCZMU —

(laughs) Yes.

— that was done on a two months' rotation.

Rotation.

And then you were back to Japan to work in the theatre.

Back in Japan to work in the theatre again.

But there was no let-up, was there?

No. No let-up at all. If you mean did we go on leave, no. (laughs)

Well, I want to know, what did those pressures do to you as nurses, then, as medical staff? It must have been intense.

Absolutely intense. Although — I'm speaking now of the situation in Japan — when the convoys came in on the ambulance train they arrived at the hospital late in the evening, probably about seven or eight o'clock at night, they were taken to a ward and they slept overnight, and they were assessed then by the Resident Medical Officer who was caring for the ward patients. And we would receive a list in the theatre of all these people, starting with the most seriously wounded — that was a bit of a guess, too, because, because of the transfer of these patients from various units, they didn't have any medical records with them. Because, well, okay, the Americans didn't write medical records about the Aussies, (laughs) and so it was. So this has had a repercussion back here in Australia now, because so many of them have at long last decided they'd better do something about applying for a Disability Pension, and it has been doubly difficult for them to get it because there has been no medical record of the initial injury. We did records in Japan, but that first vital [record was missing]. And for a man to prove that he was injured by a grenade or shot by somebody else or fell down the ditch or got burnt in Korea has been difficult because there's nothing in writing [concerning the incident].

Anyway, these patients used to come to the theatre from the convoy, and the first thing that used to happen was their plaster would be taken off after they'd been anaesthetised. And we would take the plasters off in an area that was not a sterile operating section, it was an annexe. And believe you me, we had some very, very big surprises what came out from underneath those plasters.

Give me an example, Betty.

(sighs) Well, I had two experiences where the horrors of war were too much for me, physically. One was a patient, a British soldier who had been wounded but they were unable to rescue him because the Chinese were sniping the Field Ambulance people trying to get them, and he had been laying out in the field for quite some time. And this was summertime, this was not wintertime, this was when I was in Japan. Anyway [when] he came in to us and he had very, very badly wounded legs, both of which had plasters on them, and we were cutting the plaster off. And at that stage we didn't have gloves on, because it was unsterile, we were just cutting off plasters and it's hard to cut off plasters with gloves on. We opened the plaster and there was putrid pus pouring everywhere, just as though you'd turned on a tap, and it was absolutely unbelievable, the stench of it. But worst was to come. We opened up the plaster and it was full of maggots, and that was just a bit too much for me. (laughs) I'd seen some pretty horrible things but that was just a bit much for me. I had been working twenty-four hours so I was not at the best. It was just a bit much for me, so I had to go out and have a big chunder. And anyway, I came back and went on.

The other time when it happened in a very similar situation, only it was on a burns patient who had bandages on. We had a lot of burns during the winter in Korea, because there was no heating, of course, in the dugouts, and Australians being Australians improvised, and all sorts of things used to happen to these improvised heaters and they used to blow up. And we had horrific burns, absolutely horrific burns. As a sideline, we had percentage of the number of men in the fighting, we had the highest incidence of burns and we had the highest incidence of frostbite. The frostbite because they were not properly equipped — Australian troops had never fought in the snow before. The base wallahs in Canberra didn't know what to send them in the winter! (laughs) I'm sure some of the other men have told you this, too. And also, because they were so ingenious about making these things to get warm, little knowing that they were going to blow up in a dugout, and you can imagine. Okay? Anyway, we took the bandages of these very severely burnt legs and the same thing happened, there was pus and maggots and — oh, it was just a — — —. But the stench was awful, absolutely terrible, and I wasn't the only one who was physically sick over that one, I can assure you. So there were times when it was a little difficult.

And unlike your training, I would think.

They didn't teach us that at Army School of Ill Health! (laughs) And it was just — at times it was just overwhelming. And of course the other thing that was a factor in it, when these convoys came in, when they came to the theatre next morning, we just had to work continuously until everybody was done, and that didn't matter how long it took. You just went on and on and on.

Is it fair to say, Betty, that it was sort of factory surgery? Or factory patching?

Oh, no. Not in Japan. No.

No, but in the sense of — it's not the right word: production line, in the sense that it's just one after the other after the other.

One after the other, one after the other, and as I said, there were four tables in the operating theatre, and the senior surgeon used to work from one to the other, because the junior surgeons were — like Mr Webster — were very junior. They hadn't done any of the war surgery beforehand. Even Dr Don Beard was a junior.

Over there, was he?

He was the RAP Medical Officer for the 3rd Battalion, and he did a wonderful job, absolutely wonderful. But he wasn't — he was doing the first part of the, you know, the tying off and all the rest. Yes, he did a wonderful job.

And that's what you said earlier, that they had such a high success rate.

Yes, yes, yes.

Betty, something we talked about much earlier, off the tape, was the fact that in Korea you did not have a lot to do with the Korean people as such.

No. We did not, because we were there to care for the wounded and we were housed in a heavily-guarded — even though it was a derelict building — a heavily-guarded area. We had no associations with the Koreans. The only time, when we went to collect patients, we saw the results of warfare on the civilian population. We also saw the results of how the traitors were very summarily executed and put on display.

You said that, as you travelled through Seoul, there were Bailey bridges, those portable bridges, across the —

Yes, in some of the areas.

— watercourses, and that often these corpses were strung up for public display.

Absolutely, yes. They were strung up for public display. Whether it was done because that was the way they did things or whether it was done to warn prospective North Koreans this is what would happen to them if they're caught, I don't know. But it wasn't a pleasant sight.

I mean, the horror of that must have been intense to you as a very young woman coming from such a — don't take me wrong in this — a sedate background.

Absolutely. Absolutely. The whole situation changed my outlook on all sorts of things very rapidly.

I might come back to that in a minute. But yes, the other factor you spoke to me about was that (rustling sound) Korea had never had, other than the Japanese, such an influx of — sorry, I've just lost it — European Caucasian males/American, American-African, African-American population, and the result was that there were an enormous number of what I guess we'd call 'illegitimate children' —

Yes.

— and what horrified you about that, Betty?

Well, it horrified me that, first of all, we were not able to do anything for them. If they even turned up at the doorstep in labour you still couldn't do anything for them. It was not allowed, because we were there to care for the wounded of the war, not civilian people. And, as Army officers, we were under orders. I could understand that, because we had such lack of resources, lack of personnel, barely able to cope with the wounded, and that was our priority.

I suppose the sight of babies just cast out into the snow must have been just beyond —

Yes.

— your comprehension.

It was beyond my comprehension, and I had to sort of — we had to, as females, we had to sort of repress our natural feelings, if you like. It didn't seem to affect the males as much as the females, and I think that was probably a gender thing. Females generally are more sympathetic towards children in particular, and it did have an effect. But, by the same token, we never had any problems in a safety aspect from the South Korean people. They understood our situation. It was obvious they understood our situation, that we were there to care for the wounded, and that was the situation.

So as you went out to collect the wounded, if you like —

Yes.

— at different times, you saw the life they led, and was that something you'd not had described to you either?

No. How was anybody going to describe to us a devastated country? Remember, when we set up the BCZMU, it was not during the early stages of the war. It was in 1952 — yes, early 1952. Because there was no way we could do it, because they were jumping up and down the peninsula like yo-yos. It wasn't until they had the landing at Inch'on, when they came in from the sea behind the lines of the North Koreans, that that yo-yo situation finished. And they kept pushing them further and further to the North, and as you're probably aware, that they were in North Korea at one stage. That was when we were thirty-five miles from the front.

Yes, that would have been —

1952.

— '52, that's correct, yes.

Yes, that's right. Well, that was when we were able to set up this static evacuation thing. Prior to that the wounded were in all these other units, and this caused quite confusion at times. Some of the people who were sent to American hospital ships finished up in Hawaii. When the ship was full, they just — this is early in the war — when the hospital ship was full it was sent and another one came in. I must hand it to the Americans, I mean — and the Danes; they had a hospital ship as well. What's interesting about the Danes' hospital ship, apart from the crew running the ship, all the medical crew were female.

Really?

Yes. All female. But they were offshore. So it was a very, very different and a very complex medical set-up, very complex, in that you — well, okay, I was working with three or four different other nationalities that I'd never seen before.

I bet your father's words rang true.

Absolutely! Absolutely! 'Just do as you're told,' he used to say. 'Just carry on.' (laughs) And for someone who'd been in France in the Field Ambulance, he knew what he was talking about. He said, 'You just carry on.' (laughs)

Betty, you said, in describing how you saw these atrocities and how it affected you, it changed some of your ways of thinking. In what sense did you have those mores changed?

(sighs) Well, we few women were non-combatants in a place where we could have been killed just as easily as the men, only we could not shoot back, we never had the chance. So what do you do with your fear and your anger? You internalise it, you absorb it, because you have a job to do and that job involves taking care of the wounded. If you adopt this attitude for a long time it becomes part of your character and is carried over into non-war situations. Right? Lack of equipment and facilities was a very relevant factor in creating anger. One of the big problems was the lack of blood for transfusion — no blood bank to draw upon — so how do you deal with a soldier who's had his buttocks blown off when his jeep was hit by an exploding mine directly under the jeep? I didn't think you'd ask me this so this is why I didn't put it in the other thing. You cannot apply a tourniquet, you cannot tie off the bleeders quickly enough, so you let him bleed to death and immediately go to the next casualty. Forget him, then years later the full horror hits you, triggered by a reference on any form of media. And this explains why I cannot, even now, in comfort, watch the news programs of what's going on in the world at the moment.

Because if there was a reference to a land mine situation all this would come back.

Absolutely. You may not believe this, but it comes back so vividly at times that I can even smell it. I think, you know, in the years since the Korean War the voice of women who served there has been very quiet. We've never spoken about it. The war has always been thought of as a man's war with stories of post-war trauma. It's not difficult to realise that the nurses' role is overlooked. We were few in numbers, in a sexual as well as a racial minority among the personnel of twenty-six nations. We very quickly learned that Australia is a very minute part of the world community, as we discovered. When you've got twenty-six other nations and very few women, it's — — —. For the nurse it was easier not to question the cause of the war. You were in the Army and you did your duty, even if you thought the war was ridiculous. The

sense of duty was overwhelming, and that meant more than politics. After a long twelve-hour shift you could be called back on duty, especially as a theatre sister. Nurses quickly became forthright, resilient people who could quickly bring calm to a chaotic situation by sorting out the wounded. And it's not easy to sort out wounded — triage, as it's called — because you cannot allow your personal feelings to come into it. You might think, 'Oh, he's a young soldier, he's an older one, he hasn't got very many wounds but that one's got a lot of wounds.' You have to make the decision on their physical state, not whether you like him or not.

On one occasion, when I was doing triage — it's strange that the memories most spoken about are the funny ones, like the young Black Watch soldier who said, in his broad Scottish accent whilst I was assessing his rather extensive wounds, 'Where do you come from, Sister?', because we had no [visible] designation. On replying, 'From Australia,' he said, 'You can't, you're not black.' He was dead in twenty-four hours. I remember him, not for what happened to him but for that remark. 'You can't, you're not black.' And that's what a great majority, particularly those young British National Servicemen, thought: we were not Australians because we were not black.

But you tend to remember the people by those extraordinary incidents — the humour, if you like — in the midst of what must have been chaos.

Absolutely, yes. Unfortunately, it was the development of this deeper strength which blocked out the treatment we received on returning home for many years. We came back to Australia without fanfare or recognition and took up the next Army posting. It was psychologically easier to cope while staying in the Army, because it was shelter being with a group of people who knew what we had experienced.

Let's go for a minute to Australia, Betty: what happened? Did you try to tell anybody what you'd seen?

No, because nobody would listen to us. And we were not even accepted by the RSL. I'm not just saying nurses; the whole of the Korean contingent — long time before we were accepted by the RSL.

Yes, I've had others tell me that.

Yes.

And that their response was quite violent. (laughter)

Well, that's right! Our families, with the exception of my father, in my case, because he'd been in the Royal Australian Army Medical Corps in World War One in France, could not, nor did they try, to understand what the medical section of the Army goes through in war. The average soldier would, at the most, see four others badly wounded at one time — one in front, one behind and one each side of himself — but the medics see the carnage en masse, you see the whole bloody lot, particularly as a theatre sister, right? People at home in Australia were almost completely unaware of our existence. The nurses were continuing a tradition begun by a small group of Australian women during the Boer War, but like other Korean veterans returned home to a resounding silence. When I went to the dedication of the Nurses' Memorial — not the Korean one; the Nurses' Memorial in Canberra, I had my medals on, and John Howard said, 'I was not aware there were women in Korea.' But Her Majesty the Queen, when she came to South Australia in 1954 and I was in the reception that they gave at the Wayville Showgrounds — they had a big parade thing there — and there was a special section for the ex-service people and I was there, I was one of the people who had to represent nurses, and she came to me and she said, 'It is very pleasing to see a lady wearing the Korean Medal.' — it was the Commonwealth one that we got. She said, 'I was not aware until quite recently that my very first medal would be worn by a woman.' It was the first medal she struck.

Wasn't that a wonderful thing to say?

Yes. You know, she knew — of course, I mean, she'd struck the medal — — —. (tape ends)

END OF TAPE 2 SIDE A

TAPE 2 SIDE B

— — — for Korea, but other people didn't know.

This is indicative, though, Betty, of the way Australians dealt with the Korean War, unlike America and unlike Britain.

Yes.

It's just — not in the recent past but in the past — has been largely put aside.

Absolutely. Next year is the fiftieth anniversary, and I hope — I do sincerely hope — that there'll be a lot, lot more people who realise that they have in their community people who took part in that action, because they are slowly dying off — quite rapidly, actually, some of them — and it's just so sad, it is so sad. And, you know, it's — okay, bitterness was not caused by the normal injuries of war, but by very, very bitter about the cruel treatment given to prisoners of war, the non-recognition of the Red Cross sign of the Geneva Convention. Now, that was something that was not — the first time it had occurred. Even in the Second World War, the Germans did not bomb hospitals or units that had the Red Cross flag. It had no effect whatsoever on the North Koreans, didn't mean a thing. That was the very reason why we were trained in pistol fighting before we went there — not that we ever used them. And that was the very reason why, in our little unit in Seoul, we used to scuttle to the wards when the siren went because we were not being protected by the usual Red Cross and they didn't protect the wounded, and that story that I told you about the fellow who'd been lying out for so long, that would never have happened in the Second World War. Snipers just sniping the people who [were wounded]. And the helicopter pilots were just absolutely incredible. It's one part of the American force that was incredible. They used to land those damn things almost on a table top in that rugged terrain to bring some of those people, despite the fact that — particularly when the Chinese came into the war — they were being shot at.

Betty, I want to just revert to something you said earlier. I hope you don't mind me doing this.

No.

You mentioned the Black Watch fellow — (laughter) how hard was it to dissociate yourself from the men that were there in front of you and to treat them as — what's the word? — as casualties rather than people? How hard was it to do that?

It was very difficult, particularly as a female, because — even within the confines of the unit or at the hospital in Japan — because being a female with such a multitude of men, and human nature being what it is, you were not able to even show one flicker of likeness for one particular person at all. You just simply had to treat the wounded and the other male staff that you were with and the men that you associated with when you went to the front line, and so forth, as one block of people. Perhaps I would describe it in the hospital, I was given by the men (laughs) the name 'the Bloody Duchess'!

The Bloody Duchess?

Because I adopted — like the majority of the other nursing sisters from all countries — we adopted the attitude, 'Well, nobody's going to be favoured, one way or the other.'

Did you ever have a situation occur where you knew some of the patients coming through?

Yes. Yes, I did.

Now, how did you deal with that?

Just the same way as I had to deal with anything. Externally, anyway.

Did they recognize you?

Yes. One in particular was a member of the British forces, he was a Lieutenant-Colonel, and we had in Japan been at mixed functions, social dances and so forth at the officers' mess, various officers' messes, and we were very, very attracted to each other. We seemed to have a lot in common. I mean, my father being English, so maybe that was the reason. And he was very seriously wounded and he was one of the patients that came through my transport, transit unit, the BCZMU. And I just had to do the same for him as I had to do for everybody else, but it wasn't nice. It was hard, it was hard, but it had to be done, Robert. You couldn't sort of show any extra care or feeling or — you just had to treat everybody exactly the same, whether they were the President of the United States or whether (laughs) they were the humble National Servicemen.

Did you ever have visiting dignitaries?

[section of tape deleted] Yes, [especially high ranking officers from Canberra] — like the bloke who came from Canberra and I asked for blankets? It was the middle of winter, temperature's minus something, and we didn't have enough blankets to be able to give each soldier in transit one blanket, let alone two. So he came, and he was doing a tour for half a day — big deal — and I asked him, I said, 'Sir, do you think you could arrange to have some blankets sent?' And he looked at me and he said, 'Oh, Sister, you can use newspapers.' And I looked at him and I said, 'Newspapers are scarcer than hens' teeth around here.' And we got no blankets and we got no newspapers. (laughs) But, you know, when you're tired, your Army situation sort of disappears and all you're thinking about is your wounded.

And that was the total — your total mind of your team was on those people, not on these dignitaries.

Absolutely, absolutely. They were a damn nuisance, they were a damn nuisance. (laughs)

What about military officers? Did they ever visit, senior officers?

Yes, this was a senior officer.

Oh, this was a senior officer.

The fellow I asked for blankets, he was the Director-General Medical Services. (laughs)

I know who that was.

Do you?

Well, that figures. It does (pause) make me wonder, though, is that the one situation where plain speaking can come out without somebody getting slapped down, if you like? Is there understanding, do you think?

Oh yes, yes. I think there's understanding. I think there's understanding. I mean, (laughs) both the gentlemen involved were ex-service people so I think they probably would understand, but that didn't alter their attitude towards me. I mean, they didn't dismiss me or (laughs) take my pips away, or anything like that.

Betty, what was the impact of being exposed to other cultures in war on your understanding that you had being an Anglo-Saxon Australian — well, yes, truly English Australian? Because you'd gone to Japan and you'd seen something of the damage of the War there, I would think, the Second World War.

At Hiroshima, yes.

Yes, Hiroshima. You'd been to Korea and you'd seen the actuality of war as well as the damage.

Yes.

Did it make you question your Anglo-Saxon upbringing at all, the whole way you thought?

(pause) Unfortunately, it questioned my Christian attitude of turn the cheek. I noticed in some nationalities their propensity to be cruel in situations where they shouldn't have been — for example, the way the prisoners of war were treated. We had prisoners of war in North Korea, you see. When they came back — there was one man in particular that I had known before he was a prisoner of war, the terrible way they'd been treated. And I also in Japan noticed the way that they even treated each other, the disdain for women, the attitude towards the children in that the children could do no wrong, even if they were being cruel themselves — the children, I mean, being cruel. So it questioned my upbringing in that I realised that I had been in a very sheltered situation and not exposed to the horrible things of the world, which seemed to be, in many cases, not quite so — I never saw any cruelty amongst the Anglo-Saxon section. There was even cruelty in some of the other sections towards a fellow who'd been wounded by someone of his own nationality, the American Negroes in particular. He was a Negro and they were all in a fully-Negro unit, right? But they were cruel to each other and totally cruel — cruelty came from the white section of the American services and also from the white section of other countries, not necessarily — European countries.

Not Australian?

No. No. We had several Aborigines in our units. No. It wasn't. The Australians were very much — I don't know quite what the word is. Everybody was the same. As I said to you, when I went out: 'G'day, Sister.' No ceremony, no nothing, you know? Whereas the other units we were all put on a pedestal. We didn't want to be there but that was how it was. And I'll say this, the members of the British forces, they were very, very rigid in their regimental duties and very, very rigid in their punishments. On one occasion I saw a British young serviceman who had done something wrong — in our little unit, because there were British orderlies and other people there, engineers and so forth — done something wrong, and he was ordered to do pack drill for eight hours, and it was absolutely freezing, and he had to march round and round and round the compound that we had in the middle, day and night. Late afternoon right through to about midnight, he finished, poor little bugger. But that didn't occur amongst the Australians. So yes, there was a great deal of difference between people. And I came back and felt that there's a great deal of truth in that you do not mix the separate divisions of mankind, the three separate divisions: the Negroid, the Asiatic and the Caucasian. I also learned that the chemical structure of the Negroids, as far as blood transfusion is concerned, is different.

I didn't know that.

Yes. Yes. They have to have blood from their own section.

Is that right?

Yes. Some sort of — well, it's a bit like the Australian Aborigines.

Yes. (break in recording)

It's going to be very, very difficult to integrate multiculturalism because we are all, although we're all human, there are those, still, those three distinct sections. And I often think about the animal kingdom. They don't mate with any other than themselves. And it must be very, very difficult for someone that does have two personalities.

Betty, you said right at the beginning of the interview that you met Bill, (laughs) —

Yes.

— and fun and games started. (interviewee laughs) You get married and you go to Red Cliffs —

Yes.

— and you had a fellow who at least had an understanding of where you'd been.

Yes.

Were you both motivated by this desire to serve?

Yes, I think so. I think so. I certainly was very, very delighted that I married Bill — not that that came into it early in the stages, but I was very delighted that (break in recording) we understood each other's past experiences, which in many ways were very similar, very similar.

Well, with what Bill had seen at Sandakan, that's really about as low as you can go in the Second World War experience —

Yes.

— with horrors to individuals.

That's right.

Probably only on a par with the Jewish ghetto experience.

Yes.

And you said earlier to me as well, Betty, that in the population you served around Red Cliffs there was a very, very large number of returned service people.

We were caring for two thousand and two ex-service personnel from the First World War to Vietnam. They came not only from our local area, they came from as far away as Renmark, which is two hundred miles — not immediately, but as the years went on they seemed to get to know that there were two people who could help them with their post-traumatic stress disorders and other matters. And also I became the Pension Officer for them and did all sorts of things to make sure that they got their entitled pensions. I was also very careful not to plug for a pension that perhaps the person wanted but was not, in my opinion, eligible. (laughs) And that was very easy to detect, actually. Yes. Yes, we did look after a lot of ex-service people. Our oldest one died at a hundred and two, First World War, and then we had quite a number of suicides. Anzac Day was our worst day of the whole year, as far as we were concerned. There would always be — I cannot recall, in the forty-four years we were there, an Anzac Day where we did not have some sort of traumatic situation with an ex-serviceman, which was the day for them to sort of do all sorts of strange things.

Well, Betty, thank you very, very much for talking today. It's been a delight and a pleasure and a privilege to hear what you've been through. So thank you.

Well, thank you, because I must admit it's the first time I've ever done it. (laughs) I probably won't sleep tonight, but still, never mind.

END OF INTERVIEW.