

The Best and Worst of Times: American Nurses in Vietnam

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The war in Vietnam has always been a source of controversy and anger to Americans--both for the reasons it was fought, and its outcome and consequences. The nature of the guerilla warfare in Vietnam left many emotional and physical scars on its veterans. For many years after the war, American women who served as military nurses in Vietnam were ignored by their government, as well as by the ordinary citizens of the United States. These nurses, most of whom at that time were young adults recently graduated from nursing school, volunteered to go to Vietnam and help care for the wounded American soldiers. The reasons they went were usually patriotic in nature, although the strength of their patriotism often failed to see them through the grueling nature of their work. These nurses had to contend with the threat of physical danger, overwhelming casualties and mental stress, only to be ignored by their government once they returned to civilian life, especially when they tried to apply for veterans benefits. While in Vietnam, they were generally very successful in their work. The new helicopter evacuation to various army hospitals and Navy ships achieved an unprecedented success in saving wounded soldiers. So effective were they that less than 2% of [the] casualties treated died as a result of their wounds."^[1] This paper seeks to reveal the lives of these nurses, who worked successfully under extreme conditions, to examine the extent to which the war affected their emotional and physical health, and to assess the often permanent damage caused by the failure of their government to provide adequate counseling or mental and physical therapies they needed to be able to have successful and meaningful lives.

A review of the secondary literature reveals that there were no studies about nurses in Vietnam until the early 1980s. There were a few newspaper articles about local veterans, but overall, nurses were ignored by scholars and government veterans programs. Jennifer Schnaier's master's thesis was the first scholarly study asking women nurses about their experiences, and then comparing them to the then current mental health research regarding Post-Traumatic Stress Disorder (PTSD) in male veterans. Her work, and the successive studies done on female Vietnam veterans, show that women nurses were highly susceptible to PTSD symptoms, problems with depression, and relationship problems. Her methodology was to get a sample of about 400 nurses from the Vietnam Veterans Association, and have them fill out an extensive questionnaire. After her work, there were several studies, including those by Kulka et. al, and Paul and O'Neill, and Elizabeth Norman's Ph.D. dissertation, assessing problems women were having in the years after the war. Books by Keith Walker and Kathryn Marshall first gave voice to the women's experiences by recording their interviews. Overall, the secondary literature reveals that much is still unknown about the emotional and physical problems faced by women nurse veterans, and much more research needs to be done. Most of the articles and books written about Vietnam nurses are written for professional nursing journals, or psychiatric journals, and written for the medical profession in general. There has been no historical work dedicated to these nurses. This paper attempts to give an overall historical account of American nurses who

served in Vietnam, with the hope that more research will be done to give credit to these women.

Although no one knows exactly how many nurses served in Vietnam, there are estimates ranging from 5,000 to 11,000. The Department of Defense claims that there were 6,250 Army nurses in Vietnam.^[2] However, the Veterans Administration claims that there were 11,000 military women in Vietnam.^[3] While many Americans remained unaware that American women were serving in Vietnam, there were nurses already in the military who readily volunteered to go to Vietnam. There were also women who joined the Army as a way to pay for their nursing school. Numerous women also volunteered to go to Vietnam, each one having her own reasons for doing so. One woman related that AI was single, there was a war, and American boys were in it, and they needed American nurses.”^[4] Other women volunteered to get away from overprotective parents, to have a chance to travel, and a chance for adventure. There were also women who volunteered so their brother(s) would not have to go, since only one sibling could be in a war zone at a time.^[5] There were some women who, although they embraced anti-war sentiments, nonetheless volunteered for duty in Vietnam simply to be able to do something for American soldiers. There was of course the sense of patriotism instilled by the Kennedy era. One nurse who served at Cu Chi from October, 1969 to October, 1970, embraced all these reasons when she revealed that she had volunteered to help American soldiers, “and then there was Kennedy: ‘What can you do for your country?’ I was part of that era, of that generation, and I thought, ‘this is perfect, I can serve my country, I can express my feelings about the war, I can get out of New York, and there’s lots of adventure. Plus it pays for my last year of nursing school.’”^[6]

Some nurse volunteers were met with dismay from their parents, who believed traditionally that military women were of low moral character. Other Americans held the same view of military women, and assumed that there would be only one reason women would go to a war zone surrounded by men-- to attend to their “needs.” While most nurses were of high moral character, some women enjoyed the attentions of the soldiers who were happy to see an American woman, and felt it boosted their self-esteem.^[7]

Many nurses who went to Vietnam were white, from working-class families, and Catholic. They were daughters of World War II veterans who had grown up hearing stories about the heroes of that war, and the righteous goals of that era. For these women, the emphasis was on saving lives rather than righteous goals.^[8]

Although the majority of the nurses volunteered for duty in Vietnam, there were also those who were ordered to go. Some were not alarmed at the prospect of going to Southeast Asia, while other women objected to being sent to the combat zone in such a highly controversial war. Fear may have motivated some objectors, and it may have been the reason some women purposely got pregnant so they would be able to get out of Vietnam. However, Elizabeth Norman found in her study of former Army nurses that the reason for some women’s objection was more the result of professional insecurity and a lack of interest in the military as a lifelong career than any moral or political objection to the war.”^[9] During the early years of the war, anti-war sentiments were not as widespread as in the later years, and according to Norman, anti-war feelings were not as prevalent in hospital nursing schools as on college campuses.^[10] There were also women who politically opposed the war. One former nurse said that once there had been the death of

someone she knew personally, her political feelings didn't keep her from knowing her duty—"I was very politically opposed to the war, but when I weighed my political convictions against my response to my aunt's paperboy....I knew I had to go. I knew I was needed there to help boys like him."^[11]

The majority of nurses in Vietnam were young, in their early twenties, and recent nursing school graduates. After joining the Army, they spent six weeks in basic training at Ft. Sam Houston.^[12] They were introduced to a mock Vietnamese village, and learned basic drills for emergency room and triage concepts. This was a brief introduction to the military, unlike Navy nurses who were required to have completed two years of active duty prior to service in Vietnam.^[13] Just as their Army experience was short, so was the prior nursing experience of most of the nurses. The former chief of the Army Nursing Corps revealed that "60% of the nurses in Vietnam had less than two years of nursing experience—of this 60%, most had less than six months [experience]."^[14] There were also women who had served as nurses in Korea, and had 15-20 years of work experience in military nursing. In many ways it would prove beneficial to be young in order to work the extremely long hours necessary. However, some nurses felt that it was impossible to have prepared them for what they would face.^[15] A nurse who served at the 91st Evacuation Hospital in Chu Lai, revealed that she hated them [the Army] for years for not training me better for Vietnam, but I don't think it could possibly be done. I don't think you can train anybody...to experience something that horrible without having them simply live it."^[16]

Army nurses were stationed at various hospitals throughout South Vietnam, and most were able to choose their assignment. Almost all hospitals were in areas of heavy combat, and always subject to attack, since there were no real front lines in Vietnam as there had been in previous wars. The heaviest casualty areas were Pleiku, where the 71st Evacuation hospital was located, Long Binh, the 74th Field Hospital and the 24th Evacuation Hospital, Cu Chi, with the 12th Evacuation Hospital and the 27th Surgical Hospital and the 91st Evacuation Hospital, and Phu Bai, with the 22nd Surgical and 85th Surgical Hospitals. Other hospitals were located in Saigon and DaNang.^[17] Navy nurses were located on the U.S.S. *Repose*, the U.S.S. *Sanctuary*, and at bases at Cam Ranh Bay or DaNang.^[18] Air Force nurses worked on evacuation flights to Japan, Okinawa, and the United States.

Once nurses arrived at their destinations, chief nurses usually assigned them to the areas where replacements were needed. Often nurses had to work short-handed while waiting for new replacements. Sometimes nurses were placed in areas of high stress and responsibility when they had not ever worked in those areas before. Rose Sandeki had seven years of nursing experience when she went to Vietnam. She was placed as head nurse in the surgical intensive care unit (ICU) and recovery, although she had no experience in recovery or ICU.^[19] Pat Johnson, who served two tours in Vietnam, initially was assigned to a medical ward, while she had no previous experience in the medical ward.^[20] Anne Auger, a nurse who had previously worked only in a newborn nursery, was assigned to intensive care and recovery.^[21]

Living conditions for the nurses varied according to their location. In most areas, women lived in Quonset huts or tents they called Ahooches." In these areas there were few creature comforts such as hot water and privacy. Some women had to share living quarters, while others had private rooms. Nurses stationed at long-term bases such as at Vung Tau, had nice rooms in a

hotel-like structure. Bathroom facilities were limited for women. One hospital had only one women's bathroom.^[22] Certain necessary toiletry items were hard to come by for the women nurses. Even such commonly used items such as shampoo and toothpaste were difficult to get, and most had to write home for care packages. Items such as tampons were almost impossible to get, since they were not stocked at the military Post Exchange, or PX.^[23] A former Army nurse revealed the apparent double standard in planning for supplies needed by women, saying that the stores carried nylon stockings, presumably for the men to buy for local girlfriends, because Awe didn't have a great need for nylons with our fatigues."^[24]

At times the living quarters were not at all safe for women, especially during mortar attacks. Women who were off duty could run for the bunkers at night, but some were not allowed to enter the bunkers for fear of sexual attacks by their own soldiers. In one instance, soldiers built sand bags around the nurses' quarters, and they were to put on flak jackets and get under their beds, although according to one nurse, because of a woman's physique, "they didn't realize with the beds so low to the ground, if you had any bust at all you couldn't put your flak jacket on and get under the bed. You wouldn't fit."^[25] Other camps used medical corpsmen to guard the nurses' living quarters, which put women ill at ease, since corpsmen were not normally well-trained in weapons. Former nurse Elizabeth Norman found that Amilitary strategists seemed more interested in protecting women from their male counterparts than from the enemy."^[26] When nurses left their compound, they were usually accompanied by an armed guard.

American women were in great demand in Vietnam, both for social and sexual reasons. Sexual harassment, not reported as often in that era as today, was sometimes common in the military. Doctors and other high-ranking officers sometimes put pressure on nurses (and other military women) to have sex with them. Sometimes there were instances of bribery--offering promotions or medals for sex--other times there was blackmail or outright rape. Instances of rape usually were not reported for fear of reprisals by higher-ranking officers.^[27] Another possible reason for not reporting rape was that until the 1980s rape was still a charge that in the military carried the death penalty, and military judge advocate generals would be reluctant to prosecute under those conditions.^[28] Women in the late 1960s were not as likely to report the sexual harassment they faced. Doctors sometimes assumed that the nurses belonged to them exclusively--socially and sexually, and often pressured nurses for sex. One nurse was raped by a doctor, but was afraid to file charges because of retaliation or that she would be sent to another (probably worse) unit.^[29] Another nurse revealed the difficulties women faced when going to the officers' club, saying Ayou couldn't sit still, just have a drink and relax. There would be one guy after another coming up and more or less doing his number on you. They wouldn't take no for an answer and would play this guilt thing..."^[30] There was also social pressure to go to parties or to the clubs, and those women who kept to themselves were accused of being lesbians.^[31] One nurse recalled that there were Asexual politics at the hospital and the idea of nurses being the doctors' prostitutes."^[32] An Air Force nurse remembered that Amost doctors went to Vietnam with a big supply of birth control pills. I do remember the doctors thinking the nurses belonged to them."^[33]

The study by Paul and O'Neill found that "63% of the nurses reported sexual harassment in some form, ranging from pranks to innuendo to rape."^[34] Conversely, Elizabeth Norman's study revealed no incidents of outright sexual harassment.^[35] Perhaps the reason for the discrepancy is

that Elizabeth Norman completed her study with oral, face to face interviews with the women, while Paul and O'Neill's study was completed with a written questionnaire. Possibly some women were not as reluctant to talk about sexual harassment in writing as women who were meeting face to face. Both studies were conducted in the late 1980s.

Women military personnel were sometimes expected to serve as social partners during special events. Charlotte Miller, who served at the 95th Evacuation Hospital in DaNang, said that when a general visited, the nurses were picked up and taken in civilian clothes to be escorts for the generals and high ranking officers. According to one nurse, "You were there to entertain the general's officers."^[36]

Even though noncombatants are supposed to be protected by the Geneva Convention, attacks by the enemy were fairly common at most hospitals. There were mortar attacks, rockets, and even infiltration by the Viet Cong (VC). In August, 1969 the 6th Army Convalescent Hospital was attacked and overrun by the VC. They threw home-made bombs and fired weapons at the patients, killing two and wounding ninety-nine.^[37] One nurse was in the shower at the 12th Evacuation Hospital at Cu Chi, when she heard the sound of an incoming mortar. She and other nurses went to the bunker in their robes.^[38] Later, VC attacks at Can Ranh Bay wounded twenty patients and killed three.^[39] Nurses on duty had to protect their patients, and during these attacks nurses dragged patients under their beds, and those who weren't able to be moved were covered by pillows, or sometimes by the nurse's body. Many times nurses placed themselves in danger to protect their wounded patients. Some attacks were directed at POW wards, presumably to keep captured VC or NVA (North Vietnamese Army) soldiers from revealing anything to the Americans.

During these attacks, nurses were sometimes wounded. In 1964, four nurses received Purple Hearts for injuries received. A nurse at Vung Tau, working on the Vietnamese medical ward, tried to prevent a Vietnamese boy from running out of the ward during a mortar attack, and her corpsman ran after her, keeping her from running after the boy. A mortar round directly hit the ward, and the boy was vaporized. About fifteen patients were wounded, and the night supervisor received a concussion, while the corpsman received minor injuries.^[40]

Besides mortar attacks, nurses had to fear VC infiltrators called sappers. These men would infiltrate the most well-defended military areas, and then were able to act as snipers or to place explosives in the area. Sappers were not always male, for some Vietnamese women who worked as maids in the nurses' quarters were also proficient in aiding the VC, if they were not actually VC themselves. In one instance, a maid was discovered smuggling eighty pounds of plastic explosives into the nurses' quarters.^[41] Other maids are known to have carried maps of the compound to the VC.^[42] The maids occasionally warned nurses of impending mortar or rocket attacks on a particular night, and they were usually correct.

Eight nurses, including two male nurses, died in Vietnam, and their names are written on the Vietnam Memorial. The first and only nurse to be killed by direct enemy fire was First Lieutenant Sharon Lane, who served in Ward 4B of the 312th Evacuation Hospital at Chu Lai. Having been in Vietnam only six weeks, Lt. Lane was killed on June 8, 1969 when a rocket landed in her ward. She died almost immediately as a result of a laceration of the carotid artery

from a small entrance wound caused by a piece of shrapnel.^[43] Second Lieutenant Carol Ann Drazba died February 18, 1966, along with Second Lieutenant Elizabeth Jones, when the helicopter in which they were riding crashed, while on their way to R & R (Rest and Recreation leave).^[44] First Lieutenant Hedwig Diane Orłowski, Captain Eleanor Grace Alexander, First Lieutenant Kenneth R. Shoemaker, Jr., and First Lieutenant Jerome Edwin Olmstead died in a C47 transport crash in Qui Nhon on November 30, 1967. Captain Mary Theresa Klincker died on April 9, 1975, when the C141 plane she was riding in crashed while they were on the way to a humanitarian mission. Second Lieutenant Pamela Dorothy Donovan died July 8, 1968 as a result of illness. She served at the 85th Field Evacuation Hospital in Qui Nhon. Lieutenant Colonel Annie Ruth Graham died August 14, 1968 from a subarachnoid hemorrhage while serving as chief nurse at the 91st Evacuation Hospital in Tuy Hoa.^[45]

Casualties came to hospitals in mass loads by helicopter, both night and day. Nurses normally worked twelve hour shifts, six days a week. However, during periods of heavy casualties, called Amas cal” for massive casualties, they sometimes had to work steadily for several days, often getting only about three hours sleep. Much of the stress placed on nurses was from the sheer numbers of severely wounded and disfigured young men in their care. Because of the use of small arms, mines, and grenades, there were more traumatic amputations in Vietnam than in any previous war. In the two World Wars, and sometimes in Korea, the soldiers with these types of wounds would not have survived to get to the hospitals, because they were usually far from the front. With the fast helicopter evacuations that could transport large numbers of wounded soldiers, many men with extreme burns from napalm and phosphorus, and multiple traumatic amputations were still alive and often conscious upon their arrival at hospitals. Nurses often had to prepare up to twenty wounded soldiers for surgery in one hour.^[46] Nurses who had just arrived had no time to be Abroken in,” they were often told to Ago to work.” Elizabeth Norman relates that Athere were no trial and error situations, and little time for practice.”^[47] Men’s lives were at stake every moment. Hospitals had areas set aside for triage, emergency rooms, operating rooms, intensive care units, and medical wards.

Triage is the term used for evaluating the wounds of all patients, and prioritizing who needed to be worked on first. Triage was normally used to take the most seriously injured patients first, then work down through others based on seriousness of their injury, and finally to the least serious injuries. However, in Vietnam triage was used to do the most good for the most people in the time allowed. Therefore, nurses chose those men who didn’t require lengthy procedures, tying up surgeons for several hours when three or four soldiers could be helped during that time. This put nurses in the position of making life and death decisions, deciding who would be helped, and who might be forced to wait until there were doctors available to operate on them. Frequently, it was obvious that some men were beyond medical help, and death was imminent. These cases were called Aexpectants,” and they were put behind a privacy screen to await death. Nurses did what they could to make them comfortable, often holding their hand, giving them extra pain medication, talking to them, and many times, crying with them. The nurses’ memories of these men have been the most lasting memories. Each nurse tells her own story about one particular patient who came in without a face, or without arms and legs and sexual organs. These were traumatic cases for the nurses, for they felt guilty that nothing could be done to save them. Further traumatizing the nurses was the fact that they were usually the one who had to tell a patient when they awoke that they had lost a limb or more than one, or that they

were paralyzed. Other times, a nurse might have to tell a patient that he was going to die.

Many nurses have one particular patient who made a lasting impact on their lives, one whose name they remember--and cannot forget--one they couldn't save, or perhaps one they did save only to face the future as a paraplegic or multiple amputee. Lynda Van Devanter, in her book *Home Before Morning*, poignantly related the story of one patient who will haunt her until her dying day. This patient, who had his face blown off by a mine, was assumed to have no ability to communicate. Yet when she asked him if he was in pain, he squeezed her hand. She immediately ordered extra pain medication. What haunted her most about this person was that a picture of him and his girlfriend at the prom was in his pocket. A handsome boy in the picture, he didn't remotely resemble the poor boy in front of her. He bled so profusely that transfusions could not save him. Lynda wonders if she did all she could for him, and he haunts her in her dreams. Survivor guilt may be the reason that these types of patients haunt the memories of women nurses. Just as soldiers often feel guilty that they survived while others did not, nurses also felt guilty for not being "good enough" to save them. Although one may know that it is impossible to save everyone, nurses trained to care for those who were suffering may focus on their failure to care effectively for particular individuals instead of in abstract rational generalizations. It certainly added to the stress on nurses that these horribly wounded and disfigured soldiers were really no more than boys, usually an average of 19 years old. It seemed so unfair that boys who may have never experienced making love or loving someone may have lost their chance at a happy and fulfilled life. Many of these men, when faced with a dim future, committed suicide rather than live as a piece of a man.

Emergency room nurses were under great stress, often having twenty to fifty patients per nurse, on which to start IVs and suction chest tubes. While there was no practical way to prepare nurses for the sheer numbers of casualties, as well as the severity of their wounds, many nurses felt overwhelmed and underqualified. Nurses who had been in-country for longer periods helped new arrivals learn the different procedures for each situation. Often emergency room nurses had severe burn cases, and had to debride wounds and start IVs with antibiotics to avoid the common infections that set in. As a means of lightening the mood, nurse would call these patients "Acrispy critters." Phosphorus burns had to be soaked in special solutions to stop the continuous burning that would persist until it reached bone. There was also the common side effect of pseumonas, a growth of bacteria that causes a stench that many nurses still cannot forget to this day. To these nurses, the smell of burnt flesh still takes them back to Vietnam. Sadly, many of these type of burns were caused by our own planes dropping napalm.

Operating room nurses often found themselves required to be a scrub nurse and an assistant surgeon at the same time. Lynda Van Devanter revealed that surgeons taught her to tie off blood vessels, and one surgeon even talked her through a splenectomy while he was operating on other sections of the belly. She also mentioned that some doctors expected nurses to already know how to assist in surgery, and grew quite frustrated when a nurse had not been taught the procedures.^[48] While in the United States a nurse would not even be allowed to start an IV, surgical nurses in Vietnam often had tremendous freedom in their work. Doctors might occasionally be unavailable, and in these cases nurses were allowed the freedom and were expected to start the procedures necessary to save lives.

Nurses serving on the medical ward saw less horrifying wounds, but nonetheless they were expected to take care of 30-40 patients who needed their care. Elizabeth Norman said that working on the medical ward gave nurses a break from combat trauma wounds, and gave them good experience in dealing with rare diseases.^[49] On this ward nurses saw diseases that they had never previously seen, and indeed, thought had been eradicated. There were cases of bubonic plague, smallpox, malaria, tuberculosis, leprosy, typhoid fever, cholera, and other tropical diseases. Doctors and nurses were not used to dealing with these types of diseases, and sometimes weren't sure how to treat them. It seemed especially sad for those soldiers who, surviving battles with the enemy, died thousands of miles from home by a disease Americans never knew existed in the modern world.

Besides all the American soldiers that nurses had to care for, there were also Vietnamese civilians, including women and children, as well as prisoners of war. Some nurses had ambivalent feelings about taking care of these patients, and occasionally nurses felt bitter toward these patients. Sometimes nurses would rotate on these wards to reduce the chance of burn out. Nurses report that there was the unspoken rule that American soldiers would come first, and Vietnamese patients would not be taken care of until all American casualties had been tended to. This was confusing moral ground for nurses who were trained to care for any who suffered. But as military people, it was unclear whether it was right to help the enemy survive while American soldiers were being killed every day by Vietnamese. Some nurses found it hard to conceive of the Vietnamese as human beings, and occasionally found themselves treating Vietnamese patients roughly.^[50] Lynda Van Devanter recalled that her attitude when she first came to Vietnam had been idealistic. She firmly believed in the attempt to save people who were threatened by communism, but as more American soldiers died and there were atrocities committed by both sides, her feelings toward the Vietnamese changed dramatically. She said, "I began calling the Vietnamese--both friendly and enemy--'gooks.' I would have thought I was above that sort of racism; after all, hadn't I marched in the United States for civil rights like a good Catholic girl who believed all oppression was wrong? I began to understand how many of my friends had felt during my early months there. I had looked down on them for displaying just the kind of attitude I was beginning to develop. Now, I saw the Vietnamese as nothing more than a group of thieves and murderers."^[51] An army nurse at Chu Lai found herself filled with rage when she was forced to care for an NVA (North Vietnamese Army) prisoner who had been responsible for the deaths of six American soldiers. She said, "When he was wheeled onto my ward, something snapped. I was overwhelmed with uncontrollable feelings of hate and rage. I couldn't go near this guy because I knew, without any doubt, that if I touched him, I would kill him. I discovered I was capable of killing, and of violently hating another human being."^[52] At times it was also obvious that the Vietnamese had less than friendly attitudes toward the nurses, for sometimes VC soldiers spat on them or tried to bite them while they cared for their wounds.^[53]

While nurses were under extremely stressful situations at work, they desperately needed friendship and support in their off-duty hours. Many nurses reported that they had some of the most intense personal relationships of their life, both socially and sexually. There was a casual atmosphere between doctors, nurses, and corpsmen, and they felt a common bond that they all wanted to help save lives. Officer's clubs were a popular destination for medical personnel after work. Elizabeth Norman reported that since nurses were isolated from the rest of the world, they

needed to find approval and appreciation from others.^[54]

Some women found that alcohol was an easy way to numb the feelings they had after working such long and stressful hours, and after seeing such extreme suffering and death. There were some nurses who developed alcohol dependence problems, and had to have treatment for that dependence. Other nurses used drugs to unwind or cope with the intense pressure of their jobs.

Sexual relationships were another means of coping in Vietnam. There were some who had relationships with married doctors, both temporary and long-term relationships. Nurses often told about men who were called "Ageographical bachelors," keeping it a secret that they were married, since their wives were so far away. A few women fell in love with married men, only to be heartbroken when they returned home to their wives at the end of the tour. Usually, they never heard from their lover again.

Rotation schedules of military personnel in Vietnam had a dramatic effect on the social relationships of others. While in previous wars, military personnel were shipped overseas together and generally left together, in Vietnam, everyone arrived alone, served a one-year tour, and left alone. Women nurses reported that they were usually the only woman or one of two or three women on the plane with great numbers of men. This deprived nurses of a feeling of knowing and depending on each other for support. For some women it was difficult to get close to people because they might be rotated home. The studies on Vietnam veterans have shown that this rotation schedule adversely affected nurses and likely contributed to PTSD in women veterans.

Nurses looked forward to going home on their "Afreenom bird." However, nurses generally had to work right up until their flight. In fact, one nurse recalled that she had worked a 13-hour night shift, and got off duty late, almost missing her flight home.^[55] Nurses had mixed emotions about going home. On the one hand, they hated to leave their friends and colleagues, and felt guilty about leaving their wounded patients and those who would be wounded and need them in the future; on the other hand, they longed for a return to some semblance of a normal life. For some women, there could be no return to life as it had been. The Army arranged for flights back to the United States, usually to Travis Air Force Base in California. However, they did not provide transportation from there to their homes. Returnees were on their own trying to get a flight or bus home from the airport.

Complicating the emotions present in going home was the news from other women who had returned home that their reception in the United States might be less than welcoming. Reports of college riots, marching, and people spitting on returning veterans shocked nurses who didn't think they deserved that kind of anger. Some nurses prevented this by taking clothes to change out of their Army uniforms in the bathroom at the airport, to avoid being recognized as Vietnam returnees.

For most women, once their tour was over, they were processed out of the military upon their return. Others served a six-month term in active duty stateside, and there were a few nurses who made the military their career. For those who were abruptly transported home and discharged, there was a difficult transition from Vietnam to "the World." After the intense support and

friendships they had among people sharing the same experiences and having the same goal, the sudden isolation from what had been familiar proved almost as traumatic as the war experience itself. They came home alone, and found that, while they wanted to talk about their experiences to be able to come to terms with it, people in the United States were unwilling to listen. For some, the subject of Vietnam was avoided altogether. Lynda Van Devanter revealed her frustration about having to bury it all inside, saying, "Vietnam was the worst time of my life, yet it was also, in many ways, the most important and the most intense. For years, I tried to talk about it. Nobody listened."^[56] For those who were never able to vocalize their experiences, the lack of interest people showed seemed to diminish the importance of their work."^[57] One woman blamed the Army for the lack of planning and helping these women adjust to living as civilians again. She said, "I think the Army made a mistake in that they didn't do any deprogramming. We got home from Vietnam and we were out of the Army. Never once did anyone talk to us about what was going to happen, but I don't think they knew what was going to happen."^[58]

After returning, nurses had serious career decisions to make. Some nurses decided to leave the nursing profession, and some went from job to job trying to find the same sense of satisfaction in their jobs as they had in Vietnam. Nurses tended to be reluctant to reveal their service in Vietnam, fearing that they would be discriminated against because of anti-war feelings. After being able to use their own medical judgement in many situations, they were now faced with not being able to start an IV or give an aspirin without doctor's orders. Nurses who stayed in the military found that while in Vietnam military protocol was somewhat lax because the main focus was on the wounded, in the United States it was back to saluting, wearing Class A uniforms, and following the strict chain of command.

Nurses commonly asked for positions of high responsibility and stress in order to recreate the feeling of doing something worthwhile. Triage, emergency rooms, and intensive care units or trauma centers were common places nurses worked in. However, instead of viewing the experience they had gained as a positive thing, doctors and hospital administrators tended to downplay or overlook their experience. Often the nurses found that no matter what area they worked in, this combination of the lack of respect for their experience, as well as the emotional issues that they were dealing with, served to make them feel unappreciated, bored, unchallenged, and unhappy. Another problem was that it was very difficult to work with patients who whined and complained of pain when they had minor injuries, when they had watched severely injured men endure without complaining, or requesting that their buddy be taken care of first.

Some nurses decided to further their education, and a majority of the nurses in several studies mentioned had a bachelor's degree, a master's degree, or a doctorate degree. Other nurses got out of nursing and returned to school for other types of training. There were also some who quit working outside the home altogether after their marriage.

There were numerous emotional problems that plagued nurses upon their return. As nurses, they were trained to be professionals and not let things get to them, but as human beings and women, they could not help being affected by the traumatic things they had seen. For years, women tried to hold these feelings back, refusing to deal with them, trying to return to normal. Many of these women found that they were unable to reconcile their feelings, and were terribly bothered by

nightmares, flashbacks, sleeplessness, tremors, and physical problems. Sometimes these symptoms did not appear for twenty years. Much later after symptoms observed in Vietnam combat veterans were diagnosed with PTSD, it was finally discovered that women veterans also displayed some of the same symptoms, and with equal severity. Jennifer Schnaier's work was one of the first to study women veterans who had these symptoms, and she revealed that some of these women indeed suffered from PTSD.

PTSD is a syndrome that occurs following some traumatic experience, Aone which is outside the range of usual human experience and would be expected to produce symptoms of distress in most people."^[59] This disorder is characterized by episodes of nightmares, intrusive thoughts about the tragic event, flashbacks, physical problems, and severe depression. For former Vietnam War nurses, these episodes may be triggered by hearing a helicopter, sirens, or smelling something familiar. According to the Horowitz Response Theory, an accepted psychological theory regarding PTSD,

After experiencing an event such as war, the individual's psyche tries to process and to make sense of what occurred during the eventB in other words, to resolve the experience. Until the individual is able to understand the experience two psychological responses occur: an avoidance-numbing response and an intrusive-repetitive response. Memories are avoided because they are appraised as potentially provocative due to too much emotional response. Memories also involuntarily intrude into a person's consciousness because they have not been fully understood.^[60]

Jennifer Schnaier's study revealed that when nurses were asked about mental and emotional problems during the past six months, A27.6% had suicidal thoughts between one and nine times per month, 19.5% felt depressed between 15 and 35 times per month, 16.1% reported feeling an inability to be close to someone between 15 and 30 times per month, and 10.3% reported feeling numb or nothing inside between 15 and 30 times per month."^[61] Her findings indicate that some women indeed suffer from PTSD.

PTSD seems to be more prevalent in women who had less than two years prior nursing experience, and in younger women more often than older women.^[62] It has been suggested that the reason these nurses were more susceptible to PTSD was that they were more highly sensitive to human suffering.^[63] Triage nurses were also more likely to have PTSD, and additionally were more prone to have physical ailments such as amenorrhea, nausea, vomiting, or diarrhea.^[64] Other problems for women who had PTSD included more instances of divorce or relationship problems as a whole.^[65]

Psychiatrists and medical doctors have been reluctant to (or incapable of) diagnosing PTSD among women nurses. Norma Griffiths-Boris was hospitalized 16 times for psychiatric treatment, including multiple shock treatments, and she was diagnosed as schizophrenic and stayed in a mental hospital for nine years. She was not correctly diagnosed with PTSD for ten years.^[66] Another nurse, complaining of pain, chills and fever for two years was diagnosed as having psychosomatic symptoms. She was treated by Navy psychiatrists with Valium for four years, and hospitalized in a neuropsychiatric hospital. Finally, she was correctly diagnosed as having pulmonary tuberculosis.^[67] When she was being treated by a Navy psychiatrist, he

strongly discouraged her from talking about her experiences in Vietnam. This woman drifted in and out of school and jobs, drinking heavily while taking Valium, and considering suicide. Her problems got so bad that she engaged in self-mutilation of her arms and hands.^[68] According to one psychologist, it is common to misdiagnose women with PTSD because therapists and doctors may be unaware of basic issues regarding women's personality development [and] assume that the symptoms they observe in women survivors of trauma are signs of underlying pathology rather than the result of an unfortunate mixture of female socialization and traumatic assault.^{»[69]}

Women veterans also have numerous health problems, possibly as a result of exposure to Agent Orange and other defoliants in Vietnam. Veterans are forced to prove a link between their illnesses and Agent Orange before they can be treated in VA facilities, or have the VA reimburse physicians who treat them. This may be difficult, because the extent of damage done to the human body by exposure to these chemicals is still unknown. In addition, over 15 different types of herbicides were used during the war, making it difficult to know which chemicals were responsible.^[70] Many people assumed that women would not have come into contact with defoliants, but chemicals were sprayed around hospital areas as well as being on the clothes of soldiers they treated. Airplanes spraying the defoliant often accidentally sprayed U.S. troops.^[71]

A class action law suit was brought by Vietnam veterans against the companies that manufactured defoliants used in Vietnam, and some of the problems listed were skin disorders, including chloracne, a severe acne condition that covers the whole body, cancers, respiratory problems, blood and liver disorders, and numerous instances of miscarriage and birth defects among their children.^[72] There is some evidence that women may in fact be more susceptible to reproductive problems than men.^[73] Former nurse Lily Adams suffers from extreme fatigue, liver damage, and joint pain. She gave birth to twins that died. Another daughter appears normal but has unexplained recurring fevers, and her son was born with 50 percent of his intestines being defective.^[74] Another woman veteran, also married to a Vietnam veteran, had a child that was born with 22 birth defects, including brain damage, speech impairment, a malformed arm and hand, is unable to walk, and has severely impaired vision.^[75] Research revealed that 33% of women who served [in Vietnam] Post-Tet [after the 1968 Tet Offensive] reported that their children suffered from significant health problems.^{»[76]} A study conducted by the Center for Disease Control sampled 8,000 babies born in the Atlanta, Georgia metropolitan area and found that 696 babies were fathered by Vietnam veterans, and of these, 428 were born with birth defects.^[77] Of 594 pregnancies of women Vietnam veterans, 110 were miscarried or stillborn. Another 65 children had birth defects.^[78] These results suggest that service in Vietnam adversely affected the health and reproduction of Vietnam veterans, but careful consideration of other population groups and including other variables needs to be done before definitive conclusions are formed. American veterans are not the only people to have been affected by Agent Orange. A study done in 1983 found that North Vietnamese women whose husbands had served in the South [of Vietnam] during the war showed an increase in unfavorable outcomes of pregnancy.^{»[79]}

Women Vietnam veterans also have a high incidence of marital or relationship problems. Women veterans who are married to Vietnam veterans seem to have more problems, probably due to the emotional difficulties faced by both partners. Some marital problems stem from an

inability by some women to have emotional and sexual intimacy.^[80] Other problems occur when neither partner is able to deal with the emotional difficulties involved.

Women veterans are eligible for the same benefits as male veterans, but have often found that typical VA hospitals are inadequate in caring for the special needs of women. The VA contends that since there are so few women Vietnam veterans in the total group of veterans, there is no need to have special facilities and programs for women. While women account for only about 2 percent of the total veteran population, that means that there are about 7,000 women who are not receiving services they need.^[81] While numerous VA studies have been conducted on the needs of Vietnam veterans in general, none has included women.

Veterans groups have tended to ignore women as well. The VFW (Veterans of Foreign Wars) did not allow women members until the 1990s.^[82] Even the Vietnam Veterans of America (VVA) was reluctant to admit women, and has only recently begun to have group therapy sessions and to have women Vietnam veterans work in positions of supporting and counseling women. Being ostracized from these organizations has contributed to the feelings of isolation and depression.

Not all women reported negative experiences in Vietnam. Some women felt that they had rewarding nursing experiences that would never be equaled, and felt very positive about those soldiers who they were able to help. They were very proud of their service, and many women said they considered going back to Vietnam after their tour. According to one nurse, "I'm not sure I've ever enjoyed nursing as much as I did that year. It was the most exciting, the most challenging, the most stressful, and the most important nursing practice I've ever done."^[83] Another nurse said that "Vietnam is one of the more positive experiences of my life. And I feel [that] Vietnam impacts on my life in every way because that experience becomes a part of you. It helps formulate your present attitude, your philosophy, your problem-solving methods and coping skills."^[84]

Nurses in Vietnam have had many of the same problems in readjusting to civilian life as male veterans. It took twenty years for women to be recognized by their government, and by the public. The Vietnam Women's Memorial in Washington led to a greater awareness of women veterans' many mental and physical health problems. Current mental health research indicated that women are still experiencing PTSD symptoms, severe depression, and multiple physical problems even thirty years after their war experience. Perhaps there are several reasons why they continue to suffer. First, they were all but ignored for the first ten to twenty years after the war, when they could have had psychological therapy that would have helped them; second, they still feel guilty about the men they failed to save, and wonder what they could have done to make it better; third, there are feelings of shame that they were associated with such an unpopular war. Finally, they still desire and need recognition and gratefulness from their country, to be able to put the experiences behind them. One nurse expressed it like this, "I desperately want my childhood back--with its innocence and ignorance. I want to go back to Vietnam and make it different. I want to come home to a marching band and a red carpet. I want to hear 'thank you.' I want to hear 'I'm sorry.'"^[85] Nurses continue to need counseling and mental health programs, and help from the government for their physical problems. These women are still angry about their treatment, and perhaps this is why they cannot find peace. One nurse wrote about her

feelings to the government with no response. AI was writing about how angry and bitter I was. It was because those people, whoever they were, who sent us over there made us do all those terrible things, wasted so many lives, so much time and money, and so many resources, are not accountable and never will be accountable.”^[86] It is sad that so many women will perhaps never be able to overcome their grief and experiences. They are not sorry they went, many of them say they would go againB they did it for their country, and for their menB the same reasons heroic veterans have gone to war in the past. Maybe someday these nurses can receive the same recognition for what they accomplished. For the future, care must be taken to make sure that women veterans, whether in combat, clerical, or medical positions, are given the care they need following future wars. Our country owes them that.

How could I forget you? The faces you had
and the faces you didn't have. Some of you
came back so many times to haunt me
with your faces blown off. For some of
you there was so little we could do...
The despair and hopelessness I felt....
I remember changing your dressings
and the roaches that came crawling
out of the wounds of your stumps. The
roaches that were eating you alive
and you didn't know it. They were
difficult days for me too. I remember
your screams when they had to
amputate your legs. I had compassion
for you and cared about your recovery.
I held your hand then, too. I
cleaned the blood up in the operating
room and then had to carry your
amputated leg to the laboratory and
prepare the room for the next case,
all day and sometimes all night. There
were so many of you.....

The author of this passage committed suicide several years after working as a nurse in a military hospital in Japan.

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