

**“SERVE YOURSELF AND YOUR COUNTRY”: THE WARTIME AND
HOMECOMING EXPERIENCES OF AMERICAN FEMALE MILITARY NURSES
WHO SERVED IN THE VIETNAM WAR**

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HOMECOMING EXPERIENCES OF AMERICAN FEMALE MILITARY NURSES
WHO SERVED IN THE VIETNAM WAR**

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Abstract

Between 1964 and 1975, approximately 7,500 to 11,000 American military women served in the Vietnam War. They served in many roles – they worked as air traffic controllers, dieticians, physiotherapists, clerks, and cryptographers – but the bulk of American women who went to Vietnam served as military nurses with the Army, Navy, and Air Force Nurse Corps. This dissertation explores the wartime and homecoming experiences of female nurse veterans whose Vietnam experiences have been largely ignored or minimized by historical accounts of the war. By refashioning the narrative of the war to include women, this study challenges cultural constructions of war as an exclusively male sphere, and in doing so offers a more sophisticated understanding of both men's and women's Vietnam service.

In Vietnam, American women risked their lives for their country. Motivated by a blend of patriotism, humanitarianism, professional advancement, and educational opportunity, female nurses volunteered for war at a time when many young men sought to evade military service. Yet the women who served have been consistently denied the rewards of their sacrifice. After the war, sexist attitudes about who is eligible for the privileges which accompany military service led the VA to routinely deny veterans entitlements including health care and disability pensions to female military nurses. Efforts to memorialize the war, through their focus on male veterans' experience, relegated women's service in Vietnam to the periphery of public memory. Based primarily on oral history interviews with 29 female military nurses who served in the war, this dissertation reveals women's agency through an exploration of their responses

to these and other gendered challenges associated with their military service, and exposes the connection between public memory and women's access to the benefits bestowed upon martial citizens.

Acknowledgements

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Gathering oral histories is an expensive endeavor. Accordingly, in addition to the financial support provided by McMaster University I owe much thanks to the following

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I also offer a heartfelt thanks to my friends and family – too numerous to name individually – whose steadfast encouragement, understanding, and love has guided me through the challenges of dissertation writing. In particular, my parents, Margaret and Mel Moulton, instilled in me the confidence and drive necessary to pursue my academic goals, never wavering in their devotion and support.

I cannot begin to find adequate words to express my gratitude to my husband, Steven, whose unconditional love and patience formed the bedrock of this dissertation. Over the past six years he has performed many roles: he has been my biggest supporter, my driving force, my editor, my voice of reason, and at times, my life raft. His belief in me and this project offered me the nourishment I needed to complete this dissertation, and I am eternally grateful for his love and support.

Lastly, I offer my deepest thanks to the twenty-nine women veterans whose stories are featured here. Each of the women I interviewed for this project was unfailingly generous. They invited me into their homes, introduced me to their loved ones, and shared with me intensely private, often difficult memories. They loaned me books, and shared numerous items from their personal collections – letters, cassettes, photos, even medical records – to help me better understand their wartime service and the struggles that often followed. They patiently provided valuable insight into military terminology,

structure, and culture, never disdainful of my ignorance, only eager to help me understand. In the most difficult days of dissertation writing, when the project seemed too big, too hard, too lonely an endeavor, I revisited the transcripts from our interviews and became motivated all over again. It is to these inspiring women that this dissertation is dedicated.

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Abbreviations

| | |
|--------|---|
| AFNC | Air Force Nurse Corps |
| ANC | Army Nurse Corps |
| ANCA | Army Nurse Corps Archives |
| ASNP | Army Student Nurse Program |
| BUMED | Navy Bureau of Medicine and Surgery |
| CFA | Commission of Fine Arts |
| CWA | Commemorative Works Act |
| DOD | Department of Defense |
| DSM | Diagnostic and Statistical Manual |
| DTC | Drug Treatment Center |
| ER | Emergency Room |
| GAO | Government Accounting Office |
| MASH | Mobile Army Surgical Hospital |
| MEDCAP | Medical Civic Action Program |
| MOS | Military Occupational Specialty |
| MP | Military Police |
| MST | Military Sexual Trauma |
| MUST | Medical Unit Self Contained Transportable |
| NACP | National Archives at College Park, College Park, Maryland |
| NCPC | National Capital Planning Commission |
| NNC | Navy Nurse Corps |
| NVVRS | National Vietnam Veterans Readjustment Study |
| OR | Operating Room |
| POW | Prisoner of War |
| PTSD | Post-Traumatic Stress Disorder |
| RG | Record Group |
| STI | Sexually Transmitted Infection |
| VA | Veterans Affairs (formerly Veterans Administration) |
| VC | Viet Cong |
| VD | Venereal Disease |
| VES | Vietnam Experiences Study |
| VFW | Veterans of Foreign Wars |
| VVA | Vietnam Veterans of America |
| VVMF | Vietnam Veterans Memorial Fund |
| VWMF | Vietnam Women's Memorial Fund |
| VWMP | Vietnam Women's Memorial Project |
| WAC | Women's Army Corps |
| WIMSA | Women in Military Service for America |
| WRAIN | Walter Reed Army Institute of Nursing |
| XO | Commanding Officer |

Introduction

Women, War, and Oral History: Adding Female Military Nurses to the Historical Narrative of the Vietnam War

“This war is literally hell,” twenty-three year old Martha Bell wrote her father in September 1970. “It’s vomit and blood, puss, rotting tissue, men screaming and crying in agony.” Bell had arrived at the 12th evacuation hospital in Cu Chi three months earlier. Financial incentives and patriotism had motivated Bell to join the Army Nurse Corps as a student nurse in 1967. The military sent Bell to Vietnam in 1970, only one year after she graduated from nursing school. Although frightened and inexperienced when she arrived, three months in Vietnam had matured Bell. “I might have led quite a sheltered existence up until now,” Bell admitted to her father, “but my eyes certainly have been opened.” Long hours and devastating losses left Bell physically and emotionally exhausted. What’s more, the divisive politics of the war, as well as its corruption and futility frustrated, disillusioned, and confused Bell. At the same time, challenging wartime conditions had tested her nursing skills and fostered new confidence in her professional abilities. She developed strong bonds with the “girls of hooch two,” and had learned how to survive the multiple roles of officer, nurse, and woman in a male-dominated war zone.¹ Bell’s letters to her father reflected a woman whose character, values, and beliefs had been profoundly and indelibly shaped by war.²

¹ “Hooch” is slang for the simple huts that housed military nurses and other personnel in Vietnam.

² Martha Bell, Letter to Father, September 16, 1970, Personal Files of Martha Bell, Chapel Hill, North Carolina.

More than 250,000 American women served in the US armed forces during the Vietnam era. Although precise figures remain unknown – for most of the Vietnam War the Department of Defense failed to indicate race and gender on personnel records thus making exact accounting difficult – between 7,500 and 11,000 American women volunteered in Vietnam.³ Eight military women died while serving. Their names can be found among the some fifty-eight thousand names inscribed on the Vietnam Veterans Memorial Wall in Washington, D.C.⁴

Although military women served many roles in Vietnam, including air traffic controllers, dieticians, physiotherapists, clerks, and cryptographers, this dissertation

³ Bettie Morden, *Women's Army Corps, 1945-1978* (Washington D.C.: Government Printing Office, 1990), 415; Ron Steinman, *Women in Vietnam: The Oral History* (New York: TV Books, 2000), 18-19. The National Vietnam Veterans Readjustment Study (NVVRS) estimates that 6,039 military nurses (male and female) served in Vietnam. Richard Kulka et al., *Trauma and the Vietnam War Generation, Brunner/Mazel Psychosocial Stress Series* (New York: Brunner/Mazel, 1990), Exhibit B-18 on B-38, Table II-12 on II-12-1. Heather Stur estimates that 700 women served in the Women's Army Corps in Vietnam. Heather Stur, *Beyond Combat: Women and Gender in the Vietnam War Era* (Cambridge: Cambridge University Press, 2011), 7. Jeanne Holm estimates that 7,500 American women served in Vietnam, but explains that neither Veterans Affairs (formerly the Veterans Administration) nor the Department of Defense has reliable data on how many women served and in what capacity. Jeanne Holm, *Women in the Military: An Unfinished Revolution* (Novato, CA: Presidio Press, 1982), 241. The Army Nurse Corps estimates that more than 5,000 Army nurses served in Vietnam. Mary Sarnecky, *A History of the US Army Nurse Corps* (Philadelphia: University of Pennsylvania Press, 1999), 387-388. The Vietnam Women's Memorial Foundation estimates that nearly 10,000 American women served in Vietnam. Vietnam Women's Memorial Foundation, accessed September 2, 2011, <http://www.vietnamwomensmemorial.org/vwmf.php>. See also, Elizabeth Norman, *Women at War: The Story of Fifty Military Nurses Who Served in Vietnam* (Philadelphia: University of Pennsylvania Press, 1990), 3-4; Keith Walker, ed. *A Piece of My Heart: The Stories of Twenty-Six American Women Who Served in Vietnam* (New York: Ballantine Books, 1985), 2; James E. Westheider, *The Vietnam War* (Westport, CT: Greenwood Press, 2007), 72.

⁴ Carol Ann Elizabeth Drazba and Elizabeth Ann Jones died in a helicopter crash near Saigon (February 18, 1966); Eleanor Grace Alexander and Hedwig Diane Orłowski died in a plane crash en route to Qui Nhon (November 30, 1967); Pamela Dorothy Donovan became seriously ill and died while serving at the 85th evacuation hospital (July 8, 1968); Annie Ruth Graham suffered a stroke and died while serving at the 91st evacuation hospital (August 14, 1968); Sharon Ann Lane, in Vietnam less than ten weeks, died of injuries sustained during a rocket attack on the 312th evacuation hospital in Chu Lai (June 8, 1969); Mary Therese Klinker died during Operation Babylift when her plane experienced rapid decompression and crashed near Tan Son Nhut Air Base (April 4, 1975). Doreen Spelts, "Nurses Who Served – And Did Not Return," *American Journal of Nursing* 86 (September 1986): 1037-1039. Roughly six percent of military nurses were wounded while serving in Vietnam. Steinman, *Women in Vietnam*, 20.

focuses exclusively on the experiences of female military nurses who comprised the bulk of the American women who went to Vietnam.⁵ Like male soldiers, military nurses served staggered one-year tours of duty. Although studies frequently cite these fixed, staggered tours as the source of morale problems among military personnel, the one-year tour of duty allowed nurses to rotate in and out of Vietnam on an individual basis so that military hospitals did not lose their most experienced combat nurses all at once.⁶ Military nurses worked at various types of hospitals, including evacuation hospitals, field hospitals, and convalescent centers. Navy nurses could also serve on one of two naval hospital ships, the *Sanctuary* or the *Repose*. Air Force nurses often worked as flight nurses who were responsible for the medical evacuation of wounded soldiers.⁷ Military nurses treated a wide variety of injuries and diseases in Vietnam, ranging from shrapnel wounds to dysentery. Primarily, they provided medical care to American soldiers, but they also treated Vietnamese allies, civilians, and Prisoners of War (POWs). Although an estimated twenty to thirty percent of military nurses who served in Vietnam were men, the bulk of Army, Navy, and Air Force nurses in Vietnam were women, a skewed

⁵ Elizabeth Scannell-Desch, “The Culture of War: A Study of Women Military Nurses in Vietnam,” *Journal of Transcultural Nursing* 11, no.2 (2000): 87.

⁶ For example see, Andrew Weist, Leslie Root, and Raymond Scurfield, “Post-Traumatic Stress Disorder: The Legacy of the War,” in *War in the Age of Technology: Myriad Faces of Modern Conflict*, ed. Geoffrey Jensen and Andrew Weist (New York: New York University Press, 2001), 305; Patrick Hagopian, *The Vietnam War in American Memory: Veterans, Memorials, and the Politics of Healing* (Amherst: University of Massachusetts Press, 2009), 64; Li Xiaobing, *Voices from the Vietnam War: Stories from American, Asian, and Russian Veterans* (Lexington: University of Kentucky Press, 2010), 227.

⁷ For more on the specific role of flight nurses, see Carol Jean Sundling in William Schroder and Ronald Dawe, *Soldier’s Heart: Close-Up Today with PTSD in Vietnam Veterans* (Westport, CT: Praeger, 2007), 3-40.

distribution that reflected the feminization of nursing, and men's continued exclusion from the profession in the period leading up to the Vietnam War.⁸

From 1964 to 1975, nine million American men served in the US armed forces, more than three million in Vietnam. More than three hundred thousand soldiers were wounded during their service, and over five thousand became amputees.⁹ Since men did the fighting, the bulk of studies on the Vietnam War understandably focus on the male experience. Nonetheless, the thousands of military women who served in Vietnam deserve to have their story told, as they too fulfilled the most exacting obligation of citizenship – military service.¹⁰ To ignore women's Vietnam experiences on the grounds that they were vastly outnumbered by men misses an important dimension of the Vietnam

⁸ Although fewer than one percent of nurses in the United States were male during the Vietnam era, in 1967 between 20.5 and 29.6 percent of Army nurses stationed in Vietnam were men. Kara Dixon Vuic, *Officer, Nurse, Woman: The Army Nurse Corps in the Vietnam War* (Baltimore, John Hopkins University Press, 2010), 103.

⁹ A.T. Lawrence, *Crucible Vietnam: Memoir of an Infantry Lieutenant* (Jefferson, NC: McFarland, 2009), 217.

¹⁰ Scholarly accounts of American soldiers' Vietnam experience frequently focus on male soldiers to the exclusion of female soldiers. When military women are mentioned in these works, they are often referred to only in passing and their contributions are frequently minimized. For examples see, Robert J. Lifton, *Home From the War: Vietnam Veterans: Neither Victims nor Executioners* (New York: Simon & Schuster, 1973); A.D. Horne, ed. *The Wounded Generation: America After Vietnam* (New Jersey: Prentice-Hall, 1981); Arthur Egendorf, *Healing From the War: Trauma and Transformation After Vietnam* (Boston: Houghton Mifflin Company, 1985); Ellen Frey-Wouters and Robert Laufer, *Legacy of a War: The American Soldier in Vietnam* (New York: M.E. Sharpe, 1986); Christian Appy, *Working Class War: American Combat Soldiers in Vietnam* (Chapel Hill: University of North Carolina Press, 1993); Fred Turner, *Echoes of Combat: The Vietnam War in American Memory* (New York: Anchor Books, 1996); James E. Westheider, *The African American Experience in Vietnam: Brothers in Arms* (New York: Rowman & Littlefield, 2008). For examples of popular oral histories that focus almost exclusively on the male veteran experience see, Al Santoli, *Everything We Had: An Oral History of the Vietnam War as Told by Thirty-three American Soldiers Who Fought It* (New York: Random House, 1981); Wallace Terry, *Bloods: Black Veterans of the Vietnam War: An Oral History* (New York: Mass Market Paperback, 1985); Henry Maurer, *Strange Ground: Americans in Vietnam, 1945-1975, An Oral History* (New York: Henry Holt and Company, 1989). Popular novels about soldiers' experiences in Vietnam also focus almost exclusively on the male experience. When American women do appear in popular novels on the war, they often serve as the object of soldiers' sexual desires or are depicted as antiwar activists. For example see, Tim O'Brien, *The Things They Carried* (Boston: Houghton Mifflin, 1990); James Webb, *Fields of Fire* (New York: Bantam Books, 1981). For more on novelists' depictions of American women in Vietnam literature see, Kali Tal, "The Mind at War: Images of Women in Vietnam Novels by Combat Veterans," *Contemporary Literature* 31, no. 1 (Spring 1990): 76-96.

experience. Women's sacrifice, too, was great. Young and poorly prepared for the kinds of injuries and diseases they would encounter, female military nurses bore witness to extraordinary violence in Vietnam, frequently leaving them emotionally scarred. Proportionally, nurses saved more wounded soldiers in Vietnam than in any previous American war.¹¹ Yet they returned from Vietnam to find the Veterans Administration (VA) ill-prepared and unwilling to bestow upon them the material benefits of martial citizenship.

In America, a powerful historical connection exists between citizenship and military service. Since the American Revolution, the state has invoked the language of rights and obligations, rooted in republican notions of reciprocity between the state and its citizens, to connect military obligation with citizenship. In theory, the state calls on citizens to be soldiers and in return grants them first class, martial citizenship.¹² In practice, formulations of martial citizenship, tightly linked to race and gender, have served to deny women and minorities access to first class citizenship. During the Second World War, for example, African American community leaders embraced the model of martial citizenship, demonstrating their belief that military service could lead to full citizenship, including political and civil rights. In the military, however, African Americans suffered segregation, poor training, inadequate equipment, menial work, and

¹¹ Sara McVicker, "Invisible Veterans: The Women Who Served in Vietnam," *Journal of Psychosocial Nursing* 23.1 (1985): 14; Lawrence, *Crucible Vietnam*, 217-219; Steinman, *Women in Vietnam*, 14.

¹² Francine D'Amico, "Citizen-Soldier? Class, Race, Gender, Sexuality and the US Military," in *States of Conflict: Gender, Violence, and Resistance*, ed. Susie M. Jacobs, Ruth Jacobson, and Jen Marchbank (New York: St. Martin's Press, 2000), 105-107; Linda Kerber, *No Constitution Right to be Ladies: Women and Obligations of Citizenship* (New York: Hill and Wang, 1998), 224; Patrick J. Kelly, *Creating a National Home: Building the Veterans' Welfare State, 1860-1900* (Cambridge, MA: Harvard University Press, 1997), 2.

racial violence, signaling that the state would not recognize their claims to first class citizenship after the war.¹³ American women, too, have been consistently denied the rewards of their military service. In Vietnam, American women risked their lives for their country. Yet after the war, sexist attitudes about who was eligible for martial citizenship led the VA to routinely deny veterans entitlements including health care and disability pensions to female military nurses.

This dissertation seeks to fill in a gap in the dominant cultural narrative of the Vietnam War, which ignores or minimizes women's contributions, and thus limits their ability to access the material benefits of martial citizenship. By refashioning the narrative of the war to include women, this study challenges the idea that men's wartime experiences can be universalized without regard to gender. An analysis of female nurse veterans' Vietnam experiences not only reveals women's agency, but also leads to a deeper, more sophisticated understanding of both men's and women's military service in Vietnam, including how military service simultaneously challenged and entrenched traditional assumptions about proper wartime gender roles.

Women and War

Since the 1980s, investigations into the relationship between women and war have proliferated. US historians initially debated whether the Second World War had been a

¹³ Ronald Kerbs, *Fighting for Rights: Military Service and the Politics of Citizenship* (New York: Cornell University Press, 2006), 116-117; Frankie Bailey and Alice Green, *Law Never Here: A Social History of African American Responses to Issues of Crime and Justice* (Westport, CT: Praeger, 1999), 95; Francine D'Amico, "Citizen-Soldier? Class, Race, Gender, Sexuality and the US Military," 109. On African Americans and martial citizenship, also see Nelson Peery, *Black Fire: The Making of an American Revolutionary* (New York: New Press, 1994); Neil Wynn, *The African American Experience during World War II* (Lanham: Maryland: Rowman & Littlefield Publishers, 2010).

“Good War” for American women. William Chafe contended that World War II had created a “ticking time bomb” of feminism that did not explode until the 1970s, while D’Ann Campbell minimized the war’s lasting influence on women’s roles. Even though the war opened up new employment opportunities for women, afterwards most left the workforce for “compassionate, child-centered marriages, reflecting a consciousness of women’s position little altered by... wartime.”¹⁴ Similarly, Karen Anderson concluded that while World War II provided a catalyst for short-term changes in women’s workforce roles, the ambivalence of wartime attitudes led to few lasting changes after the war.¹⁵ According to Elaine Tyler May, the Cold War ideology of containment advocated a return to traditional gender roles as the best way to achieve national security in the atomic age. Influenced by the discourse of containment, most American women embraced domesticity and abandoned their wartime jobs, returning to marriage and child-rearing “with enthusiasm and commitment.”¹⁶

More recent examinations of women in World War II have explored how civilian women experienced militarization of their everyday lives. Cynthia Enloe’s pioneering study, *Does Khaki Become You? The Militarization of Women’s Lives*, sparked further research into how the military has used women to further its aims.¹⁷ For example, the

¹⁴ William Chafe, *The American Woman: Her Changing Social, Economic, and Political Roles, 1920-1970* (London: Oxford University Press, 1972), 246-254; D’Ann Campbell, *Women at War with America: Private Lives in a Patriotic Era* (Cambridge: Harvard University Press, 1984), 4.

¹⁵ Karen Anderson, *Wartime Women: Sex Roles, Family Relations, and the Status of Women during World War II* (Westport, CT: Greenwood Press, 1981), 173.

¹⁶ Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988), 4.

¹⁷ Cynthia Enloe, *Does Khaki Become You? The Militarization of Women’s Lives* (Boston: South End Press, 1983). Also see, *Beaches, Bananas, and Bases: Making Feminist Sense of International Politics* (London: Harper/Collins, 1990); *The Morning After: Sexual Politics at the End of the Cold War* (Berkeley: University of California Press, 1993); *Maneuvers: The International Politics of Militarizing Women’s Lives*

historian Marilyn Hegarty has examined attempts by the US government to control venereal disease in the armed forces through the repression of prostitution, while simultaneously asking women to perform morale-boosting services such as hosting and dancing at USO clubs.¹⁸ In another study of the impact of war on women, Meghan Winchell has shown how the USO, a quasi-state organization run by middle-and-upper class volunteers, selected senior and junior hostesses to provide companionship for soldiers. Winchell's study reveals that while the USO strove to promote middle-class cultural values of "respectability" and "public decorum," hostesses often challenged the "good girl" role. To many women, the USO provided a "safe place to experiment with sexual behavior," including slow dancing and kissing.¹⁹

While accounts of civilian women and war appear to have flourished, most studies of American women's military service remain limited in scope and sophistication. On the whole, the literature about American women's military service is characterized by its narrative, anecdotal nature, and a failure to probe deeply into women's wartime experiences.²⁰ The gap in studies of American women who served in Vietnam is all the

(Los Angeles: University of California Press, 2000); *Globalization and Militarism: Feminists Make the Link* (Lanham: Rowman & Littlefield, 2007).

¹⁸ Marilyn Hegarty, *Victory Girls, Khaki-Wackies, and Patriotutes: The Regulation of Female Sexuality during World War II* (New York: New York University Press, 2008).

¹⁹ Meghan K. Winchell, *Good Girls, Good Food, Good Fun: The Story of USO Hostesses during WWII* (Chapel Hill: University of North Carolina Press, 2008), 3, 133.

²⁰ Notable exceptions include Holm, *Women in the Military*; Judith Stiehm, *Arms and the Enlisted Woman* (Philadelphia: Temple University Press, 1989); D'Ann Campbell, "Combatting the Gender Gulf," *Temple Political & Civil Rights Law Review* 2 (October 1992): 63-91; Leisa Meyer, *Creating G.I. Jane: Sexuality and Power in the Women's Army Corps during World War II* (New York: Columbia University Press, 1996); Melissa Herbert, *Camouflage Isn't Only for Combat: Gender, Sexuality, and Women in the Military* (New York: New York University Press, 1998); Jane Schultz, *Women at the Front: Hospital Workers in Civil War America* (Chapel Hill: University of North Carolina Press, 2007); Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Chicago: University of Illinois Press, 2008); Michaela Hampf, *Release a Man for Combat: A Women's Army Corps during World War II* (Köln: Böhlau, 2010); Vuic, *Officer, Nurse, Woman*; Stur, *Beyond Combat*. For examples of descriptive-style

more apparent given the voluminous historical literature on male soldiers' experiences.²¹ Most academic studies give only cursory, passing attention to women's military service in Vietnam. Until recently, when scholars mentioned women's contributions at all, they devoted at most a single chapter to women's military service in Vietnam, and more commonly only a few pages.²²

Several female veterans have published their own stories in order to compensate for the lack of attention from the academic community. Lynda Van Devanter's *Home Before Morning*, which appeared in 1983, became the first major work on women in Vietnam to receive widespread attention.²³ Van Devanter's memoir of the years she spent in Vietnam encouraged other female veterans to share their stories through autobiographies and oral histories of the war.²⁴ These publications offered invaluable

works about military women's experiences see, Barbara Brooks Tomblin, *G.I. Nightingales: The Army Nurse Corps in World War II* (Lexington: University Press of Kentucky, 1996); William Breuer, *War and American Women: Heroism, Deeds, and Controversy* (Westport, CT: Praeger, 1997); Lettie Gavin, *American Women in World War I: They Also Served* (Niwot, CO: University Press of Colorado, 1997); Kathi Jackson, *They Called Them Angels: American Military Nurses of World War II* (Westport, CT: Praeger, 2000); Linda Witt, et al., *A Defense Weapon Known to Be of Value: Servicewomen of the Korean War Era* (Hanover, NH: University Press of New England, 2005).

²¹ Gina M. Scuteri, "Casualties of War and Research: A Case Study of United States Women Veterans of Vietnam" (PhD diss., Purdue University, 1993), 18.

²² For examples, see Myra MacPherson, *Long Time Passing: Vietnam and the Haunted Generation* (New York: Doubleday, 1984); Marilyn Young, *The Vietnam Wars, 1945-1990* (New York: Harper Perennial, 1991); Maurice Isserman, *The Vietnam War* (New York: Facts on File, 2003); Westheider, *The Vietnam War*.

²³ Lynda Van Devanter, *Home Before Morning: The Story of an Army Nurse in Vietnam* (New York: Beaufort Books, 1983).

²⁴ For examples of memoirs and autobiographies written by American women who served in Vietnam see, Bobbi Hovis, *Station Hospital Saigon: A Navy Nurse in Vietnam 1963-1964* (Annapolis, MD: Naval Institute Press, 1992); Winnie Smith, *American Daughter Gone to War: On the Front Lines with an Army Nurse in Vietnam* (Toronto: Pocket Books, 1992); Margarethe Cammermeyer and Chris Fisher, *Serving in Silence* (New York: Viking, 1994); Sharon Grant Wildwind, *Dreams That Blister Sleep: A Nurse in Vietnam* (Edmonton: River Books, 1999); Patricia Walsh, *Forever Sad the Hearts* (New York: T.V. Books, 2000); Carolyn Tanaka, *Road Runner* (Carolyn Hisako Tanaka, 2001); Cora Burton, *If I Don't Laugh, I'll Cry Forever* (Winfield, KS: Central Plains Book Manufacturing, 2005). Oral histories of women who served in Vietnam include, Walker, *Piece of My Heart*; Dan Freedman and Jacqueline Rhoads, ed., *Nurses in Vietnam: The Forgotten Veterans* (Austin: Texas Monthly Press, 1987); Kathryn Marshall,

insight into women's military service, and they reminded the public that women, too, had served in Vietnam. But most of these accounts left military women's experiences, such as sexual pleasure and danger, unexplored. Historians need to take the next step to evaluate women's experiences as a part of the larger story of women and war.

Academic studies of female veterans' Vietnam experiences seemed to show significant promise in the late 1980s. Unfortunately, many of the studies from this period employed jargon laden approaches from the social sciences that rendered their studies largely impenetrable to all but specialists in the field. Shirley Ann Menard, for example, demonstrated that women with extensive prewar training and nursing experience generally adapted to wartime nursing much faster than women recently graduated from nursing school.²⁵ Another dissertation revealed that relative to women who were raised in stable, healthy families, women who experienced pre-service trauma involving familial instability, abuse, or an alcoholic parent were more likely to experience heightened levels of trauma in Vietnam and afterwards.²⁶ Unfortunately, these findings were never published in a form that made them accessible to the public.

One exception has been Elizabeth Norman's 1986 dissertation, published as a monograph in 1990. Norman compiled an impressive biographical overview of the women who served as military nurses in Vietnam. She discusses women's decisions to

ed. *In the Combat Zone: An Oral History of American Women in Vietnam, 1966-1975* (Boston: Little, Brown and Company, 1987); Olga Gruhzt-Hoyt, ed., *A Time Remembered: American Women in the Vietnam War* (New York: Presidio Press, 1999); Steinman, *Women in Vietnam*.

²⁵ Shirley Ann Menard, "Critical Learning Incidents of Female Army Nurse Vietnam Veterans and Their Perceptions of Organizational Culture in a Combat Area" (PhD diss., University of Texas at Austin, 1993), 1-3.

²⁶ Jane Dreeben, "The Role of Pre-Service Interpersonal Experiences and Family Relationships in the Post-War Adjustment of Vietnam Veteran Nurses" (PhD diss., Boston College, 1992), 1-2.

become nurses, their family backgrounds, combat nursing experiences, and postwar readjustment. Norman's examination of the moral dilemmas faced by nurses in Vietnam is particularly insightful. She explains, for example, that nurses had serious qualms about treating soldiers only to have them return to the front. Knowing that recovered soldiers would be placed back in harm's way, many nurses were hesitant to discharge soldiers who had suffered minor injuries.²⁷ While Norman's study has helped to correct many deficiencies in the literature, it suffers from some limitations. One major weakness is that Norman offers only limited analysis of women's experiences. For example, even though more than half of the nurses reportedly suffered sexual harassment while serving in Vietnam, Norman fails to discuss the larger implications of this finding, devoting fewer than two pages to the issue.²⁸ Norman's description of female nurses' working relationships with male doctors and corpsmen begs for a more sophisticated gendered and institutional analysis. Norman documents female veterans' struggles with Post-Traumatic Stress Disorder and other readjustment problems, but she fails to consider the relationship between the purported material benefits of martial citizenship and women's failed attempts to gain treatment and compensation for service-connected health problems.

The next major study of Army nurses in the Vietnam era appeared in 2010. Kara Dixon Vuic offers a sophisticated, nuanced examination of Army nurses' Vietnam service, rooted in the assumption that gender defined nurses' experiences in the Vietnam era nurse corps. Her investigation revealed that the Army's understandings of masculinity

²⁷ Norman, *Women at War*, 42-43.

²⁸ Paul and O'Neill's 1984 study of 137 nurses who served in Vietnam reveals that 63 percent of the nurses sampled experienced some form of sexual harassment during their wartime service. Elizabeth Paul, "Wounded Healers: A Summary of the Vietnam Nurse Veteran Project," *Military Medicine* 150 (November 1985): 574.

and femininity both evolved and remained static during the Vietnam era. For example, the Army sought to promote images of female nurses as feminine, maternal caretakers in order to counteract images of military women as mannish. At the same time, the Army's campaign to recruit male nurses tried to overcome popular characterizations of male nurses as effeminate.²⁹ Vuic's study has helped historicize female military nurses' experiences by connecting them to the wider history of the Vietnam War, the evolution of nursing, and the dramatic social upheavals of the 1960s. In advancing investigations of American military women beyond the standard narrative approach, Vuic's study has inspired the approach adopted in this dissertation.³⁰

Methodology

The US documentary record provides very little information about American women who served as military nurses in Vietnam. The Army Nurse Corps Archive (ANCA) contains hospital and end of tour reports, correspondence between chief nurses and US military leaders, and an assortment of recruitment materials. These documents describe ANC policies and practices, and highlight some of the problems encountered by the corps during the Vietnam era, including personnel shortages and uniform disputes.

Although less helpful for the purposes of this study, the US National Archives contains

²⁹ Vuic, *Officer, Nurse, Woman*, 48-52.

³⁰ For examples of studies that explore Vietnamese women's wartime experiences see Sandra C. Taylor, *Vietnamese Women at War: Fighting for Ho Chi Minh and the Revolution* (Lawrence, KS: Kansas University Press, 1999); Karen Gottschang Turner, *Even the Women Must Fight: Memories of War from North Vietnam* (Hoboken, NJ: John Wiley & Sons, 1999); Nathalie Huynh Chau Nguyen, *Memory is Another Country: Women of the Vietnamese Diaspora* (Santa Barbara: ABC-CLIO, 2009); Gina Marie Weaver, *Ideologies of Forgetting: Rape in the Vietnam War* (New York: State University of New York Press, 2010). Also see Le Ly Hayslip's memoir, *When Heaven and Earth Changed Places: A Vietnamese Woman's Journey from War to Peace* (New York: Plume, 1990) and Bảo Ninh's *The Sorrow of War: A Novel of North Vietnam* (New York: Pantheon Books, 1995).

miscellaneous documents on the military nurse corps, including organizational rosters; lists of nurses' assignments, specialties, and rank; and medical service activities reports. The Women in Military Service for America (WIMSA) archive houses a small number of personal collections donated by women who served in the Vietnam War, and the Navy Bureau of Medicine and Surgery archive (BUMED) contains hospital records and end of tour reports from nurses stationed aboard the Navy's hospital ships *Sanctuary* and *Repose*.

Documents from these archives provide significant insight into where nurses were stationed in Vietnam, the kinds of illnesses and injuries they treated, and some of the military policies that shaped their experiences. Yet these sources provide little insight into why nurses joined the military, or how they adjusted to the pressures of wartime nursing such as sexual harassment and abuse. Records on Navy and Air Force nurses who served in Vietnam are particularly sparse. The Commission of Fine Arts and the National Park Service in Washington D.C. contain important sources on the campaign to establish the Vietnam Women's Memorial, but female military nurses' post-Vietnam experiences have gone largely unrecorded.

Given the weakness of the documentary record, this study is based primarily on oral history interviews conducted with female military nurses who served in the Vietnam War. After obtaining ethics approval of this project in early 2008, I contacted several veterans organizations, including the American Legion, the Army Nurse Corps Association, Veterans of Foreign Wars, and the Vietnam Women's Memorial Foundation, to request their assistance in identifying informants for this investigation.

Several of these organizations warned me that while most female military nurses had adjusted well after Vietnam, many women continued to struggle with postwar readjustment problems such as anxiety, depression, and Post-Traumatic Stress Disorder. For these veterans, interviews could trigger painful memories. I was also cautioned that some women might appear angry, frustrated, or even distrustful. Because many female nurse veterans felt neglected by the VA, they might appear skeptical of researchers asking probing questions. An added unexpected outcome was that, much to my surprise, fewer than half of the women who contacted me in the days immediately following the initial circulation of my call for veterans had served as military nurses in the Vietnam War. The rest – a hodgepodge of women veterans who had served in different capacities in conflicts ranging from the Korean War to Operation Iraqi Freedom – wrote asking to be interviewed. Given the cautions and warnings from veterans organizations, why did so many female veterans want to reveal their wartime experiences? It appears that their eagerness to be included in my study reflected a powerful desire to be recognized as martial citizens. To these women, the exclusion of their experiences from the larger narrative of American wars implied that their sacrifices somehow did not matter.

Fortunately, many female Vietnam veterans responded enthusiastically to my invitation to be interviewed. Between August 2008 and January 2010, I interviewed twenty-nine women who served as military nurses in the Vietnam War. Twenty-three of the informants served in the Army Nurse Corps, two served in the Air Force Nurse Corps, and four served in the Navy Nurse Corps.³¹ Like the majority of female military

³¹ Kulka et al., *Trauma and the Vietnam War Generation*, 23.

nurses who served during the Vietnam War, most of the women I interviewed were under the age of twenty-five when they first arrived in Vietnam.³² Because they were so young, the vast majority of these nurses held the rank of First or Second Lieutenant (or in the case of Navy nurses, Lieutenant Junior Grade), while two women served as Captains and one as Lieutenant Commander. Their tours spanned a decade, with the first nurse reporting for duty in Saigon in 1963, and the last departing in 1973, when all US military forces left Vietnam. All but one of the women served at least one tour in Vietnam proper; one Navy nurse served on board the *USS Sanctuary*, one of two hospital ships stationed off the coast of South Vietnam. Air Force nurses Donna Buechler and Donna Cunningham each served one tour in-country and one tour as flight nurses evacuating wounded soldiers out of Vietnam. The remaining women worked in various locations, ranging from the 3rd field hospital in Saigon to the 95th evacuation hospital in Da Nang.

Demographically, military nurses who served in Vietnam are a fairly homogeneous group, as reflected in the sample gathered for this study. Like the vast majority of nurses who served in Vietnam, my informants were mostly white, middle-class, and Christian (about one-third Catholic).³³ Mirroring broader nursing trends in the United States, African Americans constituted fewer than two percent of female military nurses who served in Vietnam. Unfortunately, I was unable to locate any African

³² Ten of the women I interviewed were age twenty-two when they arrived in Vietnam, while six more were age twenty-one. Four of the women I interviewed were over the age of thirty in Vietnam. Similarly, Elizabeth Norman reported that the average age of her sample was twenty-two years old. Norman, *Women at War*, 28.

³³ Kulka et al., *Trauma and the Vietnam War Generation*, 22, 29.

American nurses to be interviewed for this study.³⁴ My sample, although still generally consistent with the racial makeup of the Vietnam nurse veteran population as a whole, regrettably included only one representative of an ethnic minority (a Hispanic nurse). To compensate for this deficiency, I used where possible published interviews with minority female Vietnam nurse veterans to supplement the testimony of the white informants interviewed for this study.³⁵

Since no comprehensive list of women who served in Vietnam exists, I solicited informants through veterans organizations' newsletters. Snowball sampling, a technique frequently used to identify hidden populations, enabled me to increase my sample size. In snowball sampling, researchers rely on existing informants to identify others who might be willing to participate.³⁶ This study also followed the principle of saturation; that is, when interviews with study participants ceased to yield new themes and perspectives, I stopped actively searching for new informants.³⁷

According to the National Vietnam Veterans Readjustment Study (the most comprehensive statistical examination of female Vietnam veterans available), roughly half of the women who served in Vietnam served more than four years in the military.

³⁴ In 1963, African American students constituted a mere 3.1 percent of the student nurse population in the United States. By 1971, the percentage of African American student nurses remained low, but had grown to 7.2 percent. Vuic, *Officer, Nurse, Woman*, 17.

³⁵ For examples of published interviews with minority women who served in the Vietnam War see, Elizabeth Allen (African American), in Steinman, *Women in Vietnam*, 83-100 and in Yvonne Latty, *We Were There: Voices of African American Veterans, From WWII to the War in Iraq* (New York: Amistad, 2005): 91-98; Lily Jean Adams (Chinese American), in Walker, *Piece of My Heart*, 313-335 and Steinman, *Women in Vietnam*, 47-68.

³⁶ "Snowball" refers to how the sample appears to grow like a rolling snowball. Earl Babbie, *The Basics of Social Research*, 12th ed. (Belmont, CA: Cengage, 2010), 208.

³⁷ On saturation see, Anselm Strauss and Juliet Corbin, *The Basics of Qualitative Research: Grounded Theory Procedures and Techniques*, 2nd ed. (Newbury Park: Sage Publications, 1990), 136; Valerie Raleigh Yow, *Recording Oral History: A Practical Guide for Social Scientists* (London: Sage Publications, 1994), 45.

Yet roughly three-quarters of women sampled in this study served more than four years in the armed forces. Self-selection bias may explain this discrepancy: female veterans who remained in the military longer were more likely to be members of veterans organizations and therefore were more likely to discover my call for veterans. Also, the longer term of military service among the informants of this study could be an artifact of snowball sampling, as women who remained in the military longer were more likely to be in contact with other military women. Owing to this process of self-selection, the informants in this study may represent the most vocal rather than the most representative nurses.

Oral history allows scholars to fill gaps in the historical record, and offers an opportunity to present stories often obscured by traditional sources. And yet, oral history does not offer a recuperation of the past. As one study of oral history methodology has explained, “When people talk about their lives, people lie sometimes, forget a little, exaggerate, become confused, [and] get things wrong.”³⁸ Oral history offers not a direct portal into the past, but rather insight into the teller’s subjective truth. Alessandro Portelli maintains that oral history’s value is in fact enhanced by discrepancies between fact and memory: “Oral sources tell us not just what people did, but what they wanted to do, what they believe they were doing, and what they now think they did.”³⁹ With respect to women who served as military nurses in Vietnam, oral history provides insight into their

³⁸ Personal Narratives Group, and Luisa Passerini, “Women’s Personal Narratives: Myths, Experiences, and Emotions,” in Personal Narratives Groups (ed.), *Interpreting Women’s Lives: Feminist Theory and Personal Narrative* (Bloomington: Indiana University Press, 1989), 261. See also, Vilmos Voigt, “Why Do People Lie? Origins of the Biographical Legend Pattern,” in *Suggestions Towards a Theory of Folklore* (Budapest: Mundus Hungarian University Press, 1999), 165.

³⁹ Alessandro Portelli, *The Death of Luigi Trastulli and Other Stories: Form and Meaning in Oral History* (New York: State University of New York Press, 1991), 50.

values and self-image, and it can reveal the diverse meanings that they have attached to their experiences.⁴⁰

Traditional research methods frequently empower scholars with the sole authority to assign meaning to their subject's experiences.⁴¹ Proceeding from the feminist principle that egalitarian and collaborative practices can minimize power differentials between a researcher and their subject, I encouraged each informant to talk about issues that she felt were important.⁴² To break the ice, interviews typically began with a set of relatively innocuous "starter questions": When and where did you serve in Vietnam? Why did you join the military? etc. Although I always maintained a list of deeper questions, I did not pursue a set agenda if the informants wanted to talk about their experiences in their own way. In addition to reducing the hierarchical structure of the interview process, this approach frequently led to unanticipated but fruitful lines of inquiry. For example, several nurses explained that the military's fraternization rules prohibited officers from socializing with enlisted personnel, ostensibly to preserve rigid professional boundaries between officers and enlisted servicemembers under their command. Yet these regulations also fostered the notion that female military nurses, by virtue of being officers, belonged to the male officers they worked with. Several women resisted my effort to explore their experiences linearly, and would jump around in time as their memories became activated. Admittedly, this approach sometimes confused me, but I

⁴⁰ Sandy Polishuk, "Secrets, Lies, and Misremembering: The Perils of Oral History Interviewing," *Frontiers: A Journal of Women Studies* 19, no. 3 (1998): 14.

⁴¹ Katherine Borland, "'That's Not What I Said': Interpretative Conflict in Oral Narrative Research" in *Women's Words: The Feminist Practice of Oral History*, eds. Sherna Berger Gluck and Daphne Patai (New York: Routledge, 1991), 64.

⁴² Debra J. Blake, "Reading Dynamics of Power through Mexican-Origin Women's Oral Histories," *Frontiers: A Journal of Women Studies* 19, no. 3 (1998): 25.

tried to be flexible and allow informants to tell their stories in a way that made sense to them.

It is important to note that the control these women exercised over the interview process was mediated in the end by the fact that I alone had the power to include some stories, while excluding others. In this way, the writing process recreated the power differential between researcher and subject. As Judith Stacey has warned, “The appearance of greater respect for and equality with research subjects...[can lead to] a deeper, more dangerous form of exploitation.” Power is restored to the historian as she or he moves from the shared authority of the interview process to the solitary act of analyzing, problematizing, and historicizing the subject’s testimony.⁴³ This tension frequently became apparent to me while analyzing the interview data. For example, I had to consider how to treat one nurse’s assertion that soldiers’ sexually harassing behavior toward women was natural and unavoidable, an interpretation which clashed with my own views. In general, I strived, as Katherine Borland recommends, to remain faithful to the meaning that each woman assigned to her life, while clearly demarcating her views from my own, without relinquishing my own interpretation.⁴⁴ Although the women I interviewed may disagree with some of the assertions I have made here, I have tried hard to fulfill both my obligations to the women I interviewed and to the standards of scholarly inquiry.

⁴³ Judith Stacey, “Can There Be a Feminist Ethnography?” in *Women’s Words: The Feminist Practice of Oral History*, eds. Sherna Berger Gluck and Daphne Patai (New York: Routledge, 1991), 113-114.

⁴⁴ Borland, “That’s Not What I Said,” 64. See also, Sherna Berger Gluck and Susan Armitage, “Reflections on Women’s Oral History: An Exchange,” *Frontiers: A Journal of Women Studies* 19, no. 3 (1998): 6-7.

While collecting these narratives, I learned that several of my informants had already participated in other studies, such as studies of Post-Traumatic Stress Disorder, only to experience the investigators ignoring them afterwards. Several women complained that after putting considerable time and emotion into answering questions (or, in some cases, after undergoing lengthy psychological testing), researchers failed to honor promises that they would share their conclusions with their subjects. In part, this problem stems from the nature of academic research. A doctoral dissertation, for example, is years in the making and contact with study participants can be easily lost in the period between research collection and thesis completion. To circumvent this problem, participants in this research project received periodic updates, including brief chapter summaries, to keep them apprised of my work throughout the dissertation process.⁴⁵ They, in turn, have acted as a valuable “first audience” for my work, offering reflections, criticisms, and on occasion, the odd correction. The ongoing exchanges I have had with these women about my work have extended the collaborative spirit of the interview phase to the writing stage.⁴⁶

The stories of these female military nurses have been organized into five chapters. Chapter one considers women’s motivations for joining the armed forces when many young men sought to evade service. Women’s motivations for joining the nurse corps are compared to the military’s perceptions of women’s reasons for joining, understood through an analysis of Vietnam era recruitment materials. The salience of gender is apparent in both women’s motivations for volunteering, and in the image that the corps

⁴⁵ I was also able to help several women locate published findings from the studies in which they participated.

⁴⁶ Borland, “That’s Not What I Said,” 73.

projected of military nurses. Chapter two examines how age, professional experience, and gender intersected to shape American female military nurses' experiences in Vietnam. This chapter charts female military nurses' adaptation to the demands of the war, including their attempts to challenge and resist inconvenient or sexist policies. Chapter three analyzes female nurse veterans' experiences with sex and sexuality in Vietnam. Despite scholars' habit of exclusively focusing on military women's sexual experiences as a source of repression and danger, female nurses' sexual experiences are also revealed to be characterized by agency, exploration, and fulfillment.

The final two chapters explore female veterans' postwar struggle to collect the cultural and material benefits of military service. Although most women adjusted well after Vietnam, more than one-quarter of female Vietnam veterans report having struggled with Post-Traumatic Stress Disorder after the war. Chapter four considers the gender dynamics of female nurse veterans' struggle to gain compensation and treatment for Post-Traumatic Stress Disorder. Finally, chapter five analyzes women veterans' attempt to challenge androcentric conceptions of the war and war service through the construction of a monument to American female Vietnam veterans.

Agency, Martial Citizenship, and the Vietnam War

When asked about their first impressions of Vietnam, irrespective of branch, rank, military occupational specialty (MOS), or gender, Vietnam veterans will commonly describe the oppressive heat, stifling humidity, and fetid air into which they walked as they stepped off the plane. "It was like you were walking into an oven that was baking

garbage,” explained Army nurse Patricia Maravola.⁴⁷ It was “the kind of heat that you didn’t think you’d ever really come to grips with,” reflected Captain R.F. Broyles, a combat soldier who served in Cu Chi in 1968.⁴⁸ Male and female Vietnam veterans alike will also commonly relate a “what have I gotten myself into?” moment.⁴⁹ Almost universally, they will tell you about the strangeness of war, the loss, and the devastation. They will tell you of the bonds formed and the experience gained. Despite serving in different roles, different years, and different regions, the stories of male and female Vietnam veterans are often marked by striking similarities.

Still, important parallels between American men’s and women’s military service in the Vietnam War should not mask differences. Nor should the rich diversity of female military nurses’ experiences be obscured by the blanket category of “women.” My conversations with female nurses reveal how gender informed and guided their Vietnam experience, including their relationships with patients and coworkers in Vietnam, and their postwar reintegration into American society. This dissertation uses women’s testimony to understand the gendered dimensions of their service, and grants female nurses historical agency by exploring female strategies and negotiations within the male-dominated Vietnam era military. Thus, this dissertation refines the dominant cultural narrative of the Vietnam War, which tends to trivialize women’s contributions.

⁴⁷ Patricia Maravola, interview by author, April 25, 2009.

⁴⁸ R.F. Broyles, quoted in Eric Bergerud, *Red Thunder, Tropic Lightning: The World of a Combat Division in Vietnam* (New York: Penguin Books, 1993), 12.

⁴⁹ For example see, Donna Buechler, interview by author, September 22, 2008; James Cipolla, quoted in Bergerud, *Red Thunder, Tropic Lightning*, 12.

Accounts of women's experiences, the historian Joan Wallach Scott reminds us, should do more than prove that women "were there."⁵⁰ Accordingly, this study links the exclusion of female military nurses from the popular narrative of the war with the fact that these women veterans were denied the full rights and benefits of their military service. The historical connection between military service and the reciprocal benefits promised to veterans are firmly entrenched in American society. Ever since the Civil War, American war veterans have been awarded government compensation for their military service. The contemporary ideas in which the decision to compensate Civil War veterans were rooted – namely, the assumption that the state is obliged to compensate those who fulfill military service – have continued to influence how Americans think about military service.⁵¹ Yet, as this dissertation will show, the American military has frequently utilized, but subsequently denied women's full martial citizenship.

⁵⁰ Joan Wallach Scott, "Gender: A Useful Category of Historical Analysis," *American Historical Review* 91, no. 5 (December 1986): 1055.

⁵¹ Kerber, *No Constitutional Right to be Ladies*, 223-225.

Chapter One

“Stay in School and Send Us the Bill”: Army, Navy and Air Force Nurse Corps Recruitment Efforts during the Vietnam War

During the Vietnam War, American women joined the Army, Navy, and Air Force Nurse Corps for a constellation of reasons. Dorothy Oswald, whose mother advised her not to “settle down” until she had more “life experience” under her belt, joined the Army Nurse Corps (ANC) because she wanted to see the world.¹ Struggling nursing student Julia Carter was motivated to join by a popular ANC recruitment slogan, “Stay in school and send us the bill.”² A blend of military tradition and patriotism prompted Lorna House to volunteer. A self-described “daddy’s girl,” House joined the ANC to serve her country and make her military father proud.³ By contrast, Elizabeth Allen, an African American Army nurse, joined the ANC and volunteered for Vietnam because “I knew African Americans were most likely to end up in battle units, in the death units, and I really wanted to do something.”⁴ In the early years of the war, African American soldiers represented roughly 20 percent of combat deaths in Vietnam, despite constituting

¹ Dorothy Oswald, interview by author, June 6, 2009. All subsequent quotations attributed to Dorothy Oswald are derived from the author's interview with the subject.

² “The Army Will Help Qualified Nursing Students Through School,” *American Journal of Nursing* 70, no. 10 (October 1970): 2195; *American Journal of Nursing* 70, no. 12 (December 1970): 2643; “Stay in School and Send Us the Bill,” *American Journal of Nursing* 72, no. 1 (January 1972): 52-53; Julia Carter, interview by author, September 7, 2008. All subsequent quotations attributed to Julia Carter are derived from the author's interview with the subject.

³ Lorna House, interview by author, November 18, 2008. All subsequent quotations attributed to Lorna House are derived from the author's interview with the subject.

⁴ Elizabeth Allen, quoted in Latty, *We Were There*, 91.

approximately 11 percent of the US population.⁵ As an African American nurse, Allen felt a special obligation to help treat wounded African American soldiers.⁶

By the mid-1960s, America faced a nationwide deficit of nurses, resulting in a nurse shortage that affected civilian and military medical communities alike, and left young nurses with an abundance of career options. In response to shortages in the Army, Air Force and Navy Nurse Corps, the American military initiated a concerted effort to reverse its nursing shortage, which by 1965 had become increasingly acute as a result of the growing American troop presence in Vietnam. In order to lure American women away from civilian jobs, the nurse corps launched an intensive recruitment campaign, featuring advertisements, educational assistance programs, and celebrity endorsements of the corps.

These efforts reveal a great deal about the military's perception of nurses' values and motivations during the Vietnam era. Recruitment ads circulated by the Army, Navy, and Air Force Nurse Corps were devised according to what military recruiters imagined their intended audience – primarily young, white, female nurses – would find compelling. Seeking to appeal to women's evolving personal and professional aspirations in the 1960s, the nurse corps began to refashion recruitment materials from the Korean and World War II eras, which depicted military nursing as a “natural extension of women's

⁵ Appy, *Working Class War*, 19.

⁶ Elizabeth Allen, quoted in Heather Stur, “The Women's Army Corps Goes to Vietnam” in *America and the Vietnam War: Re-examining the Culture and History of a Generation*, ed. Andrew Weist et al. (New York: Routledge, 2010), 87. Stur offers a brief discussion of women's motivations for joining the Women's Army Corps during the Vietnam War starting on page 84. For a discussion of men's reasons for joining the armed forces during the Vietnam War era see, Carol Reardon, “Vietnam Military Personnel,” in *Vietnam War Era: People and Perspectives*, ed. Mitchell K. Hall (Santa Barbara, CA: ABC-CLIO, LLC, 2009), 44.

maternal and domestic responsibilities.”⁷ During the Vietnam era, the nurse corps still constructed images of potential military nurse recruits as feminine, maternal caretakers, but also as ambitious, career-driven, and adventure-seeking women. Recognizing financial and educational inducements as their most effective recruitment tools, by the late 1960s advertisements produced by the nurse corps increasingly centered on educational and financial opportunities available to military nurses. Despite a shift toward more progressive inducements, outdated, stereotypical depictions of potential recruits as American women seeking dating and shopping opportunities lingered in recruitment ads throughout the duration of the war. The persistence of these ads reveals that while the nurse corps appears to have correctly gauged women’s desire for educational and professional advancement, they selectively clung to more traditional understandings of women’s motivations for joining the military.

Female nurses’ testimony about their decision to join the military reveals women’s motivations for becoming nurses and joining the corps during the Vietnam era. Viewed alongside recruitment materials of the era, significant overlap existed between what the military anticipated potential nurse corps recruits might find enticing, and what actually pulled women toward the corps. In this study, nearly two-thirds of the women who joined the nurse corps identified educational and financial opportunities available to military nurses as their primary reason for signing up. But while women’s stated reasons for joining the military often overlapped with nurse corps recruitment materials, the

⁷ Kalisch and Scobey, “Female Nurses in American Wars,” 221.

testimony of nurses who served in Vietnam reveals significant differences between women's motivations and the advertisements produced to induce them to join.

Escalation of American Involvement in Vietnam: The Military Nurse Shortage Becomes Acute

American military nurses first arrived in Vietnam in 1956, when three Army nurses assisted the US Military Assistance Advisory Group to help train Vietnamese nurses at a military hospital in Saigon. But not until the following decade, as American troop strength gradually increased, did significant numbers of American military nurses arrive in Vietnam. In 1962, the establishment of the 8th field hospital marked the beginning of regular assignments of military nurses to Vietnam.⁸ In 1965, America's deepening troop commitments in Vietnam necessitated a more sizeable deployment of military nurses to meet the growing medical needs of American soldiers. Within a year, roughly 300 military nurses (39 Navy, 37 Air Force, and more than 200 Army nurses) were serving in Vietnam.⁹ The number of military nurses serving in Vietnam gradually increased, reaching a peak of nearly 1,000 nurses in 1969.¹⁰

⁸ Sarnecky, *History of the US Army Nurse Corps*, 333; Henry J. Pratt, "Heroines of Healing," *Retired Officer Magazine* (November 1993): 30; Philip A. Kalisch and Beatrice J. Kalisch, *The Advance of American Nursing* (Boston: Little, Brown, and Company, 1978), 628.

⁹ "Fact Sheet: Military Nurses in Vietnam," February 21, 1966, ANC 314.7 History-Vietnam-Military Nurses in Vietnam (1966), Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General, Falls Church, VA (hereafter ANCA). ANC Historian Mary Sarnecky estimates that 330 Army nurses were serving in Southeast Asia by April 1966. Sarnecky, *History of the US Army Nurse Corps*, 351; Elizabeth Scannell-Desch, "Images and Relationships Forged in War: A Study of Women Nurses Who Served in Vietnam," *Journal of Psychosocial Nursing* 37, no. 8 (August 1999): 32.

¹⁰ Sarnecky estimates that 916 Army nurses were in Vietnam as of January 1969. The exact number of Air Force and Navy nurses in Vietnam at that time is unknown but given that 58 nurses served aboard the Navy ships *Repose* and *Sanctuary* alone (each had 29 nurses on board), conservative estimates put the number of military nurses in Vietnam in 1969 at approximately 1,000. Sarnecky, *History of the US Army Nurse Corps*, 377; Kalisch and Kalisch, *Advance of American Nursing*, 629-631; Robert V. Piemonte and Cindy Gurney, eds., *Highlights in the History of the Army Nurse Corps* (Washington DC: US Center of

From the very beginning of the US intervention in Vietnam the demand for military nurses greatly exceeded the supply. Shortages of male doctors, dentists, and other medical personnel were largely met through the implementation of the draft, but public prohibitions against drafting women prevented the Selective Service from accepting proposals to extend the draft to female military nurses. Except for a small number of male nurses whose service was compelled under the draft, the nurse corps was forced to rely exclusively on volunteers.¹¹

By 1963, the nurse shortage had become severe. The ANC identified its shortage of military nurses as the “most serious personnel procurement problem” currently facing the Army.¹² Despite concerted recruitment efforts, by the end of 1965 there were only 3,121 Army nurses serving in Vietnam, considerably below the 5,000 nurses required. Shortages in anesthesiology and operating room nursing became especially acute, and women who worked in these areas consistently had to work overtime to meet the demand for their skills.¹³ To alleviate these shortages, the ANC began offering direct commissions to registered civilian anesthesiologists and operating room nurses who were

Military History, 1987), 57; Diane Montz, “Dedication of the Wall Moving Former Navy Nurse,” *Your Daily Globe*, July 2, 2008; Susan H. Godson, *Serving Proudly: A History of Women in the US Navy* (Annapolis, MD: Naval Institute Press, 2001), 216; Evelyn Monahan and Rosemary Neidel-Greenlee, *A Few Good Women: America’s Military Women From World War I to the Wars in Iraq and Afghanistan* (New York: Alfred A. Knopf, 2010), 285.

¹¹ In April 1966, male nurses were drafted under Executive Order 11266. The Order, which called for the recruitment of 900 male nurses, failed badly to achieve its target, allegedly because male nurses had already met their service obligations. “Pentagon Asks Draft of 900 Male Nurses,” *Los Angeles Times*, February 24, 1966; “Male Nurses Needed But Hard to Find,” *Free-Lance Star* (Fredericksburg, Virginia), March 1, 1966; Vera Glaser, “Draft Plan for Women Drawn Up,” *Atlanta Constitution*, March 17, 1966; Sarnecky, *History of the US Army Nurse Corps*, 339; Kara Vuic, “‘Officer. Nurse. Woman.’ Army Nurse Corps Recruitment for the Vietnam War,” *Nursing History Review: Official Journal of the American Association for the History of Nursing* 14 (2006): 113-114.

¹² “Army Nurse Corps,” ANC 341 Recruitment (1967), ANCA. Also, see Memo from Brigadier General C.B. DeGavre to Colonel Paul Mize, March 15, 1963, Operation Nightingale Files, USACMH, Records 1963-1964, United States Army Center of Military History (Hereafter USACMH).

¹³ Carol Brautigam, interview by author, November 6, 2009.

willing to accept immediate duty assignments to Vietnam.¹⁴ The Army also contracted civilian nurses to work in stateside military hospitals in order to free military nurses for overseas duty.¹⁵ Nurse staffing problems gripped the Navy and Air Force Nurse Corps (AFNC) as well. In 1966, the Navy Nurse Corps (NNC) reported a shortage of roughly 2,200 nurses. The AFNC, where the shortage was most pronounced, fell 3,277 nurses short of its stated need that year.¹⁶ By the late spring of 1967, the total force of the ANC, NNC, and AFNC had grown to 11,000 nurses, but remained several thousand short of desired strength, as would be the case for the duration of the war.¹⁷

The escalation of the Vietnam War and the military's subsequent need to expand the Army, Navy and Air Force Nurse Corps coincided with a general shortage of nurses in America. Despite the presence of 700,000 registered nurses in the United States, the rapidly expanding, aging population exacerbated the gap between supply and demand.¹⁸ The introduction of social programs such as Medicaid and Medicare after 1965, as well as a surge in employer-provided health insurance, strained the American medical system nearly to the breaking point. After 1945, many Americans increasingly perceived access to health and hospital care as their "right," and they turned to hospitals in unprecedented

¹⁴ *American Journal of Nursing* 65, no. 12 (1965): 11; Robert McClintic, "Critical Army Nurse Shortage Worsens in Vietnam Buildup," *Journal of the Armed Forces* 103, no.2 (1965): 12.

¹⁵ By 1970, 2,400 civilian nurses were employed by the Department of Defense (constituting approximately 30 percent of the Army's required nursing force). Memorandum for the Deputy Chief of Staff for Personnel from Hal B. Jennings, Jr., Surgeon General, ANC 341 Recruitment (1970-1978), ANCA.

¹⁶ Martha Ingle, "Armed Forces Nurses: On Army Nurses' 65th Anniversary, All Branches Are Seeking Recruits as Viet Nam Build Up Continues," *Miami Herald*, January 25, 1966.

¹⁷ Roughly 4,600 nurses represented the ANC, 4,200 the AFNC, and 3,200 the NNC. *American Journal of Nursing* 67, no. 8 (August 1967): 1580.

¹⁸ Susan Rimby Leighow, *Nurses' Questions/Women's Questions: The Impact of the Demographic Revolution and Feminism on United States Working Women, 1946-1986* (New York: P. Lang, 1996), 33-34; *Facts About Nursing: A Statistical Summary* (New York: American Nurses Association, 1967), 8; Kalisch and Kalisch, *Advance of American Nursing*, 615. Also see, Sarnecky, *History of the US Army Nurse Corps*, 321-322.

numbers to meet certain kinds of medical needs.¹⁹ Childbirth, for example, which often occurred in the home prior to World War II, now commonly occurred in hospitals. Palliative care and the dying process, in the past coped with privately, was by the 1960s increasingly the business of hospitals and trained health care professionals. By the 1960s, 97 percent of births and 50 percent of deaths occurred in hospitals (as compared with 25 years earlier when 50 percent of births and most deaths occurred in the home).²⁰ The shortage of nurses on the domestic front exacerbated the shortage of military nurses needed in Vietnam.

The rise of the women's movement in the 1960s also hampered the military's ability to fill its nurse shortage. Although some informants in this study confined themselves to traditionally feminine occupations when selecting their careers, expanding workforce opportunities for American women in the 1960s meant that fewer women were choosing nursing careers.²¹ Better pay, better hours, and greater opportunities for advancement led many women to venture beyond traditional female careers such as nursing, clerical work, retail and teaching. By 1965 only 4.5 percent of high school

¹⁹ In 1946, only 33 percent of Americans had some form of private health insurance. By 1960, coverage rose to over 75 percent. Joan E. Lynaugh and Barbara L. Brush, *American Nursing: From Hospitals to Health Systems* (Cambridge, MA: Blackwell Publishers, 1996), 3. Also see, Kalisch and Kalisch, *Advance of American Nursing*, 615-623.

²⁰ Leighow, *Nurses' Questions/Women's Questions*, 32; Sarnecky, *History of the US Army Nurse Corps*, 331-332.

²¹ For examples see, Rona Adams, interview by author, September 6, 2008; Laura Kern, interview by author, September 12, 2008; Karen Yoffe, interview by author, September 20, 2008; Astrid Ortega, interview by author, December 12, 2008; Carol Brautigam, interview by author, November 6, 2009. Stephanie Coontz argues that while women encountered expanding workforce opportunities during the 1960s, women were still largely confined to traditionally female careers. For more on this point, see Stephanie Coontz, *A Strange Stirring: The Feminine Mystique and American Women at the Dawn of the 1960s* (New York: Basic Books, 2011), 9-10.

graduates were entering nursing school, far fewer than were needed to meet the growing demand for nurses in America.²²

Even within the field of nursing, unprecedented opportunities within the civilian job market contended with the military's efforts to procure nurses. The stiff competition for civilian nurses is evidenced by the large volume of recruitment ads that ran in nursing journals during the Vietnam era. One ad in the *American Journal of Nursing* promised nurses generous benefits and opportunities for promotion, as well as an abundance of cultural and recreational opportunities. Another ad from a hospital in St. Louis offered nurses an opportunity to meet doctors and nurses from "the far corners of the world." The Medical Center at the University of Michigan, Ann Arbor advertised annual salaries as high as \$9,396, a lucrative offer in 1967.²³ Starting salaries for military nurses paled in comparison.²⁴ In a futile effort to compete with the civilian market, the nurse corps emphasized the secondary benefits of military service including dental insurance, reduced taxes, and shopping privileges, as well as the opportunity to surpass civilian nurse salaries after eight or nine years of military service.²⁵

Nursing careers also appeared to be more flexible in the civilian sector. While the military required women to commit to a specific period of service, civilian hospitals required no equivalent period of obligation. During the Vietnam era, the most common

²² Lynaugh and Brush, *American Nursing*, 8; *Facts About Nursing*, 90.

²³ "Chicago Wesley is Perfect for the Urban Girl," *American Journal of Nursing* 67, no. 7 (1967): 1512; "Meet Me in St. Louis!" *American Journal of Nursing* 67, no. 9 (1967): 1973; "Night Nurse?" *American Journal of Nursing* 67, no. 7 (1967): 1524; *Facts About Nursing*, 137.

²⁴ Memorandum to the Deputy Chief of Staff for Personnel from Hal Jennings, Jr., Surgeon General, 1970, ANC 341 Recruitment (1970), ANCA.

²⁵ US Department of Defense, Department of the Army, "A New Career... US Army Nurse Corps" (Washington DC: Government Printing Office, 1962); "Be a Nurse-Officer. Get Paid While You Study Nursing," ANC 341 Recruitment (1960s), ANCA; Robert McClintic, "Critical Army Nurse Shortage Worsens in Vietnam Buildup," 30.

reason cited by nurses for not joining the ANC was the two-year commitment required by the military, but not by other employers.²⁶ Further, until the mid-1970s the military largely prohibited its female nurses from having dependents under the age of 18. In 1951, Truman signed Executive Order 10249, which gave the military permission to discharge a woman if she became pregnant, gave birth, adopted a child, or became a step-parent to a child under the age of 18. During the Vietnam War, the military granted only a limited number of exemptions, which deterred many female nurses from embarking on a military career.²⁷

Civilian nurses, by contrast, were able to work as nurses while caring for their children.²⁸ Beginning in 1964, the ANC allowed women who married to remain in the corps. This gesture does not appear to have had much impact because marriage and children restrictions remained as the single largest cause of personnel losses throughout the 1960s. Many women believed the travel requirements of military nursing to be incompatible with marriage, and as an ANC survey concluded, young nurses viewed marriage and children as paramount to a career in the military.²⁹ The Navy Nurse Corps, which suffered similar losses due to women getting married and having children, had a

²⁶ “Presentation to Col. Hays, Col. Dunlap, and LTC Lewis,” ANC 341 Recruitment (1970), ANCA.

²⁷ For more on exemptions, see M.C. Devilbiss, *Women and Military Service: A History, Analysis, and Overview of Key Issues* (Maxwell Air Force Base, Alabama: Air University Press, 1990), 11; Stiehm, *Arms and the Enlisted Woman*, 109, 115-119.

²⁸ Leighow, *Nurses’ Questions/Women’s Questions*, 38, 40-41.

²⁹ “Fact Sheet,” ANC 341 Recruitment (1960s), ANCA; “Study of Motivations For and Against Joining the Army Nurse Corps,” #62405, November 1962, 17-18, 33-34, 705-05 Recruiting Publicity Campaign FY 63 Files, Recruiting Publicity Campaign Materials, 1950-1967, Records of the US Army Training and Doctrine Command, RG 553, National Archives at College Park, College Park, MD, (Hereafter NACP).

retention rate of just 38 percent in 1970.³⁰ Opportunities in the civilian workforce, which included growing access to part-time work, maternity leave, and on-site daycare programs proved more appealing, especially to women who viewed nursing as a career and wanted to return to work following the birth of their children. Although married women constituted just 42 percent of the civilian nurse workforce in 1949, by the mid-1960s, more than half of civilian nurses were married.³¹

In addition to facing stiff competition for nurses from the civilian sector, the nurse corps also had to contend with anxious parents who did not want their daughters to join the corps due to negative conceptions about military women. Army nurse recruiter Betty Antilla often encountered parents who had formed unfavorable views of military nurses despite never having met one.³² Men who wished to join the armed forces required written parental consent until age 18. By contrast, women who sought to join the military required parental consent until they reached age 21. This paternalistic regulation, guided by the assumption that women needed protection from “rash” or “immature” decisions, complicated the nurse corps’ recruitment efforts.³³ Even women over the age of 21 were often swayed by their parents’ negative views of military women.

Although the nurse corps worked hard to construct a normative image of military nurses as wholesome, traditionally feminine, and heterosexual, the image of military

³⁰ Rosemary Puscell, “Nurse Corps’ Future Bright,” *Navy Times*, February 26, 1970.

³¹ Susan Rimby Leighow, “An ‘Obligation to Participate’: Married Nurses’ Labor Force Participation in the 1950s,” in *Not June Cleaver: Women and Gender in Postwar America, 1945-1960*, ed. Joanne Jay Meyerowitz (Philadelphia: Temple University Press, 1994), 38.

³² Betty Antilla, “My Vietnam War Experience with the US Army Recruiting Command (USAREC) (August 1968 – November 1970),” ANC 314.7 History-My Vietnam War Experience with the US Army Recruiting Command, ANCA.

³³ Joan G. Wexler, “The Equal Rights Amendment and the Military,” *Yale Law Journal* 82 (1973): 1539-1540.

nurses projected by the nurse corps clashed with popular perceptions of military women as loose, mannish, or lesbian. During World War II, rumors variously tagged military women as promiscuous, unfeminine, or homosexual.³⁴ As the historian D'Ann Campbell has observed, parents voiced significant reservations about their daughters joining the service during World War II. Just under half of the military women interviewed by Campbell reported having to overcome the opposition of close relatives in order to join the military.³⁵ Accordingly, the ANC intentionally used images in its recruitment advertisements during the Vietnam War that challenged popular conceptions of Army nurses as lesbian or unfeminine. "Will military life make me 'militarized,' less feminine?" one advertisement rhetorically posed. "Hardly," the ad assured. As an Army nurse you will be "no less a woman than you can be in any other pursuit."³⁶ The ANC aimed to portray military nurses as feminine while also stressing that they were "not simply looking for dates."³⁷

Negative perceptions of military women plagued nervous parents who often urged their daughters not to join the nurse corps, where they might risk moral corruption and damaged reputations.³⁸ When Helen Thompson called her parents in 1967 to tell them she had joined the Army, "they made an emergency vacation trip to Fort Worth to talk me

³⁴ Leisa D. Meyer, "The Slander Campaign against the WAC," in *Creating G.I. Jane: Sexuality and Power in the Women's Army Corps during World War II* (New York: Columbia University Press, 1996), 33-55; Kerber, *No Constitutional Right to be Ladies*, 221.

³⁵ The questionnaire, administered between 1984 and 1986, was completed by 485 WACs, WAVEs, Women Marines, and SPARs, and 221 nurses. D'Ann Campbell, "Servicewomen of World War II," *Armed Forces & Society* 16, no. 2 (Winter 1990): 254.

³⁶ US Department of Defense, Department of the Army, "The Bright Adventure of Army Nursing," RPI 564 (Washington DC: Government Printing Office, April 1969), 28.

³⁷ Vuic, "Officer. Nurse. Woman," 132.

³⁸ Meyer, *Creating G.I. Jane*, 33-55; Kerber, *No Constitutional Right to be Ladies*, 221.

into my senses.”³⁹ Thompson’s mother implied that Army nurses had a terrible reputation for sexual promiscuity. “If you go in the Army, you’ll lose your virginity,” she warned. Because Helen Thompson was older than 21 she was able to remain in the ANC without her parents’ approval. She admitted, however, that she feared that the older generation might share her parents’ jaded view of Army nurses as akin to prostitutes. The military nurse corps relied on determined, independently-minded women like Thompson who rejected stereotypical beliefs about military women and resisted parental pressure to not sign up.

Karen Yoffe describes her parents as “sort of ashamed” of her decision to join the Army Nurse Corps because “Nice girls didn’t do this kind of thing.” Yoffe was most surprised by her father’s perception of military women: “My dad had a very negative view of the women that were in the military during World War II.” Although it is unclear how many military women he came to know personally, he seemed to subscribe to the lesbian or whore depictions of nurses that pervaded American society. Yoffe was saddened by and ashamed of these ignorant views, which seemed contrary to the values he had instilled in her growing up. She joined the ANC anyway, hoping to dispel her father’s prejudices.⁴⁰

Martha Bell’s father’s view of military women as lesbians or whores forced her to ask her mother for written permission to join the ANC. Bell’s mother, who had been a nurse before starting her family, had wanted to serve the nurse corps in World War II but

³⁹ Helen Thompson, interview by author, November 10, 2008. All subsequent quotations attributed to Helen Thompson are derived from the author’s interview with the subject.

⁴⁰ Karen Yoffe, interview by author, September 20, 2008. All subsequent quotations attributed to Karen Yoffe are derived from the author’s interview with the subject.

could not due to poor eyesight. Bell speculates that it was her mother's own frustrated desire to serve her country that influenced her decision to sign the necessary papers over her husband's objections. Had her mother not consented, Bell would have been forced to wait until her twenty-first birthday to join the corps.⁴¹ Anne Rawley, also under the age of 21 when she joined the military, joined the NNC because her father, a Navy veteran of World War II, refused to sign consent forms for either of the other corps. He believed that the women who served in the Army and Air Force Nurse Corps were of more questionable character than Navy women.⁴²

By the late 1960s, mounting antiwar sentiment in America also worked to inhibit the nurse corps' recruitment efforts. The conflict in Vietnam, which dragged on for years, did not elicit the kind of mass volunteerism produced by World War II, when nearly half of the pool of eligible civilian nurses joined the Army or Navy Nurse Corps (the Air Force Nurse Corps did not yet exist).⁴³ The US military intervention in Vietnam, which began in the early 1960s, grew more controversial with each passing year. By 1968 opposition to the war had become widespread, especially after the Tet Offensive. For nurse corps recruiters, the anti-military, anti-Vietnam sentiment that pervaded the nation made attracting women to the nurse corps predictably difficult, especially since recruitment drives often occurred on college campuses, which were frequently the site of

⁴¹ Martha Bell, interview by author, November 15, 2008. All subsequent quotations attributed to Martha Bell are derived from the author's interview with the subject. Other women whose parents expressed similar concerns about their daughter's decision to join the nurse corps include Lorna House and Diana Dwan Poole. Lorna House, interview by author, November 18, 2008; Diana Dwan Poole, interview by author, April 3, 2009.

⁴² Anne Jordan Rawley, interview by author, September 17, 2009.

⁴³ Campbell, "Servicewomen of World War II," 256.

antiwar protests.⁴⁴ In the later years of the war, the student antiwar movement forced many high schools, nursing schools, and colleges to ban military advertising and recruitment drives.⁴⁵ Even the medical corps, which served in noncombat roles, did not escape the wrath of the antiwar movement.⁴⁶ Support for the American war effort in Vietnam continued to dwindle until the United States withdrew all of its troops from Vietnam in 1973.

Army, Navy and Air Force Nurse Corps Recruitment Efforts

To increase recruitment during the Vietnam era, Army, Navy, and Air Force administrators initiated mailing campaigns aimed at promoting educational and professional opportunities available through the nurse corps. They also organized meetings between nurses recently returned from Vietnam and potential corps applicants; ran information sessions at popular organizations such as the Lions Clubs, Rotary Clubs, and Kiwanis Clubs; aired radio announcements to promote the corps; and held military uniform fashion shows at local department stores to dispel images of women's military uniforms as old fashioned or dowdy. Nurses who demonstrated an interest in joining the military could also tour military hospitals and bases to get a feel for military life.⁴⁷

⁴⁴ Betty Antilla, "My Vietnam War Experience."

⁴⁵ Donna Buechler, interview by author, September 22, 2008. All subsequent quotations attributed to Donna Buechler are derived from the author's interview with the subject. Also see, Vuic, "Officer. Nurse. Woman," 114.

⁴⁶ "Minneapolis Building Hit," *New York Times*, August 18, 1970; "Minneapolis Bomb 'Very Well Placed,'" *New York Times*, August 19, 1970.

⁴⁷ "Project 500," January 6, 1966, ANC 341 Recruitment (1960s); Letter to Student Nurses from Major Dorothy Koch, ANC Counselor, ANC 341 Recruitment (1967); "Nurse Recruiting Promotions," *Recruiting and Career Counseling Journal* (October 1967); "Army Student Nurses Help Observe Arizona Nurse Week," ANC 341 Recruitment (1968), ANCA.

To help alleviate the severe nurse shortage facing the American military, the corps began soliciting celebrity endorsements. Television host Ed Sullivan and baseball star Mickey Mantle, for example, both publicly encouraged nurses to support American soldiers in Vietnam by joining the war effort.⁴⁸ The corps also mobilized the support of popular politicians throughout the United States. By the fall of 1965, 18 governors and 27 mayors had issued statements urging the public “to join in an effort to alleviate the shortage of Army nurses.”⁴⁹ In newspaper advertisements throughout the country, the nurse corps stressed the “serious and urgent” need for nurses and included local recruiters’ contact information.⁵⁰ Journalists beckoned readers to help the Army Nurse Corps reach its aim of commissioning 500 more nurses by the end of June, a goal articulated during the launch of “Operation 500,” a recruitment drive devised by the ANC in early 1966.⁵¹

Along with these efforts, the Army, Navy, and Air Force Nurse Corps launched a bold advertising campaign in 1963 designed to attract qualified young nurses to the corps. Advertisements appeared in popular magazines such as *Glamour*, *Life*, and *Mademoiselle*, as well as professional nursing journals such as the *American Journal of*

⁴⁸ “On Ed Sullivan Show,” *Recruiting and Career Counseling Journal* (February 1966): 11; “Yankee Players Aid ANC,” *Recruiting and Career Counseling Journal* (October 1967): 9.

⁴⁹ “Executive Order of the State of Colorado proclaiming October 6-13, 1963 as ANC Week,” Operation Nightingale Files, Records 1963-1964, USACMH.

⁵⁰ The Navy Nurse Corps, in particular, seems to have relied quite heavily on newspaper articles to spread the word about its need for new recruits. See, “Nurse Corps Offers Plan for Students,” *Eugene Register Guard* (Eugene, Oregon), September 10, 1964; “Nurse Corps to Recruit,” *Eugene Register Guard*, February 13, 1967; “Navy Stresses Need for More Nurses,” *Cape Girardeau Bull* (Cape Girardeau, Missouri), December 12, 1969; “Navy Nurse in City as Recruiter,” *Hartford Courant* (Hartford, Connecticut), May 20, 1971.

⁵¹ “Army Critically Short of Nurses; Wide Opportunities Being Offered,” *Banner Herald* (Athens, Georgia), February 6, 1966; “Gen. Truman Asks for Army Nurses from This Area,” *Jackson Sun*, February 2, 1966.

Nursing and Tomorrow's Nurse.⁵² The nurse corps also circulated carefully crafted brochures designed to entice women into military service. In these advertisements, the nurse corps hoped to capture what they imagined might draw young women into the service. Travel, educational, financial, and professional opportunities promoted by the nurse corps suggest that the recruiters believed that young American women sought opportunities for adventure, self-improvement, autonomy, and career development. These advertisements presented the nurse corps as a progressive organization that was in touch with the evolving expectations of the new American woman.

Military recruiters tried to overcome low salaries and restrictive service obligations by emphasizing opportunities for travel, along with the unique ability to see and experience different parts of the world.⁵³ “You have the opportunity to go places you couldn’t in ordinary civilian life,” promised one ANC brochure.⁵⁴ While civilian nurses enjoyed only two or three weeks of vacation a year, military nurses could travel the globe, as part of their regular duties. “For an Army nurse, the world is wide,” declared one ANC ad. “Most people live in a ‘some day’ world,” proclaimed another (Figure 2). ‘Some day’ they will swim in the Pacific, drink café au lait in Paris, glide in a gondola through Venetian waterways, look up through clouds of cherry blossoms to the sky over

⁵² The NNC did not run advertisements in these popular publications but did publish brochures and newspaper ads designed to recruit nurses to its corps. For examples of advertisements that ran in the above publications, see “Be the Nurse You Were Meant to Be,” *Glamour* 63, no. 6 (August 1970): 119; “The Genuine Article,” *Life* (September 1967): 85; “Officer. Nurse. Woman.,” *Mademoiselle* 69, no. 5 (September 1969): 109; “R.N. from Oklahoma 1st. Lt. US Air Force,” *American Journal of Nursing* 63, no. 3 (March 1963): 171; “Army Nurse – O.R. Student,” *Tomorrow's Nurse* 4, no. 2 (April/May 1963): 33. “Magazine Advertisements Open ANC Campaign,” *Recruiting and Career Counseling Journal* (August 1967): 10-15.

⁵³ This strategy was also employed by recruiters seeking to enlist male soldiers. See Beth Bailey, *America's Army: Making the All-Volunteer Force* (Cambridge: Harvard University Press, 2009). 78.

⁵⁴ A New Career... US Army Nurse Corps.”

Japan or Washington, D.C.” But while most people talk of some day, the ad continued, “they live at home in the same local pattern that takes them from house to job, to Main Street for shopping, around the corner to buy Sunday papers.”⁵⁵ By making civilian life appear boring, the ad implied that military nurses enjoyed living and working in glamorous, distant places.⁵⁶

⁵⁵ A New Career... US Army Nurse Corps.”

⁵⁶ For examples of Navy and Air Force Nurse Corps brochures and recruitment ads that emphasize travel opportunities, see “Honored as a Nurse, Respected as an Officer, 1964,” University of North Carolina, Greensboro, General Printed Materials and Recording Collection, Object ID: WV0002.2.064; “R.N. from Calif. 1st Lt. US Air Force,” *American Journal of Nursing* 63, no. 1 (January 1963): 13; “Navy Nurses See More Than Sea,” *Toledo Blade*, February 17, 1967. For other examples of ANC ads that emphasize travel opportunities, see “Great Work. Great Places,” *American Journal of Nursing* 67, no. 7 (July 1967): 1531; “Facts About the US Army Nurse Corps,” ANC 341 Recruitment (1960s), ANCA; US Department of Defense, Department of the Army, “The Bright Adventure of Army Nursing,” RPI 564 (Washington DC: Government Printing Office, April 1969).



Figure 2. ANC advertisement appearing in the recruitment brochure, *A New Career... US Army Nurse Corps*.

For Army nurse Patricia Maravola, who desperately wanted to get out of her hometown, the ANC's promise of travel and adventure proved tremendously appealing. While growing up, Maravola rarely went on vacation. Her parents did not have much money, and her father had little desire to travel, despite appeals from her mother who wanted to see more of the world. Maravola joined the ANC, in part, because she hoped to experience the world in ways her mother never did. Maravola formed part of a generation

who viewed their mothers as negative role models and hoped to avoid their mistakes.⁵⁷

With 30 days of paid vacation every year, as well as the opportunity to live and work around the world, the ANC appeared to Maravola as an escape from the mundane trappings of her mother's generation.⁵⁸

In addition to providing military nurses with a “passport to many fascinating lands,” military nurse recruitment ads also suggested that travel possibilities generated by military service would provide an opportunity for personal development and self-exploration.⁵⁹ Catering to the perceived desire among American women in the 1960s to travel and become more worldly, the corps attempted to depict the life of Army nurses as both exciting and sophisticated. One advertisement featured in the *American Journal of Nursing* depicted a pretty, white, young ANC nurse from Pennsylvania who had “been to Naples, speaks a little Japanese, and is specializing in O-R Nursing.”⁶⁰ Another ad offered nurses the ultimate opportunity for adventure, describing flight nursing as a “Steppingstone to Space Nursing.”⁶¹

For Army nurse Astrid Ortega, the opportunity to travel and experience life beyond domestication, marriage, and children proved irresistible. As the scholar Ruth

⁵⁷ Coontz, *Strange Stirring*, 96; Ruth Rosen, “The Female Generation Gap: Daughters of the Fifties and the Origins of Contemporary American Feminism,” in *US History as Women's History: New Feminist Essays*, eds. Linda Kerber, Alice Kessler-Harris, Kathryn Kish Sklar (Chapel Hill: University of North Carolina Press, 1995), 319.

⁵⁸ Patricia Maravola, interview by author, April 25, 2009. All subsequent quotations attributed to Patricia Maravola are derived from the author's interview with the subject.

⁵⁹ “Prepare for a Specialty as a Nurse-Officer in the US Army,” *American Journal of Nursing* 63, no.2 (February 1963): 33; *American Journal of Nursing* 63, no. 5 (May 1963): 141.

⁶⁰ “This Young Lady From Lehigh, Pa., Has Been to Naples, Speaks a Little Japanese, and is Specializing in O-R Nursing,” *American Journal of Nursing* 68, no. 1 (January 1968): 171; *American Journal of Nursing* 68, no.2 (February 1968): 389; *American Journal of Nursing* 68, no.5 (May 1968): 1119; *Glamour* 59, no. 3 (May 1968): 117; *American Journal of Nursing* 68, no. 7 (July 1968): 1567.

⁶¹ “US Air Force Flight Nurse: Steppingstone to Space Nursing,” Recruitment, Object ID: 3224 D.014, Archives of the Women In Military Service For America Memorial Foundation, Arlington, VA (Hereafter WIMSA).

Rosen has explained, “daughters of the fifties” faced an “unpassable gulf,” a double generation gap, widened by the “broader educational, economic, and social opportunities” that separated them from their mothers. Even though most of the working- and middle-class women reared in the fifties recall their parents emphasizing domestic pursuits above all others, many failed to identify with these ideals and some rejected the idea of marriage and children altogether.⁶² In this sense, the military promised an escape for Ortega, who, in 1964, was feeling social pressure to marry her boyfriend. Ortega, reared in a traditional Mexican American household, was expected to get married, start a family, and take care of the home. Ortega viewed military service as a way to eschew marriage and children; she feared that if she worked as a civilian nurse she would simply get married and settle down in Rhode Island, a path she sought to avoid. Ortega viewed the nurse corps as a vehicle to travel and explore alternatives to marriage and motherhood. The ANC’s promise to make her ward “the world” held tremendous sway.⁶³ That the nurse corps understood young women’s aspirations to see, do, and be more than their mothers is apparent in the widespread use of advertisements that emphasized the travel opportunities of military nursing careers.⁶⁴

The Army, Navy, and Air Force Nurse Corps also appealed to patriotism as part of their recruitment strategies. During the Second World War, more than 350,000 American women served in the armed forces, while another 120,000 women served

⁶² Rosen, “Female Generation Gap,” 313-314, 318; Kathleen Gerson, *Hard Choices: How Women Decide About Work, Career, and Motherhood* (Berkeley: University of California Press, 1985), 55.

⁶³ “Your Ward is the World,” *American Journal of Nursing* 69, no. 1 (January 1969): 163; *American Journal of Nursing* 69, no. 5 (May 1969): 1061.

⁶⁴ Other nurses who expressed their desire to travel as a driving force behind their decision to join the nurse corps include Mary Fran Brown, Connie Slewitzke, Bobbi Hovis, Karen Yoffe, Gwen Tushbant, and Dorothy Oswald.

during the Korean War.⁶⁵ In the face of severe nurse shortages, advertisements circulated by the nurse corps during the Vietnam era pointed to a romanticized version of the past to elicit a sense of civic obligation among American nurses: “In times of conflict, American nurses have always answered the call to help heal and comfort our wounded.”⁶⁶ Such advertisements counted on young women’s continued patriotism and sense of duty. In particular, recruitment ads of the period stressed female nurses’ unique ability to serve their country. According to one advertisement widely published in 1967, Army nurses had the opportunity to serve their country “in a way few women can.”⁶⁷ Barred from combat because of their gender, women were obliged to serve their country in the *next* most important way, by providing medical care for battle-wounded soldiers. Hence, nurses formed an “integral part of the Nation’s defense organization.”⁶⁸ The nurse corps blended traditional references to patriotism with more progressive calls for women to perform their citizenship obligation in an effort to elicit a sense of patriotism and duty in qualified nurses who might consider joining.

⁶⁵ *Women and War: A Historical Encyclopedia from Antiquity to the Present*, ed. Bernard Cook (Santa Barbara ABC-CLIO, 2006), s.v. “Korean War, Women and the”; Judy Barrett Litoff and David C. Smith, *American Women in a World at War: Contemporary Accounts from World War II* (Wilmington, DE: Scholarly Resources, 1997), 36; Witt, *Defense Weapon Known to be of Little Value*, 32-33.

⁶⁶ “Nurses Urgently Needed,” *American Journal of Nursing* 66, no. 10 (October 1966): 2327; *American Journal of Nursing* 66, no. 11 (November 1966): 2535; *American Journal of Nursing* 66, no. 12 (December 1966): 2769; *American Journal of Nursing* 67, no. 1 (January 1967): 181; *Evening Independent* (St. Petersburg, Florida), February 6, 1967.

⁶⁷ “The Genuine Article,” *American Journal of Nursing* 67, no. 9 (September 1967): 1993; *Life* 63, no. 2 (22 September 1967): 85; *American Journal of Nursing* 67, no. 10 (October 1967): 2167; *Glamour* 58, no. 2 (October 1967): 191.

⁶⁸ “Serve with Honor, Navy Nurse Corps, 1965,” Women Veterans Historical Collection, University of North Carolina, Greensboro, General Printed Materials and Recording Collection, Object ID: WV0002.2.037. The notion that women are essential to America’s national defense can also be seen in Air Force advertisements. See “She Has Two Uniforms: White and Blue,” *American Journal of Nursing* 65, no. 12 (December 1965): 177.

Advertisements bypassed discussions about why the United States had intervened in Vietnam, and instead tried to approach female nurses' recruitment without acknowledging the controversy surrounding the war. The nurse corps envisioned nurses as women who might be drawn to service, not through justifications of American involvement in Vietnam, but rather through appeals to altruism, humanitarianism, and duty.⁶⁹ For many women who joined the Army, Navy, and Air Force Nurse Corps, this approach seems to have worked. Several of the women interviewed for this study recall having had little knowledge about the war in Vietnam when they joined the nurse corps. For example, Martha Bell joined the ANC in 1967, but confesses she paid scant attention to news coverage of the war, despite being quasi aware of the growing protest movement. Bell explains that she was more worried about "finding a date for the homecoming dance" than antiwar demonstrations: "I was just so oblivious. I was wrapped up in my own little world." Gwen Tushbant similarly reflects that she was not especially aware of what was going on in Vietnam since she always "had [her] nose in the books," studying.⁷⁰

⁶⁹ Vuic, *Officer, Nurse, Woman*, 80. For other examples of Army and Air Force Nurse Corps advertisements that appealed to patriotism and women's perceived desire to care for American soldiers, see "If You Really Care This Is Your Chance of a Lifetime," Women Veterans Historical Collection, University of North Carolina, Greensboro, General Printed Materials and Recording Collection, Object ID: WV0002.2.047; "Ask An Army Nurse About Patriotism," *American Journal of Nursing* 68, no. 3 (March 1968): 665; "How to Bandage a War," *American Journal of Nursing* 69, no. 2 (February 1969): 375; "She Brings 'em Back Alive," *Malakoff News* (Texas) August 8, 1969; "There Comes a Time in Every Man's Life When He Needs Somebody," *American Journal of Nursing* 70, no. 3 (March 1970): 613; *American Journal of Nursing* 70, no. 7 (July 1970): 1547.

⁷⁰ Gwen Tushbant, interview by author, February 13, 2009. Although she recalled her father telling her that Vietnam was a "bad war," Jackie Tropp similarly notes that she was "not very politically savvy" and did not know much about the war when she joined the ANC. Jackie Tropp, interview by author, April 26, 2009.

Others were more attuned to world events, but consciously joined the nurse corps nonetheless. Many women in this category had serious reservations about the war, but justified their service in patriotic and humanitarian terms.⁷¹ Pat Johnson, for example, recalled that her sister, active in the antiwar movement, had urged her not to go to Vietnam. Failing to confront the larger implications of her service, Johnson countered by insisting that she was not facilitating the war by serving in Vietnam, but rather helping American soldiers in need: “As a nurse I didn’t feel I was part of the war effort.”⁷² Elizabeth Allen’s decision to volunteer for Vietnam “had nothing to do with whether I agreed with the war or not.” Allen, too, made her decision to go to Vietnam based on the fact that she was a nurse and there were fellow Americans in need of medical care in Vietnam.⁷³ A mixture of patriotism and professional responsibility prompted Jeanne Rivera to volunteer for Vietnam, despite being “so much against the war.” Rivera’s patriotism waned after Vietnam, but at the time of her service she felt civically and ethically bound to serve in the war.⁷⁴ As these examples illustrate, a mixture of patriotism and feelings of personal obligation to American soldiers prompted many women to join the nurse corps.

In addition to framing nurses’ military service in strict terms of patriotic obligation, some recruitment ads combined calls for women to fulfill their “citizenship

⁷¹ For example, see Mary Fran Brown, interview by author, September 9, 2008; Linda McKinney, interview by author, September 11, 2008; Laura Kern, interview by author, September 12, 2008; Karen Yoffe, interview by author, September 20, 2008; Martha Bell, interview by author, November 15, 2008.

⁷² Pat Johnson, quoted in Walker, *Piece of my Heart*, 54. For a similar sentiment see, Jill Mishkel, in Marshall, *In the Combat Zone*, 36.

⁷³ Elizabeth Allen, quoted in Latty, *We Were There*, 93

⁷⁴ Jeanne Rivera, in Steinman, *Women in Vietnam*, 67.

responsibility” with declarations about professional opportunities within the corps.⁷⁵ “Serve yourself and your country,” implored one advertisement, which extolled the opportunities for educational advancement in the ANC.⁷⁶ “You can serve both your career and your country,” explained another.⁷⁷ In the context of the flourishing women’s movement of the 1960s and 1970s, the nurse corps published advertisements designed to capitalize on women’s desire for professional growth and advancement. Brochures circulated by the ANC in this period reveal the corps’ understanding of possible nurse recruits as women seeking new and challenging work opportunities. Captain Barbara Pedersen, featured in a recruitment brochure circulated by the ANC, describes some of the demanding opportunities she encountered while stationed in Japan: “I had opportunities to work with Japanese B Encephalitis, a very rare disease, one that even many doctors never see. And Hemorrhagic Fever, too.” Compared to the more mundane opportunities afforded by civilian nursing, the ad declared, Army nursing offers the chance to treat patients with diseases that most nurses “only get to read about in books.”⁷⁸

Recruitment ads produced by the Air Force Nurse Corps also assumed that young nurses sought new and exciting work opportunities, beyond the “dull” and “routine” nursing positions available to women in the civilian market. One advertisement asked

⁷⁵ “Careers in the Medical Services of the US armed forces,” ANC 341 Recruitment (1960s), ANCA.

⁷⁶ “Be a Nurse-Officer. Get Paid While You Study Nursing,” ANC 341 Recruitment (1964), ANCA.

⁷⁷ “Prepare for a Specialty as a Nurse-Officer in the US Army,” *American Journal of Nursing* 63, no.2 (February 1963): 33. Similarly, the NNC asserts that “Navy nursing offers nurses the opportunity to serve their country while securing professional growth.” “Chart Your Course as a Naval Nurse,” *Evening Independent* (St. Petersburg, Florida), August 31, 1963.

⁷⁸ “A New Career...US Army Nurse Corps,” 10-11.

women to imagine themselves as an Air Force nurse working on board a C-141: “The C-141 may look like a supply plane to you. But just imagine you’re an Air Force Nurse in Vietnam. And the C-141 is your hospital.” The ad promised not only the excitement of flight nursing, but also autonomy and responsibilities that were lacking in civilian nursing: “The C-141 is like no hospital ward you’ve ever worked in. There is no doctor on call. No operating room. No lab. No extra medical services to draw on. Just you.”⁷⁹ Similarly, the ANC stressed the independence and authority of Army nurses. In one ANC recruitment brochure, a military nurse complains that civilian nursing had left her feeling “very stifled,” whereas the Army Nurse Corps offered programs that “prepare you for a more autonomous role as a nurse.”⁸⁰

According to the historian Susan Gelfand Malka, “a revitalized women’s movement acted as a force for radical change” in the field of nursing during the late 1960s. As Malka puts it, “a veritable tsunami of feminism crashed into the traditions and conventions of nursing” to reconstruct the role of nurses in American society.⁸¹ Changing aspirations of women entering the field signaled a break with past acceptance of nurses as doctors’ subordinates. Nurses increasingly viewed themselves as professionals in their own right, deserving of acknowledgement and respect. The hierarchical and often

⁷⁹ “An Important Medical Discovery. The C-141.” *American Journal of Nursing* 67, no.8 (August 1967): 1741.

⁸⁰ Lieutenant Allison Mirakian, quoted in “Nursing... With a touch of gold,” ANC 341 Recruitment (1970s), ANCA.

⁸¹ Susan Gelfand Malka, *Daring to Care: American Nursing and Second-Wave Feminism* (Urbana: University of Illinois Press, 2007), 1.

paternalistic practices of the past did not entirely disappear during this period, but they were now contested by nurses' desire for recognition as "full-fledged professionals."⁸²

By the late 1960s, nurse corps recruitment brochures tried to tap into female nurses' growing desire for professional recognition, autonomy, and authority. "In the Army Nurse Corps," insisted one brochure, "a nurse is a professional and is treated as one." In the military, each nurse was "released to take her proper place at the side of the doctor, who welcomes her as a partner and colleague, to concentrate on the job she knows best and enjoys most."⁸³ A related ad suggested that in the ANC, a nurse has the opportunity to "[Head] up her own staff" and "[Make] her own decisions."⁸⁴ Such advertisements emphasized nurses' professional standing and assured potential recruits that they would have the opportunity to act with authority and garner respect. The use of terms such as "partner" and "colleague" in these ads suggest a fairly nuanced understanding of hierarchical doctor-nurse relationships as antiquated and undesirable to potential new recruits.

Recruitment ads circulated by the Navy and Air Force Nurse Corps also suggest that the military understood that it was necessary to offer nurses respect and gender equality. "In your nurse's ward uniform," explained one NNC brochure, "you wear the insignia of your grade, the Navy Blue and Gold stripes on your cap" and "You receive

⁸² Leighow, *Nurses' Questions/Women's Questions*, 85.

⁸³ "A New Career... US Army Nurse Corps," 16.

⁸⁴ "Officer. Nurse. Woman.," *American Journal of Nursing* 69, no. 4 (April 1969): 847; *Nursing Outlook* 17, no. 4 (April 1969): cover; *Mademoiselle* 69, no. 1 (May 1969): 111; *American Journal of Nursing* 69, no. 7 (July 1969): 1513; *Nursing Outlook* 17, no. 7 (July 1969): cover; *American Journal of Nursing* 69, no. 8 (August 1969): 1739; *Nursing Outlook* 17, no. 8 (August 1969): cover; *American Journal of Nursing* 69, no. 9 (September 1969): 1967; *Mademoiselle* 69, no. 5 (September 1969): 109; *American Journal of Nursing* 69, no. 11 (November 1969): 2475; *Nursing Outlook* 17, no. 11 (November 1969): cover.

the respect and deference due to your rank at all times.”⁸⁵ The AFNC not only promised potential recruits “every opportunity for personal and professional growth,” but as members of the Air Force, the corps also promised young women “the same pay and privileges as male officers” of the same rank.⁸⁶ In stressing the corps’ “due deference to rank” policy, whatever the gender of the officer, the corps presented an image of itself as fair and progressive. This was false advertising, as the military continued to practice many discriminatory policies during the Vietnam War. The civilian spouses of female officers, for example, were barred from shopping at the military post exchanges, although the spouses of male officers were granted post exchange privileges. Married female officers and their civilian spouses were not permitted to live in base housing, even though male officers and their spouses could.⁸⁷

While travel opportunities, calls to patriotism, and opportunities for professional recognition and compensation lured many women into the Army, Navy and Air Force Nurse Corps during the Vietnam era, financial assistance programs offered by the nurse

⁸⁵ Honored as a Nurse... Respected as an Officer,” 7. A similar statement is made by an ANC brochure circulated in the 1970s. According to the brochure, “When you become an Army Nurse, you’ll be stepping into a world where you’re an accepted leader. The equal of other men and women who have achieved the same level of professional competence that you have.” “What It’s Like to be an Army Nurse,” ANC 341 Recruitment (1970s), ANCA.

⁸⁶ “You’re in Command of Your Future,” *American Journal of Nursing* 64, no. 7 (July 1964): 181. This is a common refrain employed in AFNC recruitment advertising. Also, see “Should a New R.N. Have Her Head in the Clouds?” *American Journal of Nursing* 65, no. 2 (February 1965): 173; “What Will the Well-Dressed Nurse Wear in 1970?” *American Journal of Nursing* 66, no. 4 (April 1966): 849; *American Journal of Nursing* 66, no. 8 (August 1966): 1845; *American Journal of Nursing* 67, no. 1 (January 1967): 191. Similarly, in a recruitment ad published in 1967, the ANC assured nurse recruits that women’s “salary is the same as MEN [their emphasis] of equal rank.” “Great Work, Great Education,” *Glamour* 57, no. 6 (August 1967): 111.

⁸⁷ In 1970, Surgeon General Hal Jennings, Jr. questioned the extent to which such military policies influenced women’s decision to join and remain in the nurse corps. Jennings posited that inequities in the privileges awarded to male versus female officers might be deterring women from joining the corps. Memorandum to the Deputy Chief of Staff for Personnel from Hal Jennings, Jr., Surgeon General, 1970, ANCA. For a discussion of these and other sexist military policies, see Stiehm, *Arms and the Enlisted Woman*, 113-115.

corps seem to have provided the most important incentive for women to join the military. Nearly two-thirds of the women interviewed for this study cited economic inducements as their main reason for joining. Recognizing the financial strain experienced by many young women in pursuit of an education in nursing, the nurse corps sought to persuade young women to join the military by providing educational assistance. Some programs were aimed at aiding individuals enrolled in nursing diploma or degree programs, while others were designed to attract nurses who hoped to further their nursing education in the form of specializations (operating room nursing, anesthesiology, public health nursing, etc.) or graduate degrees. The Navy implemented various educational programs which were used to attract nurses to the corps. The Navy Nurse Corps Candidate Program, for example, subsidized the expenses of nurses in baccalaureate programs while they obtained their degrees by covering their tuition costs and providing a stipend to cover living expenses. Under the program, nurses served two years on active duty in exchange for one year of education funded by the Navy. Alternatively, nurses could secure more than one year of financial assistance in exchange for three years of active duty service.⁸⁸ The AFNC did not offer an equivalent educational program, but it did advertise opportunities for degree and diploma nurses to advance their education through specialization courses and graduate degrees.⁸⁹

Like the NNC, the ANC offered several educational assistance programs to nurses, most notably the Army Student Nurse Program (ASNP) and the Walter Reed

⁸⁸ “Nurse Corps Offers Plan for Students”; “On Becoming a Navy Nurse,” *Free-Lance Star* (Fredericksburg, Virginia), 6 April, 1968; “Serve with Honor, Navy Nurse Corps, 1965.”

⁸⁹ “Walk Proudly into the Future...As an Air Force Nurse, 1963,” Recruitment, Object ID: 3224.D015, WIMSA; “R.N. from Oklahoma 1st Lt. US Air Force.”

Army Institute of Nursing (WRAIN). Both programs were designed to attract nurses to the ANC by providing financial assistance in exchange for military service. Nursing students enrolled in diploma or degree programs could receive up to two years of funding for tuition and living expenses in exchange for two to three years of service in the ANC.⁹⁰ Upon graduation and completion of state board exams, nurses received commissions as second lieutenants.⁹¹ Acceptance into the ASNP also included 30 days of paid vacation each year, as well as medical and dental benefits. The ANC's most lucrative recruiting tool, the program proved immensely popular among nurses-in-training, with an average of 600 nurses entering the program each year throughout the Vietnam War.⁹²

Walter Reed Army Institute of Nursing, the four-year baccalaureate program created by the ANC in the fall of 1965, proved less successful in attracting and retaining nurses. Nursing students in this program spent the first two years of their nursing degree at the "approved regionally accredited" college of their choice, followed by two more years of schooling at the University of Maryland where they completed their degrees. As with the ASNP, those accepted into WRAIN received financial assistance in the form of tuition payments and a living allowance (they were paid an entry level salary as an enlisted soldier), in exchange for three years of military service. Widely referred to as "WRAIN drops" or "WRAIN dears," graduates of the WRAIN program were initially

⁹⁰ Nursing students who received one year of funding under the ASNP were required to serve two years in the ANC, while those who received two years of funding under the ASNP were required to serve three years in the ANC. Eligible candidates were between the ages of 18 and 25. "Educational Opportunities and Financial Assistance for Nursing Students," 341 ANC Recruitment (1960s); Financial Assistance for Nursing Students, College or University, 341 ANC Recruitment (1971).

⁹¹ After June 1970, graduates of the ASNP and WRAIN received commissions as first lieutenants. Sarnecky, *History of the US Army Nurse Corps*, 325.

⁹² Vuic, "Officer. Nurse. Woman.," 115.

held in high esteem by the ANC leadership. Whereas graduates of civilian nursing programs typically required up to six months to adjust to nursing in a military setting, WRAIN graduates were able to start working at Army hospitals with little orientation. Out of 1,000 applications, only 135 nurses were accepted into WRAIN in its first year of operation, demonstrating the program's strong appeal and exclusivity.⁹³

Despite WRAIN's initial promise, the program suffered worrisome attrition rates. Just over one-half of the first class dropped out because of mounting student opposition to the Vietnam War and students' reluctance to uproot and move to Maryland after they had already become accustomed to another university. Attempts to reduce the attrition rate through more careful selection of candidates were only partially successful.⁹⁴ Only 70 of the 100 nurses commissioned through WRAIN in 1971 fulfilled their obligation to serve three years on active duty. Of the 19 who were questioned about their failure to complete their service obligation, 13 identified pregnancy as their reason for leaving the ANC. Most were not required to reimburse the government for their tuition costs.⁹⁵

Despite these problems, the ANC's education assistance programs proved to be the most effective means of procuring nurses during the Vietnam era. Accordingly, by the late 1960s the corps' advertisement campaign began to emphasize educational opportunities available in the military. "The Army will help qualified nursing students through school," pledged one ad. Another advertisement featured in *Glamour* magazine

⁹³ Sarnecky, *History of the US Army Nurse Corps*, 324-326; "The Walter Reed Army Institute of Nursing Program," ANC 341 Recruitment (1970s). In the fourteen years it operated, WRAIN commissioned 1,222 nurses into the ANC.

⁹⁴ Sarnecky, *History of the US Army Nurse Corps*, 324-326

⁹⁵ John B. Kelly and CPT Harvey, WRAIN Data for Class Graduating FY 1971," Memorandum for the Record, April 23, 1971, ANCA.

asked nursing students to consider the advantages of joining the military with respect to their long term educational goals: “There are programs for students in diploma schools, students in collegiate schools, graduate RNs with or without B.S. degrees. Whatever your next step is, see how the Army Nurse Corps can help.”⁹⁶ Advertisements produced by the ANC during this period also sought to emphasize the fringe benefits of ANC educational programs: “While a student you will receive an officer’s salary, allowances for room and board, 30-day paid vacations, free medical care, and military shopping privileges.”⁹⁷ In addition to extolling the benefits of ANC educational programs, the nurse corps assured potential recruits that they would be free of military obligations until the completion of their degrees. “You have full time for study,” promised a brochure circulated by the ANC: “No military duties. No military uniforms.”⁹⁸

The financial rewards for joining the nurse corps made it possible for women to obtain nursing degrees over the objections of their parents. Donna Cunningham’s father initially refused her request to help pay for a nursing diploma because he assumed she would get married soon and abandon her career. During the late 1950s, the average American family spent roughly two-thirds of its annual income on a daughter’s wedding.

⁹⁶ “Great Work, Great Education.”

⁹⁷ “The Army Pays Registered Nurses to Continue Their Education,” *American Journal of Nursing* 70, no. 9 (September 1970): 1967; *American Journal of Nursing* 70, no. 11 (November 1970): 2425; *American Journal of Nursing* 71, no. 1 (January 1971): 133; *American Journal of Nursing* 71, no. 3 (March 1971): 605.

⁹⁸ “Financial Assistance for Nursing Students,” ANC 341 Recruitment (1971), ANCA. Other recruitment ads that stress educational assistance opportunities available through the nurse corps include, “Serve with Honor, Navy Nurse Corps, 1965”; “Honored as a Nurse... Respected as an Officer”; “Walk Proudly into the Future as an Air Force Nurse”; “Financial Assistance for Your Nursing Education,” *American Journal of Nursing* 65, no. 6 (June 1965): 170; “In Charge of a ‘Hospital Ward in the Sky...,’” *American Journal of Nursing* 65, no. 8 (August 1965): 166; “We’ll pay \$10,000 to Help You Get Your Degree,” *American Journal of Nursing* 72, no. 5 (May 1972): 554-555; “If You’re an RN Studying for Your Degree, We’ll Pay You to Study,” *Nursing Outlook* 20, no. 11 (November 1972): 738-739; *American Journal of Nursing* 72, no. 12 (December 1972): 2250-2251.

Cunningham's father, like many American fathers, viewed marriage as a more worthwhile investment than their daughter's education.⁹⁹ Cunningham could only get her father to pay for her education by promising him that she would not marry for at least five years after graduating.¹⁰⁰

Nurses without financial resources, however, relied heavily on the nurse corps' financial assistance programs. Diana Dwan Poole received no financial support from her parents, who insisted that "Girls don't go to school." Initially, Poole took out loans to pay for her nursing education, but by her senior year of nursing school she risked being expelled for failing to keep up her tuition payments. Then she learned about the ASNP. Poole joined the ANC in order to fund her final year of schooling, and in return pledged to serve a minimum of two years in the service.¹⁰¹

Other women joined one of the nurse corps' educational assistance programs in order to alleviate the financial burden on their parents. Army nurses Mary Fran Brown and Martha Bell, both of whom had younger siblings preparing to enter university, recalled being loath to increase their parents' debt-load to pay for their schooling. "My brother was getting ready to go to college too and my folks were about ready to take out a second mortgage, which would have been extremely expensive for them," recalled Bell. Both Brown and Bell joined the ASNP, serving three years in the ANC in exchange for two years of educational assistance.¹⁰²

⁹⁹ Coontz, *Strange Stirring*, 63.

¹⁰⁰ Donna Cunningham, interview by author, August 30, 2008.

¹⁰¹ Diana Dwan Poole, interview by author, April 3, 2009.

¹⁰² Mary Fran Brown, interview by author, September 9, 2008; Martha Bell, interview by author, November 15, 2008.

Several women explained their decision to join the military in terms of their desire to become financially autonomous, regardless of their parents' desire or ability to fund their education. Cheri Hawes, whose mother encouraged her to become self-sufficient, recalled joining the ASNP because "I wanted to pay for my own nursing education. I didn't want my folks to have to pay for it." In addition to paying her tuition, the ANC provided Hawes with a monthly stipend which she used to purchase a car upon graduation. Gwen Tushbant also joined the ANC to become more independent. "I wanted to go to Florida on spring break," explained Tushbant, "and I didn't feel like I could ask my father for the money to do that." Tushbant joined the ANC because she craved the financial means to travel without having to secure permission or ask her parents for money. In exchange for the opportunity to become financially self-reliant, Hawes and Tushbant accepted the burden of military service.

In its desperation to attract nurses, the military also made a crass appeal to the consumerism of the modern American woman. Many advertisements, for example, touted the shopping opportunities available to military nurses, a perceived draw for potential recruits. "When they come home," reported one ANC brochure, "they bring back treasures they found; a porcelain lamp from Japan, a battery of perfume bottles from Paris, gloves from Italy, tweeds and sweaters from England." Moreover, "There is also the post exchange, a well-stocked shop carrying everything – cosmetics, jewelry, lingerie, bathing suits, sportswear and sports gear, frying pans and ice buckets..." to meet every woman's needs. In describing Army nurses as women who love to shop and decorate with their purchases as "all women love to do," the ANC appeared to contradict its more

progressive advertising approach, which stressed advancement opportunities, as well as pay and privileges equal to their male counterparts.¹⁰³ While the nurse corps may have imagined potential nurse recruits as women seeking educational or career opportunities, it also clung to more traditional understandings of women's motivations.

Advertisements linking female nurses' femininity with their unique ability to care for wounded soldiers provide further evidence that traditional assumptions continued to guide the corps' recruitment efforts. An Army nurse is the "most beautiful girl in the world," boasted a popular advertisement. "She is comfort. She is assurance. Because of her, in a short time his pain and shock will go. His memory of battle will fade."¹⁰⁴ Sharply contradicting recruitment materials which stressed the challenging career opportunities available to female nurses in the military, essentialist advertisements such as this one implied that nurses' femininity and beauty, not their hard-earned professional skills, were the key to soldiers' recovery. Other advertisements emphasized women's natural suitability for military nursing because of their gender-specific virtues including their nurturing, maternal nature. One advertisement, for example, extolled the healing benefits of "a woman's touch," "cheerfulness," and "reassuring smile in the middle of a long night."¹⁰⁵ Advertisements such as these positioned femininity as the antithesis of

¹⁰³ "A New Career...US Army Nurse Corps," 17-18. For other examples see, "Honored as a Nurse...Respect as an Officer"; "Financial Assistance for Your Nursing Education"; "The Army Nurse Pays Registered Nurses to Continue Their Education"; "The Army Will Help Qualified Nursing Students Through School."

¹⁰⁴ "The Most Beautiful Girl in the World," *Glamour* 57, no. 2 (April 1967): 153; *American Journal of Nursing* 67, no. 6 (June 1967): 1319; *Glamour* 57, no. 4 (June 1967): 93; *US Army Recruiting and Career Counseling Journal* (February 1968): cover. For a similar advertisement produced by the Air Force Nurse Corps see, "Beautiful Cure-All," *American Journal of Nursing* 69, no. 4 (April 1969): 823; *American Journal of Nursing* 70, no. 9 (September 1970): 1970; *DeWitt News Times*, June 3, 1971.

¹⁰⁵ "Be the Nurse You Were Meant to Be," *American Journal of Nursing* 70, no. 3 (March 1970): 605; *American Journal of Nursing* 70, no. 4 (April 1970): 859; *Glamour* 63, no. 3 (May 1970): 177;

war, and suggested that female nurses' role in Vietnam extended beyond medical care to maternal comfort and morale building; the nurse corps constructed and naturalized women's wartime role as an extension of their traditional domestic gender roles.¹⁰⁶ The nurse corps' emphasis on femininity and domesticity formed part of a larger effort to assuage fears that military service would make young women mannish or lesbian. They sought to assure the American public that heterosexual femininity remained intact, even as female nurses entered the male domain of war. Moreover, advertisements of this nature ignored that men also served as military nurses, and reinforced Florence Nightingale's famous dictum, "every woman is a nurse."¹⁰⁷

If the nurse corps envisioned potential recruits to be compassionate, feminine caretakers, they also appear to have imagined them to be white. Prior to the Integration Act of 1948, few African American nurses served in the military, and only in segregated units. By 1964, the year congress passed the Gulf of Tonkin Resolution, the number of African American military nurses still remained quite low.¹⁰⁸ The nurse corps' leadership attributed these low numbers to deficits in African Americans' secondary education which largely prevented them from gaining entry to military-recognized nursing programs.¹⁰⁹ But the nurse corps' failure to recruit African American nurses and other women of color offers an alternative explanation. Between 1963 and 1972, the ANC ran

American Journal of Nursing 70, no. 6 (June 1970): 1341; *American Journal of Nursing* 70, no. 7 (July 1970):1539; *American Journal of Nursing* 70, no. 8 (August 1970): 1777; *Glamour* 63, no. 6 (August 1970): 119.

¹⁰⁶ Vuic, *Officer. Nurse. Woman*, 38-39.

¹⁰⁷ Florence Nightingale, *Notes on Nursing: What It Is, and What It Is Not* (Mineola, NY: Dover Publications, 1969), 3; Kalisch and Kalisch, *Advance of American Nursing*, 580.

¹⁰⁸ Kulka et al., *Trauma and the Vietnam War Generation*, 22.

¹⁰⁹ Sarnecky, *History of the US Army Nurse Corps*, 325.

29 different advertisements in nursing journals and magazines, only one of which featured an African American nurse.¹¹⁰ Similarly, the AFNC appears to have run only two advertisements which contained images of African American nurses during the Vietnam era. The NNC featured no nonwhite nurses in its recruitment ads during this period.¹¹¹ Given the burgeoning civil rights movement in the United States, it seems unlikely that the recruiters were unaware of the dangers of racial stereotyping.¹¹² The failure to include African American women in its recruitment ads may have reflected the ANC's wish to avoid depicting nonwhite nurses caring intimately for white American soldiers.¹¹³

Advertisements stressing opportunities for dating and marriage within the corps reveal a perception of potential nurse recruits as young women in search of men's attention. "Your off-duty hours leave little to be desired," insisted one NNC brochure that featured cartoon pictures of nurses on dates with male officers.¹¹⁴ Several ANC recruitment ads hinted at exciting opportunities for dating, and even marriage. "Your dates will probably range from quiet dinners at the Officer's Club to a rousing evening in a discotheque," boasted one ad, which pictured an attractive woman eating dinner at a nice restaurant with a uniformed man. "And if a diamond crops up on your third finger, left hand," the ad mused, "it won't surprise us a bit. We're used to it."¹¹⁵ Given that the

¹¹⁰ Vuic, *Officer. Nurse. Woman*, 17.

¹¹¹ "Walk Proudly into the Future...As an Air Force Nurse, 1963"; "US Air Force Flight Nurse: Steppingstone to Space Nursing."

¹¹² The ad ran near the end of the war in 1972. Vuic, *Officer. Nurse. Woman*, 18.

¹¹³ Vuic, "Officer. Nurse. Woman," 122.

¹¹⁴ "Honored as a Nurse...Respected as an Officer," 8.

¹¹⁵ "Great work. Great People.," *Glamour* 57, no. 6 (August 1967): 119. For a similar ad see, US Department of Defense, Department of the Army, "What Are You Doing Tomorrow?" RPI 540 (Washington DC: GPO, April 1969).

ANC lost more female personnel to marriage and children than any other cause, it appears that the recruiters used the promise of matrimony and motherhood to attract women, tacitly acknowledging that most nurses would not become career officers.¹¹⁶ And for older women, who feared that younger nurses might have a monopoly on marriage and dating in the armed forces, another advertisement reassured them: “There is no age limit on romance, either. Junior officers have not cornered the market completely. Senior officers do their share of walking down the aisle to Mendelssohn music.”¹¹⁷ Embedded in these images is the nurse corps’ assumption that at least some of the women they hoped to recruit might be drawn to the service by the promise of an active dating life, and possibly marriage.

Some women were undoubtedly drawn to the service by these more traditional recruitment strategies. Martha Bell, for example, admitted to being enticed by the romantic notion that to wounded soldiers an Army nurse is “the most beautiful girl in the world.” For most of the women who volunteered, however, the nurse corps’ assurance of an active dating life and exotic shopping opportunities paled in comparison to the professional and educational opportunities promoted by the military. Whereas women who served in the WWII era had most commonly cited patriotic reasons for joining the nurse corps, it was the call to “serve yourself *and* your country” that had broad appeal among the female military nurses who served in Vietnam.¹¹⁸ These women were motivated by a blend of patriotism, duty, and humanitarianism, but even more by the promise of gender equality, professional advancement, and educational funding. Female

¹¹⁶ “Fact Sheet,” ANC 341 Recruitment (1960s).

¹¹⁷ “Careers in the Medical Services of the US armed forces” ANC 341 Recruitment (1960s).

¹¹⁸ Campbell, “Servicewomen of WWII,” 255.

nurses viewed service in the Army, Navy, and Air Force Nurse Corps as a means by which they could travel, acquire professional experience, become more autonomous, and achieve financial independence. These women were willing to fulfill their citizenship obligation to the nation by serving in Vietnam, but in exchange they sought the rewards of military service.

The nurse corps, for its part, expressed ambivalence about female military nurses' roles.¹¹⁹ Advertisements that focused on career and travel opportunities for young women in the nurse corps signaled a departure from traditional advertisements, an acknowledgement of women's changing motivations amidst the emerging women's movement in America. By the late 1960s and early 1970s, the ANC increasingly focused its advertising on educational and financial opportunities within the corps. Yet, more progressive recruitment materials featuring educational and financial opportunities did not, as one might expect, fully eclipse more traditional advertisements which boasted women's opportunities for marriage or shopping, or reinforced traditional definitions of female nurses' appropriate behavior as nurturing and maternal. Instead, throughout the war the nurse corps continued to promote a dual vision of female nurses as maternal *and* professional, man-seeking *and* career-driven. The nurse corps' simultaneous endorsement of both traditional and progressive advertising approaches exposes ideological contradictions and tensions that would continue to characterize female military nurses' service in Vietnam.

¹¹⁹ The historian Kara Dixon Vuic describes the ANC's recruitment materials as "not entirely progressive, nor entirely traditional." Vuic, *Officer. Nurse. Woman*, 26.

Chapter Two

“I Was Fresh Out of Nursing School. What Did I Know About Combat Nursing?”: From Professional Inexperience to Experience in Vietnam

On January 17, 1968, Army nurse Julia Carter, en route to Vietnam, was suddenly struck by the gravity of her assignment. Two years prior, at the age of 21, Carter had hastily joined the Army Nurse Corps (ANC) to pay for her final year of nursing school. After graduating, she readily volunteered to serve in Vietnam, which sounded like an exciting opportunity to see the world. “I was so impulsive,” she later recalled, and had “no clue [about] what I was getting into.” Upon entering Vietnamese airspace, the passengers suddenly fell silent, prompting Carter to contemplate the year ahead: “You could hear a pin drop. I thought, ‘My God, these guys are terrified.’” Carter realized that some of the young men she had befriended on the flight would not return home alive from their tours, and even for the survivors it was likely to be a physically and emotionally taxing year. As the plane touched down at Tan Son Nhut Air Base, Carter’s sadness turned to fear when the pilot urged passengers to exit the plane rapidly due to incoming rocket fire. As a nurse, Carter naively believed that she would face little danger in Vietnam. As she darted across the tarmac in her Class-A uniform, complete with skirt, stockings, and black high heels, Carter now wondered how well prepared she was for the troubles that lay ahead.

Carter’s imaginings foreshadowed many of the challenges that she and other military nurses would face in their one-year tours of duty. Most of the military nurses

who served in Vietnam were young, under the age of twenty-five. They lacked both military and nursing experience, and many were ill-prepared for the rigors, responsibilities, and dangers of combat nursing in Vietnam.¹ Early on in their tours, these young nurses struggled to gain the medical expertise needed to treat wounds they had never seen before and diseases that they had only read about in textbooks. Although older veteran nurses helped these novices to adjust, in many ways, the US military failed to prepare adequately this new generation of nurses. Provisions for American military women in Vietnam were frequently an afterthought, and policies concerning female nurses were often impractical. Post Exchanges provided male military personnel with access to goods ranging from socks and underwear to magazines, but frequently failed to carry women's goods including underwear, pantyhose, and tampons in Vietnam. White nurses uniforms, despite their impracticality for combat nursing, remained mandatory at several hospitals throughout the war because policymakers deemed the white uniform more feminine (and thus more desirable) than fatigues.

Age, professional experience, and gender intersected to shape the experiences of American nurses in Vietnam. As they adapted to the demands of the war, these young women acquired new skills and gained confidence in their professional abilities. Challenging wartime conditions, which included supply and staff shortages, encouraged military nurses to think innovatively and act with unprecedented autonomy in making patient care decisions. Moreover, they developed diverse strategies to cope with sadness, confusion, anger, and despair. US military nurses in Vietnam showed a remarkable

¹ Kulka et al., *Trauma and the Vietnam War Generation*, 22; Baker, Menard, and Johns, "The Military Nurse Experience in Vietnam," 28.

ability to adapt to and overcome obstacles presented by their gender. As women working in a predominantly male environment, these nurses struggled to carve out a space for women in the American military, often challenging inconvenient or sexist policies, and circumventing gender-specific obstacles.

That gender would shape their wartime experiences came as no surprise to most military nurses, who often had to ride alongside two to three hundred men on Vietnam-bound planes.² Although some female military nurses were accustomed to working within the predominantly male environment of the American military, other nurses, many of them new to the military, had yet to adjust fully to the skewed gender ratio. Moreover, the presence of civilian women in the United States offset much of the gender imbalance that military women experienced, while the absence of female civilians in Vietnam often left female nurses feeling isolated.

On the flight from America to Vietnam, some nurses believed their gender marked them for attention from male soldiers, while others regarded gender as the reason they felt isolated. For Helen Thompson, most of the soldiers on her plane to Vietnam appeared “standoffish” because they talked largely among themselves. She did not appreciate their paternalistic attempts to protect her: “Some of the guys were returning for a second tour and they were telling stories about what they’d seen and done. A few times, they got kind of graphic...until a few guys told them to cut it out, that they shouldn’t be talking about this stuff in front of a woman.” To Thompson, the soldiers’

² For example see, Darby Reynolds, interview by Jan Herman and Patricia Collins, April 1998, p. 2, Navy Bureau of Medicine and Surgery Archives, Washington, D.C; Martha Bell, interview by author, November 14, 2008; Nancy Christ, interview by author, November 16, 2008; Lorna House, interview by author, November 18, 2008.

efforts to shield her from the blood and gore of the war appeared foolish since she was traveling to Vietnam to care for battle wounded soldiers. These protective gestures made Thompson feel cut off from the group. Mary Ellen Smith, by contrast, welcomed protection from the male passengers. As the sole woman on her flight to Vietnam, she was “adopted” by two warrant officers who sought to shelter her from unwanted advances by placing her in a seat between them.³

While Thompson and Smith felt isolated from their male peers due to their gender, Julia Carter remembered being singled out for attention: “These guys knew they probably wouldn’t see too many women where they were going and they went out of their way to chat me up.” Since so many of the men on the plane were “just scared to death,” Carter was happy to serve as a distraction. Because she was a woman, Shirley Menard felt forced into “playing stewardess” to her male peers. Having been raised in an “older traditional family,” she was conditioned to serve in a female role when surrounded by men.⁴

Gender also informed some female nurses’ interactions with commercial stewardesses who served the troops en route to Vietnam. Commercial airlines, chartered by the US government to transport troops to Vietnam beginning in the 1960s, had exclusively female stewardesses. Cheri Hawes resented how stewardesses seemed to fawn over male passengers, while behaving indifferently toward her. Many Americans

³ Mary Ellen Smith, interview by Sharon I. Richie, November 23, 1987, p.5, ANC Oral Histories, Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General, Falls Church, VA (hereafter ANCA).

⁴ Shirley Menard, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 112.

view combat (and its inherent risks) as the highest form of obligation to the state.⁵ With more soldiers serving in the rear than ever before, only a fraction of the men on board Hawes' flight were likely to see combat. In 1967, for instance, only 14 percent of American troops in Vietnam served in combat units.⁶ Nevertheless, Hawes felt the flight attendants seemed to hold men's service in higher esteem due to misguided notions that most men served as frontline warriors, while all women remained out of harm's way as rear echelon support staff.⁷

American nurses also suffered on the long flight to Vietnam because of outdated chauvinistic army regulations. While regulations permitted male soldiers to travel to Vietnam in their fatigues, female military nurses were required to wear their Class-A uniforms, complete with high heels, panty hose, purse, and hat.⁸ Many nurses found the high heels and panty hose particularly uncomfortable. Jackie Tropp, who grew up on a farm, hated wearing high heels for even five minutes, let alone for the 24-hour flight.⁹ Diana Dwan Poole, whose flight was delayed during her stopover in Guam, complained of sore, swollen feet caused by wearing panty hose and high heels: "I was afraid that if I took my shoes off, I'd never get them back on."¹⁰ Cheri Hawes was so intensely

⁵ For more on the historical connection between military service and citizenship see chapter five of this dissertation.

⁶ Isserman, *Vietnam War*, 69.

⁷ Cheri Hawes, interview by author, October 8, 2008. All subsequent quotations attributed to Cheri Hawes are derived from the author's interview with the subject. For a civilian stewardess' perspective on transporting military personnel to Vietnam, see Micki Voisard, in Walker, *Piece of My Heart*, 232-244.

⁸ Diana Dwan Poole, interview by author, April 3, 2009; Jennie Caylor, Chief Nurse, USARV, "Guidelines for Army Nurse Corps Women Officers on Orders to Vietnam," n.d., in "End of Tour Report," 314.7 – History – Vietnam – Deployment Issues, ANCA.

⁹ Jackie Tropp, interview by author, April 26, 2009. All subsequent quotations attributed to Jackie Tropp are derived from the author's interview with the subject.

¹⁰ Diana Dwan Poole, interview by author, April 3, 2009. All subsequent quotations attributed to Diana Dwan Poole are derived from the author's interview with the subject.

uncomfortable in her panty girdle and hose that midway through her flight she broke down and removed the impractical undergarments in the airplane bathroom. Hawes arrived in Vietnam “pantyleless,” terrified that someone would find out. Although her secret remained safe, Hawes had good cause for concern. When Winnie Smith had to exit via a ladder down the side of the plane, soldiers whistled and cheered. “I wish every rung of the way that I were wearing pants,” Smith told her wartime diary.¹¹

Nurses served at a variety of medical facilities throughout Vietnam. Surgical hospitals, or Mobile Army Surgical Hospitals (MASH), typically operated between sixty and one hundred beds, and at least theoretically, were located closest to the fighting. Surgical hospitals provided immediate surgical care to wounded soldiers who, once stabilized, were medically evacuated to larger hospitals to free up space for new casualties. Specialized cases, including soldiers with severe kidney or neurological damage, who could not be treated at these units, were sent to larger facilities elsewhere in Vietnam. Evacuation hospitals, by virtue of their size (four to five hundred beds), could accommodate more casualties, but they usually only kept soldiers for three or four days. Evacuation hospitals provided medical treatment and performed necessary surgeries before returning soldiers to their units, or evacuating them to convalescent centers for further recuperation. Soldiers expected to recover within thirty days of hospitalization were sent to convalescent centers in Vietnam, while soldiers who required a greater recovery period were typically evacuated to Japan or the United States. Field hospitals (three to four hundred beds) operated more like fixed treatment facilities because they

¹¹ Smith, *American Daughter Gone to War*, 44-45.

had no need to evacuate wounded soldiers rapidly. Army nurses typically served at one of these three types of hospitals, while Air Force nurses frequently served as flight nurses responsible for medically evacuating wounded soldiers out of Vietnam. Navy nurses served on board one of two hospital ships in Vietnam, the *Repose* or *Sanctuary*, or in one of several land-based hospitals such as Station Hospital in Saigon or Rach Gia Provincial Hospital near the Gulf of Thailand.¹²

Nurses who managed to have some say in where they would work selected assignments based on considerations including their nursing experience, the opportunity to serve with friends, or the hospital's proximity to danger. Other nurses arrived in Vietnam and were assigned to hospitals based on need. Astrid Ortega, for example, requested the 36th evacuation hospital in Vung Tau because the soldiers whom she cared for at Letterman Hospital in San Francisco advised her that it was the safest hospital in-country.¹³ Karen Yoffe, who yearned for new nursing experiences, turned down the relative safety of serving at the 3rd field hospital in Saigon, and instead chose the newly established 95th evacuation hospital in Da Nang. To Yoffe, the 3rd field hospital too closely resembled stateside military hospitals, was located too far from the action, and seemed too "brass heavy."

¹² Kimberly Laina Heikkila, "G.I. Gender: Vietnam War-Era Women Veterans and US Citizenship" (PhD diss., University of Minnesota, 2002): 130-131; Lois Shirley, in David Berman, "Interviews with Two Vietnam Veterans: Welcome Home," *Vietnam Generation* 1, no. 3-4 (Summer/Fall 1989): 47; Norman, *Women at War*, 76. For more on the different types of hospitals operated by the Air Force, Navy and Army Nurse Corps in Vietnam see, Norman, *Women at War*, 75-89; Sarnecky, *History of the US Army Nurse Corps*, 321-390.

¹³ Astrid Ortega, interview by author, December 12, 2008. All subsequent quotations attributed to Astrid Ortega are derived from the author's interviews with the subject.

Many Army nurses tried to avoid assignments at hospitals where women were required to wear white duty uniforms. High ranking military officials believed that nurses in white uniforms would boost the morale of male combat soldiers by reminding them of home. “When my soldiers come into the hospital,” General William Westmoreland allegedly said, “I want them to see a woman in a white uniform, with lipstick and her hair done up.”¹⁴ As the historian Kara Vuic has observed, the white uniform represented “femininity, heterosexual male tastes, and the absence of war.”¹⁵ Since only a small number of Army hospitals (including the 3rd, 8th and 17th field hospitals) required female nurses to wear white uniforms, requests to serve at hospitals where women wore fatigues were often granted. Some nurses, though, were not so fortunate. Dorothy Oswald and Jackie Tropp, for example, both protested their assignments to the 3rd field hospital to no avail. Oswald noted that the white uniform made nurses feel “standoffish, like you weren’t having it as hard as other [nurses],” while Tropp considered the white uniform (which included pantyhose) too hot for nursing in a tropical climate. Other nurses complained about the difficulty of keeping white uniforms clean in a combat environment.¹⁶ Chief nurses Barbara Kishpaugh and Ann Antonicci observed significant morale problems among women stationed at hospitals that required nurses to wear the

¹⁴ Catherine Betz, interview by Mary Samecky, September 1992, p. 7, WIMSA Oral History Program, WIMSA Archives.

¹⁵ Vuic, *Officer, Nurse, Woman*, 97. For more on the use of white duty uniforms in Vietnam see Vuic, 93-97.

¹⁶ “Uniforms,” in Jennie Caylor, *End of Tour Report*, February 14, 1968, 314.7 – History – Vietnam – Deployment Issues, ANCA.

white duty uniform.¹⁷ The Navy, which required all of its nurses to wear the white duty uniform, seems to have experienced no equivalent morale problem.¹⁸

Military Nurses' Preparation for Vietnam

Nurses' preparation and training for military service in Vietnam varied widely. For newly commissioned Army nurses, preparation for military service began with officer basic training at Fort Sam Houston's Medical Field Service School. To smooth the transition into military life and acquaint doctors, nurses, and other medical personnel with the protocols and policies of medical care in the Army, new nurses had to take a six-week training course. Nurses learned proper military etiquette and the basic tools of Army nursing, including record keeping procedures and administrative practices.¹⁹ Their preparation also included exposure to different types of war wounds and instruction on how to treat common combat injuries. Astrid Ortega and Mary Fran Brown practiced medical procedures including bullet and shrapnel removal, suturing, and emergency tracheotomies on anesthetized goats.²⁰ Helen Thompson and Karen Yoffe, Army nurses who attended officer basic training in 1967 and 1968 respectively, learned about the types of wounds inflicted by different kinds of weapons. "They took us out on a firing range," recalled Yoffe, "and showed us what different weapons did when they were fired into

¹⁷ Kishpaugh, interview by Connie Slewitzke, May 23, 1992, p. 8, Women in Military Service to America (WIMSA) Oral History Program, WIMSA Archives; Ann Antonicci, interview by Connie Slewitzke, January 11, 1993, p. 2, WIMSA Oral History Program, WIMSA Archives.

¹⁸ While oral testimonies and official military reports frequently mention morale problems among Army nurses forced to wear the white duty uniform, I found no indication that the white uniform caused a morale problem among Navy nurses.

¹⁹ Vuic, *Officer, Nurse, Woman*, 43.

²⁰ Mary Fran Brown, interview by author, September 9, 2008. All subsequent quotations attributed to Mary Fran Brown are derived from the author's interviews with the subject.

watermelons.” The exercise demonstrated what an entrance wound looked like, and how a small entrance wound could misleadingly leave a large exit wound.

The Navy, by comparison, generally refrained from sending nurses to Vietnam with fewer than two years of military nursing experience.²¹ Newly commissioned Navy nurses, however, did receive instruction on military etiquette and policies, including how to wear the uniform, record-keeping, and the basics of the Uniform Code of Military Justice. Bobbi Hovis, for example, attended military orientation classes in Jacksonville, Florida where she learned how and who to salute, as well as how to march.²² Air Force nurses received similar training, and attended two months of flight school before being sent to Vietnam. On average, Air Force nurses, like their Navy nurse peers, were older and more experienced than their Army nurse counterparts who served in Vietnam.²³

Although officer basic training provided newly commissioned nurses with insight into the military system, most nurses found that the training they received failed to prepare them adequately for Vietnam. The historian Linda Alkana claims that most nurses viewed the training experience as a “joke” and failed to take it seriously.²⁴ Cheri Hawes, for example, found that despite drill sergeants’ best efforts to train doctors and nurses to march in formation, few of the newly commissioned medical officers trained diligently: “They’d yell, ‘Rear march!’ and we’d all bump into each other and start

²¹ Norman, *Women at War*, 13.

²² Bobbi Hovis, interview by author, November 19, 2008. All subsequent quotations attributed to Bobbi Hovis are derived from the author's interview with the subject.

²³ Norman, *Women at War*, 13; Patricia Ravella, “A Survey of US Air Force Nurses’ Adaptation to Service in Vietnam,” *Aviation, Space, and Environmental Medicine* 95, no. 1 (1995): 81. Ravella’s sample included 20 Air Force nurses who served in Vietnam. On average, Ravella’s study participants were 31-years-old at the time of their service.

²⁴ Linda Alkana, “Women Warriors, *Women Healers: American Women Military Nurses in Vietnam*,” *Valley Forge Journal* 4, no. 4 (1989): 355.

laughing. It was hysterical to watch the nurses and doctors march.” Like Hawes, many young, newly commissioned nurses viewed the military protocols taught at basic training as trivial and irrelevant. In particular, those who deemed their military service temporary and did not plan to pursue a military career questioned the merits of marching drills and the like.²⁵ Hawes lamented that more of the training was not centered on preparing nurses for combat nursing, particularly since such a high percentage of newly commissioned nurses were being sent to Vietnam: “They [the Army] taught you nothing about Vietnam. They taught you nothing about triage. They taught you nothing about the actual care, what you were going to have to deal with in Vietnam.” Anne Simon Auger also expressed anger about being ill-prepared for combat nursing in Vietnam: “I hated [the Army] for years for not training me better.”²⁶

Many young, inexperienced military nurses later regretted not paying greater attention to the war-specific instruction that they did receive at basic training. “My main memory of that time is the parties, big parties,” explained Jacqueline Navarra Rhoads. “It was only later I realized that I should have” paid attention.²⁷ Basic training marked many women’s first time away from their parents’ purview. Helen Thompson, for example, took advantage of her newfound freedom to attend a lot of parties. When she returned home from basic training, she found it hard to explain to her mother “why every time I sat down I fell asleep.” Lorna House, a recent nursing school graduate, found it difficult to sit through yet more classes, particularly given the technical, “boring” nature of the material and the late nights she pulled with her peers. Laura Kern, a young Army nurse

²⁵ On this point also see, Vuic, *Officer, Nurse, Woman*, 44.

²⁶ Anne Simon Auger, quoted in Walker, *Piece of My Heart*, 96.

²⁷ Jacqueline Navarra Rhoads, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 12.

who was too interested in having fun to take basic training seriously, figured she would learn what she needed to on the job.²⁸

The American nurses who arrived in Vietnam had considerably less professional experience than the nurses who served in World War II. Roughly 60 percent of the nurses who served in Vietnam had been on the job less than two years, and of that group, most had less than six months of nursing experience.²⁹ By comparison, most of the American women who served as military nurses in World War II were at least 25 years old, and only 6 percent were recent nursing school graduates.³⁰ Patricia Maravola received orders for Vietnam less than six months after graduating from nursing school and receiving her commission in the ANC. Anne Simon Auger, who recalled feeling unprepared for combat nursing in Vietnam, lamented that she had just six months of professional nursing experience before receiving her orders, and during that limited time she had worked only in a newborn nursery.³¹

The overall youth and inexperience of military nurses in Vietnam often worried higher ranking nurses responsible for organizing and staffing hospitals. In 1968, the *Army Medical Services Report* noted that most of nurses assigned to Vietnam were young, inexperienced, and “had difficulty organizing their work and making nursing

²⁸ Laura Kern, interview by author, September 12, 2008. All subsequent quotations attributed to Laura Kern are derived from the author's interview with the subject.

²⁹ Kulka et al., *Trauma and the Vietnam War Generation*, 22; Marshall, *In the Combat Zone*, 6; Linda Spoonster Schwartz, “Health Problems of Women Veterans of the Vietnam” (PhD diss., Yale University, 1998), 6. Norman reports that of the fifty female nurses she interviewed for her study of women in Vietnam, only nine had more than five years of nursing experience before being sent to Vietnam. Norman, *Women and War*, 12.

³⁰ Campbell, “Servicewomen of World War II,” 253.

³¹ Auger, quoted in Walker, *Piece of My Heart*, 77.

decisions.”³² The shortage of experienced nurses was not limited to the early stages of the war. In 1971, Patricia Murphy, the chief nurse of Vietnam, expressed serious reservations about filling a spectrum of nursing positions, including supervisory roles, with a nurse corps of mostly inexperienced nurses: “Many young nurses, despite their college degrees,” she reported, “cannot become effective staff nurses let alone head nurses with [only] one year’s nursing experience.” Murphy stressed the need for more senior, ranking nurses to “supervise and guide” young, inexperienced nurses.³³ As a result of the shortage, novice nurses often had to assume advanced responsibilities. For example, the chief nurse at the 67th evacuation hospital appointed Diana Dwan Poole head nurse of the orthopedic ward. Poole initially objected, insisting that at the age of twenty-three she was “too young” to fill the role. But because she had served as a nurse stateside for three years and had experience on an orthopedic ward, Poole became the leading candidate for the position. Jackie Tropp’s reservations about taking on the position of head nurse of the 3rd field hospital’s dialysis unit due to inexperience were also dismissed by her chief nurse, who promised the staff that she would place the next nurse assigned to the hospital in the dialysis unit.

Lack of preparation and nursing experience left many military nurses feeling overwhelmed during their first few weeks in-country. Laura Kern, who arrived in Vietnam at the age of 21, felt “totally assaulted” by the horrific injuries, the smell of burned flesh, and cries from wounded soldiers she witnessed during her orientation to the

³² *Army Medical Services Report*, p. 16, USARV, 67th Evac Hospital, Medical Unit Annual Reports, 1960-1969, Records of the Office of the Surgeon General (Army), RG 112, National Archives and Records Administration, College Park, MD, quoted in Vuic, *Officer, Nurse, Woman*, 77.

³³ Patricia Murphy, *End of Tour Report*, January 15, 1971, p.3, 314.7 History, Vietnam, End of Tour Report, Murphy, Patricia, 1971, ANCA.

67th evacuation hospital's emergency room (ER). Fortunately, more experienced nurses helped novices to adjust. For example, Donna Buechler became overwhelmed at the sight of soldiers' wounds being debrided and dressings changed during her first shift at Cam Rahn Bay's 6th convalescent hospital. Seeing Buechler's difficulties, the head nurse asked her to help hold a leg of a patient while she cleaned his shrapnel wounds. Once she "started telling me what to do and got my mind engaged" I realized that I was going to make it as a nurse in Vietnam. The head nurse taught Buechler to focus on one patient at a time so as to not be overcome by the larger picture.

Other nurses, especially those with only limited professional nursing experience prior to their tour in Vietnam, felt overwhelmed by having to perform certain tasks. Karen Yoffe, for example, found that her stateside nursing experience on a pediatric ward left her ill-prepared to start IVs rapidly on sick and injured soldiers. At Walter Reed and Johns Hopkins hospitals where Yoffe worked prior to being deployed to Vietnam, doctors and residents typically started IVs. Yoffe became rattled after three failed attempts at starting an IV resulted in the patient asking for someone else to take over. Julia Carter felt ill-prepared for the number of rapid, independent decisions she was forced to make during her early days in the ER. Carter, "fresh out of nursing school" and accustomed to oversight by senior nurses and doctors, "totally lacked the confidence to make command decisions" on her own. To make matters worse, Carter found that in Vietnam "some senior nurses seemed annoyed when I sought their opinion on something I wasn't sure about," such as suturing and blood transfusions, tasks typically performed by doctors in the United States.

Fortunately, most nurses quickly acquired the skills needed to survive in Vietnam. Virginia Knox, chief nurse of the 67th evacuation hospital, marveled at the adaptability of young nurses with only limited nursing experience, who “just walked in and took over.”³⁴ Ann Antonicci, chief nurse of the 3rd field hospital from 1969 to 1970, recalled only one nurse, a graduate of the Army’s own WRAIN program, who never reached the professional level of her peers.³⁵ Gaps in nurses’ stateside experience were often filled quickly through on-the-job training. “You learned everything you needed to know in three days’ time,” explained Lois Shirley.³⁶ Through exposure to illnesses, injuries, treatments and protocols they had never before encountered, military nurses quickly adapted their skill sets. “In just a week,” Martha Bell wrote home to her parents in 1970, “I’ve seen more than I’d probably ever experience back in the world in a year.”³⁷ Within a short time of their arrival, many nurses were performing duties far in excess of their professional training and job description. Jacqueline Rhoads, for instance, remembered performing shrapnel extractions and surgical closures so that doctors could move on to the next patient. Maureen Walsh recalled improvising to save a soldier’s life by performing an emergency tracheotomy on him with a ball-point pen.³⁸

Even experienced nurses faced new challenges and acquired new skills in Vietnam. In war, disease is often said to be an army’s silent enemy; more American

³⁴ Virginia Knox, interview by Connie Slewitzke, June 3, 1992, p. 5, WIMSA Oral History Program, WIMSA Archives.

³⁵ Ann Antonicci, interview by Connie Slewitzke, January 11, 1993, p. 4, WIMSA Oral History Program, WIMSA Archives.

³⁶ Shirley, quoted in Berman, “Interviews with Two Vietnam Veterans: Welcome Home,” 47.

³⁷ Martha Bell, Letter to Parents, July 4, 1970, Personal Files of Martha Bell, Chapel Hill, North Carolina.

³⁸ Jacqueline Rhoads, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 15; Maureen Walsh, quoted in Walker, *Piece of My Heart*, 211-212.

soldiers died of disease in the Civil and the Spanish-American Wars than from combat-related deaths.³⁹ Although advancements in the prevention and treatment of disease saw a significant decrease in the number of disease-related deaths in twentieth century American wars, in Vietnam, disease remained the major threat to American military personnel.⁴⁰ In October 1965, Claude Eberhart, assistant chief of preventative medicine in Vietnam, identified disease as the cause of 75 percent of hospital admissions in Vietnam.⁴¹

As a staff nurse who worked in tropical medicine at the 3rd field hospital, Lois Shirley treated patients with diseases that she had never heard of before.⁴² Although some military nurses studied diseases such as tetanus or typhus in nursing school, few had any clinical experience treating such illnesses. “I got to see things that...my nursing textbooks covered in one paragraph because they were basically extinct [in the United States],” recalled Helen Thompson.⁴³ Cheri Hawes treated patients with a spectrum of illness uncommon to the US including dengue fever, encephalitis, meningitis, tetanus,

³⁹ In the Civil War, the ratio of disease to combat related deaths among American soldiers was 2 to 1, with dysentery accounting for the majority of disease-related deaths. In the Spanish American War, the ratio of disease to combat related deaths was 7 to 1. Typhoid was the primary cause of death among American soldiers who served in the Spanish-American War. Vincent J. Cirillo, *Bullets and Bacilli: The Spanish-American War and Military Medicine* (New Brunswick: Rutgers University Press, 2004), 31-33; C.M. Eberhart, *Notes for General Heaton's News Conference*, November 30, 1965, p.1, Vietnam – Reporting, RG 112, National Archives and Records Administration, College Park, MD. In war, venereal disease (VD) also accounts for substantial manpower losses. For more on venereal disease in war see, Katherine Moon, *Sex Among Allies: Military Prostitution in US-Korea Relations* (New York: Columbia University Press, 1997); Carl E. Bartecchi, *A Doctor's Vietnam Journal* (Bennington, VT: Merriam Press, 2006), 127-129; John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America* (Westport, CT: Praeger Publishers, 2008).

⁴⁰ James A. Wier, “War on Disease – A Battle US is Winning in Vietnam,” *US News & World Report*, July 25, 1966.

⁴¹ Claude Eberhart, *Notes for General Heaton's News Conference*, November 30, 1965, p.1, Vietnam – Reporting, RG 112, National Archives and Records Administration, College Park, MD.

⁴² Shirley quoted in Berman, “Interviews with Two Vietnam Veterans: Welcome Home,” 47.

⁴³ Military nurses who served in World War II also treated diseases uncommon to the US. See Campbell, “Servicewomen of World War II,” 257.

cholera, and ring worm. Karen Yoffe treated one patient who had contracted bubonic plague, which “nobody in the [hospital] had ever seen before.” Malaria, the third most common cause of hospitalization for American soldiers in Vietnam, was slightly more familiar to military nurses, particularly those who had served in tropical areas before. Nevertheless, malaria posed treatment challenges of its own: one strain of malaria commonly contracted by American soldiers in Vietnam proved resistant to traditional drug treatment methods.⁴⁴ In 1966, the Surgeon General Leonard Heaton released estimates that suggested as many as 46 percent of malaria cases in soldiers in Vietnam failed to respond to the standard drug treatments.⁴⁵ With only limited experience treating some of the illnesses they encountered in Vietnam, nurses had to learn quickly new treatment regimens while on the job. Newly arrived nurses relied on nurses who had been in-country for several months to equip them with the knowledge and skills necessary to provide good patient care in Vietnam.

As with American nurses who served in previous wars, stress, physical exhaustion, lack of sleep, and exposure to contagious diseases left nurses vulnerable to many of the illnesses they treated.⁴⁶ Since regulations prohibited medical personnel from missing work due to illness unless hospitalized, the names of military nurses could often

⁴⁴ “Medicine’s Wars in Vietnam,” *The Journal of the American Medical Association* 196, no. 9 (May 1966): 29. Malaria was the third most common cause of hospitalization for American servicemen, behind diarrheal and respiratory problems.

⁴⁵ Lieutenant General Leonard D. Heaton, “The Army Medical Service,” *News Release*, March 14, 1966, p.4, Army Nurse Corps Historical Information, General Subject Files, 1960-1969, Records of the Office of the Surgeon General (Army), RG 112, National Archives and Records Administration, College Park, MD.

⁴⁶ Kalisch and Scobey, for example, note that roughly 10 percent of American nurses who served in the Spanish-American War contracted diseases while serving, with 13 dying from their illnesses. In World War I, nearly three hundred nurses died of diseases, most notably influenza. For more on disease and military nurses, see Kalisch and Scobey, “Female Nurses in American Wars,” 215-244; Tomblin, *G.I. Nightingales*, 12, 160.

be found among the names of soldiers on hospitals' sick rosters.⁴⁷ Between June 1971 and May 1972 alone, 41 Army nurses were medically evacuated to the United States.⁴⁸ Nurses were hospitalized for many different ailments ranging from thrombophlebitis and fever to dehydration and fatigue. Cheri Hawes, who worked at the 91st evacuation hospital's ER, observed that while medical personnel tried to take precautions against infection, nurses occasionally contracted diseases from their patients including malaria, tuberculosis, and meningitis. Hawes, who contracted hepatitis B in Vietnam after sticking herself with a contaminated needle, found it surprising that "more of us didn't contract illnesses," especially because "a lot of infectious disease [came] through the ER and we didn't wear gloves all of the time." In addition to risking exposure to life threatening illnesses such as hepatitis and meningitis, nurses also suffered from more minor diseases. In 1966, for example, while serving on board the hospital ship *Repose*, Lorene James and Leanna Crosby were hospitalized with bronchitis and chicken pox respectively.⁴⁹ Unusual and contagious diseases, in addition to testing nurses' clinical skills, added an additional layer of danger to serving in a war zone.

To many nurses the danger posed by Viet Cong attacks on hospitals and military compounds seemed considerably more severe than working with infectious patients. The

⁴⁷ A survey of various hospitals' nursing reports including the 67th evacuation hospital, the 3rd field hospital, and the 44th medical brigade in October 1968 reveals that nurses frequently became ill while serving in Vietnam. "Report of Nursing Services Activities," October 31, 1968, 314.7 History – Vietnam – Nursing Services Activities Reports – October 1968, ANCA.

⁴⁸ Barbara E. Lane, *End of Tour Report*, May 30, 1972, p.6, 314.7 History, Vietnam, End of Tour Report, 1972, ANCA.

⁴⁹ Letter to Captain Veronica M. Bulshefski, Director, Navy Nurse Corps, Bureau of Medicine and Surgery, from M.T. Kovacevich, Chief of Nursing Service, June 27, 1966, USS *Repose* – AH 15 – 1945-1970, Navy Bureau of Medicine and Surgery Archives, Washington, D.C.; Letter to Captain Veronica M. Bulshefski, Director, Navy Nurse Corps, Bureau of Medicine and Surgery, from M.T. Kovacevich, Chief of Nursing Service, October 21, 1966, USS *Repose* – AH 15 – 1945-1970, Navy Bureau of Medicine and Surgery Archives, Washington, D.C. (hereafter BUMED).

Geneva Conventions of 1949 strictly prohibited attacks on hospitals and medical personnel, but these rules were rarely honored in Vietnam. A guerrilla conflict without front lines, the nature of the Vietnam War made it impossible to insulate military nurses from the dangers of combat.⁵⁰ Although only one nurse, Army nurse Sharon Lane, died of combat-related injuries in Vietnam, military nurses regularly confronted war-related dangers.⁵¹ Bobbi Hovis, one of the first Navy nurses to arrive in-country, was on duty at Station Hospital in Saigon when the coup to remove South Vietnamese President Ngo Dinh Diem from power began in November 1963. Hovis watched from the hospital's fifth floor balcony as violence erupted in the streets below. She narrowly avoided being hit by a stray bullet as she assessed the threat to the hospital, an incident that "totally shattered" the illusion that she was serving in "relative safety."⁵² The 1964 Christmas Eve bombing of the Brink bachelor officer quarters in downtown Saigon likewise brought the war home to Barbara Wooster, who wrote her brother that "for the first time, I'm a little frightened."⁵³ The bomb exploded on the ground floor of the quarters, injuring Wooster and three other Navy nurses. Even though they sustained injuries during the blast that wounded 107 and killed 2, the four nurses administered care to more severely wounded

⁵⁰ Hovis, *Station Hospital Saigon*, 60.

⁵¹ Army nurse Sharon Lane, 25-years-old, died instantly from fragmentation wounds sustained during a rocket attack on the 312th evacuation hospital. Eight American women died in Vietnam, but Lane was the only woman killed as a result of direct hostile action. Spelts, "Nurses Who Served and Did Not Return," 1037-1038; Letter to Anna Mae Hays, Chief, Army Nurse Corps, from Nelly L. Henley, Chief Nurse, USARV, June 11, 1969, 314.7 End of Tour Report, Henley, Nelly, 1969, ANCA. For more on Sharon Lane, see Philip Bigler, *The Life and Death of First Lieutenant Sharon Lane* (Arlington: Vandamere Press, 1996).

⁵² Hovis, *Station Hospital Saigon*, 81; Bobbi Hovis, interview by author, November 19, 2008.

⁵³ "Nurse's Letter Gives Insight into Viet Nam Life and War," *St. Joseph Gazette*, January 9, 1965.

personnel before receiving care themselves.⁵⁴ The four women – Barbara Wooster, Ann “Darby” Reynolds, Frances Crumpton, and Ruth Ann Mason – became the first nurses of the war to receive Purple Hearts.⁵⁵

Nurses often had to work under dangerous circumstances. During the Tet Offensive of 1968, an estimated 55 mortar and recoil rounds struck the 3rd surgical hospital in Dong Tam. The hospital suffered extensive destruction; no area of the 60-bed Medical Unit Self-Contained Transportable (MUST) escaped undamaged. All inflatable units, including the post-operative and x-ray units, were punctured and deflated during the unanticipated offensive. Attacks on the hospital strained the hospital’s patient load. In a typical month, the preoperative unit treated between 550 and 600 patients. In February of 1968, 925 patients made their way through the 3rd surgical hospital’s postoperative unit. The stress of caring for a large number of patients under increasingly dangerous circumstances took its toll on nurses. According to a report submitted at the chief nurses’ conference in 1968, “the frequency and increasing severity of the attacks each night,” meant that “personnel working the day shift were getting little to no rest and . . . would not be able to function effectively for very long.” Frequent rocket and mortar attacks forced sleeping nurses to flee their beds and “run to the bunkers five or six times a night.” To get more restful sleep, nurses moved stretchers into the bunkers, where they slept for the remainder of the offensive.⁵⁶ Although loud noises from mortar attacks still

⁵⁴ Reynolds, interview by Jan Herman and Patricia Collins, 6-7.

⁵⁵ Godson, *Serving Proudly*, 214; Jan Herman, *Navy Medicine in Vietnam: Oral Histories from Dien Bien Phu to the Fall of Saigon* (Jefferson: McFarland & Company, 2009), 37-38; “Saigon Bomb Kills 2, Hurts 107 in U. S. Officers' Billet” *Chicago Tribune*, December 25, 1964.

⁵⁶ Althea E. Williams, “Extracts of Reports Presented at the Chief Nurses Conference, 44th Medical Brigade,” p. 1-3, 314.7 History, Vietnam, 44th Medical Brigade, Chief Nurses’ Conference,

interrupted their sleep, the sense of security gained from sleeping in the bunker helped them to remain functional. None of the 3rd surgical hospital's nurses suffered serious harm during the offensive, but persistent attacks on the hospital constantly reminded nurses of their proximity to danger.

Supply shortages, particularly common in the early years of the war, also forced nurses to think creatively in order to overcome barriers to effective patient care.⁵⁷ The 8th field hospital, for example, experienced significant supply shortages upon its arrival in Vietnam. The 8th field hospital, established in Nha Trang in the spring of 1962, was the first Army hospital to provide major medical support including medical and surgical inpatient care to American soldiers in Vietnam. The medical staff responsible for setting up the hospital soon discovered significant gaps in the hospital's supplies, which had been shipped to Vietnam months in advance of the hospital's arrival. Nurses lamented not having been consulted about the types and quantities of supplies necessary to operate a field hospital in Vietnam. Operating room supervisor Anna Everett complained that sutures and suture needles were "sadly lacking," and that the operating room did "not have enough instruments to establish debridement sets, suture sets, thoracentesis sets, paracentesis sets, etc."⁵⁸

Extracts, ANCA. In January 1968, the 71st evacuation hospital at Pleiku also received a number of direct hits that injured medical staff and patients, and killed a nine-year-old Vietnamese civilian patient. Letter to Anna Mae Hays, Chief, Army Nurse Corps, Office of the Surgeon General, from Jennie Caylor, Chief Nurse, USARV, January 22, 1969,

⁵⁷ For information on medical supply shortages in previous wars, see Tomblin, *G.I. Nightingales*, 14, 35, 45, 56, 72, 93; Jackson, *They Called Them Angels*, 28; Witt, *Defense Weapon Known to be of Little Value*, 176, 178-179. Medical supply shortages also occurred during the Gulf Wars. See Patricia Rushton, *Gulf War Nurses: Personal Accounts of 14 Americans, 1990-1991 and 2003-2010* (Jefferson, NC: McFarland & Company, 2011), 4, 109.

⁵⁸ Anna Everett, quoted in Sarnecky, *History of the US Army Nurse Corps*, 332.

The 8th field hospital's predicament was not an isolated incident. Catherine Betz, chief nurse of the 3rd field hospital, remembered facing persistent supply shortages from 1966 to 1967. She tried to requisition supplies from the depot in Okinawa, only to discover that they were unavailable because no one had ordered them.⁵⁹ Lorraine Boudreau, an Army nurse who served the first of two tours in Vietnam from 1965 to 1966, attributed the 93rd evacuation hospital's supply shortage to "pilfering" that occurred when supply ships docked to unload their cargo. According to Boudreau, supplies allocated for the 93rd were often stolen and sold on the black market, or taken by other medical units in need of supplies.⁶⁰ Despite their efforts to "scrounge" for medical supplies, the 85th evacuation hospital noted significant supply shortages, some of which proved deadly. One patient died of military tuberculosis because there was no film to do a chest X-ray. The attending physician, "hopping mad" about the case, also lamented the death of another patient due to the lack of diabetic supplies: "We honestly cannot believe that our country has let us and her young fighting men down so badly."⁶¹ Bobbi Hovis, who helped establish Station Hospital in Saigon in 1962, complained that low priority items arrived before high priority supplies. The unpredictability of supply lines made it difficult for Owedia "Tweedie" Searcy to anticipate what to order for the Station Hospital.⁶²

⁵⁹ Catherine Betz, interview by Mary Sarnecky, September 1992, p. 5, WIMSA Oral History Program, WIMSA Archives.

⁶⁰ Boudreau, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 27.

⁶¹ Letter to Dr. Conley from BLACKED OUT, October 27, 1965, Vietnam News Release, Records of the Office of the Surgeon General (Army), RG 112, National Archives and Records Administration, College Park, MD.

⁶² Hovis, *Station Hospital Saigon*, 40; Bobbi Hovis, interview by author, November 19, 2008. For more examples of how nurses improvised in order to provide effective patient care to soldiers see, Hovis, *Station Hospital Saigon*, 38-42.

Faced with persistent supply shortages in Vietnam, nurses learned to improvise. The operating room supervisor at the 2nd surgical hospital decided to reuse medical supplies that were meant to be disposable.⁶³ Bobbi Hovis recycled various items to make needed supplies: “Empty intravenous bottles and tubing became drinking containers and straws. The IV bottles also became urinary drainage bottles. Discarded tin cans found further use as small-item storage containers.”⁶⁴ At the 3rd field hospital, nurses dealt with supply shortages by becoming proficient at bartering with other military hospitals. When the hospital acquired more medicine cabinets than needed, nurses traded the excess cabinets for items in short supply. Nurses also wrote to their friends and family back home for supplies. The mother of Army nurses Nancy and Linda Christ, for example, acquired liver sutures from a supplier in New Jersey and sent them in a personal package to her daughters in Saigon.⁶⁵

The need to improvise extended beyond efforts to secure hospital supplies. The small number of military women in Vietnam, combined with the military’s unpreparedness to accommodate its female staff, required a certain degree of ingenuity among female nurses. When the six nurses on staff at the 18th surgical hospital, a Mobile Army Surgical Hospital (MASH) in Pleiku, found no showers specifically designated for female personnel, they hung a reversible sign outside the sole shower facility that read “Men” or “Women.”⁶⁶ The 85th evacuation hospital in Qui Nhon had only one bathroom

⁶³ Margarite J. Rossi, interview by Sharon Richie, November 16, 1987, p. 15, WIMSA Oral History Program, WIMSA Archives.

⁶⁴ Hovis, *Station Hospital Saigon*, 40.

⁶⁵ Catherine Betz, interview by Mary Samecky, September 1992, p. 5-6, WIMSA Oral History Program, WIMSA Archives.

⁶⁶ Pat Johnson, quoted in Walker, *Piece of My Heart*, 47.

for the six to eight women on staff. According to Army nurse Sharon Bystran, the nurses agreed never to lock the bathroom door: “We always used to say, ‘One in the shower, one on the pot, and one at the sink.’”⁶⁷

For much of the war, American nurses had to do without feminine products ranging from tampons and sanitary napkins to recreational and beauty supplies. Nurses who served at or near large installations often acquired personal items with ease, particularly during the later years of the war when the US military became more attuned to the needs of its female personnel.⁶⁸ But in the early years, and in remote areas of Vietnam, it could be difficult to secure basic personal supplies.⁶⁹ Some nurses, such as Lorna House and Mary Fran Brown, were warned by experienced female nurses to bring a year’s worth of feminine supplies to Vietnam. PXs, designed to provide military personnel with access to personal necessities including socks, underwear, and deodorant “just weren’t set up for females.”⁷⁰ Other nurses only discovered the shortage of women’s goods after they arrived in Vietnam. Cheri Hawes complained that “everything had to come from home” and “the mail service was lousy.” When a women’s dorm at a nearby hospital caught fire during an attack and burned to the ground, the dorm’s occupants lost all their personal possessions. Hawes kindly donated one of her uniforms and some

⁶⁷ Sharon Bystran, interview by author, December 13, 2008.

⁶⁸ Chief nurse Jennie Caylor noted that Post Exchanges had improved their stock of women’s items. Jennie Caylor, *End of Tour Report*, February 14, 1968, 314.7 – History – Vietnam – Deployment Issues, ANCA.

⁶⁹ The term Post Exchange is specific to the Army. On Air Force bases, military retail stores are called Base Exchanges, while the Navy’s counterpart is called the Navy Exchange. Yoffe, who served at the 85th evacuation hospital from 1968 to 1969, noted that women’s supplies were available at the PX near her hospital in Da Nang. McKinney, who served from 1971 to 1972, noted that the hospitals she worked at in Phu Bai, Saigon, and Long Binh all had women’s items stocked at the PX. Karen Yoffe, interview by author, September 20, 2008; Linda McKinney, interview by author, September 11, 2008.

⁷⁰ Mary Fran Brown, interview by author, September 9, 2008. For a similar observation see, Elizabeth Allen, quoted in Steinman, *Women in Vietnam*, 92.

underwear to the victims of the fire, even though she was loath to reduce her limited stock.

Even when supply clerks did order gender-specific products for PXs in Vietnam, there was no guarantee that military women would have access to the supplies. Shortly after arriving in Vietnam in 1967, Madelyn Parks, the third chief nurse of the 85th evacuation hospital in Vietnam, discovered that female military nurses still had to send home for feminine products such as hairspray, tampons, cosmetics, and pantyhose. An investigation revealed that although the PX had ordered these items, they never made it to the shelves, but immediately went on the black market, or were purchased by Korean and American soldiers who bought the products for their girlfriends. Parks placed all female products in the PX warehouse under lock and key and she barred GIs from purchasing items intended for military women. She also restricted how much of one item a woman could purchase at one time in order to make sure all women benefitted equally from the new system. Aware that male military personnel could easily obtain nearly all the goods that they desired, Parks increased the range of products that women could obtain at their local PX, including shampoo, dusting powder, hairdryers, and women's magazines.⁷¹

A similar line of reasoning prompted Virginia Knox, chief nurse of the 67th evacuation hospital, to pursue the establishment of a beauty salon for the women on her staff. "As long as the men can have a barber shop," Knox reasoned, "I don't know why the women can't have a beauty shop." Knox convinced the generals that a beauty shop

⁷¹ Madelyn Parks, interview by Theresa Washburn, July 27, 1992, p. 5-6, ANC Oral Histories, ANCA.

for the hospital's female personnel would boost morale.⁷² Female nurses from at least three other hospitals eventually gained access to beauty salons.⁷³ According to African American Army nurse Elizabeth Allen, though, hair and skin products for women of color were still difficult to obtain.⁷⁴

Perhaps one of the biggest challenges facing nurses in Vietnam was the need to make tough decisions about which patients would receive care first, and which patients could not be saved. Triage nurses, responsible for sorting patients, often found their work morally taxing. "In triage," explained Army nurse Elizabeth Allen, "the least injured get treated first."⁷⁵ Soldiers with minor injuries, or the "walking wounded" as they were known, were generally sent to the medical clinic for care while moderately injured patients received immediate attention in the emergency and operating rooms.⁷⁶ To many new nurses it seemed counterintuitive to treat the moderately injured before moving on to badly wounded soldiers. This triage policy also created a conflict between their nursing values and the military's goal to conserve the fighting strength of its troops. Limited facilities dictated that soldiers who could be treated quickly be treated first. As Allen explained, "If you've only got four operating rooms, and they're going to bring in 200 to 300 injured, you can't take four operating rooms and tie those up in twelve- or thirteen-hour surgeries... You can't use all your blood supply on the most injured."⁷⁷ Cheri Hawes

⁷² Virginia Knox, interviewed by Connie Slewitzke, June 3, 1992, p. 20, WIMSA Oral History Program, WIMSA Archives; Kara Vuic explores military women's beauty salons in Vietnam as morale boosting for male patients and hospital staff. See Vuic, *Officer, Nurse, Woman*, 98.

⁷³ The 3rd field hospital in Saigon, the 85th evacuation hospital in Qui Nhon, and the 36th evacuation hospital in Vung Tau also had beauty salons.

⁷⁴ Allen, in Steinman, *Women in Vietnam*, 93.

⁷⁵ Allen, quoted in Steinman, *Women in Vietnam*, 89.

⁷⁶ Cheri Hawes, interview by author, October 8, 2008.

⁷⁷ Allen, quoted in Steinman, *Women in Vietnam*, 89.

recognized the need to make tough calls to save as many wounded as possible, but found the responsibility of deciding who would receive treatment and who would be classified “expectant” (too severely wounded to treat) extremely burdensome. Diana Dwan Poole disliked having to move on to the next case after labeling a patient expectant: “That bothers me to this day, that I had to race off and go take care of somebody else...Everybody should have somebody sitting there stroking their head or holding their hand.”

Some military nurses also experienced discomfort over providing medical care to Vietnamese civilians, as well as Viet Cong and North Vietnamese Army Prisoners of War (POW). To nurses who joined the war effort out of patriotism or a desire to provide medical care for American soldiers in need, assignment to a Vietnamese ward was not only undesirable, but often seemed beyond or even inconsistent with their mission in Vietnam. The difficulty in distinguishing Vietnamese civilians from Viet Cong soldiers added to many nurses’ reservations about treating Vietnamese patients.⁷⁸ Barbara Kishpaugh, chief nurse of the 91st evacuation hospital had trouble finding nurses to work on the Vietnamese ward. While some nurses were extremely committed to nursing care on Vietnamese wards, others resented the assignment because “they felt they were [in Vietnam] to take care of American soldiers.”⁷⁹ Julia Carter, who joined the service out of patriotism, hated her brief assignment to the Vietnamese ward: “I volunteered for

⁷⁸ For testimony about the difficulty of differentiating between Vietnamese civilians and VC insurgents, see Toshio Whelchel, *From Pearl Harbor to Saigon: Japanese American Soldiers and the Vietnam War* (London: Verso, 1999), 59-60; Philip Caputo, *A Rumor of War* (New York: Henry Holt, 1996), 72-74, 88-91.

⁷⁹ Kishpaugh, interview by Connie Slewitzke, May 23, 1992, p. 6, WIMSA Oral History Program, WIMSA Archives.

Vietnam because our boys needed good nurses, and now here I was caring for Vietnamese civilians and POWs. It wasn't what I signed up to do.”⁸⁰

Some nurses felt torn about treating Vietnamese POWs in particular. Army nurse Lorraine Boudreau recalled having to suppress “feelings of hate” in order to work with Vietnamese POWs. Boudreau found it extremely difficult to treat enemy insurgents who were likely to have injured or killed American soldiers.⁸¹ Jacqueline Rhoads’ reluctance to treat POWs stemmed from her concern about using valuable, often scarce medical supplies, to treat VC soldiers: “I thought, ‘What if...someone comes in...and we don't have any anesthesia left because we gave it to this POW?’” Rhoads felt guilty about her desire to elevate the value of one human life over another because it conflicted with her “strong Catholic” values, as well as her professional ethics.⁸² Other nurses lamented providing medical care to POWs who seemed resentful toward medical personnel, or acted uncooperatively. Boudreau walked in on one nurse as she kicked a POW for refusing to have a shower. Carter became furious with a POW who would pull out his IV when left unsupervised.⁸³ Although angered by some of the POWs she treated, Carter maintained her professionalism toward enemy patients because American POWs could not expect to be treated well if Vietnamese POWs were not also afforded reasonable treatment.

⁸⁰ Norman reports that while most of the nurses she interviewed eventually became comfortable with nursing Vietnamese patients, five of the fifty nurses she interviewed reported that they disliked caring for Vietnamese patients. Like Carter, they requested transfers to other wards. Norman, *Women at War*, 42.

⁸¹ Lorraine Boudreau, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 30.

⁸² Rhoads, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 16.

⁸³ Boudreau, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 30-31.

Part of the reluctance nurses had to treating Vietnamese patients can be attributed to racism. In war, the military conditions soldiers to kill enemy combatants through a process of dehumanization; the military teaches soldiers to think of the enemy as less than human, enabling them to overcome deep-seated cultural taboos against killing.⁸⁴ In Vietnam, racial fear and hatred often influenced how soldiers perceived and treated enemy combatants.⁸⁵ According to one study, the basic training nurses received did not overtly encourage racist beliefs about the enemy, but because nurses became “one with the larger military fraternity” they sometimes adopted the rank and file’s hateful beliefs. As the scholar Darrell Hamamoto has explained, the “mere gook rule” (if it’s dead and it’s Vietnamese, it’s VC) defined Asians as “less than human.” Under this racist mindset, the Vietnamese became legitimate targets of mockery, disdain, exploitation, and violence.⁸⁶

The “mere gook rule” clouded some nurses’ attitudes about treating Vietnamese, allowing them to be rougher, less attentive, more impatient, or disrespectful toward Vietnamese patients.⁸⁷ Anne Simon Auger, for example, so resented POWs that she once forced a Vietnamese patient who wanted pain medication to chew aspirin: “I didn’t think he had any right to complain while there were so many GIs injured...just on the next

⁸⁴ Richard Holmes, *Acts of War: The Behavior of Men in Battle* (New York: The Free Press, 1985), 366-368.

⁸⁵ Whelchel, *From Pearl Harbor to Saigon: Japanese American Soldiers and the Vietnam War*, 59. For more on dehumanization in war, see Holmes, *Acts of War*, 360-393; John Dower, *War Without Mercy: Race and Power in the Pacific War* (New York: Pantheon Books, 1986); Sam Keen, *Faces of the Enemy: Reflections of the Hostile Imagination* (Harper & Row, 1991); David Grossman, *On Killing* (New York: E-Rights/E-Reads Ltd., 1995); Peter S. Kindsvatter, *American Soldiers: Ground Combat in the World Wars, Korea, and Vietnam* (Lawrence: University Press of Kansas, 2003).

⁸⁶ Darrell Hamamoto, *Monitored Peril: Asian Americans and the Politics of TV Representation* (Minneapolis: University of Minnesota Press, 1994), 156.

⁸⁷ Norman, *Women at War*, 39.

ward.”⁸⁸ Julia Carter recalled a nurse co-worker who denied a Vietnamese patient pain medication altogether. Other nurses viewed the Vietnamese as subhuman. When a chief nurse instructed Lily Adams to attend to a POW, she protested “I didn’t come here to take care of gooks.” Astrid Ortega recalled that she and other nurses who worked the Vietnamese ward at the 36th evacuation hospital called patients by the names of Disney characters, rather than learn their actual names: “We’d call them Snow White, Cinderella, Dumbo, Pluto... We had one little kid that had an earring so we’d call her earring.”

As the historian Richard Holmes explains, “the concept of a hateful and inhuman enemy rarely survives contact with him as an individual.”⁸⁹ Predictably then, racist attitudes among American nurses underwent some modification as the war progressed. Adams, for example, broke out of her “racist trance” after learning that one POW was just as opposed to the war as she was; her conversation with the soldier brought her to realize that he was “a human being...no different than my guys.”⁹⁰ Astrid Ortega likewise came to reject racist notions of Vietnamese as subhuman after growing fond of the sick and wounded children for whom she cared.

Regardless of these mixed feelings towards the Vietnamese, the majority of nurses who served on Vietnamese wards performed their jobs to their highest ability. Marcia Derkowski, who worked on the 3rd surgical hospital’s Vietnamese ward from 1970 to 1971, believed it was nurses’ responsibility to care for everyone they could,

⁸⁸ Auger, quoted in Walker, *Piece of My Heart*, 79.

⁸⁹ Holmes, *Acts of War*, 368.

⁹⁰ Lily Adams, quoted in Marshall, *In the Combat Zone*, 222.

“even if they [were] the enemy.”⁹¹ Marguarite Rossi, operating room supervisor at the 2nd surgical hospital in Chu Lai from 1967 to 1968, admitted that some medical personnel did not approach the care of POWs with the “vim and vigor” they displayed for treating injured GIs. Nevertheless, Rossi recalled only one occasion when medical staff hesitated to treat wounded enemy soldiers.⁹²

For other military nurses, the moral conflict inherent in treating Vietnamese POWs sprang from the knowledge that some of the soldiers they saved would later be subject to violent interrogations. Mary Fran Brown recalled feeling angry and confused when one patient she nursed back to health was released into the custody of Army Intelligence: “It was like, ‘Thanks for getting him better, now we’ll go beat the shit out of him.’” It seemed absurd to Jeanne Rivera to keep wounded VC alive so that intelligence officers could abuse them. “It didn’t matter how sick or bad off they were,” because once a patient became stable, intelligence officers would begin pressing them for information: “They would take them by the hair, pull their head back, and ask them questions.” Rivera lacked authority to stop such interrogations, so she just ignored it.⁹³

Another dilemma for nurses was caring for drug addicted soldiers in Vietnam. Many studies of US combat soldiers in Vietnam give the impression that drug use among US troops spiraled out of control as the war progressed. A congressional subcommittee in May 1971, for example, claimed that drug addiction among troops in Vietnam had

⁹¹ Marcia Derkowski, interview by author, September 15, 2008. All subsequent quotations attributed to Marcia Derkowski are derived from the author's interview with the subject.

⁹² Marguarite J. Rossi, interview by Sharon Richie, November 16, 1987, p. 17-18, WIMSA Oral History Program, WIMSA Archives.

⁹³ Jeanne Rivera, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 59.

reached “epidemic levels.”⁹⁴ The historian Jeremy Kuzmorav has challenged this view by pointing out that drug usage by military personnel in Vietnam mirrored broader social trends in America. While many soldiers experimented with drugs in Vietnam – one US Defense Department study, for example, found that 29.9 percent of soldiers tried marijuana while serving – few reported “heavy” or habitual use.⁹⁵

Whether or not drug use in Vietnam was unusual by the standards of the times, hospital admissions for drug abuse in Vietnam doubled after 1970. Nixon’s war on drugs, initiated in June 1971, led to a large-scale drug detection program in Vietnam.⁹⁶ Beginning on June 18, all military personnel departing Vietnam underwent drug testing for amphetamines, narcotics, and barbiturates. Within months, the program was extended to include unannounced unit tests and mandatory testing of those who sought to reenlist or extend their tours. Soldiers who tested positive for drugs were sent to service-specific drug treatment centers (DTCs) throughout Vietnam where they underwent physical detoxification and rehabilitative treatment, before being returned to their units or to the United States. At the height of the program in 1972, the US military was operating

⁹⁴ US Congress, Senate Committee on Foreign Relations, *Legislative Proposals Relating to the War in Southeast Asia* (Washington, DC: GPO, 1971), 645.

⁹⁵ Allen H. Fisher, Jr., “Preliminary Findings from the 1971 DOD Survey of Drug Use,” (Alexandria, VA: Human Resources Research Organization, 1971): 389-461, cited in Jeremy Kuzmorav, *The Myth of the Drug Addicted Army: Vietnam and the Modern War on Drugs* (Boston: University of Massachusetts Press, 2009), 17-18. For alternative accounts of drug usage among soldiers in Vietnam, see John Steinbeck IV, “The Importance of Being Stoned in Vietnam,” *Washingtonian Magazine*, January 1968, 33-38; Robert D. Heintz, “The Collapse of the armed forces,” *Armed Forces Journal* (June 7 1971): 30-37; Richard Boyle, *The Flower of the Dragon; The Breakdown of the US Army in Vietnam* (San Francisco: Ramparts Press, 1972), 58, 67-74; Whelchel, *From Pearl Harbor to Saigon: Japanese American Soldiers and the Vietnam War*, 57-58; Ron Milam, *Not A Gentleman’s War: An Inside View of Junior Officers in the Vietnam War* (Chapel Hill: University of North Carolina Press, 2009), 146-151.

⁹⁶ Dana Adams, “Addiction in Vietnam Spurs Nixon and Congress to Take Drastic New Steps,” *New York Times*, June 16, 1971; Dana Adams, “President Orders Wider Drug Fight; Asks \$155 Million; Message Opens Addiction Drive,” *New York Times*, June 18, 1971; “Nixon Asks \$155 Million in Drug War,” *Palm Beach Post*, June 18, 1971.

twenty-three drug treatment centers in South Vietnam. Military personnel who overdosed or otherwise required emergency treatment for drug abuse during their tours were sent to the nearest hospital for treatment.⁹⁷ By 1972, DTCs housed more patients than all other medical-surgical hospitals in-country, although fewer than one in ten patients required strong medication such as methadone during their detoxification.⁹⁸ Between April 1970 and January 1973, 112 drug-related deaths occurred in Vietnam, including 56 deaths from heroin overdoses, suggesting that while politicians and the mass media may have exaggerated the drug problem in Vietnam, serious GI drug abuse did occur.⁹⁹

According to chief nurse Barbara Lane, some of the soldiers admitted to DTCs after testing positive for drugs welcomed medical treatment, while others became “belligerent.” Nurses assigned to DTCs rarely had much experience working with drug addicts. Some patients, after suffering the typical symptoms of drug withdrawal including vomiting, anorexia, and diarrhea, erupted into violent outbursts. According to Lane, inexperience hampered initial efforts to treat drug addicted soldiers: “The staff was often unfamiliar with the personality of the drug user,” and nurses were often “coerced by the manipulative behavior of patients.” Nurses who worked in DTCs faced numerous stressful challenges. To survive, they had to relocate medicine cabinets after they were broken into, and call for military police (MP) support to prevent illegal drugs from

⁹⁷ Robert Bernstein, M.D., Command Surgeon, *Medical Service in the Republic of Vietnam, January 1970 – April 1972*, p. 41-47, Records of the US Forces in Southeast Asia, 1950-1975, United States Military Assistance Command, RG 472, National Archives and Records Administration, College Park, MD.

⁹⁸ By the time it closed in April 1972, the DTC at Cam Ranh Bay had admitted over 10,000 patients in 10 months of operation. Barbara Lane, *End of Tour Report*, May 30, 1972, p. 3-4, 314.7 History, Vietnam, End of Tour Report, 1972, ANCA.

⁹⁹ Kuzmorav, *Myth of the Drug Addicted Army*, 19.

entering the hospitals. Eventually, these nurses came to understand both the psychological and physical treatment needs of drug addicted patients.¹⁰⁰

Some nurses, particularly those who joined the service out of patriotism, resented treating soldiers with drug problems. Air Force nurse Donna Cunningham, a flight nurse who evacuated patients out of Vietnam from 1968 to 1970, became disillusioned at having to treat drug addicted soldiers during an in-country tour 1972. Although she grasped the hardships that soldiers endured in Vietnam, she was disappointed by soldiers who abused drugs.¹⁰¹ Anne Simon Auger hated serving on the medical ward in Vietnam because it often housed soldiers with drug and alcohol problems, or malaria, an illness that was largely preventable if soldiers took their malaria pills. Auger recalled thinking that soldiers admitted to the medical ward were “cop-outs,” who, instead of serving bravely, shirked their civic duty by becoming incapacitated.¹⁰² Karen Bush attributed soldiers’ drug usage to peer pressure and boredom. Bush, angered by the drug abuse she witnessed, remembered overdosed soldiers coming into the hospital “like a wet dishcloth,” only to erupt into violence and anger as they came down from the drugs. Bush treated one soldier who hit her in the jaw and knocked her down as he went through withdrawal.¹⁰³

Criticism of combat soldiers for using drugs could appear hypocritical, given that nurses themselves sometimes used recreational drugs to help cope with the horrors of Vietnam. Barbara Metcalf, chief nurse of the 3rd surgical hospital from 1971 to 1972,

¹⁰⁰ Barbara Lane, *End of Tour Report*, May 30, 1972, p. 2-3, 314.7 History, Vietnam, End of Tour Report, 1972, ANCA.

¹⁰¹ Donna Cunningham, interview by author, August 30, 2008.

¹⁰² Auger, quoted in Walker, *Piece of My Heart*, 80.

¹⁰³ Karen Bush, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 83.

reported one of the night supervisors shooting up on a ward.¹⁰⁴ Army nurse Dorothy Oswald remembered having to work with a nurse who developed a heroin addiction. The most common drug of choice, though, was marijuana. Astrid Ortega, for example, preferred pot over alcohol to relieve tension. Chief nurse Barbara Kishpaugh frequently observed a small group of nurses at Chu Lai who smoked pot when off duty: “They had a great habit of ducking out behind the Quonset huts and smoking a joint... You could smell them a mile away.” Although Chief Nurse Virginia Knox cautioned nurses in Qui Nhon to keep their pot smoking inconspicuous, it appears that few if any nurses were prosecuted for marijuana use.¹⁰⁵

Nurses also turned to prescription and over-the-counter drugs to alleviate their stress and anxiety. Julia Carter, for example, frowned heavily on nurses who drank in excess or used illegal drugs in Vietnam, even though she often used prescription drugs to suppress anxiety, or to help her sleep or wake up. Carter rationalized the use of sleeping pills, especially during long shifts, which allowed for only brief periods of rest between the arrivals of mass casualties: “I knew that if I didn’t get some sleep I’d be no use to anyone so I took sleeping pills.” Carter relied on prescription medications more frequently toward the end of her tour as she grew increasingly disillusioned by the war. Laura Kern suffered from extreme “short-timer syndrome,” or the preoccupation of

¹⁰⁴ Barbara Metcalf, interview by Connie Slewitzke, May 23, 1992, p. 13, WIMSA Oral History Program, WIMSA Archives. When the 3rd Surgical Hospital closed in April 1972, Metcalf went on to serve as chief nurse of the 3rd field hospital.

¹⁰⁵ Barbara Kishpaugh, interview by Connie Slewitzke, May 23, 1992, p. 4, WIMSA Oral History Program, WIMSA Archives; Virginia Knox, interview by Connie Slewitzke, June 3, 1992, p. 10, WIMSA Oral History Program, WIMSA Archives.

military personnel with avoiding danger the closer they got to the end of their tour.¹⁰⁶ As her departure date drew near she wore her flak jacket and helmet nearly all the time, drank double mai tais, and took Chlorohydrate, a strong, uncontrolled sleeping pill to combat anxiety and paranoia.

Because alcohol was legal and cheap, drinking became the most common form of sedation among the nurses who served in Vietnam.¹⁰⁷ As Army nurse Lorraine Boudreau has explained: “Alcohol served as an anesthetic for me. I’d just phase out so I didn’t think about Vietnam.”¹⁰⁸ Donna Buechler drank frequently during her off-duty hours while listening to music that reminded her of “the World.” For Patricia Maravola, drinking and partying, particularly common on weekends, helped her to unwind after long, stressful shifts. Nurses were often so high on adrenaline when their shifts ended, that roughly seventy-five percent of the fifty military nurses interviewed by Elizabeth Norman reported using alcohol to slow down after work.¹⁰⁹ According to Barbara Kishpaugh, chief nurse of the 91st evacuation hospital in Chu Lai from 1970 to 1971, young nurses in particular oscillated between working “top speed” while on duty, and drinking in excess to come down from the adrenaline rush after work.¹¹⁰ Even older nurses were not immune from alcohol dependency.¹¹¹ Donna Buechler had to perform

¹⁰⁶ Tobey C. Herzog, *Vietnam War Stories: Lost Innocence* (New York: Routledge, 1992), 53.

¹⁰⁷ Louise Lear, quoted in Linda Calvin and Sandy Strait, *What Was It Like In Vietnam? Honest Answers From Those Who Were There* (New York: Royal Fireworks Press, 1995), 67.

¹⁰⁸ Boudreau, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 33. For more on military nurses who used sex and dating to cope with their wartime experiences, see chapter three of this dissertation.

¹⁰⁹ Norman, *Women at War*, 62.

¹¹⁰ Barbara Kishpaugh, interview by Connie Slewitzke, May 23, 1992, p. 4, WIMSA Oral History Program, WIMSA Archives.

¹¹¹ Ann Antonicci, interview by Connie Slewitzke, January 11, 1993, p. 5, WIMSA Oral History Program, WIMSA Archives.

harder “to cover” for a head nurse, who “drank constantly.” High ranking nurses, or “lifers” as younger, non-career nurses frequently labeled them, often drank in excess in Vietnam, but did so in their rooms, away from junior officers so they could preserve the air of authority.¹¹²

Nurses also found ways to alleviate some of the emotional stress of combat nursing that did not involve drugs or alcohol. Diana Dwan Poole played practical jokes to help lighten the mood at the 67th evacuation hospital in Qui Nhon. One slow night, for example, she put a full body cast on a doctor who had passed out from drinking. Laura Kern and another nurse, along with two visiting Navy soldiers, once trapped the hospital’s unpopular chief nurse in her room by piling sandbags in front of her door while she was napping. Tears also helped to alleviate the emotional burden of treating wounded combat soldiers. “I wept often; it cleared my mind,” explained Louise Graul Eisenbrandt.¹¹³ Some nurses only discovered the therapeutic benefits of crying after failed attempts to suppress their emotions. For most of her tour, Julia Carter consciously avoided crying because she feared becoming an “emotional casualty.” But when a patient she had befriended passed away on New Year’s Eve, Carter broke down and cried for hours. The act of crying served as a healthy outlet that enabled her to grieve for the wounded soldiers she treated.

Correspondence with friends and family back home helped nurses resolve their feelings, and served as a diversion from the war. Mary Fran Brown found that writing to

¹¹² Astrid Ortega, interview by author, December 12, 2008; Helen Thompson, interview by author, November 10, 2008.

¹¹³ Louise Graul Eisenbrandt, quoted in John S. Bowman, *The Vietnam Experience* (New York: Gallery Books, 1989), 164.

her future husband at home helped her to sort out her feelings about the war, and offered an alternative to more harmful ways of coping. Martha Bell, who frequently exchanged letters and tapes with her family in New York, also viewed letter writing as a healthy outlet for her feelings about the war. One particularly telling letter from Bell to her father, a veteran of the Second World War, demonstrates how Bell used letters home to vent about the war. In a marked departure from other letters home that told of new friends made and care packages received, Bell described to her father a horrific scene from the 12th evacuation hospital's operating room: "Pop, there was so much blood on that floor we were slipping in it. Patients are completely transfused eight and nine times. One guy had 40 units of blood just in the OR alone. He was a double amp – both legs – only 20 years old." Through writing, Bell attempted to grapple with, and find meaning in, the destruction she witnessed daily; putting her thoughts and emotions into words helped Bell to resolve some of her feelings about the war.¹¹⁴

The military's Medical Civic Action Program, or MEDCAPS as they were commonly known, offered nurses a different kind of reprieve from the war. MEDCAPS was established in 1963 as a part of the military's pacification effort to "win the hearts and minds" and secure the "confidence and cooperation" of Montagnard and Vietnamese civilians in regions where American personnel were stationed. Through the provision of medical care including the administration of vitamins and vaccinations, and the diagnosis and treatment of medical illnesses such as tuberculosis, malaria, and leprosy, the military sought to increase the popularity of American forces in Vietnam, and combat Viet Cong

¹¹⁴ Martha Bell, Letter to Parents, September 16, 1970, Personal Files of Martha Bell, Chapel Hill, North Carolina.

infiltration of rural areas. American medical personnel also taught local populations about the value of hygiene and sanitation practices. DENTCAPS, a program run alongside MEDCAPS, provided dental care, including tooth extraction, to local peasants. The American government viewed MEDCAPS and DENTCAPS as an important policy tool, and believed that if implemented correctly, the two programs could play an important role in countering the insurgency.¹¹⁵

In addition to placing military nurses at the center of “the hearts and minds” campaign, participation in MEDCAPS and DENTCAPS offered military nurses an opportunity to participate in humanitarian missions, and served as a temporary escape from the rigors of combat nursing. Although nurses sometimes treated wounded civilians, more frequently they organized disease prevention programs, helped treat congenital defects, or provided medical treatment to children at nearby orphanages. Helen Thompson participated in a local immunization program, and Army nurse Karen Yoffe accompanied Navy medics to rural villages where they provided free medical exams and dispensed medication.¹¹⁶ Yoffe thoroughly enjoyed Vietnamese culture and relished the opportunity to learn more about it. Jackie Tropp, who worked on the 3rd field hospital’s dialysis unit, valued her work at the orphanage as a much needed break from the dialysis ward, nicknamed “God’s waiting room” because of its high patient mortality rate.¹¹⁷

¹¹⁵ Robert Wilensky, *Military Medicine to Win the Hearts and Minds: Aid to Civilians in the Vietnam War* (Lubbock: Texas Tech University Press, 2004), 53, 57-58.

¹¹⁶ Norman, *Women at War*, 22.

¹¹⁷ In its first year of operation from May 1966 to July 1967, the 3rd field hospital’s dialysis unit treated fifty-four patients with only a 58 percent survival rate. Sarnecky, *History of the US Army Nurse Corps*, 351. In 1967, the chief nurse’s report noted a death rate of 54 to 55 percent on the 3rd field hospital’s dialysis ward. Althea E. Williams, “Extracts of Reports Presented at the Chief Nurses’ Conference, 44th Medical Brigade,” p. 10, 314.7 History, Vietnam, 44th Medical Brigade, Chief Nurses’ Conference, Extracts, ANCA.

Laura Kern and Diana Dwan Poole frequently volunteered at a nearby leprosarium. Kern especially enjoyed performing duties typically reserved for doctors in the United States: “I was doing debridements and closing bellies, and just doing a lot of things that were beyond the scope of a normal nurse.” For Kern, who suffered a particularly bad bout of short-timer’s syndrome toward the end of her tour, volunteer work at the leprosarium helped her feel more protected from enemy attacks. Because Viet Cong soldiers feared becoming contaminated by lepers, they avoided contact with the leprosarium.

American military nurses found unique professional opportunities in Vietnam. Whatever their level of preparation beforehand, the nurses who served in Vietnam proved highly adaptable and learned how to handle difficult crises. In turn, experiences in Vietnam decisively shaped their nursing careers. Many nurses acquired such strong nursing skills and enjoyed so much professional autonomy in Vietnam that they felt bored, disillusioned, and let down by civilian nursing opportunities once they returned to the United States. As in previous wars, American women found that the skills they developed during wartime often did not lead to fulfilling professional careers.¹¹⁸ The historian Linda Beeber, for example, claims that the experiences of nurses in World War I provoked questions about their professional identity and left many wanting for more autonomous nursing opportunities in peacetime America.¹¹⁹ World War II nurses, faced with less decision-making authority, fewer channels for promotion or advancement, and

¹¹⁸ Anderson, *Wartime Women*, 164, 178; Margaret Higonnet and Patrice Higonnet, “The Double Helix,” in *Behind the Lines: Gender in the Two World Wars*, ed. Margaret Higonnet (New Haven, CT: Yale University Press, 1987), 31-47.

¹¹⁹ Linda S. Beeber, “To Be One of the Boys: Aftershocks of the World War I Nursing Experience,” *Advances in Nursing Science* 12, no. 4 (July 1990): 33, 42-43.

poor access to benefits, frequently opted to leave nursing and get married. By 1947, 38 percent of military nurses who served in World War II had left the nursing profession.¹²⁰

As they moved back to the United States the women who served in Vietnam also found it difficult to adjust to having less authority and fewer professional responsibilities. “When I got out of the service I was working in Oakland, California...and they wouldn’t let me hang a pint of blood! They made me go through an orientation course to CPR,” which to Rose Sandecki, represented “the ultimate degradation.”¹²¹ Shirley Menard found that “Back in the states, you weren’t allowed to do anything. It was like all of a sudden your judgment wasn’t trusted.”¹²² Many nurses grew disappointed with restrictive bureaucracies of stateside nursing that gave doctors overriding authority and channeled nurses into menial roles by placing firm limitations on their duties. “It was difficult for me,” recalled Deanna McGookin, to “allow someone with less experience to take over responsibilities” such as “putting in chest tubes,” a task that had been routine for her in Vietnam.¹²³

In Vietnam, the traditionally hierarchical and paternalistic relationship between doctors and nurses gave way to a more collaborative partnership, which most nurses found deeply satisfying. Large patient loads and physician shortages forced doctors to rely on nurses’ judgment regarding patient care, and fostered a more balanced relationship between doctors and nurses than was typical in the medical system back home. Air Force nurse Donna Cunningham explained that when she returned to the

¹²⁰ Campbell, “Servicewomen of World War II,” 258-259.

¹²¹ Rose Sandecki, quoted in Walker, *Piece of My Heart*, 14.

¹²² Shirley Menard, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 123.

¹²³ Deanna McGookin., quoted in *Nurses in Vietnam*, 101.

United States she was forced to assume a more subservient role than the one she had grown accustomed to while on active duty: “To go back down, so to speak, and be a little peon nurse, just taking care of little things, when we had been making monumental decisions...that was the hardest adjustment.”¹²⁴ Army nurse Kathleen Splinter was “put in [her] place more than once,” for performing tasks beyond the scope of civilian nurses in America. Splinter found it difficult to yield to stateside policies which prohibited her from using the skills she acquired in Vietnam; she felt her combat nursing experience was wasted.¹²⁵

Just as they adapted to their wartime nursing roles, the women who served in Vietnam also adapted to peacetime nursing. Some nurses, unprepared to relinquish the professional autonomy they gained in Vietnam, pursued work as practitioners or administrators, or opted to work in education, where they could avoid pedantic physicians.”¹²⁶ Other nurses pursued careers in areas of nursing where they could maximize their professional autonomy and responsibility. Mary Fran Brown, for example, chose to work in neonatal intensive care and labor and delivery because doctors in these units rely heavily nurses’ observations and judgment. Laura Kern responded to the reduced role that she was forced to play back in America by adjusting her expectations. “I never really resented not being able to do all the things that I did [in Vietnam]” explained Kern, who focused her efforts on being the best nurse she could be

¹²⁴ Donna Cunningham, interview by author, August 30, 2008. All subsequent quotations attributed to Donna Cunningham are derived from the author's interview with the subject.

¹²⁵ Kathleen Splinter, quoted in Steinman, *Women in Vietnam*, 134. On this point, also see Vuic, *Officer, Nurse, Woman*, 78-80.

¹²⁶ Elizabeth Norman, “After the Casualties: Identities and Career Decisions,” *Journal of Military Nursing and Research* (Fall 1995): 26.

within the confines of stateside nursing roles. Like WWII nurses before her, Kern also got married and turned much of her attention to her new family.

Echoing the experiences of nurses who served in past American wars, the nurses who served in Vietnam were challenged to take on expanded nursing roles to meet the demands of the war. Although women's Vietnam experiences did not always result in a radical revision of their peacetime nursing roles, for most military nurses Vietnam was a consciousness-raising experience: they saw the potential for more collaborative, less hierarchical working relationships between doctors and nurses; and they gained new confidence in their professional abilities. After Vietnam, most nurses managed to adjust to the demands and expectations of stateside nursing, as they strove to adapt their career path to achieve professional satisfaction. As the next chapter will reveal, this remarkable flexibility, resourcefulness, and tenacity also influenced their experiences with sexual pleasure and danger in Vietnam.

Chapter Three

“We Were Madonnas and Whores”: Sexual Pleasure and Danger in the Military Nurse Corps during the Vietnam War

The American military has a long history of marshaling women’s sexuality to maintain and bolster martial masculinity.¹ In his analysis of World War II propaganda, Robert Westbrook has revealed how the American state used women as “objects of obligation” to motivate male combat soldiers. Propagandists used pinup girls to shift men’s conception of their obligation to fight from a political obligation to a private obligation. Thus, pinup girls symbolized “the protected” in war and became the reward for “the protectors” when they returned home.² The American military views “the militarization of women,” Cynthia Enloe has argued, as “necessary for the militarization of men.” According to Enloe, through their wartime roles as “wives, daughters, mothers and ‘sweethearts,’” women have served as an “invaluable resource” to military commanders seeking to motivate soldiers to fight.³ The military has also used American women’s sexuality to help maintain troop morale. Marilyn Hegarty’s study of Victory Girls in World War II demonstrates the military’s reliance upon the morale boosting services offered by American women during times of war. By framing women’s attendance at social functions including dances and picnics at military bases and USO

¹ Vuic, *Officer, Nurse, Woman*, 137.

² Robert Westbrook, “‘I Want a Girl, Just Like the Girl That Married Harry James’”: American Women and the Problem of Political Obligation in World War II,” *American Quarterly* 42, no. 4 (December 1990): 587-588.

³ Enloe, *Maneuvers*, 3; Enloe, *Does Khaki Become You*, 5. For further discussion of men’s and women’s gendered wartime roles, see Jean Bethke Elshtain’s discussion of “Just Warriors” and “Beautiful Souls.” Jean Bethke Elshtain, *Women and War* (Chicago: University of Chicago Press, 1995), 4.

clubs as a citizenship obligation, the military mobilized women's sexuality in support of the war effort.⁴

But if the military has viewed women's sexuality as strategically useful during past conflicts, it has also conceived of female sexuality as potentially perilous. Hegarty uses the popular term *patriotute*, a portmanteau of the terms patriot and prostitute, to capture the conflation of women's patriotism and sexuality in America during the Second World War. Popular discourse labeled women's morale boosting services as necessary and patriotic, but also cast female sexuality as dangerous and potentially diseased. Although morale boosting did not necessarily involve sexual service, Hegarty argues that women who served as entertainers and companions to the troops blurred the already ambiguous "boundaries between acceptable and transgressive female sexuality" and fed the growing public perception of wartime women as possible bastions of contagion and disruptors of social order.⁵ Women who served the military during World War II were also subject to public allegations of transgression and promiscuity. Images of women as camp followers informed public perceptions of the Women's Army Corps (WAC) and sparked public fear that the corps was merely an "organized cadre of prostitutes" for the armed services, or alternatively a haven for mannish women and lesbians. According to the historian Leisa Meyer, the public perceived the WAC as a threat to American women's reputations, morality, and femininity. Meyer connects public concerns about the WAC with overarching public fears about the changing role of women in American

⁴ Hegarty, *Victory Girls*, 3-4, 7. Also see, Winchell, *Good Girls*.

⁵ Hegarty, *Victory Girls*, 3, 8.

society and the threat that such changes posed to the postwar American family.⁶

According to Elaine Tyler May, the perceived link between American women's transgressive sexual roles and social stability during World War II continued into the Cold War. The ideology of sexual containment which sought to limit women's sexual expression tied women's sexuality to national security.⁷

In addition to these and other meanings embedded in women's wartime roles, when female military nurses deployed to Vietnam they also carried with them many tensions of the era embodied by various movements including the sexual revolution, the women's rights movement, and the gay liberation movement. Contrasted against public concern about female sexuality during the Cold War were feminists' calls for increased sexual freedom and women's liberation. These competing discourses, added to the already complicated framework of sex in the military, influenced how female military nurses constructed and gave meaning to their sexual experiences in Vietnam.⁸

Historian Carol Vance observes that "sexuality is simultaneously a domain of restriction, repression, and danger, as well as a domain of exploration, pleasure and agency."⁹ Vance's supposition emphasizes the complexity of women's sexual experiences and is supported by the diverse and complicated experiences of American women who served as military nurses in Vietnam. Despite some commonality in their

⁶ Meyer, *Creating G.I. Jane*, 41-42. For more on public perceptions of military women as promiscuous or lesbian, see Campbell, "Combatting the Gender Gulf," 77; M. Michaela Hampf, "'Dykes' or 'Whores': Sexuality and the Women's Army Corps in the United States during World War II," *Women's Studies International Forum* 27, no.1 (2004): 13-30; Hampf, *Release a Man for Combat*.

⁷ Elaine Tyler May, "Brinkmanship: Sexual Containment on the Home Front," in *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988), 114-134.

⁸ Vuic, *Officer, Nurse, Woman*, 137-138.

⁹ Carole S. Vance, "Pleasure and Danger: Toward a Politics of Sexuality," in *Pleasure and Danger: Exploring Female Sexuality*, ed. Carole S. Vance (Boston: Routledge & Kegan Paul, 1984), 1.

experiences, these women do not speak with a singular voice. But while diversity and complexity are the signature characteristics of women's sexual experiences in Vietnam, many studies tend to focus primarily on the sexual violence and oppression women suffered within the patriarchal confines of the Vietnam-era American military.¹⁰ The prevalence of sexual violence in the American military today understandably informs historians' efforts to explore harassment and violence against military women in an historical context. But to focus exclusively on American women's sexual experiences as a source of repression and danger discounts women's sexual experiences as a point of empowerment, utility, intimacy, and fulfillment.¹¹ Through women's oral testimonies, wartime diaries, and correspondence home, this chapter will explore the ambiguous and complex relationship between women's Vietnam experiences with sexual violence and oppression, as well as their experiences with sexual agency, autonomy, opportunity, and pleasure.

¹⁰ Maxine Salvatore, "Women After War: Vietnam Experiences and Post-Traumatic Stress: Contributions to Social Adjustment Problems of Red Cross Workers and Military Nurses," (PhD diss., Simmons College, School of Social Work, 1992); Carolyn Bong Ai Ogden, "The Incidence of Sexual Harassment Among Female Vietnam War Era Veterans With Post-Traumatic Stress Disorder Symptoms," (MSW diss., California State University, 1998); Mary Reynolds Powell, *A World of Hurt: Between Innocence and Arrogance in Vietnam* (Cleveland: Greenleaf Enterprises, 2000). The trend of focusing on women's negative experiences with sex and sexuality in the military is also evident in the wider literature surrounding American military women generally. For examples see, Rosemarie Skaine, *Power and Gender: Issues in Sexual Dominance and Harassment* (Jefferson, North Carolina: McFarland & Company Inc., 1996); Donna Dean, *Warriors Without Weapons: The Victimization of Military Women* (Minerva Center, 1997); Linda Bird Francke, *Ground Zero: The Gender Wars in the Military* (New York: Simon & Schuster, 1997); Herbert, *Camouflage Isn't Only for Combat*; T.S. Nelson, *For Love of Country: Confronting Rape and Sexual Harassment in the US Military* (Haworth Maltreatment and Trauma Press, 2002); Mic Hunter, *Honor Betrayed: Sexual Abuse in America's Military* (Fort Lee, New Jersey: Barricade Books, 2007); Helen Benedict, *The Lonely Soldier: The Private War of Women Serving in Iraq* (New York: Beacon Press, 2010).

¹¹ Vance, "Pleasure and Danger," 1.

Few Among the Many

The number of American men who served in Vietnam vastly outnumbered the number of American women. The disproportionate gender ratio, at the war's peak estimated to be as high as 300 to 1 at some hospitals, ensured that female military nurses would garner significant attention from male soldiers.¹² According to Susan O'Neill, who was only 21 years old when she arrived in Vietnam in May 1969, the gender imbalance defined and governed women's experiences in the war.¹³ American women could seldom forget that they were a rarity in Vietnam; gender informed much of their experience, including the way they cared for their patients, how they spent their off-duty hours, and the relationships they developed.¹⁴

Some female military nurses welcomed the increased attention they received from American men in Vietnam. Martha Bell joined the Army Nurse Corps as a junior in college. Bell completed her degree in 1969 and attended basic training at Fort Sam, Houston, before departing to Vietnam the following year. Quiet and shy, Bell admitted that she had limited dating experience in the United States. She attributed her mostly positive feelings about the exaggerated attention she received from men to the novelty of the environment in Vietnam. Bell described men's interest in her as "flattering" and "romantic," which encouraged her to "come out of [her] shell." Sharon Wildwind also found the excessive attention she received in Vietnam unique and exciting. Upon her arrival in Vietnam, Wildwind confided to her diary, "I never dated much in university,

¹² Westheider, *The Vietnam War*, 90.

¹³ Susan O'Neill, *Don't Mean Nothing: Short Stories of Vietnam* (New York: Ballantine Books, 2001), xiv.

¹⁴ Vuic, *Officer, Nurse, Woman*, 159.

never had boys call me. This is a completely new experience for me and I love it.”¹⁵ Jill Mishkel felt empowered by being the object of desire: as a nurse “you had your pick” of eligible bachelors.¹⁶ Echoing a popular ANC recruitment ad, Army nurse Jacqueline Navarra Rhoads claimed that in the eyes of American soldiers, military nurses “were considered the most beautiful women in the world.” According to Rhoads, “You could have been the ugliest woman in the world, but you were treated special.”¹⁷ In fact, some women found it difficult to adjust to the reduced attention they received from men upon the completion of their tours. Army nurse Laura Radnor described her return to the United States from Vietnam as a real “comedown.” Radnor, who had become accustomed to receiving frequent attention from GIs in Vietnam, had to concede that at home “I wasn’t special anymore.”¹⁸

For other women who served in Vietnam, sexual attention from American men appeared to be nothing new. Army nurse Rona Adams, an attractive young woman who attended many parties in Los Angeles where she grew up, found gender relations in Vietnam little different from America. “I was good looking. I always dated a lot.”¹⁹ Laura Kern, an Army nurse who served in Qui Nhon, likewise explained: “I was very pretty so I had always had a lot of attention from men.” For Kern, the increased attention she received from men in Vietnam was simply “a part of life over there.” Kern’s blond hair and trim figure made her sought after by American men who sought reminders of home.

¹⁵ Wildwind, *Dreams that Blister Sleep*, 159.

¹⁶ Jill Mishkel, quoted in Marshall, *In the Combat Zone*, 142.

¹⁷ Jacqueline Navarra Rhoads, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 13.

¹⁸ Laura Radnor, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 134. The name Laura Radnor is a pseudonym.

¹⁹ Rona Adams, interview by author, September 6, 2008. All subsequent quotations attributed to Rona Adams are derived from the author's interview with the subject.

“We could never go anywhere without having our pictures taken,” said Kern who fondly remembered treating a wounded soldier who confessed to having a picture of her in his locker. The soldier had seen Kern in the PX one day and snapped a photo of her without her knowledge. Kern, who conceived of the soldier’s behavior as innocent, even amusing, appears to have embraced the longstanding perception of American female nurses as morale boosting reminders of home.²⁰ Judy Hartline Elbring explained that she readily adopted the role of “representative round-eye” in Vietnam who reminded GIs of life back in America. “When I was off-duty,” remembered Hartline Elbring, “I’d swing my braid over my shoulder with the yarn running through it and wear earrings and perfume and I would...be the American girl...I would look like home.”²¹ The term “round-eye,” which GIs used to differentiate American from Vietnamese women, reveals the racial as well as gendered underpinnings of the ideal of domestic femininity.

Other female nurses were less comfortable with their popularity. Marcia Derkowski described the interest generated by American women in Vietnam as “a real mixed blessing.” Although initially flattered, Derkowski eventually found men’s admiration of female nurses in Vietnam to be “uncomfortable” and “unhealthy.” For Sharon Bystran the “overwhelming” amount of American male sexual attention was

²⁰ Christine McGinley Schneider also recalled having her picture taken while visiting the PX on a number of occasions. See, Christine McGinley Schneider, in Walker, *Piece of My Heart*, 39.

²¹ Judy Hartline Elbring, quoted in Steinman, *Women in Vietnam*, 148; Army nurse Lily Adams explained that many women weaved ribbons through their hair and wore perfume because they believed doing so boosted GI morale. Lily Adams, quoted in Marshall, *In the Combat Zone*, 220.

compounded by the additional sexual attention she received by Vietnamese men, who found American women foreign and exotic.²²

Some women eventually came to resent unwanted sexual attention. For example, Martha Bell told her parents that being one of few women stationed in-country could often be difficult. Bell described how she left a party because “everybody was getting really smashed” and some of the men were becoming aggressive in their advances.²³ Similarly, after four months in Vietnam, Wildwind went from delighting in men’s attention to feeling commodified by men’s behavior: “Sometimes it feels like the men look at us like animals look at fresh meat. I want to hide, want to turn into something other than a woman just so I won’t be on display all the time.”²⁴ Initially, Wildwind viewed men’s interest in her as flattering, exciting, and filled with possibilities. Over time, however, Wildwind also came to view men’s interest in her as restrictive and tiresome. Wildwind’s mixed feelings suggest that the newfound sense of power and freedom that many American women enjoyed in Vietnam came at a high cost, as they began to feel helpless against men’s persistent overtures.

Surrounded by the stares and advances of American, Australian, and even Korean men, Astrid Ortega recalled that “it was hard to even find time to just be alone.” Ortega admitted that upon arriving in Vietnam that she disapproved of military nurses who harshly rejected men’s requests for dances or offers to buy drinks at the officer’s club. Initially, Ortega viewed men’s overzealous advances as an inevitable consequence of

²² Sharon Bystran, interview by author, December 13, 2008. All subsequent quotations attributed to Sharon Bystran are derived from the author's interview with the subject.

²³ Martha Bell, audiotape to parents, July 24, 1969.

²⁴ Wildwind, *Dreams that Blister Sleep*, 38-39. For similar observations see, Smith, *American Daughter Gone to War*, 81.

their prolonged separation from American women. She felt obliged to support her fellow soldiers' requests for photos, dances, and the like. Overwhelmed by her daily nursing obligations, however, Ortega soon grew weary of having to serve as a morale booster. She eventually came to resent that military nurses were expected to devote their off-duty hours to entertaining American soldiers. Like the military women who served in the Second World War and demanded access to "women's only" areas where they could get away from men for a short while, Ortega longed for a place to relax and enjoy the company of other women without interruptions from male soldiers.²⁵ Finding this space could be difficult, as women who rejected men's advances risked being deemed unpatriotic or selfish.

Historically, women who serve in the military have been stereotyped as lesbians or whores, an idea that continued to resonate with male soldiers during the Vietnam era. Stereotypes of military women as sexually available intensified soldiers' efforts to date nurses. Army nurse Rose Sandecki recalled intense pressure to socialize with GIs in Vietnam, despite feeling run down by "all the blood and gore" of her daily work. Sandecki remembered being guilt-tripped into dancing with soldiers who "wouldn't take no for an answer." Women who rejected the morale boosting role that they were channeled toward were made to feel as though there was, in Sandecki's words, "something wrong" with them. "If you stayed back in your hooch by yourself or stayed and talked to a couple of the other nurses, you were accused of being a lesbian, or you

²⁵ Meyer, *Creating G.I. Jane*, 128.

would be accused of having an affair with one of the doctors.”²⁶ Women who rejected multiple men’s advances (thereby proving that they were not whores), were often accused of being lesbians. Military women who rebuff men’s sexual advances or report incidents of sexual harassment to their superiors are often confronted with accusations of lesbianism, leading to investigations into women’s sexual orientation. According to the scholar Christin Damiano, some male servicemen use these investigations, some resulting in women’s involuntary discharge from the military, to keep women “in their place.”²⁷ Women’s oral testimonies suggest that in Vietnam few female nurses feared that rumors and accusations of lesbianism would result in their discharge. The nurse corps risked adverse publicity if it pursued investigations and court-martials against accused lesbians.²⁸ Sandecki noted that after five months in Vietnam she mostly stopped visiting the officer’s club regardless of the rumors that circulated about her sexual orientation. Sandecki’s experience suggests that some women felt harassed by accusations of lesbianism.

²⁶ Rose Sandecki, quoted in Walker, *Piece of My Heart*, 10.

²⁷ Christin Damiano, “Lesbian Baiting in the Military: Institutionalized Sexual Harassment Under ‘Don’t Ask, Don’t Tell, Don’t Pursue,’” *American University Journal of Gender, Social Policy & the Law* 7, no. 499 (1998/1999): 500-501.

²⁸ For oral testimony from enlisted lesbians who were discharged from the armed forces during the Vietnam era, see Darlene Greenawalt, Florence J. Janisch, Cheryl Marden in Mary Ann Humphrey, *My Country, My Right to Serve: Experiences of Gay Men and Women in the Military, World War II to the Present* (New York: HarperCollins, 1990), 100-108, 134-138, 143-146. Leisa Meyer contends that despite formal prohibitions against lesbianism in the military during World War II, informal policies on lesbianism within the WAC were quite lenient. Leisa Meyer, “Creating G.I. Jane: The Regulation of Sexuality and Sexual Behavior in the Women’s Army Corps during World War II,” *Feminist Studies* 18, no. 3 (1992): 592. In his work on gay GIs in World War II, Allan Bérubé argues that the military focused more heavily on screening for and regulating homosexuality among male soldiers than female soldiers. For more on this point see, Allan Bérubé, *Coming Out Under Fire: The History of Gay Men and Women in World War II* (New York: Free Press, 1990): 59-61. On the tolerance of lesbianism in the World War II military also see, Lillian Faderman, *Odd Girls and Twilight Lovers: A History of Lesbian Life in Twentieth Century America* (New York: Columbia University Press, 1991), 123-125.

Although sometimes irritating, exhausting, and oppressive, the sexual attention female military nurses garnered from male soldiers in Vietnam also furnished some women with a newfound opportunity for sexual freedom and exploration. For many American military nurses, most of them in their early twenties, Vietnam provided one of their earliest opportunities to operate outside their parents' authority. Judy Hartline Elbring, for example, enjoyed being stationed far away in Vietnam because "my father couldn't find out what I was doing in a combat zone."²⁹ Army nurse Helen Thompson, raised in a strict household, also viewed Vietnam as an opportunity for dating and sexual exploration beyond her father's control and protection: "My dad was always very strict about who I could date, and where we could go, what we could do. I had a strict curfew and I didn't dare break it...I grew up a lot in Vietnam. [My father] could no longer keep such close tabs on me."

Vietnam also liberated female nurses from the strict confines of university life in America. In the 1950s and early 1960s, school administrators served *in loco parentis* for students living in campus dorms. According to the historian David Allyn, "most schools had strict parietal rules," which meant that college dorms often implemented strict curfews and barred female students from having overnight guests, or entertaining men in their rooms. Students who violated dorm policies could be expelled from school.³⁰ The American military, to be sure, also frowned upon unwed female nurses engaging in sexual relationships, but in Vietnam supervisors were often preoccupied with professional matters and could not monitor and regulate women's behavior as rigorously.

²⁹ Judy Hartline Elbring, quoted in Vuic, *Officer, Nurse, Woman*, 142.

³⁰ David Allyn, *Make Love, Not War: The Sexual Revolution, An Unfettered History* (New York: Routledge, 2001), 94

In Vietnam some female nurses explored their sexuality in ways that would have been difficult in college. Air Force nurse Donna Buechler, for example, was expelled from the first nursing school she attended after school administrators accused her of being a lesbian. Buechler, who was yet to come out as a lesbian, had never engaged in sexual activity with a woman, but was dismissed from a Catholic college because her blatant crush on a fellow nursing student violated the school's code of conduct. In Vietnam, Buechler was freer to explore her sexual identity, although risk of exposure remained a constant danger. Midway through her tour, Buechler switched rooms to be with a female military nurse with whom she eventually developed a sexual relationship. "She was just as new to being gay as I was," explained Buechler who described her experience as a "discovery process." To cast off suspicion about their relationship, Buechler recalled that she and her partner frequently attended parties and "act[ed] like we were with a fellow." Although still fraught with risk – Buechler faced involuntary discharge if discovered – Vietnam offered Buechler an opportunity to fall in love and engage in a sexual relationship with a woman.³¹

Female military nurses' access to birth control also increased some women's sense of sexual freedom in Vietnam. The pill, licensed by the Food and Drug Administration in 1960, was almost 100 percent effective and afforded women near full

³¹ Cheryl Marden, an enlisted lesbian in the US Navy from 1966-1968, similarly reflected that she "started dating guys in my...unit," to cast off suspicion about her sexuality. See, Cheryl Marden, quoted in Humphrey, *My Country, My Right to Serve*, 145. On this point also see, "Pat Richardson" in Humphrey, *My Country, My Right to Serve*, 158. Leisa Meyer explores lesbian WACs' efforts to recognize one another and create spaces in which they could explore their sexuality during World War II. She also discusses the strategies lesbians employed to avoid detection, as well as the risks they encountered if discovered. See Meyer, *Creating G.I. Jane*, 165-168; and Hampf, "'Dykes or Whores,'" 14-17.

control over contraception.³² Moreover, as historian Elaine Tyler May observes, the pill “did not require men’s cooperation or even their knowledge.”³³ By separating sex from the threat of unwanted pregnancy, the pill afforded military nurses, many sexually inexperienced, the opportunity to experiment with sex without jeopardizing their military career by becoming pregnant. Astrid Ortega, for example, was a virgin when she left for Vietnam. While in Vietnam Ortega met and developed strong feelings for a male soldier. Her strong attraction to this soldier, combined with the traumas and dangers she experienced as a combat nurse, overrode her Catholic values and led her to begin a sexual relationship with him. Ortega remembered thinking, “heck, I might die over here,” and “I’m not dying a virgin.” Because condoms were not always readily available, Ortega relied on the pill, which gave her solace in knowing that she would not be discharged for becoming pregnant. Ortega embraced the opportunity to have full control over her contraception. But, as the historian Elaine Tyler May observes, the birth control pill was a double-edged sword for women because it diminished men’s responsibility for preventing pregnancy and placed the burden of birth control squarely on women’s shoulders.³⁴ The advent of the pill also made it difficult for some women to convince resistant partners to wear condoms, leaving them vulnerable to sexually transmitted infections (STIs). Given the high incidence of sexually transmitted infections among GIs, some of whom used prostitutes in Vietnam, the liberating effect women experienced

³² Women still required a prescription for birth control and thus did not have full control over their contraception. Elaine Tyler May, *America and the Pill: A History of Promise, Peril, and Liberation* (New York: Basic Books, 2010), 1, 5; John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper & Row, 1988), 250.

³³ May, *America and the Pill*, 4.

³⁴ For more see, May, *America and the Pill*, 5. “Release of Females Because of Pregnancy or Parenthood,” n.d., 210.02 Family/Marital/Pregnancy – 1901-1971. ANCA.

through control of their own contraception came at a high cost. In 1963, for example, roughly 300 in every 1000 American soldiers were treated for gonorrhea alone.³⁵

The sexual freedom afforded by the pill was also tempered by the pressure many women felt to have sex with American men in Vietnam. The sexual revolution of the 1960s, in conjunction with the availability and effectiveness of the pill, made it difficult for some American women to say no to sex. As historian Ruth Rosen writes, “Suddenly, peer pressure to say yes replaced the old obligation to say no, threatening to eliminate a young woman’s sexual veto.”³⁶ Women who, in the past, couched their refusals to have sex in terms of fear of unwanted pregnancy or negative social stigmas often found it more difficult to resist men’s sexual advances.³⁷ The feminist Gloria Steinem warned that many American women who engaged in sex before marriage were not “self-motivated” but rather “pressured” into sexual relationships by their male partners: “In the fine old American tradition of conformity, society has begun to make it as rough for virgins...as it once did for those who had affairs before marriage...Chaste girls feel ‘out of it.’”³⁸ Feminists such as Steinem feared that the sexual revolution served to liberate women’s sexuality for men’s pleasure.

In Vietnam, the pressure female military nurses felt to engage in sexual relationships with American soldiers proved strong. The skewed sex ratio, combined with

³⁵ Mark Rasnake et al., “The History of US Military Contributions to the Study of Sexually Transmitted Diseases,” *Military Medicine* 170 (2005): 61. John Parascandola explains that in the Army the rate of sexually transmitted infection eventually reached 325 per thousand troops per year in Vietnam. Parascandola, *Sex, Sin, and Science*, 144. For a comparative examination of venereal disease rates among US soldiers in WWII, Korea, and Vietnam see, Parascandola, *Sex, Sin, and Science*, 142-145.

³⁶ Ruth Rosen, *The World Split Open: How the Modern Women’s Movement Changed America* (New York: Penguin Group, 2000), 143.

³⁷ For a similar argument related to World War II, see Meyer, *Creating G.I. Jane*, 33-35.

³⁸ Gloria Steinem, “The Moral Disarmament of Betty Coed,” *Esquire*, September 1962, 154-55.

historical conceptions of military women as loose “morale-boosters” who provided sexual services to American soldiers, served to increase the sexual pressure nurses encountered.³⁹ According to Martha Bell, the onset of the sexual revolution coupled with stereotypes of military women as promiscuous, perpetuated the notion that female nurses were sexually available to American GIs in Vietnam. Bell recalled American soldiers wisecracking that “Army nurses always got married in off-white” (because none were virgins when they wed), a joke that reflects popular attitudes about military nurses as sexually promiscuous. Another nurse remembered being called an “MPP” – military paid prostitute.⁴⁰ Cheri Hawes resented how stereotypes of military women as loose led many of her coworkers to assume that she had slept with every soldier she dated. “If I slept with a guy by choice, okay,” explained Hawes, “but I didn’t like the fact that if I turned him down...it was still assumed that I had sex with him.” Hawes felt harassed by rumors that painted her as sexually promiscuous. Helen Thompson recalled that stereotypes of military women as whores seemed to resonate most with American soldiers who did not work alongside female personnel, military nurses or otherwise. Thompson contended that most of the male soldiers she worked with discounted negative stereotypes of military women. But when she attended parties at the nearby Marine base or socialized with the helicopter crews, Thompson found that popular conceptions of military women often prevailed, adding to the sexual pressure female nurses encountered. Nancy Christ, for example, remembered dating a soldier who dumped her after she refused to have sex with

³⁹ For more on historical public conceptions of military women as sexually available to American GIs see, Meyer, *Creating G.I. Jane*, 41-43.

⁴⁰ Anonymous female military nurse quoted in McVicker, “Invisible Veterans,” 15.

him. According to Christ, his belief that other nurses would readily consent to sex prompted him to break off their relationship.⁴¹

The sexual pressure nurses encountered from American GIs was joined by pressure from some high ranking nurses who advised female nurses to resist men's sexual advances. Many within the nursing leadership in Vietnam subscribed to the ideology of "virtuous womanhood," which defined women's "proper" behaviors in traditional, restrictive terms. Many higher ranking nurses viewed female nurses as the moral custodians of men's sexual behavior, responsible for preventing sexual relationships between nurses and soldiers and protecting the reputation of military nurses throughout the corps.⁴² "If the guys wanted to...screw ninety-seven prostitutes in a day," Lynda Van Devanter wrote in her memoir, "it was to be expected." By contrast, women who elected to engage in sexual relationships with men in Vietnam were the subject of criticism and condemnation: "If we wanted a relationship, or to occasionally be with a man we cared deeply about, we were not conducting ourselves as 'ladies should.'"⁴³ Helen Thompson also recalled her female nurse superiors applying a double standard to the sexual experiences of female nurses and male soldiers. According to Thompson, while a "boys will be boys" approach was taken to male soldiers who were commonly known to visit Vietnamese prostitutes in their off duty hours, female military nurses were chastised for engaging in committed sexual relationships. Thompson recalled her head nurse scolding her for having an intimate relationship with a male doctor. "She came over one day to the

⁴¹ Nancy Christ, interview by author, November 16, 2008. All subsequent quotations attributed to Nancy Christ are derived from the author's interview with the subject.

⁴² Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989), xvii.

⁴³ Van Devanter, *Home Before Morning*, 122.

ward and sat me down and told me... what a bad example of an Army nurse and young lady I was.” According to Cheri Hawes, the nurses she served alongside “ate their young for breakfast.” Hawes remembered her superiors as cold and highly critical of any nurse who engaged in a sexual relationship in Vietnam.

Not surprisingly, tension often arose between younger, lower-ranking nurses and older, higher-ranking nurses over expectations connected to gender, including restraint and chastity. While the military’s approach to the regulation of male soldiers’ sexuality centered on disease prevention and combat readiness, officers’ regulation of female nurses’ sexuality stemmed from concerns about sexual respectability and morality.⁴⁴ Martha Johnson, chief nurse of the 95th evacuation hospital, described nurses’ morals in Vietnam as “pretty low.” She often observed men entering and leaving nurses’ rooms at all hours of the night. Johnson “used to give all the nurses a very good lecture about...their reputation.” Johnson’s testimony reflects a traditional, prescriptive view of female nurses’ ideal behavior that prevailed among many senior nurses, especially when it came to pregnancy.⁴⁵

Throughout the 1960s, official military policy dictated that female military nurses, regardless of marital status, could have no dependents under the age of 18.⁴⁶ The policy, which did not apply to male nurses, reflected the military’s view of motherhood as

⁴⁴ Meyer, “Creating G.I. Jane,” 586.

⁴⁵ Martha Johnson, interview by Mary Samecky, May 23, 1992, p. 7, WIMSA Oral History Program, WIMSA Archives.

⁴⁶ In 1975, in response to legal challenges to the military’s pregnancy policy, the Army, Navy and Air Force adopted an optional discharge policy which allowed women who became pregnant to remain on active duty, or request separation. For more information see, Anne Hoiberg, “Women in the Navy: Performance, Health, and Motherhood,” in *Changing US Military Manpower Realities*, eds. Franklin D. Margiotta, James Brown, and Michael J. Collins (Boulder, Colorado: Westview Press, 1983), 176; Francke, *Ground Zero*, 108.

incompatible with a career in the military.⁴⁷ The director of personnel and training for the ANC, Colonel James Pope, stressed the likelihood that military nurses who became mothers would experience a “conflict or confusion in roles,” which he believed could lead women to put motherhood ahead their military duties. Pope and his successor worried that negative media coverage of pregnant military nurses working in Vietnam might damage the public image of the US military.⁴⁸ Pope deemed pregnant military nurses a threat to the military’s “carefully nurtured” public image of military nurses as “clean cut, lean, well groomed persons with efficiency and energy radiating.”⁴⁹ The corps’ desire to attract single, reputable, young women to Vietnam supports Cynthia Enloe’s claim that the American military has historically sought to preserve the image of female nurses as possible heterosexual partners for male soldiers.⁵⁰

Loosening regulations due to military nurse shortages and equality-based challenges to the policy in the late 1960s led the military to grant waivers to some nurses who became pregnant and wished to remain in the service. Military nurses discovered to be pregnant in Vietnam, however, continued to face immediate discharge and return to

⁴⁷ Kara Dixon Vuic, “I’m Afraid We’re Going to Have to Just Change Our Ways”: Marriage, Motherhood, and Pregnancy in the Army Nurse Corps during the Vietnam War,” *Journal of Women in Culture and Society* 32, no. 4 (2007): 1008.

⁴⁸ Pope’s successor, William Boyson, worried that nurses who became pregnant in Vietnam were not being evacuated to the US quickly enough: “Next thing you know we will be reading in the paper about some nice little nurse delivering a baby in “combat” in Vietnam. Boyson letter to Richard Ross, Commanding Officer, US Army Medical Command Vietnam, December 7, 1971, 210.02 – Family/Marital/Pregnancy – Pregnancy – Vietnam, ANCA. For more on public fears about pregnant military women serving in combat during the Gulf War, see Campbell, “Combatting the Gender Gulf,” 71-74.

⁴⁹ James Pope, “Maternity Leave for Army Nurse Corps Officers,” March 26, 1969, 210.02 – Family/Marital/Pregnancy – General – 1970, ANCA.

⁵⁰ Enloe, *Maneuvers*, 219-223.

the United States.⁵¹ Only those who opted to abort their pregnancies were excepted. No official statistics concerning the number of nurses who became pregnant in Vietnam were collected, and it appears that the US military intentionally tried to conceal the number of nurses who became pregnant in-country. William Boyson, for example, noted that while serving in Vietnam he evacuated pregnant nurses under the guise of a vague “cover diagnosis” such as “lower back pain” or “abdominal etiology unknown.”⁵² Nevertheless, Jennie Caylor, chief nurse in Vietnam, noted that between March 1967 and February 1968 sixteen of approximately fifty married nurses became pregnant and were sent home, indicating that pregnancy was far from uncommon among American nurses in Vietnam.⁵³

Women in early stages of pregnancy who remained capable of doing their jobs and were eager to complete their tours viewed their expulsion from Vietnam as unnecessary and unfair. When Army nurse Karen Bush discovered she was pregnant in Vietnam she had “real mixed emotions” about being pregnant. “I really did want to be pregnant,” Bush insisted, “but I really wanted to stay and complete my tour.” Bush believed that she was fully capable of carrying out her duties, but she did not want to remain in Vietnam “under false pretenses” so she told her chief nurse about her pregnancy in the hopes that something could be worked out. She was sharply disappointed. Officials gave Bush fewer than 24 hours to leave Vietnam, and upon her

⁵¹ Althea E. Williams, “Procedure for Handling Pregnant ANC Officers,” 1968, 210.02 – Family/Marital/Pregnancy – Pregnancy Policy Vietnam, ANCA.

⁵² Boyson letter to Richard Ross, Commanding Officer, US Army Medical Command Vietnam, December 7, 1971, 210.02 – Family/Marital/Pregnancy – Pregnancy – Vietnam, ANCA.

⁵³ Jennie L. Caylor, “Personnel,” n.d., in “End of Tour Report,” 314.7 – History – Vietnam – Deployment Issues, ANCA.

return to the United States, the ANC discharged her from the military.⁵⁴ The case of Army nurse Cheri Hawes also demonstrates that the US military held women solely responsible when it came to illicit affairs that led to pregnancies. When Hawes became pregnant by a married helicopter pilot ten months into her tour, the military gave her two options: she could have an abortion at a military hospital in Okinawa and then return to Vietnam for six more months of service; or she could return to the United States and be discharged. Hawes did not want to abort her baby, but worried about how she would support her child as a single mother without a job. Hawes ultimately decided to resign her commission and forfeit her rank, income, benefits, and future career in the military. The baby's father, by contrast, faced no consequences, and in fact returned home to be with his wife and their child just days after learning about Hawes' pregnancy.

Given the military's punitive policies towards women who became pregnant, some nurses opted to conceal their pregnancies in order to finish their tours in Vietnam.⁵⁵ Violet Decker Nemky, chief nurse of the 8th field hospital in Nha Trang, recalled one nurse who went to great lengths to disguise her pregnancy but was eventually exposed when she became ill and required hospitalization in her seventh month of pregnancy. The nurse had been binding herself in order to hide her pregnancy and continue serving in Vietnam. Upon being discovered, she was immediately returned to the United States.⁵⁶ Patricia Maravola also attempted to conceal her pregnancy from her superiors at the 3rd field hospital in Saigon in order to remain near her husband who was also stationed in

⁵⁴ Karen Bush, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 78, 88-89.

⁵⁵ Women also hid their pregnancies in order to finish their tours during the Gulf War. See, Campbell, "Combatting the Gender Gulf," 73.

⁵⁶ Violet Decker Nemky, interview by Nelly Gorman, May 24, 1992, p. 23-24, WIMSA Oral History Program, WIMSA Archives.

Vietnam. When a bout with morning sickness threatened to give her secret away, Maravola informed the chief nurse of her pregnancy and pleaded to stay in Vietnam: “I said, ‘colonel, I volunteered for this tour. I have a commitment. If you send me out of here you’re going to be short a nurse. Why not let me continue my tour...as long as I feel good?’” Barring any complications, the colonel agreed to keep Maravola on staff but made her promise to get good pre-natal care and keep a low profile. Maravola completed her tour in Vietnam before returning to the US and having her baby.

Although abortion remained illegal in most US states until 1973, nurses who became pregnant in Vietnam and wished to remain could choose to terminate their pregnancies. Beginning in 1966, American military hospitals were not subject to civilian law and were thus not bound by US abortion laws. In July 1970, Assistant Secretary of Defense for Health and Environment Louis M. Rousselot instructed military doctors to perform abortions for personnel “when medically indicated or for reasons involving mental health.” Women looking to obtain an abortion were required only to seek the approval of two physicians. President Nixon overturned the federal policy on March 24, 1971, reasoning that individual states had the right to enforce their own abortion laws. The move forced stateside military hospitals to act in accordance with local laws on abortion, but Nixon’s reversal seemed to have no significant effect on the military’s policy in Vietnam where abortions were performed throughout the war.⁵⁷

⁵⁷ Ken Clawson, “President Overturns Pentagon Abortion Rule,” *Washington Post*, April 3, 1971 quoted in Vuic, “I’m Afraid We’re Going To Just Change Our Ways,” 1016-1017. Vuic’s account provides a detailed examination of the military’s abortion policy in the 1960s and 1970s, as well as Nixon’s motivations for overturning Rousselot’s policy. Also see, “Abortions Provided at Military Bases,” *New York Times*, August 18, 1970; Military Hospitals Approve Abortions: Local Laws May Be Bypassed,”

The number of military women who obtained abortions while serving in Vietnam remains unknown, but individual testimonies from military nurses suggest that abortion remained a viable option for female nurses who became pregnant.⁵⁸ Patricia Ryan, chief nurse of the 95th evacuation hospital, for example, explained that despite her moral opposition to abortion, she was required to present abortion as an option to women who informed her that they were pregnant.⁵⁹ Army nurses Astrid Ortega, Karen Yoffe, and Martha Bell also indicated that abortions were accessible to women who became pregnant. Nurses' safe and affordable access to abortion in Vietnam, perhaps driven by the severe nurse shortage facing the American military, provided military women who became pregnant an alternative to bearing children that remained largely unavailable to civilian and military women in the United States until 1973.

Abortions were sometimes performed in Vietnam, but women seeking to obtain an abortion while serving were more commonly evacuated to Japan for the procedure and returned to duty, usually within three days.⁶⁰ According to Mary Reynolds Powell, the Air Force relied on unpublicized flights to transport nurses who became pregnant to and from Japan.⁶¹ Alternatively, Julia Carter explained, nurses sometimes went to Japan under the pretense of undergoing another medical procedure. Carter recalled that one female

Washington Post, August 18, 1970; "President Opposes Unlimited Abortion," *New York Times*, August 4, 1971.

⁵⁸ Only the Air Force kept statistics on the number of women who obtained abortions at military hospitals in the 1960s and 1970s, and the exact number of abortions performed on women who served in Vietnam remains unknown. For Air Force statistics on the number of abortions performed at military hospitals between 1966 and 1970, see Ken Clawson, "President Overturns Pentagon Abortion Rule," *Washington Post*, April 3, 1971.

⁵⁹ Ryan, interview, 8.

⁶⁰ Julia Decker, interview by Connie Slewitzke, May 24, 1992, ANC Oral Histories, ANCA, 8; Cheri Hawes, interview by author, October 8, 2008.

⁶¹ Powell, *World of Hurt*, 139-140.

nurse who became pregnant in Vietnam went to Japan under the guise of having an ovarian cyst removed, but in fact had an abortion. In either case, the military clearly sought to minimize publicity about its abortion policy to avoid controversy and protect the image of the nurse corps as a wholesome and respectable place of employment for young women.

The threat of pregnancy was a source of anxiety for some female nurses, but pregnancy could also serve as a source of freedom and liberation for women who wished to avoid being sent to Vietnam, or wanted to leave their tour early. Astrid Ortega, for example, admitted that she considered getting pregnant, albeit only briefly, to avoid being sent to Vietnam. Ortega, who joined the ANC with the understanding that she would only be sent to Vietnam if she volunteered to go, was dispatched to Vietnam roughly one year into her active duty service. Although Ortega ultimately decided against bearing a child (the time commitment seemed too great), she recalled that several female coworkers became pregnant in order to avoid being sent to war. Army nurse Karen Yoffe also remembered nurses getting pregnant to avoid being sent to Vietnam. “Some of them were pregnant by the end of basic training,” recalled Yoffe who explained that some nurses viewed pregnancy as their ticket out of serving in Vietnam. Although few nurses likely viewed pregnancy as an ideal way of avoiding service in Vietnam, the military’s policy of dismissing pregnant women within its ranks offered female nurses a way out of Vietnam, an option unavailable to male nurses. In more recent conflicts including the

Gulf and Iraq Wars, some military women have continued to use pregnancy as means of avoiding deployment or serving shortened tours.⁶²

Sex served as more than an escape hatch for nurses in Vietnam. In the practice of “treating,” according to the historian Kathy Peiss, working women in early twentieth century New York City used their relationships with men to secure access to otherwise unobtainable amusements or goods. Similarly, American women who served as military nurses in Vietnam sometimes offered companionship to male soldiers in exchange for goods such as air conditioners and refrigerators that were difficult to secure in Vietnam.⁶³ The degree of sexual intimacy involved in this form of treating seems to have varied from flirtatious interactions to dating and more significant companionship.⁶⁴ Laura Kern, for example, remembered capitalizing on the instrumentality of her sexuality in Vietnam. “I had one guy who I called a meal ticket,” Kern recalled with amusement. “He was a real nice guy” who would “take me everywhere,” because he “just wanted me on his arm.” Kern used her relationship with this well-connected civilian who worked for the US

⁶² During the Gulf War some female reservists reportedly became pregnant to avoid being deployed, while some women who were stationed in the Persian Gulf became pregnant to avoid serving a full tour. In a controversial move, one commander investigated whether he could court-martial women who became pregnant under his command but determined he could not. During the Iraq War, Maj. Gen. Anthony Cucolo revisited the issue, declaring a policy whereby military women who became pregnant under his command, as well as the men who impregnated them, would be court-martialed. Cucolo, in charge of more than 22,000 soldiers in Iraq, backed down from the pregnancy ban just days after announcing the policy, noting that he simply wanted to underline the seriousness of the issue. See Campbell, “Combatting the Gender Gulf,” 73; “Army General Adds Pregnancy to the List of Reasons to be Court-Martialed,” *Fox News*, December 18, 2009, <http://www.foxnews.com/politics/2009/12/18/army-general-adds-pregnancy-list-reasons-court-martialed/> (accessed January 3, 2011); “No Court-Martial for Pregnant Soldiers,” *MSNBC*, December 22, 2009, http://www.msnbc.msn.com/id/34524436/ns/us_news-military/t/general-no-court-martial-pregnant-soldiers/ (accessed January 3, 2011).

⁶³ The historian Leisa Meyer also notes that female WACs who served during the Second World War used the practice of “treating” to secure access to material goods including food and clothing. Meyer, *Creating G.I. Jane*, 128.

⁶⁴ Kathy Peiss, *Cheap Amusements: Working Women and Leisure in Turn-of-the-Century New York* (Philadelphia: Temple University Press, 1986), 54, 108-109.

government in Vietnam to expand her horizons. Kern accompanied the man to many important dinners, and on one occasion even attended a social function at the Presidential Palace in Saigon.

Julia Carter recognized the potential utility of her sexuality shortly after her arrival at the 71st evacuation hospital. Carter, who initially experienced difficulty adjusting to life in Vietnam, found her quarters dank and the walls covered with mold. About a week into her tour, Carter turned down a helicopter pilot who asked her out. When he asked what he could do to change her mind, Carter half-jokingly suggested that if he could help her obtain the supplies necessary to fix up her room, she would go on a date with him. “I don’t know how or where he got the stuff,” Carter recalled, “but when I returned from this grueling 12-hour shift a few days later my room was freshly painted and looked about a hundred times better.” Tremendously appreciative of the pilot’s gesture, Carter kept her end of the bargain, and in fact dated the man until his tour ended and he returned home a few months later.

Army nurse Judy Hartline Elbring used her sexuality to help watch over her brother, a combat soldier who was also stationed in Vietnam. Hartline Elbring, who knew she was attractive, became determined to “play any card” she could to look after her brother. By flirting with her brother’s CO, Hartline Elbring secured a promise that if her brother was wounded she would be immediately notified so she could fly to him to assist in his treatment.⁶⁵

⁶⁵ Judy Hartline Elbring, quoted in Steinman, *Women in Vietnam*, 156. Also, see Judy Hartline Elbring in Marilyn Knapp Litt, “To Vietnam and Back Again: A Nurse’s Tale,” *Depauw* (Spring 1998): 31.

African American Army nurse Elizabeth Allen used her unique influence as a black woman to help overcome her hospital's occasional supply shortages.⁶⁶ Although African American men served in significant numbers in Vietnam, American women who served in-country, already a small percentage of the overall forces, were largely Caucasian. Only two percent of the American women who served in Vietnam are estimated to have been African American.⁶⁷ Allen, who served first in Cu Chi and then in Pleiku, remembered that at times she was the sole female African American officer at her duty station. Allen explained that her race and gender often made her feel isolated as black officers numbered few in Vietnam and the Army's fraternization rules prohibited officers from socializing with enlisted personnel.⁶⁸ But at least she could appeal to African American sergeants who were resourceful, and because of a shared sense of racial camaraderie, were often willing to help her secure scarce goods.⁶⁹

The potential instrumentality of female nurses' sexuality was not lost on nurses' superiors either. On at least one occasion, a major at the 12th evacuation hospital in Cu Chi sent several female military nurses to a distant general's party in exchange for much needed supplies. "We were given to this party in exchange for some lumber," recalled Constance Evans. She and the other nurses ate and danced with officers at the party because "that is how we procured things. By entertaining."⁷⁰ Likewise, Army nurse Cheryl Nicol recalled how she and other female nurses purposefully distracted soldiers at

⁶⁶ For more on supplies shortages experienced by military hospitals in Vietnam see chapter two of this dissertation.

⁶⁷ Kulka et al., *Trauma and the Vietnam War Generation*, 22.

⁶⁸ Only two percent of officers in Vietnam were black. Appy, *Working Class War*, 22.

⁶⁹ Elizabeth Allen, quoted in Steinman, *Women in Vietnam*, 90-91.

⁷⁰ Constance G. Evans, interview by Kate Scott, November 10, 2003, p. 15, Women in Military Service for America (WIMSA) Oral History Program, WIMSA Archives.

a nearby officer's club while doctors and enlisted personnel from their hospital stole plywood from the base. "The guys were more than happy to see round-eyes," and the nurses "got everybody pretty well smashed" while their conspirators loaded a truck with plywood.⁷¹

For most female military nurses, though, sex meant more than just a means of securing goods in Vietnam. To many women, sex offered reprieve from the chaos of the war and helped them to cope with loneliness, sadness, and disillusionment of serving in Vietnam. One study of military nurses who served in Vietnam found that 57 percent of women reported seeking relationships to lower their stress levels, while 33 percent indicated that they sought sexual intimacy to reduce their stress.⁷² Lorna House enjoyed the simple pleasure of going to a restaurant or watching a movie with a soldier in her off duty hours. "Fran," an Army nurse who served in Vietnam, recalled how dating made her feel normal again by reminding her of what it was like to be a young woman in peacetime America. "Dressing in fatigues didn't make you feel very feminine," and "being wanted sexually by a man...made you feel like a woman." For Fran, dating in Vietnam offered an opportunity to recapture her sense of femininity which had been eroded by the practical needs of working in a war zone.⁷³ The comfort of companionship and sex was not restricted to heterosexual relationships. Air Force nurse Donna Buechler spent her off duty time with a female nurse. "We got lost in one another. We'd come home from work

⁷¹ Cheryl Nicol, quoted in Walker, *Piece of My Heart*, 285. For another example of military nurses using their sexuality as a diversion, see Carol Jean Sundling in Schroder and Dawe, *Soldier's Heart*, 12.

⁷² Baker, Menard, and Johns, "The Military Nurse Experience in Vietnam," 741.

⁷³ "Fran," quoted in Susan Hunt Babinski, "Did We Have to Wait Twenty-Five Years to Weep in Front of a Monument? A Qualitative Study of Six Women Vietnam Veteran Nurses" (PhD diss., New York University, 1996), 180. The name Fran is a pseudonym.

and just enjoy one another.” According to Buechler, the ordinary acts of talking and being intimate with her partner reminded her of life beyond the strange, and often wrenching combat zones of Vietnam.

Many female military nurses describe the physical component of dating as essential to surviving the war. “It was a release,” explained Laura Kern, “to have somebody to be able to just sit with and hold you. It was that personal contact that you really...needed because you were just so drained.” One Army nurse who served in Vietnam described female nurses’ desire for physical contact in similar terms: “You needed someone to love you in Vietnam. To put their arms around you; you just saw so much sorrow...but nobody could speak [about it].”⁷⁴ According to Lynda Van Devanter’s Vietnam memoir, many female nurses formed intimate relationships to remind themselves of their humanity: “In a war . . . where there is nothing remotely resembling sanity around you, you tend to try to find some sense of normalcy, some feeling of comfort, some communication with another person on a level removed from that environment of destruction.”⁷⁵

The drive for sexual intimacy as a coping mechanism in Vietnam sometimes led nurses into relationships and sexual activity that they deemed unthinkable stateside. “War makes strange bedfellows,” explained Margaret Lehman, an Army nurse who became involved with a married doctor while serving in Vietnam. Lehman, a virgin when she left for Vietnam, relied on her emotional and physical relationship with the doctor to help ease the stress associated with caring for wounded soldiers. According to Lehman, the

⁷⁴ “Ann” quoted in Babinski, “Did We Have to Wait Twenty-Five Years to Weep in Front of a Monument?,” 94. The name Ann is a pseudonym.

⁷⁵ Van Devanter, *Home Before Morning*, 105-106.

Army's fraternization rules which prohibited officers from socializing with enlisted personnel in order to preserve rigid professional boundaries between officers and enlisted servicemembers under their command. This policy inadvertently led a significant number of female nurses to engage in relationships with married officers, particularly the doctors they worked alongside.⁷⁶ "The doctors were all married. We were all single. But we weren't allowed to date enlisted," Lehman explained.⁷⁷ "Carol," an Army nurse who served in Vietnam, viewed her relationship with a married doctor as a product of the war: "With my upbringing I never would have put myself in a situation to get involved with a married person here in the States. But you know, you see, eat, and work with the same people 24 hours per day and relationships develop – they happen."⁷⁸

The surrealism of the Vietnam War prompted Karen Johnson Brunette to have the kind of affairs that she would have avoided in the United States. "Sometimes your feelings and your actions were like they had no consequence," said Johnson Brunette.⁷⁹ "It was kind of like what happens in Vegas, stays in Vegas," recalled Karen Yoffe who claimed that while she never dated a married man in Vietnam, she never judged harshly those who did. According to Laura Kern, distance from "the real world" seemed so great that men's marital status at home seemed not to matter. Many women dated married men

⁷⁶ The military's fraternization rules are designed to preserve officers' authority over enlisted personnel and to maintain good morale among enlisted personnel by preventing the appearance of partiality. Leisa Meyer explains that female Army nurses who served in World War II and wished to date were also confronted with the dilemma of dating married officers, or breaking rules against fraternization by dating unmarried enlisted men. Meyer, *Creating G.I. Jane*, 133.

⁷⁷ Margaret Lehman, interview by author, January 24, 2009. All subsequent quotations attributed to Margaret Lehman are derived from the author's interview with the subject. Army nurse Rona Adams also attributes female nurses' decision to date married soldiers in Vietnam to the military's fraternization policy.

⁷⁸ "Carol," quoted in Babinski, "Did We Have to Wait Twenty-Five Years to Weep in Front of a Monument?," 127. The name Carol is a pseudonym.

⁷⁹ Karen Johnson Brunette, quoted in Walker, *Piece of My Heart*, 160.

in Vietnam because of the uncertainty of the war; they did not view the relationship as having serious, long term potential. “You were seeing stuff that you couldn’t even believe,” remembered Cheri Hawes, an Army nurse who served in Chu Lai. “You didn’t know if you were going to be alive or dead or if you were going to see them the next day. You definitely weren’t thinking [about the] long haul.”

But nurses who had affairs with married men in Vietnam sometimes harbored feelings of guilt after the war. Margaret Lehman, for example, admits that the comfort and happiness she found in her relationship with a married doctor in Vietnam was tempered by the knowledge that the man she was seeing had a wife and two small children at home. “You want to believe that they were unhappy in their marriage before Vietnam because then it’s not your fault.” Lehman, who admits that she fell in love with the doctor and had a difficult time parting with him when her tour ended, now believes she was wrong to have become sexually involved with a married man. Army nurse Julia Carter likewise felt guilty about her relationship with a married doctor in Vietnam. Like many of the nurses who dated married men, Carter knew the doctor was married but she developed strong feelings for him after working closely with him for a couple of months. Carter viewed the relationship as temporary and did not want or expect the man to leave his wife after his tour. At the time, she viewed the relationship as harmless and did not believe his infidelity would damage his marriage. Carter now acknowledges that her view of the relationship had simply served to rationalize her behavior: “How could a seven-month relationship with another woman not hurt his marriage?” On one level Carter remains grateful for the relationship, which she believes helped her survive the war, but

as a present-day wife and mother she still feels tremendous guilt about her affair with a married man in Vietnam.

Although some nurses knew that their relationships with married officers would not last, others were hurt when they discovered that these officers intended to return to their wives after their tour in Vietnam ended. Laura Radnor, who had an affair with a married doctor in Vietnam from 1967 to 1968, was led to believe that the doctor had separated from his wife prior to leaving for Vietnam. But the doctor, after visiting his wife during a combat leave in the Philippines, told Radnor he had decided to remain married because his wife threatened to commit suicide should he try to divorce her. Radnor was devastated by the revelation, but she did not feel it was her place to protest his decision: “There was nothing for me to do but back off.” The very sexual intimacy that she depended on to cope with the war suddenly vanished, leaving her feeling abandoned and depressed.⁸⁰

Other nurses reported being hurt by men who claimed to be single, but were in fact married. According to Lorna House, “There were a lot of guys who’d say that they weren’t married but they’d have a big old dent in their finger.” Many nurses were propositioned by men who considered themselves “geographic bachelors” in Vietnam.⁸¹ Marcia Derkowski, for example, dated an officer in Vietnam whom she later discovered to be married. Astrid Ortega became seriously involved with a civilian contractor who also lied about his marital status and made grand promises about their future together.

⁸⁰ Laura Radnor, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 136. The name Laura Radnor is a pseudonym.

⁸¹ The term geographical bachelor is used to denote married men who claim to be single when geographically separated from their spouses.

When a surprise visit to his office revealed pictures of his wife and children on his desk, Ortega immediately ended the relationship. To avoid further betrayals, Ortega asked the hospital's priest to ascertain whether the men who courted her were married. Another less reliable technique was to consult the grapevine to determine a man's marital status.

Senior nurses, charged with maintaining the harmony and readiness of hospitals in Vietnam, often tried to dissuade nurses from having affairs with married men. Evangeline Jamison, chief nurse at the 93rd evacuation hospital from 1966 to 1976, remembered warning two nurses that the men they were seeing would likely return home to their wives at the end of their tours.⁸² According to Jeanne Rivera, many of the nurses who served in Vietnam “were young women” who had been “promised the world.” When their lovers left Vietnam and returned to their wives, “I had these hysterical young women on my hands.”⁸³ Martha Johnson, chief nurse of 95th evacuation hospital in Da Nang in 1971, also worried about the dangers of married men dating single nurses. Since most male officers were married, Johnson viewed the military's policy against relationships between officer and enlisted personnel (less likely to be married) as problematic. When the executive officer (XO) at the 95th evacuation hospital set up a dance floor outside the officer's club and instructed nurses to dance only with officers, Johnson instructed nurses to refrain from dancing with men altogether. “I'd rather have them dance with a single NCO [non-commission officer] than...a married officer.” Johnson convinced the XO to allow nurses to dance with all male soldiers on the base in

⁸² Evangeline Jamison, interview by Mary Quinn, May 22, 1992, p. 2, WIMSA Oral History Program, WIMSA Archives.

⁸³ Jeanne Rivera, quoted in Freedman and Rhoads, *Nurses in Vietnam*, 70-71.

hopes of reducing the likelihood that single nurses would become involved with married officers.⁸⁴

On the whole, though, male officers fought for the enforcement of fraternization laws in order to protect what they viewed as their pool of potential female companions; the military, for its part, sought to prevent competition between male officers and enlisted men over their “rights” to female military nurses.⁸⁵ Nevertheless, many nurses covertly dated enlisted soldiers in Vietnam. Rona Adams, for example, recalled “sneaking out” with an enlisted man, while Cheri Hawes remembered dating an enlisted man until she was reprimanded by her superiors. To Karen Yoffe, an Army nurse who served at the 95th evacuation hospital in Da Nang, the dangers of dating an enlisted man became “part of the fun,” although she acknowledged that the risks of getting caught at times made her uncomfortable: “In daylight, if you happened to pass on the sidewalk outside of the hospital, you were afraid to even stop and talk to each other because you felt eyes everywhere.” Eventually Yoffe came to disregard the threat of being discovered by her superiors because the potential penalties seemed light in contrast to the horrors of the war. “What were they going to do to me, send me to Vietnam?” Compared with nurses who planned to make a career of military nursing, nurses who conceived of their service as temporary were more likely to view the military’s fraternization rule as a policy that could be violated.

But while the restrictive nature of the military’s fraternization rules appeared unreasonable to some, high ranking nurses often viewed the policy as a necessary evil.

⁸⁴ Martha Johnson, interview by Mary Samecky, May 23, 1992, p. 8, WIMSA Oral History Program, WIMSA Archives.

⁸⁵ Meyer, *Creating G.I. Jane*, 135.

Senior nurse Ann Antonicci, for example, noted that while her staff accused her of being unreasonably “hard nose[d]” on the issue of fraternization, she believed that the policy was necessary to ensure a healthy working relationship between nurses and enlisted personnel who often worked closely with one another.⁸⁶ As chief nurse of the 67th evacuation hospital, Virginia Knox also strongly discouraged nurses from fraternizing with enlisted personnel. She admitted that her advice sometimes fell on deaf ears: “I had one kid who... was dating a really fine young corpsman.” The nurse disregarded Knox’s advice to abandon the relationship until she discovered for herself why the military prohibited fraternization. The nurse complained to Knox that the corpsman she was dating sometimes refused to follow her instructions while under her charge. Knox felt obliged to point out the obvious: “You can’t be in his bed one minute and his boss the next.” Stressing the incompatibility of the two roles, Knox urged the nurse to decide whether she wanted to be head nurse or the corpsman’s girlfriend.⁸⁷ The pragmatism behind the military’s fraternization rules aside, many nurses rejected the military’s efforts to control who they could date, opting instead to see for themselves whether relationships between officers and enlisted personnel could succeed.

Complicated, ambiguous, and diverse, female nurses’ accounts of their sexual encounters in Vietnam reveal women’s experiences as simultaneously fulfilling and discordant, therapeutic and painful, liberating and restrictive. For many nurses, Vietnam provided unprecedented space in which to explore their sexual agency, and yet, the sense

⁸⁶ Ann Antonicci, interview by Connie Slewitzke, January 11, 1993, p. 5, WIMSA Oral History Program, WIMSA Archives.

⁸⁷ Virginia Knox, interview by Connie Slewitzke, June 3, 1992, p. 11-12, WIMSA Oral History Program, WIMSA Archives.

of empowerment women achieved through their experiences with sex and sexuality was also precarious. Newfound opportunities for sexual freedom and pleasure were joined by sexual pressures and risks, which women met with diverse strategies of negotiation and accommodation: by covertly dating enlisted men, female nurses subverted restrictive fraternization policies which attempted to control who they could and could not date; by pretending to date their male soldier-friends, lesbian nurses cast off suspicion about their sexuality; by manipulating their companionship with male soldiers, many female nurses were able to secure otherwise unobtainable goods. By employing these and other strategies female military nurses tried to create conditions under which they could enjoy their experiences with sex and sexuality in Vietnam. While sexual oppression and danger remained, for most of the female military nurses who served in Vietnam, negative encounters with sex and sexuality did not outweigh the opportunities for sexual exploration and pleasure.⁸⁸

“I didn’t get a Purple Heart...but I was surely wounded”: Sexual Harassment, Assault, and Rape in Vietnam

The complexity of women’s sexual relationships, evident in women’s testimonies about their dating and sexual engagements with American men in Vietnam, is further revealed when we investigate female nurses’ experiences with sexual harassment and assault during the war. The following section will explore female nurses’ encounters with sexual danger and violence in Vietnam, and the ways in which women reacted, and gave

⁸⁸ Leisa Meyer similarly argues that while WACs often confronted sexual dangers and risks while serving in World War II, they nevertheless viewed their sexual experiences as a whole as “one of the great advantages to military service.” Meyer, *Creating G.I. Jane*, 147.

meaning, to these experiences. This section will also examine women's responses to sexual harassment and violence in Vietnam, and the repercussions some women faced as a result of speaking or acting out against their perpetrators.⁸⁹

Exactly how many American women encountered sexual harassment or assault in Vietnam is difficult to ascertain. In part, this difficulty stems from some women's reluctance to apply the term sexual harassment to their experiences. The term sexual harassment, generally used to describe unwelcome or unsolicited sexual advances, requests for sexual favors, or unwanted verbal or physical conduct, did not come into common usage until the mid-1970s.⁹⁰ The women's movement's adoption of the term in the 1970s changed the way women conceived of and reacted to harassment of a sexual nature. As historian Carrie Baker explains, sexual harassment eventually went from "a private indignity women suffered silently to an issue of public concern and debate."⁹¹ During the Vietnam War lack of media coverage about the problem, as well as the absence of a blanket term to describe women's experiences with harassment of a sexual nature, fundamentally shaped how women constructed, and have since reconstructed,

⁸⁹ For a discussion sexual harassment and assault against men in the military see, Jesse Ellison, "The Military's Secret Shame," *Newsweek*, April 3, 2011, <http://www.newsweek.com/2011/04/03/the-military-s-secret-shame.html>. For a discussion of sexual assaults and rapes committed by American GIs' against Vietnamese women during the Vietnam War see, Susan Brownmiller, *Against Our Will: Men, Women, and Rape* (New York: Ballantine Books, 1975): 86-113; Weaver, *Ideologies of Forgetting*.

⁹⁰ Officially, the Department of Defense defines sexual harassment as, "a form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to such conduct is made either explicitly or implicitly as a term or condition of a person's job, pay or career, or submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person, or such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive environment." US Government Accountability Office, *Preventing Sexual Harassment: DOD Needs Greater Leadership Commitment and an Oversight Framework* (Washington, DC: Government Printing Office), 4.

⁹¹ Carrie Baker, *The Women's Movement Against Sexual Harassment* (Cambridge: University of Cambridge Press, 2008), 31, 3.

their experiences.⁹² Some of the informants in this study described experiencing in Vietnam behaviors like lewd remarks or unwanted touching, but they did not conceive of these occurrences as harassment. For example, Connie Slewitzke, who was thirty-six years old when she served as a nurse in Vietnam, admitted that she suffered a male coworker's repeated, unsolicited, unwelcome advances. Slewitzke managed to get the man to desist after speaking to his superior, but continued to dismiss her harasser's behavior as intrinsic and uncontrollable. In her view, this soldier was acting out his primal urges, and therefore his behavior did not qualify as sexual harassment.⁹³ Other female nurses found the unwanted sexual behavior they encountered more troubling but struggled to find words to give meaning to their experiences. Julia Carter, who was twenty-two when she arrived in Vietnam, remembered experiencing difficulty in finding the right words to ward off what she now recognizes as sexual harassment. She once chastised a wounded soldier who touched her inappropriately as a "male chauvinist pig." Carter admitted that she "didn't exactly know what it meant, but I'd heard it used back home before I left and it was the best word [sic] I could think of at the time."

Sexual harassment in Vietnam has most likely been under reported because of many factors, including women's desire to shield male soldiers from blanket criticism, women's position in the nurse corps, and fear of backlash for speaking out against the harassment they endured. For example, some nurses minimize their experiences with sexual harassment in Vietnam because they do not want to contribute towards a negative

⁹² Nancy Anisfield, "Sexist Subscript in Vietnam Narratives," *Vietnam Generation* 1, no. 3-4 (Summer/Fall 1989): 110.

⁹³ Connie Slewitzke, self-interview, January 11, 1993, p. 5, WIMSA Oral History Program, WIMSA Archives; Connie Slewitzke, interview by author, May 23, 2008.

stereotype of Vietnam veterans. Mary Fran Brown observed that while the men she worked with on a regular basis in Vietnam generally showed her the utmost respect, men from outside units were sometimes disrespectful. Brown, who hypothesized that men from other units did not know her personally and were thus more likely to objectify and harass her, stressed that the vast majority of men she encountered in Vietnam, especially the men she worked alongside, were well behaved and did not make unwanted advances toward her. Similarly, Vietnam veteran Cathleen Cordova, after viewing a Public Eye special on sexual harassment and rape in Vietnam, felt so strongly that soldiers should not all be “painted with the same broad brush” that she wrote to the show’s host, Brian Gumbel, to explain that she was treated with respect and felt safe when serving with American soldiers in Vietnam.⁹⁴

For career military nurses, hesitancy about discussing experiences with sexual harassment appears to stem in part from the fear of damaging their career or the public’s image of the corps. Nurses of the First World War era, for example, frequently experienced hostile work environments while serving the American military, but did not issue complaints about their treatment until they no longer relied on the military for a career.⁹⁵ The nurses who served in Vietnam, many of whom remain in the military, may also have a vested interest in limiting their criticisms of the American military. Slewitzke, for example, served as chief of the ANC from 1983 to 1987 and remains heavily involved in the veteran community. Backlash against women who reported incidents of sexual

⁹⁴ Cathleen Cordova letter to Bryant Gumbel, March 25, 1998, Cathleen Cordova Collection 4359, WIMSA.

⁹⁵ Kimberly Jensen, “A Base Hospital Is Not a Coney Island Dance Hall: American Women Nurses, Hostile Work Environment, and Military Rank in the First World War,” *Frontiers: A Journal of Women’s Studies* 26, no. 2 (2005): 208.

harassment must also be taken into account. When the term “sexual harassment” first came into usage, women who reported incidents were often accused of having enticed the men who harassed them, or alternatively of making accusations of harassment in retaliation for affairs gone bad.⁹⁶ Since sexual harassment can be difficult to prove, some nurses sought to avoid the possible public recriminations that might result from lodging a complaint, especially since women had historically been punished for infractions such as adultery or fraternization that came to light as a result of subsequent investigations (a phenomenon that women continue to report today).⁹⁷ Moreover, given that the vast majority of sexual abuse allegations end with no formal prosecution of the alleged offender, some women may have refrained from reporting incidents of harassment or assault.⁹⁸ Military women are frequently forced to continue working alongside their perpetrators, often in close quarters in remote locations; they often worry about how their allegation of sexual abuse against a fellow serviceman might affect unit cohesion. Some also fear informal punishments such as social isolation or involuntary job transfers, particularly if their abuser is a higher ranking officer or is well-liked by mutual peers. In

⁹⁶ Baker, *Women’s Movement Against Sexual Harassment*, 21.

⁹⁷ Meyer, *Creating G.I. Jane*, 138-139; Steven Lee Myers, “Women at Arms: Another Peril in War Zones: Sexual Abuse by Fellow GIs,” *New York Times*, December 28, 2009, <http://www.nytimes.com/2009/12/28/us/28women.html> (accessed December 16, 2010).

⁹⁸ For example, of the 2,171 military investigations of sexual abuse completed in the fiscal year that ended in September 2008, only 317 faced a court-martial, and 515 faced administrative punishments or discharges. Nearly half of the completed investigations lacked evidence or were deemed “unsubstantiated or unfounded.” Steven Lee Myers, “Women at Arms: Another Peril in War Zones: Sexual Abuse by Fellow GIs,” *New York Times*, December 28, 2009. Leisa Meyer, writing in the context of World War II, argues that the Army was generally reluctant to pursue charges of rape against male soldiers. For statistics see, Meyer, *Creating G.I. Jane*, 142.

light of these factors, it is not surprising that some female veterans remain reluctant to discuss their experiences with sexual harassment in Vietnam with researchers.⁹⁹

Despite these obstacles to a public accounting of sexual harassment in Vietnam, there can be little doubt that many women viewed sexual harassment and violence as a serious threat. The chief nurse in Vietnam wrote at the end of her tour in 1971 that despite the inherent dangers of serving in a warzone, “very few female nurses worry or fear enemy attacks, rocket, sapper or a real attack” because “females are more fearful of assault by our own troops and with good reason from experience.”¹⁰⁰ Paul and O’Neill’s 1986 study of American women who served as nurses in Vietnam found that 63 percent of female nurses reported having experienced sexual harassment while serving in Vietnam.¹⁰¹ In addition, there are countless oral testimonies of many female veterans who describe incidents of unwanted jeering, staring, peeping, touching, assault, and rape.

The most common form of sexual harassment endured by female military nurses in Vietnam was verbal. Army nurse Linda McKinney, married and stationed in-country with her husband, recalled experiencing little sexual harassment in Vietnam but remembered men yelling and whistling at her on occasion as she passed them by.

⁹⁹ For more on military women expressing reluctance to report sexual harassment and violence, see Marie Tessier, “Sexual Assault Pervasive in Military, Experts Say,” *Women’s eNews*, March 30, 2003, accessed September 1, 2010, <http://womensenews.org/story/rape/030330/sexual-assault-pervasive-military-experts-say>; Pamela Martineau and Steve Wiegand, “Sexual Combat,” *Sacramento Bee*, March 7, 2005, accessed September 3, 2010, <http://www.blythe-systems.com/pipermail/nytr/Week-of-Mon-20050307/014152.html>; Janet C’de Baca, “War and Sexual Violence in the Military,” in *Surviving Sexual Violence: A Guide to Recovery and Empowerment*, ed. Thomas Bryant-Davis (Lanham, MD: Rowan & Littlefield, 2011), 61-62.

¹⁰⁰ Patricia Murphy, *End of Tour Report*, January 15, 1971, p.5, 314.7 History, Vietnam, End of Tour Report, Murphy, Patricia, 1971, ANCA. Several female veterans interviewed for this study made a similar observation, including Air Force nurses Donna Cunningham and Donna Buechler and Army nurse Diane Evans.

¹⁰¹ Elizabeth Paul and Jacquelyn O’Neill, “American Nurses in Vietnam: Stressors and Aftereffects,” *American Journal of Nursing* 86, no. 5 (1986): 526.

McKinney speculated that she may have been spared some of the harassment encountered by other nurses because her husband was stationed nearby. McKinney also recalled simply telling men to “buzz off” or “get lost,” which left her feeling empowered against men’s unsolicited comments.¹⁰² Other female military nurses found ignoring shouts or lewd jokes more comfortable and effective. In her wartime diary Sharon Wildwind observed that nurses were forced to “act tough” when subjected to the “vulgar humor” of male patients who made lewd comments in their presence in an effort to embarrass them. Women who reacted to men’s comments became “fair game for harassment.” Wildwind employed a strategy of passive resistance in order to minimize verbal harassment she endured. When confronted with vulgar comments, Wildwind simply “smil[ed] enigmatically” and walked away.¹⁰³

Staring was another form of nonphysical harassment endured by military nurses. Martha Bell remembered a high ranking officer who became fixed on her during a change of command ceremony she attended in Vietnam. Following the ceremony, ranking officers began to exit. Bell, who stood and saluted the officers as they went by, was flabbergasted when the man ogled her as he passed: “This colonel walks by, does a double-take, looks at me, stares right at my chest with his mouth open, gaping...and I’m standing there saluting.” Bell felt particularly offended by the man’s actions because military etiquette dictated that she salute the colonel, despite his inappropriate and unprofessional behavior.

¹⁰² Linda McKinney, interview by author, September 11, 2008.

¹⁰³ Wildwind, *Dreams that Blister Sleep*, 131. Winnie Smith also describes experiences with verbal harassment while serving in Vietnam. Smith, *American Daughter Gone to War*, 44.

Even more intrusive were the watchful eyes of Peeping Toms who tried to catch glimpses of military nurses as they disrobed, showered, or used the bathroom. Rhona Prescott recalled that the showers available to female military nurses sometimes had no roofs, allowing helicopter pilots who flew overhead to steal glances of naked women. Women often “worried about what might be open to view,” remembered Prescott.¹⁰⁴ More insidious were men who peered through holes in nurses’ quarters or bathrooms. Constance Evans remembered having to walk outside at night in order to use the latrine located behind the nurses’ quarters. Evans described feeling threatened by men who tried to peer through a hole in the latrine wall: “The latrine was built [with] this hole at the bottom where the pan hooked underneath,” recalled Evans who remembered nurses discovering Peeping Toms as they sat down to use the toilet. Cigarette lighters, used to provide the perpetrators with a better view, often gave the peepers away to nurses who caught a glimpse of light as they sat down on the toilet.¹⁰⁵

Mary Reynolds Powell, an Army nurse who served at the 24th evacuation hospital in Long Binh, recalled an ongoing battle with a Peeping Tom who was regularly discovered looking through windows and holes in the nurses’ quarters. Powell awakened one night to a sound just outside her window. When she rose to investigate the noise, Powell came face-to-face with a man peering through her window. The perpetrator had used the sandbags piled outside, designed to protect the nurses from enemy rockets and mortars, to see into Powell’s bedroom. Frightened, Powell shouted for the man to “get

¹⁰⁴ Rhona Marie Knox Prescott, interview by Judith Kent, May 24, 2002, Library of Congress Veterans History Project, May 24, 2002, <http://lcweb2.loc.gov/diglib/vhpstories/loc.natlib.afc2001001.01146> (accessed July 22, 2010).

¹⁰⁵ Constance G. Evans, interview by Kate Scott, November 10, 2003, p. 19, WIMSA Oral History Program, WIMSA Archives.

away!” which caused him to flee. Powell’s next instinct was to use the phone in the nurses’ common space to report the incident, but she refrained from doing so since the common area was unlocked and thus could be easily accessed by the Peeping Tom should he try to come find her. Powell remained in her bedroom for fifteen minutes, ear to the door listening for sounds of the perpetrator, before finally braving the common space and calling for help. Despite having been made aware of the incident, Powell noted that hospital administrators “did nothing to apprehend him.” Weeks later, the assailant broke into a nurse’s bedroom and was caught when the nurse’s screams were heard by passing soldiers who came to her assistance.¹⁰⁶

In a similar vein, Wendy Wall recalled returning from the officer’s club one night to find a male intruder hiding under her bed. Wall began to undress, but paused as the feeling that she was being watched came over her. Wall began to look around her room and discovered that a male officer whom she had seen leave the officer’s club shortly before her was peering at her from under the bed. The man was never punished: “There was a sense that if we were in the Army in a war zone, we’d have to put up with the good ol’ boy games.” The problem became so acute in some hospitals that armed guards had to be placed outside nurses’ quarters. In an act of resistance, at hospitals where little or nothing was done to protect nurses against Peeping Toms some women purchased handguns on the black market to protect themselves against unwanted intruders.¹⁰⁷

Persistent, unwanted sexual advances were another form of harassment endured by military nurses in Vietnam. Although many women enjoyed socializing with male

¹⁰⁶ Powell, *World of Hurt*, 141.

¹⁰⁷ Powell, *World of Hurt*, 144.

officers during their off duty hours, some women describe feeling harassed by soldiers whose repeated advances proved overwhelming. Wildwind lamented the sexualized atmosphere she encountered at the officer's club. One Air Force major repeatedly and aggressively pressed her for sex, often in a drunken state.¹⁰⁸ "Barbara," an Army nurse interviewed for Susan Hunt Babinski's study of military nurses who served in Vietnam, also described feeling overwhelmed by the sometimes pushy advances of male officers. "We weren't supposed to fraternize with the enlisted guys," said Barbara who noted that enlisted men were more respectful toward nurses and more likely to be similar in age. For Barbara, the persistent, unwelcome advances of male officers were threatening since the men involved were often much older and often outranked the young nurses they hit on. "I had no idea how to handle those slobbering, half-drunk older guys, who pressured you at the Officer's Club," confessed Barbara.¹⁰⁹ Kathleen Splinter remembered that she "told off more than one senior officer because he was out of line and always wonder[ed] what were the repercussions going to be because he was a senior officer."¹¹⁰ Nurses who turned down the advances of senior officers often feared tense work relationships, undesirable shift assignments, transfers, and poor evaluations. Refusing the advances of ranking officers led to a difficult balancing act. Not only were female nurses given no training about how to deal with sexual harassment; it was deemed their responsibility to

¹⁰⁸ Wildwind, *Dreams that Blister Sleep*, 39-40.

¹⁰⁹ "Barbara" quoted in Babinski, "Did We Have to Wait Twenty-Five Years to Weep in Front of a Monument?" 110-111.

¹¹⁰ Kathleen Splinter, quoted in Steinman, *Women in Vietnam*, 132.

handle it on their own. “If we were bothered by aggressive senior officers,” one nurse commented, “it was up to us to fend them off, preferably without offending them.”¹¹¹

The historical meanings attached to women’s wartime roles, including stereotypes of military women as sexually available, led some soldiers to feel possessive toward female nurses. Paul’s 1985 study of military nurses who served in Vietnam reveals that 26 percent of nurses surveyed felt that the physicians they worked alongside treated them like sex objects, while another 40 percent of nurses reported that they were treated like sex objects by other military officers.¹¹² Martha Bell, for example, recalled one physician who was “very annoyed” by her decision to date a helicopter pilot in Vietnam instead of a doctor. Bell, who turned down doctors’ advances on several occasions, recalled that many doctors felt they had the right to “first pick” of the nurses, a sense of entitlement that some women believed was fueled by the military’s fraternization rules which prohibited officers from dating enlisted personnel. This policy appears to have fostered the notion that female military nurses, by virtue of being officers, belonged to the male officers they worked alongside (because they could not date enlisted men).¹¹³ As the historian Leisa Meyer explains, this attitude stemmed from the military’s treatment of women as a “scarce resource, to be allotted to particular groups of male soldiers for morale-boosting purposes.”¹¹⁴ Eunice Splawn also recalled doctors behaving possessively toward female nurses. After returning from a party at a nearby Marine base, Splawn remembered being scolded by one of the doctors who was angry about the nurses’

¹¹¹ Powell, *World of Hurt*, 145.

¹¹² Paul, “Wounded Healers,” 574.

¹¹³ Vuic, *Officer, Nurse, Woman*, 148.

¹¹⁴ Meyer, *Creating G.I. Jane*, 135.

decision to attend the gathering: “Let them get their own girls – we have our girls; they can get their own.”¹¹⁵ Sarahlee McGoran resented being made to feel like male officers’ “property.” Enlisted men, she observed, did not enjoy any special claim to female nurses, and therefore were more likely to approach nurses as equal partners in a relationship.¹¹⁶

The objectification and commodification of American women in Vietnam is well illustrated by female nurses’ experiences at officer parties. Senior officer parties were commonly held to celebrate the arrival, visit or departure of important officers or guests. Since women were in short supply in Vietnam, female military nurses of all ages and ranks received invitations to officer parties and were expected to attend. “You were expected to be there,” remembered Martha Bell, who facetiously referred to officer parties as a “mandatory good time.” Bell was enthused about her first invitation to a gathering at the nearby 25th infantry division. While the invitation indicated that male officers should attend the dinner in uniform, it indicated that female invitees should sport civilian dresses. Bell viewed the dinner as an opportunity to get dressed up, put on makeup, and feel “normal” for the evening. She thought the dinner might afford her some much needed reprieve from the war, as well as an opportunity to recapture some of her femininity. Instead, Bell recalled leaving the dinner feeling like a sex object. “I came home feeling as if I had been like a chicken in a meat market, being looked over.”¹¹⁷ Although Bell admitted that she “wanted to be wanted,” the feeling that she and the other nurses were “on parade” for the General and his officers left her feeling disgusted. Bell

¹¹⁵ Eunice Splawn, quoted in Marshall, *In the Combat Zone*, 100.

¹¹⁶ Sarahlee McGoran, quoted in Marshall, *In the Combat Zone*, 252.

¹¹⁷ In her wartime memoir Army nurse Winnie Smith also describes feeling like “a piece of meat at the market” during her off duty hours in Vietnam. Smith, *American Daughter Gone to War*, 81.

continued to attend the General's mess as ordered, but she always dressed very conservatively in order to minimize unwanted attention from male officers.

Mary Reynolds Powell also remembered that officer parties left her feeling objectified and harassed. While stationed at the 24th evacuation hospital, Powell was approached by a male officer who requested that she round up American women to attend an upcoming party. Powell's offer to post the party information on the nurses' bulletin board did not satisfy the captain, who insisted that she personally put together a group of women designed to meet the diverse sexual desires of male officers who would be attending the party: "He said he would like the group, preferably at least ten, to include blondes, brunettes and redheads between 5'4" and 5'7," no one too heavy, and all interested in having fun." Powell, who felt like a clerk at a supply depot, refused, but she was even more disturbed that the captain seemed to believe there was nothing inappropriate about his request.¹¹⁸ The man's request suggests that at least some male officers believed that part of nurses' function in Vietnam was to act as dating and sexual companions to soldiers.

Some nurses believed that they had no choice but to facilitate women's attendance at officer gatherings. According to Rona Adams, her attendance at parties was mandatory. Although Adams admitted that she had a good time at some of the parties, there were times when "you didn't want to go." Astrid Ortega recalled being "pimped out to parties" by her superiors. Ortega, who served at the 36th evacuation hospital in Vung Tau, was uncomfortable at being forced to suffer the advances of older, higher ranking

¹¹⁸ Powell, *World of Hurt*, 145.

officers, many of whom were married. Although Ortega disliked going to officer parties, she feared being penalized if she failed to attend. “The colonel would give you the worst shifts possible and not let you have deserved days off.”

Eventually, Ortega discovered that she could avoid “mandatory” officer parties by claiming that her boyfriend, who was a captain, disapproved. As this example suggests, many female military nurses used their relationships with male soldiers to ward off unwanted sexual attention. Donna Buechler, for example, chose to associate with a married pilot in Vietnam in order to dissuade men from hitting on her: “We dated in the sense that when there was a party or something he and I would hang around together...[He] protected me in that sense.” Buechler now openly identifies as a lesbian, but in Vietnam she was forced to conceal her relationship with a female nurse for fear of being involuntarily discharged. Her arrangement with the pilot simultaneously served as a cover for her lesbian relationship, and reduced the frequency of unwanted male advances: “If you kind of hooked up with someone the others just kind of left you alone.”

Sexual harassment in Vietnam went well beyond verbal abuse, as women experienced unwanted touching, grabbing, and groping. Laura Kern recalled at least two incidents involving unwanted touching during her tour in Vietnam. The first occurred on only her second night in-country. While attending a party in Da Nang Kern remembered being groped by a male soldier, an occurrence Kern describes as “pretty commonplace.” Nurses newly arrived to Vietnam, having yet to establish adequate defenses, were especially vulnerable to unwanted advances. The second incident happened while Kern was on duty. During slow night shifts nurses occasionally used downtime to catch a quick

nap in an unused hospital room. One night, Kern fell asleep on a vacant stretcher and awoke to find a male hospital technician groping her. Kern had to smack him until he stopped. She left the room but never reported the incident to her superiors.

Lynn Hampton's memoir *The Fighting Strength* also reveals that female nurses experienced unwanted touching while on the job. Hampton recalled one doctor in particular who often engaged in unsolicited, unwelcome touching: "One of the doctors, whom I later named the 'Sniveling Creep,' was in the habit of waiting until the nurses were more or less helpless, incapacitated in sterile gloves in the middle of a dressing change or sterile procedure, and then pinching them on the bottom."¹¹⁹ Male patients could also act as sexual predators. Connie Slewitzke recalled the odd patient seizing the opportunity to grab or touch a nurse as she administered care.

Unsolicited touching frequently occurred at parties and officer's clubs after hours, often as a result of heavy drinking. Inebriated men became less inhibited and more aggressive, and women who drank a lot also became more vulnerable to men's advances.¹²⁰ To Sharon Wildwind a beach party she attended in Qui Nhon reminded her of the testosterone-rich fraternity parties that she had attended in college. "The officers are drunk," Wildwind told her diary, and "their hands are constantly pawing at us."¹²¹ Donna Buechler experienced unwanted touching by a drunken male officer who had returned from several days in the field. "He was getting drunker and pushier and he wanted to go to my room." When Buechler refused the man's advances he began to grab

¹¹⁹ Hampton, *The Fighting Strength*, 86.

¹²⁰ Babinski, "Did We Have to Wait Twenty-Five Years to Weep in Front of a Monument?," 217.

¹²¹ Wildwind, *Dreams that Blister Sleep*, 123; Karen Yoffe also compared the parties she attended in Vietnam to frat parties she attended in college.

at her and declared, “I’ve been out in the field and I deserve a good fuck and you’re going to give it to me.” Buechler began slapping the officer as hard as she could. When she managed to escape his grasp she ran to her room where she locked herself inside. The incident reveals a common assumption among combat soldiers that they were entitled to sex with nurses as a reward for service in the field.

Buechler failed to report the assault because “No one would have given a damn. Nothing would have even been seen as being wrong.” Likewise, Karen Yoffe failed to report a male officer who sexually assaulted her after an evening out together. The evening began with a group of male and female officers enjoying drinks together at the officer’s club. Since the major had spent a significant amount of time talking about his wife and children at home, Yoffe thought nothing of his request that she go back to his hooch to view some pictures of his family. While she was admiring pictures of his children, the officer “tried to rip my clothes off.” Yoffe successfully fought free from the major’s grasp, but she told no one because she blamed herself for what had happened. “I guess I thought it was sort of my own...doing, like I put myself in that room with him so what did I expect? I knew that he’d had a lot to drink. I had had a lot to drink....Maybe I felt it wasn’t worthy of being reported because I shouldn’t have been there in the first place.”¹²² Yoffe was also dissuaded from reporting the incident because she feared punishment given that women were not supposed to be in men’s rooms.

¹²² Recent studies show that roughly one-third of women who are sexually assaulted while serving in the military report being under the influence of drugs or alcohol at the time of the assault. Janet C’de Baca, “War and Sexual Violence in the Military,” in *Surviving Sexual Violence: A Guide to Recovery and Empowerment*, ed. Thomas Bryant-Davis (Lanham, MD: Rowan & Littlefield, 2011), 63.

Joan Duffy, an Air Force nurse, provides another example of an American woman who suffered sexual assault in Vietnam. Duffy was attacked after attending an officers' party at Cam Ranh Bay in 1969. "I went to the latrine and two guys jumped me, raped and sodomized me." Like Yoffe, Duffy explained her failure to report the incident in terms of guilt, humiliation, and self-blame, feelings commonly described by victims of rape and sexual assault. Raised in an Irish Catholic family, Duffy was a virgin before the rape and experienced a great deal of shame after the attack. She feared how she would be judged by friends, family, and peers should she report the rape. Moreover, she believed that reporting the attack would not result in her perpetrators being punished. Lacking training about sexual assault and rape, she did not even know to whom she could report the incident. In 1998, suffering from Post-Traumatic Stress Disorder related to the Military Sexual Trauma (MST) she endured in Vietnam, she decided to make the details of her rape public.¹²³ Hoping to resolve the inner conflict, she explained: "I don't want to die with this rage inside me that I have towards men."¹²⁴

The rape of Army nurse Connie Christensen illustrates that the perceived need to protect reputations could prevent women from reporting sexual assault in Vietnam. After an evening at the officer's club, Christensen's father, a visiting Navy captain, asked a male pilot to walk Christensen back to her hooch. The pilot accompanied Christensen home as requested, but when she inserted her key to open her door, the pilot pushed his way inside and raped her. Christensen believed that sexual assault and rape was

¹²³ Military Sexual Trauma is the term officially used by the military to denote any form of sexual harassment or assault that occurs while the victim is serving in the military, regardless of the geographic location of the trauma, gender of the victim, or the relationship to the perpetrator. Baca, "War and Sexual Violence in the Military," 59-60.

¹²⁴ "Rape in Vietnam," in *Public Eye*. Hosted by Bryant Gumbel. CBS, March 24, 1998.

commonplace in Vietnam. She decided not to report the rape in part because no one would have done anything. She also wanted to spare her father the guilt and anger of knowing his daughter had been raped in Vietnam. Christensen genuinely feared that her father might seek personal vengeance against the pilot if he found out about the rape.¹²⁵

With good reason many rape victims questioned whether their stories would be believed. In January 1969, a nurse at the 93rd evacuation hospital reported to the chief nurse, Mary Foley, that she had been raped by a captain who had broken into her room while she slept. Although the nurse did not want to file formal charges against the officer because it would bring her unwanted publicity, she reported the attack to the chief so as to warn other nurses to lock their doors.¹²⁶ The hospital's commander, John Kovaric, initially suggested that Foley transfer the victim to another hospital. Because she had refused to press charges against the captain, Kovaric suggested that she had made up the allegation to malign the soldier for his failure to pay her for her sexual services. Kovaric organized a meeting between the nurse and her perpetrator in order to force a confrontation and put her allegations "out in the open."¹²⁷ Army officials who reviewed the incident criticized Kovaric's handling of the case, but they rejected the rape allegation, despite damning testimony from other nurses who claimed that the captain had also "entered their rooms uninvited and made improper advances." Officials reasoned

¹²⁵ "Rape in Vietnam."

¹²⁶ The name of the accuser, as well as the name of the accused, has been censored in the files. Summary of the Testimony by 1LT __, February 21, 1969, p.1-2, IG Report 69-25, Alleged Rape and Other Matters in the 93rd Evacuation Hospital, IG Investigative Files, RG 472 Records of the United States Forces in Southeast Asia, NACP; Summary of the Testimony by Mary A. Foley, February 19, 1969, p. 1, IG Report 69-25, Alleged Rape and Other Matters in the 93rd Evacuation Hospital, IG Investigative Files, RG 472 Records of the United States Forces in Southeast Asia, NACP.

¹²⁷ Summary of the Testimony by John Kovaric, February 19, 1969, p.2-3, IG Report 69-25, Alleged Rape and Other Matters in the 93rd Evacuation Hospital, IG Investigative Files, RG 472 Records of the United States Forces in Southeast Asia, NACP.

that since the captain had not raped these women, he was unlikely to have raped this particular nurse. Even if a rape did occur, they argued, the nurse must not have offered sufficient resistance to the attack, since “the walls of the nurses’ quarters are of such thin material that she could have called out for assistance and have been heard by several persons in the building.” Because Foley refused to press charges, Army officials judged the nurse’s “veracity and integrity” questionable.¹²⁸

The Foley case seems to validate the concerns of women who believed their reports of harassment and violence might be called into doubt or treated with suspicion. Moreover, it supports the skepticism, voiced by women like Duffy and Christensen, about the likelihood that quick and appropriate action would have been taken against their perpetrators. Kovaric’s suggestion that the nurse be transferred to another hospital also seems to confirm some women’s fear of being penalized for reporting sexual assault. One nurse, for example, declined to report her rape by a doctor she worked alongside because she feared retaliation from his peers, including a possible transfer to another hospital, thereby removing her from her support system (friends at the hospital).¹²⁹ These fears, articulated by the nurses who experienced sexual violence, serve to indicate how the authorities’ prevailing attitudes helped perpetuate sexual harassment, assault, and rape within the American military during the Vietnam War.

Female nurses’ testimony about their encounters with sexual violence in Vietnam simultaneously documents women’s subordination and oppression, as well as their

¹²⁸ *Report of the Investigation Concerning Alleged Rape and Other Matters in the 93rd Evacuation Hospital*, undated, p. 3-6, IG Report 69-25, Alleged Rape and Other Matters in the 93rd Evacuation Hospital, IG Investigative Files, RG 472 Records of the United States Forces in Southeast Asia, NACP.

¹²⁹ Paul, “Wounded Healers,” 574.

agency and resistance. At times, female nurses felt empowered by their active and passive resistance against the sexual pressures and dangers they encountered. Other times, they felt powerless against men's harassment and abuse, especially given the military's record of tolerance and apathy towards their perpetrators. While most women felt that their positive experiences with sex and sexuality in Vietnam outweighed the danger they encountered, for others the sexual harassment, coercion, intimidation, and violence perpetrated against them in Vietnam had a lasting effect on the lives. As the next chapter discusses, after the war some of these women endured lengthy battles with depression, anxiety, and in the worst cases, Post Traumatic Stress Disorder.

Chapter Four

“I Didn’t Serve in Combat, What Was My Problem?”: Female Military Nurses’ Struggle to Gain Recognition and Treatment as Sufferers of PTSD

When Kathleen Splinter began to experience readjustment difficulties upon her return from Vietnam, several mental health counselors told her in no uncertain terms that her service as a military nurse in the war did not warrant the stress reactions and readjustment problems she was experiencing.¹ Sadly, Splinter’s experience was typical. For years, many military nurses struggled to get help dealing with their Vietnam issues, only to be ignored, neglected, and turned away by American war veterans organizations. Not only did organizations such as Veterans of Foreign Wars prohibit military nurses from becoming full-fledged members, the Veterans Association (VA) failed to establish gender-specific services for female veterans.²

By the early 1970s, public discussions of adjustment problems among male Vietnam veterans had begun to surface. Mainstream publications such as the *New York Times* and *Time* magazine, for example, featured stories of combat veterans afflicted with PTSD, then commonly referred to as “post-Vietnam syndrome.”³ Activists within the veteran community campaigned for recognition and treatment of post-Vietnam

¹ Steinman, *Women in Vietnam*, 131.

² US Government Accounting Office, *Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits* (Washington DC: Government Printing Office, 1982).

³ For examples of articles which discuss post-Vietnam syndrome but fail to acknowledge that women generally, and combat nurses specifically, might suffer from the condition see, Chaim Shatan, “Post-Vietnam Syndrome,” *New York Times*, May 6, 1972; Jon Nordheimer, “Postwar Shock Besets Veterans of Vietnam,” *New York Times*, August 28, 1972; Chaim Shatan, “The Grief of Soldiers in Mourning: Vietnam Combat Veterans’ Self-Help Movement,” *American Journal of Orthopsychiatry* 45 (1973): 640-653. “Postwar Wounds,” *Time Magazine*, September 2, 1974; Robert Reinhold, “Mentally Wounded Are Rare, but Not Nearly Rare Enough,” *New York Times*, April 15, 1979.

adjustment problems. Veterans organizations such as Vietnam Veterans Against the War not only lobbied for legislation making available readjustment counseling for Vietnam veterans, they also promoted government investigations into post-Vietnam syndrome, referred to as Post-Traumatic Stress Disorder (PTSD) by 1980.⁴ These developments proved essential in diagnosing, treating, and securing compensation for affected male veterans, yet early studies of PTSD in Vietnam veterans excluded female veterans, thus restricting their ability to gain VA benefits and services.

Female Vietnam veterans responded to this neglect in a variety of ways. Some of these veterans suffered silently, internalizing the widely held notion that women “had it easy compared to the grunts” and thus had no right to seek treatment or compensation for their service-connected problems. These women deemed their problems trivial, and less authentic than the problems of the combat soldiers they had treated.⁵ As nurses, it was easy for many of these women to set aside their own suffering and focus on the suffering of others. Other nurses, however, lobbied Congress to include women in all future government studies of American war veterans. Those who had been refused compensation for service-connected readjustment problems on the basis of their gender pursued disability pensions. Female veterans who were disappointed with VA treatment

⁴ For more information on male veterans’ efforts to secure recognition and effective treatment programs for PTSD, see Wilbur Scott, “PTSD and Agent Orange: Implications for a Sociology of Veterans’ Issues,” *Armed Forces & Society* 18, no. 4 (1992): 592-612.

⁵ Alkana, “Women Warriors, Women Healers,” 356.

programs privately organized formal and informal support networks, enabling them to identify shared experiences and develop effective coping mechanisms.⁶

Official medical recognition of the PTSD diagnosis, in the words of one major study, “acknowledged and dignified the psychological suffering of American veterans amid their ambivalent reception by a divided and war-weary populace.” The PTSD diagnosis became a rhetorical resource that offered veterans compassion and understanding, as well as medical treatment and compensation.⁷ Female military nurses who experienced readjustment difficulties after the war sought validation of their suffering by submitting claims under the PTSD diagnosis, which would enable them to obtain the appropriate treatment and benefits. Most of the women who served as military nurses in Vietnam did not experience significant or prolonged readjustment difficulties after the war, but 37 percent did experience at least one readjustment problem such as depression, anxiety, or alcohol abuse.⁸ Those who suffered from PTSD and other readjustment problems felt entitled to the same treatment programs and benefits available to male soldiers who served in Vietnam.

⁶ For example, Lynda Van Devanter, an active member of the women veterans’ community, testified before the Committee on Veterans’ Affairs on March 10, 1983. The National Women’s Director of the VVA at the time, Van Devanter testified to the VA’s need for better programs and facilities to meet the gender-specific needs of women veterans. Lynda Van Devanter, “VVA’s Women Veterans Project Carries Issues to Congress and Public,” *Minerva: Quarterly Report on Women in the Military* 1, no. 1 (Spring 1983): 14-20.

⁷ Mark Micale and Paul Lerner, “Trauma, Psychiatry, and History: A Conceptual and Historiographical Introduction,” in *Traumatic Pasts: History, Psychiatry and Trauma in the Modern Age, 1870-1930*, eds. Mark Micale and Paul Lerner (New York: Cambridge University Press, 2001), 2.

⁸ Kulka et al., *Trauma and the Vietnam War Generation*, 145.

Post-Traumatic Stress Disorder

Post Traumatic Stress Disorder, previously known as nostalgia, soldier's heart, shell shock, combat fatigue, or battle exhaustion, is presently used by psychiatrists to describe a set of stress reactions that arise in people exposed to severe trauma.⁹ The condition first received official status in the 1980 Diagnostic and Statistical Manual (DSM-III). Twenty years later, the DSM-IV-TR defined PTSD as the possible outcome of someone experiencing, witnessing, or otherwise being exposed to an extreme traumatic stressor that involves death, the threat of death or injury, or threats to one's personal integrity. PTSD may also be experienced by individuals who learn about unexpected or violent death, serious harm, or threat of death or injury experienced by family or close friends. The manual stipulates that an individual's reaction to the event must involve intense fear, helplessness, or horror.¹⁰ These symptoms, known as "criterion A," must be present in order for an individual to be diagnosed with PTSD.

Many clinicians view PTSD as a spectrum disorder, meaning that it can vary widely with respect to degree and severity, as well as symptoms, frequency, and impact. At its worst, PTSD can affect nearly every part of a person's life, including overall health, personal relationships, and career.¹¹ In order to gain an official diagnosis of PTSD, an individual must meet criterion A and exhibit three clusters of signs and

⁹ For a brief history of PTSD see, Scott, "PTSD and Agent Orange," 592-612. For a more in-depth history of PTSD, see Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (New Jersey: Princeton University Press, 1995); Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, MA: Harvard University Press, 2001).

¹⁰ *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR* (Washington DC: American Psychiatric Association, 2000), 467.

¹¹ Babinski, "Did We Have to Wait Twenty-Five Years to Weep in Front of a Monument? A Qualitative Study of Six Women Vietnam Veteran Nurses," (PhD diss., New York University, 1996): 10.

symptoms. First, individuals must have persistent, intrusive recollections of the stressor. These recollections often manifest themselves in the form of nightmares, intrusive thoughts, hallucinations or dissociative flashbacks (when a person feels or acts as though the traumatic event is happening again). Second, the individual must persistently avoid stimuli associated with the trauma, or experience “numbing of general responsiveness” (not present before the trauma).¹² In the case of veterans, this criterion is often manifested in the avoidance of war movies, veteran reunions, war memorials, or even the news. Third, an individual must experience two or more symptoms of increased arousal, including difficulty falling or staying asleep, irritability or outbursts of rage, difficulty concentrating, hyper vigilance, exaggerated startle response, or physiologic reactivity upon exposure to events that resemble or symbolize the experienced trauma. For example, many nurses who served in Vietnam have since experienced physiological responses such as sweating or trembling when treating certain patients.¹³

Although the symptoms associated with PTSD sometimes emerge immediately following the initial trauma, it is not unusual for symptoms to appear several years later. In fact, to explain how PTSD manifests itself over time, psychiatrists have identified three categories of the illness: acute PTSD, when the duration of symptoms is less than three months; chronic PTSD, in which sufferers endure symptoms for a period of three

¹² In order to be diagnosed with PTSD, individuals must exhibit three of the following symptoms listed under the third criterion: avoidance of thoughts or feeling associated with the trauma, avoidance of activities or situations that stimulate recollections of the trauma, inability to recall parts of the trauma (psychogenic amnesia), notably diminished interest in significant activities, a feeling of estrangement or detachment from others, restricted range of affect including an inability to engage in loving, trusting relationships), or a pervasive sense of doom (for example, anticipation that they will fail in their career or die an early death). DSM-IV-TR, 468.

¹³ DSM-IV-TR, 468-469.

months or longer; and finally, delayed PTSD, in which individuals experience symptoms six months or more after the initial trauma. While the duration of symptoms experienced by individuals with post traumatic stress varies, only individuals who experience symptoms of the disorder for at least one month qualify as having PTSD. The symptoms must also significantly impair social, occupational, or other areas of functioning.¹⁴

Problematizing Post-Traumatic Stress Disorder

Since its inclusion in the DSM-III in 1980, psychiatrists have debated the merits of PTSD as a clinical diagnosis. Some psychiatrists have argued that the PTSD diagnosis is unnecessary, asserting that people exposed to severe trauma are already covered by an amalgam of existing diagnoses including depression and anxiety.¹⁵ Many in this group view PTSD as a socially and politically motivated diagnosis, the product of Vietnam veterans' lobbying efforts, not an independent medical review that would confirm PTSD as a unique disorder.¹⁶ Paul Lerner and Mark Micale, for example, argue that PTSD has come to be viewed as a transhistorically valid concept of psychological trauma (that is, a disorder that can be recognized in various historical contexts and writings). In their view, PTSD represents only the latest example of "historically contingent, socially and culturally constructed theories."¹⁷ Allan Young similarly argues that the disorder is not "timeless," nor its symptoms, diagnosis, and treatment intrinsically manifest: "[PTSD] is

¹⁴ DSM-IV-TR, 468-469.

¹⁵ Robert McNally, "Conceptual Problems with the DSM-IV Criteria for Posttraumatic Stress Disorder," in *Posttraumatic Stress Disorder: Issues and Controversies*, ed. Gerald M. Rosen (West Sussex: John Wiley & Sons, 2004) 1-2.

¹⁶ McNally, "Conceptual Problems with the DSM-IV Criteria for Posttraumatic Stress Disorder," 1-2.

¹⁷ Micale and Lerner, "Trauma, Psychiatry, and History," 6-7.

glued together by practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources.”¹⁸

Bonnie Burstow, concerned with the medical community’s approach to understanding, diagnosing, and treating PTSD, warns of the dangers of medicalizing trauma. Burstow argues that PTSD wrongly pathologizes common coping mechanisms including anxiety and avoidance. Nightmares, for example, can be an effective way of processing and coping with traumatic events. Yet under the DSM definition of PTSD, nightmares become a symptom of a disorder. “What is not pleasant becomes a symptom and, as such, pathologized,” explains Burstow.¹⁹ This approach teaches health practitioners to view certain normal and healthy behaviors as symptoms of a disorder which must be eradicated through drugs and therapy. The unfortunate outcome is that trauma victims are deprived of necessary and healthy ways of coping with their experiences.²⁰

Feminist scholars, dissatisfied with the negative ways in which psychiatry and medicalization have affected women’s lives, have questioned the value of the PTSD diagnosis for women in particular. According to these critics, the cultural authority of male psychiatrists has been used to define women as weak and pathological. Elaine

¹⁸ Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, 5.

¹⁹ Bonnie Burstow, “A Critique of Posttraumatic Stress Disorder and the DSM,” *Journal of Humanistic Psychology* 45, no. 4 (Fall 2005): 432.

²⁰ Burstow, “A Critique of Posttraumatic Stress Disorder and the DSM,” 429-434. For more on medicalization and PTSD see, Derek Summerfield, “Cross-cultural Perspectives on the Medicalization of Human Suffering,” in *Post-Traumatic Stress Disorder: Issues and Controversies*, ed. G.M. Rosen (John Wiley & Sons, 2004), 233-245; Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: Johns Hopkins University Press 2007).

Showalter, for example, has examined the cultural relationship between women and madness in England between 1830 and 1980. Showalter argues that psychiatrists have developed a “dualistic system of language and representation,” which defines men as inherently strong and rational, and women as vulnerable and irrational. This conceptualization of women both reflected and reinforced contemporary gender discourse, and caused psychiatrists to diagnose and treat women for psychiatric illnesses including hysteria and madness at a much higher rate than men.²¹ Barbara Ehrenreich and Deirdre English likewise show how psychiatric diagnoses rooted in deeply sexist ideologies have been “dressed up as objective truth,” and used to justify discrimination against women and restrict their social roles.²²

The historically poor treatment of women within the psychiatric community has understandably led many contemporary scholars to question the value of the PTSD diagnosis, which is more commonly applied to women than men. Feminist critiques of the DSM have exposed significant gender bias, both in the construction of the DSM’s diagnostic categories, and in the subjective assessments of mental health practitioners who apply them. Radical feminists, for example, contend that psychiatrists continue to treat women as inherently pathological by “hold[ing] male behavior as the norm against which women are measured, ensuring women’s lower status on any diagnostic schema.”²³ These feminists warn against psychiatry’s tendency to encourage women to

²¹ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Virago, 2001), 3-4. Also, see Jane Ussher, *Women’s Madness: Misogyny or Mental Illness?* (Amherst: University of Massachusetts Press, 1991).

²² Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 Years of the Expert’s Advice to Women* (New York: Garden City, 1978), 4, 105.

²³ Susan Berg, “The PTSD Diagnosis: Is It Good for Women?” *Affilia* 17, no. 1 (Spring 2002): 62.

rely on therapy and drugs, while diverting attention and resources from the causes of women's problems. The treatment of women who are diagnosed with PTSD following an experience with sexual violence, for example, focuses on medicalizing women's reactions instead of tackling the larger social problem of violence against women.²⁴

When the DSM first included PTSD as an anxiety disorder, it defined trauma as falling "outside the range of usual human experience." Because so many women routinely suffer sexual violence, this definition unfairly excluded victims of sexual violence from receiving a diagnosis of PTSD. Consequently, later versions of the DSM modified the definition of trauma to remove gender bias.²⁵ With this correction, many liberal feminists hoped that the new definition of PTSD would lead to more studies about the neurological effects of trauma (sexual and otherwise). By establishing a biological basis for some women's stress reactions, it might be possible to amend psychiatrists' view of women as inherently pathological. Additionally, liberal feminists value the PTSD diagnosis because it de-stigmatizes women's reactions to trauma and validates the subjective experience of the victim. With the PTSD diagnosis, women can be granted access to legal and medical assistance, as well as insurance payouts and other forms of compensation.²⁶

²⁴ Berg, "PTSD Diagnosis," 60.

²⁵ Laura S. Brown, "Not Outside the Range: One Feminist Perspective on Psychic Trauma," in *Trauma: Explorations in Memory*, ed. Cathy Caruth (Baltimore: Johns Hopkins University Press, 1995), 100-112.

²⁶ Berg, "The PTSD Diagnosis," 57-58.

The Material Benefits of Martial Citizenship: A History of Exclusion

Ever since the Civil War, in exchange for their military service American war veterans have regularly sought and received compensation from the government in the form of veterans' preference, pensions, educational and employment training, and medical care. Yet, in the twentieth century, while women have performed a spectrum of wartime jobs, the quasi-official nature of women's military participation has allowed the US government to exclude American women from the material rewards bestowed on martial citizens.

Labor shortages during World War I led the Army to employ civilian women overseas as telephone operators, clerical workers, and laundresses. They often performed the same jobs as male Army personnel, but because these women served *with* the Army, not *in* the Army, the government denied them veterans' benefits.²⁷ Hundreds of American women served as Army nurses in World War I, but they had only minimal access to veterans benefits due to their ambiguous status in the armed forces. Army nurses held no rank, and did not qualify for most veterans' benefits or military privileges including military insurance or membership in military officers clubs. In recognition of their World War I service, Congress assigned Army nurses "relative rank" (that is, the title of officer without military status) in 1920, but military nurses remained ineligible for retirement and disability pensions until 1947.²⁸

In World War II, the Army again called on civilian women to help ease severe manpower shortages. In 1942, Republican congresswomen Edith Norse Rogers of

²⁷ Meyer, *Creating G.I. Jane*, 13-14.

²⁸ Sarnecky, *History of the US Army Nurse Corps*, 147-148, 267, 394-395; Tomblin, *G.I. Nightingales*, 188.

Massachusetts, who did not receive compensation for her own military service in World War I, introduced a bill to incorporate American women officially into the military. The bill, which proposed the establishment of a Women's Army Auxiliary Corps, generated heated debate on the floor of the house. While Congress accepted the need to draw on women's labor "for the duration" of the war, it refused to incorporate women into the military on a permanent basis. On May 14, 1942, Congress reluctantly passed a modified version of Rogers' bill, which established the Women's Army Auxiliary Corps. The law granted women only partial military status.²⁹

As women began to perform their duties increasingly close to the war zones, Congress began to question the wisdom of leaving women without veterans' benefits and protections: if they became sick or wounded, they were not entitled to veteran health care; if they died while serving, their families were entitled to no compensation; if they were captured, they would be offered no protection under international agreements governing the treatment of prisoners of war. Accordingly, Congress passed a bill in July 1943 that eliminated the word "auxiliary" from the WAAC's title and granted the newly established Women's Army Corps (WAC) full military status. Unfortunately, women who chose not to join WAC were denied veterans benefits until 1980 when they were retroactively awarded compensation for their service. Even those who did join WAC when it was created were not permitted to count their time spent in the WAAC toward

²⁹ Morden, *Women's Army Corps, 1945-1978*, 3-4, 12; Meyer, *Creating G.I. Jane*, 11-12.

their length of service, thus reducing the pay, benefits, and privileges that they would have been entitled to had they been male veterans.³⁰

Within this historical context, the women who served as military nurses in Vietnam viewed their exclusion from government studies of PTSD and other health problems affecting Vietnam veterans as an extension of the nation's habit of relying on women's martial service, only to subsequently refuse women access to full veterans' entitlements.

The Trauma of Wartime Nursing: Stressors Experienced by Female Military Nurses during the Vietnam War

In large part, women's access to VA resources including medical treatment and compensation stemmed from the belief that women did not encounter stressors sufficiently traumatic to cause PTSD. This gendered assumption fundamentally shaped the way that the VA doctors, therapists, and administrators conceived of wartime trauma, and whether they applied the PTSD diagnosis to female veterans. For example, this narrow, male-centered construction of traumatic stressors ignored sexual violence, which is now acknowledged to be one of the principal causes of PTSD in military women. A brief examination of female military nurses' experiences during the war reveals that American women experienced a multitude of traumatic stressors in Vietnam that would have an indelible impact on their postwar lives, in some cases leading to lengthy battles with PTSD.

³⁰ Morden, *Women's Army Corps*, 12.

Few of the nurses who served in the military were prepared for what they would encounter in Vietnam. As a group, American nurses were very young, most in their early twenties, and inexperienced when they arrived in Vietnam. Roughly 60 percent of nurses who served in the war had fewer than two years of nursing experience prior to landing in Vietnam, and of that group, most had fewer than six months of nursing experience.³¹ Many military nurses had limited opportunity to hone the skills that they had acquired during nursing school before they were thrown into a stressful and demanding work environment.³²

Even experienced nurses were rarely familiar with the kinds of wounds and injuries sustained by soldiers in Vietnam. Land mines, high-velocity missiles, punji sticks, “Bouncing Betties,” and other weapons inflicted distinctive wounds on soldiers that differed from the kinds of injuries that nurses encountered in stateside hospitals.³³ In America nurses were accustomed to working five day eight-hour shifts, while in Vietnam combat nurses typically worked six day twelve-hour shifts. At all times, nurses had to be prepared to treat incoming casualties, even in their off-duty hours, and in mass casualty situations personnel shortages forced some nurses to work up to 60 hours non-stop.³⁴

³¹ Kulka et al., *Trauma and the Vietnam War Generation*, 22; Marshall, *In the Combat Zone*, 6; Linda Spoonster Schwartz, “Health Problems of Women Veterans of the Vietnam War” (PhD diss., Yale University, 1998), 6.

³² Baker, Menard, and Johns found that 60 percent of their participants reported that they needed more preparation or were poorly prepared by the military for their assignment in Vietnam. Baker, Menard, and Johns, “The Military Nurse Experience in Vietnam,” 736, 739-740. Shirley Menard also found a negative correlation between nurses’ preparation and training for Vietnam and subsequent adjustment difficulties. Menard, “Critical Learning Incidents of Female Army Nurse Vietnam Veterans and Their Perceptions of Organizational Culture in a Combat Area,” 1-3.

³³ Spurgeon Neel, *Medical Support of the US Army in Vietnam, 1965-1970* (Washington DC: Department of the Army, 1991), 50.

³⁴ Maxine Salvatore, “Women After War,” 20. Also. see Steve Potts, “The Sound of Casualties,” *ROOTS: Vietnam Remembered* 19, no. 2 (1991): 18.

Unlike previous wars where badly injured soldiers often died from their wounds, in Vietnam the widespread use of helicopters allowed serious casualties to be evacuated to nearby hospitals quickly and efficiently, but also led to an unprecedented high number of severe casualties. Three times as many soldiers endured lower extremity amputations in Vietnam as in World War II, and nearly twice as many as in the Korean War.³⁵

The act of triaging wounded soldiers also took a serious toll on military nurses, who had to decide who would receive treatment and who would be labeled “expectant” (too severely wounded to treat).³⁶ Sorting wounded patients was ethically and emotionally taxing for nurses, especially because those who were thrust into triaging patients in Vietnam rarely, if ever, had any formal training in the process.³⁷ Army nurse Joan Furey’s poem “Some Days” reveals the frustration and guilt nurses felt at being overworked and understaffed:

There never seemed to be
enough time – and
there never seemed to be
enough hands – and
there never seemed to be
enough me
to respond to the cries
and the sighs.³⁸

For many women, the possibility that more or better equipment, larger facilities, or a greater number of medical personnel might have saved more soldiers was difficult to bear; the need to withhold medical treatment or supplies from one patient to save another

³⁵ McVicker, “Invisible Veterans,” 14.

³⁶ Diana Dwan Poole, interview by author, April 3, 2009.

³⁷ Cheri Hawes, interview by author, October 8, 2008.

³⁸ Lynda Van Devanter and Joan A. Furey, *Visions of War, Dreams of Peace: Writing of Women in the Vietnam War* (New York: Warner Books, 1991), 89.

posed a moral dilemma that had no clear resolution. As Army nurse and present day veteran counselor Janet Ott explained, “Due to shortages of supplies, we frequently had to decide which patient was going to get the last respirator, antibiotic, or pain medication.”³⁹ Unable to save everyone, many nurses experienced a form of survivor guilt, which they carried with them long after the war had ended.⁴⁰

Some nurses question their decision to save badly wounded soldiers. Laura Kern remembered feeling unsure about saving soldiers who had been badly maimed in combat. “Did we do the right thing or didn’t we?” she pondered, given that some of the soldiers she saved never returned to full function. Like Kern, many nurses were morally conflicted about treating soldiers with seemingly disabling wounds. On the one hand, nurses very desperately wanted to save the lives of everyone they treated. On the other hand, when it came to saving badly wounded soldiers many nurses wondered what life would be like for them after they recovered. Few suffered just one wound. Rather, most soldiers incurred multiple injuries including gunshot wounds, amputations, and burns.⁴¹ Military nurses, aware of the long and often physically and emotionally painful road to recovery ahead, agonized over how severely wounded soldiers would fare when they returned to the United States. Many nurses even wondered if their patients would come to resent them for saving their lives.⁴²

Women stationed in post-op and recovery units bore the emotional burden of working with soldiers who had already begun to contemplate their struggle towards

³⁹ Ott, “Women Viet Nam Veterans,” 313.

⁴⁰ Sandecki, “Women Veterans,” 164.

⁴¹ Karen Yoffe, interview by author, September 20, 2008.

⁴² Van Devanter and Furey, *Visions of War, Dreams of Peace*, 69.

recovery. Wounded soldiers, stationed far away from the women they normally relied on for support and reassurance, often reached out to military nurses as substitute wives, lovers, sisters, and mothers. “The men seemed to be able to share some aspects of their lives with women that they could not share with men,” recalled Navy nurse Frances Shea. In her experience, female military nurses provided a shoulder to cry on, not just for patients, but also for corpsmen, physicians, company officers, and in some cases, even chaplains.⁴³ Combat soldiers often placed nurses in the role of universal woman, asking them questions about their wives or lovers back home. Julia Carter remembered assuring one severely wounded soldier that his wife would still love him, while privately wondering how his wife would cope with the physical restrictions of her husband’s horrendous injuries.⁴⁴ Nurses listened to men’s fears and took care of their wounds, physical and emotional, while privately agonizing over the obstacles ahead for wounded soldiers returning home.

Particularly stressful for military nurses was never getting to see how patients fared after they left their hospitals: “It felt like stories without endings,” recalled Sharon Wildwind.⁴⁵ Lynn Hampton lamented caring so much for a patient in one moment, only to have him gone the very next: “Some went to Japan, some went back out in the boonies, some died, some came back through, some made it home...and, in the end, we seldom

⁴³ Shea, “Stress of Caring for Combat Casualties,” 6.

⁴⁴ On this point also see, Astrid Ortega in Shirley Dicks, ed., *From Vietnam to Hell: Interviews with Victims of Post-Traumatic Stress Disorder* (Jefferson, NC: McFarland & Company, Inc., 1990), 105.

⁴⁵ Wildwind, *Dreams that Blister Sleep*, 127.

knew.”⁴⁶ Not knowing whether soldiers lived or died, or whether they thrived or failed to adjust afterwards, caused nurses enormous stress.

Nurses also had to face the possibility that some of their recovered patients would be sent back into action, where they could be more severely wounded or killed.⁴⁷ More than forty percent of soldiers admitted to medical treatment facilities in Vietnam eventually returned to duty.⁴⁸ Many nurses found it particularly difficult to treat patients who would be sent back to the war even though they were nearly finished their tour of duty.⁴⁹ As Sharon Wildwind’s war diary reveals, nurses often wrestled with the knowledge that their job, “to conserve the fighting strength,” was sometimes at odds with their desire to protect the soldiers in their care: “I feel like I’m a part of this ‘conspiracy’ for lack of a better word: this conspiracy to get men crippled or killed.” Although Wildwind often felt the overwhelming urge to protest against returning soldiers to the field, she understood the futility of such efforts. “I know I’d last about thirty seconds if I tried that,” she confessed to her diary. “Whatever I do has to be sneaky and subversive, like coaching patients on how to answer the doctor’s questions or learning which doctors are more likely to send someone home.”⁵⁰

The anguish some women experienced over sending wounded soldiers back to the battlefield was often made worse because nurses sometimes knew the soldiers they

⁴⁶ Lynn Hampton, *The Fighting Strength: Memoirs of a Combat Nurse in Vietnam* (Canton, Ohio: Daring Books, 1990), 48.

⁴⁷ Neel, *Medical Support of the US Army in Vietnam*, 52.

⁴⁸ Major General Spurgeon Neel notes that 42.1 percent of American soldiers admitted to treatment facilities in Vietnam between January 1965 and December 1970 were eventually returned to duty in Vietnam. *Ibid.*

⁴⁹ Cheri Hawes, interview by author, October 8, 2008.

⁵⁰ Wildwind, *Dreams that Blister Sleep*, 130.

treated. As women in a predominantly male environment, nurses attracted a lot of attention from male combat soldiers, often socializing with them at officer's clubs and private parties. Knowing that they might have to treat soldiers whom they had come to know personally proved taxing for some nurses. Mary Fran Brown, for example, recalled providing emergency care for a helicopter pilot whom she had danced with only the night before: "I went out to the officer's club one night and it was this one guy's birthday so I remember dancing with him." The next evening, the very same pilot arrived in Brown's hospital with a very bad wound to his leg. The absurdity of dancing with a soldier one night, only to have him come through her ER in need of a leg amputation the next saddened Brown, who felt a personal obligation to save the soldier's leg.

In addition to the challenge of treating casualties who were personal acquaintances, combat nurses regularly witnessed the death or injury of men who were often only a few years their junior. Nancy Christ, an older, more experienced nurse than most who served in Vietnam, observed many young nurses struggle with the loss of their peers. She surmised that the age similarities between nurses and their patients was a tremendous source of stress for junior military nurses.⁵¹ Mary Dickinson, who went to Vietnam at age 22, affirms the difficulty of caring for soldiers even younger than herself: "They were so young. That made it worse."⁵² Lynda Van Devanter recalled that it was hard to see such young soldiers die. "This was a kid who once had a future," she lamented about one soldier whom she had treated. "He had dreams and hopes and it was

⁵¹ Nancy Christ, interview by author, November 16, 2008.

⁵² Mary Dickinson quoted in Lisa Strick, "The Child I Couldn't Forget," *Good Housekeeping*, May 1988, 239.

all lost.”⁵³ As young women with promising futures themselves, many military nurses personally identified with the profound loss embodied in the death of young American soldiers.

In order to treat badly wounded soldiers, some women became clinically detached from their patients. This emotional distancing enabled them in the short run to better help their patients by protecting themselves psychologically from the traumas they witnessed. Rose Sandecki, an Army nurse who served in Cu Chi, a hotly contested combat zone near Saigon, found it necessary to push her emotions aside if she was going to succeed as a combat nurse: “If I would fall apart when an eighteen-year-old came in with both his legs amputated, I wouldn’t be able to help the countless numbers of casualties who would be following him.”⁵⁴ Sandecki consciously employed a strategy of emotional detachment from patients, which junior nurses emulated. Susan Hunt Babinski has observed that some senior nurses who had served in Korea or even WWII often told newer, less experienced nurses to suppress their emotions and concentrate on their work.⁵⁵

The act of focusing on patients’ illnesses and wounds allowed many nurses to perform their daily duties without getting distracted. Unfortunately, this approach had profound repercussions on many women’s lives after the war. Clinical detachment prevented many nurses from discussing their feelings about their work during off duty hours: “If you talked about it, you would feel it” remembered Joan Furey. “And if you

⁵³ Lynda Van Devanter quoted in Patricia O’Brien, “Vietnam Nurses Attempt to Heal Their War Scars,” *Dayton Daily News*, July 7, 1981.

⁵⁴ Sandecki, “Women Veterans,” 160. For another example of emotional detachment as a coping strategy see, Sundling in Schroder and Dawe, *Soldier’s Heart*, 9-10.

⁵⁵ Babinski, “Did We Have to Wait Twenty-Five Years to Weep in Front of a Monument?” 199.

allowed yourself to feel, you could not have continued to do your job.”⁵⁶ According to Donna Buechler, nurses’ conversations often centered on life back home in America. “We’d talk about home a lot. We called it the real world, like Vietnam wasn’t real. We’d talk about going back to the real world and really believed that everything would be fine if we could just live through Vietnam.” Buechler, like many nurses, intentionally avoided talking about wounded soldiers she treated in an effort to remain emotionally detached from what she witnessed. If she could put her emotions aside for the duration of her tour, she reasoned, she could escape Vietnam psychologically unscathed. Buechler never imagined the war would haunt her back in America.⁵⁷

The culture of silence which surrounded nurses’ work meant that many women never had the opportunity to work through their emotions or grieve for their patients. In part, nurses’ inclination towards emotional isolation was perpetuated by the one-year tours of duty they served.⁵⁸ These short, staggered tours weakened bonds among nurses, often encouraging them to avoid discussing their emotions with their peers.⁵⁹ This emotional numbing, while perhaps a necessary coping mechanism in wartime, became difficult to turn off after returning to the United States. Many years later, haunted by flashbacks, nightmares, intrusive memories, or other symptoms of PTSD, some nurses

⁵⁶ Joan Furey quoted in Laura Palmer, “How to Bandage a War,” *New York Times Magazine*, November 7, 1993, 38.

⁵⁷ Brenda Sue Casto similarly remarked that nurses did not “talk shop” with other nurses. For more on this point, see Brenda Sue Casto in James Robert Wilson, ed., *Landing Zones: Southern Veterans Remember Vietnam* (Durham, NC: Duke University Press, 1990), 93- 94.

⁵⁸ Sarnecky, *History of the US Army Nurse Corps*, 390.

⁵⁹ Diana Dwan Poole, interview by author, April 3, 2009. Other historians including Peter Schuk and Jeffrey Record argue that the one-year tour of duty implemented in Vietnam also negatively affected male veterans, weakening unit cohesion and increasing feelings of isolation and alienation amongst soldiers. Peter H. Schuck, *Agent Orange on Trial: Mass Toxic Disasters in the Courts* (Cambridge, MA: Belknap Press of Harvard University Press, 1986), 21; Jeffrey Record, *The Wrong War: Why We Lost in Vietnam* (Annapolis, MD: Naval Institute Press, 1998), 98.

finally realized that they needed to confront the emotional trauma that they had endured in Vietnam.

In addition to the stress nurses experienced caring for badly wounded soldiers, there was the added burden of working in a combat zone. Unlike previous wars where women served largely in the rear, relatively safe from enemy attacks, no such areas existed in Vietnam, where military nurses were exposed to combat on a regular basis. Although the *Geneva Conventions of 1949* strictly prohibits attacks on hospitals and medical personnel, nurses often joked that the red crosses that identified hospitals actually served as bull's-eyes for enemy soldiers.⁶⁰ Not only were American hospitals frequently the subject of mortar attacks in Vietnam, but hospital perimeters were also occasionally penetrated by Viet Cong soldiers. In August 1969, for example, the 6th Army convalescent center at Cam Rahn Bay was invaded by the Viet Cong, who ran through the hospital throwing homemade bombs and firing AK-47s at unarmed patients. Two patients were killed and 99 were wounded.⁶¹ Forty years later, Buechler, on duty at the time, recalled being terrified during the attack. Buechler is not alone in having feared for her life during her Vietnam tour. Many other nurses describe the stress of regular exposure to combat. One study of nurses who served in Vietnam has revealed that 27 percent of women surveyed indicated that they “frequently feared for their physical safety while in Vietnam,” while 50 percent reported experiencing occasional fear. Similarly,

⁶⁰ Rona Adams, interview by author, September 6, 2008; Van Devanter, *Home Before Morning*, 91. Air Force flight nurses were also exposed to enemy fire while transporting patients to hospitals in medivac aircraft. See Sundling in Schroder and Dawe, *Soldier's Heart*, 11.

⁶¹ Schwartz, “Health Problems of Women Veterans of the Vietnam War,” 9.

Elizabeth Norman reports that 24 of the 50 military nurses she interviewed recalled being exposed to enemy fire three or more times during their tours.⁶²

Sexual danger also posed a considerable threat to female military nurses' emotional well-being. More than three-quarters of the informants interviewed for this study related incidents of sexual harassment in Vietnam including repeated, unsolicited, unwanted advances and stalking. About a fifth described sexual assault, including unwanted touching and attempted rape.⁶³ Although no comparable studies have been conducted about the incidence of PTSD among female Vietnam veterans who were the victim of sexual harassment or sexual assault, studies of American military women engaged in recent conflicts reveal that in the military women are much more likely to experience sexual harassment and assault than men. Women who have experienced Military Sexual Trauma (MST) are nine times more likely to screen positive for PTSD than military women who have not experienced MST.⁶⁴

In short, military nurses in Vietnam witnessed and endured horrors that would test the nerves of the most balanced person. Any one of the stressors the nurses faced in Vietnam – the physical and emotional exhaustion, the unspoken taboo against discussing their difficulties, and the fear for their personal safety – would by itself cause much

⁶² Baker, Menard, and Johns, "Military Nurse Experience in Vietnam," 739; Norman, *Women at War*, 79. Also, see Stephen Dienstfrey, "Women Veterans' Exposure to Combat," *Armed Forces & Society* 14, no. 4 (1988): 552.

⁶³ Of the 29 informants interviewed in this study, 24 reported incidents of sexual harassment in Vietnam, while 6 reported incidents of sexual abuse. For more on women's experiences with MST in Vietnam see chapter three, "We Were Madonnas and Whores. We Were Empowered and We Were Victims": Sexual Pleasure and Danger in the Military Nurse Corps during the Vietnam War." For similar figures see, Salvatore, "Women After War," 85-86.

⁶⁴ Recent studies reveal that military women are 20 times more likely than their male counterparts to experience MST. Alina Suris and Lisa Lind, "Military Sexual Trauma: A Review of Prevalence and Associated Health Consequences in Veterans," *Trauma, Violence, & Abuse* 9, no. 4 (October 2008): 251.

anxiety. Collectively, these experiences exacted an even greater toll on the nurses, resulting in the development of PTSD in the most severe cases.⁶⁵

Early studies of the psychological troubles of Vietnam War veterans ignored the possibility that women might also be suffering from PTSD. By the mid-1970s, both the US government and the medical community recognized the need for more information on the readjustment problems of Vietnam veterans. In fact, increased attention to PTSD resulted in two large-scale government studies of Vietnam veterans and their mental health adjustment after the war. *Legacies in Vietnam: Comparative Adjustment of Veterans and Their Peers* examined the readjustment problems of 1440 men (era and theater veterans, as well as non-veterans for comparative purposes) to learn more about the postwar experiences of Vietnam veterans. The study examined veterans' postwar lives, including their employment patterns, availability of social support, the extent to which veterans with PTSD had substance abuse problems, and veterans' likelihood of being arrested upon their return from Vietnam. *Legacies in Vietnam* examined how veterans' race affected the likelihood of substance abuse, finding for example, that while black and white veterans with PTSD reported significant rates of alcohol abuse, black veterans were more likely to report having a drug problem. But the study did not examine female veterans and thus offered no insight into how PTSD or other readjustment problems affected women. Nor did the study explore how female veterans had adjusted after the war in general.⁶⁶ Similarly, the *Vietnam Experiences Study* (VES), a multidimensional study of the health of Vietnam veterans, including an in-depth

⁶⁵ Babinski, "Did We Have to Wait Twenty-Five Years to Weep in Front of a Monument?" 13.

⁶⁶ A. Egendorf et al., *Legacies of Vietnam: Comparative Adjustment of Veterans and Their Peers* (Washington DC: US Government Printing Office, 1981), 24-25.

examination of medical and psychiatric conditions found in veterans of the war, failed to examine a single female veteran even though its subjects included more than 15,000 Vietnam veterans.⁶⁷ Women's absence from these studies reflected the VA's construction of the veteran-soldier as male, and served to limit women's access to scarce resources including compensation for a range of health and readjustment problems including PTSD and Agent Orange-related illnesses.

Numerous studies were conducted in the late 1970s and 1980s about the symptoms and treatment of PTSD in male Vietnam veterans.⁶⁸ They constituted a serious effort to understand the complexities of PTSD in male war veterans. The omission of women from these studies, however, reflected a longstanding pattern of neglect by the US government and the research community.⁶⁹ As martial citizens who served in

⁶⁷ Notably, women's absence from this study affected their ability to access compensation for Agent Orange-related illnesses. Centers for Disease Control, *Vietnam Experiences Study* (Atlanta, GA: US Department of Health and Human Services, 1989)

⁶⁸ Figley was among the first to examine PTSD in male Vietnam veterans. Charles R. Figley, *Stress Disorders Among Vietnam Veterans: Theory, Research and Development* (New York: Brunner/Mazel, 1978). Other early studies of PTSD that failed to examine women veterans include, W.E. Penk et al., "Adjustment Differences Among Male Substance Abusers Varying in Degree of Combat Experience in Vietnam," *Journal of Consulting and Clinical Psychology* 49 (1981): 426-437; H. Hendin et al., "Meanings of Combat and the Development of Posttraumatic Stress Disorder," *American Journal of Psychiatry* 138, no. 11 (1981): 1490-1493; J.I. Walker, "The Psychological Problems of Vietnam Veterans," *Journal of the American Medical Association* 246, no. 7 (1981) 781-782; W.R. Roberts et al., "Interpersonal Problems of Vietnam Combat Veterans with Symptoms of Posttraumatic Stress Disorder," *Journal of Abnormal Psychology* 91, no. 6 (1982): 444-450; M. Resing, "Mental Health Problems of Vietnam Veterans," *Journal of Psychosocial Nursing and Mental Health Services* 20, no. 9 (1982): 40-43; P. Thienes-Hontos, C.G. Watson, and T. Kucala, "Stress-Disorders Symptoms in Vietnam and Korean War Veterans," *Journal of Consulting and Clinical Psychology* 50, no. 4 (1982): 558-561; J.I. Walker and J.O. Cavenar, "Vietnam Veterans: Their Problems Continue," *Journal of Nervous and Mental Disease* 170, no. 3 (1982): 174-180; J.H. Carter, "Alcoholism in Black Vietnam Veterans: Symptoms of Posttraumatic Stress Disorder," *Journal of the National Medical Association* 74, no. 7 (1982): 655-660; J.S. Frye and R.A. Stockton, "Discriminant Analysis of Posttraumatic Stress Disorder Among a Group of Viet Nam Veterans," *American Journal of Psychiatry* 139, no. 1 (1982) 52-56; E.B. Blanchard et al., "A Psychophysiological Study of Post Traumatic Stress Disorder in Vietnam Veterans," *Psychiatric Quarterly* 54, no. 4 (1982): 220-229.

⁶⁹ Egendorf et al., *Legacies of Vietnam*; Robert Laufer, Ellen Frey-Wouters, and Mark Gallops, "Traumatic Stressors in the Vietnam War and Post-Traumatic Stress Disorder," in *Trauma and Its Wake*:

Vietnam, women veterans felt that the government was obliged to help answer questions that addressed their needs: What, if any, kinds of readjustment problems did female veterans experience? Is the VA adequately staffed and equipped to address women's gender-specific needs including trauma counseling for MST? By the 1980s, the government had significant reason to believe that Vietnam veterans were suffering from an array of readjustment problems. Yet despite having asked American women to risk their lives by going to Vietnam, the US government did not include nurses in government-funded studies of Vietnam veterans' postwar readjustment problems, thus limiting female veterans' ability to claim the material benefits of martial citizenship, including disability pensions and medical services offered through the VA.

Without studies of female veterans' postwar readjustment, many female nurse veterans wondered whether they were alone in experiencing service-connected problems including illnesses they suspected might be related to Agent Orange exposure and mental health disorders. Media discussions of PTSD in Vietnam veterans, for example, focused almost exclusively on male combat veterans.⁷⁰ Because female military nurses remained absent from the discourse of PTSD, it became difficult for them to reconcile their own suffering with the popular view that women had not been affected during their tour in Vietnam. Several women interviewed about their Vietnam experiences recalled questioning their sanity during this period because they had so much trouble trying to “get over” their Vietnam service. Diana Dwan Poole, for example, confided that she

The Study and Treatment of Post-Traumatic Stress Disorder, ed. Charles R. Figley (New York: Psychology Press, 1985), 75; Centers for Disease Control, *Vietnam Experience Study*.

⁷⁰ Male doctors and other medical personnel were also excluded from some studies of PTSD and Vietnam veterans, indicating that women's omission was related not only to gender bias, but also under the misguided assumption that only combat soldiers could suffer from PTSD.

thought she was crazy before learning that PTSD affects many military nurse veterans. In addition to fostering insecurity and isolation amongst female veterans, the dearth of information available to women veterans and their doctors about combat nurses as possible sufferers of PTSD increased the likelihood that those who sought treatment for their symptoms would be misdiagnosed and improperly treated.⁷¹

In 1982, more than a decade after news of male veterans suffering from “post-Vietnam adjustment problems” became generally recognized, graduate student Jenny Schnaier established that significant numbers of female veterans were also suffering from PTSD. For her master’s thesis, Schnaier surveyed 94 women who served in Vietnam (89 of whom were military nurses) about their postwar readjustment. When asked about their experiences in the preceding six month period, 27.6 percent of Schnaier’s informants had suicidal thoughts between 1 and 9 times a month, 19.5 percent felt alienated from other people between 15 and 30 times a month, and 19.2 percent felt depressed between 15 and 30 times a month. Half of the women surveyed by Schnaier experienced symptoms of PTSD, including 20 percent who described their symptoms as significantly disrupting their lives.⁷²

Schnaier’s study clearly established an urgent need for further study of women veterans and PTSD. Yet subsequent examinations of nurses who served in Vietnam and their postwar readjustment problems appeared mostly in the form of unpublished dissertations. Not until 1990, nearly ten years after the publication of the first large-scale

⁷¹ R.H. Stretch, J.D. Vail, and J.P. Maloney, “Posttraumatic Stress Disorder Among Army Nurse Corps Vietnam Veterans,” *Journal of Consulting and Clinical Psychology* 53, no. 5 (1985): 708.

⁷² Jenny A. Schnaier, “A Study of Women Vietnam Veterans and Their Mental Health Adjustment,” in *Trauma and Its Wake: Traumatic Stress Theory, Research and Intervention*, ed. Charles R. Figley (New York: Brunner/Mazel Publishers, 1986), 113.

government-funded study of male Vietnam veterans, were female veterans included in a national study of PTSD in Vietnam veterans. The National Vietnam Veterans Readjustment Study (NVVRS), commissioned by Congress to investigate the incidence and severity of PTSD in Vietnam veterans, was the first government study to examine the post-Vietnam adjustment problems of women theater veterans on a large-scale. The mission of the NVVRS was to assess “the prevalence and incidence of post-traumatic stress disorder (PTSD) and other psychological problems in readjusting to civilian life” among Vietnam veterans. The study cost \$9 million and took four years to complete.⁷³ In its investigation of the Vietnam veteran population, the NVVRS found substantial differences in the demographic makeup of male and female veterans, providing an indication that male and female veterans with PTSD might experience the disorder differently. As a group, women who served in Vietnam were older, more educated, and wealthier than their male veteran counterparts. Additionally, women veterans were much more racially homogeneous than male veterans, with 97 percent of women veterans identifying themselves as white.⁷⁴

From its examination of PTSD in Vietnam veterans, the NVVRS estimated that women veterans suffered from PTSD at half or more the rate than male veterans.⁷⁵ The

⁷³ Kulka et al., *Trauma and the Vietnam War Generation*, 2-3.

⁷⁴ Kulka et al., *Trauma and the Vietnam War Generation*, 22.

⁷⁵ The NVVRS investigated female Vietnam veterans as a group without distinguishing their profession. Since the vast majority of women who participated in the study were nurse veterans it appears that the study results fairly reflect nurses' experiences. Turner, Turse, and Dohrenwend examined the data generated by the NVVRS and found that when prewar demographic differences were controlled, men who served in low-intensity combat roles experienced a lower prevalence of PTSD than women who served as military nurses in Vietnam. Turner et al. were inspired to re-examine the data generated by the NVVRS because in the general population women are nearly twice as likely to suffer from PTSD as men. J. Blake Turner, Nicholas A. Turse, and Bruce P. Dohrenwend, “Circumstances of Service and Gender Differences

study found that 15.2 percent of male theater veterans and 8.5 percent of female theater veterans were presently suffering from full blown PTSD. Another 11.1 percent of male and 7.8 percent of female theater veterans suffer from symptoms of PTSD but not with the frequency or intensity necessary to be designated PTSD.⁷⁶ When examining the lifetime frequency of PTSD in Vietnam veterans, the NVVRS also found that roughly one-third of male veterans and one-quarter of female veterans who served in Vietnam experienced full blown PTSD at least one time following the war.⁷⁷

The NVVRS study generated several additional important findings about the disorder's manifestation in female veterans. For example, women veterans suffering from PTSD had a greater propensity to suffer from other related psychiatric disorders or health problems, including a higher lifetime rate of depression, anxiety, dysthymia, and alcohol abuse than female veterans unaffected by PTSD.⁷⁸ The NVVRS also found that female theater veterans reported fewer substance abuse problems than their male counterparts who were more likely to turn to drugs and alcohol after Vietnam to cope with their wartime experiences. In a similar vein, the postwar arrest rate of Vietnam veterans, identified as significant in the *Legacies of Vietnam* study of male veterans, was found by the NVVRS to be very low in female veterans with PTSD. Moreover, the likelihood that female Vietnam veterans had participated in a violent act within one year of the NVVRS was also found to be dramatically lower than their male counterparts.

in War-Related PTSD: Finding from the National Vietnam Veterans Readjustment Study," *Journal of Traumatic Stress* 20, no. 4 (2007): 643.

⁷⁶ Kulka et al., *Trauma and the Vietnam War Generation*, v.

⁷⁷ Kulka et al., *Trauma and the Vietnam War Generation*, xxvii, 60.

⁷⁸ Kulka et al., *Trauma and the Vietnam War Generation*, 90, 135-137.

These figures revealed that a gender-sensitive approach to the diagnosis and treatment of the PTSD might be needed. Unfortunately, studies of women who served in Vietnam were not conducted for nearly a decade after male combat veterans were first determined to be suffering from PTSD. Androcentric assumptions about female military nurses' wartime roles, including the notion that women were removed from danger and did not experience sufficient stressors to cause PTSD, led investigators to leave women out of studies of the disorder. Even when women began to be included in studies of PTSD in Vietnam veterans, the tendency to view men's wartime experiences as universal prevented researchers from considering that sexual harassment and abuse in Vietnam might be a possible cause of PTSD in female veterans.

Affected But Neglected

Not surprisingly, the assumptions that led to women's omission from early studies of PTSD also influenced the establishment of resources and institutions designed to facilitate the readjustment of Vietnam veterans. After the war, many female military nurses transitioned smoothly back into stateside life. Nearly half of the informants in this study (12 of 29) reported that they did not experience significant readjustment problems. Others have experienced intermittent readjustment problems since the war including depression, anxiety, intrusive thoughts, and rage which have sometimes interfered with their quality of life. Ten informants reported a current diagnosis of PTSD.

Army nurse Helen Thompson seemed to adjust reasonably well following her service in Vietnam. Although she suffered from an exaggerated startle response after her

return, such as dropping to the floor at the sound of sirens and other loud noises, on the whole Thompson seemed minimally affected by the war. In fact, Thompson recollected interpreting her Vietnam service as mostly positive. “When I first came home I talked to people about what a good experience it was for me and that’s the way I thought of it for years,” Thompson confided. “I thought of it as I got to do things that I would have never been able to do. I got to help people in a way that I would never have been able to... and in many ways it *was* a good experience.” By the 1980s, nightmares and flashbacks about the war, as well as severe and prolonged bouts of depression, caused her to reevaluate her Vietnam experience.

Similarly, after a brief adjustment period following her return from Vietnam, Karen Yoffe thought she had “moved on” with her life. No one wanted to hear about her time in Vietnam, so she stopped talking about it. Throughout the 1970s Yoffe experienced no serious emotional problems; she completed her military service, got married, and had a child. She was successful in her career as a civilian nurse. On all fronts, Yoffe appeared to have made an easy transition back into American society. But by the 1980s, the former Army nurse recalled experiencing a sudden decline in her quality of life: “I was depressed, I had terrible insomnia, and I really honestly didn’t know why.” Yoffe remembered feeling puzzled by her sudden battle with depression, noting that she and her husband had just bought their first “real” house, a goal they had long shared. She thought to herself, “You have everything you thought you wanted, but you’re so miserable.” Although she exhibited clear symptoms of post-traumatic stress,

including an exaggerated startle response, depression, and intrusive memories of the war, Yoffe failed to identify her problems as possible symptoms of PTSD.

For some nurses, Vietnam took a more immediate toll on their lives. “I’ve suffered from bouts of depression off and on since I returned,” explained Patricia Maravola. Although aware of Vietnam’s influence over her life in some respects, (her overwhelming fear of fire she attributes to her Vietnam service, for example), Maravola failed to associate her depression struggles with Vietnam. It was not until the outbreak of the war in Iraq in 1990 that Maravola began to connect her problems to the time she had spent in Vietnam. Perhaps not surprisingly, the Gulf War exacerbated Maravola’s symptoms, in large part forcing her to evaluate the impact that the Vietnam War may have had on her life. Studies conducted during Desert Storm indicate that women Vietnam veterans with and without PTSD experienced elevated stress levels at the height of Operation Desert Storm, revealing that America’s participation in military operations has the potential to “intensify,” “activate,” or “reactivate” stress reactions in women who have served in past conflicts. In particular, women who were experiencing high levels of stress prior to America’s involvement in Desert Storm fared worst, often experiencing an intensification of PTSD symptoms.⁷⁹ For Maravola, news of friends and children of friends receiving orders to deploy to Iraq led to surges of anxiety, while her employment as a health care advocate for returning Desert Storm veterans often left her filled with rage. That soldiers had to struggle to obtain health care benefits and secure treatment for

⁷⁹ J. Wolfe, P. Brown, and M.L. Bucsela, “Symptom Responses of Female Vietnam Veterans to Operation Desert Storm,” *American Journal of Psychiatry* 149 (1992): 676-678.

war related disorders, reminded Maravola of the VA's previous failure to honor its obligations to martial citizens such as herself.

Astrid Ortega began experiencing symptoms of PTSD immediately after her return. She knew that Vietnam had changed her, in some ways for the worse. She tried to forget the trauma she endured while serving overseas by taking an extended vacation to Mexico, where she drank and partied with cousins. After running out of money, Ortega returned to the United States and attempted to resume life as usual. In the coming years, nightmares, relationship instability, difficulty trusting people, and an intense feeling of anger plagued her. "I was angry all the time," she remembered. "My relationships were really quick...I didn't trust anybody so I didn't have any long term relationships...I just felt that people lied to you." Ortega traced her attitude of distrust partially to being lied to while in the Army. For example, military recruiters told Ortega that if she joined the ANC she would not be sent to Vietnam unless she volunteered to go. Within months of being commissioned, however, the military had sent her to Vietnam against her will. Other nurses have attributed postwar relationship difficulties to the often transitory nature of relationships in Vietnam. A combination of in-country transfers and staggered tours of duty often meant that women were suddenly separated from friends, colleagues, and romantic partners.⁸⁰

In addition to relationship problems, Ortega developed problems with alcohol upon her immediate return from Vietnam. Although she does not believe she was an alcoholic, she did engage on occasion in binge drinking to avoid thoughts of Vietnam.

⁸⁰ Helen Thompson, interview by author, November 10, 2008; Patricia Maravola, interview by author, April 25, 2009; Laura Kern, interview by author, September 12, 2008.

Ortega did not acknowledge Vietnam's impact on her life until the 1980s, when she came across a newspaper article featuring another woman Vietnam veteran who was experiencing similar readjustment problems.

The absence of studies of PTSD in female war veterans left Vietnam nurse veterans without public validation as trauma victims and without proper guidance to seek appropriate treatment programs. Consequently, female veterans failed to benefit from the same sort of public awareness of PTSD that appears to have helped mitigate the impact of PTSD on male veterans. By the 1970s, news of Vietnam veterans' struggles to reintegrate into American society began to appear in many major American newspapers. Male veteran activist Chaim Shatan, who coined the term "post-Vietnam syndrome," wrote a series of newspaper articles about the disorder in order to increase public awareness of the condition.⁸¹ As a leader in the campaign to raise public awareness about veterans' postwar readjustment problems, Shatan failed to include women veterans in discussions of post-traumatic stress. In 1975, *New York Times* journalist Tom Wicker published a Memorial Day piece about Donald Kemp, a Vietnam Veteran with PTSD who was serving a life sentence for killing his wife. Wicker used the Kemp case to urge the public to become better educated about the readjustment problems of Vietnam veterans, but he ignored the problems faced by female veterans.⁸²

Women's absence from the discourse surrounding PTSD and Vietnam veterans caused Diana Dwan Poole, an Army nurse who served two tours in Qui Nhon, to doubt her own sanity. Poole's family struggled to comprehend her transformation, unaware that

⁸¹ Shatan, "Post-Vietnam Syndrome"; Shatan, "Grief of Soldiers in Mourning," 640-653.

⁸² Tom Wicker, "The Vietnam Disease," *New York Times*, May 27, 1975.

PTSD affected women veterans. “You’re crazy,” and “Vietnam wrecked you,” Poole’s family told her. “Pretend it didn’t happen” was her family’s advice. The lack of sympathy with her postwar struggles intensified some of her PTSD symptoms, making her angrier and increasing her sense of isolation. According to the NVVRS, 24 percent of women veterans with PTSD experienced extreme levels of social isolation after the war. Since recent studies of both male and female veterans have established unsupportive homecomings as a major predictor of PTSD in Vietnam veterans, Poole’s friends’ and family’s ignorance about the disorder likely exacerbated the loneliness and confusion that Poole, like many female veterans, experienced upon her return from Vietnam.⁸³

After coming home from Vietnam, many women became lost in a sea of predominantly male veterans. Widely dispersed, the 7,500 women who served in Vietnam often remained isolated from one another after the war.⁸⁴ This was particularly true of women such as Poole and Ortega who left the military upon their return from Vietnam. One study of female military nurses who served in Vietnam discovered that maintaining an affiliation with the military after the war reduced women’s chances of developing PTSD. The NVVRS also found that women who remained in the military following their Vietnam service were less likely to suffer from PTSD than those who returned to civilian life. According to the NVVRS, one fifth of nurse veterans who stayed in the military after Vietnam reported symptoms of PTSD, whereas half of those who left

⁸³ Kulka et al., *Trauma and the Vietnam War Generation*, 143; J.P. Wilson and G.E. Krauss, “Predicting Post-Traumatic Stress Disorders Among Vietnam Veterans,” in *Post-Traumatic Stress Disorder and the War Veteran Patient*, ed. W.E. Kelly (New York: Brunner/Mazel, 1985): 141-143; A. Fontana, L.S. Schwartz, and R. Rosenheck, “Posttraumatic Stress Disorder Among Vietnam Theater Veterans: A Casual Model of Etiology in a Community Sample,” *Journal of Nervous and Mental Disease* 182 (1997): 667.

⁸⁴ McVicker, “Invisible Veterans,” 17.

the military on returning from Vietnam experienced PTSD symptoms.⁸⁵ For women who stayed in the military after Vietnam, continued contact with other military women and men helped them to cope with the aftermath of the war.

By contrast, female nurses who left the military after Vietnam had comparatively fewer interactions with other female veterans. While men who left the military after serving in Vietnam had access to veterans organizations, male veterans often denied women veterans full membership in veterans' groups. Instead, male veterans frequently encouraged women to join auxiliary groups composed primarily of wives of veterans. Those few who were admitted to veterans organizations quickly discovered that they did not fit in. Many women reported being dissuaded from joining organizations such as Vietnam Veterans of America (VVA) or the American Legion by the male atmosphere of smoking and drinking. Nurse veteran and counselor Sara McVicker explained that as of 1985 many female nurse veterans had never spoken to another woman veteran since their return.⁸⁶ In the absence of social support networks and information about women and PTSD, many female military nurses who served in Vietnam felt misunderstood. As symptoms of PTSD crept into their lives they suffered silently.

The Vietnam experience strongly shaped the careers of many nurses whether they stayed in the service or returned to civilian occupations. Air Force nurse Donna Buechler, for example, shifted to psychiatric nursing to avoid coming into contact with the kinds of wounds, surgeries, and treatments that some nurses might routinely encounter. "I couldn't see wounds, I couldn't see blood," declared Buechler. Initially, she was not ready to talk

⁸⁵ Stretch, Vail, and Maloney, "Posttraumatic Stress Disorder Among Army Nurse Corps Vietnam Veterans," 704, 707; Kulka et al., *Trauma and the Vietnam War Generation*, 50, 24.

⁸⁶ McVicker, "Invisible Veterans," 17.

to anyone about what she was experiencing. She feared that talking to someone about her nightmares and intrusive thoughts might jeopardize her career: “I was afraid they would think I was crazy and I would lose my license, and therefore my livelihood.”

Army nurse Rona Adams, who would later be diagnosed with PTSD, explained that she too feared the consequences of exposing her readjustment problems to those around her. “I didn’t know I had PTSD. You just did your job. You didn’t have any mental problems or emotional problems, because if you did, my God, you’d never work again.” As Buechler’s and Adams’ fears suggest, many nurse veterans worried about losing their license to practice nursing if deemed “crazy” or discovered to be in psychiatric treatment. Since they worked in the medical community, many women feared that if they tried to seek treatment they might run into someone they knew, thus exposing the adjustment problems they wanted to keep private.⁸⁷ Afraid that seeking treatment could jeopardize their careers, many women remained silent about their PTSD symptoms.

Studies demonstrate that PTSD strained women veterans’ careers more deeply than the careers of male combat veterans. Career instability is four times more likely to occur in female Vietnam veterans who suffer from the disorder than women veterans who do not. Male veterans with PTSD are two times more likely to experience career instability than their non-afflicted male counterparts.⁸⁸ Army nurse Diana Dwan Poole, for example, eventually had to leave her career in nursing because she could no longer perform her duties. Poole tried to pursue specialties in nursing less likely to escalate her PTSD symptoms. She went to work at an orthopedic clinic, thinking, “Oh, I can handle

⁸⁷ McVicker, “Invisible Veterans,” 17.

⁸⁸ Kulka et al., *Trauma and the Vietnam War Generation*, 164.

that.” But when removing stitches from a patient who lost his fingers in a lawn mower accident, Vietnam came flooding back to her: “I bent over his hand to start taking out his stitches and lost it.” The patient, a young man who reminded Poole of the men she cared for in Vietnam, triggered a stress reaction in Poole. Hands shaking, she told the patient she had had too much coffee that morning and could not remove the stitches. Poole ran out of the room and called for someone else to assist the patient. Then she went to the bathroom to regain her composure. “I stood there and shook,” Poole recalled. “I smelled blood back in my sinuses. Honest to God. And he didn’t have any fresh blood. I smelled blood for two weeks after that and I said, ‘I can’t do this. I cannot do this.’” Vietnam cost Poole her nursing career.

Although most female veterans pursued careers in nursing after the Vietnam War, many of those who suffered from PTSD had to abandon the profession.⁸⁹ Four of the women in this study who identified themselves as sufferers of PTSD left their bedside nursing careers after Vietnam to pursue careers in areas such as nurse administration and psychiatric nursing. Two nurses left the field of medicine altogether. Nurse veteran Donna Buechler’s study of female Vietnam nurse veterans and PTSD is even more telling. All six of the women interviewed by Buechler for her dissertation decided to abandon their careers as bedside nurses after the war.⁹⁰ These samples suggest that female Vietnam nurse veterans’ struggles with PTSD were complicated by having to

⁸⁹ Approximately 80 percent of nurses in Carson et al.’s sample remained in nursing after Vietnam. Carson et al. examined nurses with and without PTSD. Buechler, “Experience of Posttraumatic Stress Disorder for Female Vietnam Nurse Veterans,” 98; Margaret Carson et al., “Psychophysiological Assessment of Posttraumatic Stress Disorder in Vietnam Nurse Veterans Who Witnessed Injury or Death,” *Journal of Consulting and Clinical Psychology* 68, no. 5 (2000): 896.

⁹⁰ Buechler, “Experience of Posttraumatic Stress Disorder for Female Vietnam Nurse Veterans,” 98-99.

work in the field where they sustained the trauma that led to their development of PTSD. In this respect female veterans differ from most male veterans who pursued careers unrelated to their military service.

Women who suffered so greatly from PTSD that they had to abandon their nursing careers often applied to the VA for financial assistance. They found the application process long, difficult, and demoralizing. Kathleen Splinter believed that her early attempts to secure a disability rating were dismissed on the grounds that she had not served in combat. “We were held up to male standards for any kind of disability ratings,” explained Splinter.⁹¹ Veterans determined to be suffering from PTSD can be granted a disability rating that establishes the extent to which they are occupationally and socially impaired by the disorder and thus the degree to which they will be compensated by the VA. Rona Adams experienced total occupational impairment due to PTSD, which should have automatically qualified her as 100 percent disabled, but she had to make several applications for PTSD benefits before being awarded a full disability rating. Adams met all the clinical criteria for a PTSD diagnosis – intrusive recollections, avoidance, increased arousal including rage and exaggerated startle responses – but her experiences did not fit neatly into the military’s masculine paradigm of what constituted an “extreme traumatic stressor.”⁹² The VA’s understanding of combat as men engaged in armed conflict with the enemy obfuscated women’s work in the combat zones of Vietnam and minimized the war’s impact on nurses who did not carry guns and rarely sustained physical wounds during the war. In many cases, the VAs attitude made it difficult for

⁹¹ Kathleen Splinter, quoted in Steinman, *Women in Vietnam*, 131.

⁹² *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR* (Washington DC: American Psychiatric Association, 2000), 467.

nurses psychologically wounded in Vietnam to secure compensation for the trauma they endured.

Diana Dwan Poole's efforts to secure a disability rating for PTSD proved both arduous and discouraging. Poole's hopes of finding validation for her readjustment problems were quickly dashed when the VA consultant assigned to helping veterans file disability claims predicted that the application would fail. "Because you're a woman," the consultant brazenly explained, "You don't have a stressor." Despite having experienced significant stressors during her two tours as a military nurse at the 67th Evac, Poole received a disability rating for PTSD of just 10 percent. In the years that followed, PTSD continued to exert a heavy influence over Poole's life. In her personal life, PTSD affected the way she mothered her children, and damaged her relationship with the rest of her family. In her professional life, PTSD continued to affect her ability to nurse. After several appeals to increase her disability rating, the VA asked Poole to undergo a compensation and pension exam in order to assess how badly the disorder had encumbered her life. "I walked in and they said it's going to take two hours," recalled Poole. Poole went in for the exam: "I walked in and I was dressed nicely and the guy said, 'Sit down here at the desk by me.'" While she sat at his desk, the examiner reviewed Poole's file. "He never once looked at me," scoffed Poole. "I handed him some papers that I had and he didn't even look at them. He shoved them away. He said, 'Okay, you're done.' Five minutes and I was out of there. That was my exam." Poole was not granted any further benefits.

Although each of the women referenced above eventually secured a disability rating for PTSD, the application process was long, frustrating, and even insulting. Poole's nursing career was forced to an end as a result of the trauma she endured in Vietnam. Yet, when she attempted to secure recognition for her suffering and sacrifice she was met with skepticism about the degree of trauma she could have experienced as a woman and was initially awarded a mere 10 percent rating. It took nine years and the intervention of her husband Carl for Poole to gain a higher rating. In 1995, Carl, frustrated by the system and angry about his wife's treatment by the VA, wrote protest letters to US Senator Jesse Helms, President Bill Clinton, and Togo West, head of the VA. Within a matter of weeks Poole's rating rose to 70 percent. On average, the women interviewed in this study pursued benefits for three to four years before being granted a disability rating by the VA. For Astrid Ortega, whose own pursuit of PTSD benefits took three and a half years, securing a disability rating for PTSD was more important than gaining financial compensation because she wanted her condition validated. In this sense, the obstacles women faced when trying to secure PTSD benefits were doubly upsetting: the VA denied women veterans with PTSD much needed financial support, and denigrated women veterans as somehow unworthy of their claims to being war trauma victims.

Androcentric assumptions about who was eligible to receive a diagnosis of PTSD not only prevented women from securing appropriate disability ratings, they also undermined women's efforts to secure treatment for their PTSD symptoms. In many cases, widespread ignorance about women's role in Vietnam inhibited early diagnosis and treatment. Women who sought treatment for their PTSD symptoms often described

therapists who neglected to ask about or address their Vietnam experiences. Karen Yoffe, for example, has turned to counseling on several occasions for help dealing with depression. Over the years, Yoffe sought the assistance of a social worker and a psychologist, neither of whom asked her about past military service. “If I hadn’t been the one to bring it up,” explained Yoffe, “They’d never have asked about military experience.” Even after opening up about her Vietnam service, neither counselor explored Yoffe’s Vietnam experiences. “They didn’t feel it worth talking about. They did not delve into it...Even in a clinical setting, no one ever asked me about it.” Consequently, Yoffe rarely even mentions Vietnam to anyone anymore. She does not see a therapist, and has never been officially diagnosed with PTSD, even though she has exhibited clear symptoms of post-traumatic stress since the 1980s, including an exaggerated startle response, depression, and intrusive memories of the war.

Even female nurses who sought therapy for their PTSD symptoms rarely discussed the war as a possible contributor to their symptoms. Jenny Schnaier’s study of female veterans indicates that roughly half of her 94 respondents sought professional help for a mental health problem after the war but did not discuss their Vietnam service in counseling.⁹³ Although it is common for therapists’ intake interviews to include a question about past military experience, many informants reported that they were not asked about their Vietnam service.⁹⁴ Even when they attempted to address their Vietnam experiences during therapy, their counselors often told them that their problems stemmed

⁹³ Schnaier, “A Study of Women Vietnam Veterans and Their Mental Health Adjustment,” 103. Also, see Ott, “Women Viet Nam Veterans,” 317.

⁹⁴ Ott argues that therapists should always ask their patients about past military experience, and if the respondent has served in the military, their service should be explored. Ott, “Women Viet Nam Veterans,” 317.

not from their wartime service, but rather from issues related to their childhood. Poole's therapist, for example, reportedly told her that her present-day problems traced back to her youth and were not in fact a product of her wartime service. Although it is possible that women's pre-Vietnam experiences also played a role in their struggles with PTSD – some studies, for example, show a positive correlation between PTSD and childhood sexual abuse – several informants described feeling angered and neglected by some therapists' failure to take seriously their experiences with wartime trauma.⁹⁵

Even within the VA and Vet Center systems, staff and counselors appear to have been ill-equipped to deal with the treatment needs of women veterans. Several women veterans describe feeling alienated when trying to find out if they would be eligible for certain veteran treatment programs. When Army nurse Mary Dickinson sought information about PTSD at her local Vet Center, the receptionist asked if the information she wanted was for a family member. "I was embarrassed when I admitted it was for me," conceded Dickinson.⁹⁶

Many female veterans suffering from undiagnosed PTSD attempted to carry on with their lives normally, but could not when an incident triggered a breakdown. Donna Buechler, for example, tried coping with the disorder on her own after several unsuccessful efforts to secure treatment. At the hospital where Buechler worked, a Vet Center representative arrived one day to give a presentation on Vietnam veterans and mental health adjustment. Buechler had mixed feelings about attending, so she waited

⁹⁵ Dreeben, "The Role of Pre-Service Interpersonal Experiences and Family Relationships in the Post-War Adjustment of Vietnam Veteran Nurses," 154.

⁹⁶ Mary Dickinson, quoted in Strick, "The Child I Couldn't Forget," 240. McVicker also reports that it was common for women to walk into the VA only to be asked, "Where's the veteran?" McVicker, "Invisible Veterans," 16.

until the last possible minute to arrive so as to avoid having to talk to anyone. She also intentionally selected a seat near the door so she could make an easy exit. When the representative began with a video blaring the sound of helicopters and mortar fire, Buechler “gripped the side of the desk and just white-knuckled it through the tape and fought not to cry, not to react.” Following the film, the representative spoke to the group about PTSD. Buechler wanted to know more about the disorder so she stayed after the presentation to ask the Vet Center representative more about resources for women veterans: “I waited afterwards and went up to talk to her. I was trying to be cool, nonchalant, but find out something. She wasn’t very perceptive; she didn’t pick up that I was trying to find information for myself.” From Buechler’s perspective, her gender prevented the representative from conceiving of Buechler as a veteran and possible sufferer of PTSD. Too shaken to talk further with the representative, Buechler rushed back to her office where she broke down: “I went back to the office as fast as I could and I slammed the door shut as hard as I could and screamed at the top of my lungs, ‘I can’t take this anymore!’” Buechler knew she had a problem that required professional help but she was not sure how to proceed. She was reasonably sure her problems – the nightmares, the intrusive thoughts, the depression, the sense of doom that presided over her life – were the result of PTSD, but she had heard little about other women veterans suffering from the disorder. Insecure and alone in her suffering she did not know where to turn next for help.

Buechler’s involvement with the Vietnam Women’s Memorial Project also served to trigger an intensification of her PTSD symptoms. As the campaign for the

memorial got off the ground in the early 1980s, the Vietnam Women's Memorial Project (now the Vietnam Women's Memorial Foundation) attempted to educate the American public about women's wartime sacrifice and about their campaign for a memorial in women's honor. Since the memorial would be funded through private donations, the VWMP sought out female veterans to speak publicly and raise funds for the memorial they hoped to erect. Buechler was approached by the organization about doing such a presentation. Although she worried about the personal consequences of rehashing her Vietnam experiences in public, she decided to dedicate herself to the cause: "They were raising funds for the memorial out here and I started doing presentations and I would sob through the presentations. People just thought they were wonderful presentations because I was sharing all this stuff but it was killing me." The presentations took a serious toll on Buechler, intensifying some of her PTSD symptoms, but she continued them because she wanted so badly to educate the public about women's role in Vietnam. Then, in the early 1990s, when the Women's Memorial was dedicated, Buechler's mood sank even lower. During the Gulf War, Buechler's symptoms intensified to the point where they could no longer be ignored. Once again she sought treatment at the VA for her Vietnam issues. Even though Buechler finally managed to obtain a proper medical diagnosis of her symptoms, she still suffered a near breakdown. One day while working as a veteran counselor at the VA, Buechler received news that one of her clients, a veteran alcoholic who she helped achieve sobriety, had died during a liver transplant. Buechler went home that day and broke down. "We were starting to do some remodeling and we had . . . a large deck, on the back of the house that we had to take down before the remodeling

could start,” recalled Buechler. “I got a sledge hammer and a crow bar and I tore that entire deck down by myself, stacked all the wood, the whole time just crying and screaming and tearing this deck down. And I realized that I wasn’t just crying for him, I was crying...for all the pain of Vietnam.” Buechler’s quality of life had steadily declined over the years as she drifted in and out of counseling. This incident represented a breaking point, as Buechler battled serious depression and suicidal impulses for the next year and a half. With the love and support of her partner, as well as medication and counseling for PTSD, Buechler has now learned to effectively cope with the disorder.

Faced with the inadequacies of individual counseling, many female nurse veterans with PTSD sought out alternative forms of treatment. By the mid-1980s, group therapy sessions, or “rap groups” as they became commonly known to Vietnam veterans, had been found widely effective in treating male Vietnam veterans. These sessions are designed to encourage individuals who have experienced similarly traumatic events to share their personal experiences with one another and “bond for the purpose of achieving catharsis.”⁹⁷ By sharing their Vietnam and post-Vietnam experiences with one another, these sessions allow veterans to discuss their postwar struggles with each other, thus facilitating the resolution of post-Vietnam adjustment problems.

Despite the success of rap sessions with male veterans, many female veterans’ experiences with such therapy groups have been considerably less favorable. Many women, for example, speak of feeling unwelcome in all-male therapy groups. Although counselors and male veterans have urged female veterans to attend such sessions, these

⁹⁷ John Russell Smith, “Rap Groups and Group Therapy for Viet Nam Veterans,” in *The Trauma of War: Stress and Recovery in Vietnam Veterans*, ed. Stephen Sonnenberg, Arthur Blank, and John Talbott (Washington DC: American Psychiatric Press, 1985), 168.

women often question whether they are really welcome. Karen Yoffe, for example, felt “a real need to connect” with her fellow veterans, so she attended a rap session organized by the VVA. Aware that male veterans had achieved some success with rap sessions, she hoped that such a group might help her heal also. But after attending just one session Yoffe never went back: “I just thought, ‘Wow, these guys really need to talk,’ but they weren’t going to say what they needed to say in front of a woman.” Yoffe described the men she met as “polite” and “nice,” but as the only woman in the group Yoffe felt grossly out of place. “We chatted,” recalled Yoffe, “but it wasn’t going to go further than that with one woman in the group so I just didn’t go back for that reason and I’ve never tried since.”

When she inquired about resources for Vietnam veterans with PTSD, the staff at the local Vet Center encouraged Diana Dwan Poole to attend a weekly veteran rap session. When Poole arrived at the session, however, she quickly realized this form of therapy was not for her. Like Yoffe, she was the only woman participant in a room full of male veterans. She felt alienated from the other group members: “They just talked amongst themselves, while Poole stood “outside” the group. To make matters worse, the session therapist, a non-veteran female nurse, instructed Poole to sit by her at the front to help her stimulate discussion within the group by asking the other veterans questions. Poole was pushed into the role of caretaker. “I’m not getting paid to do this, I’m a patient,” thought Poole, who reminded the therapist of her veteran status. While Poole refused to be forced into the role of nurturer, other women veterans, comfortable in the

role of caretaker, may have compromised their opportunity to deal with their own readjustment problems.⁹⁸

Even women who bravely continued to attend male rap sessions found little respite. Susan, an Army nurse who served in Vietnam explained: “They have a group here at the veterans’ building . . .and although the vets say to me, ‘Well, of course you can come,’ the energy I get is, ‘Well, if you show up you’re going to spoil everything,’”⁹⁹ Despite these subtle warnings, Susan elected to attend the local veterans’ group. As the only woman among thirty men, she described the horrors of combat nursing, the guilt she experienced about not being able to do more for the wounded soldiers she nursed, and the pervasive feeling of loneliness that overwhelmed her in Vietnam. While many of the feelings Susan shared with the group were described as “common” by the group’s facilitator, Susan and her male peers could not really relate to each other. After the meeting, many of the men stayed around for a while, hugging each other, providing personal consolation and reassurance to one another, a component of these types of sessions that has proven very effective in helping veterans deal with their issues. But while the men in the group walked around offering words of support to those whose recollections had touched them, only two men approached Susan at the session’s end, one of whom neglected to talk about Vietnam, rather commenting on Susan’s “beautiful eyes.” It is possible that this man wanted to reach out to Susan but did not know how to relate to her as a veteran, but only as a woman.¹⁰⁰ By failing to engage Susan as a fellow

⁹⁸ Scuteri, “Casualties of War and Research,” 213.

⁹⁹ “Susan,” quoted in Brenda Denzler, “Acceptance and Avoidance: The Woman Vietnam Vet,” *Minerva: Quarterly Report on Women in the Military* 5 (1987): 76.

¹⁰⁰ Denzler, “Acceptance and Avoidance,” 77.

veteran, however, this man (as well as those who did not approach her at all) failed to provide Susan with the validation and support she expected to receive from a group therapy session.

In addition to feeling “left out” of the rap sessions they attended, some women felt dominated by outspoken men. Other women complained about being placed into groups with men who openly suggested that women’s experiences were not as important as theirs. In this sense, mixed-gender therapy groups sometimes serve to reinforce women’s perception of “having had it easy” compared to male combat soldiers.¹⁰¹

Another serious limitation of mixed-gender group therapy sessions is that many women do not feel comfortable discussing certain gender-related issues in the company of male veterans. Military sexual traumas or sexual harassment, now recognized as a form of trauma which can cause PTSD in military women, are often described by women veterans as difficult to discuss in a room full of male veterans.¹⁰²

Many female veterans remain angry about being harassed and assaulted while saving lives and serving their country. For some, these experiences are hard to share in mixed-gender therapy sessions because much of their anger is directed at their male

¹⁰¹ McVicker, “Invisible Veterans,” 17.

¹⁰² Military sexual trauma is the term commonly used by the military to denote any form of sexual assault, ranging from unwanted touching to rape, that occurs while a person is in the military. Elizabeth Paul has established sexual harassment as a significant stressor experienced by military nurses in Vietnam, and Maxine Salvatore has identified a positive correlation between sexual harassment and PTSD. Wolfe et al., in their study of female Persian Gulf military personnel, found sexual assault to be more highly correlated with PTSD symptomatology than combat exposure. For more on sexual assault and sexual harassment and PTSD, see Paul, “Wounded Healers,” 571; Salvatore, “Women After War,” 146; Jessica Wolfe et al., “Sexual Harassment and Assault as Predictors of PTSD Symptomatology Among US Female Persian Gulf War Military Personnel,” *Journal of Interpersonal Violence* 13, no. 1 (1998): 40. Also, see Alina Suris et al., “Sexual Assault in Women Veterans: An Examination of PTSD Risk, Health Care Utilization, and Cost of Care,” *Psychosomatic Medicine* 66 (2004): 749-756; H. Kang et al., “The Role of Sexual Assault on the Risk of PTSD Among Gulf War Veterans,” *Annals of Epidemiology* 15, no.3 (2005): 191-195.

veteran peers. Other women express reluctance to discuss postwar problems related to sexual harassment or sexual trauma in mixed-gender therapy sessions because they feel guilty talking about male veterans as perpetrators in a room full of men seeking treatment for PTSD themselves. As the former caretakers of soldiers, women describe a desire not to burden male veterans with the anger they foster towards the American soldiers who harassed or assaulted them in Vietnam, particularly since most of the men they worked with and treated did not behave inappropriately towards them. Alternatively, some women feared that men would deny that “innocent” innuendos, jokes, cat calls, or unsolicited touching or grabbing had a lasting impact on women veterans, in some cases aggravating women’s struggles with PTSD. The mixed gender rap sessions sponsored by Vet Centers and the VA clearly constituted a poor forum for American nurses to discuss the traumas they endured in Vietnam.

For female Vietnam veterans who required more in-depth, sustained psychiatric treatment for PTSD, inpatient treatment programs offered through the VA also proved ineffective and inaccessible. While male Vietnam veterans had access to a wide range of in-patient treatment programs to meet their particular needs, the GAO’s 1982 investigation of VA health care services for women veterans revealed that female veterans were consistently turned away from in-patient programs because the VA could not ensure female patients privacy in sleeping and shower areas. The VA’s intermediate in-patient rehabilitation unit in California, for example, estimated that they refused admission to 15 to 20 female veterans annually because they could not meet women’s privacy needs. Thus, female Vietnam veterans could not benefit from the program’s focus

on gradual reintegration into society, including less intensive supervision and resumption of daily tasks such as paying bills and grocery shopping. The program's director noted that while the VA would pay for female veterans' enrollment in alternative private in-patient programs, no comparable program was available in California.¹⁰³

Even when female veterans were accepted into in-patient mental health programs, they were often assigned to inappropriate wards or forced to make do with makeshift accommodations. When Julia Carter joined an in-patient PTSD program in Chicago in the late 1980s, she was assigned to a locked acute psychiatric ward because the PTSD unit had inadequate facilities for women veterans. While male veterans benefited from rooming and sharing their experiences with other veterans suffering from war-induced PTSD, Carter had to share a room with a female veteran suffering from schizophrenia. Dissatisfied with her accommodations, Carter withdrew from the program. Similarly, explained Lynn Kohl, VA staff at the Wisconsin medical center from which she sought in-patient psychiatric treatment for PTSD, "didn't know what to do with me." Like Carter, Kohl was assigned to a locked psychiatric ward. Kohl, whose roommate was a female veteran who had attempted suicide, found it difficult to concentrate on her own mental health because she ended up helping care for her roommate. When the men in Kohl's therapy group complained that she belonged in the PTSD ward with the rest of the program's participants, VA staff cleaned out a utility closet for her to use as a bedroom. Kohl, too, left treatment and did not complete the PTSD program.¹⁰⁴

¹⁰³ US Government Accounting Office, *Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits* (Washington DC: Government Printing Office, 1982), 4.

¹⁰⁴ Kimberly Heikkila, *Sisterhood of War: Minnesota Women in Vietnam* (St. Paul: Minnesota Historical Society, 2011), 127.

The treatment barriers reviewed here reveal the serious limitations of Vet Center and VA treatment programs encountered by female Vietnam nurse veterans, as well as the constraints women faced when seeking treatment from civilian counselors. But while Vietnam nurses faced tremendous roadblocks in their search for PTSD treatment, the testimonies of nurses also reveal the innovative ways in which female veterans overcame the obstacles they faced. Each of the women I interviewed appeared tremendously well-versed in the literature surrounding women veterans.¹⁰⁵ When their adjustment problems first began, they combed newsletters and newspapers for references to women veterans, and requested VA and Vet Center literature on women who served in Vietnam. They wondered if other women were suffering post-Vietnam readjustment problems even though little information was available during the 1970s and early 1980s when women veterans remained understudied.

Beginning in the 1980s several women veterans decided to publicize their plight.¹⁰⁶ Karen Yoffe, Diana Dwan Poole, and Donna Buechler, for example, all granted interviews to the mainstream media about their Vietnam experiences. Poole made several TV appearances to promote a book about women who served in Vietnam because she believed Americans needed to become familiar with the experiences of female veterans so that women who served in future conflicts might not confront the treatment and

¹⁰⁵ As noted in the introduction, as a self-selecting sample it is possible that the subjects I interviewed are inordinately well read (that is, it is possible that those who are likely to volunteer for a project such as this one are more likely to be familiar with the literature surrounding military nurses who served in Vietnam), however, my experiences in the larger female veteran community indicate otherwise. Additionally, the NVVRS reveals the women who served in Vietnam to be a tremendously well-educated group. Given this finding, it would not be surprising to learn that much of this community is well-versed in the literature surrounding women veterans. Kulka et al., *Trauma and the Vietnam War Generation*, 153.

¹⁰⁶ The chapter that follows will examine how the Vietnam Women's Memorial Project helped to break the silence of women veterans who began talking publicly about their experiences, thus strengthening women's efforts to make available better resources for women veterans.

compensation obstacles she personally faced.¹⁰⁷ These women volunteered to participate in studies of female veterans by sharing deeply personal, often painful, details about their lives to educate the American public and forge a sense of community among the nurses who had served in Vietnam. Several Vietnam nurse veterans, including Donna Buechler, even conducted their own studies of Vietnam nurses' postwar adjustment problems, though most remain unpublished.¹⁰⁸ By initiating and participating in studies of female military nurses, women veterans actively worked to combat deficiencies in the medical community's (as well as their own) understanding of nurse veterans and PTSD.

As they came to identify themselves as sufferers of PTSD female veterans also sought treatment for their symptoms. In cases where their friends and family proved unwilling or unable to help them with their PTSD symptoms, military nurses sought the assistance of professional counselors. When their first attempt at counseling failed, as it often did, they continued searching for treatment, sometimes seeing several therapists before finding one equipped to deal with their needs as women veterans. The process took years and could prove discouraging. Yoffe, for example, has resigned herself to dealing with the emotional scars of Vietnam independently of professional medical care.

Because male-dominated rap sessions failed to meet their needs, some female Vietnam veterans began to create their own self-help groups. In 1992 Buechler organized

¹⁰⁷ See Steinman, *Women in Vietnam*.

¹⁰⁸ For example, see Sharon Rice-Grant, "Does Anyone Care? About the Health of Women Who Served in Vietnam" (PhD diss., California State University 1986); Babinski, "Did We Have to Wait Twenty-Five Years to Weep in Front of a Monument?"; Menard, "Critical Learning Incidents"; Donna Buechler, "Experience of Posttraumatic Stress Disorder for Female Vietnam Nurse Veterans." Several female Vietnam nurse veterans have also written articles about their experiences. See E. Astrid Ortega, "Coming Home: A Time of Elation and Confusion," *California Nurse* 11 (1983): 7-8; Rose Sandecki, "Women Veterans"; Janet Ott, *Women Viet Nam Veterans*.

what she called a “marathon therapy group” for women veterans. Unable to find a significant group of female veterans in one area, Buechler extended her search for female veterans throughout the United States. Buechler organized a weekend of intensive group therapy to overcome the long distances that made it difficult for women to engage in rap sessions with one another on a weekly basis. Buechler found another counselor to co-run a weekend therapy session that she advertised through Vet Centers under the title, *Healing the Healers*. She gathered about 15 women for the session who would spend the weekend together intensively examining their Vietnam issues in an understanding and supportive environment. Buechler also secured a sponsor to make the session more financially accessible to women veterans. The Order of the Purple Heart and Veterans of Foreign Wars agreed to pay the group’s expenses for the entire weekend apart from travel expenses. *Healing the Healers* proved so successful that Buechler decided to organize therapy sessions every six months for as long as they were needed, which turned out to be 16 consecutive years. *Healing the Healers* epitomizes the ingenuity employed by military nurses to overcome the treatment barriers that female veterans faced.

Since female nurse veterans began to mobilize in the 1980s, group sessions similar to the one facilitated by Buechler have been organized by women Vietnam veterans throughout the United States. Astrid Ortega reported attending a group session in 1985 facilitated by Rose Sandeck, another nurse who served in Vietnam. Janet Ott also co-facilitated a 16 week therapy group for women Vietnam veterans. As a psychiatric nurse clinician she has also worked individually with several nurses who requested her help. Kay Bauer reported attending informal, therapeutic gatherings with

other nurse veterans in the Minneapolis area three to four times a year. At these gatherings women talk about their Vietnam experiences, as well as any war-related problems they might be experiencing. On an informal basis, these nurses provide support and advice to one another.¹⁰⁹ Increasingly, women veterans are also using the internet (email, chat rooms, message boards, etc.) to stay in touch and provide support for one another.

Female Vietnam veterans, confronted with scarce resources and a dearth of information about PTSD in women veterans, successfully lobbied the VA for greater recognition of women veterans' entitlements and needs. They also developed effective coping strategies for Vietnam's impact on their worldview, personal relationships, and careers. Despite these successes, many female Vietnam veterans affected with PTSD remain angry and disillusioned by the government's initial failure to include women in studies of Vietnam veterans' postwar readjustment and reintegration. Without studies to prove that women, too, experienced readjustment problems ranging from depression to PTSD, female veterans had difficulty accessing government-sponsored medical treatment and compensation programs. They were also denied validation as trauma sufferers. As a critical bastion of state power, the VA plays a vital role in conferring first-class citizenship. By distributing the material rewards of martial citizenship unevenly, the VA affirmed gender's centrality to first-class citizenship and ensured that women's service did not earn them the same entitlements as men.¹¹⁰ As women struggled to gain full access to veterans benefits, they became increasingly aware of the need to question the

¹⁰⁹ Astrid Ortega, interview by author, December 12, 2008; Ott, "Women Viet Nam Veterans," 312; Kay Bauer, interview by author, September 25, 2009.

¹¹⁰ On this point see, "Being a Person Without A Country" in Heikkila, "G.I. Gender," 252-316.

link between masculinity and martial citizenship. As the next chapter discusses, one of the steps in the effort to challenge androcentric conceptions of war and war service became the construction of a monument to American female Vietnam veterans.

Chapter Five

A Monumental Campaign: The Vietnam Women's Memorial

Air Force nurse veteran Donna Cunningham remembered the official dedication of the Vietnam Women's Memorial on the National Mall in Washington D.C. as "the first time in my life that I was ever thanked for serving my country." In her twenty-two years of military service (1963 to 1985), Cunningham attended at least as many celebrations to honor American veterans. But until the day of the memorial's dedication, more than twenty years after her tour in Vietnam, she felt unrecognized for her wartime service.¹

The ceremony for the first national monument to women veterans was attended by 25,000 on November 11, 1993. The celebration marked the culmination of women veterans' long struggle for public awareness of the services that they had rendered to their nation during the Vietnam War.² For many women veterans, it seemed as though this day of commemoration might never arrive, as the struggle had been a prolonged and difficult one. Critics of the Vietnam Women's Memorial Project (VWMP) had called the organization's efforts to secure a separate Vietnam Women's Memorial an unnecessary clarification since the existing Vietnam Veterans Memorial already commemorated the contribution of all those who had served.³ Other opponents questioned whether female Vietnam veterans deserved a memorial at all.⁴

¹ Donna Cunningham, interview by author, August 30, 2008.

² "Vietnam Women's Memorial Dedicated before 25,000," *Washington Post*, November 12, 1993.

³ Carol Deaver, Transcript of the Commission of Fine Arts Meeting, 22 October 1987, 81.

Transcript can be found at the Commission of Fine Arts' Washington office. (Hereafter CFA Transcript)

⁴ For example, see Robert Doubek, letter to the editor, *Washington Post*, December 6, 1987.

Of course, it was precisely this androcentric conception of the war and war service that the VWMP sought to challenge. While some women veterans initially felt validated by the dedication of the Vietnam Veterans Memorial Wall in 1982, they became disappointed after a contingent of veterans successfully fought for the addition of a statue featuring three infantrymen sculpted by Frederick Hart. The Vietnam Veterans Memorial Wall, engraved with the names of more than 58,000 Americans who died in Vietnam, afforded equitable representation to the male and female veterans of the war. But if the Memorial Wall was designed to commemorate the wartime service of all the “men and women” of the armed forces who served in Vietnam, the Hart statue, through its omission of women, seemed to many female veterans to relegate women’s service in Vietnam to the periphery of public memory.

American war memorials have long cast women principally as grievors – mothers, sisters, lovers and wives – whose sole task was to mourn the loss of American soldiers by visiting memorials.⁵ Vietnam veteran Diane Carlson Evans challenged this tradition when she expanded the landscape of public memory of the Vietnam War by proposing a statue that would honor women veterans. For Evans, it was important to recast women not only as individuals who supported men fulfilling their citizenship obligations to the nation, but also as citizens who also answered the call to duty themselves.

As the historian Linda Kerber explains, there exists in America a powerful historical connection between citizenship and military obligation. According to this social contract, the state has the authority to compel military service, and in return its soldiers

⁵ Kristin Ann Hass, *Carried to the Wall: American Memory and the Vietnam Veterans Memorial*, (Los Angeles: University of California Press, 1998), 19-20.

receive the benefits of full citizenship.⁶ Even though more than 10,000 American women served in the military in Vietnam, “the ideological construction of ‘soldier’ as a man with a weapon who fights,” as one historian has explained, continued to resonate with the American public.⁷ Accordingly, all men, regardless of whether or not they saw combat in Vietnam, were afforded recognition as citizen-soldiers, while the women who served in Vietnam failed to fully qualify for first-class citizenship.

Historical understandings of military service as the sole gateway to full citizenship have been thoroughly contested by activists, feminists, and scholars alike. As Cheryl Logan Sparks explains, in the late nineteenth and early twentieth centuries suffragists sought to reconstitute public conceptions of first-class citizenship to include republican mothers, who, although exempt from military service, shared in the physical danger of protecting the state by giving birth to the next generation of soldiers. Given the rate of maternal death during pregnancy at the turn of the century, as well as the reality that few women were able to avoid pregnancy in their lifetime, suffragists reasoned that the harm women faced in child-bearing was different from, but essentially equal to, the danger male soldiers confronted in combat.⁸ During the Second World War many women refashioned their claims to full citizenship. For example, the historian Eileen Boris notes that some African-American women fastened their claims to citizenship to their

⁶ Kerber, *No Constitution Right to be Ladies*, 223-224, 236-252. See also Michael Lenz, *Arms are Necessary: Gun Culture in Eighteenth-Century American Politics and Society* (Köln: Böhlau, 2010).

⁷ Meyer, *Creating G.I. Jane*, 12-13.

⁸ Cheryl Logan Sparks, “Citizen-Soldiers or Republican Mothers: US Citizenship and Military Obligation in an Era of ‘Choice’” in *Women, States, and Nationalism*, ed. Sita Ranchod-Nilsson and Ann Marie T’etreault (New York: Routledge, 2000), 194. Between 1900 and 1940, 762,000 women died during childbirth. From the American Revolution to the end of the First World War, 637,272 American soldiers died in combat. For more on this point, see Erin Solaro, *Women in the Line of Fire: What You Should Know About Women in the Military* (Emeryville, CA: Seal Press, 2006), 138-139

husbands' and sons' military service, while others claimed the right to first-class citizenship on the basis of contributing to national defense through war work.⁹ More recently, liberal feminists' calls for the military to lift its ban on women in combat (thus allowing women access to full martial citizenship) have been juxtaposed against calls for more inclusive, less militarized conceptions of citizenship.¹⁰ Feminist antimilitarists argue that liberal feminists' calls for greater inclusion in the military reinforce the military as a citizenship-bestowing institution which they view as problematic given the patriarchal nature of the American military, which oppresses women.¹¹

Despite arguments for uncoupling full citizenship from soldiering, the historical connection remains and has material consequences.¹² Accordingly, by incorporating women veterans into the memory negotiated at the Vietnam Veterans Memorial, Evans not only sought to remind the American public that women “were there,” but also that they were entitled to the same benefits that male veterans received.¹³

During its ten-year campaign for a women's memorial, the VWMP encountered multiple barriers, and endured several devastating setbacks: the organization faced

⁹ Eileen Boris, “‘The Right to Work is the Right to Live!’: Fair Employment and the Quest for Social Citizenship,” in *Two Cultures of Rights: The Quest for Inclusion and Participation in Modern America and Germany*, ed. Manfred Berg and Martin H. Geyer (New York: Cambridge University Press, 2002), 124, 137, 139.

¹⁰ For more on liberal feminist arguments about the need for women to participate fully in the military in order to gain full citizenship see, Stiehm, *Arms and the Enlisted Woman*; Lucinda Joy Peach, “Gender Ideology in the Ethics of Women in Combat,” in *It's Our Military Too! Women and the US Military*, ed. Judith Stiehm Hicks (Philadelphia: Temple University Press, 1996), 156-194; Mary Fainstod Katzenstein, *Faithful and Fearless: Moving Feminist Protest Inside the Church and Military* (New Jersey: Princeton University Press, 1998), 43-80.

¹¹ Enloe, *Does Khaki Become You?*; Ilene Rose Feinman, *Citizenship Rites: Feminist Soldiers and Feminist Antimilitarists* (New York University Press, 2000), 19-31, 89-90. For a discussion military women and martial citizenship in an Israeli context see, Orna Sassoon-Levy, “Feminism and Military Gender Practices: Israeli Women Soldiers in ‘Masculine’ Roles,” *Sociological Inquiry* 73, no. 3 (August 2003): 440-465.

¹² Kerber, *No Constitution Right to be Ladies*, 223-224.

¹³ Diane Evans, interview by author, January 25, 2010.

limited but persistent resistance to the memorial from individuals of varying celebrity and influence; experienced internal divisions about the shape the Project should take; and made multiple attempts to locate a memorial design that would represent female veterans, while also satisfying the aesthetic concerns of the federal commissions charged with approving memorials in Washington, D.C. Through negotiation, innovation, and at times, accommodation, the VWMP ultimately overcame these obstacles to construct a national memorial honoring the service of American women who went to war in Vietnam. As they sought commemoration of women veterans' contributions, Diane Carlson Evans and other members of the Project helped awaken a powerful community of women veterans and built a foundation for growth and healing within the female veteran population.

The Vietnam Veterans Memorial: A Contest for Public Memory

Roughly five million people a year visit the Vietnam Veterans Memorial Wall, the most popular war memorial in Washington, D.C.¹⁴ “The Wall” serves as a poignant reminder of the sacrifices made in Vietnam, yet few visitors are likely aware that the initial efforts to build the memorial were mired in controversy. Jan Scruggs, Vietnam veteran and founder of the Vietnam Veterans Memorial Fund, the non-profit organization formed to finance and build the memorial in April 1979, anticipated resistance to the project.¹⁵ The Vietnam War was, after all, not only one of the most divisive events in US history, but also one of the few wars that the United States lost.

If memorials serve to construct meaning and shape public memory about events of the past, then it is not surprising that Scruggs’ proposed memorial proved highly contentious.¹⁶ Public memory, explains the historian John Bodnar, is made up of “a body of beliefs and ideas about the past that helps a public or society understand both its past, present, and by implication, its future.”¹⁷ With so much at stake, a cacophony of competing, overlapping, and contradictory voices struggled to shape public memory of the war. Antiwar activists wanted to honor veterans without sanctioning the war itself, while conservatives sought a patriotic memorial that would celebrate the war as a necessary and “noble cause.”¹⁸ The memory of Vietnam War, as one sociological study

¹⁴ Mary McLeod, “The Battle for Monument: The Vietnam Veterans Memorial,” in *American Architectural History*, ed. Keith Eggener (New York: Routledge, 2004), 381.

¹⁵ Jan Scruggs and Joel Swerdlow, *To Heal a Nation: The Vietnam Veterans Memorial* (New York: Harper and Row, 1985), 159, 12.

¹⁶ Hass, *Carried to the Wall*, 9.

¹⁷ John Bodnar, *Remaking America: Public Memory, Commemoration, and Patriotism in the Twentieth Century* (Princeton, NJ: Princeton University Press, 1992), 15.

¹⁸ Scruggs and Swerdlow, *To Heal a Nation*, 53; Robert J. McMahon, “Contested Memory: The Vietnam War,” *Diplomatic History* 26, no.2 (Spring 2002): 168; Hagopian, *Vietnam War*, 102, 108.

has explained, “induce[d] controversy instead of consensus.”¹⁹ Scruggs knew that he would have to transcend the politics of the war by proposing a memorial that would be “contemplative and reflective,” without making a political statement about the war it was designed to commemorate.²⁰

Many male and female Vietnam veterans feel forgotten, ignored, and marginalized by the country they served.²¹ In his account of the campaign for the Vietnam Memorial, Scruggs cites a eulogy to a fallen soldier from Vietnam veteran Philip Caputo’s memoir: “eleven years after your death, the country for which you died wishes to forget the war in which you died... There are no monuments to its heroes, no statues in small-town squares and city parks, no plaques, nor public wreaths, nor memorials.”²² This passage, quoted by President Jimmy Carter when he signed the memorial legislation into law, cast Vietnam veterans as forgotten victims and suggested

¹⁹ Barry Schwartz and Robin Wagner-Pacifici, “The Vietnam Veterans Memorial: Commemorating a Difficult Past,” *American Journal of Sociology* 97, no.2 (September 1991): 376.

²⁰ McLeod, “The Battle for Monument,” 383.

²¹ For examples of this sentiment, see Jackie Tropp, interview by author, April 26, 2009; Martha Bell, interview by author, November 15, 2008; Ann Powlas in Marshall, *In the Combat Zone*, 122; Jill Mishkel in Marshall, *In the Combat Zone*, 144; Lily Adams in Marshall, *In the Combat Zone*, 225; Kathleen Splinter in Steinman, *Women in Vietnam*, 134-135; Judy Hartline Elbring in Steinman, *Women in Vietnam*; David Bonior, Steven Champlin, and Timothy Kolly, *The Vietnam Veteran: A History of Neglect* (New York: Praeger, 1986); Marita Sturken, “The Wall, the Screen, and the Image: The Vietnam Veterans Memorial,” *Representations* 35 (Summer 1991): 119; Bob Greene, *Homecoming: When Soldiers Returned from Vietnam* (Chicago: Putnam Adult, 1989); B.G. Burkett and Glenna Whitley, *Stolen Valor: How the Vietnam War Generation Was Robbed of Its Heroes and Its History* (Dallas: Verity Press, 1998). Several studies have contested the narrative of the Vietnam veteran as a victim. See Eric Dean, “The Myth of the Troubled and Scorned Vietnam Veteran,” *Journal of American Studies* 26, no. 1 (April 1992): 59-74; Jerry Lembecke, *The Spitting Image: Myth, Memory, and the Legacy of Vietnam* (New York: New York University Press, 1998). While many nurse veterans claim they were treated poorly after their tours, others report that they were generally treated well after serving in Vietnam. See Donna Cunningham, interview by author, August 30, 2008; Mary Fran Brown, interview by author, September 9, 2008. Jackie Tropp claimed that her friends and family treated her very well upon her return, but that the general public ignored Vietnam veterans’ service until the 1980s. Jackie Tropp, interview by author, April 26, 2009.

²² Caputo, *A Rumor of War*, 223-224.

the need to mend the social divisions left behind after the war.²³ Scruggs hoped to minimize conflict among competing factions and solicit widespread support for the proposed memorial by couching the proposed veterans' memorial in terms of healing and reconciliation.

In his initial efforts to secure a national, publicly funded Vietnam memorial Scruggs encountered a mixture of support, wariness, indifference, and resistance.²⁴ The VVMF's early fundraising efforts garnered only a modest response, but after attracting the attention and support of a few influential Vietnam veterans, the VVMF soon made significant strides towards a national memorial. Fundraising began with small donations, but Scruggs hoped that wealthy contributors would come forward once the design of the memorial was determined.²⁵

Meanwhile, the VVMF lobbied for legislative approval of the memorial. The organizers, seeking to circumvent some of the bureaucracy that often delays memorial efforts in Washington, proposed a bill to build a Vietnam Veterans Memorial at the right foot of the Lincoln Memorial in Constitution Gardens. In April of 1980 the US Senate unanimously agreed to co-sponsor the bill provided that the VVMF obtained "design and plan" approval from the Secretary of the Interior, the Commission of Fine Arts, and the National Capitol Planning Commission.²⁶ By June 1980 the Fund's lobbying efforts

²³ Jimmy Carter, Vietnam Veterans Memorial Bill Remarks on Signing S.J. Res. 119 into Law, July 1, 1980, ed. John T. Woolley and Gerhard Peters, in *The American Presidency Project*, Santa Barbara, California, <http://www.presidency.ucsb.edu> (accessed February 10, 2010).

²⁴ Schwartz and Wagner-Pacifici, "The Vietnam Veterans Memorial: Commemorating A Difficult Past," 376.

²⁵ Scruggs and Swerdlow, *To Heal a Nation*, 20-25; Hagopian, *Vietnam War*, 117, 139.

²⁶ Scruggs and Swerdlow, *To Heal a Nation*, 34-35; Karal Ann Marling and John Wetenhall, "The Sexual Politics of Memory: The Vietnam Women's Memorial Project and 'The Wall,'" *Prospects* 14 (1989): 355.

succeeded as the House also passed a bill granting permission to build a Vietnam Veterans Memorial in Constitution Gardens.²⁷ To honor the concept of a public memorial, the VVMF decided in July of 1980 that the memorial design would be selected through an open competition. Design entries would be evaluated by a jury of eight professionals with expertise in sculpture and landscape architecture. The VVMF stipulated that the memorial design had to be apolitical, and that it must include the names of those Americans who died in Vietnam.²⁸

Maya Ying Lin, a 21-year-old architecture student at Yale, won the design contest, which attracted 1,421 entries. Lin's design called for the name of each American who died while serving the military in Vietnam to be inscribed on two black granite walls which intersected to form a chevron. Contemplative and reflective, this abstract design seemed to offer a multiplicity of meanings to its viewers, projecting neither a pro nor antiwar stance. The proposed memorial, which was horizontal and sunk into the ground, also seemed to be in harmony with its surroundings, which the Commission of Fine Arts required. In Lin's design, the competition jurors believed they had found the apolitical, reconciliatory memorial needed to garner widespread support.

Although most art critics, members of the public, and all leading veterans' organizations including the American Legion and Veterans of Foreign Wars readily endorsed Lin's design, criticism of the proposed memorial pervaded media coverage of

²⁷ Scruggs and Swerdlow, *To Heal a Nation*, 42.

²⁸ Scruggs and Swerdlow, *To Heal a Nation*, 52-53, 58.

the project.²⁹ The author Tom Wolfe called Lin's design "a tribute to Jane Fonda."³⁰

Vietnam veteran and popular novelist James Webb likened the proposed memorial to a "mass grave."³¹ Syndicated columnist Charles Krauthammer charged that the memorial illuminated "the sheer human waste" and "meaninglessness" of the war.³² Other commentators variously referred to the proposed memorial as a "black gash of shame," "a tombstone," "a degrading ditch," and "a wailing wall for future anti-draft and anti-nuclear protestors."³³

Lin's design elicited particular reproach from a small group of veterans who sought a more traditional, heroic, and manly memorial to the war. To political conservatives, such as James Watt and Ross Perot, the proposed memorial served as "a political statement of shame and dishonor," not the politically neutral memorial the VVMF sought to create.³⁴ "The czars of American conservatism," Kristin Ann Hass explains, "resented the abstraction and ambiguity of the proposed war memorial."³⁵ Because the memorial did not convey manliness, patriotism, or celebration, it must, according to the right, represent the views of those on the left who wished not to glorify or commend the war.

²⁹ James J. Kilpatrick, "Finally, We Honor the Vietnam Dead," *Washington Post*, November 11, 1981; Mary McLeod, "The Battle for Monument," 388; Hass, *Carried to the Wall*, 16; Hagopian, *Vietnam War*, 108.

³⁰ Tom Wolfe, "Art Disputes War: The Battle of the Vietnam Memorial," *Washington Post*, October 13, 1982.

³¹ James Webb, quoted in Mary McLeod, "The Battle for Monument," 41.

³² Quoted in James Webb, "Reassessing the Vietnam Veterans Memorial," *Wall Street Journal*, December 18, 1981.

³³ Bodnar, *Remaking America*, 5; Hass, *Carried to the Wall*, 16; Sturken, "The Wall," 122. James Webb, "Reassessing the Vietnam Veterans Memorial," *Wall Street Journal*, December 18, 1981.

³⁴ "Memorial Delayed; Vietnam Memorial to be Reviews," *WP*, February 27, 1982.

³⁵ Hass, *Carried to the Wall*, 17-18.

Criticism of Lin's design hinged on how the war should be remembered, as well as who should be remembered. For many on the right, Lin's decision to cast the memorial in black granite denoted shame, remorse, and mourning. Republican congressman Henry Hyde of Illinois, among the most staunch opponents of Lin's memorial, led a group of twenty-seven Republicans who demanded the proposed memorial be replaced by a more traditional, masculine, statuary piece cast in white marble, in the vein of the Iwo Jima memorial dedicated in 1954.³⁶ Public memorials, historian Robert McMahon explains, seek not simply to record the events of the past, but rather to reconstruct the past in order to serve individual's or society's present needs.³⁷ Conservatives, who imbibed the pervasive masculinity of the Reagan period, emphasized the recuperative value of a more traditional and manly cultural representation of the war that might restore American nationalism and replace images of Vietnam veterans as enfeebled veterans of a lost war.³⁸ Other complaints levied against Lin's design included the absence of an American flag, and the V-shape of the memorial, allegedly a subtle reference to the peace movement. Even the chronological listing of names, designed to represent the gradual escalation of the war, and avoid the impersonal appearance of an alphabetical listing of names –34

³⁶ Mike Feinsilber, "Critics Blast Design of Proposed Vietnam Veteran Memorial," *Associated Press*, January 11, 1982; Mike Feinsilber, "Vietnam Memorial Sponsors To Add Patriotic, Heroic Touch," *Associated Press*, January 29, 1982; Paul Goldberger, "Vietnam Memorial: Questions of Architecture; An Appraisal," *New York Times*, October 7, 1982; "Compromise Design Approved for the Vietnam Memorial," *Associated Press*, March 25, 1982.

³⁷ McMahon, "Contested Memory," 172. For more on this point, see Michael Kammen, *Mystic Chords of Memory: The Transformation of Tradition in American Culture* (New York: Alfred A. Knopf, 1991), 3, 13.

³⁸ John Mintz, "Perot's War: Viet Vets' Tombstone," *Washington Post*, July 7, 1992; Sturken, "The Wall," 131; Hass, *Carried to the Wall*, 15. For more on this point also see, Susan Jeffords, *The Remasculinization of America: Gender and the Vietnam War* (Bloomington: Indiana University Press, 1989).

Robert Smiths, for example, don the Wall – came under criticism.³⁹ Who should be represented by the proposed memorial also stirred controversy. Opponents decried the memorial’s strict focus on those who died in the war and asserted the need to recognize all those who served.⁴⁰

Despite these criticisms, the Commission of Fine Arts and the National Capital Planning Commission unanimously approved the memorial. Secretary of the Interior James Watt, however, refused to issue a building permit. Watt, backed by millionaire VVMF financial contributor Ross Perot, demanded that Lin’s design be supplemented, if not replaced, by a more traditional, celebratory, statue. The VVMF, anxious to avoid controversy, agreed to compromise: Lin’s memorial would include an American flag and a manly, heroic bronze sculpture of three infantrymen by Frederick Hart, whose design finished third in the original memorial competition.⁴¹ Maya Lin, who opposed the alteration, compared the addition of Hart’s *Three Fightingmen* to her original design to the “drawing [of] mustaches on other people’s portraits.” To make her protest more visible, she boycotted the memorial groundbreaking ceremony in March of 1982.⁴²

³⁹ Hagopian, *Vietnam War*, 101.

⁴⁰ Scruggs and Swerdlow, *To Heal a Nation*, 82-84.

⁴¹ Hass, *Carried to the Wall*, 17-18; Jean White, “Watt Okays a Memorial Plan,” *Washington Post*, March 12, 1982, C1; Benjamin Forgey, “Vietnam Veterans Memorial Changes Clear Last Major Hurdle” *Washington Post*, October 14, 1982, A1.

⁴² Maya Lin, quoted in Isabel Wilkerson, “‘Art War’ Erupts Over Vietnam Veterans Memorial,” *WP*, July 8, 1982; Rick Horowitz, “Maya Lin’s Angry Objections,” *Washington Post*, July 7, 1982; Letter from James Watt to J. Carter Brown, February 25, 1982, *The Vietnam Wall Controversy*, ed. Edward J. Gallagher, in the Lehigh University Digital Library, <http://digital.lib.lehigh.edu/trial/vietnam/files/round3/7.pdf> (accessed March 11, 2010); Letter from J. Carter Brown to James Watt, March 9, 1982, *The Vietnam Wall Controversy*, ed. Edward J. Gallagher, in the Lehigh University Digital Library, <http://digital.lib.lehigh.edu/trial/vietnam/files/round3/11.pdf> (accessed March 11, 2010). (Hereafter *The Vietnam Wall Controversy*)

From Complete to Incomplete

The Vietnam Veterans Memorial Wall, completed in November of 1982, was celebrated during the week-long Salute to Vietnam Veterans held in Washington, D.C.⁴³ To Army nurse veteran Diane Carlson Evans, Lin's memorial was deeply moving and cathartic; the memorial served as a long overdue "welcome home" to Vietnam veterans whom, she contends, received an ill reception upon their return.⁴⁴ Moreover, the Wall provided official recognition of Vietnam veterans' service to their country. Evans believed that Lin's design captured the themes of healing and reconciliation advocated by Scruggs. The memorial was, in her words, "perfect" without Hart's addition. In particular, she was pleased to see that women veterans were accurately represented on the Wall, which included the names of eight women among the more than fifty-eight thousand American military personnel who fought and died in Vietnam. The Wall's inscription, "In honor of the men and women of the armed forces of the United States who served in the Vietnam War," led Evans to conclude that Lin's design equitably represented women's service and sacrifice in Vietnam.⁴⁵

Evans' hopes were soon dashed, however, when she learned of the compromise that had been brokered by Watt and the VVMF. In her view, the proposed addition of the Hart statue restored the centrality of men to the narrative of the war. Evans' dismay was shared by many women veterans. Army nurse Lorna House, for example, recalled feeling angry upon learning about the addition of the *Three Fightingmen*. House valued the

⁴³ Phil McCombs, "Veterans Honor Fallen, Mark Reconciliation," *Washington Post*, November 14, 1982.

⁴⁴ On this point, see footnote 15.

⁴⁵ Diane Evans, interview by author, January 25, 2010.

inclusiveness of Lin's design: "When they put up the men's statue it was like it was all about the men again. The women were once again shoved into the background." Army nurse Mary Stout complained that women's absence from Hart's design was "painfully visible."⁴⁶

The "norm of leaving women out of the historical account of war" motivated Evans to seek a separate memorial to specifically honor the contributions of American women who served.⁴⁷ As the historian Robert McMahon has commented, as "polities choose to remember certain aspects of the past, they foreclose...other aspects" and "alternative memories come to be silenced."⁴⁸ For Evans, the Hart statue captured the public's tendency to conceptualize war as an exclusively male domain, an idea reinforced by the discourse employed by critics of Lin's design who advocated the adoption of a more manly, heroic memorial. Evans challenged American perceptions of war veterans as male by negotiating a space for women veterans within the dominant discourse of the Vietnam War. The Vietnam Veterans Memorial, with the addition of the Hart statue, no longer adequately recognized female veterans' contributions. By erecting a statue to honor women veterans, Evans hoped to achieve public awareness of women's service, which was needed to heal the wartime wounds of female veterans.

By 1983 Evans believed she had found a sculptor who could bring life to her vision of a Vietnam Women's memorial. While attending an art exhibition at a veterans'

⁴⁶ Elizabeth Hess, "Statue of Limitation? Women Propose Their Addition to the Vietnam War Memorial," *Village Voice*, July 15, 1986, 73-75.

⁴⁷ Diane Evans, "Moving a Vision: The Vietnam Women's Memorial," available online at Vietnam Women's Memorial Foundation, <http://www.vietnamwomensmemorial.org/pdf/dcevens.pdf> (accessed April 2, 2010), 2.

⁴⁸ McMahon, "Contested Memory," 162.

reunion in Minnesota, Evans became inspired by a piece called *The Squad*, a bronze statue of thirteen grunts on patrol in Vietnam. Evans persuaded the statue's sculptor, a Vietnam veteran named Roger Brodin, to sculpt a woman veteran. In the months that followed, Brodin created a 33 inch bronze composite of a military nurse dressed in fatigues, cradling a helmet.⁴⁹ Together, Evans and Brodin unveiled *The Nurse*, as the statue became known, at the Landmark Center in St. Paul in 1984. For the next six years *The Nurse* became the focus of a campaign to rectify women's omission from the American public discourse of the Vietnam War. In April 1984, Evans officially incorporated the Vietnam Women's Memorial Project (VWMP), and initiated a campaign to see a full scale replica of *The Nurse* placed alongside Hart's men at the Wall.

The VWMP set out to raise awareness and generate popular support for the Project. By the fall of 1985, four 33 inch bronze replicas of Brodin's statue had been placed on display in churches, shopping malls, state fairs, movie theaters, and banks throughout the United States.⁵⁰ The publicity received by the touring statues served to educate the public about women's Vietnam service and to generate monetary support for the proposed memorial. Evans also sought the approval and support of major American veterans' organizations. Starting at the grassroots level, Evans joined various local veterans' organizations including the American Legion, Vietnam Veterans of America, Disabled American Veterans, and Veterans of Foreign Wars. She obtained the support of local chapters but began to encounter hostility and condescension at the national level.

⁴⁹ Evans, "Moving," 3.

⁵⁰ Peter Perl, "A Matter of Honor," *Washington Post*, October 25, 1992.

At the 1985 Veterans of Foreign Wars (VFW) national convention, Evans hoped to secure a VFW resolution of support for the project. Billy Ray Cameron, the first Vietnam veteran to serve as VFW president, advised Evans to be the first in line at the microphone when the resolution was brought forward for discussion. By reiterating the VWMP's case for the addition of a statue honoring women at the Vietnam Veterans Memorial, Cameron hoped Evans would gain widespread support among members in attendance. But when Evans approached the podium she saw to her right a line of twenty to thirty male veterans waiting to speak against the resolution. Some argued that the memorial was already complete, while others suggested that if the VFW supported a call for a separate women's memorial then they would have to support other special interest memorials in the future. These arguments, which cast female Vietnam veterans as a "special interest group," dismissed the need for visual representation of women at the Wall. Another group to oppose the resolution included World War II veterans, who resented the idea of Vietnam Veterans receiving special recognition when the women who served in World War II still did not have their own memorial.

When the convention adjourned for the day, Evans met with Cameron to discuss how she might proceed. She was disappointed by the day's events, but not defeated. Cameron advised Evans that it was still possible to win the organization's endorsement. According to VFW protocol, the resolution could go back to the floor for another vote if Evans could find five state commanders (state leaders of the VFW) in favor of a second vote. Accompanied by Cameron, Evans set to work earning the support of state commanders. She went from hospitality suite to hospitality suite at the convention's hotel

and reiterated her case for a Vietnam Women's Memorial. In her personal interactions with state representatives, Evans stressed the unquestioned need for a memorial to women who had served in World War II and voiced her intention to support future projects designed to honor the military service of these women, a promise Evans has kept. When some of the male veterans present asked why she did not propose a memorial for all women veterans, Evans explained the balance and inclusiveness that the VWMP hoped to establish at the Vietnam Veterans Memorial, which could not be achieved by erecting a memorial to all women veterans at another location. Evans spent the night patiently listening and responding to veterans' questions and concerns about the proposed memorial. Before she headed to bed in the late hours of the night, she had secured the support necessary to ensure a second vote on the memorial resolution.

The next day, when the resolution was again brought forward for consideration, the line at the "con" microphone remained empty and thirty or more veterans – Vietnam, Korean, and WWII – lined up at the "pro" microphone in a show of support for the memorial. Thanks to Evans' lobbying, the resolution passed overwhelmingly when it was put to a vote the second time. By the fall of 1987, the VWMP had won the endorsement of all major veterans' organizations. Two founders of the VVMF, Jan Scruggs and Jack Wheeler, had already offered their support for the Project in 1986.⁵¹

Meanwhile, monetary support for the memorial steadily increased. In September 1986, the VWMP held its first large-scale fundraising campaign in Washington, D.C. The event, cosponsored by Senator Edward Kennedy and representatives from the William

⁵¹ Evans, "Moving," 7.

Joiner Center for the Study of War and Social Consequences, garnered considerable financial contributions and attracted significant media attention. Individual women veterans also showed their support for the memorial effort through private fundraising initiatives. Army nurse Diana Dwan Poole, for example, donated the profits from the sale of homemade customized address labels for veterans.⁵² By July of 1987, corporate gifts and individual donations to the VWMP had reached \$250,000. Another \$100,000 was donated in the form of in-kind services. Northwest Airlines, for example, agreed to transport *The Nurse* from place to place as it toured the United States, and a Minneapolis corporation donated office space for use by the Project's volunteers.⁵³

By 1987 the VWMP had achieved widespread public support for its project and began taking formal steps toward the realization of the Vietnam Women's Memorial. To protect the remaining available space at the Mall, Congress enacted the Commemorative Works Act (CWA), which established legal procedures for constructing monuments in Washington, D.C.⁵⁴ The law required that all national memorial proposals undergo a two-step legislative process wherein the Secretary of the Interior first granted legislative approval of the plan for a memorial without naming a specific site. Then, given his recommendation, a second site-specific bill authorized the memorial's construction on the Mall. Evans, initially daunted by what appeared to be a complicated, lengthy process, was relieved to discover that amendments or additions to existing memorials could be made without adherence to the new regulations. In other words, for the VWMP to move ahead as quickly as possible, the Secretary of the Interior, the Commission of Fine Arts

⁵² Diana Dwan Poole, interview by author, April 3, 2009.

⁵³ Evans, "Moving," 7.

⁵⁴ PL 96-297, Commemorative Works Act, 1986.

(CFA), and the National Capital Planning Commission (NCPC) merely had to classify the proposed women's memorial as an addition to the Vietnam Veterans Memorial.⁵⁵

The VWMP experienced little difficulty gaining the support and approval of Secretary of the Interior Donald Hodel.⁵⁶ Securing the approval of the CFA, which reviewed the plans for all public memorials, buildings, and parks in the nation's capital, proved more challenging. On the morning that the VWMP appeared before the Commission, the *Washington Post's* architecture critic, Benjamin Forgey, attacked the VWMP's efforts. Forgey charged that the addition of a statue depicting women's service would create an imbalance at the memorial by disproportionately recognizing a "special interest group" and questioned the precedent of highlighting one minority group's service over another: "If we begin to single out veterans by gender, why not select them by ethnic group? Why not an American Indian soldier, an Italian American?" Forgey warned that applications for "special interest" monuments would proliferate should the women's Vietnam memorial be approved. He also accused politicians, including Hodel, who had approved the Project, of catering to the whims of the female electorate. The Hart statue, Forgey contended, was intended to represent all those who served in Vietnam, including female veterans; the Vietnam Veterans Memorial, he concluded, was complete.⁵⁷

Countering Forgey's arguments before the Commission, the VWMP argued that women's service in Vietnam was disproportionately greater than their small numbers

⁵⁵ Marling and Wetenhall, "Sexual Politics," 355; Evans, "Moving" 7; Letter to J. Carter Brown from Donald Hodel, October 21, 1987, *The Vietnam Wall Controversy*.

⁵⁶ Evans, "Moving," 7; "Women Gain Key Ally for Vietnam Statue," *St. Paul Pioneer Dispatch*, October 13, 1987.

⁵⁷ Evans, "Moving," 7-8; Benjamin Forgey, "Women and the Wall: Memorial Proposal: Honor Without Integrity," *Washington Post*, October 22, 1987.

would suggest. If not for the women who served as nurses in Vietnam, the number of soldiers listed on the Wall would have been far greater. Additionally, the VWMP condemned the capital's habit of marginalizing the wartime contributions of American military women. Evans testified that although 38 statues of male soldiers adorned the capital, not a single military woman was featured in a statue honoring veterans in Washington, D.C.⁵⁸ VWMP chairperson Donna Boulay articulated women veterans' desire to break the pattern of omitting women from American war memorials: "We yearn to see a statue with which we can identify, which will speak to our history, our contributions, which will eloquently depict who we were, what we did."⁵⁹ Brodin's statue, the VWMP maintained, would provide women veterans with the recognition they sought and would help dispel the notion that only men served in American wars. Republican Senator Dave Durenberger of Minnesota assured the CFA that the proposed memorial enjoyed a wide base of support in both houses of Congress.⁶⁰ Sculptor Roger Brodin testified how *The Nurse*, through its weary expression, captured the exhaustion and emotional pain of the women who had served in Vietnam.⁶¹ Landscape architect Elliot Rhoadside assured the Commission that the location of the proposed women's statue would be in harmony with the existing memorial.⁶²

Robert Doubek, one of three founders of the VVMF, led the campaign against a memorial honoring women. Doubek objected to a separate women's memorial because equating "a relatively small category of officer[s]," with the service of infantry personnel

⁵⁸ CFA Transcript, 29.

⁵⁹ CFA Transcript, 24.

⁶⁰ CFA Transcript, 9.

⁶¹ CFA Transcript, 36.

⁶² CFA Transcript, 52-53.

whose service is awarded special recognition through the Hart statue would have a diminutive effect on the Vietnam Veterans Memorial as a whole.⁶³ Doubek rejected the complaint that women were not adequately recognized at the Vietnam Veterans Memorial. He stressed that many groups of veterans – pilots, medics, artillerymen, native Americans, “Slavs,” and “Arabs” – are not literally depicted in Hart’s statue and counseled against setting a precedent for the literal depiction of special interest groups at war memorials. The *Three Fightingmen*, Doubek contended, was designed to provide figurative representation to all those who served in Vietnam. Like Forgey, Doubek predicted that there would be a flood of special interest statue proposals should Brodin’s statue receive approval. Doubek cautioned against upsetting the delicate balance achieved at the memorial: “If something ain’t broken, you don’t fix it.”⁶⁴

Doubek was joined by several landscape architects who warned that the proposed statue threatened the aesthetics of the Vietnam Veterans Memorial. One architect testified that the addition of a statue to women veterans would upset the balance achieved between the existing figurative and abstract design elements, while another argued that the suggested site of the proposed statue, selected so as not to disrupt the existing memorial, was in fact “too subtle” and gave the women’s memorial the appearance of an afterthought.⁶⁵ A third architect warned that any further additions to the site would “dilute” visitors’ experience at the memorial.⁶⁶ Testimony against the proposed addition included a letter from Maya Lin, who wrote, “I am as opposed to this new addition as I

⁶³ Robert Doubek, letter to the editor, *Washington Post*, December 6, 1987.

⁶⁴ CFA Transcript, 62-65.

⁶⁵ CFA Transcript, 69, 73; Marling and Wetenhall, “Sexual Politics,” 358.

⁶⁶ CFA Transcript, 76.

was to the last.” Lin had objected to the addition of the Hart statue on the basis that it would invite further additions to the Wall. The proposed women’s memorial vindicated Lin’s earlier position. “I cannot see where it will all end,” wrote Lin, who feared further concessions down the road should the women’s memorial be granted. “The memorial has existed for five years,” she concluded. “It heals the living and it is representative of all those who served.”⁶⁷

Several members of the Commission agreed with these criticisms. Neil Porterfield, who voted against the proposal, declared that the addition of a statue honoring women veterans would “destroy the dynamics” of the Vietnam Veterans Memorial.⁶⁸ Frederick Hart, sculptor of the *Three Fightingmen*, recused himself from the vote, citing a conflict of interest, while emphasizing that he had intended his statue to represent all Vietnam veterans, men and women. Hart’s decision to depict soldiers of three different races in his work indicated tacit acceptance of the need for inclusiveness at the memorial, but he ignored gender. Hart defended his decision to exclude women from his sculpture, noting that because “grunts” bore the greatest burden of the war they appropriately symbolized the entire veteran population.⁶⁹ Hart’s high esteem for “grunts” reflected America’s tradition of honoring combat, the most dangerous form of military service, as the highest obligation of citizenship. Such a rationale, however, implicitly blocks women veterans from gaining representation in memorials since American women are barred from serving in combat positions.⁷⁰ Hart’s attitude thus serves to perpetuate the

⁶⁷ CFA Transcript, 77-78.

⁶⁸ CFA Transcript, 80-81.

⁶⁹ CFA Transcript, 82.

⁷⁰ Heikkila, “G.I. Gender,” 227.

primacy of sex in defining who should be remembered at war memorials, reflecting, as the historian Leisa Meyer explains, how the narrow application of martial citizenship in America has historically been used to “structur[e] the rights of citizens into a hierarchical system that privileged white men.”⁷¹ Through the establishment of a memorial depicting women’s service in Vietnam, female veterans sought to assert first-class citizenship by broadening this understanding of martial citizenship to include the women who served.

Other members of the commission raised additional objections. J. Carter Brown, Chairman of the Commission, voted against the proposed addition on the grounds that *The Nurse* would actually render the memorial less complete by making the omission of other “special interest groups” more glaring. This kind of “misguided literalism,” he argued, would lead to an onslaught of requests for further additions to the Vietnam Veterans Memorial. He illustrated the danger by referring to an application he had received from a Scout Dog Association, which illustrated how the VWMP’s memorial would lead to a proliferation of statuary on the mall.⁷²

Roy Goodman was the sole member of the Commission to vote in favor of the women’s memorial. Goodman confessed that he came into the meeting expecting to vote against the addition on aesthetic grounds, but changed his mind after hearing the profoundly moving testimony of women who served. Goodman argued that the addition of a memorial honoring women veterans would bring balance to the memorial and

⁷¹ Renny Christopher, “‘I Never Really Became a Woman Veteran Until... I Saw the Wall’: A Review of Oral Histories and Personal Narratives by Women Veterans of the Vietnam War,” *Vietnam Generation* 1, no. 3-4 (Summer/Fall 1989): 34, 39; Sparks, “Citizen-Soldiers or Republican Mothers,” 186; Meyer, *Creating G.I. Jane*, 12-13.

⁷² CFA Transcript, 83-84, 89-90; Elaine Viets, “Picking a Bone with a Bureaucrat: Official Links Canine Corps with Valor of Servicewomen,” *St. Louis Post-Dispatch*, January 26, 1988.

provide appropriate recognition of women's Vietnam service. With Goodman casting the only vote in favor of the addition, the CFA voted to reject the proposed memorial by a vote of 4 to 1.⁷³

Disappointed and angry, Evans sarcastically asked the press how it was that a commission of five individuals, charged only with protecting aesthetics in the capital, had the power to veto the memorial and refuse female veterans equitable representation at the Vietnam Veterans Memorial. Evans had received thousands of letters championing the memorial project; she could not believe that the Commission could simply disregard the public's widespread support for the memorial. Nor could she fathom why the Commission had designated women veterans a "special interest group." Explicit reference to the "men and women who served" in the inscription on the Wall denoted gender as an important category of recognition, and indicated that women were anything but a special interest group, in league with the Canine Corps. Despite this major roadblock, however, Evans did not give up. When one journalist asked Evans what it would take to erect a memorial to women veterans, she caustically retorted, "An act of God, and an act of Congress." Less than a month later, a bill authorizing the addition of a statue honoring women veterans made its way to Congress.⁷⁴

Meanwhile, debate over the CFA's rejection of the monument raged in the *Washington Post* and other mainstream newspapers. Boulay criticized the Commission for "prejudging the project's request before ever hearing the testimony." Stephen Young, vice president of the VWMP, accused the CFA of being insensitive to women veterans'

⁷³ CFA Transcript, 87, 90.

⁷⁴ Diane Evans, interview by author, January 25, 2010.

needs and called its decision insulting to American women. Likewise, Evans accused the Commission of perpetuating the stereotype of “the American soldier as male.”⁷⁵ Hodel refrained from direct criticism of the CFA, but he asserted that wide-ranging public support existed for a Vietnam Women’s Memorial, which would honor “the many thousands of women who served so nobly in that conflict.”⁷⁶ Once the VWMP had identified public support for the memorial as the Project’s biggest ally, it aimed to build an even broader base of support.

J. Carter Brown struck back against criticism of the CFA’s decision. Brown publicly reiterated the Commission’s stated opposition to the memorial project and added, “Art is not legislation, subject to endless amendments by others after the fact.” Brown urged women Vietnam veterans to accept the Commission’s decision, and move forward. Rather than support a memorial “with all the earmarks of an afterthought,” Brown encouraged women veterans to find public recognition of their service in the recently approved national memorial to honor American women veterans of all wars, Women in Military Service for America (WIMSA). According to Brown, WIMSA, expected to be constructed in Arlington in the next five years, constituted a more appropriate way to honor female Vietnam veterans.⁷⁷ Critics of Brown’s suggestion decried the ghettoization of women veterans, and insisted that female Vietnam veterans be honored alongside the male Vietnam veterans with whom they served.

⁷⁵ Benjamin Forgey, “Commission Vetoes Vietnam Women’s Statue,” *Washington Post*, October 23, 1987.

⁷⁶ Donald Hodel, “A Vietnam Memorial for Women?” *Washington Post*, November 8, 1987.

⁷⁷ WIMSA was actually dedicated in 1997, more than 10 years after the CFA rejected the addition of Brodin’s *The Nurse* to the Vietnam Veterans Memorial. J. Carter Brown, “A Vietnam Memorial for Women?” *Washington Post*, November 8, 1987.

Impassioned letters for and against the proposed memorial flooded newspapers across the country. Those opposed to the women's memorial stressed the completeness and balance of the existing memorial, and dismissed claims that women were not adequately represented at the Wall.⁷⁸ For many of these individuals, the proposed women's memorial simply represented feminists' latest attempt to rewrite history with women at the forefront. One editorial published in the *Indianapolis News* mocked the VWMP's efforts by suggesting that perhaps "the painting of Washington Crossing the Delaware" should also be retouched by "putting a woman in the boat."⁷⁹

Those in favor of a Vietnam Women's Memorial challenged the sexism of those who deemed women a "special interest group," or implied that to include a figural statue of a female veteran at the memorial would constitute fabricating history. One male *Indianapolis* reader, for example, took the paper to task for publishing "ill-informed opposition" to the memorial. Every American woman who served in Vietnam was a volunteer who risked her life, he observed. "All they ask in return," is "that their service be recognized by a tangible symbol."⁸⁰ To a female *New York Times* reader, J. Carter Brown's arguments against the women's memorial were "specious" and "an insult to the women of all the services." She insisted that "Male statues do not represent the 10,000 women who served in Vietnam." Brown was also guilty of using a double standard, given that he had failed to describe those who fought for the addition of a masculine, figural

⁷⁸ "Honoring Women Who Served," *Washington Post*, November 11, 1987; "Let Memorial be a Sufficient, Inviolable Symbol," *Providence Journal*, November 20, 1987.

⁷⁹ Editorial, *Indianapolis News*, February 19, 1988.

⁸⁰ Unpublished letter sent to Henry Jacobs, editor of *Indianapolis News*, February 1988, in *Celebrations of Patriotism and Courage: Dedication of the Vietnam Women's Memorial, November 10-12, 1993* (Washington DC: Vietnam Women's Memorial Project, 1993), 77. May Kingman makes a similar argument in, "A Memorial for Nurses," *Washington Post*, November 23, 1987.

sculpture of men at the Wall as a “special interest group.”⁸¹ Ellen Diderich Zimmer, a Vietnam veteran, described the Commission’s “sexist” decision as “a slap in the face” and urged “Congress to legislate an answer to this tragedy.”⁸²

Supporters of the proposed women’s memorial also sent hundreds of letters to the CFA. Veterans, family members of war veterans, and members of the general public, conveying anger, outrage, and disappointment, condemned the Commission’s rejection of a statue honoring women. Patricia, writing from Tucson, Arizona, for example, refuted the Commission’s conclusion that the memorial was complete: “I submit they have no right to make this judgment when these women feel their service has been unrecognized.”⁸³ Each letter of support called for the Commission to reverse its earlier decision.

Letters to the CFA from women veterans reveal a determination to see the memorial realized, and also shed light on women’s reasons for supporting the VWMP. While male veterans and the general public couched their support for the memorial in terms of women veterans’ worthiness and entitlement to a memorial in their honor, women veterans often framed their support for the memorial in terms of visibility. In the 1980s, women veterans remained at the periphery of public consciousness about the Vietnam War, which impaired their ability to receive certain benefits, such as treatments

⁸¹ Barbara Shay, “A Time to Recognize Women Are Veterans Too,” *New York Times*, November 11, 1987.

⁸² Ellen Diderich Zimmer, “Healers Belong with the Heroes in Honoring War Veterans,” *Arkansas Gazette*, February 28, 1988.

⁸³ Letter to the CFA from Patricia, Tucson, Arizona, November 11, 1987, *The Vietnam Wall Controversy*.

and compensation for PTSD and Agent Orange-related illnesses.⁸⁴ For example, early studies of Vietnam veterans' exposure to Agent Orange excluded women, thus preventing female veterans from officially establishing possible connections between Agent Orange and the illnesses from which some of them suffered. In 1978, Vietnam veterans filed a class-action suit against Dow Chemicals and six other manufacturers of Agent Orange. The final settlement, reached in 1984, became the largest tort victory in the history of the United States. Without definitive research to show that female Vietnam veterans suffered from Agent Orange-related illnesses, though, the courts denied women veterans standing to sue, thus preventing affected female veterans from recovering damages.⁸⁵ For the same reason, in the 1980s the government denied many female veterans compensation for illnesses subsequently determined to be Agent Orange-related.⁸⁶ Many female Vietnam veterans connected their exclusion from government and private studies of veteran health problems to lack of public awareness about women's service. Accordingly, many women veterans hoped to prevent further neglect of female veterans through greater awareness of women's wartime contributions.

Women veterans wrote hundreds of letters to the CFA challenging the popular conviction that only men deserve to be included in American war narratives. One female veteran, who observed that women had served in American wars as far back as the

⁸⁴ For more on this point see chapter four, "I Didn't Serve in Combat, What Was My Problem?": An Examination of Female Military Nurses' Struggle to Gain Recognition and Treatment as Sufferers of PTSD. Also see, Patricia Theiler, "A Vietnam Aftermath: The Untold Story of Women and Agent Orange," *Common Cause Magazine* (Nov./Dec. 1984): 29-34; Sharon Rice-Grant, "Does Anyone Care? About the Health of Women Who Served in Vietnam," (PhD diss., California State University, 1986).

⁸⁵ Peter Schuck, *Agent Orange on Trial: Mass Toxic Disasters in the Courts* (Cambridge, MA: Harvard University Press, 1986), 5; Scuteri, "Casualties of War and Research," 131-132.

⁸⁶ For example see, Rona Adams, interview by author, September 6, 2008; Cheri Hawes, interview by author, October 8, 2008.

American Revolution, insisted that female Vietnam veterans be given “visible recognition at our memorial.”⁸⁷ “As a mother, and a veteran,” wrote another, “I would like to see a woman’s statue added to the Vietnam Veterans Memorial...I want others to know in a tangible way they can’t ignore, that women also served.”⁸⁸ Many women veterans emphasized that they did not feel represented by Hart’s statue. A female veteran from Norwood, Massachusetts, for example, denied that the *Three Fightingmen* represented women veterans. If a literal depiction of one gender could represent both she mused, then “remove the men’s statue and replace it with ours.”⁸⁹ Another female veteran, writing from Riverfalls, Wisconsin, maintained that when the VVMF decided to add a literal depiction of the war to the Wall, they should have also decided that a woman would be depicted in that statue.⁹⁰

While female veterans’ support for *The Nurse* was both passionate and widespread, a small number of female Vietnam veterans expressed opposition to the proposed memorial. Army nurse Connie Slewitzke felt Brodin’s design was “unfair” to women who served in other capacities. Although the VWMP contended that Brodin’s design was intended to afford figurative representation to all women who served in Vietnam – more than 80 percent of whom were nurses – Slewitzke criticized the Project’s decision to let a literal depiction of a female nurse stand for women who served in other

⁸⁷ Letter to the CFA from Ruth, Sumter, South Carolina, January 18, 1988, *The Vietnam Wall Controversy*.

⁸⁸ Letter to the CFA from Mona, Madison, Wisconsin, November 7, 1987, *The Vietnam Wall Controversy*.

⁸⁹ Anonymous Letter to CFA from Norwood, Massachusetts, November 9, 1987, *The Vietnam Wall Controversy*.

⁹⁰ Anonymous Letter to CFA, from Riverfalls, Wisconsin, undated, *The Vietnam Wall Controversy*.

roles such as air traffic controllers, secretaries, and supply clerks.⁹¹ Moreover, despite the Project's contention that male nurses were represented by Hart's depiction of men, Slewitzke also felt that *The Nurse*, in its failure to include a male doctor or nurse, slighted male medical staff who served.⁹² Army nurse Martha Bell thought the proposed memorial felt "contrived" and would only take away from the poignancy of the Wall, which she felt adequately represented female veterans: "I didn't feel there needed to be any more of a statement...than the Wall."⁹³ Similarly, Mary, a female veteran from San Francisco, stated her desire to let the simplicity and elegance of Lin's design stand alone: "I had mixed feelings when the [Hart] statue was added. I cannot...accept the addition of another statue."⁹⁴

Even though some female veterans opposed the addition of a statue honoring women at the Vietnam Veterans Memorial, many letters to the CFA indicate that most regarded gender as a fundamental category of recognition, and as such, supported the VWMPs efforts to secure literal representation of women veterans at the Wall. Having fulfilled what they conceived of as the highest obligation of American citizenship, on the whole, the women who served in Vietnam rejected androcentric conceptions of men's military experience as the norm through which public memory of American wars should be constructed.

⁹¹ Scannell-Desch, "The Culture of War," 87.

⁹² Connie Slewitzke, interview by author, May 23, 2008. For this sentiment also see, Letter to the CFA from Jenna, Norristown, Pennsylvania, November 4, 1987, *The Vietnam Wall Controversy*.

⁹³ Martha Bell, interview by author, November 15, 2008

⁹⁴ Letter to the CFA from Mary, San Francisco, California, November 2, 1988, *The Vietnam Wall Controversy*. For more on some military women's opposition to the proposed memorial, see Heikkila, *Sisterhood of War*, 149-150.

The VWMP Goes to Congress

Within days of the Commission's rejection, the VWMP met with Republican Minnesota Senators Rudy Boschwitz and Dave Durenberger to explore how the Project might circumvent the Commission's decision through congressional legislation. Evans acknowledged that "navigating [the] twisted bureaucratic path" of Washington, D.C. would be a tremendous challenge: research would have to be conducted, relationships with federal agency and legislative staff had to be cultivated, and more money would be needed. She found that her nursing skills, which included patience, diplomacy, and advocacy, helped her to overcome the many obstacles.⁹⁵ In November 1987, Durenberger introduced a bill calling for the construction of "a statue at the Vietnam Veterans Memorial in honor and recognition of the women of the United States who served in the Vietnam conflict" in Congress. Democratic Representative Sam Gejdenson of Connecticut introduced a companion bill in the House. Durenberger's original legislation removed the CFA's right to review the proposed women's memorial, a draconian measure that risked reducing support for the bill in the Senate. Senator Alan Cranston of California advised Durenberger to amend the bill's wording so that the CFA would retain the right to review design elements of the proposed memorial but could not prevent the VWMP from erecting a statue to honor women veterans near the Wall.⁹⁶

Meanwhile, internal divisions within the VWMP threatened to derail the Project's progress. In early May 1988, Diane Evans and Karen Johnson, a Vietnam nurse veteran and recent addition to the Project, filed a lawsuit against VWMP chair Donna Boulay for

⁹⁵ Evans, "Moving," 9.

⁹⁶ Heikkila, "G.I. Gender," 222.

improper use of project funds on first-class travel and accommodations, and for exceeding her authority by acting unilaterally on matters requiring board approval. In an effort to avoid bad publicity, Johnson and Evans withdrew the lawsuit just four days after it was filed, but not before its contents were leaked to the press by an unknown party who exposed financial mismanagement within the Project.⁹⁷ To make matters worse, VWMP board member and sculptor Rodger Brodin threatened to withdraw from the Project if Boulay remained on the board. The Project's board of directors finally removed Boulay, replacing her with Evangeline Jamison, a widely respected Army nurse veteran.⁹⁸

Boulay's replacement notwithstanding, news of financial mismanagement within the VWMP triggered a congressional audit of the Project's books. In June 1988, the chair of the House Subcommittee on Libraries and Memorials, Mary Rose Oakar (D-Ohio), chided Evans about the Project's high administration costs and recommended reducing overhead. Oakar, worried that the Project was diverting too much money to connecting women veterans with one another and to educating the public about women's Vietnam service, convinced the Project to create a separate memorial fund.⁹⁹ Her suggestion to let the American Battle Monuments Commission oversee the memorial project irked Evans who feared that female veterans' voice would disappear if the Project was handed off to a federal agency. Evans' responses to Oakar's questions about the management of the

⁹⁷ David Shaffer, "Memorial Board Replaces Chairman: Lawsuit Bogs Down Group Promoting Vietnam Nurse Statue," *St. Paul Pioneer Press Dispatch*, May 10, 1988; "Vietnam Women Vets Replace Leader of the War Memorial Effort," (Minneapolis) *Star Tribune*, May 11, 1988.

⁹⁸ Heikkila, *Sisterhood of War*, 148.

⁹⁹ Marling and Wetenhall, "Sexual Politics," 361.

VWMP seemed to dispel the representative's fears, and the subcommittee ultimately approved the project.¹⁰⁰

The many challenges to the proposed memorial stressed the proponents of the Project, especially Evans, who worked long hours despite family commitments. As a mother to four children under the age of ten, Evans often found it difficult to balance the demanding and often stressful work of the memorial campaign with the needs of her young family. Evans lived in Minneapolis but had to spend many weeks working at the VWMP office in Washington, D.C. while her mother and husband cared for the children. Missing out on tennis matches, piano recitals, and other family events evoked feelings of guilt and sadness in Evans.

Even when not traveling, Evans' commitment to the Project became a source of anxiety, fatigue, and preoccupation: "I was always...putting out some new fire and my mind was terribly distracted." Evans recalled that "One day my son came into my office...and he had these huge tears in his eyes and he said, 'Mom, you love the Project more than you love me.'" Immersed in memorial business, she had forgotten her promise to take him into town that day. Evans never wavered publicly in her campaign to build a statue honoring women veterans erected at the Mall, but setbacks such as the one suffered at the CFA meeting in 1987 and the rise of internal divisions within the VWMP sometimes caused her to privately question whether her personal sacrifices would be in vain.¹⁰¹

¹⁰⁰ Diane Evans, interview by author, January 25, 2010.

¹⁰¹ Diane Evans, interview by author, January 25, 2010.

Evans' hopes rose again when the Senate passed the memorial bill by a vote of 96 to 1 in June 1988. After lengthy conversations in committee, the House passed a modified version of the Senate bill. Some House representatives disliked the section of the Senate bill that required the "statue" to be placed near the Wall. In September 1988 the House did approve of a "memorial" honoring women Vietnam veterans but stipulated only that the memorial was to be situated on federal lands in Washington, D.C. rather than the site of the Vietnam Veterans Memorial. In order to get the bill approved before Congress adjourned in November 1988, the Senate eventually appeased the House by passing the House's diluted version of Durenberger's original bill. President Reagan signed the bill into law on November 15, 1988.¹⁰²

The legislation represented a significant victory for the VWMP, but certain provisions of the bill worried Project leaders. For example, the bill required the memorial be reviewed by the CFA, which had already opposed adding a statue to the existing Vietnam Veterans Memorial. Brown had in fact testified against the bill's passage before both Senate and House subcommittees. Fearing the CFA's continued objection, the VWMP decided to pursue two strategies simultaneously: the Project renewed and intensified its lobbying of Congress for design and site specific legislation, and worked to secure approval from the necessary federal commissions.¹⁰³ Armed with sketches and models, as well as reports from engineers and landscape architects, the VWMP testified at numerous formal and informal hearings on the proposed site of the memorial. Aware that the memorial's success hinged on public support for the statue, the VWMP

¹⁰² Evans, "Moving," 10-11; Diane Evans, interview by author, January 25, 2010; Public Law 100-660, (102 Stat. 3922; Date: 11/15/88; enacted S. 2042) (Vietnam Women's Memorial).

¹⁰³ Heikkila, "G.I. Gender," 234.

redoubled its effort to secure even greater public backing. In February 1989, the television program *60 Minutes* aired a segment that chronicled the VWMP's efforts to build a memorial near the wall that would honor women's service in Vietnam. The journalist Morley Safer interviewed five women Vietnam veterans, including Diane Evans. The piece, which cast Brown and the CFA as the women's memorial's primary opponents, elicited widespread support for the Project in the form of letters and monetary donations. Most viewers sympathized with the women veterans and found Brown's comparison of women's military service to the service of scout dogs, referenced several times in the segment, particularly objectionable.¹⁰⁴ According to Evans, after the *60 Minutes* program aired, criticism of the Project dissipated as politicians feared that continued opposition to the monument was no longer politically expedient.¹⁰⁵

On November 28, 1989, George Bush signed PL 101-187, the second piece of legislation about the Vietnam Women's Memorial, into law.¹⁰⁶ Under the new legislation, the memorial was still subject to the CFA's design review, but the Commission could not bar the memorial from being built at the Mall in Washington, D.C. The legislation did not guarantee that the women's memorial would be built at the Vietnam Veterans Memorial, but it did ensure that the Commission could not force its construction "down the Potomac."¹⁰⁷ In April 1990 (and for reasons that remain unclear) the Commission set

¹⁰⁴ "The Forgotten Veterans," *60 Minutes*, prod. Marti Galovic Palmer, anchor Morley Safer, CBS, February 26, 1989. *60 Minutes* also aired a follow-up piece in April 1999. See, "Classic: The Forgotten Veterans: Sacrifices Made By Nurses in Vietnam Finally Acknowledged and Memorialized," *60 Minutes*, prod. Barbara Dury, CBS, April 28, 1999.

¹⁰⁵ Diane Evans, interview by author, January 26, 2010.

¹⁰⁶ Public Law 101-187, 101st Cong. 1st sess. (103 Stat. 1350; Date: 11/29/89), (Vietnam War Women Veterans' Memorial).

¹⁰⁷ Diane Evans, interview by author, January 25, 2010.

aside its earlier refusal to disrupt the “delicate balance” at the Wall, and voted to approve the addition of a memorial honoring women veterans at the Vietnam Veterans Memorial. The National Capital Memorial Commission and the National Capital Planning Commission soon followed suit.¹⁰⁸

The satisfaction of ensuring representation at the Vietnam Veterans Memorial was tempered by the realization that Brodin’s design would have to be abandoned in order to secure design approval from the CFA. In January 1989, in a statement that seemed to imply that a literal depiction of one military occupational specialty (MOS) could not figuratively represent others, CFA member Charles Atherton voiced his belief that *The Nurse*, “is probably not going to fly” because “it fails to do what it is supposed to do – depict the role women played in the Vietnam War.” Atherton failed to recognize his statement’s glaring inconsistency with his earlier assertion that women were represented by Hart’s literal depiction of male combat soldiers at the memorial.¹⁰⁹ J. Carter Brown, Chairman of the Commission, also expressed his disapproval of Brodin’s design. In February 1989, Brown complained, “The poor nurse looks like she’s about to upchuck.”¹¹⁰ Combined with the Commission’s 1987 testimony against the addition of Brodin’s design, comments such as these led the VWMP to believe that *The Nurse* would not win the approval of the CFA; in an act of accommodation, and with great regret, the VWMP announced its decision to sacrifice Brodin’s design and launch an open design competition to find a fitting replacement.

¹⁰⁸ Diane Evans, interview by author, January 26, 2010; *Celebrations*, 13.

¹⁰⁹ Dan Carpenter, “Women’s Vietnam Memorial Faces Uphill Fight,” *Indianapolis Star*, January 29, 1989.

¹¹⁰ “Statue Designed to Honor Women of Vietnam Find It’s Wrapped in Red Tape,” *Los Angeles Times*, February 14, 1989.

Despite the practical value in compromising, many women veterans deeply grieved the loss of Brodin's statue, which had come to embody women veterans' desire to be represented at the Wall. Vietnam veteran and counselor Donna Buechler recalled having "to help some nurses...let go of the first design." Some women veterans, Buechler recalled, were angered by the Commission's rejection of *The Nurse*, especially given that the Brodin design had generated widespread public support, including several hundred thousand dollars in financial donations.¹¹¹ In the early 1980s, to appease Secretary of the Interior James Watt and others who sought to add an American flag and a figural statue of men to the Wall, the VVMF had secretly agreed to commission Frederick Hart to sculpt a statue. In response to Watt's threat to withhold the Wall's building permit, the CFA approved the addition of Hart's statue without a formal hearing.¹¹² The VWMP, by contrast, was pressed into holding a costly, time-consuming, design competition. Many women veterans resented the double standard and were irked by the delay that would result from holding a design contest.

The design competition, which began in August 1990, presented yet more obstacles for the VWMP. The CFA, which voiced its preference for an abstract design over a statutory piece, instructed the Project to avoid specific language calling for a statue in its competition guidelines. Instead, the Project was simply to call for a "memorial" honoring the women who served in Vietnam. Many within the Project, including Diane Evans, had reservations about this stipulation. Given women's absence from the Vietnam

¹¹¹ Donna Buechler, interview by author, September 22, 2008; "Original Vietnam Women's Memorial Rejected for Politically Correct Version," *US Veteran Dispatch*, October/November 1993, 5.

¹¹² Letter to Mary Rose Oakar, Chair of the House of Representatives Subcommittee on Libraries and Memorials, from J. Carter Brown, June 15, 1988, *The Vietnam Wall Controversy*.

War narrative, the VWMP sought an unequivocal marker of women's service at the Wall. Evans had already rejected an earlier suggestion from the 1987 CFA meeting that commemorative benches and plaques could serve as a viable alternative to a statue honoring women veterans.¹¹³ Evans wanted a women's memorial that could not go unnoticed. Although the VWMP refrained from using the word "statue" in its competition guidelines, a careful reading of the contest instructions made clear the VWMP's desire to circumvent the CFA's advice and secure a literal depiction of women veterans. As Evans recounted, "We explained that what we wanted was for visitors to know in an instant that this memorial represents the women who served in Vietnam."¹¹⁴ By stipulating that on first sight a viewer should understand the memorial's purpose, the Project hoped to ward off abstract entries.

The Project was less premeditated about the selection of the competition jury, an oversight that threatened to undermine the effort to secure a literal depiction of women veterans at the Wall. Like the VVMF, the VWMP hired professionals to select a jury and run the design competition. The jury consultants selected a nine-member jury consisting of five professionals (architects, sculptors, and artists) and four veterans.¹¹⁵ By day two of the design selection process, a clear split between the two groups had emerged. The design professionals, commissioned to sit on the jury for their expertise, seemed to favor

¹¹³ Kent Cooper, CFA Transcript, 70.

¹¹⁴ Diane Evans, interview by author, January 25, 2010.

¹¹⁵ Professional members of the jury included: Lita Albuquerque (artist), James Freed (architect), Craig Hodgetts (architect), Raquel Ramati (urban designer), and Martha Schwartz (environmental artist). Veterans members of the jury included: Rear Adm. Frances Shea Buckley, USN., retired, Adm. William J. Crowe Jr., USN., retired, former Chairman of the Joint Chiefs of Staff, Diane Carlson Evans, former captain, US Army Nurse Corps, and Brig. Gen. George B. Price, USA., retired. Barbara Gamarkekian, "Design Sought for New Vietnam Monument," *New York Times*, August 21, 1990.

the abstract submissions. Veterans on the jury, by contrast, leaned towards literal, figural submissions. In the end, two artists were selected as co-finalists: Eileen Barry and Robert Lee Desmond. Barry's design was a bronze statue of a woman in jungle fatigues wearing dogtags, holding a helmet, and looking towards the sky. Desmond's design featured a white square that would sit on the ground and emit mist in order to "evoke a contemplative mood."¹¹⁶ In order to satisfy the jury's literal and abstract preferences, the co-finalists were asked to combine their design plans.

Even the jury's compromise became mired in controversy. Some critics claimed that Barry's sculpture too closely resembled Brodin's statue. "It is not difficult to conclude," Louise Miles wrote in the *Washington Post*, "that the whole purpose of the design competition was to try to force the Fine Arts Commission [sic] to swallow the concept it already rejected: this time it would have the status of a competition winner."¹¹⁷ Evans, too, noted a strong resemblance between Barry's and Brodin's statues and thus harbored reservations about Barry's design. It seemed unfair to reject Brodin's design, only to adopt a work that so closely resembled *The Nurse*. Additionally, given the CFA's rejection of Brodin's statue on aesthetic grounds, Evans feared that Barry's design, even combined with Desmond's, would not gain the commission's approval. Moreover, the National Capitol Planning Commission (NCPC) ruled against Desmond's mist-emitting slab on the grounds that autumn leaves would clog the statue's mist holes and sump

¹¹⁶ VWMP press release, quoted in Irvin Molotsky, "Sculptor Picked for Vietnam Memorial to Women," *New York Times*, November 11, 1990.

¹¹⁷ Louise Miles, "A Memorial for All Who Sacrificed," *Washington Post*, December 3, 1990.

pump. The commission also predicted that cold seasonal temperatures would prohibit mist from being emitted roughly six months of the year.¹¹⁸

According to the contest guidelines, Desmond and Barry were entitled to cash prizes of \$10,000 and \$20,000 respectively, but the VWMP board of directors had the power to decide which design would serve as the Vietnam Women's Memorial. In June 1991, after lengthy discussion, the board decided to reject both designs in favor of another design that received honorable mention in the contest. The sculpture, designed by Glenna Goodacre, featured three military women, one holding a wounded soldier, one standing and looking skyward, and one holding a sick or wounded Vietnamese baby. American women frequently cared for Vietnamese children during the war, but the board feared that Goodacre's inclusion of a Vietnamese baby in her design might be interpreted as a subtle antiwar reference to American soldiers as "baby-killers." Since the original Vietnam Veterans Memorial guidelines called for an "apolitical" memorial, the board anticipated difficulty securing design approval if the baby remained in the final sculpture. The board approached Goodacre about omitting the baby from her sculpture. Goodacre agreed and replaced the original figure with a woman kneeling on the ground, an empty helmet before her.¹¹⁹ By the fall, Goodacre's design concept had secured tentative approval from the requisite commissions, and in March 1993 the sculpture secured final approval from the NCPC and the CFA. On July 29, 1993, using the shovel used by Scruggs at the Wall's groundbreaking more than a decade earlier, Evans broke ground at the site of the Vietnam Women's Memorial.

¹¹⁸ Diane Evans, interview by author, January 25, 2010; Peter Perl, "A Matter of Honor," *Washington Post Magazine*, October 25, 1992.

¹¹⁹ Diane Evans, interview by author, January 25, 2010.

For many women veterans, the dedication of the Vietnam Women's Memorial marked the first time they were publicly recognized for their wartime service. The memorial placed women into the public memory of the war, and validated their service and sacrifice as citizens who answered their country's call to duty. Patricia Maravola, an Army nurse who had battled PTSD since her return from Vietnam, felt as though her sacrifice had largely gone ignored until the dedication ceremony.¹²⁰ Jackie Tropp, who complained that "everyone made so little of us coming home from Vietnam" viewed the dedication ceremony as military women's homecoming.¹²¹ For Laura Kern, who envied the ribbons and parades that welcomed Gulf Veterans home, the dedication of the Vietnam Women's Memorial helped heal a wound that had festered for decades after she returned from Vietnam.¹²²

The VWMP achieved visibility and recognition for women's Vietnam service. The project also helped facilitate communication between women veterans. Through the initiation of its "sister search" program to stimulate communication between American women who had served in Vietnam, the VWMP helped women veterans to identify shared experiences with PTSD and Agent Orange-related illnesses, and to work collectively at securing recognition and medical treatment. The mobilization of women veterans, sparked in large part by the efforts of the VWMP, resulted in women's inclusion in studies of PTSD and Agent Orange-related illnesses for the first time, and prompted increased availability and improvement of gender-specific services within the VA. The Vietnam Women's Memorial helped carve out a space for women veterans in

¹²⁰ Patricia Maravola, interview by author, April 25, 2009.

¹²¹ Jackie Tropp, interview by author, April 26, 2009.

¹²² Laura Kern, interview by author, September 12, 2008.

the public memory of the war, and offered female Vietnam veterans an opportunity for recognition, healing, community, and compensation.

Conclusion

“Women Have Been There for the Nation; the Nation Must Be There for Them”¹

The women who volunteered for the Army, Navy, and Air Force Nurse Corps during the Vietnam era did not view the military as just another employer. Rather, they viewed military service as a means to serve their country *and* themselves. The corps’ promise of individual opportunity – money for school, adventure, gender equality, professional advancement – resonated with female nurses who were eager to seize personal and professional opportunities that were largely denied to their mothers’ generation. Given the rapidly changing social norms of the period, it is not surprising that these women would want to become more than a wife and mother, or viewed their service in Vietnam as leading to wider career opportunities. Nurses chose military nursing over civilian nursing opportunities because military service simultaneously offered nurses a chance to fulfill their citizenship obligation to the nation and to reap the material benefits awarded to veterans, such as educational and financial assistance.

In Vietnam, challenging work environments pushed nurses to acquire new skills and gain greater confidence in their professional abilities. Large patient loads and physician shortages caused the military to vest nurses with greater responsibility and autonomy than was typical in stateside hospitals. The traditionally hierarchical and paternalistic relationship between doctors and nurses gave way to more collaborative partnerships in Vietnam, which left many women wanting nursing jobs after the war that

¹ Joan Furey, Keynote Address (National Summit on Women Veterans Issues, Washington D.C., September 25-27, 1996).

gave them more autonomy. Back in the United States, few nursing opportunities afforded women the power and respect they had earned in Vietnam, which made their readjustment to peacetime nursing difficult and disappointing. Nurses who felt unfulfilled by the more traditional roles to which they were channeled, found it difficult to yield to stateside policies which prohibited them from using the nursing and leadership skills that they had acquired in Vietnam.

Unfortunately, broadened nursing opportunities in Vietnam were sometimes tempered by some of the military's impractical and sexist policies. As martial citizens who rendered military service to the state in exchange for first class citizenship rights, including pensions and health care, female military nurses often felt entitled to challenge policies they deemed unfair, as when they demanded that PX stores stock female commodities such as underwear and tampons.² Other times, female military nurses tacitly accepted discriminatory practices that seemed insurmountable or not worth fighting. While feminist ideologies had begun to influence how female nurses conceived of their service in Vietnam, some viewed the military as a traditional, masculine institution, unlikely to support sweeping changes to its policies and practices. Others, having been raised in traditional households with prescriptive gender roles, embraced the status quo and did not seek to challenge sexist military conventions.

Nurses' experiences with sex and sexuality in Vietnam were also characterized by ambivalence. Because they were vastly outnumbered by male soldiers, female military nurses enjoyed a newfound sense of power and freedom in their romantic relationships

² D'Amico, "Citizen-Soldier," 105-107; Kerber, *No Constitution Right to be Ladies*, 221-302; Kelly, *Creating a National Home*, 2.

with men. Lesbians, too, discovered newly available space in which to explore their sexuality in Vietnam. Away from their families and communities, many lesbian nurses were able, for the first time, to operate outside the purview of restrictive college dorms or watchful parents. Yet new opportunities for sexual freedom, agency, and pleasure also meant new sexual pressures and dangers. If discovered, lesbians risked expulsion from the nurse corps. The empowerment that some nurses derived from being outnumbered by men in Vietnam was sometimes outweighed by the helplessness they felt against persistent unwanted advances. Military authorities frequently failed to punish sexual harassment because they assumed that male sexual aggression was natural and uncontrollable. How female military nurses responded to harassment depended on carefully calculated risks. Some women filed formal reports against their perpetrators. Others chose to deal with harassment and assault privately because they internalized blame for their attack or they thought that military authorities were unlikely to take their complaints seriously. Although female military nurses often found innovative ways of warding off sexual danger, after the war some of these women suffered from the sexual trauma they had experienced in Vietnam.

Readjustment problems, including anxiety, depression, alcohol abuse, and PTSD, affected about 37 percent of female Vietnam veterans in the immediate aftermath of the war.³ Little was known initially about the prevalence of PTSD in female Vietnam veterans because government-sponsored studies of the disorder among war veterans excluded women from their samples until 1990. Without clear evidence that female

³ Kulka et al., *Trauma and the Vietnam War Generation*, 145.

Vietnam veterans were suffering from PTSD, the Veterans Administration (VA) offered few resources to female Vietnam veterans seeking treatment and compensation for the disorder.

The government's failure to include women in studies of PTSD violated the implicit contract that female military nurses had made with the state when they joined the military. Recruitment advertisements of the Vietnam era had promised female military nurses full gender equality, including benefits and privileges equal to those of male soldiers. Having risked their lives for their country, female nurse veterans expected the government to provide treatment and compensation for their service-related injuries. Yet after the Vietnam War, the VA channeled scarce resources to male veterans because of its habitual construction of citizen-soldiers along gender lines. "When officials of the Veterans Administration...heard the word *soldiers*," writes Cynthia Enloe, "they thought *men*." This approach allowed the military to utilize women's service without undermining the military's masculinized image that upheld its political legitimacy.⁴

In 1982, a General Accounting Office (GAO) report criticized the government's reliance on traditional veterans organizations to spread information about veteran services.⁵ Organizations such as Veterans of Foreign Wars were largely inhospitable to female Vietnam veterans after the war. Thus, few women joined these traditional veterans support networks.⁶ Although the VA had made a special effort to reach out to "special-needs" veterans, such as men who were educationally disadvantaged, older, or

⁴ Enloe, *Maneuvers*, 226-27.

⁵ US Government Accounting Office, *Actions Needed to Insure that Female Veterans Have Equal Access to VA Benefits* (Washington D.C.: Government Printing Office, 1982), 1, 12.

⁶ McVicker, "Invisible Veterans," 16-17; *Actions Needed*, 12.

incarcerated, it failed to inform female veterans adequately about how to apply for their benefits.⁷ Consequently, many female Vietnam veterans failed to document sufficiently their service-related injuries and illnesses, which would have enabled them to apply for financial compensation and medical treatment.⁸ The GAO also criticized the VA for failing to employ medical professionals trained in women's health care needs, including gynecological and obstetrical services. Even when the VA did try to provide health care for women veterans, it ignored their privacy needs. Five of the seven medical centers investigated by the GAO treated veterans in large, open-concept hospital rooms (8-to-16 beds), lacking private showers and toilets.⁹

Many female veterans developed their own networks of support in response to the VA's neglect. Female Vietnam veterans in California, Illinois, and Minnesota, for example, privately organized local retreats and counseling groups to help nurses who were struggling with mental health disorders such as depression, anxiety, and PTSD. Unfortunately, the failure of the government to include female veterans in studies of PTSD and Agent Orange-related illnesses made it difficult for women to file health benefit claims for these ailments.¹⁰ Male veterans obtained free outpatient care, while

⁷ *Actions Needed*, 12.

⁸ Sharon Rice-Grant, "Does Anyone Care? About the Health of Women Who Served in Vietnam" (PhD diss., California State University, 1986), 21.

⁹ *Actions Needed*, 4-6.

¹⁰ The US military sprayed Agent Orange to remove the jungle canopy under which the North Vietnamese and their allies sought refuge and planned their attacks. It was also used to clear spaces for American base camps. Agent Orange contains dioxin, a cancer-causing substance that has now been linked to birth defects, infertility, immune system disorders, and a number of other ailments. Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicide, *Veterans and Agent Orange: Update 2004* (Washington D.C.: The National Academies Press, 2004), 183; Cal Orey, "For these Women, the Battle Continues," *NAM VET Newsletter* 4.5 (1990): 19. For more on Vietnam veterans' struggle to gain compensation for Agent Orange-related illnesses, see Patricia Theiler, "A Vietnam Aftermath: The Untold Story of Women and Agent Orange," *Common Cause Magazine* (Nov./Dec. 1984): 29-34; Peter

female veterans had to pay out of their own pockets for medical care specific to their particular needs.¹¹ Even though the women who served as military nurses in Vietnam had risked their lives for their country, the VA routinely dispensed the rewards of martial citizenship through a hierarchically structured system that privileged male veterans.

The dedication of the Vietnam Veterans Memorial Wall in 1982 reminded many women veterans of the contradiction between women's inability to access veterans benefits and the popular male-dominated narrative of the Vietnam War. When Vietnam veteran Diane Evans learned that a figural statue of three infantrymen would be added to the Vietnam War memorial while female veterans went unrepresented, she decided that the nation's habit of ignoring women's military contributions should not go unchallenged. In 1984, Evans officially incorporated the Vietnam Women's Memorial Project (later the Vietnam Women's Memorial Foundation or VWMF) and initiated a campaign to see a figural statue of female Vietnam veterans erected at the Wall. The Vietnam Women's Memorial was dedicated near the Wall on November 11, 1993, marking it the first national monument to honor women veterans.

Through the construction of the Vietnam Women's Memorial, the VWMF altered the landscape of public memory of the Vietnam War and challenged cultural constructions of war as an exclusively male sphere. The VWMF not only helped women

Schuck, *Agent Orange on Trial: Mass Toxic Disasters in the Court* (Cambridge, MA: Harvard University Press, 1986); Scott, "PTSD and Agent Orange," 592-612. For information on the health effects of exposure to Agent Orange see, Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides, *Veterans and Agent Orange: Update 2010* (Washington DC: National Academies Press, 2010).

¹¹ Veterans who experience service-connected medical problems, are over the age of 65, or cannot afford alternative medical care are entitled to VA health care. Veterans who fall outside of these three categories are provided health care to the extent that staff and facilities are available. Consequently, while its primary mission is to provide treatment for service-connected disabilities, the VA routinely meets the medical needs of veterans who seek care for non-service-connected disabilities. *Actions Needed*, 3-6.

veterans achieve visibility and recognition for their Vietnam service, it also fostered a collective political consciousness among female Vietnam veterans. In the course of mobilizing support for the women's memorial, renewed contact between female nurse veterans enabled them to share their experiences with PTSD and Agent Orange-related illnesses. Activists also realized that so long as the VA equated soldiers with men, female veterans would not receive the benefits they deserved. To raise public awareness about sexual discrimination within the VA system, female veterans wrote memoirs exposing the deeply entrenched male-bias within the VA, they arranged for press interviews to spread their message to the public, and they lobbied Congress for improved access to VA services, including treatment and compensation for service-related medical problems.¹²

The campaign waged by female Vietnam veterans proved highly successful. In 1983, the VA mandated that all research studies conducted or funded by the VA include women veterans. The VA also established the Veterans Advisory Committee on Women Veterans. Two years later, it appointed Women Veterans Coordinators to serve as advocates for women veterans seeking access to VA resources. In 1992, the VA formally identified health issues specific to women veterans as research priorities. In 1994, the VA established the Center for Women Veterans to monitor and coordinate the administration of female veterans' health care and benefits. In 1996, the VA hosted the first National

¹² For examples, see Van Devanter, *Home Before Morning*; Cammermeyer, *Serving in Silence*; Tanaka, *Road Runner*; "She Coordinates Women's Projects for Vietnam War Veterans," *The Telegraph*, October 27, 1982; Tamara Jones, "Women and War: Vietnam Haunts its Forgotten Veterans," *Lewiston Daily Sun*, April 17, 1985; Joanne Weintraub, "In Search of an Identity: Female Veterans of the Vietnam War Push for Own Memorial," *Milwaukee Journal*, May 25, 1986; Diane Dustin, "Panel is Told Female Veterans of Vietnam War Not Getting Benefits," *Free Lance-Star*, June 24, 1989; June Willenz, "Invisible Segment of a Veterans Population: Women Veterans, Past Omissions, Future Corrections," in *Gender Differences: Their Impact on Public Policy*, ed. Mary Lou Kendrigan (Westport, CT: Greenwood Press, 1991), 179-180.

Summit on Women Veterans Issues, which enabled female veterans from across the United States to discuss the continued refinement of VA policies and services for women veterans including the establishment of separate VA women's health clinics.¹³ These developments signaled the VA's recognition of women veterans' past neglect and established military women as veteran-citizens, entitled to state-sponsored, gender-based care.¹⁴ As Cynthia Enloe writes, women's improved access to veterans' benefits through the VA constituted not simply "a new service" available to women veterans, but rather "a new bureaucratic definition of *veteran*."¹⁵ Although strides remained to be made – the quality and availability of gender specific care at VA facilities still varied widely from state to state, for example – female Vietnam veterans had successfully challenged the VA's preferential treatment of male veterans by gaining access to the full material benefits of martial citizenship.

The women who served in Vietnam demonstrate that individual resistance and collective action can achieve positive change. Yet women veterans' journey towards empowerment has not progressed steadily towards equality. Many of the gender issues confronted by female military nurses during the Vietnam era continue to plague women

¹³ For a more complete timeline of advancements in VA policies and services for women veterans, see Department of Veterans Affairs, *Advisory Committee on Women Veterans Report 2010* (Washington DC: Government Printing Office, 2010), 24-32.

¹⁴ United States Department of Veteran Affairs, Center for Women Veterans, <http://www1.va.gov/WOMENVET/> (accessed April 30, 2010). While tremendous strides have been made regarding female veterans' access to gender-specific care at VA hospitals, women veterans continue to report serious gender-based problems with the VA's health care system. For examples see, Kimberly Hefling, "Study Sees Discrepancies in VA Care for Men, Women," *USA Today*, July 13, 2008; Rick Maze, "Female Veterans Still Lack Privacy at VA," *Military Times*, March 31, 2010; Lisa Rein, "VA is Stepping Up Its Services for Female Veterans," *Washington Post*, July 29, 2010; Seth Robbins, "VA, Military Facing Challenges of Women's Health Care," *Stars and Stripes*, July 31, 2010; Leo Shane III, "Study: Female Vets Frustrated with VA Health Care," *Stars and Stripes*, March 23, 2011.

¹⁵ Enloe, *Maneuvers*, 226.

who serve in the US military today. During the Vietnam era, the armed forces relied heavily on the draft to meet its personnel needs. After Vietnam, the military began a transition to an all-volunteer force. Whereas the vast majority of military women who went to Vietnam served as nurses, the move to the all-volunteer force has propelled women into a wider array of military occupations. Although barred from serving in direct combat positions, women are now eligible to serve in all but 10 percent of Army and Marine military occupational specialties (MOSs). In the Air Force, women are permitted to serve in all but 1 percent of MOSs, while the latest figures available for the Navy indicate that women are allowed to serve in all but 6 percent of MOSs.¹⁶ Today, women represent roughly 15 percent of America's active duty military, compared with less than 2 percent in the Vietnam era.¹⁷

Because women constitute a growing percentage of the American armed forces, they frequently experience sexual danger while serving in the United States and abroad. In 2008, there were 2,908 reported incidents of sexual abuse in the US armed forces. All but 10 percent of these reports were made by women, suggesting that sexual harassment and abuse in the armed forces continues to inordinately affect women.¹⁸ The Pentagon estimates that 80 to 90 percent of sexual assaults in the military go unreported, which is

¹⁶ The Navy recently lifted its ban on women serving on submarines. Accordingly, the percentage of MOSs closed to women in the Navy is actually lower than this figure suggests. Pauline Jelinek, "Military Commission: Lift Ban, Allow Women in Combat," *MSNBC*, January 14, 2011, http://www.msnbc.msn.com/id/41083172/ns/us_news-life/t/military-commission-lift-ban-allow-women-combat/#.TvmRDFaz6uI (accessed December 26, 2011); Military Leadership Diversity Commission, *From Representation to Inclusion: Diversity Leadership for the 21st Century Military* (Arlington, VA: Government Printing Office, 2011), 67.

¹⁷ Shirley Meehan, "Improving Health Care for Women Veterans," *Journal of General Internal Medicine* 21 (March 2006): S1. For more on how the military's transition to the all-volunteer force has affected women see, Bailey, *America's Army*.

¹⁸ Steven Lee Myers, "Women at Arms: A Peril in War Zones: Sexual Abuse by Fellow G.I.'s," *New York Times*, December 28, 2009.

not surprising given that 70 percent of informants in a recent study of female victims of military sexual trauma claim that military officials had dissuaded them from reporting their assault.¹⁹ Those who do file reports often feel victimized all over again when little or no action is taken against their perpetrators.

Sexual harassment and assault can be difficult to prove. In the military only 8 percent of reported incidents of sexual harassment end in prosecution, compared with 40 percent in the civilian sector. Even more discouraging, roughly 80 percent of those who are convicted are honorably discharged from the military.²⁰ The military's poor record of responding to women's reports of sexual abuse and harassment in the armed forces reveals a weak commitment to preventing and punishing sexual violence within its ranks.²¹ Despite recent steps the military has taken to reduce sexual harassment, including a zero tolerance policy toward sexual violence, military women remain in danger from their male colleagues.

¹⁹ Nancy Gibbs, "Sexual Assaults on Female Soldiers: Don't Ask, Don't Tell," *Time*, March 8, 2010, <http://www.time.com/time/magazine/article/0,9171,1968110,00.html> (accessed November 30, 2011); Melissa Dribben, "The Silence Battle for Servicewomen: Sexual Assault," *The Inquirer*, September 8, 2011; Rebecca Campbell and Sheela Raja, "The Sexual Assault and Secondary Victimization of Female Veterans: Help-Seeking Experiences with Military and Civilian Social Systems," *Psychology of Women Quarterly* 29 (2005): 102. For more on sexual harassment and assault in the US armed forces, see T.S. Nelson, *For Love of Country: Confronting Rape and Sexual Harassment in the US Military* (Haworth Maltreatment and Trauma Press, 2002); Sara L. Zeigler and Gregory G. Gunderson, "Moral Outrage or Morale Builder: Sexual Harassment in the US Military," *Moving Beyond G.I. Jane: Women and the US Military* (Lanham, MD: University Press of America, 2005), 111-134; Hunter, *Honor Betrayed*; Lindsay Feitz and Joane Nagel, "The Militarization of Gender and Sexuality in the Iraq War," in *Women in the Military and in Armed Conflict*, eds. Helena Carreiras and Gerhard Kümmel (Wiesbaden: VS Verlag für Sozialwissenschaften, 2008), 201-226; Benedict, *The Lonely Soldier*; Carolyn Allard and Melissa Platt, ed., *Military Sexual Trauma: Current Knowledge and Future Directions* (Taylor & Francis Group, 2012).

²⁰ Gibbs, "Sexual Assaults on Female Soldiers." For a breakdown of conviction rates by service, see Nelson, *For Love of Country*, 84-85.

²¹ For more significant assessment of the military's recent record of dealing with sexual harassment and abuse in armed forces, see US Government Accountability Office, *Preventing Sexual Harassment: DOD Needs Greater Leadership Commitment and an Oversight Framework* (Washington D.C.: Government Printing Office, 2011).

Women's access to VA resources including disability compensation and health care is still constrained by gender. Thanks in large part to the hard lobbying of female Vietnam veterans, military women are now routinely included in studies of PTSD in war veterans, but women returning from Iraq and Afghanistan continue to report gender-bias within the VA health care system. Some investigators claim that military women who have served in Operation Iraqi Freedom or Operation Enduring Freedom experience PTSD at twice the rate of male soldiers.²² Yet these women are not receiving the treatment they need because of gender discrimination in the diagnosis of PTSD.²³ For example, one study found that only half of women veterans who met the criteria for PTSD at one VA medical center received a PTSD diagnosis.²⁴ While male and female veterans who have sustained combat injuries and report symptoms of PTSD are likely to be diagnosed with the disorder, women who experience PTSD symptoms as a result of military sexual trauma (MST) are far less likely to be diagnosed with the disorder.²⁵ These statistics are particularly important because studies show that MST leads to higher rates of PTSD in women veterans than other kinds of trauma.²⁶

²² Hannah Fischer, *United States Military Casualty Statistics: Operation Iraqi Freedom and Operation Enduring Freedom*, Congressional Research Service Report for Congress (Washington D.C.: Library of Congress, 2008), discussed in Diana Feczer and Pamela Bjorklund, "Forever Changed: Posttraumatic Stress Disorder in Female Military Veterans, A Case Report," *Perspectives in Psychiatric Care* 45, no. 4 (2009): 280.

²³ Angela Pereira, "Combat Trauma and the Diagnosis of Post-Traumatic Stress Disorder in Female and Male Veterans," *Military Medicine* 167, no. 1 (2002): 23.

²⁴ Brent Benda and Holly House, "Does PTSD Differ According to Gender Among Military Veterans?" *Journal of Family Social Work* 7, no. 1 (2003): 25.

²⁵ Maureen Murdoch et al., "Gender Differences in Service Connection for PTSD," *Medical Care* 41, no. 8 (August 2003): 950-961. Also see "Justice for Women Veterans," *New York Times*, September 12, 2011.

²⁶ Deborah Yaeger et al., "DSM-IV Diagnosed Posttraumatic Stress Disorder in Women Veterans With and Without Military Sexual Trauma," *Journal of General Internal Medicine* 21 (March 2006): S65-S69.

Mental health care is not the only dimension of the VA health care system where sexual discrimination persists. In 2011, one in four female veterans surveyed by the American Legion rated the availability of gender-specific health care at the VA “poor.”²⁷ True, there have been many important improvements in female veteran health care since the Vietnam era. For example, many VA medical facilities now offer obstetric care, management of contraceptive medications, as well as incontinence and osteoporosis treatment.²⁸ But barriers remain. Because most specialized gender-specific services including gynecological care and mammography are generally only offered during certain hours (usually no more than two days a week at most hospitals, as little as two days a month at others), women veterans are often required to make multiple visits to a VA medical facility in order to receive the full spectrum of primary care oriented towards women’s needs, such as cervical cancer screenings and breast examinations. Work and child care responsibilities can make multiple visits problematic, especially since services are generally not available in the evenings or on weekends. Moreover, some VA medical

²⁷ The Legion’s survey included more than 3,000 female veterans. Leo Shane III, “Survey: Female Vets Frustrated With VA Health Care,” *Stars and Stripes*, March 23, 2011. For a gendered comparison of veterans’ level of satisfaction with VA care, see Steven M. Wright et al., “Patient Satisfaction of Female and Male Users of Veterans Health Administration Services,” *Journal of General Internal Medicine* 21 (March 2006): S26-S32.

²⁸ US Government Accountability Office, *VA Health Care: VA Has Taken Steps to Make Services Available to Women Veterans, but Needs to Revise Key Policies and Improve Oversight Processes* (Washington D.C.: Government Printing Office, 2010), 2, 10; Jon Ostendorff and Nancy Bompei, “VA Boosts Medical Care for Female Veterans,” *USA Today*, March 1, 2011, http://www.usatoday.com/news/military/2011-03-01-womenva01_ST_N.htm (accessed December 6, 2011). For more on women veterans’ reasons for not using VA health care, see Donna L. Washington et al. “To Use or Not to Use: What Influences Why Women Veterans Choose VA Health Care,” *Journal of General Internal Medicine* 21 (March 2006): S11-S18; Dawne Vogt et al., “Barriers to Veterans Health Administration Care in a Nationally Representative Sample of Women Veterans,” *Journal of General Internal Medicine* 21 (March 2006): S19-S25.

facilities, incapable of offering specialized gender-specific care, refer women veterans to medical centers as far as 130 miles away.²⁹

Women who serve in the armed forces today confront new problems as well. During the Vietnam War, the military discharged women who became mothers through pregnancy or marriage. In 1975, after a series of legal challenges, the Department of Defense issued a directive to all branches of the armed forces declaring that women could no longer be dismissed from the military for becoming mothers.³⁰ Today, nearly half of the 200,000 military women who have served in Iraq or Afghanistan are mothers, which has raised questions about the compatibility of military service and motherhood.³¹ Sixty-four percent of Americans believe it is unacceptable to send mothers into a war zone, highlighting the salience of cultural assumptions which define women as primary care givers.³² The mass media has glorified the sacrifices made by fathers who leave their families to serve in Iraq or Afghanistan, while mothers sent to the same regions are judged harshly. Local newspapers frequently feature celebratory pictures of military fathers meeting their babies for the first time or reuniting with older children after tours abroad. But stories about military women often focus on how military service has interfered with maternal child care.³³ While military women are no longer forced to

²⁹ *VA Health Care*, 2, 11, 13.

³⁰ For a detailed review of legal challenges to the military's discriminatory pregnancy policy during the Vietnam era, see Vuic, *Officer, Nurse, Woman*, 123-127.

³¹ "Military Moms: How War Affects Families" *NPR*, September 6, 2011, <http://www.npr.org/2011/09/06/140214598/military-moms-how-wars-affect-families> (accessed December 16, 2011).

³² Campbell, "Combatting the Gender Gulf," 75.

³³ For examples of articles about male soldiers' reunions with their children see, Heather Carney, "Christmas Class: Local Soldier's Homecoming Surprises Kids for Holidays," *Naples Daily News*, December 21, 2011; Burt Constable, "Soldier Will Meet Daughter on Christmas Eve: Carol Stream Native Watched Birth via Laptop in Iraq," *Chicago Daily Herald*, "Hugs and Tears: Returning Soldier Surprises

choose between having careers and having families, they still must contend with traditional gender expectations that value women's role as mothers over their role as soldiers.

America's recent military interventions in predominantly Muslim countries including Iraq, Saudi Arabia, and Afghanistan have created a new set of problems for military women. In order to appear as "culturally sensitive," the US military ordered American women stationed in Saudi Arabia during the Gulf War, to wear abayas (the traditional, black, robe-like garments commonly worn by Islamic women) whenever they travelled off base.³⁴ The US Congress eventually passed legislation rescinding the order, but the military has been "encouraging" female personnel in Afghanistan to wear headscarves while on and off duty. Some servicewomen are happy to wear headscarves in Afghanistan because they view the gesture as a means of establishing trust and more fruitful interactions with locals. Others resent the military's use of a pressure tactic to force them to wear a garment that puts them at risk by impairing their peripheral vision."³⁵ Critics have suggested that US military leaders would not have encouraged African American soldiers to follow local customs if the US had intervened in apartheid

Daughter at School," *Chicago Tribune*, December 23, 2011. For articles about the deployment of military mothers see, Richette Haywood, "Should Moms go to War?" *Jet*, March 4, 1991, 4-10; Allan Carlson, "Mothers at War: The American Way?" *World Net Daily*, April 11, 2003, http://www.wnd.com/news/article.asp?ARTICLE_ID=31981 (accessed December 6, 2011); George Mason University, "Mothers' Military Deployment Affects Health of Women and Teens," *Science Daily*, April 2, 2009, <http://www.sciencedaily.com/releases/2009/04/090402104728.htm> (accessed December 6, 2011); Lizette Alvarez, "Women at War: Wartime Soldier, Conflicted Mother," *New York Times*, September 26, 2009; Mary Eberstadt, "Mothers in Combat Boots: Reassessing a Military Policy" *Policy Review*, no. 159, February 1, 2010, <http://www.hoover.org/publications/policy-review/article/5358> (accessed December 26, 2011).

³⁴ Martha McSally, "GIs Shouldn't Have to Wear Head Scarves," *Stars and Stripes*, February 11, 2011. For a discussion of other local customs to which military women were expected to comply while serving in the Gulf War, see Campbell, "Combatting the Gender Gulf," 78-79.

³⁵ McSally, "GIs Shouldn't Have to Wear Head Scarves."

South Africa.³⁶ The policy of encouraging female personnel to adopt the social customs of countries where women are treated as second-class citizens also reflects the US military's treatment of women as second-class soldiers within its own ranks.³⁷

As the line between combat and noncombat duties has become more blurred, women are at greater risk than ever because of their second-class status.³⁸ US military women remain banned from serving in direct combat positions including infantry and artillery units. Since the Vietnam War, however, US counterinsurgency operations have taken place on roadsides and in marketplaces where women are exposed. First lieutenant Ashley White, for example, was recently killed in a remote village near Kandahar, Afghanistan, when a member of her unit accidentally triggered an improvised explosive device. White had been working as a member of a cultural support team designed to foster rapport and cooperation between US military personnel and local populations.³⁹

As White's case reveals, US policy banning women from combat has not only failed to protect them from danger, it has also insidiously perpetuated a glass-ceiling that prevents women from earning top leadership positions, promotions, and advancement. A 2009 study of career advancement in the military, for example, found that 80 percent of Army generals had served in combat specialties that banned women.⁴⁰ "Excluding certain groups . . . from full participation in the military," the historian Kara Vuic has written,

³⁶ Campbell, "Combatting the Gender Gulf," 79.

³⁷ McSally, "GIs Shouldn't Have to Wear Head Scarves."

³⁸ Ian Simpson, "Women Vets Now More Likely to Have Seen Combat: Study," *Reuters*, December 22, 2011, <http://www.reuters.com/article/2011/12/22/us-defense-women-idUSTRE7BL0ZY20111222>, (accessed December 26, 2011).

³⁹ Mark Thompson, "Thanksgiving Thought: A Woman in Combat," *Time*, November 22, 2011; David Zucchino, "A Counterinsurgency Behind the Burka," *Los Angeles Times*, December 11, 2011.

⁴⁰ Nelson Lim et al., *Officer Classification and the Future of Diversity Among Senior Military Leaders: A Case Study of the Army ROTC* (Santa Monica, CA: Rand Corporation, 2009), xi.

“suggests that they are not full citizens equal to those who face no limitations on their service.”⁴¹ Embracing this logic, many American women have fought for full inclusion in the US military as a means to achieve full citizenship rights.

The experiences of female military nurses who served in Vietnam seem to support this view. Many nurses derived a sense of empowerment from their service, and are proud of the opportunities and benefits they have helped make available to military women today. Most, in fact, say that if presented with the same opportunity all over again, they would still choose to serve in Vietnam, even knowing the challenges they would subsequently face. It appears that serving in Vietnam strengthened their view of military service as a citizenship obligation, and their desire to be viewed as martial citizens. Julia Carter joined the military to help pay for school, but the camaraderie she developed with male soldiers in Vietnam fostered a sense of obligation to share in the country’s defense. “Can we really expect our fathers, brothers, husbands to take up arms on our country’s behalf while we remain safely at home? Of course women will be viewed as lesser citizens if they do not volunteer to share that obligation.”⁴² Bobbi Hovis, now in her 90s, acknowledged the challenges and dangers of military service, but relished the opportunities that military service had provided: “I completed my tour a stronger woman, personally and professionally, and got to be part of some of the most exciting events of my time. The Navy gave me that opportunity, and I am proud to have served my country in Vietnam.”⁴³

⁴¹ Vuic, *Officer, Nurse, Woman*, 192.

⁴² Helen Thompson, interview by author, November 10, 2008.

⁴³ Bobbi Hovis, interview by author, November 19, 2008.

Most female nurse veterans who are proud for having served in Vietnam, however, explain themselves not in patriotic terms, but as caregivers who were glad to help sick and wounded soldiers. Diana Dwan Poole, despite suffering from PTSD since Vietnam, would serve all over again, “but not for my country.” Poole left Vietnam disillusioned by the war, but inspired by soldiers who routinely implored her to care for their buddies first. “There are men who served in Vietnam, boys really, who went on to have wives, and children, and careers because of what I and other nurses did there. I saved lives in Vietnam, and for that reason I feel that what I did was worthwhile. For that reason, I would serve in Vietnam all over again.”⁴⁴

Feminist antimilitarists have pointed out the limitations of an approach that embraces military service as the best road to achieve first-class citizenship for women. In the struggle to become accepted as legitimate soldiers, some women have ignored that the military is a male-dominated, patriarchal institution which relies on and reinforces an unequal gender order. Women’s participation in the military, according to these critics, runs the risk of legitimizing its power.⁴⁵ Cynthia Enloe bridges the gap between these two positions, explaining, “First we must argue persuasively that the military is too important a social institution to be allowed to perpetuate sexism...And second we must argue persuasively that the military is too important.”⁴⁶

Some Vietnam War era nurses have acknowledged the futility of trying to use the military to gain full citizenship rights. Helen Thompson, for example, explained her disillusionment in no uncertain terms: “When I joined the military, I was a true patriot. I

⁴⁴ Diana Dwan Poole, interview by author, April 3, 2009

⁴⁵ Peach, “Gender Ideology in the Ethics of Women in Combat,” 178-179.

⁴⁶ Cynthia Enloe, “The Right to Fight: A Feminist Catch-22,” *Ms.* 4, no.1 (July/August 1993): 87.

believed in my country, I believed that it would take care of all its veterans.” But after Vietnam, she felt let down by her country: “We had to fight, tooth and nail, for everything we got, for everything we deserved. We fought for our own memorial. We fought to prove that we had been exposed to Agent Orange, it wasn’t just the men. We fought to prove that we had PTSD. We fought for every red cent we were given by the VA for service-connected injuries.” Thompson acknowledged that male Vietnam veterans, too, were let down by the VA. Throughout US history veterans have had to struggle against a government whose primary interest is in shielding itself from the financial liability of war.⁴⁷ But to Thompson, the VA’s denial of benefits to female military nurses seemed to originate less from thriftiness, and more from the military’s conception of women as second-class soldiers.⁴⁸

⁴⁷ Richard Severo and Lewis Milford, *The Wages of War: When America’s Soldiers Came Home: From Valley Forge to Vietnam* (New York: Simon & Schuster, 1989), 16, 422-423.

⁴⁸ Helen Thompson, interview by author, November 10, 2008.

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