

Women's experiences and contributions as nurses are as consequential a part of the history of the Vietnam conflict as those experiences and contributions of men in combat. Because they served in non-combatant roles, the women who served in Vietnam have struggled against social conventions making Americans reluctant to identify them as Vietnam veterans. These women were part of the Army Nurse Corps, the Navy Nurse Corps, and the Air Force Nurse Corps. Nurses joined the American Armed Forces effort in Vietnam for various reasons: to see the world, to gain life experience, to pursue adventure, to protect democracy, or to serve their country; most were entirely unaware of the depth of reality of war.¹

From my naïve perspective, I saw the United States pursuing a course that President Kennedy had talked about in his inaugural address: We were saving a country from communism. There were brave boys fighting and dying for democracy, I thought. And if our boys were being blown apart, then somebody better be over there putting them back together again. I started to think that maybe that somebody should be me.²

In 1965 the first American combat troops arrived in Vietnam. The physical reality of Americans declaring war on Vietnam was beginning to be realized, as heavy casualties resulted from the initial battle.³ This naturally led to the recruitment and arrival of further American troops and the necessary American nurses in Vietnam.

¹ Although nurses were predominantly female, it is recognized that male nurses, and nurses of other nationalities also served in Vietnam. For the purposes of this paper, I will focus primarily on American female nurses Vietnam. For further information on male nurses in Vietnam see "An Army Nurse Corps Veteran Answers Questions From a High School Class in 1996". Accounts of British and Australian nurses in Vietnam are also available both in print and online.

² Van Devanter, Lynda and Christopher Morgan. Home Before Morning: The Story of an Army Nurse in Vietnam. New York: Beaufort Books, Inc., 1983. p49

³ PBS – WGBH Educational Foundation. "Vietnam: A Television History" The American Experience. 1997. Online. Internet. 26 Feb. 2000 <http://www.pbs.org/wgbh/amex/vietnam/time/timeline1.html> The first conventional battle of the Vietnam War was between North Vietnamese and American forces at Ia Drang Valley, resulting in aforementioned heavy casualties, signalling an 'official start' to the Vietnam War.

The social climate created by the American government following World War two divided the world into two camps – Democratic peoples and Communist peoples.⁴ The fear of losing Democratic power to Communist leaders and the perceived threat that communism posed to countries such as the United States was used to motivate American citizens to action. President Truman asserted in 1947 that it was the responsibility of the people of the United States to keep global hope of democracy alive, maintaining the freedoms of the “free peoples of the world.”⁵ President Johnson expanded on this, stating the reasons for “why...we are in South Vietnam...” in 1965

We are there because we have a promise to keep. ...we have made a national pledge to help South Vietnam defend its independence...To dishonor that pledge...would be an unforgivable wrong.

We are also there to strengthen world order. Around the globe from Berlin to Thailand are people whose well-being rests in part on the belief that they can count on us if they are attacked. To leave Vietnam to its fate...would (result in) even wider war.⁶

To the patriotic American, it would appear that action and involvement in Vietnam was warranted by the inherent American duty to a people struggling to keep hope and freedom alive. Little did the American people know that long before their last troops withdrew from Vietnam in 1975 that they would face the reality that they had been fighting a losing war and that finally, “...the Americans have been beaten.”⁷

Active recruitment campaigns at nursing schools found women willing to volunteer for military service as nurses, aware of the need for nurses in Vietnam.⁸ As

⁴ President Harry S. Truman’s Address to a Joint Session of Congress. March 12, 1947 (excerpts) History 324B Assigned Reading

⁵ Ibid. It was asserted that Communist governments fueled tragic “totalitarian regimes nurtured by misery and want” reaching “...their full growth when the hope of a people for a better life has died.”⁵

⁶ PBS – WGBH Educational Foundation. Reference: Primary Sources - American Policy in Vietnam, President Lyndon B. Johnson, April 7, 1965.

⁷ PBS Timeline – 1975 This statement was made by North Vietnamese Colonel Bui Tin as the South Vietnamese surrendered to communism.

⁸ Diebolt, Jeanne. “Keynote Address at the Women’s Memorial”. [Vietnam Veterans Home Page](#). (1993). 26 January 2000. [<http://grunt.space.swri.edu:80/keynote.htm>.]

This is re-affirmed in most personal accounts of women who served in Vietnam. The initial quote attributed to Lynda Van Devanter (footnote 3) affirms this statement.

military personnel, nurses generally would serve a one-year tour of duty. Although nurses serving in combat zones were required to be at least twenty-one years old, many who served would have just been eligible to serve, with 60 percent of Army nurses in Vietnam having less than two years of nursing experience. Most of that 60 percent had less than six months of practical experience.⁹ Six weeks of basic training completed preparation for nurses entering the Army and leaving for Vietnam.¹⁰ Even those nurses with age and experience weren't prepared for what they would face both professionally and personally in Vietnam.¹¹

Volunteering for military service through nursing was one way for a young woman to assert independence from parents and traditional feminine stereotypes, while at the same time having the opportunity to travel and begin a career.¹² Parental reactions varied from fearful to prideful, a common sentiment being expressed by one father, "War's no place for a girl...it's hard enough on men" in reaction to the announcement that his daughter had enlisted.¹³

The premise of fighting Communism allowed some women to volunteer for the adventure of seeing the world. Flying over Vietnam's lush jade jungles and stepping out into the tropical humidity of Southeast Asia, they may have believed they had

⁹ Marshall, Kathryn. In The Combat Zone: An Oral History of American Women In Vietnam, 1966 – 1975. Toronto: Little, Brown & Company, 1987.p. 6 This point is also made clear in the documentary, "Women at War" and in Jeanne Diebolt's Keynote Address stating that the nurses in Vietnam were the youngest group of medical personnel to serve in war.

¹⁰Litt, Marilyn Knapp. "An Army Nurse Corps Veteran Answers Questions from a High School Class". (09 March 1996 and 20 March 1997). Online. Internet. 26 January 2000. Available: <http://www.illyria.com/vnwhighschool.html> p. 8 / 12

The Nurse in question, asserted that her basic training proved to be mostly useless in Vietnam. Training consisted of learning how to march, how to read a map and compass, how to treat battle injuries, and how to control sanitation in the field. She also asserted that any further training a nurse desired necessitated an additional commitment to military service.

¹¹Marshall, K., p. 28.

¹²Norman, Elizabeth M. Women at War: The Story of Fifty Military Nurses Who Served in Vietnam. Philadelphia: University of Pennsylvania Press, 1990 p. 9. Service in Vietnam provided opportunities for women to hone their nursing skills and gain valuable occupational experience. Specifically, the Army paid for women to attend nursing school, with the condition of being obligated to serve for one year overseas following nursing school. See also "An Army Nurse Speaks to High School Students".

found it.¹⁴ However, once their flight into Vietnam landed, or even attempted landing amidst rocket attacks, the women were faced quickly with the uncompromising reality of living and working in a country at war.

Curiosity about Vietnam abounded and most Americans had no accurate perception of the reality of the Vietnam war experience. As Ann Powlas, Veteran Army Nurse recalls, "...I was excited...because Vietnam was what was happening."¹⁵ Winnie Smith recalls her attitude at age 21, "the closest I could get as a woman was a war zone hospital, but I was...excited at the prospect".¹⁶ Nursing was one of the few ways that women could both serve their country and actively participate on the front lines of the Vietnam War.

Another motivation for service was a sense of duty as both a caregiver and an American. As Lynda Van Devanter recalls, "nursing was the way I was going to make my contribution to society" remembering President Kennedy's famous speech "Ask not what your country can do for you, but what you can do for your country".¹⁷

Nursing as professionalized human caring provides the practitioner with knowledge, skills and experience to provide an effective method for carrying out the "human role of caring".¹⁸ The role of nurses sent to Vietnam therefore, was to provide for the medical needs of the injured in Vietnam, to professionally look after and

¹³ Smith, Winnie. American Daughter Gone To War: On the Front Lines with an Army Nurse in Vietnam. New York: William Morrow and Company, Inc., 1992.p. 23

¹⁴Ibid. , p. 43. Winnie Smith describes her first view of Vietnam as being "an emerald land in azure waters. From up here it is hard to believe there's a war going on." Her recollection of Vietnam as an extraordinarily beautiful country is not unique, Jeanne Diebolt affirms this in her description of Vietnam as "...one of the most beautiful countries in the world."

¹⁵ Marshall, K. p. 116. "Ann Powlas"

¹⁶ Smith, W., p. 20.

¹⁷ Van Devanter, L., p. 29 & 30.

¹⁸ Roach, Sister Simone M.. The Human Act of Caring. Ottawa: Canadian Hospital Association Press, 1992, p. 3. As noted in this leading nursing text, a person does not care because she is a nurse, a nurse cares because she is a human being.

provide for the wounded, placing value on human life and compassion in suffering.¹⁹ Another nurse cites her attitude, "this was the kind of nursing you were supposed to be doing."²⁰ In interviews with nursing students, "with very few exceptions, students stated they chose nursing because they wanted to help people, to make people's lives better, to care".²¹ War's inherent violation of the fundamental and "almost absolute"²² value placed on human life by nurses, as caregivers would motivate many women to service.

The commitment of caring and placing value on human life would be frustrated in Vietnam through situations far beyond the nurses' control. As President Johnson himself said, "War is always the same. It is young men dying in the fullness of their promise. It is trying to kill a man that you do not even know well enough to hate."²³ In yet other ways, women's circumstances and experiences in Vietnam fulfilled the goals of nurses, as compassion, competence, relational trust, conscience and commitment²⁴ were invaluable commodities in wartime occupational situations foreign to stateside hospitals. The obvious and urgent need for capable medical care gave value to nurses as they cared for their patients physical and emotional needs.

A key characteristic of the Vietnam War was the lack of a distinguishable front or discernible enemy. Thus, common perceptions of women's war experience were shattered. "According to military policy, women are not supposed to be in life-threatening situations in a war zone...But in Vietnam there were no safe areas..."²⁵.

¹⁹ Roach, S., p. 55. Otherwise stated, "Professional caring is ...a deliberate response to that which matters".

²⁰ Marshall, K., p.84 – "Mary Stout"

²¹ Roach, S., p. 6.

²² Ibid., p. 23.

²³ PBS The American Experience "In Their Own Words"

<http://www.pbs.org/wgbh/amex/presidents/nf/words/words.html>

²⁴ Roach, S., p. 58. Compassion, competence, confidence (relational trust), conscience and commitment are entitled the five goals of caring.

²⁵ Walker, Keith. A Piece of My Heart: The Stories of 26 American Women Who Served in Vietnam. Novato, California: Presidio Press, 1985. p. 2

Vietnam's distinguishing guerrilla warfare made for no front combat lines or safe rear areas.

In Vietnam there were no front lines. Non-combatant is an oxymoron. Women did not have combat MOS's. They were supposed to be safe in the rear, nurses included. Because we were "non-combatants" we were not issued steel helmets or flak jackets, so we had to scrounge them so there would be some protection during rocket and mortar attacks. American women didn't fight, but Vietnamese women did. But everyone had the possibility of being caught in an attack and many were. We didn't "serve" in combat, but we were in combat.²⁶

Women's living quarters and workplaces were areas vulnerable for enemy attack, meaning that women would be at danger and wounded. Incoming rockets became commonplace for nurses in field hospitals. One nurse describes her experience,

We got rocketed...at first it was scary. But I have to tell you that, after a couple of times, you just get used to it. You always had a flak jacket and a helmet on the foot of your bed. The procedure was, when there was a rocket, you put on your flak jacket and helmet and run to the bunkers. If you were working there was a jacket and helmet above every patient in bed. What you were supposed to do was get them on the guys who couldn't do it themselves and then roll them underneath the bed. It would usually be just at dawn when we got rocketed...you learn to know the difference between incoming and outgoing fire.²⁷

Logically, nurses were "just doing their job", however their circumstances make their contributions more significant than simply completing duties. During a nurse's year long tour of duty, she would be called upon to perform functions beyond what she had learned in nursing school, working on war wounds foreign to peacetime training, with urgent heavy patient loads. Various estimates agree that standard nursing

²⁶ Kelsey, Ann. "Ann Kelsey: Vietnam Vet". 26 January 2000. Internet. Available: <http://mcel.pacificu.edu/as/students/wviet/interv.html>.

schedules were twelve-hour workdays, six days a week. Shifts would be longer and more intense as specific battles returned casualties from the field, and days off cancelled as patient loads grew heavier. "Time took on a different meaning. One nurse said she felt she was caught up...in a craziness she could not control."²⁸

Even the uniforms of nurses in Vietnam were more like those of men in combat than the pristine white uniforms of North America. While one nurse detailed the frustration she experienced keeping her nursing uniform white while stationed at a "showpiece" military hospital in Saigon, white duty uniforms were used in only four hospitals in Vietnam.²⁹ Breaking with the traditional stereotype, oversized army fatigues were standard nursing attire. The practicality and comfort that military issue green uniforms and combat boots offered made them popular with nurses.³⁰

The types of wounds nurses dealt with in Vietnam are representative of their experience. While wounds varied with the type and position of the medical facility where a nurse worked, memories of horrific wounds are consistent throughout personal accounts. Intensive care units were considered more the norm than the exception.³¹ Burn patients specifically are described as leaving lasting imprints on the nurses who attempted to ease their suffering. Being asked what image would "capture the experience of Vietnam" Kathie Swazuk answered:

...my most vivid memory was the burn patients...treating burns from white phosphorus, flamethrowers, a lot from chopper accidents...I think I can smell and I can see the

Note: Lynn Van Devanter defines 'MOS' as Military Occupational Specialty, p.318.

²⁷Marshall, K., p. 57. "Leslie Mc Clusky"

²⁸Norman, E., p. 21.

²⁹Smith, W., p. 13, 14.

³⁰Litt, M. K., p. 8. An additional 'bonus' to wearing utility uniforms was the social equality that they offered. As Dusty writes, "the rich girls didn't look any better or fancier than the poor girls...". This break with traditional white uniforms further proved to symbolize women's changing role in warfare.

³¹Vietnam: A Soldier's Story II, Women at War. Narrator Jack Smith. ABC News Production. TLC. 7 February 2000.

crust and the skin and it's a very visual picture of what I did day after day...just peel the skin off of burn patients. That's the picture I have.³²

This memory was reiterated by others, recalling the scent of patients termed "crispy critters"³³, which would return to nauseate nurses for years to come. Others graphically recall young men "whose entire bell(ies)" had been "blown open"³⁴ by Viet Cong landmines. Severe abdominal abscesses were common in patients, with nurses having to attend to the disgusting task of flushing out pus, maggots and shrapnel from the abdominal cavities of soldiers in order for organs to be pieced back together.³⁵ Other patients suffered from tropical diseases, shrapnel wounds, severed limbs and any number of injuries.

Triage managed the wide variation in patient injury, separating casualties into three categories for treatment. The lightly wounded would be divided from the badly wounded but salvageable who required immediate surgery. Thirdly, the "expectants" – those not expected to live – would be placed in a separate area to die.³⁶ The depth of injury and suffering of patients left indelible imprints on their caregivers. Nurses who attempted to simply 'do their job' would try to maintain distance from patients, but struggled with knowing that there was a person behind the injury, an American man who belonged to someone, and who had also simply been 'doing his job'.³⁷ The burden

³² Berman, David M. "Interviews With Two Vietnam Veterans: Welcome Home". (1994). Internet.

26 Jan. 2000. <http://www.byu.edu/ipt/projects/1960s/vietnam/nurse.html>. Kathie Swazuk. Jeanne Diebolt also recalls burn patients, "Crisp black skin hung from burned bodies; and like charred meat on a barbecue pit, it just peeled off. The air stunk of blood, burned hair, and melted flesh." Van Devanter, p. 85 recalls the bacterial infection that would afflict burn patients, "a sickly blue-green slime, called pseudomonas" and the smell of napalm that would haunt her for the full year of her tour of duty.

³³ Van Devanter, L., p. 100 & 133.

³⁴ Ibid., p. 102.

³⁵ Smith, W., p. 141. Various nurses reiterated this experience time and again, see also Van Devanter p. 103.

³⁶ Vietnam: A Soldier's Story II, Women at War. Also reaffirmed by Van Devanter and Smith's accounts. Triage was used as a system to organize military medical facilities to make best use of available time, staff and supplies.

³⁷ Ibid. Reaffirmed by Van Devanter's account amongst almost all others.

of having to decide who would live and who would die in triage loomed heavy on nurses trained to do all they could to ease suffering and heal the wounded.

The sensitivity that some of the women had used to provide comfort to patients back home sometimes overwhelmed them in a world with badly injured and dying young men. Comforting words and touch had to take place quickly when so many young men needed so much care.³⁸

Patient grief over the loss of his comrades and perhaps his own limbs also tainted the nurses' experience. There was no adequate way for a nurse to answer the questions and ease sorrow of patients,

The captain cries as I give medications...I can't shut out his quiet sobs or his words, spoken over and over again: "What am I going to do? What am I going to do? What am I going to do?" Awake patients listen too, staring at the ceiling. A few cry with him...³⁹

Because there was no time or staff to properly train nurses arriving at medical units in Vietnam, nurses dealt with the anxiety of inexperience. For a nurse in Vietnam, long hours of work on exhausting numbers of casualties in dangerous surroundings challenged the skills of caring that she had acquired in her formal nursing education and rudimentary basic training. As one Intensive Care doctor told Winnie Smith "...what kind of experience do you think any of us has had? There's nothing in the States to prepare anyone for these kinds of wounds, much less these conditions".⁴⁰ However, as Jeanne Diebolt asserts, "...when the waves of casualties came, there just wasn't time for self pity. We were too busy fighting to keep them alive...".⁴¹

³⁸Norman, E., p. 21.

³⁹Smith, W., p. 138. Facing devastating personal losses, Vietnam became much more than political rhetoric. Smith further describes her patients, "Most are too sick to feel much of anything. The rest care about their buddies, not politics." P. 143 Smith also recalls her own disregard of politics in the face of suffering, "My job is to care for the wounded, not to ask why they exist." P. 124

⁴⁰Ibid., p. 116.

⁴¹Diebolt, J.

Women who may have been initially motivated by lofty thoughts of defending democracy from the evils of communism met reality in the faces of the casualties of war. Rather than making political statements, nurses made realisations such as "My job is to care for the wounded, not to ask why they exist."⁴² However, as devastating it may have been to ask why the casualties existed, it was inevitable. "Maybe there were some normal, healthy all-American men and women who could spend 365 days in that crazy environment and never once ask why. If there were, I never met them."⁴³ Further, the results of a 'blind push' toward something naturally resulted in physical and emotional tiredness and depression.⁴⁴

Coming 'home' presented it's own difficulties for women. Although most nurses would be glad to leave the exhaustion of Vietnam, they knew that home had no idea what they had experienced during their one-year tour of duty.⁴⁵ Reception in America proved more hostile than welcoming. American involvement in Vietnam proved unpopular with the general population and although many Vietnam veterans more vehemently shared this position, they were generally viewed with distaste and disdain. One nurse shares her experience returning 'home', hitchhiking to the San Francisco Airport in her dress uniform:

...cars whizzed past me...A few drivers gave me the finger. I tried to ignore them. Some slowed long enough to yell obscenities. One threw a carton of trash and another nearly hit me with a half-empty can of soda. Finally, two guys stopped...I ran to the car... "we don't take Army pigs." He spit on me. I was stunned. I wasn't angry, just confused. I wanted to know why. Why would he spit on me? What had I done to him?...It might have been simple to say I had gone to war and they

⁴²Smith, W., p. 124.

⁴³Van Devanter, L., p. 180.

⁴⁴Roach, S., p.49. Sister Simone Roach asserts that "Professional caring is of the nature of a deliberate response to that which matters" p. 65. As medical staff faced increasing amounts of casualties with no actual improvement in war situation, the object of value changed.

⁴⁵Smith,W., p. 153.

blamed me for killing innocent people, but didn't they understand that I didn't want this war any more than the most vocal of peace marchers? Didn't they realize that those of us who had seen the war firsthand were probably more antiwar than they were? That we had seen friends suffer and die?...I almost wished I was back in 'Nam. At least there you expected some people to hate you. That was a war.⁴⁶

In Vietnam, daily heavy drinking had become an acceptable coping mechanism, "an elixir to help us forget where we are and why, to help us remember where we came from."⁴⁷ However, back in "That place where cars have doors, and showers have hot water that gushes rather than trickles...where people wash off a little grime, not layers of dirt and sweat and blood"⁴⁸ the even more extensive and devastating effects of Post Traumatic Stress Disorder (PTSD) would ensue.⁴⁹

Although PTSD was granted official recognition due to the experiences of male Vietnam veterans⁵⁰, it was no less a real condition for female veterans. Some nurses would readjust easily to life in the United States, but many others would be plagued with anger, lasting nightmares of war experience, severe depression, panicked reactions to loud noises and failed relationships.⁵¹ The natural coping response to dealing with trauma as an inclination to repeatedly imagine the experience in an effort

⁴⁶Van Devanter, L., p. 211.

⁴⁷Smith, W., p. 109. In *Women At War*, Elizabeth Norman confirms that alcoholism was a common way that nurses dealt with emotional upheaval both during and following Vietnam. P. 146.

⁴⁸Ibid., p. 109.

⁴⁹Ibid., p. 299. Defined by the American Psychiatric Association in 1980 as applying to male Vietnam Veterans, PTSD "is a series of symptoms which follows a trauma 'generally outside the range of usual human experience'." "The characteristic symptoms include autonomic arousal, which is often manifest in panic attacks or startle reactions; a preoccupation with the traumatic event in the form of nightmares, flashbacks, or persistent thoughts about the trauma that intrude into everyday affairs; and a general dysphoria, a numbness that takes the meaning out of life and makes it hard to relate to other people. In [some] cases...the symptoms manifest themselves after a latency period of several years or...alternate with apparently asymptomatic periods that, on closer inspection, turned out to be periods of denial." Quotes from : Tal, Kali. "Feminist Criticism and the Literature of the Vietnam Combat Veteran". *Vietnam Generation*. 1.3&4 (Summer -Fall 1989): 190-201, p. 191.

⁵⁰Tal, K., p. 191.

⁵¹Van Devanter, L., p. 286. Lynda Van Devanter details her homecoming and reactions even years later to what she had experienced in Vietnam. One especially moving account recalls her dropping to the floor in a friend's apartment upon hearing a fire siren. Thinking it was a rocket siren, Van Devanter low crawled out of the bathroom into her friend's living room to ensure that everything was alright.

to make sense of it was characteristic of women.⁵² One theory of the nurses' experience with PTSD provides an excellent explanation:

...what benefited patients caused the nurses to suffer. They did not stop to think about what the stresses of war might be doing to them. The motive that drove them forward, more than any other, was a passion for protecting and conserving life...(however) they could not ignore their own emotions. They learned to weep at pain and to lose themselves in drink as a way of maintaining their humanity. They discovered that they could not deal with all the wounded and dying day after day and remain unmoved. Those who did try to bury their feelings never faced themselves. When they returned home, the fatigue, anxiety, anger and other emotions they had repressed for twelve months began to surface.⁵³

All fifty women interviewed by Elizabeth Norman acknowledged the reality of PTSD in their own lives, stating that "they remember well their war and are still stirred by its emotions."⁵⁴ Nurses' experience with PTSD was in some ways different than men who had served in combat. Specifically men dealt with guilt over surviving Vietnam, women dealt with guilt over their inability to do more to ease suffering and prevent death.⁵⁵

Although upon considering the circumstances, experiences, and contributions of American nurses who served tours of duty in Vietnam it is clear they are veterans of the Vietnam War, they were not recognized or honoured as such when they returned

⁵²Norman, E., p. 145.

⁵³Ibid., p. 146.

⁵⁴Ibid., p. 145. Unfortunately, acknowledging PTSD proved to be a double-edged sword. While women would be able to find help for persistent symptoms, PTSD carried with it a heavy social stigma of mental illness. (See Walker, K., p. 198) As Kali Tal writes, "Women complaining of symptoms which are now recognizably signs of PTSD have historically been treated with tranquilizers...dismissed as neurotics, or hysterics, and frequently ordered by members of the medical establishment to come to terms with their femininity...", femininity that had been revolutionized by the Vietnam experience. (Tal, K., p. 192)

⁵⁵Norman, E., p. 148. Also Shell, Cheryl. "Making Sense of Vietnam and Telling the Real Story: Military Women in *The Combat Zone*". Vietnam Generation 1.3&4 (Summer – Fall 1989): 59-66. P.63: "A GI's death was not the only guilt inspiring event in a nurse's career. The nurses report feeling guilty when men lived, but went home maimed; guilty that they themselves were relatively safe and whole; guilty when they began to develop feelings of hatred toward the Vietnamese, both allies and enemies, for whom they were frequently asked to care; guilty when they deliberately allowed some hopelessly mutilated soldier to die; guilty when they self-medicated themselves with alcohol or marijuana to numb their psychic pain."

to the "world". Even veteran-run organizations such as Vietnam Veterans Against the War refused female veterans.⁵⁶ Official research ignored the female veterans, and veterans' benefits proved inaccessible to women who required them.⁵⁷ As women, nurses were 'invisible veterans', their contributions obscured by traditionally gendered definitions of "servicemen"⁵⁸. Veteran Army Nurse Lynda Van Devanter was turned away from participation in an anti-war demonstration on the basis that as a woman "she didn't look like a vet" although her contribution in doing "a hell of a job" was acknowledged.⁵⁹

To recognize women as veterans of war, the American government and American public would require an 'admittance of guilt' acknowledging that military policy regarding women had been violated and that women legitimately served as armed forces personnel in the combat zones of Vietnam War.⁶⁰ The military would also have to admit to not having any solid account of the women who served.⁶¹ Not until 1982 with Lynda Van Devanter's personal Vietnam narrative being released was the "female Veteran" an explored topic. In 1993 female veterans of the Vietnam war were publicly paid respect with the dedication of the Vietnam Women's Memorial in Washington, D.C..⁶² 1993 marked the twenty-year anniversary⁶³ of the Vietnam peace-

⁵⁶Van Devanter, L., p. 231.

⁵⁷Norman, E., p. 135.

⁵⁸Funk & Wagnalls Standard Desk Dictionary. New York: Funk & Wagnalls, 1979. Funk & Wagnalls defines a Veteran as: A former member of the armed forces...an ex-serviceman.

⁵⁹ Van Devanter, L., p.231.

⁶⁰ Shell, C., p.59. Cheryl Shell confirms this speculation in her account of Military Women in the Combat Zone. "...because of the nature of the war in Vietnam there was no really safe place, no rear area. Therefore, we could not comfortably admit that women had been there, living and working in the midst of combat; we could not admit that we had failed to protect them."

⁶¹ Marshall, K., p.4. "No one seems to have an accurate count. This apparent lack of data on the part of the Department of Defense and the State Department both serves as a reminder of government mishandling of information during the Vietnam War and points to the more general belief that war is men's business."

⁶² PBS— Timeline 1980-1985. The Vietnam Veterans Memorial was dedicated in 1982 "The quiet, contemplative structure consisting of two black granite walls forming a "V", lists the names of the 58,183 Americans killed in the Vietnam War" focussing on the men involved, wounded and lost in Vietnam.

⁶³ PBS "The American Experience" [Peace is at Hand (1968-1973)]Although American forces were to begin the process of 'Vietnamization' (the withdrawal of US military in Vietnam and attempt of the Americans to

treaty signing, an amazing length of time for the contributions of an estimated 11,000 veterans to effectively ignored.⁶⁴

Women both naturally inclined and trained in the relational profession of nurturing and caregiving had to make excruciating life and death decisions in Vietnam, dealing with terrible quantities of casualties within an atmosphere characterized by the sound of incoming helicopters bearing the wounded. Upon returning home after their tour of duty in Vietnam, Vietnam Veterans would have changed the lives of others and had their own lives changed permanently, nurses being no exception. Army nurse, Diana Dwan Poole recounts, "My experience was both horrible and wonderful. Horrible because of the destruction I saw to human lives... Wonderful because of expansion of my heretofore limited world. I learned at a very young age, of the frailty of human life, and the... strength of the human spirit... This knowledge has helped me throughout life."⁶⁵

Recognition must be granted to women who not only faced many of the same hazards that men did, but whose participation in the Vietnam War made as substantial a contribution as their male combatant counterparts.

shift the responsibility of war to the South Vietnamese Army) in 1969, a cease-fire agreement was not signed until 1973.

⁶⁴Marshall, K. p.4 Even statistics on American nurses who served in Vietnam have been obscured by the American military. No distinction was made between male and female military personnel, leaving only liberal estimates of the numbers of women who served as nurses in Vietnam. One author contrasts the American Department of Defense reporting 7,500 American women serving in active military duty in Vietnam with the 11,000 recorded by the Veterans' Administration. Other assessments range between 7,500 and 55,000.

⁶⁵Vietnam: A Soldier's Story II, Women at War

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