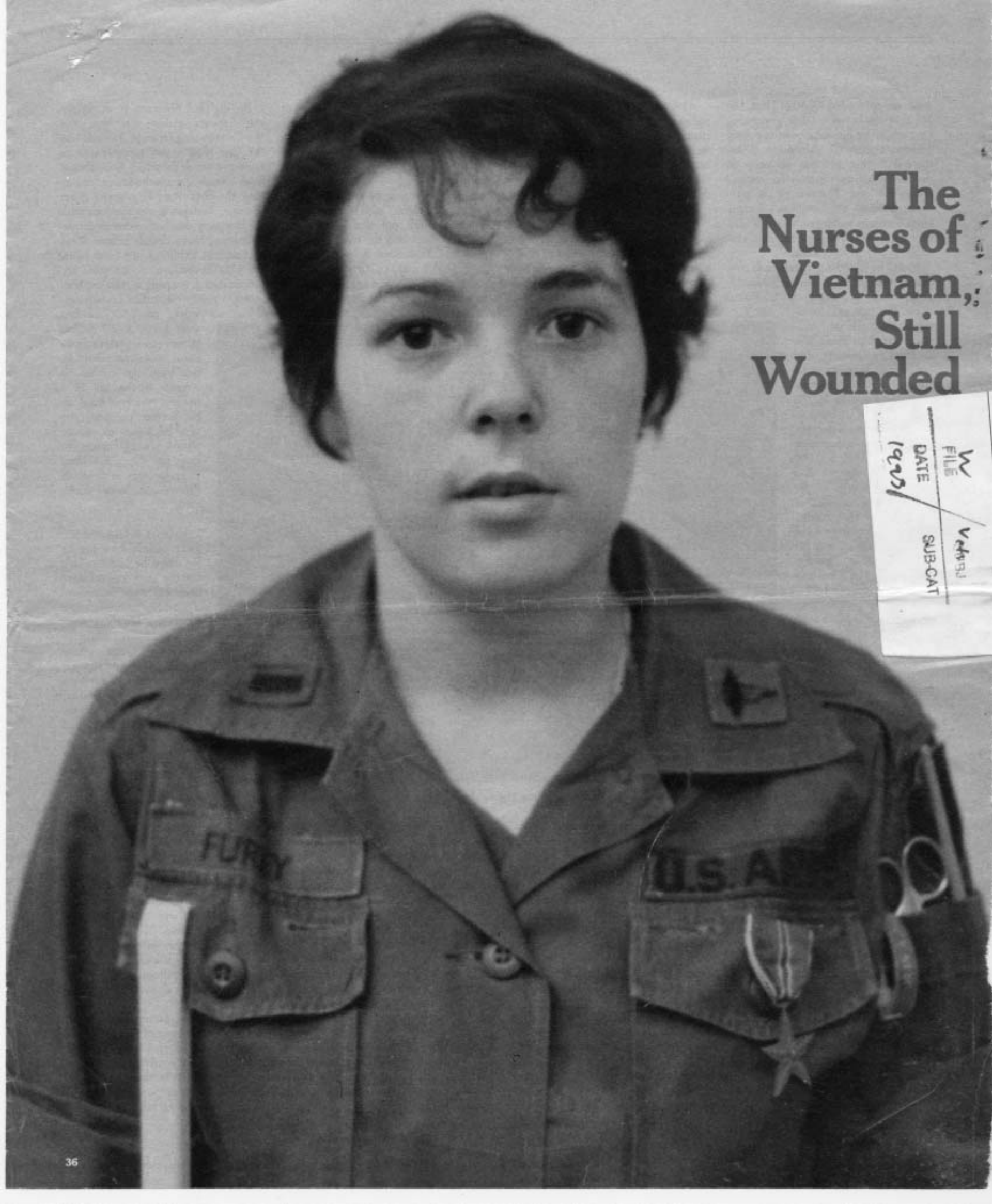
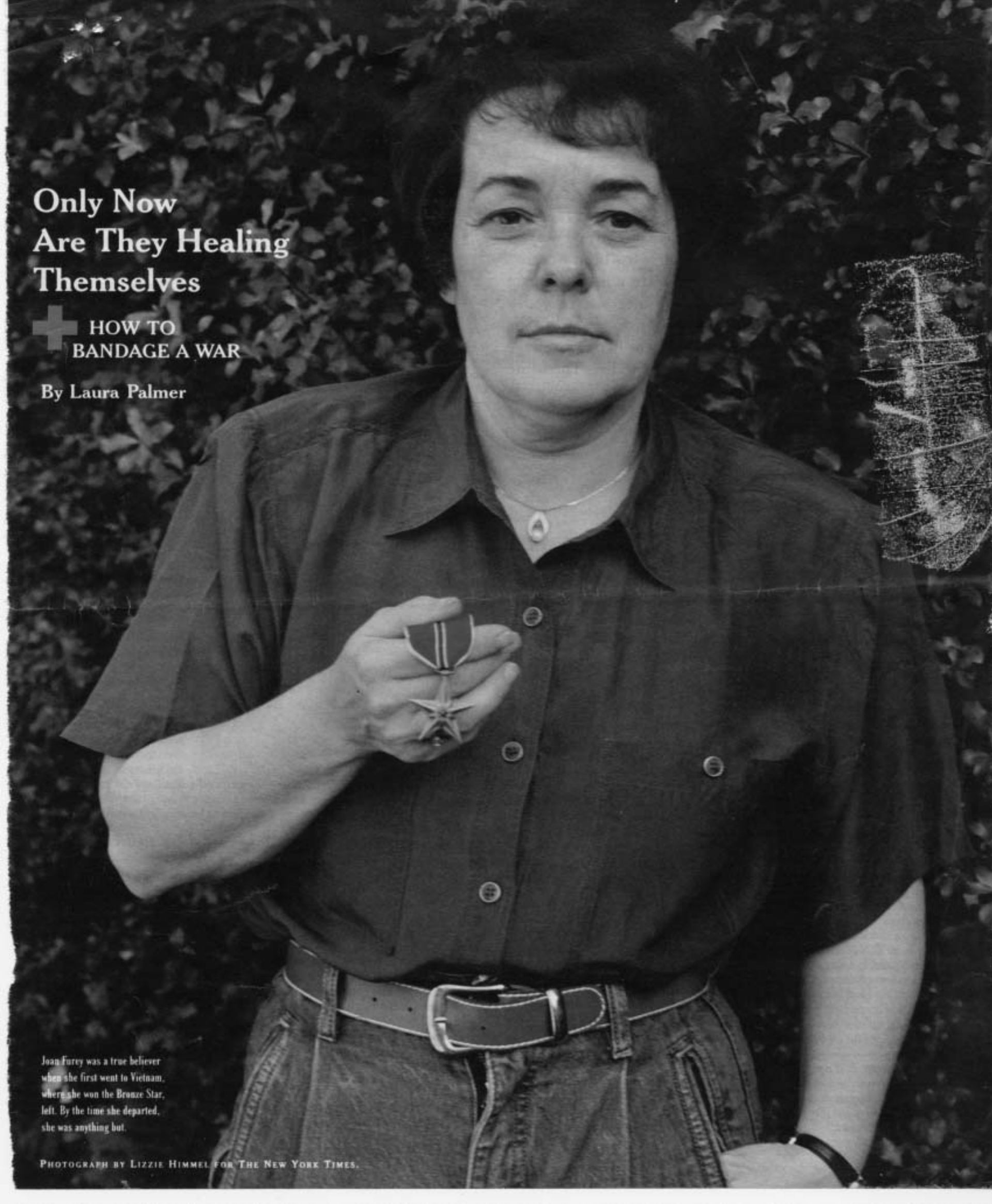


The Nurses of Vietnam, Still Wounded

FILE *W*
DATE *1975*
SUB-CAT *Veteran*





**Only Now
Are They Healing
Themselves**

+ HOW TO
BANDAGE A WAR

By Laura Palmer

Joan Fury was a true believer when she first went to Vietnam, where she won the Bronze Star, left. By the time she departed, she was anything but.

PHOTOGRAPH BY LIZZIE HIMMEL FOR THE NEW YORK TIMES.

October 1969. The 71st Evacuation Hospital at Pleiku, South Vietnam. Joan Furey, a 23-year-old Army nurse has been working the 30-bed intensive care unit 12 hours a day, 7 days a week, since she arrived 9 months ago and she's sick of death. She has seen too much young life sucked out like raw sewage and has decided that *this* soldier is going to live. The white tag on his filthy fatigues says "expectant." His gurney is pushed off to one side with the other soldiers who have flunked triage and are waiting to die.

Helicopters made the difference. Soldiers who would have died on battlefields in World War II and Korea were evacuated to hospitals, sometimes within minutes of being wounded. While the percentage of soldiers that *survived* in Vietnam was higher than in any other war, the injuries they suffered were far more traumatic because it was a guerrilla war. There were more amputations in Vietnam than in World War II and Korea combined. Three hundred thousand troops were injured, half of them severely. In Vietnam, a gunshot wound to the chest was a routine wound. Land mines, grenades, rockets and mortars

memorial of their own, and by doing so make clear that what they did mattered. The acknowledgement includes the 265,000 women who served in the military during the Vietnam era. The bronze statue of three women and a wounded soldier, designed by Glenna Goodacre, will be dedicated Thursday — a permanent tribute to the women who have had little more recognition than reruns of "China Beach."

In an extraordinary moment of candor at the ground-breaking ceremony in July, Gen. Colin L. Powell, who was then Chairman of the Joint Chiefs of Staff and one of the nation's highest-ranking Vietnam veterans, acknowledged this oversight. "I didn't realize, although I should have, what a burden you carried," said Powell, who himself had been wounded in Vietnam. "I didn't realize how much your sacrifice equaled and even exceeded that of the men."

"I realized for the first time that for male soldiers, the war came in intermittent flashes of terror, occasional death, moments of pain; but for the women who were there, for the women who helped before the battle and for the nurses in particular,

the terror, the death and the pain were unrelenting, a constant terrible weight that had to be stoically carried."

JOAN FUREY HAD COME TO the war as a gung-ho true believer. Born in Brooklyn, she grew up in a blue-collar "Born on the Fourth of July" family of five children. When she was 11, they moved to Port Jefferson Station, L.I. Her father clerked in the A.&P. and her mother, who was forced to leave nursing school when she got married, stayed home with the children.

"There was never a time in my life when I didn't want to be a nurse," Furey says. She read every book in the Sue Barton and Cherry Ames nurse series. "I was really big on Sue Barton. It wasn't until I got out of nursing school that I realized she had a hard time holding a job."

Furey didn't need John Wayne. She



She goes to the refrigerator and gets blood, ignoring the 15 other patients she is responsible for in the ICU. Within minutes, she hangs the blood and finds a vein. A puzzled medic hurries over: You know better, he tells her. Why waste time on an expectant? "They made a mistake in triage — he's going to be O.K.," she replies, turning and focusing on the pink pillow of dressings that swaddle his head. As she begins to unwind the field dressing, all the blood she has been pumping into the soldier suddenly pours

Laura Palmer, who reported on the Vietnam war for radio and magazines, is the author of "Shrapnel in the Heart: Letters and Remembrances From the Vietnam Veterans Memorial."

On Veterans Day, the 265,000 women who served in the military during the Vietnam era — 11,500 in Vietnam itself — will be honored with a memorial of their own. This bronze statue, designed by Glenna Goodacre, will be dedicated Thursday in Washington.

out over her. Blood and brains, the whole back of his head, are lying in her hands. Calmly, she puts his head together and secures it neatly with a clean dressing. She's in a fugue state. Someone comes and gets her, takes her out for a cigarette. After a couple of Parliaments, she goes back to work. The other nurses and medics don't talk about what has just taken place. Too risky.

"If you talked about it, you would feel it," says Joan Furey, vividly recalling her experience 24 years later. "And if you allowed yourself to feel, you could not have continued to do your job."

No one told them, nor could they know, they would experience a level of trauma in Vietnam that nurses had never confronted before in wartime.

mauled, maimed and mutilated the youngest soldiers America ever sent into combat.

Of the more than 58,000 names on the Vietnam Veterans Memorial, half belong to soldiers who were 17 or 18 years old when they were killed. The average age in Vietnam was 19. In World War II it was 26. The nurses who cared for them were often only a few years older than their patients. Fewer than 50 percent had been in the military for more than a year before going to Vietnam, and 60 percent of the Army nurses in Vietnam were new graduates. It has been 20 years since the last American combatants left Vietnam, 11 years since the dedication of the memorial wall. Eight of the names grit-blasted into the granite are women's.

On Veterans Day, a nation that never really noticed and hardly seemed to care about the 11,500 women who served in Vietnam will finally honor them with a

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What happened when nurses joined rap sessions with men was that they wound up being the caretakers.

had Veronica Lake, who starred in "So Proudly We Hail" as one of the World War II nurses on Bataan and Corregidor who stayed with their patients after they were captured by the Japanese. Nurses were heroic martyrs who never got hurt. Her father had served in the war and his Bronze Star hung in the family's spare bedroom. Furey would go on to win the medal for herself in Vietnam. "The way I grew up, the military was likened to God."

"There's too much banky-panky going on here. Too much entertaining of men in your billets. Ladies visiting gentlemen's billets who are using the enlisted men's latrine, please stop. It's embarrassing to the men. We have a cufew at 2400 hours. Let's act like ladies. Whether you are a lady by an act of Congress or not, you're still a lady. Act like one." Excerpt of a 1969 meeting called by the chief nurse at 71st Evacuation Hospital, Pleiku, taped by Lynda Van Devanter.

Traditions were ingrained in her, never questioned. Life was as predictable as the Baltimore Catechism. Typical of many nurses who went to Vietnam, Furey earned her diploma at a three-year hospital school of nursing. The schedule was rigid and intense. Students had one month off a year and lived in a strictly controlled dormitory. They studied nothing but nursing and worked in a hospital. Along with the diploma came an identity.

The ads in the nursing journals Furey read beckoned seductively to a higher calling — a kind of sex for good girls. Furey volunteered to go to Vietnam during the Tet offensive.

"I thought we were there to fight Communism and make the world safe for democracy." She figured it would be like England in World War II. When she landed at the military airport in Bien Hoa and boarded an Army bus, she was told the windows were screened so grenades would bounce off.

The diploma made her a nurse. The Army made her a second lieutenant. Vietnam made her crazy.

She and the thousands of other young women who went to Vietnam were as prepared for the war as the

Jean Roth with the knife she strapped to her leg as protection from rats. She was unable to protect herself from an Air Force colonel and a priest.



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The hospital was no place to challenge authority. Roth tried once and 'I just ended up with another pill in my cup.'

geese that fly into the engines of a 747. Women weren't in combat — that's the myth. Television brought the war into our living rooms. But it was the war the soldiers fought. It was the bang-bang footage that made the evening news, and that was awful enough. The war the women fought was different. It imploded. There was no film footage of the relentless horror that was hidden in the hospitals.

Nurses rarely got guidance or emotional support. Soldiers could be warriors by day and sex pistols by night. A woman too weary to sit and drink in the officers club was considered a spoil-

to the Long Island hospital where she had worked as a candy stripper. "In my circle of friends, I was the only one who had gone to Vietnam," Furey explains. "Everybody else had kind of stayed home and gone out partying. That's what you did before, and all of a sudden you realized you couldn't do that anymore. You didn't feel there was anything you ever could enjoy again because you really were immersed in death. Other people seemed shallow. You felt a strong allegiance to the dead."

She went to a meeting of Vietnam Veterans Against the War to speak out

suffering from psychiatric disorders. Mothers can lose custody of their children if they seem out of control or unstable. Men can sit in a bar, drink and replay the war. Men can get rowdy, punch someone out, then drive home. A woman alone is a sexual target. Much safer to drink alone at home. What does a woman do with rage? Bury it in work or hide behind the mask of family and home; it's not hard to look the part. Women tend to encapsulate trauma, compartmentalize pain. Nurses are experts at self-medication. They know just how many pills they can take and still show up for work in the morning.

of Vietnam vets is now applied to survivors of natural disasters, incest and rape.

Times were beginning to change. But the self-help movement had not yet gathered much momentum and there were not nearly the number or diversity of support groups there are today. Being "in rehab" or "in recovery" was what you did after bad automobile accidents. Pain was essentially still private.

For nearly a decade, there had been little help and even less compassion for anyone who made it back from the war. The soldiers, not the politicians, were blamed for Vietnam. As if the names

on the wall, the Eddie Lynn Lancasters from Silsbee, Tex., had spent the \$150 billion and decided to drop the eight million tons of bombs. And if soldiers were the forgotten veterans, women were the closet veterans. Many didn't even know they had a war story to tell. And if they did tell it, who would listen?

BY 1980, VIETNAM Veteran Outreach Centers began operating across the country, funded by the Veterans Administration. They provided free therapy, job counseling and rap

groups. The therapists themselves were often veterans. Men finally had a place to go. The few female veterans brave enough to show up found that they were often the only woman in a rap group with combat vets. What happened when nurses joined groups with men was that they wound up being caretakers. After all, these women had *degrees* in putting the needs of others before their own.

"I would sit there and triage the group," a former nurse says.

"When I started to cry, men would cough or get up and go out for a cigarette," says another.

"Those guys in my P.T.S.D. group felt like my patients from Vietnam," explains a third. "I didn't want to tell them how bad I felt about what I did there, and there are sexual things around war that are very hard to discuss in a mixed group."

Men saw nurses as the healers —



sport or a lesbian. Somehow a woman's urge to hold onto a body that wasn't dying made her a slut.

Yet paradoxically, within the straitjacket of misery and death women found the purest, most extraordinary work of their lives. The adrenalin rush that came from pushing the limits of human endurance and skills was addictive. Each life saved was a victory. Death was a lot greedier. A soldier's death took something from a nurse's soul each and every time. But it was years before any woman began to tally the emotional costs, years before many realized that they were both spiritually and emotionally dead.

For Joan Furey, everything had mattered in Vietnam, but afterward life seemed meaningless when she returned

Lynda Van Devanter in Vietnam, left.

A surgical nurse with a B.A. in psychology, she was one of the earliest advocates for treating post-traumatic stress disorder in female veterans. Right: Jean Roth airlifting wounded soldiers to a floating hospital.

about what she had witnessed, but when she got to the podium she fell silent. All she could see was a parade of faces and bodies from Pleiku and she was afraid that if she opened her mouth she would betray them.

For 13 years, she would wake up at night, desperately feeling the need to wash her hands. "I felt like Lady Macbeth. I couldn't get the blood of Vietnam off my hands." She drank to block the pain and got smashed when Pleiku fell to the Communists in 1975. "Part of me had held on, hoping that I'd be proven right, that all of those sacrifices were worth something."

Women, especially nurses, had good reason to hide their pain. Nurses can lose licenses if they are addicted or

strong and able to cope — and once again turned to them for help. During the war, nurses had discounted their own feelings because it was always so much worse for their patients. In group therapy sessions with men, they would do the same and avoid confronting their own experiences unless the therapist intervened.

First Lieut. Hedwig Diane Orlowski was killed in 1967 when the plane flying her back from Pleiku to the 67th Evac Hospital in Qui Nhon crashed after being hit by enemy fire. Penny Kettlewell was her best friend. The two nurses used to sit up late at night, talking about their patients as they mixed penicillin for the next day. The head nurse found Kettlewell crying after she got word of her friend's death and ordered her back to the ward. "She said we had no business grieving when we were supposed to be working," says Kettlewell, who then tried to organize a memorial service in Qui Nhon for Orlowski. But those efforts were cut short by the chief nurse. There would be no service and no flowers. "She said women don't die in Vietnam."

Joan Furey was working at a Florida V.A. hospital when she first heard about post-traumatic stress disorder. She set up an educational seminar to make the hospital staff more sensitive to the emotional needs of Vietnam veterans. But it never occurred to her to link her own problems to post-traumatic stress disorder. When a buddy from Pleiku, Lynda Van Devanter, a surgical nurse with a B.A. in psychology, became head of the women's project of the Vietnam Veterans of America, a local newspaper interviewed Furey. She recalls telling the reporter, "Occasionally I suffered from suicidal thoughts, and depression, and had difficulty sleeping — but I was O.K."

At a veterans conference a year or so later, she heard Van Devanter and others describe the symptomology and impact of post-traumatic stress disorder. Click. Furey realized for the first time they were describing her. She began seeing a psychiatrist and spent two and a half years talking about the



war. Riveted by the intricacies and the power of the disorder, Furey ended up an expert, a passionate advocate for female veterans. Women had to get the message that they weren't crazy. They just needed help.

"The mind-set from Vietnam is that the grunts were the ones paying the price," Furey says, "and I don't dismiss that. What I had to learn, and what we have to teach the women we treat now, is that acknowledging the stress of your own experiences does not diminish anyone else's."

No one was prepared for the anger these women carried, perhaps least of all

"It never crossed their minds to think there was anything wrong about a man in therapy yelling or raising his voice or acting in a rage, but they thought there was something wrong with women if they did," Van Devanter says. "We are allowed to cry, but we are not allowed to scream at you; sad is an acceptable feeling but rage is not. People have a hard time accepting that, particularly in women who are supposed to be these nurturing human beings."

Lily Adams, who served at Cu Chi as an Army nurse and is now a therapist at the Vet Center in San Francisco, speaks candidly about women's rage, including

could have violent thoughts or follow it through by breaking furniture, putting holes in walls, throwing things and thinking about harming their children."

In the early days of the Vet Centers, because so few women came in for counseling, they were placed with wives in "significant others" groups. After all, women are women, right? Van Devanter fought this, too. "The issues were entirely different," she says, "but of course, being the good care-givers that they were, they took care of the wives!"

Joan Furey explains that post-traumatic stress disorder manifests itself differently in women and men. "Wom-

tomatic. If you heard the level of symptoms and impairment you would be alarmed that they were still practicing."

Vet Center officials estimate that 20,000 female veterans of the Vietnam era have been treated since 1980. Others active in veterans programs are skeptical; they believe 2,500 is a more realistic figure. Though many women veterans had found some relief from their Vietnam experience, Furey believed they needed more and she began pushing for an in-patient treatment center at the V.A.'s National Center for Post-Traumatic Stress Disorder in Menlo Park, Calif. There, her boss, Fred Gusman,

had opened the first in-patient post-traumatic stress disorder program for men in 1978. Today, the 90-bed men's unit is the largest in the country. Gusman agreed with Furey about the need for a separate program for women and wrote the proposal with Furey. The 10-bed Women's Trauma Recovery Program opened its doors in July 1992.

The campus setting is as tranquil as the work is traumatic. One expects to see jocks tossing footballs or coeds decorating floats for the Rose Bowl Parade. Instead, there's

Joan Furey with the energy of a blowtorch headed for her office on the second floor. The jumbo monthly planner on her wall is filled with commitments, deadlines and goals. As associate director for post-traumatic stress disorder education nationally, Furey is frequently on the road teaching and lecturing administrators and therapists within the V.A. She also works with patients at various stages of their treatment at Menlo Park.

What Furey has helped create is an intensive care unit where patients don't die. Patients leave laughing and thriving, secure in the knowledge that they have regained a measure of control over their lives and a foothold on the future. But when women first get there, it is after nearly everything else has failed.

"WITHOUT MENLO PARK, I WOULD be drooling in a psych ward some place," Jean Roth says. She had stopped feeling



Diane Evans in Vietnam, left. She put off therapy and founded the campaign to build the women's memorial. Right: Pauline Dickey was so frightened by the responsibility of caring for wounded G.I.'s that she volunteered to care for prisoners of war.



the women themselves. Try to imagine the Pieta screaming instead of mourning and you'll run up against our cultural assumptions about women and rage. The women who returned from Vietnam did not think they were entitled to be angry. Girls don't get angry. When they do, they're called crazy, hysterical and out of control. "A woman who gets angry is pathological. — we go through life trying to avoid labels, and that's a bad one," says Dana Shuster, a former Army nurse.

Even within the Vet Center program, therapists were often unable to deal with the anger in their female clients. As one of the earliest advocates for female veterans, Lynda Van Devanter was assigned to lead training sessions for Vet Center counselors.

her own. "Women that I've talked to, including women from other conflicts, have talked about how they've locked themselves in the bathroom or bedroom so they wouldn't hurt their children." Adams remembers locking her daughter out of the house when she began to feel "this unbelievable rage come up in me, knowing it had nothing to do with this child and knowing that if I didn't get away from her, I could possibly hurt her."

"Women don't like to talk about that," Adams says. They're embarrassed about their potential for violence. "They want to know if that's normal. I tell them yeah, that's normal for somebody with P.T.S.D. I think they have an issue about admitting that they could be just as violent as men and that they

tend to internalize much more than men do. You see more depression. What we know from the studies is that women tend to be pretty high functioning, despite P.T.S.D., but they tend to have serious problems with depression and relationships. There is a tendency to self-medicate with drugs and alcohol. One of the problems we have in getting women into treatment — especially nurses — is they don't want anybody to know." Nurses hide their pain partly out of fear that admitting to psychiatric problems will cost them their license.

Jessica Wolfe, a clinical psychologist at the Boston V.A. and a trailblazer in post-traumatic stress disorder therapy, has treated scores of female veterans. She says she is continually struck by the level of achievement women manage despite the severity of their trauma. "I've had women in groups who were operating room supervisors and Ph.D. candidates and they were quite symp-

safe in 1967, the day after she arrived in Vietnam, trying to get to a place she couldn't even pronounce, Chu Lai. By her second day in-country, she had gotten as far as Danang. As she crossed the tarmac, an Air Force colonel said hello. Sensing her fatigue and confusion, he offered her the use of his trailer.

"He wanted to take care of me and acted very kind. I was a virgin. I was 'pure.' I was such a naïve 22-year-old. He was like a father or some kind of protector. He was from the United States Air Force! I said, 'What do I do if there's an attack?' He said he'd come and get me."

"Well, he came in the middle of the night. There was no attack. Except him," says Roth. She recalls him standing naked and preening in front of the mirror before he turned and raped her. "After it was over, he got up and said, 'I didn't hurt you.'"

The next morning he drove Roth to the airport. She walked to the ticket desk, said she wanted to go to the Second Surgical Hospital in Chu Lai, burst into tears and then collapsed. An ambulance took her to the hospital, where she complained of jet lag. Her luggage was lost. She had no clean clothes. All she wanted was a bath. She slept for a day and a night.

At Chu Lai, she was so fearful of the rats that ran through her hooch that she wore a knife strapped to her leg. "I remember one month during the Tet offensive the orthopedic surgeon counted up the legs we chopped off and there were 500. That's not arms or anything else. Just legs." A patient once said to her, "I was 6 feet 4 when I came to Vietnam and I'm going home 4 feet 6."

"They were so young and in their prime," Roth says. "The Army didn't take junk." Remembering another patient, she says: "I couldn't believe he was still breathing and talking. His liver and intestines were hanging out, I could see his lungs going back and forth, and he was completely lucid and talking even though his chest was blown away. He died in a few minutes. I was holding his hand."

An affair with a married pilot gave Roth the ballast she needed to get from day to day in Vietnam. Both of them knew he was

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going home to his wife and children, but beside the furnace of the war there was comfort in flickering body heat. The memory of the rape was buried in a body bag so deep within her it would be years before she felt its weight.

Though more or less a Lutheran, Roth went to Catholic services and got to be pals with the popular young priest who conducted them. He knew a lot about the stars and one night offered to show her the Southern Cross. The view was breathtaking from the water tower, he told her, so they climbed up there. "I said now we can see everything. And I just remember him plopping on top of me and I said, 'Father get off of me,' and he yelled back, 'Don't call me Father!'"

He raped her, then held her by the ankles over the edge of the water tower so she wouldn't tell.

Vietnam kept intruding, playing tricks: One of the kids hid a wet diaper in a closet, and when she opened the door, the stench sucked her right back to Pleiku. At a wedding reception, a juicy beef tenderloin on the banquet table turned into a bloody limb. Still, she managed to hold herself together until she attended the dedication of the Vietnam Veterans Memorial in 1982. Then the nightmares started and she sank into depression. She was the first woman to go for counseling at the Minneapolis Vet Center. Her therapist broke the news to her that she was angry. "That surprised me," Evans says. "I didn't know I was angry." Late the next year, when she saw the statue of the three fighting men that was to be added to the grounds of the Vietnam Memorial, her anger escalated. She put off therapy and founded the campaign to build the women's memorial. One sunny day last spring, while watching her 18-year-old son play tennis, she began to sob. "There was this boy, my son, lying on a hospital bed with his face blown all to bits."

— Diane Carlson Evans, former charge nurse at the 71st Evac.

For 22 years, back home, Roth did more than keep her life together. She soared, becoming a nurse anesthetist, a master at blocking pain. Work became her shield. Behind it, she was safe and secure, earning more than \$100,000 a year at her peak. Not bad, she thought, for someone who had considered becoming a beautician but got talked into becoming a nurse. Roth owned her own home and car and lent money to her family and friends. O.K., so she still slept in her clothes and woke up five or six times a night looking for intruders. But you can get used to

anything and she got used to that. Life wasn't perfect, but it seemed pretty damned good.

In 1989, a back injury sidelined her. Bedridden for six weeks, she felt overwhelmed and depressed. Maybe losing weight would make her feel better, so she went to a weight-loss and stress-reduction clinic at Johns Hopkins. Increasingly, short-term memory loss became a problem. It got to the point where she wrote down her name, address and telephone number on a piece of paper and carried it in her pocket. Fearful of making a mistake at work, she called in sick more and more often and finally had to quit. Roth found it difficult to keep up with the requirements

play soothing audiotapes of the rain forest and oceans, then fall asleep. The hospital was no place to challenge authority. She tried once and "I just ended up with another pill in my cup."

WHAT ROTH FINALLY found at Menlo Park was the one place where it was finally safe enough to feel terrible.

According to Judith Stewart, the program's clinical psychologist, overinvolvement and overachievement is common in the women treated for post-traumatic stress disorder. "Many of these Vietnam nurses have been able to keep the P.T.S.D. at bay by working

women complain about the food. One of the educational goals of the early weeks is to clarify what having post-traumatic stress disorder means.

"People think they are mentally ill," Furey says. She explains that post-traumatic stress disorder doesn't mean someone's crazy; it means she has experienced overwhelming trauma. Treatment takes many forms, depending on the individual and the nature of the problem, but one crucial element is the process of validating their experience, what some counselors and patients call "walking them through Vietnam."

Debra De Angelo, a former New Yorker who still talks as fast as an auctioneer, is the program's clinical coordinator and, with Stewart, its other main therapist. "Many of the women who come to us have been in other facilities, in V.A. general psychiatry wards and in the private sector," De Angelo says. "What I hear from them unanimously is that there is no validation for their experience as veterans, as a woman who has been traumatized."

Change is extremely threatening to women who have lived around the edges of their trauma for two decades or more. "So many of them are in such distress," De Angelo says, "but the distress is weighed against the prospect of opening up something that has been closed — in the case of Vietnam veterans — for 20 years. The fear of being annihilated by one's own self is so great that they often will come down on the side of leaving it alone."

A critical challenge for the Menlo Park program is that it is angling for a narrow band of patients: women who need to be hospitalized for three months but who have been successful and stable enough to have the kind of financial security or family structure that enables them to put their personal lives on hold while they get well. Child care is often an issue, as is the problem of negotiating the time off from work. In its first year, the women's program filled only about half of its 10 beds. De Angelo says she's not surprised, since she often has to spend several months talking with a Vietnam veteran before she decides to come in. By the end of this year, De Angelo expects the program to be at capacity, with even a short waiting list.

As word of the program spread, De Angelo began to get calls from women who had been raped in the Persian Gulf and while in the military but not in a war zone. Since Menlo Park wasn't filling the beds with Vietnam veterans alone, the program was expanded to include these women and has now treated several who were raped either on active duty or during Operation Desert Storm. Mixing the two groups has so far been a success. One reason is the intense bonding that occurs around the issue of being a woman in the military. Says De Angelo, "If you just

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Diane Evans during a recent stopover in New York to promote the memorial.

for her license to administer anesthesia and eventually that lapsed. She began seeing a psychotherapist and 18 months into therapy finally mentioned Vietnam. The therapist wanted to admit her to Johns Hopkins, but she had no insurance. So she went to a psychiatric ward at a V.A. hospital in West Virginia.

Roth was handed a pair of men's pajamas with a gaping fly. Roth refused to wear them. She slept with a chair in front of the door so she would hear anyone enter her room. Patients were heavily medicated and Roth gained little from the group therapy sessions. In other treatment sessions, a nurse would

three jobs, getting multiple degrees, being extremely active — sky diving for example. What I've seen in two, maybe more cases is a physical injury immobilizes them and then the P.T.S.D. comes rushing in."

The first several weeks in treatment at Menlo Park are spent assessing the patients medically and psychologically while preparing them to pull the pin on Vietnam. The group has to find its level — a group identity and cohesiveness that will allow the women to support each other when they focus on their trauma. They bunk and eat together. The rooms are spartan and the

heard these women talk, it would be almost impossible to tell who had been in what war."

Pauline Dickey, a recent graduate, had had only two months of private therapy when she started the program and had no understanding of what it means to be in a residential mental-health setting for three months.

"They just kicked my defenses down — it was extraordinarily painful," says the former Army nurse. "Extraordinarily painful." She resisted therapy, kept her defenses up to avoid confronting the fact that she had been affected by the war. "A big part of me would not accept that. The only way I knew to take care of myself was to use my psychic defenses, and they were taking that away from me and that was all I had left. If I exposed myself to them, I was going to die. Well, about six weeks after I had been there, I just kind of fell apart. I give up. At about that time, I started to talk about Vietnam."

When that happened, Dickey was in the middle stage of treatment at Menlo Park, called "focus group," when patients begin to reconstruct their trauma and collide with their past. For Dickey, it came with a therapist's comment. "She said something and it triggered all this pain of 25 years. For more than an hour, all I could do was sit there and sob."

This is the pivotal moment at Menlo Park. Before she can feel, a woman must cry for what was never mourned, confront a reality that has been denied, release all that has been repressed and retrieve the parts of herself that were dismembered by the war. It is terrifying to contemplate, but in a therapeutic environment it ultimately leads to healing instead of more pain. Every nurse knows that a wound heals from the inside out.

Bess Jones is not so sure. She is one of six women in the current group at Menlo Park, and when she sat down for an interview, it was during the week she slammed into her past as an Army nurse. She knew it was going to get worse before it got better, but right now all she feels is how much worse it's getting.

"I did not come here to change my life," Jones says, "I came because I needed to change me. I want to be happy. I have a job that everybody says I do well and a family I care a great deal about, but I can't enjoy any of it." At her lowest ebb, she drank a fifth of vodka a day to douse the pain inside her. "I even toyed with the idea of going to find another war where I could at least feel alive. I was so numb that it took terror to make me feel anything."

Her journey from therapist to therapist is testimony to how hard it has been for women to find help. A male

doctor said she was too angry, so he medicated her. When that didn't work, he changed the medication again, and then again. He referred her to a female colleague. This time, the medication capsized Jones in a deep depression. The new therapist told Jones that Vietnam couldn't be the problem: That was too long ago. Let's talk about your parents.

Weeping, Jones explains how her anger eventually made her feel guilty. "I felt as though it was my fault. That I was not expressing myself well enough for them to hear."

With her in treatment there is Wanda Sparks, whose blond charm and rollicking laugh call up her Alabama roots.



Pauline Dickey in Springfield, Ill., for a marathon support group weekend.

"I'll tell you my age but you can't print it." For the first time in 22 years, she has accepted the fact of post-traumatic stress disorder in her life. "I didn't feel I deserved to have P.T.S.D.," she says. "I wasn't in combat."

As an Air Force flight nurse in Vietnam, Sparks flew thousands of soldiers out of the country on evacuation flights. Work that was as strenuous and grueling as nursing on the ground was made even more complex by the effects of altitude. During a big push in the war, it was not unusual for Sparks to assess 160 patients a day medically — and make sure they would survive the flight out. But the war was only the

beginning for Sparks. Her fiancé was a pilot who crashed in Laos and was listed as an M.I.A. There went the happily-ever-after part of her life: marriage and the dream of three children.

Taking part in the Menlo Park program has been a financial strain for Sparks, even though the Government picks up all of the cost. "It's scary. One of the reasons I didn't come in before is finances." As a state employee in California, her job is guaranteed; otherwise she would not be participating.

In group therapy, Sparks is beginning to connect her experiences with emotions, using two teddy bears to help her through the grieving: one represents the innocent Wanda who went to Viet-

smiles wide, the whispering poignant. "Goodbye. I really love you." "Don't forget, I'm here for you."

Ten nurses have just completed a three-day marathon weekend therapy session. It's called a "Healing the Healers" group and meets two or three times a year at the Vietnam Veterans Outreach Center in Springfield, Ill. Joan Furey first took part in 1991 when she was developing plans for the Menlo Park program. The experience reinforced her determination to create a program just for women.

Second Lieut. Pamela Dorothy Donovan's name is on the Wall. Her death was attributed to pneumonia, but according to Pauline Dickey, her roommate at the 85th Evacuation Hospital in Qui Nhon, it was suicide. "She overdosed after being in-country two months," Dickey says. She recalls the nursing supervisor telling her that Donovan had taken an overdose of pills and "that we needed to go back to our hooch and see what we could find. She and I went through all her stuff and found piles of narcotics and tranquilizers." Dickey knew Donovan was unhappy, but was unaware of the depths of her despair.

Donovan's mother, Joyce, who now lives in London, says the family received two death certificates, several months apart. The first listed the cause as pneumonia; the second, she says, was "very negative." She and her husband, Ted, considered writing to Gen. Creighton W. Abrams to ask for an investigation but finally decided it didn't matter in the least how their daughter died. A born-again Christian, Joyce Donovan puts more faith in a letter from Pamela that arrived a few days after her death. She recites from memory: "Dearest Mommy and Daddy, I know that over the years you have been very unhappy because I haven't been faithful to God, the church or the Sacraments. But I want you to know that last night I went to the chaplain and confession and this morning I went to Mass and Holy Communion. I'm on Cloud 9. . . ."

nam, the other her dead fiancé. In her bones, she knows it's now or never.

"I feel this is my last chance. This is the rest of my life we are talking about. I'll never be the same since Vietnam, since Andy went down, but I am developing a liking for this person that did survive. Before, I hated her for surviving. I am starting to feel differently and finding my niche. In Vietnam, some of us lost control of our lives. I want my life back. I almost feel like I've been missing in action for 22 years"

HALFWAY ACROSS THE COUNTRY on a spectacular Indian summer Sunday morning, the embraces are fierce, the

Furey also saw the power of the group experience. As women had their emotions and experiences validated with each other, their anger and isolation began to dissolve. Her reservations that it might be too intense were unfounded. "Just the opposite — the therapists were keyed in enough so they could get people back down." Plans for follow-up treatment are always incorporated into the final session.

Donna Buechler, a former Air Force flight nurse, established the marathon weekend three years ago and is one of three therapists who leads it. The

worst thing about the program is that it's unique. On this early fall weekend, one woman has come from Alaska via Nebraska, three have driven from Minnesota, one rode in on a Greyhound bus from Virginia with her 5-year-old daughter and others have traveled from Florida, Indiana and southern Illinois. They have been drawn by a level of therapy they believe is unattainable anywhere else. The women say what they find here is excellent treatment and the freedom to let loose.

"Nurses are not afraid of each other's intensity," Buechler explains. "Over the years, so much has been held in check so we don't frighten other people." Another woman adds: "Vietnam nurses know we are the best nurses that ever were. So we trust each other to take care of each other."

Pauline Dickey is attending this marathon weekend at Joan Furey's suggestion, as a way to continue the progress she made at Menlo Park. Dickey seems quietly on the verge of being overjoyed. In Springfield, her deep sense of shame about what she did in Vietnam has been swallowed up in acceptance and love.

When she arrived in Vietnam as a young Army nurse, Dickey was so overwhelmed and frightened by the responsibility of caring for wounded G.I.'s that she volunteered to care for

prisoners of war at her hospital. This weekend, for the first time she met other women who had also cared for P.O.W.'s. "The message I got from them was that there was not something weird or peculiar about me. It was simply that I was the me who went to Vietnam."

She is about to get in her car and drive to Nebraska to visit her mother. The sadness that has ringed her life for so long is finally beginning to lift. She is in another place emotionally since her first days at Menlo Park. "Then I could hardly conceive of the fact that I had P.T.S.D. and that it came from Vietnam. I went there because some other people told me that. I was a piece of granite when I got there. My defenses were so rigid that I couldn't hear what was said to me. Those granite walls are coming down. They are not completely gone, but they are going away.

"One of the greatest gifts I received here this weekend is that I no longer feel on the outside. Now I feel like I'm on the inside. I have been embraced by these women and they have welcomed me home. Now I am welcoming myself home inside me. I finally think I am worth healing."

This Veterans Day, the love given by the women who went to Vietnam is coming back, not to haunt them but to hold them. ■

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DIANE
KEATON'S
SALESMEN

THE RISE
AND RISE
OF
SANDY WEILL

SUN AND SIN
IN CUBA



How to bandage a war.

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How to bandage a war.

The combat nurses of Vietnam lived with horror
that was intense even by soldiers' standards. For years, they healed others.
Only now are they healing themselves.

BY LAURA PALMER

