

THE VIETNAM WOMEN'S MEMORIAL:



BETTER LATE THAN NEVER

To the women who served, the statue is more than a tribute.

One hot, rainy day in Duluth, Minnesota, nurse anesthetist Penny Kettlewell walked onto the hospital helicopter pad to unload a patient who'd been injured in a motorcycle accident, when suddenly she was in Vietnam. A series of violent flashbacks took her right back to where she'd served as a nurse more than 30 years before. "That was it. I walked away," Kettlewell said. "It was like, in one day my brain said, 'This is it. You've had all you can take.' I couldn't even add two and two."

Kettlewell was 58 years old when she began receiving disability for posttraumatic stress disorder (PTSD).

Kettlewell, like many nurses who served in Vietnam, faced overwhelming trauma and danger and witnessed a great deal of death. Most nurses were young and inexperienced—unprepared for seemingly endless pain and tragedy. And unknown numbers returned with PTSD and painful memories of caregiving situations. This past year, the 15-year anniversary of the Vietnam Women's Memorial recognized the heroism and sacrifices of these women with a candlelight ceremony, storytelling, a reading of the names of those who died in Vietnam, and other events.

CARING FOR THOSE IN NEED

According to the Vietnam Women's Memorial Foundation (www.vietnamwomensmemorial.org), more than 265,000 women—almost 90% of them nurses—volunteered for service in the U.S. military during the Vietnam War era. About 11,000 of these women were stationed in Vietnam. The average army nurse serving in Vietnam was under the age of 24, and 65% had less than two years of nursing experience. They found that their own fear of being in a war zone was quickly replaced by the need and desire to care for others.

When **Diane Carlson Evans** received her orders for Vietnam, she went home to tell her parents. She also made out a will and had her picture taken in

her uniform, just in case she didn't return.

"I had two older brothers serving in the military, people around me were dying in Vietnam . . . and so many of these young boys were going to Vietnam," said Evans. "I just felt that I wanted to serve too."

Evans arrived in August 1968 at the 36th Evacuation Hospital in Vung Tau. She was 21 years old. Despite excellent trauma, ICU, and ER experience during nursing school, nothing could really prepare her for Vietnam.

Evans soon learned that she needed to be quick and smart, particularly when helicopters landed with wounded soldiers. "The guys loved the helicopters because, whenever the helicopter was coming in, their lives were going to be saved. . . . But helicopters to the nurses meant, 'Oh my God, how many are coming in?' . . . That's when we had to run to the ER, get them out of the chopper, get them triaged, get them to where they needed to be. So for us, helicopters meant that people's lives were at stake. We needed to move fast."

After five months in Vung Tau, Evans felt she had the skills to treat acute battlefield injuries, so she requested a transfer to Pleiku, an area close to the Cambodian border where the war was escalating.

Evans became chief nurse of the 71st Evacuation Hospital surgical unit at Pleiku. "We were getting direct hits to the hospital. The war was all around us," Evans said. And they had fresh casualties—patients arrived within minutes of being wounded.

One night, while trying to sleep after a 12-hour

Go to www.ajnonline.com and click on the "Podcasts" tab to listen to the author's descriptions of these and many other nurses who served in Vietnam. You can also see photos of these women and hear several of their reading poems they've written about their experiences.



Diane Carlson Evans.

shift, Evans heard a noise that shook the roof of her “hooch” (barracks). It sounded like only one helicopter. As she ran to her unit, she looked up and saw that it was a Chinook helicopter. She realized that meant mass casualties. Chinooks were huge helicopters designed to carry Jeeps and weapons—they never carried injured soldiers.

While everyone else was in the operating room or ER, she and one medic triaged and cared for more than two dozen soldiers. “They came in, gurney after gurney after gurney,” said Evans. “I looked around . . . it seemed like it was endless.” They were dirty, dehydrated, and weak. It was difficult to feel a pulse or start an iv. Then the bombing started—the red alert sounded and every light went out. As her one medic held a flashlight, Evans triaged patients, started ivs, and provided medical care. “We saved them all,” Evans said. “Not one died.”

“It was such a tragic moment for me,” Evans said. “Because I looked out at all these guys and thought, ‘These poor guys. What they’ve been through.’ . . . They must have been laying there, waiting to die.”

THE BURDEN OF CARING

The nurses approached their work with compassion, of course, but there was a high emotional toll, with a lasting sense of loss, grief, and sadness. Enemy attacks on bases and hospitals were harrowing, clearly, but it was often the caregiving situations that left the most traumatic memories, said Margaret A. Carson, who has a doctorate in nursing and has studied PTSD in women nurses who served in Vietnam.

“Very few of them cried about what they did. Most of them cried about what they couldn’t do,” said Carson, associate professor in the Saint Anselm College Department of Nursing in Manchester, New Hampshire.

Today, some of these women describe symptoms

of PTSD. And some describe the pain and sadness of their caregiving experiences—dealing with devastating injuries, caring for large numbers of casualties, feeling responsible for peoples’ lives, comforting those who died or being the last person to hold their hand and hear their final wishes.

Penny Kettlewell, whose sudden onset of PTSD decades after leaving Vietnam was described earlier, served two tours of duty in Vietnam, joining the army during her last year of nursing school. She was 24 years old when her first tour began in July 1967 at the 67th Evacuation Hospital in Qui Nhon.

She had thought she was prepared for anything but soon realized she wasn’t. “I wasn’t prepared for the emotional onslaught . . . relative to the quantity of injuries and their ages,” Kettlewell said. “It was like you could never catch up. We were trying desperately just to keep them all alive.”

If patients were evaluated by a medic in the field, they would have tags listing the injuries and the treatments received. But if there were no tags, Kettlewell and her staff quickly tried to assess the injuries and determine which were most life threatening.

“You had to do things so fast . . . and there would be only three or four docs who would be free until



Penny Kettlewell.

they went into surgery, and then it would be you guys and you would assess them and start IVs,” Kettlewell said. “It was so routine that if a leg was hanging by a thread you just got out your scissors and you snipped it and threw it across the room.”

And Kettlewell remembers the “expectant ones,” the term used to describe those who were expected to die and were placed, accordingly, at the end of the line. When she had time, she would sit with them. “They would pull pictures out of their pockets or out of their hats and tell you about their mom, their sister, their girlfriend, whatever,” Kettlewell said. “They all had pictures.”

Lynn Bower was 22 years old and several weeks pregnant when she arrived at the Long Binh 24th Evacuation Hospital in August 1971.

Shortly before deployment, Bower learned she was pregnant. She called her recruiter and other military personnel, but no one called back. “All I had heard was if you didn’t show up on time and you didn’t go, they would put you in jail,” Bower said. She had committed to two years of service and didn’t think that having a baby should interfere with working.

Trained as an operating room nurse, Bower was assigned to the ER. She knew nothing about the ER. And she was emotionally unprepared for what she saw.

Bower recalls a young soldier who stepped on a mine. Needing to cut off his uniform, she quickly pulled from her pocket the gold-plated, engraved scissors she had received from her mother as a nursing school graduation gift. She then put down her scissors, loosened his bootlaces, and tugged to remove his boots. “He came with me, his legs [separated from his body], just as they started the [CPR] compressions,” Bower said. And she left her scissors behind, unable to deal with reaching underneath his body to get them.

NURSES SERVED . . . THEN STRUGGLED QUIETLY

Few talked about their experiences when they returned home. Many struggled quietly. And when they received counseling, their experiences in Vietnam and the emotional impact of those experiences were largely overlooked.

“These women not only survived an overwhelming experience but really cared about their patients—and they still care and have carried that around with them all these years,” said Linda Finke, an advanced practice psychiatric nurse and dean of the College of Health and Human Services at Indiana University–Purdue University Fort Wayne. “Their emotional trauma is always there—right below the surface.”

Because of her pregnancy, Bower left Vietnam after six weeks of service. “I think a lot of the pain came later,” she said. She gave birth to a baby boy, and had visions of him growing up to be 18 years old and coming home to her in a body bag. She didn’t talk



Lynn Kohl.

about Vietnam. Later she felt isolated, depressed, and had difficulty sleeping. When she received counseling, Vietnam was never discussed. “No one ever asked me and it didn’t occur to me to say that it might be part of the problem,” Bower said.

Lynn Kohl was 23 years old when she arrived at the 71st Evacuation Hospital in Pleiku in June 1969. Assigned to the operating room, she remembers cutting off a young man’s arm within minutes of starting her job. “And I never forgot the sound of it hitting that kick bucket,” Kohl said.

“Once [patients] left us, we never heard about them again,” Kohl said. “I tried real hard not to focus on the name . . . I was afraid to know what happened

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Kohl did not talk about her service as a nurse in Vietnam until 1979. She was anxious, depressed, and had nightmares about body bags. “All this stuff was going on in my head, and I thought I was crazy,” said Kohl, who was diagnosed with PTSD 12 years after leaving Vietnam.

Kohl entered an inpatient PTSD program at the Tomah Veterans Administration hospital in Tomah, Wisconsin, in 1982. Staff at the hospital had never

FROM THE VIETNAM ERA TO ABU GHRAIB

One nurse's story.



Deanna Germain.

When army reservist Deanna Germain was activated in 2003 to serve as chief nurse for a mission to Kuwait, she expected a six-month deployment caring for injured soldiers, marines, and allied troops arriving from Iraq. Instead, she served 18 months, including a transfer from Kuwait to Abu Ghraib prison in Iraq.

"What I never bargained for was taking care of patients under gunfire and mortar fire. They never hit our hospital while I was [in Iraq],

but sirens would be going off," Germain said. All night she heard gunfire and tanks rolling by, and there were moments when she wondered whether she would make it home.

A CAREER OF SERVICE

Germain joined the army in 1970, during her last year of nursing school in Saint Paul, Minnesota. Anticipating deployment to Vietnam, she was assigned to a surgical ward at Eisenhower Hospital in Fort Gordon, Georgia. There she cared for soldiers injured in Vietnam.

worked with a woman veteran before; later she learned they had wondered why a woman would need such a program. All of the veterans in her PTSD program had also served in Vietnam. "At one point during a session, the guys turned on me," Kohl said. They were asked to name three specific stressors that had caused their PTSD. The men listed specific battles or situations. But she could not list three. "And I couldn't because every day was trauma for me," Kohl said. "There wasn't one day that wasn't."

Evans said that when she returned home, there was strong antiwar sentiment. She was glad that people were protesting the war but wasn't proud of the protesters who took it out on the soldiers. And she remembered her patients—their courage, how they died, and how they worried more about the

"At night, people struggled. They couldn't sleep . . . and were restless," said Germain. "And we would learn a little bit about what it must have been like for some of these guys. But it was the only time that I had a glimpse into the troubles and struggles of a patient."

After three years of active duty, she joined the Individual Ready Reserve and later the army reserves. In 1991, activated for Operation Desert Storm, she served stateside. And now she was serving again. But this time it was different—she was in a war zone.

SERVING AS A NURSE IN IRAQ

After two extensions and a year in Kuwait, Germain was ready to go home. But the day her unit was to leave, they were given orders to stay. "We got up in the morning, our bags were loaded on vehicles, we had our last information, and we said goodbye to people in the camp," Germain said. "Then all of a sudden we were told we would be staying." They had been assigned to Iraq.

When Germain arrived at Abu Ghraib prison in April 2004, there were as many as 4,500 detainees walking around and she could hear gunfire from outside the perimeter of the camp. A few days earlier, about 80 prisoners had been wounded or killed during an attack on the camp. "They were still picking up body parts when I arrived," Germain said.

Germain carried a gun at all times, except when she was in the hospital, where she was required to turn it in. If she was in the hospital when an alert sounded, she had to get her gun because it was her responsibility to help protect the hospital. She'd been trained to shoot, she was a good marksman. But shooting a human being was hard for her to imagine.

While at Abu Ghraib, Germain cared for detainees and some prisoners. She assumed that most were Iraqis. Many spoke English. Some were reputed to be members of al Qaeda. "It didn't matter," Germain said. "When it came

patient next to them than about themselves.

Closing down. "At some point, the Vietnam vets, myself included, we just closed down," Evans said. "We aren't going to tell you about it. You don't care anyway. How can we tell you in five minutes? Or if we do tell you, what are you going to say to us in return?" It was easier to pretend you were not a veteran than to talk about it, Evans said.

But Evans realized later on that veterans needed to talk. It was an important part of the healing process.

THE VIETNAM WOMEN'S MEMORIAL

The idea. Evans remained silent about her service until 1982, when she attended the dedication of the Vietnam Veterans Memorial Wall. There she found

down to looking at the faces in the bed . . . it didn't make any difference [who they were]. . . . It was so mixed up, so chaotic there. I didn't know who was innocent and who was guilty. Just take care of them. Keep them all alive. Instinctively, you just do whatever you can. There's a reward there that you saved a human being."

RETURNING FROM IRAQ

Initially, Germain's transition home was difficult. "I would wake up in the middle of the night and I would be frantic," she said. "I would be looking for my weapon. To lose your weapon in the military was a giant deal."

When she learned that a medic she had worked with in Iraq had been killed by random gunfire within the Abu Ghraib prison camp, she realized she was struggling. "I'd find myself getting up in the morning . . . I'd get going, but then I just couldn't continue. I would flounder in the middle of the day," she said. "I just remember feeling so sad."

Although returning to work and talking about her experiences has helped, the Iraqi people are still on her mind. "There's a piece of me that will always worry about the translators and some of the people I met," Germain said. "I was one of the lucky ones. I was able to leave. They're going to be the generation that pays the big price. And for that I feel tremendous sadness. When I left, they said, 'Don't forget me. Please don't forget us.' I can see their faces. They're right there in front of me."

Germain's memoir of her experiences in Iraq, *Reaching Past the Wire*, was published by Borealis Books in 2007.

the name of Eddie Lee Evenson, a young man she had cared for at the 36th Evacuation Hospital. Eddie had recovered from his injuries, returned to combat, and was later killed in action. For the first time, she cried about Vietnam.

"The dedication of the wall opened that door so that Americans could finally look at Vietnam veterans for who they are, the heroes they are, and the losses they suffered," Evans said.

When Evans heard that many Vietnam veterans were unhappy with the wall and that a statue of three servicemen would be added to the memorial, she realized what else was missing. Women were in Vietnam, too, side by side with men. A sculpture that portrayed women as they appeared in Vietnam would complete the memorial and make it whole.

NURSING IN TODAY'S WAR ZONE




Nurses on active duty often provide care to civilians who have no access to health facilities. Here, Captain Jody Brown, a nurse with the 225th Brigade Support Battalion, 2nd Stryker Brigade Combat Team, searches for medication for a young patient as his mother looks on during a medical outreach effort in Batta Village, Iraq, on March 17, 2008. Photo by SFC Christian Bhatti.

For additional images of nurses serving in Iraq, go to <http://links.lww.com/A1157>.

"Men and women served together, worked together, cared for each other, and helped to save each others' lives," Evans said. "The Vietnam memorial was incomplete without a monument to women."

Evans was determined to uncover the stories of women who served during the Vietnam War, to



AT THE DEDICATION OF THE WOMEN'S
MEMORIAL, THOUSANDS OF PATIENTS
AND THEIR FAMILIES SAID 'THANK YOU'
AS THEY LINED THE STREETS.

encourage women to tell their stories, and to tell the nation that women served and that their contributions were extraordinary. Evans soon became the founder and chairwoman of the Vietnam Women's Memorial Project.

The effort began in Minnesota, in 1983, when Evans marched in Minnesota's first parade to recognize Vietnam veterans. After the event, she met Roger Brodin, a Minnesota sculptor. She shared with Brodin her dream of a sculpture that would recognize women who served during Vietnam.

"Most told me it was an impossible dream that wouldn't happen," Evans said. "It took almost 10 years. And it was an uphill battle all the way. But in the end, it was worth it."

The turning point was a 1989 interview with Morley Safer on *60 Minutes*, Evans said. The U.S. Commission of Fine Arts had rejected the proposal for a women's memorial. Safer called her—he wanted to know why the proposal had been rejected and wanted to interview five nurses who had served in Vietnam.

Among the nurses Safer interviewed was **Maggie Arriola**, a nurse from Minnesota. Arriola talked about the one time she cried in Vietnam. A Jewish soldier with battlefield amputations requested a rabbi—but there was none. When the soldier asked Arriola to tell his mother that he loved her, she began to cry and could not stop. The soldier was transferred to the operating room; she never knew if he had lived or died and since that time had lived with the guilt of not having contacted the soldier's mother.

About 75 million people watched that *60 Minutes* episode, Evans said—including Lloyd Cantor, who recognized himself as the soldier Arriola had cared for that day. Cantor contacted Safer's staff, and a subsequent *60 Minutes* program reported that Arriola's soldier was alive and well and that Arriola and Cantor had met.

"We had to put four new telephones in our office after that," said Evans. "The phone kept ringing. People wanted to help and send money. That generated huge support."

Working out the details. Although Evans was determined to place the Vietnam Women's Memorial close to the wall, she had to compromise on the specific location. With *The Three Soldiers* statue

at the west entrance of the wall, she wanted to place the Women's Memorial at the east entrance. But the Commission of Fine Arts denied the request, said Evans, claiming that it would obstruct the view of the Washington Monument. So the Women's Memorial was placed 300 feet behind the apex of the wall, with the woman tending to the wounded soldier facing the wall.

Evans also had to compromise on the design. Brodin's original sculpture had been rejected. Glenna Goodacre's design was eventually selected after a juried competition, although in Goodacre's original sketch, a second woman was standing, holding a baby over her shoulder.

"We liked the baby—we all took care of those kids," Evans said. But there were concerns from others, including members of the Commission of Fine Arts, that a depiction of a baby would be perceived as a political statement. The woman holding the baby was replaced by the kneeling woman, who represents the futility and anguish of war.

A MEMORIAL THAT HEALS

Visiting the Women's Memorial was the first time that many nurses talked about their time in Vietnam, said Linda Finke, who was a consultant on a 2007 Emmy-winning documentary about nurses who served in Vietnam (*Vietnam Nurses with Dana Delany*). "[The Women's Memorial] captured everything—how they felt and what they experienced," she said.

And the dedication of the Women's Memorial was important. Thousands of patients and their families said "thank you" as they lined the streets, Finke said. "Those nurses really didn't feel as though they had made a difference all those years . . . and they carried that with them until that dedication."

For Kettlewell, the Women's Memorial and the dedication ceremony contributed significantly to her healing. Whereas the wall reminds her of the lives they couldn't save, the Women's Memorial signifies to her that they tried. She participated in the dedication of the Women's Memorial, reading her poem, "I Hold Them."

The Vietnam Women's Memorial, along with the wall and *The Three Soldiers*, form a national circle of healing. And although the wall has significant meaning for many women who served, the Women's Memorial encourages them to talk, recognizes them for their service, and honors their contributions. "There's a real sadness in the wall," Kohl said, but the women's memorial conveys "a sense of hope and healing." ▼

Kay E. Schwebke is medical director of the Hennepin County Medical Center Coinfection Clinic, Department of Medicine, Division of Infectious Diseases, Minneapolis. Contact author: schw0034@umn.edu. All photos courtesy of Kay E. Schwebke unless otherwise noted.