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WALKING WOUNDED

By

Robin J. Kennedy

THESIS

Submitted to Northern Michigan University
In partial fulfillment of the requirements
For the degree of

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Committee Chair: Dr. Carol A. Bays

Date:

First Reader: Dr. Paul Lehmborg

Date

Department Head: Dr. James Schiffer

Date

Dean of Graduate Studies: Cynthia A. Prosen

Date

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December 21, 1948

ABSTRACT
WALKING WOUNDED
BY
ROBIN J. KENNEDY

Forty years after serving during the Vietnam War, I know too many veterans who suffer from Post Traumatic Stress Disorder (PTSD), a term coined to suit the resulting psychological and emotional ordeals these veterans continue to live through. Based on personal observations, discussions with veteran friends and relatives, and readings, this series of essays, journal entries, and fiction is an exploration of the often unseen trauma that Vietnam veterans have suffered and continue to suffer.

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By

Robin J. Kennedy

2007

DEDICATION

For all the walking wounded,
especially Michael, Tim, and Kevin

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This thesis follows the format prescribed by the *MLA Style Manual* and the Department of English.

PREFACE

It has taken me many years to realize I am one of the walking wounded. I was never in a combat situation during the Vietnam War, but trained as a field Doc, I took care of the wounded when they returned stateside. It was not easy helping these once strapping young men adjust to badly damaged or missing body parts, loss of bodily functions, loss of friends and/or family, overwhelming grief because they survived. Nor was it a simple matter to take care of those who did whatever it took not to return to action: shoot one's self in the foot; shoot a portion of their face off, turn to alcohol, attempt suicide. Not only did they have physical injuries, they also had mental and emotional ones: feelings of disgrace, guilt, cowardice, shame.

Every day I see many other walking wounded. Whether their wounds are physical, mental, emotional, or spiritual, it still impacts me. Most of these veterans are dear friends; one is my husband. In order to put my experiences into perspective, I have written two reflective essays, the first about my own memories, the second about the deterioration I witnessed in my husband. The third essay takes a look at Post Traumatic Stress Disorder (PTSD) and why the experiences of Vietnam Veterans are so different than those of veterans of other wars of the Twentieth Century. I talked with several veterans, both friends and acquaintances, to discern what their experiences were and what their experiences are now.

I can't help but remember soldiers who were paralyzed by bullets, grenades, punji sticks. Did the guys I took care of survive? Were their lives wasted? Were they ever able to accomplish anything? Did they ever have any kind of a relationship? Did

someone ever care enough about them that they didn't forget to go visit them? I still vividly remember one soldier I took care of. I don't know what happened to him. I wrote the fictional pieces in an attempt to come to terms with, or for a chance to rectify, what happened to him.

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Nightmare Remembrances

Journal entry, Jan 1995: I've decided I need counseling again. Not only have the nightmares returned, and sometimes "day-mares," it has become very difficult for me to cope with the every day things of life. I awaken early, and instead of getting up and accomplishing something as I used to, I lie in bed trying not to think. Frequently I fall back to sleep, but it isn't a deep restful sleep. When I do get up, some days I find it difficult to even get dressed. My morning meds may not get taken before noon. I have little appetite and even less energy. At night I'm too restless to sleep, but I can't keep focused when I read a book. Some nights I play solitaire on the computer for a couple of hours. Other times I work on crossword puzzles. If I'm really restless, I might get up and actually do something. It seems I'm almost afraid to go to sleep. And not just because of bad dreams. I guess I'm afraid of what I might wake up to.

Many times I have been asked why I left the medical field. After all, I had devoted over twenty years trying to help others. All too often, though, my efforts were hampered by someone else's lack of concern. I can't say that I did everything right, but at least I admitted to the mistakes I made. My introduction to the medical field was as a medic, then clinical specialist or "field doc," stateside, during the Vietnam War. I had high ideals at that time, and in spite of the societal microcosm of the world that I worked with, the level of competence was usually high. Or maybe it was because we all thought that "the boys" had suffered enough. Nonetheless, from

time to time, I still have nightmare remembrances of those days, wondering if I had done all I could, or perhaps I had done too much.

When I first saw the soldier lying in his bed he didn't want to look at me, or anyone else for that matter. Least of all, he didn't want to look at himself. Can't say that I blamed him much. He wasn't a pretty picture. Face badly scarred. Both of his legs blown off. He would not father any more children. He struggled to eat, write, or wash his face with his remaining arm. He had wondered why he was still alive. Would he ever be capable of doing anything with his life? How could he possibly support his family? Why would his wife want to stay with him? His little son had screamed when he first visited him in his hospital room. The reassurances I was able to give him seemed empty. I knew he would get prosthetics and physical therapy. Vocational rehabilitation would probably help him to find some kind of job. He was one of many war wounded who would never lead a "normal" life. At least he was alive, right?

What about the tall young man who had been a promising athlete and a talented musician? The bullets to his back and neck imprisoned him for life in a circle-electric-bed. Spoon fed, tube-drained, his running and football days were over. Nor would he ever play guitar or piano again. At least he could still sing with his deep baritone voice, right? At least he could watch TV and listen to the radio. Never mind that his "visitors" would usually be the nurses who tended to his bodily needs because his family would eventually become caught up in their own lives.

I remember when I listened to the anguished sobbing of a father, a war-hardened senior officer, as he carried his teen-age son in to the emergency room on

his back. The boy was blue from the waist up. He had died sitting in a kitchen chair after a spinal injection of heroin. Addiction had been the youth's attempt to cope with his father's military "career." Then there were the children who would get together for "pill parties," children on base, children of soldiers. They would gather at a home where the parents were absent. Each of the participating fourth and fifth graders would bring in a handful of pills they had pulled from bottles in their medicine cabinets. Some didn't live. Others would later wish that they hadn't. And there was the seven-year-old oriental boy, caged forever with the nightmare existence of the monsters visible only to him. His babysitter's boyfriend had slipped him some LSD. With his martial arts training, he would attack other children and adults, seeing only the demons of his mind. The last time I saw him, he was literally in a cage, a large crib with metal bars over the top.

I remember the WAC brought into the emergency room badly bruised, cut and bleeding, the results of a "blanket party," where other women in the barracks had ganged up on her at night and took razor blades to her face and body, and beat and kicked her until she lost consciousness. I never found out why.

I remember my first experience with death. The old officer had been comatose for several months when I was assigned to him. He was being fed through a gastric tube when he suddenly opened his eyes. He wasn't able to communicate verbally, but he was finally able to take liquid food by mouth. He perked up when the other staff or I talked to him. His condition seemed to improve over the next couple of weeks even though he never spoke. Then one afternoon, I was talking to him and

his head slumped to the side. He had died. It took me a while to understand there was nothing I could have done.

Since the Vietnam War, there have been many other casualties I'd rather not relive. I have witnessed the aftermath of multiple injuries suffered by men, women and children. At times the results were caused by their own stupidity or ignorance, occasionally, the result of a chance occurrence. I have had to use all my training just to keep them alive. Too many times, I have had to reassure them that at least they *were* alive. To what purpose? What gave me the right to play God? Sometimes I wonder how I could have been so naive.

My nightmares also include remembrances of witnessed incompetence, both in and out of the military service, within the Veterans Administration facilities, in public and private hospitals. The surgeon who couldn't be bothered to wear gloves, let alone put on a gown, or wash hands after leaving an infected patient in isolation before going to "tend" to a fresh surgical patient. The latter patient, a below-the-knee amputee, lost his entire leg. When I tried to talk to the charge nurse about the situation, I was told to shut up. An obstetrician who couldn't be bothered to check a woman in too-hard labor for too long, and both mother and child are almost lost. The woman whose cancer spread throughout her body because she was "too young" to have a cancerous tumor. Patients with cancer, kidney disease, ovarian cysts, who lay in agony because they might "become addicted" even though they were dying, or worse yet, because the pain couldn't be *that* bad.

I had entered the medical field hoping to be of service; maybe even save a life or two. And I did serve. I did save lives, or at least was instrumental in helping to

do so. Yet, it's one thing to help people regain their health, or keep them relatively comfortable as they die. Over the years, I was appalled at the half-life that all too often resulted. A child brought back to "life" from drowning hours earlier, lying comatose with essentially no brain function for several years, his extremities contracted, a feeding tube to "nourish" him, a catheter to drain him, finally dying by drowning in his own drool. No family to comfort, of course, since they had long since stopped coming.

Taking care of the sick and injured, trying to at least keep them comfortable while easing them into death was at least manageable. It's something else, though, to work with physicians who think they're demigods, or worse yet, God Himself, or with doctors who don't or won't listen to their patients, even though those patients just might be right about what is really wrong with them. It's also difficult to watch as nurses and aides are pushed beyond their physical limits or are forced to give minimal care or even neglect their patients because of petty bureaucracy. It's *very* hard to go through a day knowing that a patient did not get appropriate tests or treatment because he didn't have the wherewithal to pay for them. It sickens me that the medical field has become such a money-grubbing profession where cost analysis comes first, not the needs of the patient.

And lastly, there is the supposed treatment of the veteran. Certainly, support is available, and granted, medically discharged veterans can usually obtain the care they need. However, men and women not medically or psychologically discharged all too often have to fight the bureaucracy to obtain even a modicum of care. This has been especially true for Vietnam Veterans, both male and female, who have had

to struggle to receive treatment for Agent Orange exposure, or appropriate therapy for psychological injuries inflicted not only by the war itself, but by their own countrymen. Family members and former friends telling them to “get over it,” or “grow up, already.” Family counseling not given that might have provided enough insight to the spouse to have saved a marriage or relationship. Putting off individual counseling until the veteran’s life is so badly demolished by horrific memories, paranoia, and so forth, that led to substance abuse, physical abuse, incarceration, and/or commitment to an institution, or suicide.

My nightmares are all too real. My dreams of the war wounded made me question whether or not what I had done to save lives had been right. So did witnessing the seemingly never-ending vegetative state of too many patients. I came to question whether or not they, too, should have been allowed to die. Nor could I handle any longer the ineptitude of some or the lack of compassion of others in the medical profession. Least of all, could I handle the invasion of petty politics and pecuniary bureaucracy in a profession more noted for mercy and humaneness. Is it any wonder that some nights I wake up in a sweat, crying?

Circle

Journal entry, Aug 2006: K. called. He asked me who I was seeing at the VA. He said he has been fine for quite a while, but the “triggers are still there” and he was approaching a panic state. I talked to him for about fifteen minutes. He will go to Jacobetti to see if he can get a referral to Iron Mountain. Said he didn’t want to go to a local hospital. His companion went downstate with her mother to a funeral. He does not handle being alone very well.

Brought to mind my Michael who is just the opposite. He can’t stand groups of people; even going to Church is sometimes really difficult for him. Two weeks ago, he cried because he was still alive and “in one piece.” I told him K. said Mike was his hero for doing what he did over in Nam. Mike couldn’t accept that. How many times has he said, “I want my life back.” He’s really ambivalent about being on disability. He feels he’s owed at least that much, but at the same time, he resents it. There are days he cannot function. And it’s not just because of his meds.

I entered the Native American dance circle at Ron’s invitation. I participated in the Veterans’ Dance enjoying the drumming and singing. The Spirit was so strong, almost like being in the Temple. Michael would not enter the circle. Wearing his usual bib overalls, white hair in a ponytail, whitening red beard, eyes reflecting the blue of the sky, he stood along the rail of the circle and watched. But he said for the first time since he returned from Vietnam, he felt like he was welcome, that he’d come home. A few tears flowed down his cheeks.

Our faith teaches that life here is a testing ground: will I be obedient to all of God's commandments? Will I accept the challenges in my life and endure to the end? I firmly believe that the difficulties I've had in my life have made me a stronger person, for I am stronger physically and emotionally. I've learned to handle the failings of my body. But I still have difficulty dealing with the pictures and thoughts that come to my mind. Part of this remembrance stems from watching my husband's decline from the adventurous, fun-loving man I married to someone who has difficulty leaving home even to go to Church. Only in retrospect do I see the changes, the deterioration, that took place.

1968-69, stationed at Letterman General Hospital, Presidio of San Francisco.

Michael took me on my first camping trip. Two skinny, innocent young kids riding on his blue 450 Honda headed to Bodega Bay along the Pacific Coast, double sleeping bag and the poncho we used for a shelter tied to the back of the bike. Mike wore a helmet, but my single braid flowed in the breeze. Our second camping trip was up to Lake Tahoe, again on the bike with similar gear. We went hiking and enjoyed exploring the wonders of the area. The next trip was also at Tahoe, but this time we rented a camper from the recreation center on Post and shared the site with a couple of friends. The last trip before he went to Vietnam was at Parker Canyon Lake outside of Fort Huachuca, Arizona, where I was reassigned. I didn't see him again until his R&R (Rest and Recuperation/Recreation), our innocence long gone.

1970, Hawaii.

Mike had R &R from Vietnam in Hawaii. I was able to get leave from where I was stationed in Arizona and join him there. Although he was skinny as a rail and brown as toast, I still recognized him. Our first night in the hotel he stood in the bathroom for at least ten minutes flushing the toilet and watching the water go down, marveling at this convenience he had been without for eight months. The temperature was in the 90's, but he was shivering from "the cold." On June 25th we were married in the Post Chapel at Fort DeRussy on Waikiki Beach near Honolulu. That night we celebrated with an intimate dinner and spent the remaining two days traveling about the island exploring and sightseeing, and meeting with a couple of old friends also in Hawaii on leave. Mike was glad to be with me; it seemed he couldn't get enough of me, but his mood was almost somber, perhaps because he was headed back to Nam. I wasn't any too happy about that either.

1971, Lansing, Michigan.

From military uniforms to hospital whites, he and I worked at a general hospital (civilian). However, we were no longer allowed to do what we were trained to do. Laws and liabilities. He worked in surgery and I worked on the surgical floor, but the limitations we faced were difficult to adjust to. We had been trained to be what later became known as physician's assistants, but we didn't have the certificate or medical degree. From performing emergency or minor surgical procedures, prescribing and dispensing medicine and IV therapy, we were relegated to being

glorified bedpan pushers. I didn't see it at the time, but resentment was building in him, probably in both of us.

He had become really skittish; firecrackers and fire works often made him dive for cover. A car backfiring. He would do his best to laugh it off. We spent many weekends up at his parents' cottage to get away from city crowds and noises. Canoeing and fishing seemed to ease things a bit. Hiking in the woods was even better. At times he even needed to get away from the lake—too many people, he said.

1978, Upper Peninsula, two children and a couple of career changes later.

After working as an LPN, he became a factory line worker to make more money. He worked and went to school at the same time to try and get a better paying job in the medical field. After a move and a substantial cut in pay, he worked at the VA hospital as a medical technologist. Occasional drinking and pot smoking helped him to cope with job pressures. Infrequently we took a weekend to visit Upper Peninsula sites: Bond Falls, Sturgeon River Gorge, Lake of the Clouds. But communication between us had broken down. Sleep was at times difficult for him, but he wouldn't tell me why. We did so little together any more. He worked days and I worked evenings to save money and eliminate babysitter costs. We would only go out if I paid the way, even for our anniversary. I almost left him. Only his visions of eternity and our joining the Church at the same time kept us together. We learned that this life is but a moment in the eternal perspective of things, and we discovered

we could be married forever. We decided that that is what we wanted, to be together forever. For a few years this helped him to hang on.

1981-1988, truck driver.

After he was illegally fired from the VA , his union went to bat for him and got his job back, but his boss and some co-workers made life a living hell for him. Shortly after he quit, he sank into a deep depression that lasted most of a year. He finally got some counseling and went to school to become a truck driver. His first driving job kept him away from home four to six weeks at a time, and he was lucky to get a full weekend home. Hard on the kids. Hard on me. Hard on him. Or not. He seemed to relish his isolation at the same time he expressed his desire to be home more. He finally got a local driving job, but that lasted only three years before he went back over the road.

I don't remember when he started wearing a full beard, but it looked good on him. He even let his hair grow long again, but that only looked good as long as he kept his hair clean. He would take pains to clean up before he came home most of the time, since we were homesteading our small acreage without running water or electricity. It was like living an adventure for both of us for a long time, but the burden subtly but steadily shifted to me as his energy and ambition declined.

Our boys were always excited when he came home. Mike apologized numerous times for missing special events at school or Church, and he tried to spend quality time with them when he was home. He finally consented to going to our youngest son's freshman civics class to talk about the Vietnam War. We both

went. He talked about the action end and I talked about the receiving end. For the first time he told of events that he had witnessed, things he had never told me or anyone else. He talked about Vietnamese civilians scraping maggots from GI garbage just to have something to eat, soldiers he triaged and/or treated, having to make decisions of who was too wounded to live, fighting to save the lives of those who still had a chance. He talked about the North Vietnamese doctor who had remained behind to take care of the injured and ended up captured, that this man had a picture of his girl or wife in his wallet and that they really were two men in a place they didn't want to be. I talked about my trying to put the pieces back together as the soldiers returned Stateside. We both touched briefly on the impact of these memories.

The last few years were hard. Not only was Mike distancing himself from me, he didn't seem to be able to do much with our sons. Phone calling cards helped a bit, but the calls became infrequent. I would have to call his dispatcher and leave a message to call home. I was able to go over the road with him a precious few times. His sleep patterns were definitely skewed. Sometimes he drove all night, grabbed a couple of hours sleep and drove all day. But we were able to see much of this Country together that we would not have been able to do otherwise. I remember being concerned about the weight he was gaining. Road food was definitely fattening, but that was why he bought a small refrigerator to carry his own food. His blood pressure was a real issue, too. It seemed the meds he'd been given weren't working very well. Then there was the cleanliness problem. Too often he would

come home looking more than a little disheveled. I was often troubled about the fact that with all his medical training and experience he didn't take better care of himself.

1989-1991, California.

For the first time in many years we were camping together again, even if it was in campers that were being delivered from manufacturer to dealer. We were seeing the country together, stopping at Devil's Tower in Wyoming where part of the movie *Close Encounters of the Third Kind* was filmed. Further north, we stopped long enough for me to go through a fence and get a close-up photo of pronghorn antelope. Virgin River Gorge on the Arizona and Utah border along I-15. On to Colorado where we pull over in a rest area at Vail Pass. He felt impressed for us to move out west.

.....

Well, I finally got to go camping again. Mike was still hauling campers with his blue heavy duty Dodge pickup. Our youngest teenage son and I spent three months tenting it in the high desert. Then we lived with new friends for several weeks until I found an apartment we could afford. Although not isolated by any means, the apartment looked out over the high school athletic field and in spite of athletic practices, there was a sense of privacy. I was able to walk to quite a few places so I only needed to drive to get groceries or take our son to an activity. Penny-pinching once again.

When Mike was home, he spent a good part of his time catching up on his sleep. He preferred to sit and watch TV a lot, but occasionally we would take a drive

out in the desert or up in the mountains. The stark beauty was stunning and the isolation usually peaceful, but at times there was a disconnection from the world that was almost crushing; I think this was more because he seemed increasingly detached from me. Communication between us was at times disjointed or one-sided. He would talk about wonderful sounding plans for the future, but it was always in the future, little to nothing that we could do then. And he put so little effort into bringing his hopes to fruition. He encouraged me to work on our genealogies, but he wouldn't take the time to do it himself. At times he didn't make the effort to attend Church.

Mike had expected to be with us more often, but it sure didn't work out that way. He was gone more than ever before. Even when he was with us, he became more withdrawn.

Journal entry: 2 May 1991: Mike was home this last weekend—both good and not so good. I really feel he is getting more anti-social all the time [...]. Mike seems more than a little standoffish with me, too. More and more, he seems to want to be alone.

2000, Upper Peninsula.

I was commuting to school and working in Marquette; I had an apartment in town, but would go home most weekends. Mike was driving truck and living at "home;" he drove at night and slept during the day. The house in which we raised our sons had deteriorated to the point of being uninhabitable. Mike insisted on living in the camper; he even put a wood cook-stove in it. He didn't have the ambition to repair the house, yet he would say he had too much to do around the homestead to

come up to Marquette. The few times he did come up to see me, he sat watching TV or he'd be in bed sleeping when I got back to the apartment. I had to cajole him into going out for a bite to eat. Nor had he been going to Church. Said he couldn't get up in time or that he didn't have the energy.

Almost every time I went home, I found him sitting in a chair under the big pine tree slumped over a bit, sleeping. Many times he didn't even hear me drive in unless the dogs' barking woke him up. The lawn was knee-high in weeds, some of the grass waist high. He joked about needing to hay the lawn. Too often his hair would be greasy and he looked and smelled as if he'd worn the same clothes for days.

The first clincher was when I came home on the weekend and no dogs came out to greet me. When I asked where they were, he said that they had taken off. When? A few days earlier. No, he had not looked for them. He had not thought to call the animal shelter, either. He figured the dogs didn't want to be with him any more. The proverbial straw was when I came home and found rotted food on dishes in the camper. Nor had he taken a bath. He wasn't taking care of himself at all. I told him if he didn't get help, I wasn't coming home again; I got back into the car and went back up to Marquette. That week he finally sought counseling and medical help. In a surprisingly short period of time, he was given one hundred percent disability for his Post Traumatic Stress Disorder. Even the Social Security Administration didn't quibble.

Granted, many of his medical problems are probably part of the aging process. But not the psychological troubles. How does one explain the absolute

need to withdraw from everything and everyone, to cut off the world? How does one explain the necessity of always watching over one's shoulder, the fact that sharp or sudden noises make his heart race, that he must always be on guard? He knows it's paranoia, that there really isn't any danger. Or is there? The doubt, the fear, the anxiety never leaves. So the "shrink" prescribes meds. They help for a while. He starts to relax and enjoy his family, teasing his grandchildren. He again marvels at the beauties of creation, the chirping of a chickadee, a goldfinch at the bird feeder, a squirrel chasing the small birds away followed by blue jays chasing off the insolent mammals. He laughs. For a few days, maybe even a couple of weeks, he's almost happy. Then a door slams, a trucker uses his jake-brake, a pressurized jar pops as the seal is broken. Meds are increased. And increased. He spends a lot of time sleeping off the sedative effects, but can't sleep at night. Uncontrollable high blood pressure has led to more drugs. Pills become his food but he gains weight, unable at times to put one foot in front of another let alone get any real exercise. His depression comes in more frequent bouts as he is able to do less and less. More meds. The cycle has become vicious.

At times he's afraid to open a window curtain for fear someone is "drawing a bead" on him. This is the man who enjoyed working in the woods, felling trees, making firewood. This is the man who loved to hunt and fish. This is the man who liked and benefited from serving both at Church and in the community. This is the man who relished helping his sons with their homework and Scouting projects, teaching them to shoot, encouraging them to improve their musical abilities. This is the man who enjoyed taking his girl on long motorcycle rides, on camping trips, on

long hikes or just a walk along the lakeshore. This once daring, courageous man couldn't enter the dance circle. I doubt I'll truly understand the reasons why. I only know how much he has separated himself from the rest of the world. From his family. From me.

Walking Wounded

Journal entry, Sep 2005. Drove a couple of friends to Munising to watch "A Knight's Tale" at mutual friend's house. M. is now in a wheelchair. He had MS to begin with and then was involved in a car accident almost a year ago. He is now paralyzed from the waist down but has regained at least partial use of his arms and hands.

Movie was good, a farcical, anachronistic medieval type tale. I really enjoyed it and had needed the distraction. Unfortunately, I had a hard time sleeping even though I got back after midnight. Kept remembering others who were paralyzed by bullets, grenades, punji sticks. That's over thirty years ago, but the memories come back now and then. Did the guys I took care of survive? Were their lives wasted? What about the walking wounded?

Preface

I have listened to the stories of many Vietnam veteran friends and relatives as well as the stories of their friends and relatives. I also read some oral history interviews conducted by high school students in Iron County and contacted a couple of the veterans interviewed. All of these veterans have manifestations of PTSD (Post Traumatic Stress Disorder) in various combinations and in varying degrees of severity from difficulty concentrating, depression, nightmares and flashbacks, to exaggerated emotional and physical reactions to stimuli such as sharp noises,

smells, or rain. Many of the veterans have found their own ways of coping on their own, but most have had to seek counseling and/or medical intervention, some just recently, forty years later.

.....

I am a veteran. Like many others of my generation, I tried to follow the request of a leader I admired and respected when he stated, "Ask not what your country can do for you, ask what you can do for your country." I spent more than four years in the Women's Army Corps. I was trained as a medic and then as a Clinical Specialist or "field Doc." I worked in Army and General Hospitals. I was never *in* combat, but my job was dealing with the aftermath of battle. After my time in service, I worked in and have been a patient in the Veterans Administration system. I have many friends and relatives who are veterans, too many of whom are among the "walking wounded," a term used to categorize soldiers wounded in action but still able to move on their own. However, there is another, perhaps less known category of walking wounded, those whose trauma was psychological and/or emotional. The media has often represented these injured as shell-shocked, or, when pertaining to Vietnam Veterans, as so mentally unstable that some became psychopathic killers as portrayed in *Taxi Driver*, *Rambo*, and *Apocalypse Now*. There are walking wounded from many wars, but it seems there are far more from the Vietnam War than perhaps from any war of the Twentieth Century. Although the majority of Vietnam veterans continue to be valuable members of society, too many cannot escape the impact of the war. Most function well in spite of nightmares, day mares, flashbacks or triggers.

My father, Jim, fought in World War II as did his brothers and many of his friends. He was shot at, bombed, and even buried alive when an explosion filled his foxhole; another soldier saw his hand waving above the dirt pile and dug him out. He was wounded in action. Some of his best friends were killed. But he received a hero's welcome when he returned home.

Jim worked several different jobs during his life, but more often than not he tended bar. He worked for a short time for the highway commission, but in the process of pulling a cable through a pipe, he was accidentally buried when a pile of dirt caved in on him. He quit not long after this incident. He gradually became an alcoholic, drinking to kill the pain. The pain in his leg. The pain of his nightmares. He talked, yelled and fought in his sleep many times over the course of his life. But in spite of his physical pain and mental anguish, he had a sense of pride about what he had done. More than once he avowed that he'd do it again. He was one of many who had volunteered, proud to serve his country and defend his freedom and that of his family. There had been a sense of "rightness" about what they had done.

Perhaps the most significant compensation was the support group my father's generation had. They felt they could openly and proudly chat about their roles in the war. More often than not, when they were alone with each other these veteran friends and relatives could discuss the horrors they witnessed, the memories and nightmares that never seemed to leave. Sometimes, though, it was often a matter of pride that they did not talk about these concerns. My father and his brothers and friends believed that someone else's wounds and memories were surely worse than

theirs and it wasn't worth picking at old wounds, but at least they knew they had someone who had had similar experiences with whom they could talk.

Compare this to Vietnam veterans. Many have only grudging pride. Instead, most of the veterans I know have a deep and abiding anger and unremitting pain. Anger at their countrymen who did not support them. Anger and pain at some families who would not support them. Anger at fellow soldiers or commanding officers who would not support them. Anger at the government that played politics with their lives. Anger at the total disruption of their lives. When the conflict in Vietnam began, many young men enlisted hoping to emulate their World War II veteran fathers. As the war progressed and the need for troops increased, most of the recruits were unwillingly drafted. Some found out in advance that they were about to be drafted so enlisted instead, hoping to stay out of combat. They were pulled from their jobs, their families, their sweethearts. Perhaps worst of all, what had started as a "conflict," became an unpopular war. Even though they were only doing their job serving their country, there was little to no support in many communities, even with family members. There was no hero's welcome when they returned home. KK enlisted in the Army and fought in Vietnam. When he was finally able to leave, he could only walk away in tears. He was over there for six months. He was pulled out of a firefight for emergency leave, but his infant daughter died of SIDS. When he got off the plane in California, he was spit on by a man wearing an American Legion cap and called a "loser;" then he was spit on by Hari Krishnas. Coming out of the terminal in Detroit he was called a baby-killer.

When he got home for his daughter's funeral, his family from Canada turned their backs on him. They felt he should have come north, that he should never have enlisted. He was called a Vietnam pig, a slob, a war whore. It was the first war that Canada didn't return AWOLs or draft-dodgers. During our discussion he sat on the couch, talking very softly; at times it was hard to understand what he said. At first he sat with his right arm across the back of the couch, his left hand on his knee. Occasionally he would run his left fingers through his hair or his hand over his head. We talked eye-to-eye most of the time, but he would look up to the ceiling at times trying to remember a detail. Towards the end of the interview, it looked as if he was holding on to himself, arms crossed at his waist, wrists clasped. Frequently he was teary-eyed. He continues to have nightmares and flashbacks in spite of counseling and medication.

Most soldiers did have the support of their families. G, who served in the Army, volunteered for the draft. He stated: "My dad was really supportive and gave me his blessing when I got on that bus. He was one of those 'my country right or wrong guys.'" When we talked together, RK, who enlisted in the Navy and served in the Seabees (Construction Brigade) indicated that his family was also very supportive and that they helped him to "fall back into rhythm" at home. He was obviously comfortable talking with me, but also seemed wary. Perhaps he was too comfortable with me? Perhaps having his brother and wife in the room were inhibiting? But he could not hide the hardness that came into his eyes, the tensing of his shoulders, as he spoke. Nonetheless, both of these veterans had difficulty adjusting to "the real world." They, too, have bitter memories and triggers that make

them at best jump at loud or sharp noises, at worst, dive for cover. RK called out “incoming” at a loud noise from the kitchen.

Why do these warriors continue to have such deep-seated psychological trauma? It seems that the dramatic increase in walking wounded with Vietnam veterans is due to several factors. First of all, one must consider the type of warfare used in Vietnam. This was the first war in which the American soldiers not only seldom knew who or where the enemy was, they were not sure if they knew what they were fighting for; rather than clearly defined battle lines, most of the tactics used by the enemy was guerilla war-fare. All too often, any ground gained had to be fought for again, regained and regained. Traps were set to injure maim and demoralize. Children were used as weapons by taping or tying explosives to their bodies and sending them to ask for candy from the soldiers; then the explosives were detonated. MK, who was drafted into the Army, stated: “Our base in Pleiku had an underground enemy base [literally under their feet], which allowed (the enemy) practically unlimited access.” He also indicated, “The mama san who cleaned your room during the day could be your enemy at night.” GL, who enlisted in the Army, stated, “You just don’t see them. They shoot and then take off. They liked to ambush and retreat ‘cause they knew they were overpowered.”

Several veterans indicated that the biggest shock of serving in Vietnam was “the callous disregard for human life” mostly on the part of their enemy, but also at times by their own countrymen. Worst of all, *for* their own countrymen. In regard to fragging, the killing of an unpopular officer by his own men, MK stated, “I personally didn’t witness any fragging, but it was common knowledge. Some Lieutenant would

come over fresh out of OTC [Officer Training school] as green as a young sapling. Now the guys would put up with a lot, but if they thought ‘he’s going to get us killed,’ someone would give him a ‘present’ (gunfire or grenade).” MK also indicated that his fear of crowds stems from another kind of fragging. The soldiers would be gathered in a supposedly secure area, for entertainment, for socializing, for food, whatever, and a grenade or rocket would come in. Being in a crowd meant making someone a good target.

To complicate things even more, the various branches of the military differed on how to conduct the war at times to the point of not providing necessary backup and supplies. Worse, this lack of support often occurred not only in the same military branch but in the same division or unit. Instead of listening to the soldier in the field, a Commanding Officer would either belittle or ignore the warnings given of impending attack or enemy build-up. In his book entitled The Combined Action Platoons, Michael E. Peterson quotes a veteran he interviewed, “We were told by higher ups that, quote, we didn’t know what the hell we were talking about....Nobody would bother to check it out” (referring to the moving in of heavily armed enemy units prior to the Tet Offensive that this veteran witnessed) (56). Peterson, as well as veterans I have spoken to, indicates that all too often a squad or patrol unit would have to scrounge for necessary supplies and materiel, at times resorting to “midnight requisitioning,” i.e. stealing what was needed from another area or unit. Peterson also discusses the callous disregard for life that he and other veterans witnessed, from deciding who should kill a suspected Viet Cong, to the results of a sociopath or xenophobe being put in charge of a patrol unit (89-90).

Secondly, this was the first war in which the returning veteran was made to feel like a zero rather than a hero. This time American soldiers faced enemies both in combat and at home. Not only were there jeering war protestors carrying signs that read “Baby Killers,” but draft dodgers and conscientious objectors were often made out to be the heroes. Too many vets tell the tale of protestors spitting on them, a companion, or a buddy, or having paint thrown on them just because they were in uniform. One returning vet saw a crowd at the airport and expected “a grand welcome upon his arrival after a grueling tour of duty in the war.” Instead, “They were spitting on me. They were spitting on me, After all I went through. I lost my best buddy in the war and no one at home seemed to care.”

Most of the vets I talked with appreciated having been flown directly to a base or post rather than to a commercial airport. FH, who was drafted into the Army, asserted that “people had no respect for you,” and that for many years he and his buddies would not mention the fact that they were Vietnam vets; and some neighbors or townspeople who knew they had served “looked at [us] funny.” JH was among those who wanted to emulate his family hero: “When I finally got to Vietnam, I was still fired up with patriotic fervor [...] I knew that when I came home, I was going to be just like my father.” He thought he’d be proud of his service, but it didn’t work out that way. His family and friends “treated me with sympathy” because he was “never going to be honored because [his family] had been told we had lost.” These men were made to feel uncomfortable in their own homes and neighborhoods.

Perhaps of greatest impact to the Vietnam veteran was the policy of the American military machine. With the intention of limiting the amount of combat a soldier experienced in order to *reduce* the psychological trauma, each soldier was sent over to Vietnam knowing he would be over there for only twelve months; Marines had thirteen months. JG was in the Marine Corps. He indicated that he had been “brain-washed” to kill, but had never had that opportunity. He has, however, had many altercations after leaving service. He has always wondered why he never ended up in prison, or at least in legal difficulties. He thinks he may be among a very small percentage of veterans who had post-service problems even though they never saw combat—because he was taught to kill. During our discussion, he sat behind his desk, his body taut, holding himself in; occasionally he chewed on a pencil he held at corner of his mouth; occasionally he let out an inappropriate high-pitched laugh. He became “edgy” as he discussed his time in the Corps and the altercation events.

GB was also a Marine, and although proud of being one and of being a Vietnam veteran, he is not proud of having been a US soldier. He had difficulty fitting in as a civilian because he was still “in the combat mode” and had never been “deprogrammed.” He, too, has had numerous altercation events. He felt he couldn’t talk about the war in his community for several reasons; besides protestors and dissenters, “it wasn’t a popular war.” I took him fifteen years to learn he wasn’t the only Vietnam vet from his own community, and that was in a treatment group. He, too, was on edge while we talked. He preferred to sit on the outside of the booth at

the restaurant where we met. He spoke of feeling the need to be on guard, that he was a loner because he had a hard time trusting or respecting people.

During the Vietnam War, each soldier had his individual beginning and end of combat duty. Each soldier counted how many days longer he had to “hang on.” At the top of every letter home, MK, as well as several other veterans I spoke with, wrote how many days he had left. His plans for the future were based on his return to “civilization” and returning to normal life. This attitude deeply affected the soldiers. According to Jim Goodwin, “This meant that tours in Vietnam were solitary, individual episodes. It was rare, after the first few years of the war, that whole units were sent to the war zone simultaneously.” In other words, even though the soldier was part of a unit, he never *felt* part of that unit. There was little cohesion with in-country “seniors” leaving with the most experience and “greenies” taking their place. Comradeship was almost nonexistent since what ties were made were quickly broken. Instead of an “army,” it was if each soldier fought on his own.

Nor did the troops return simultaneously. Each soldier essentially came home alone on a plane or jet. He knew few, if any, of the other soldiers flying with him. He felt as if he could not talk about his experiences on that flight or after returning home because no one could possibly understand what he had experienced. Those that *could* understand were either still in combat or dead. MK said that he didn’t know anyone on the flight to Vietnam, nor when he left. When getting ready to leave Vietnam, it was raining so heavily the departure was repeatedly delayed. In the meantime, the enemy was “walking in a mortar,” firing, watching to see where it hit, readjusting the distance, and firing again. He stated, “As the hits got closer, talk

about 330 guys suddenly getting religion. The pilot put it in the wind, turning on the afterburners half way down the runway. We had been absolutely silent, but as the plane rose, we all cheered.” In spite of this common denominator, the men talked very little en route. And yet, these soldiers were expected to return to “normal life” and somehow forget their experiences.

DL, who enlisted in the Air Force, had a hard time looking eye-to-eye while we talked together. Although he was willing to share some information, at times he was hesitant and a bit agitated. He insisted that his recurring depression has nothing to do with being in Vietnam or in the service. He said he was never in a combat situation, but was shot at a couple of times. TJ refused to talk about his time in Vietnam, stating that it would bring up too many old wounds. Over the years, he would discuss events that he experienced or witnessed with a few select friends, but he admitted that doing so made things worse. And now he won’t talk about it at all. Gone was the mutual support system these veterans needed. They were left to deal with their anger and guilt on their own.

The VA (Veterans Administration) system was of little to no help to the walking wounded. Those who required physical rehabilitation more often than not received the help they needed. Unfortunately, the psychological trauma usually did not manifest itself until two, three, five, or ten years later. The VA did not recognize this delayed reaction and for a few years refused to treat the veterans until it was finally proven that the late onset of psychological trauma was indeed combat-related. In too many cases, the veteran had to fight the system to get the help needed. GB stated, “The VA does not really look at Veterans having problems with war or

combat. They mess with the vets' minds and the vets have to fight day after day, or even hire a lawyer, to get any kind of help." He said he has no respect for the VA or the government because of the way veterans are treated.

So many of the veterans I know feel responsible for decisions they were forced to make. Did they kill an enemy or an innocent? What should they have done to prevent the killing of that/those civilians? Should they have taken better care of the "greenie" who didn't make it? Could they have been more alert and prevented an enemy attack? Why did a friend trigger that booby trap and not me? What happened to that Vietnamese hamlet I tried to protect? Their repeated refrains are, why am I still alive? Why am I still in one piece? They find it difficult to understand why, even forty years later, they have not been able to reconcile themselves to what they know they could not change. It did not help that those people the warriors admired and respected also turned against them.

Although many celebrities supported the troops, most veterans still remember with bitterness the Jane Fonda incident; they still feel she betrayed them and their country; a couple of the veterans stated, "as if she were stabbing the soldiers in the back." The soldiers resented the interference of the politicians, congressmen and representatives that were supposed to be supporting them, who seemed to follow the opinion polls rather than allowing the military to function. DD, who was drafted into the Army, indicated that the government should have gone over to Vietnam with every intention of winning the war and that he feels this was not the case: "That's [almost forty] years ago and only my opinion." His opinion may be justified. According to Keith Taylor, regarding a program presented at Cornell University in

November 2005 entitled *Teaching Vietnam: War and Culture*, “North Vietnamese leaders, with backing from China, were successful to an extent in spreading the belief that the Vietnam War was un-winnable. Scholars and historians still debate whether this was true or if it was a matter of failed leadership on the part of the American government and military leaders.”

The soldiers felt that they were being lied to and this was all too well confirmed during Lyndon B. Johnson’s presidency when the soldiers were told to exaggerate the body counts of the enemy. Personal experiences of the veterans also verified that they were being deceived. MK, a medic, stated:

When Nixon was telling everyone we would never go into Laos, Charlie Company drew the short straw to go in first. We went into a bombed-out area of triple canopy forest along the Ho Chi Minh Trail. Bud Bartley was one that should have gotten a Medal of Honor, but he wasn’t wounded. Two helicopters landed on the ground when the enemy opened fire and the helicopters were hit. Bud crawled thirty yards under fire to pull one victim to safety, then crawled over and got another person to safety. He crawled at least four times, under fire, and rescued three men. But they wouldn’t give him the medal. My thought was, I’ll get a sharp stick, scratch his leg and he can get a Purple Heart *and* a Medal of Honor.

Lied to and about, vilified in the press and in their own communities, is it any wonder that so many Vietnam veterans have become mistrustful and cynical? MK said that Bartley didn’t need the Medal of Honor, “we needed to see him get it. He didn’t want

to be there any more than any of the other draftees, but when push came to shove, he got the job done.”

Although they seem to be living “normal” lives, several of my veteran friends can’t understand why they don’t seem to be able to “get over” their experiences. Too many of them have commented that as time has passed, the emotional trauma has deepened rather than receded. A few are having increased episodes of wariness bordering on paranoia. One said his flashbacks have become worse, that not only do sounds and smells trigger them, but seeing dead animals on the road can make him need to seek solitude until he can “get a handle on things [himself, his emotions] again.” Another said that thunder and fog really bother him, but especially the song “Crimson and Clover” which was played too often at I CORPS [a tactical zone bordering the Demilitarized Zone separating North and South Vietnam]. Another said that he had felt like a gaping void was opening for him that he could not escape until the right combination of medications was achieved to help keep the void at bay. He doesn’t know what the void is, only that he fears falling into it, that if he does he may never be able to get out.

Whether they receive counseling and/or are on medications, whether they have turned to alcohol or drugs (some of these veterans are recovering addicts or alcoholics), or have found other ways to cope, the Vietnam War continues to impact the lives of these veterans. My husband says, “I just hope that in the eternities it doesn’t bother me like it does now.”

Jake

Journal entry, Aug 2003: Helped with laptop computer distribution today. Time flew until it came to a standstill. I was helping a young man [R] set up his new computer. Another assistant recognized him and welcomed him back. [R] had recently returned from Iraq. His friend was now a junior. [R] is still a freshman. He has only a short time left in the Guard. He looked uncomfortable with his friend. After the friend left, I told [R], "from one vet to another, welcome home, and thanks for serving." I think it helped a little, but I also know their relationship has been irrevocably altered by what [R] has seen and done. His friends and family don't have a clue as to how his whole way of thinking and seeing the world is very different. They'll expect him to be the same old [R], as he was before he left.

Brought to mind other walking wounded. How are they doing? Don't know. Lost track of some. A couple don't want any contact even from friends right now. One even has difficulty being in contact with his family. Another just got out of a mental hospital. I worry about them. I worry about the ones who've turned to alcohol and drugs to escape their memories. Their living hell.

Detroit was crowded, dirty, and noisy, as always. Traffic was bumper to bumper in the four lanes heading into town at six in the morning. Jake hated the commute, but she would rather drive in than live too close to the big city. She gritted her teeth, her hands white-knuckled on the steering wheel of her forest green Cavalier. Even the soft strains of classical music didn't help her relax. "Thank-you,

God,” she whispered as the traffic started to pick up speed again. Sure enough, a fender-bender had tied up traffic. She was grateful that there didn’t appear to be any serious injuries.

It took another ten minutes to reach her exit. A few minutes later, Jake heaved a sigh of relief as she pulled into the employee parking lot of the VA Hospital. She always made it a point to get to work early. “Hey, Wendy, wait up,” she called as she got out of her car. She grabbed her raincoat, locked the car, and ran to catch up with the petite black woman. Years of mandatory physical training had kept Jake’s short frame lean; she relished the quick sprint, her shoulder length reddish-brown hair rippling back in waves.

“Good mornin', Jake. Feelin' better?”

“Yeah, it was just a touch of the flu. Guess I needed a ‘vacation.’” She grinned, brown eyes twinkling. She was glad to be back to work after being off for three days. “Things still quiet on the floor?”

“No new surgicals, if that’s what you mean. Least ways, not yet. We’ve had three admissions, though,” Wendy said. They passed through the automatic door. “Going to grab a bite to eat?”

Jake nodded. “We still have twenty minutes before report. I want to at least get some toast and OJ. How about you?”

“I’m game,” Wendy replied. “You know I love those cheese danishes.”

They went to the Canteen, made their purchases and sat down at a table near the door, laying their coats on an adjacent chair. “You and Willie still going to

be able to come out to my place Saturday?" Jake asked, munching on toast and jam.

"You know it, girl. Besides, Willie's hopin' you're going to make that peach cobbler of yours for dessert," Wendy replied. She sipped her coffee and smiled.

Jake laughed. "I think I still have peaches in the freezer. Otherwise he'll have to settle for apple crisp."

"Aw, the poor baby can take it. He looves it when you bake. Now, if we can just find you a man..."

"That's enough, Wendy." Jake smiled at her friend. "When it's right, it'll happen. And I don't need any help either." Only a month earlier they had invited her for dinner and a seemingly nice guy had just "happened" to stop by. Of course, Wendy and Willie had insisted he stay for dinner, too. But things had gotten more than a little awkward when the guy had a few beers under his belt. Wendy had said something about Jake getting out of the service a few months earlier. "The army ain't no place for a woman; not unless she wants to make it with the GI's," he said. Wendy still apologized for that one.

As they finished eating, Jake swept her hair back in a pony tail and pinned it into a bun. Together, they got up, put their trays on the conveyor belt, and walked to the elevator, heading up to the orthopedic ward. Report and rounds took fifteen minutes. Jake went to take care of her assigned patients. Even though she'd been a civilian for eight months now, Jake still hadn't completely adjusted. She had been nursing in the army for ten years. Some of the vets said she was nuts for staying in so long. Others said she was crazy for not making it a career and retiring at forty-

five. But it had seemed like a dead-end road to her. With all the downsizing going on, she knew there hadn't been a chance for her to increase her rank. Besides, she still hoped to have a family, and Uncle Sam didn't appreciate his women having babies. At least she was still nursing. Less responsibility as a civie, which was nice at times, but she often resented not being able to do the things she had been trained to do. In spite of her experience, she was only an LPN. In civilian hospitals, including the VA, RN's were the charge nurses, started IV's, and assisted the doctors. In the army, she had all of that as well as sutured and even done minor surgery. But at least now she didn't have to do as much paper work; that meant more time with the patients.

Jake had finished helping a couple of the patients with their baths when the charge nurse met her in the hall. "We're getting an admission. He can go in with Chuck and Tom. He's going to need an overhead bar and trapeze. PT's on its way to set up the bed."

"OK." As she started toward the supply room to get an admission kit, Jake asked, "Anything else I should know?"

"He's a multiple amputee. He's been here before and he has a real chip on his shoulder," the RN replied, a challenging glint in her gray eyes. "I'm sure you can handle it."

Jake went to the storeroom and grabbed the admission kit. The crew from Physical Therapy was already setting up the lifting devices on the empty bed near the window when she arrived.

“We getting another roomy, eh?” asked Tom from his bed by the door. He was pegging his score on the cribbage board. Tom was a recent amputee who was just learning how to walk on his prosthetic—he’d lost his left leg to diabetes, and alcoholism. His long, haggard face had a yellowish tinge to it, as did his blue eyes. He reclined in his bed, the empty leg of his pajamas dangling over his right knee.

“Why else, would they be banging ‘round in here,” said Chuck. He had the bed by the window, next to Tom, but he was sitting in a straight-backed chair between the beds, dealing the next hand.

“You guessed, it,” Jake retorted as the physical therapy technicians left.

Chuck ran his hand over his shaved head; hair was only a nuisance, as far as he was concerned. He had perpetual low back problems and spent most of his time in pelvic traction. When he wasn’t knocked out from the muscle relaxants and pain-killers, he liked to play a few hands. Some days he even had a grin on his square face, like today—a sure indication he was winning the game.

“Don’t forget you’ve got a PT appointment in fifteen minutes, Tom. Better finish that round,” Jake said as she set a pair of pajamas on the over the bed table.

He groaned, “You just like to see ‘em torture me.”

She was turning down the bed sheets when a volunteer brought in the new patient in his wheelchair. He had long, wavy brown hair pulled back in a ponytail. His face was marred by a scowl. Too bad, Jake thought. That really makes his old scars show; plastic surgery had definitely helped, but his grimace almost made him look like he was wearing a mask. She could see the prosthetic left arm and legs but didn’t think anything of it. She’d seen that and worse in her military nursing career.

“This is Robert, “ the elderly woman said as she handed Jake the admission paperwork and left.

“Hi, I’m Joanne, but my friends call me Jake, “ she said.

“Let’s get this shit over with so I can get out of here as soon as possible.”

“I’ll be glad to oblige as soon as I find out why you’re here,” she answered, a quizzical look on her face. She was not about to let his sour disposition spoil her day.

“Damn prosthetics are chafing again and the Doc wants to make sure I’m not getting another infection.” Moving his wheelchair next to the bed, Robert locked the wheels, stood up on his artificial legs, turned and sat on the bed in one fluid movement.

Smiling, Jake responded, “Well, let’s get the paperwork done and I’ll let the RN know you’re here. Why don’t you get changed out of those civies and I’ll be back in a minute,” she said, pointing to the hospital pjs she’d laid out. She pulled the curtain around for privacy. He shot her a startled look, then nodded agreement as she left.

Jake allowed her several minutes. She knew how difficult it was to change clothes with artificial limbs, let alone only one hand. She also knew that most amputees treasured their independence, preferring to do as much as possible themselves.

“All right, grunt, move along,” she said to Tom when she returned with the medical history paper work and a pitcher of ice water and a glass. She stood by the

empty bed near the door, her left hand on her hip and tapping her right foot, feigning impatience.

“I’m on my way, Sarge, I’m on my way,” he answered, as he got in his wheel chair.

“I’ll make sure he gets there,” said Chuck, grinning as he grabbed the chair handles and wheeled him out of the room.

Her new patient had changed and already had the curtains pulled back; he was sitting on the bed, his artificial legs in the wheel chair.

“Your name’s Robert?” she asked, as she set the pitcher and glass on the bedside stand and then pulled the blood pressure cuff off the wall stand behind the bed.

“Yes,” he answered curtly as he extended his arm, his blue eyes stormy.

When Jake had finished recording the BP, she put a thermometer in his mouth and checked his pulse, glad that she had to look at her watch. Robert’s surliness was beginning to get to her, but she was determined not to show it. Using the bedside table as a desk, Jake recorded the vital signs. Then she sat on the chair adjacent to his bed, and began asking the routine questions: age, height, weight, allergies, and past medical history. He’d been injured by a mine in Vietnam and lost his left leg, below the knee. Shortly after that, he had been airlifted to a hospital outside of Tokyo where his right leg was amputated above the knee, and his left forearm. “Doc said the damn antibiotics I’d been given in ‘Nam weren’t any good.”

Beads of sweat broke out on his forehead as he answered her questions. Looking him in the eye, she said, "You're still having nightmares." Robert swallowed hard and nodded.

He told her that only five years later his left leg was amputated again, above the knee, because of an infection.

"That was two years ago," said Robert. "I try to take care of the stumps," he said with a scowl, "but my thighs sometimes get really raw because I sit behind a desk all day. And I refuse to be confined to a wheel chair."

"And it's not easy for you to see what's going on underneath, either," Jake replied with a half smile. Again he nodded.

When she asked the questions about family, Jake learned he was divorced, and had a son that lived with the boy's mother; he listed his dad as next of kin. He had obtained an engineering degree and was working for a small firm in the Holly, Michigan area.

As she finished the required interrogation, Robert asked, "You were in the military?"

Jake stood up and answered, "Yeah," as she crossed her arms, "why do you ask?"

He looked at her for a minute, letting go a deep breath through puffed cheeks. "Not too many nurses call street clothes 'civies' or have vets call them 'Sarge.' And I've never heard a civilian nurse call a patient a grunt, either." He smiled then, and Jake was pleasantly surprised at how handsome he could be. "Look, I'm sorry we

got off on the wrong foot," he said. With a twinkle in his eyes, he pointed his chin at his stumps, "pun intended."

Jake snorted and then smiled. "I was in the army for ten years," she replied.

His eyebrows shot up. "Why didn't you stay in? In another ten years you could have had an early retirement."

"Guess it was time for a change." She looked down and scooped up the paperwork. Hearing voices, she glanced toward the door and almost felt relieved when Tom returned from Physical Therapy.

"How'd it go, Tom?" she asked as she walked to the door.

"Hey, I think I'm finally getting the hang of this damned thing," he said, holding up his artificial leg.

"I'll know you've 'got the hang of it' when you walk back with it on," Jake retorted. "Here come the lunch trays. I'll see you later." She took the admission paperwork out to the desk.

In the afternoon the orthopedic surgeons made their rounds, the head nurse assisting them. They had already spoken to Chuck. Jake slipped into the room and stood between the empty bed by the door and the wall with her arms folded, just as the doctor was warning Tom, "Look, I have to discharge you by this weekend. You've got to start walking on that prosthetic on a regular basis. And if you don't quit smoking and take care of that other leg, you're going to lose it, too."

"Aw, Doc, I'll take care of it," he said placatingly. He was stretched out in bed smoking a Camel, paying more attention to the TV than the doctor.

The doctor sighed in frustration and turned to Robert. "Let's have a look at those stumps."

Jake watched as the doctor carefully examined what was left of both of Robert's legs. "There's definitely some redness. And a small lesion, here, " he said touching the area on the back of Robert's left thigh. "Its not infected. Yet. I'll write you a prescription for an antibiotic ointment and have you go to PT for a couple of days. They'll check to see why your prosthetic is rubbing so much."

"Damn it! I don't have time for this!" Robert shouted. "I have work I have to do!"

"Look, Robert, I don't like this any more than you do, but we can't find out what's going on if you're not here. Maybe this time we can pinpoint the problem," the doctor said as he wrote the orders that would keep Robert in the hospital, probably for the rest of the week.

Seeing movement, Jake jumped back away from the door as Robert grabbed his water pitcher and flung it against the wall by the doorway. Pieces of crushed ice rained to the floor, some sliding out into the hallway. Water splashed onto Jake's uniform.

The doctor looked at him coldly. "You don't *have* to stay. But the consequences are yours."

Grabbing the trapeze bar, Robert swung himself around on his bed toward the window, turning his back to the doctor.

Jake left the room and called housekeeping to clean up the mess. She was glad her shift was almost over. She had seen this type of reaction with too many

vets. Heaving a sigh, she got another pitcher of water and took it into the room. A woman from housekeeping was already mopping things up. Robert still faced the window. Chuck was already sleeping from the muscle relaxants. Tom had left for the canteen, probably to get another pack of smokes.

Setting the pitcher on the bedside stand, she moved toward the foot of the bed and asked, "Are you alright?" Jake could hear him grinding his teeth.

Without turning, he said, "Yeah. Sorry 'bout the water. I wasn't trying to hit you with it."

Jake smiled. "I know I needed a shower, but I really prefer a hot one."

Robert half-turned in the bed, looking at her for a full minute. "You understand, don't you."

Jake nodded, trying not to let it show as a feeling of sadness washing through her. She could easily remember a dozen vets, and more, in similar circumstances. Some had been luckier than Robert; some less fortunate. Their frustration was well warranted even if their actions sometimes weren't.

Staring at his stumps, Robert shook his head. Then he glanced at his watch. "Look, I know it's time for you to leave, but I really want to apologize. Sometimes I just lose it."

"It's all right. Really." Jake walked towards the door. "I'll see you tomorrow."

Stuck in rush hour traffic, it took her a good hour and a half to get home. Jake eased the Cavalier into the garage, and then just sat for a few minutes, eyes closed, head back on the headrest, hands at her sides. Slowly, she reached up and pulled the pins out of her hair, released it from its tie, and loosened the locks with her

fingers. The drive had drained what little energy she had left after her first day back to work. But she couldn't get the new patient out of her mind. The corners of her mouth curved upward slowly as she pictured his smile and the contrast of stormy and sparkling blue eyes. Pocketing the hair paraphernalia, she got out of the car and went toward the back door of the house. "Time for a *hot* shower," she said, grinning. Then she frowned as she paused in the open door. "Guess I'd better keep a professional distance from this one," she said softly.

Rebirth

Robert sat in the wheelchair, his long, wavy brown hair bound in a ponytail. He gripped the bed-rail with his prosthetic left arm, holding his wife's hand with his right one, encouraging her: "Breathe, Jake, remember to breathe." A lock of the petite woman's reddish-brown hair straggled across the left side of her face. The pastel yellow sheet and white blanket were bunched up at her feet. An IV dripped into her left hand. Nodding, she again took short, rapid breaths, concentrating on breathing until the contraction passed. The contractions were closer together, now, only a minute or so apart, each one stronger than the last. "Good girl, you're doing just fine," he said as he tenderly wiped the sweat from her face. Dead tired from the long night, she closed her brown eyes and dozed ever so briefly in the soft light of the room.

The hospital smells and people in white made Robert dizzy with memories he'd thought were buried. Too easily he was back in Japan...

"Where am I?" he mumbled, the bright lights blinding his anesthetic-fuzzed eyes.

"In the recovery room," someone answered. Groggily, he remembered why, and tried to move his left leg, but he didn't feel the sheets move. He didn't feel sheets on his leg. He didn't feel any legs. The recovery room spun drunkenly as someone responded to his scream...

Robert's head jerked back up as he awakened from his doze, sweating. Jake, already awake, was exhaling noisily, biting her upper lip. They could hear the

baby's heartbeat increase on the fetal heart monitor as the next contraction began. The LPN, Lois, came into the room with another glass of ice chips, her stethoscope draped across her shoulders. "Sounds good! Let's check to see how she's doing after this contraction." The efficient green-eyed blond set the ice chips on the bedside table, put on gloves and waited patiently. As Jake's belly softened slightly, Lois checked the dilation of the cervix. "It's time," she said.

Quickly she removed the gloves, went out to the desk and called the doctor's lounge. She came back in with the gurney and the nurse's aid, a stocky brunette named Anna. As the next contraction ebbed, they folded back the sheets on the gurney and helped her onto it, covering her as they took her into the brightly lit delivery room. Robert wheeled his chair after them to the doorway and watched as the nurses waited for another contraction to pass; then they transferred Jake to the delivery table, covered her with the warmed drape sheets and blankets, and put her feet in the stirrups.

Robert again broke into a cold sweat as his vision skewed. Superimposed over the delivery room, he saw the instrument trays of the operating room; he smelled the air, thick with antiseptic and decaying flesh. "One, two, three," someone counted softly, and then he was being slid on a draw sheet from the gurney to the operating table. He shivered from the coldness of the room, from fear. The doctor spoke from the far end of a tunnel, a look of grim determination on his haggard face, "We'll do everything we can to save that leg and your arm..."

Sounds of footsteps crossing the delivery room snapped him back. Robert shook his head and wiped the sweat from his brow, opening and closing his hand.

He glanced at his wife on the delivery table. "Keep focused," he thought to himself. "That's *over*."

Dr. Quigley came in, gowned, and started washing his hands: "As soon as she's secure, you can come in next to her, Robert." He nodded to the slightly balding, portly doctor and wheeled to his wife's side when the nurse waved him over. Despite the fact that his prosthetic legs were chafing him, he locked the wheelchair and pulled himself up to stand next to his wife. As he steadied himself with his prosthetic hand, he once more took his wife's hand in his. "Squeeze my hand, Jake," he urged as she writhed in pain. She did as he told her, but moaned in agony. This was the strongest contraction yet. "Harder, squeeze my hand harder," he said, using the Lamaze distraction technique. "Remember to breathe."

The nurse had the instrument tray ready on the other side of the delivery table. Dr. Quigley sat down on the stool at Jake's feet and lifted the drape cloths to either side. "The baby's coming," he said as he put his gloves on. "Push with this next contraction," he ordered. "Take a deep breath, now PUSH!" Amniotic fluid gushed out as Jake pushed for all she was worth. "Good girl, here comes the head," the doctor informed them.

Robert felt his hand go numb as his wife squeezed it. Jake barely had time to take another deep breath before the next contraction came. "Push!" Dr. Quigley again ordered. Jake pushed with all her strength. "Here it comes," said Dr. Quigley. Then the baby was out, squalling lustily. "It's a boy!" he confirmed. He rapidly clamped and cut the umbilical cord, took the bulb syringe from Lois and cleaned out the mouth and nose. The nurse's aid was ready with a warmed blanket. She took the

newborn boy over to the bassinet. Quickly she and Lois checked him over and Anna started cleaning him up a little. "Apgar 9," Lois said, indicating that the baby was healthy. They wrapped him in a clean blanket and Lois brought the infant to his mother. Jake had not passed the placenta yet and was still having mild contractions, but the real labor was over. She took her son in her arms and let him suckle her left breast. The infant knew just what to do, and as he nursed, the placenta passed. A few moments later, the baby slept, still suckling.

Robert continued to stand at his wife's side, tears streaming down his face as he gazed at this miracle in his life. Smiling, Jake asked, "Would you like to hold him?" Robert nodded and sat down in his wheelchair. Beaming, Lois picked up the baby and brought him around to Robert. Deftly, she put the infant in Robert's arm. "Who would have thought this was possible?" he asked. "Who would have thought?" A brief moment of terror/anger/pain flashed across his face as memories of the mine explosion in Vietnam that had cost him his legs and arm fifteen years earlier. He had never been sure that he would be able to father another child. He felt Jake comb his hair with her fingers. He smiled up at her, trying to reassure her. He was grateful for this understanding woman in his life. "I'm OK," he said.

"How about we finish cleaning this little guy up?" the nurse's aid asked. With a tired nod, Robert handed his son to her. He watched as Anna carried his son to the nursery. As the LPN wheeled his wife back to her room, he followed in his wheelchair. She was able to transfer herself back to her bed with minimal difficulty, and quickly fell asleep after the nurse finished checking her. After removing his pants, he quietly removed his prosthetics and crawled onto the nearby cot that had

been thoughtfully provided for him. He lay on his back, pulling the sheet up to his waist and tucked his arm under his head. Tired as he was, he was leery of falling asleep. Too many memories vied for control of his mind...

Robert was on patrol with his squad only a mile or so outside of Ahn Khe. He had been in-country only a few weeks and was still the newest member of the squad. They carefully ascended a two-lane dirt road to the highlands. Ahead was a small village of huts all of them up on stilts. Although there was little cover in which to hide, sniper fire broke out; another grunt, Duncie, was hit in his left shoulder and fell backwards in the mud. As Robert ducked into the waist-high brush, a mine exploded under him and he slumped to the ground, his legs shattered and bleeding, bone shards protruding through his tattered pants. He cried over and over, "Not my legs; not my legs." Robert didn't realize right away that his left arm was also damaged. Not until he tried to take his belt off to make a tourniquet and his arm wouldn't "cooperate." Someone finally got the sniper, and the medic, Saunders, made his way to Robert after patching up Duncie. "Sheee-it, man, looks like you got your ticket home," he said, grimacing as he set about to do what he could. Robert blacked out. He vaguely remembered the thump-thump-thump of the chopper transporting him out.

The next couple of weeks continued the nightmare. Robert awoke in the hospital at Cam Ranh Bay. "They must have me pretty well doped up," he thought. He had an IV in his right arm and his left one was in bandages, but he didn't feel any pain. Apparently he had asked a question. "I'm sorry, but your leg is gone" the medic

replied. He could feel his face getting hot. His eyes looked like they were going to pop out of his head. He screamed, "What are you talking about!" A doctor quickly came over; his face had a grim, haunted appearance.

"Look, we did our best to stabilize you, but we had to amputate your right leg just above the knee. There's a slim chance of saving your other leg, but not here."

The doctor told Robert he had already been in and out of surgery a couple of times, but he sure didn't remember any of it. He tried not to cry, clenching his teeth until his jaws ached. He lay in bed refusing to talk or listen to anyone for two days. Then the doctor told Robert he was going to Japan. "If you don't, your other leg's gone. We've done all we can for you here and you're in no condition for a trip to the States." Robert fixed his gaze on the ceiling. The doctor slowly walked away, his shoulders slumped.

Three days later, Robert was in a hospital outside of Tokyo. But it was no good. The surgeons cut his left leg off below the knee. And his left arm just below the elbow. Something about the antibiotics he had been given had not been any good. Benumbed with shock, he lay in the bed, dry-eyed, staring at nothing. Then he turned his head and looked at the doctor. The tightness in his throat released. He sobbed until his chest hurt. The doctor, hollow-eyed and gaunt, said, "It's OK. You're *not* being a baby. You've got to get the anger and hurt out."

Robert woke with a start when Anna brought the crying baby into the room in the bassinet. He sat up and watched as the nurse's aid pushed the bassinet along side his wife's bed. Jake had slept like a rock, but she awakened quickly when she

heard her son's cries. She washed her hands and face with the washcloth the nurse's aid provided and took her infant, putting him to her right breast. She winced as the baby started to suckle vigorously. Robert put on his prosthetic left arm, transferred himself from the bed to his chair, leaving his prosthetic legs at the foot of the bed. He wheeled over to Jake's bedside. She smiled at him. "He sure knows how to eat, doesn't he," said Robert. She answered with a grin, "He's going to need to if he's going to grow up to be like his Dad."

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