



Article

Women at war: The crucible of Vietnam



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A B S T R A C T

Relatively little has been written about the military women who served in Vietnam, and there is virtually no literature on deployed civilian women (non-military). We examined the experiences of 1285 American women, military and civilian, who served in Vietnam during the war and responded to a mail survey conducted approximately 25 years later in which they were asked to report and reflect upon their experiences and social and health histories.

We compare civilian women, primarily American Red Cross workers, to military women stratified by length of service, describe their demographic characteristics and warzone experiences (including working conditions, exposure to casualties and sexual harassment), and their homecoming following Vietnam. We assess current health and well-being and also compare the sample to age- and temporally-comparable women in the General Social Survey (GSS), with which our survey shared some measures.

Short-term (< 10 years) military service women (28%) were more likely to report their Vietnam experience as “highly stressful” than were career (> 20 years; 12%) and civilian women (13%). Additional differences regarding warzone experiences, homecoming support, and health outcomes were found among groups. All military and civilian women who served in Vietnam were less likely to have married or have had children than women from the general population, $\chi^2(8) = 643.72, p < .001$. Career military women were happier than women in the general population (48% were “very happy”, as compared to 38%). Civilian women who served in Vietnam reported better health than women in the other groups. Regression analyses indicated that long-term physical health was mainly influenced by demographic characteristics, and that mental health and PTSD symptoms were influenced by warzone and homecoming experiences. Overall, this paper provides insight into the experiences of the understudied women who served in Vietnam, and sheds light on subgroup differences within the sample.

Introduction

On Veterans Day, 1993, more than 25,000 women gathered on the Mall in Washington, DC, to witness the official dedication of a bronze statue honoring women's service in the Vietnam War. The statue was the culmination of an intense campaign for acknowledgement of the

vital role played by women, both military and civilian, in that conflict. The Vietnam Women's Memorial Project (VWMP) was the driving force behind the effort. This paper reports on a survey, carried out in collaboration with the VWMP, of 1285 women deployed to Vietnam for either military or civilian service, groups for whom information is sparse and largely consists of small-sample interviews and anecdotal

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evidence. The analyses presented here are based on the respondents' retrospective reports of their Vietnam wartime experiences and their subsequent health and well-being. The survey was conducted some twenty-five years after the respondents' return from Vietnam. These data flesh out the minimal information available on the deployed women of the Vietnam War. We also help contextualize some of the findings by comparing our sample on demographics of marriage and childbearing and on measures of happiness and well-being to a contemporaneous nationally representative age-matched cohort (the General Social Survey, GSS).

About 265,000 women served in the U.S. military during the Vietnam era, with as many as 11,000 deployed to the Vietnam theater of operations (precise figures are not available) (Thomas, Kang, and Dalager, 1991; <http://www.vietnamwomensmemorial.org/vwmf.php>). During the Vietnam era, military women were not formally assigned combat roles. Nonetheless, they were deployed to combat zones where they experienced warzone stressors and hostile fire. Most military women in Vietnam served as nurses in the Army, Navy or Air Force Nurse Corps (Neel, 1973). About 60% arrived with less than six months active military duty service, often without any civilian or military job experience, and generally with little formal training for combat nursing. They handled many casualties, and some were themselves wounded or injured. The nurses functioned in life-and-death situations, were assigned profound medical responsibilities generally exceeding the authority they would have been afforded in civilian settings, and often performed duties that were beyond the scope of their professional training. Tours of duty for women in the Army Nurse Corps were generally one year, with assignments at surgical or field hospitals and convalescent centers. Navy Nurse Corps Vietnam duty was generally for 90 days on one of the two hospital ships in Vietnam waters. Some Air Force nurses were stationed in Vietnam at the 12th USAF Hospital in Cam Ranh Bay, generally for a one-year tour of duty. Other Air Force nurses were not stationed in Vietnam, but could land in Vietnam multiple times in a single day to pick up wounded soldiers and accompany them to hospitals in Japan or elsewhere.

The Departments of Defense and State also deployed civilian women to Vietnam, as did service organizations such as the American Red Cross (ARC), which deployed women to run its Supplemental Recreational Activities (SRAO) program in the warzone. Often called “donut dollies,” a sobriquet they acquired during World War II, women in the Red Cross worked in small teams traveling around the country in “clubmobile” units to boost the morale of the troops (Stur, 1965, citing “Department of Defense Request for SRAO in Vietnam,” June 4, 1965. NARA RG 200 [Records of the American National Red Cross, Box 75]). ARC women make up the largest population of the civilians in this study.

It is useful for the modern reader to recall some social context of the women deployed to Vietnam. Women deployed to Vietnam were expected to reflect the female gender as it was then conceptualized. Feminine appearance was essential. Nurses arriving in Vietnam deplaned into the brutal heat and dirt of Vietnam wearing dress uniforms with nylon hose and dress shoes. The Red Cross “donut dollies” were expected to symbolize purity and innocence and to think of the male troops as brothers. They wore blue seersucker shirtwaist dresses or culottes throughout the War, even while flying in helicopters to set up recreational activities at fire support bases deep in the jungle, often under extremely dangerous circumstances (Steinman, 2000; p. 213). (See Fig. 1).

Most of the sparse literature on women in Vietnam focuses on military nurses. Virtually no research exists on the health and well-being of civilian women deployed to Vietnam. Stanton and colleagues (1996) interviewed 22 female nurses from various war eras and identified common themes, including the physical and professional hardships of living (e.g., extreme temperatures) and working (e.g., long hours, lack of necessary medical supplies) conditions. Warzone nursing was described by all as different from stateside nursing. It included managing unfamiliar tropical diseases and dangers from the threat of



Fig. 1. a: Nurses arrive in Vietnam. (Photo courtesy of General Ray Davis Gallery). b: Donut Dollies en route to a stint at a fire support base in South Vietnam. Mecca, Pete. “Donut Dollies’ brought touch of home to the front lines”. *Newton Citizen*, Jan 30, 2016. [http://www.newtoncitizen.com/community/scrapbook/a-veteran-s-story-a-touch-of-home/article_d89e28c0-ee2a-53b1-a4c0-13256195b124.html] (last accessed April 10, 2016).

chemical warfare to being wounded by enemy fire (Stanton, Dittmar, Jezewski and Dickerson, 1996). Martin (1967) characterized the working environment as dirty and dangerous. Kirk’s (1965) interviews with Army and Navy nurses stationed in Saigon, which was not a direct combat area, revealed other hardships like long duty hours, few opportunities for relaxation, intense heat, and poor facilities. Norman (1990) interviewed 50 military and veteran nurses who served in Vietnam. They described difficult living and working conditions, long hours, a seemingly endless stream of casualties, and feelings of loss and grief. However, the interviewees also described their Vietnam service as both professionally and personally rewarding.

Our research team has already reported on associations between poorer physical and mental health outcomes in later life and higher reported warzone stress exhibited by the deployed nurses in this cohort. We found that their PTSD symptoms mediated the effect of warzone stressors on their mental, but not physical, health functioning (Pless Kaiser, Spiro, Lee and Stellman 2012). In another study, we found cumulative trauma exposure (childhood and adulthood trauma, and combat) to be related to poorer mental and physical health functioning, with each type of trauma uniquely contributing to outcomes. Lower levels of social support increased the negative impact of combat on well-being (Park, Wachen, Pless Kaiser and Stellman, 2015).

We have also carried out qualitative analyses of responses to questions about stressful and positive Vietnam experiences among the military women. We found, as did Norman (1990), that nearly all respondents (96%) described a positive experience; in addition 68% also described a negative experience. The emergent themes for positive

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