

Nurses of the Vietnam War
Marginalized Protagonists and Narrative Authority

by

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Abstract

Because they are not soldiers, politicians, and usually not males, Army nurses have not figured prominently in major Vietnam discourses. In their autobiographies, therefore, nurses often appear as marginalized protagonists, since they are faced with the challenge of claiming authority over narratives in which they are the central figures while being kept marginal to the overarching male-dominated narrative of Vietnam. This thesis analyzes memoirs by three Vietnam War nurses in order to identify the strategies by which they authorize their voices as credible narrators of the war. Each text, I argue, both reveals its self-consciousness about its marginality and also employs several strategies with which it establishes authority over the experiences narrated therein. Furthermore, each author accesses the authority to speak in a unique way: Lynda Van Devanter offers the detailed inner workings of her traumatized memory; Winnie Smith presents an alternative identification with male soldiers; and Bernadette Harrod furnishes her narrative with fragments of other documents and artifacts. In addition to considering three primary autobiographical texts, this thesis engages with accounts of the war by historians and gender theorists as well as broader theories of autobiography. Ultimately, this thesis provides a case study for reading autobiographical texts written by individuals marginalized by the dominant discourse, and to both illuminate an often-overlooked Vietnam War experience and also to propose methods of establishing authority over that experience. While each author approaches the problem of authority with several individualized strategies, every text engages with strategies that build off those of earlier nurse memoirs.

Key Words/Phrases: Vietnam memoir, war narrative, military nurses, autobiography study, authority, gender and life writing.

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Short Titles

Fort Chastity: Harrod, Bernadette J. *Fort Chastity, Vietnam, 1969: A Nurse's Story of the Vietnam War*. Bloomington, IN, iUniverse, 2015.

Home Before Morning: Van Devanter, Lynda, and Christopher Morgan. *Home Before Morning: The True Story of an Army Nurse in Vietnam*. New York, NY, Warner Books, 1983.

American Daughter: Smith, Winnie. *American Daughter Gone to War: On the Front Lines with an Army Nurse in Vietnam*. New York, NY, William Morrow and Company, Inc., 1992.

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Introduction

*Nurses! Ah, the nurses! I bet you picture Hot Lips in M*A*S*H*, or those gorgeous creatures in China Beach. Actually, some of the women were very attractive, which we could really appreciate when they wore their bikinis.*

Eugene Eisman, MD
Bitter Medicine: A Doctor's Year in Vietnam

In the years between 1956 and 1973, historians estimate that about 5,000 Army nurses served overseas in Vietnam (Stur 123). An Army nurse in Vietnam would be in-country for one year, working six days a week, twelve-hour shifts each day – or more, depending on how many casualties there were. Nurses saw war in the faces of bloodied and broken young men their own age, in Vietnamese children covered with napalm that slowly seared the flesh off their bodies, and in soldiers with newly paralyzed bodies or amputated limbs. They experienced the war in frequent bombings and attacks on the hospitals where they worked, and in the lifeless eyes of their own friends who would be returning to the world in body bags.

Nevertheless, their stories are uncommon to conversations about Vietnam. The narrative of male soldiers in Vietnam has been reproduced in popular movies, including *The Deer Hunter* (1978), *Apocalypse Now* (1979), *Platoon* (1986), *Full Metal Jacket* (1987), and *Hamburger Hill* (1987), to name a few. In addition, the perspective of the male American draftee in Vietnam has been highly valued by writers of both fiction and nonfiction, most notably Philip Caputo (*A Rumor of War*), Michael Herr (*Dispatches*), Ron Kovic (*Born on the Fourth of July*), Tim O'Brien (*The Things They Carried*), and Tobias Wolff (*In Pharaoh's Army*). Nurses, on the other hand, inhabit a position marginal to popular Vietnam discourse. Women have, in fact, been writing about Vietnam for many years. However, the archive of Vietnam nurse memoirs

has yet to be assembled by scholars of autobiography. Given the scope of this project I cannot talk about all published narratives by nurses, but it is important for scholars to consider this subgenre of Vietnam literature in order to illuminate a new perspective of the war.

Because they are not soldiers, politicians, and usually not males, the Army nurse disturbs popular American notions about who is considered the protagonist of a Vietnam War narrative. In their autobiographies, therefore, nurses appear as marginalized protagonists. To name them as such seems paradoxical, since protagonists are considered the focal point of a narrative. However, the Vietnam nurse as a marginalized protagonist is a helpful paradox to pursue since they face the task of claiming authority over narratives in which they are the central figures while being kept marginal to the overarching discourse of Vietnam.

This thesis aims to explore the modes of narration in Vietnam nurse memoirs to illuminate an experience marginal to the discourse of Vietnam. Furthermore, an exploration of nurses' memoirs will expose methods of establishing what Sidonie Smith and Julia Watson call "authority of experience" (33) specific to authors who are not considered the protagonist of a given historical event. Establishing authority of experience in this context refers to the act of asserting oneself as a credible narrator of the Vietnam War. The primary texts at stake in this analysis include the following: *Home Before Morning* (1983) by Lynda Van Devanter (71st Evacuation Hospital, Pleiku, 1969-70); *American Daughter Gone to War* (1992) by Winnie Smith (3rd Field Hospital, Saigon, 1966-67); and *Fort Chastity, Vietnam, 1969* (2015) by Bernadette Harrod (22nd Surgical Hospital, Phu Bai, 1969-70). Collectively, these narratives represent a variety of time periods and hospital assignments during the war. These three texts engage with a collection of rhetorical strategies whereby the authors access the authority to speak: Van Devanter offers the detailed inner workings of her traumatized memory; Smith

presents an alternative identification with individuals who have access to the dominant discourse; and Harrod furnishes her narrative with fragments of other documents and artifacts.

While the experience of each nurse is unique, the texts as a group share a number of common themes. Among these are gender discrimination and sexual objectification in a male-dominated atmosphere, the project of establishing authority over one's experience in order to communicate it, and growing ambivalence over a politically controversial war. Furthermore, these authors confront the obstacle of communicating traumatic memories and, in many cases, frame their texts as therapeutic narratives.

One particularly striking tension within many of the nurses' memoirs is the difficulty of navigating public expectations informed by traditional gender roles and beliefs about the ideal war nurse. For example, both Army nurses and civilians would have been familiar with the legacy of Florence Nightingale, the "world's most famous nurse" ("Welcome" par. 1) who was known for her nursing during the Crimean War and for establishing nursing as a viable profession ("Florence" par. 1-2). Most of the nurse memoirists mention Nightingale's legacy in their texts, usually to contextualize their idealistic nurse training. In *Women at War*, a compilation of narratives from fifty Vietnam War nurses, Elizabeth Norman writes,

The women's experience in Vietnam was both prolonged and frightening, but there was another reason for their vulnerability. As a group, these nurses were altruistic. Their eagerness and sensitivity were part of their work. But what benefited patients caused the nurses to suffer. They did not stop to think about what the stresses of war might be doing to them...Dock and Stewart, in a classic history of the nursing profession, refer to this behavior as the 'Mother nurse'

characteristic, where tenderness and devotion to the sick and helpless came before all personal needs. The authors offered the traditional image of Florence Nightingale as an example for all nurses to follow: Nightingale was compassionate with her judgement and clear vision and fearlessly courageous in her work in the Crimean War (5).

Norman's observation about nurses' altruism as a group plays into a dominant theme of many nurse narratives: the nurse's gradual emotional distancing from her patients. In addition, her description of Dock and Stewart's "Mother nurse" trope and of the famous Nightingale legacy is useful in imagining societal expectations burdening the daily behaviors of Vietnam War nurses. Regardless of whether each writer embodied the "Mother nurse" for the duration of her year in Vietnam, it remains possible that idealist standards and beliefs of nursing followed them there.

The American public's understanding of nursing during the Vietnam War has also been shaped by popular culture, particularly the film and subsequent television show *MASH* (1970 and 1972, respectively) and *China Beach* (1988), which is problematic considering the shows' primary representations of females at war as sexual objects. Thinking about the content of some of these shows will be useful for conceptualizing the public's understanding of Vietnam from a nurse's perspective. For example, *M*A*S*H*, a comedy show primarily about doctors during the Korean War, featured a main doctor character Hawkeye, who in the premier episode launched a fundraiser by raffling off to soldiers an attractive American nurse for a weekend of R&R ("Pilot" *M*A*S*H*). Similarly, the premier episode of *China Beach*, a television show taking place in an American military hospital during the Vietnam War, opens with the main character, nurse McMurphy, lounging seductively on the beach in her bikini ("Pilot" *China Beach*). Analyses of the show overwhelmingly agree that *China Beach* caters to the male gaze in its objectification of

the nurses; as scholars Cynthia Hanson and Leah Vande Berg note in their analyses of the show, “by privileging the male gaze in a series ostensibly about women’s Vietnam experiences, *China Beach* ‘elevates...objectification to the status of a patriotic act’” (Vande Berg 351). Yet each of the memoirs at stake in this thesis raises the issue of sexual objectification and the (sometimes physically threatening) discomfort that comes from being one of the only women on a military base. *China Beach*, one of the very first publicized narratives about a female in Vietnam, might best be thought of as a narrative created by men for the pleasure of men. In Hanson’s critique of the co-creators of the show, she writes, “Young’s description of the show as an essentially female equivalent of the male Vietnam experience...and Broyles’s idealized vision of the woman as ‘a powerful sort of symbol’ suggest that rather than a depiction of women’s experiences, *China Beach* might be two men’s approximation of the female presence in Vietnam” (2).

In contrast, one main project of all of the nurses’ memoirs is to be seen as a military veteran rather than a sexual target. One reviewer’s comment of *Fort Chastity* identifies Harrod’s memoir as “The REAL ‘China Beach,’” suggesting Harrod’s narration of Vietnam may have played a role in redefining popular conceptions of the Vietnam War nurse (Kester n.p.). Alternatively, Van Devanter channels her readers’ cultural understanding of *MASH* (the movie) to help her audience visualize the environment: “...the 71st Evacuation Hospital, a MASH-type facility in Pleiku Province close to the Cambodian border” (85). Yet in spite of referencing the movie’s setting for the sake of physical description, Van Devanter’s prose suggests a much more feminist approach to the social environment at the 71st Evac, such as in the following excerpt:

Yet her attitude was typical of the Army’s double standard. If the guys wanted to go carousing to all hours of the night and screw ninety-seven prostitutes in a day, it was to be expected. “Boys will be boys.” Every PX stocked plenty of GI-issue condoms

and according to the grapevine, some commanders even went so far as to bus in Vietnamese girls for hire to keep morale high. However, if we wanted to have a relationship, or to occasionally be with a man we cared deeply about, we were not conducting ourselves as “ladies” should (138).

Each of the memoirs studied in this thesis in some way comments upon gender issues, which include everything from sexual objectification, to double standards based on gender conventions, to discriminatory access to bathrooms or to feminine hygiene.¹ The author’s comments upon gender issues contribute another layer to public understanding of the war and illuminate issues that continue to persist in the military today. Yet gender is a non-issue in most (if not all) male narratives.

While it may seem natural at this point to compare the narrative tropes of male-authored versus female-authored Vietnam texts, doing so would risk re-installing binaries and resituating male narratives as a standard against which to compare female narratives. However, comparing Van Devanter’s and Eugene Eisman’s approaches to gender seems appropriate, since their memoirs are both set in the same hospital only months apart. This comparison will be useful for analyzing presumed authority of experience and for understanding how gender plays a role in the narrative when nearly every other variable is controlled. Van Devanter’s *Home Before Morning* chronicles her year as a female nurse at the 71st Evac. Hospital from June 1969-70, while Eisman’s *Bitter Medicine* narrates a male doctor’s experience from September 1970-71, the bulk of which also took place at the 71st Evac. A number of sentences in Eisman’s narrative suggest he regularly encountered nurses and, from such encounters, developed a respect for their work ethic and ability to manage mass casualties. For example, he dedicates his book “To the doctors

¹ See, for example, Van Devanter page 138 and Harrod page 12.

who did not run to Canada and to the nurses who witnessed horror that will haunt them the rest of their lives” (4) and writes occasionally about the nurses at the 71st: “In the army, a nurse’s working day is not just eight hours, it’s twelve hours. They work hard” (Eisman 54-55). Yet the language he uses suggests their hard work is something of which readers need to be convinced, while soldiers and male doctors have the privilege of assumed diligence at work. This language is that of assumed authority granted to a male, “obligate volunteer” doctor in Vietnam (Eisman 12). Eisman’s use of his authority to sell the work ethic of nurses underscores their presumed lack of authority to speak for themselves.

While nurses are scarcely mentioned in *Bitter Medicine*, nearly all of Eisman’s comments are either directly or implicitly related to their difference of gender:

In spite of the tremendous ratio of one woman among thousands, the nurses were treated with the greatest respect. We couldn’t help ogling them because of the scarcity of available women, but they had their privacy, and were made as comfortable as possible in a tough situation (Eisman 54-55).

The author tends to speak for the experience of an American female nurse in a violence-ridden, male-dominated space each time he mentions them. The excerpt above suggests Eisman and his male co-workers felt that they were both respectful of the women and also justified in their sexual objectification of them. Of greatest importance to the project of analyzing nurse narratives is to acknowledge the ways by which narratives either about males (including Eisman’s) or those created by males (like *China Beach*) have used privileged social positioning to speak for and allocate meaning to the experience of a Vietnam nurse. Understanding this phenomenon is crucial to my analysis of how marginalized individuals gain authority over their

narratives. Ultimately, for a war that remains politically and morally confusing, the opportunity to study additional perspectives through nurse memoirs is imperative.

In order to pursue an analysis of nurses' memoirs, Chapter One offers a brief account of the history of the Army Nurse Corps. This historical background will be necessary for understanding the many obstacles – of gender, trauma, betrayed patriotism, etc. – challenging each nurse's autobiographical endeavor.

Chapter Two presents an analysis of Van Devanter's *Home Before Morning*, focusing particularly on how the enactment of memory in her text plays a role in establishing credibility and authority of experience. This section also explores the implications of co-authorship between Van Devanter and journalist Christopher Morgan. Lastly, Chapter Two integrates an analysis of Van Devanter's narration based on what Sidonie Smith and Julia Watson call the three "I"s (72-73).

Chapter Three focuses on Smith's *American Daughter*, arguing that the primary way by which Smith establishes her authority as a Vietnam War protagonist is through an alternative identification with her male soldier friends. I argue that the photographs incorporated within the text reveal the inadequacy of language, and that the formal, portrait-style photos of Smith receiving military promotions help establish the author as a credible narrator. Furthermore, photographs accompanying scenes promise authenticity, which bolsters what Philippe Lejeune calls "The Pact" between reader and author (22).

Similar to Smith's incorporation of photographs in her memoir, Harrod's *Fort Chastity* includes various fragments and artifacts to accompany her prose. Chapter Four focuses on the potential effects of Harrod's multiform narration on her ability to gain the authority necessary to

communicate her experience. I argue that her various forms of narration (which include lists, letters she sent home during the war, paintings, poems, photographs, and a glossary) reveal the inadequacy of prose alone in narrating traumatic experiences. Paintings and poetry in particular allow the author to engage with her emotional reactions and painful memories more thoroughly than she can in traditional autobiographical prose.

Overall, this thesis attempts to create a case study for analyzing autobiographical texts written by marginalized protagonists, or any individuals who exist outside the dominant discourse of a specific historical event. It argues for the difficulty of overcoming one's marginality, and reveals how American nurses who served in Vietnam navigated this difficulty through strategies of self-authorization.

Chapter One: Historical Context

While I waited at Long Binh for my in-country assignment, I began to learn that the picture of war painted by my recruiter was quite a bit different from the reality. Although Sharon Lane may have been the first nurse the V.C. actually killed, she wasn't the first American woman to die in Vietnam – not by a long shot.

Lynda Van Devanter
Home Before Morning

Before focusing on each memoir's narrative strategies, a brief historical overview will be helpful for framing the social positioning of nurses in the Vietnam era. This section focuses on the history of the Army Nurse Corps, including its misleading recruitment practices, and will attempt to situate the war within the framework of 1960s and '70s feminist issues.

The number of nurses who were sent to Vietnam increased in correspondence with United States involvement overseas. The first nurses were sent to Saigon in 1956 to train South Vietnamese nurses and set up military hospitals (Tanner 5). Six years later, the 8th Field Hospital was established as the first U.S. military hospital in Vietnam; from that point forward, the Army Nurse Corps (ANC) began regularly sending nurses overseas (Vuic 1). The Veterans Administration estimates that 11,000 women served in Vietnam, over 80% of whom were nurses² (Stur 7). The military's neglect of any record-keeping system to track women service members signifies the nurses' social positioning and the military's (and, by extension, the U.S. government's) rampant gender discrimination.

In the U.S. at this time, nursing was still considered "women's work." Originally, the founding of the ANC in 1901 helped substantiate nursing as a woman's profession by legally

² The remaining 20% of women who went to Vietnam served as Red Cross volunteers and office workers (Stur 7).

excluding men from joining (Vuic 16). Although the law prohibiting men from joining the ANC was long gone by the start of the Vietnam War, the majority of the field – both civilian nursing and military nursing – was still composed of women.

Yet American women in Vietnam were greatly outnumbered in a male-dominated military. Hundreds of nurses served overseas in relation to thousands of soldiers – all male, since women had not yet been granted permission to serve in direct combat positions (“Post 9/11” par. 4-5). Although the 1960s was a particularly vibrant time for feminism in the U.S., workplace gender discrimination and expectations of domesticity remained a problem both in Vietnam and at home, a tension that surfaces in nearly every one of the nurses’ memoirs. Feminists at home pursued goals such as obtaining equal pay for equal work, opening the job market to women, putting an end to sexual harassment in the workplace, and liberating women from the sphere of domesticity (Walsh par. 3-4). Women were growing increasingly dissatisfied with the limited option of either raising a family or working as teachers, secretaries, or nurses.

In Vietnam, however, nurses remained plagued by gender discrimination. Both the public’s and the military’s conventional understanding of women was based on the image of “the American ‘girl next door’” (Stur 3). In her analysis of gender during the Vietnam War era, Heather Stur writes, “American women who ventured to Vietnam were expected to fulfill the conventional women’s roles of caregivers, mothers, and virginal girlfriends...” (3) Because of these expectations, not only did nurses experience the trauma of death and war, but they were simultaneously expected to maintain in a war zone the laws of domesticity and virginal pureness attributed to them back home. There was a tension between what the nurses experienced – blood, casualties, and mortar attacks – and the widely accepted gender conventions that informed others’ perceptions of their experiences.

At the same time, this burden of domesticity was often one of the reasons women decided to join the ANC in the first place. In a historical analysis of the Army Nurse Corps, Janet Tanner writes, “Becoming a nurse fulfilled society’s expectation for women coming of age in an era shaped by Cold War ideologies of domesticity and proper roles for women, but joining the ANC was less conventional” (3). Many nurses, finding themselves at the intersection of contradictory discourses, joined the ANC as a means of escaping gender conventions and their limitations. For example, some felt that joining the ANC could allow them “to avoid, at least temporarily, becoming wives and mothers” (Stur 124). Others joined for the appeal of traveling to new countries, an opportunity they thought the ANC could present.

The government’s intricate recruitment efforts also account for some nurses’ involvement. The ANC’s main recruiting program, Operation Nightingale,³ began in 1963 (Vuic 22). Recruiters used tactics such as lecturing at high schools, universities, and career fairs, placing advertisements in stores, making radio announcements and TV commercials, and at times enlisting celebrity endorsements. ANC recruiters appealed to frustrations regarding gender restrictions by emphasizing hands-on work instead of pencil-pushing, the prestige of being an officer, and higher pay. Recruiters boasted that, by working for the military through the ANC, “women would experience an equality with men that they would not find in the civilian world” (Vuic 23-27).

In many ways, recruiters were dishonest, relying on marketing ploys which sold a version of military life that did not exist for women. While recruiters’ promises of hands-on, action-packed careers held true, the Army did not warn recruits that this hands-on work included

³ The title of the program is particularly appropriate considering Nightingale’s legacy as a selfless war nurse and the implications of applying that standard to other nurses.

scraping burned flesh off a fully-conscious napalm victim and picking maggots from the open wound of a soldier. The nurses could not have known that, after their year in Vietnam came to an end, life without the constant adrenaline of war might feel empty. Furthermore, although ANC nurses would earn decent salaries, they would also come to find that money was virtually useless in Vietnam, where things like women's underwear or sanitary products could not be found on a male-dominated military base. Additionally, the promise of gender equality did not hold true overseas, where American women were called "Round Eyes," an ethnically-charged term, and harassed or gawked at by sexually deprived soldiers. Nurses were flown overseas and made to feel like outsiders in an environment where women were even more marginalized than they were back home, and where provisions to accommodate their basic needs were nonexistent. Gender is therefore a central theme in all memoirs discussed here, contributing both to the difficulty of army life and to the difficulty of writing about war from a marginalized position.

In *Fort Chastity*, Harrod writes: "'Why did you go?' is the question I often hear" (2). The answer was different for all nurses: some were enticed by promises of equality, while others joined to finance their education. Still others went because they were loyal patriots. Van Devanter writes in *Home Before Morning*, "...we were carried along by the noble sentiments of John Fitzgerald Kennedy" (23). The words "carried along" describe being swept up by the president's moving words and communicate in a melancholically defensive tone that she went because a current took her. Harrod, too, answers the question: *Why did you go?* "I do not know why you cannot understand. I grew up with John F. Kennedy, and his words were burned into my soul. When Vietnam was on fire, I chose the side of the patriots, who responded when Uncle Sam called them to go" (2). Harrod's tone is one of frustration. Her response indicates her perceived audience: a socially and politically ambivalent readership who she feels "cannot

understand.” Yet this is contradicted by the fact that she writes at all, perhaps revealing that she still intends to make readers understand.

Why did you go? is a question that would not have been asked of male soldiers, many of whom were involuntarily drafted into combat. Therefore, while soldiers face the trauma of being forced into Vietnam, nurses are afflicted by accusations of having volunteered and are to blame for any post-traumatic stress symptoms they might experience. In her analysis of *China Beach*, Vande Berg explores how the show reinforces the burden of volunteerism:

China Beach does not merely show women caught in these roles [as comforters and sexual objects]; the text expressly asserts that women have voluntarily chosen these subordinate and stereotypically traditional female roles in Vietnam. As Dr. Dick Richard reminds nurse McMurphy in the series’ premier: ‘Just remember. You’re a nurse, not a politician. See, I was drafted. You volunteered. You wanted this. Well, you got it. You found a place where you’ll never be more valuable’ (354).

We can therefore understand the nurses’ positions as military officers who volunteered based on unfulfilled promises, and whose statuses as volunteers became yet another excuse for exempting their stories from the dominant discourse.

In memoirs that express initial feelings of patriotism, the writer often explores the subsequent loss of patriotism accompanied by feelings of betrayal. Each of the authors discussed in this thesis describes the sensation of feeling unprepared for war, even after undergoing basic training in the U.S. In *American Daughter*, Smith often expresses frustration over not having a gun and having to rely upon male soldiers for protection. Smith incorporates the motif of

disillusionment throughout her narrative, a motif which belongs to standard Vietnam discourse. She allows her disillusion with the war to unfold slowly in her narrative, as though readers are experiencing in real time Smith's gradual realization that this war is not what she was told it would be. Similarly, Van Devanter writes in *Home Before Morning* that she and her friends considered basic training a joke: "How could we take it all seriously when they kept reassuring us that we'd never really be under fire?" (72). Implicit in these narratives is the role of betrayal in heightening the trauma of war, particularly when the narrator realizes she has been introduced to a dangerous environment without warning and without preparation.

Issues of gender, betrayal and trauma are factors that shape the writing of these nurses' narratives. They also pose unique barriers to the already difficult project of writing one's experience in a way that sufficiently communicates the difficulty and impacts of that experience, something many trauma theorists identify as an impossible feat. In traumatic narratives in general and in Vietnam narratives in particular, there is often a therapeutic motif or framing of the text. Moreover, because the nurse is not the "official" protagonist of the war, the problem of expressing trauma is compounded by the need to gain the authority to speak.

The three memoirs under consideration in this thesis were published at least ten years apart from one another. Each of the authors, therefore, engage with the different social and political atmospheres of a specific historical moment. One way to contextualize the historical moments of each book's publication is in relation to the construction of the Vietnam Women's Memorial (VWM), which has a controversial history of its own and represents a turning point for the recognition of women who served in Vietnam. In 1980, President Carter authorized the construction of a memorial to honor "the men and women who served in Vietnam" (Abdella par. 10). However, the statue of The Three Soldiers (fig. 1), dedicated in 1984 and designed to

“represent the diversity of the U.S. military,” featured only male service members (“Vietnam Veterans Memorial” n.p.). In response, three Vietnam veterans started the Vietnam Women’s Memorial Project (VWMP) in 1984 to lobby for a memorial representative of women’s sacrifices in Vietnam.



Fig. 1. The Three Soldiers; Frederick Hart, “Vietnam Veterans Memorial, Three Soldiers,” *Histories of the National Mall*, <http://mallhistory.org/items/show/64>. Accessed Mar. 17, 2017.

Plans for the VWM, however, faced several rejections and two design iterations over the subsequent nine year period. The initial design entitled *The Nurse* (Evans 13) depicted an army nurse with a stethoscope (Abdella par. 15). *The Nurse* was rejected in 1987 under the pretense that “allowing the statue of a woman would open the door to others seeking added representation for their ethnic group or military specialty,” and that the Vietnam Veterans

Memorial was already complete (qtd. in Associated Press par. 7). VWMP volunteers changed route by pushing for a different design. The new statue would feature three nurses responding to a wounded soldier (fig. 2 and fig. 3).

The statue's dedication on November 11, 1993 after a nearly ten-year-long battle represented a turning point for women veterans seeking acknowledgment for their time in Vietnam. At his speech during the groundbreaking ceremony, General Colin Powell said, "When this monument is finished, it will be for all time a testament to a group of American women who made an extraordinary sacrifice at an extraordinary time in our nations [sic] history..." (qtd. in Evans 1). Yet, although the statue is a triumph of the VWMP, its design represents the difficulty of finding a narrative centered on the women's experience. The statue shows three women, each with a different role in helping the fallen soldier: one nurses the soldier, another picks up his helmet, and another keeps watch. In contrast, the male narrative is personified in one figure: the fallen soldier. Furthermore, it is arguable that, with the soldier at the center of the image, the woman is still not the protagonist. The female identity, therefore, is dispersed into three separate figures, all in supporting roles, with the single soldier at the center. Although the statue intends to honor Vietnam nurses, it contributes to the dominant narrative wherein women struggle to lay claim as a protagonist of war.



Fig. 2. Vietnam Women's Memorial, front; "Vietnam Women's Memorial." *Washington D.C.*, www.washington.org/find-dc-listings/Vietnam-womens-memorial. Accessed 17 Mar. 2017.



Fig. 3. Vietnam Women's Memorial, back; Flickr user Cliff. "Vietnam Women's Memorial." Flickr, 16 Nov. 2008, www.flickr.com/photos/nostri-imago/3041642964. Accessed 17 Mar. 2017.

Van Devanter's memoir *Home Before Morning* was published in 1983, which means Van Devanter was writing her narrative before the VWMP was created and before formal acknowledgement of her presence in Vietnam had taken place. *Home Before Morning* was, in this way, an unprecedented publication; the book itself was unlike any before it – the first major work by a female Vietnam veteran – and came to existence in a time when nurses remained almost entirely unrecognized for their service. In contrast, Smith's *American Daughter* (1992) represents a time period in which plans for the monument and the formal recognition it represented were gaining momentum, but not yet realized. Smith was therefore able to build off the foundation set by Van Devanter and fellow nurses in the VWMP in order to find a voice for her narrative. Lastly, *Fort Chastity* (2015) raises questions about what it means to wait almost 50 years – long after the controversy of the VWM dissipated – to share one's experience, and how the telling of that experience is shaped by the stories told by and for other Vietnam nurses.

Chapter Two: Lynda Van Devanter and Authority of Memory

I began this book as a form of therapy in early 1979. I was hoping somehow to exorcise the Vietnam war from my mind and heart.

Lynda Van Devanter
Home Before Morning

Home Before Morning by Lynda Van Devanter was published in 1983, the first major autobiographical account of the Vietnam War from a woman. Its publication marks a time of healing in the aftermath of the war, during which women veteran's stories were either overlooked or ignored, and when the installation of the VWM a decade later was still a battle to be won. Van Devanter's memoir chronicles her experience falling from patriotism into ambivalence and confusion, surviving and helping others survive the destruction of war, and navigating intense gender discrimination. Yet, ironically, her account of the war became partial inspiration for *China Beach*, the 1980s television show that, as I mentioned in the introduction, catered largely to the male gaze in its portrayal of the Vietnam nurse (Kaufman par. 4). Being largely unprecedented by any other account of the war from a female veteran, Van Devanter's memoir represents a first attempt at staking a claim amidst the male-centric discourse of Vietnam. The epigraph above demonstrates Van Devanter's framing of her narrative as a therapeutic exercise. Furthermore, because nurses are not the "official" protagonists of the war, her already-difficult project of expressing trauma is compounded by her need to access narrative authority. Van Devanter's main strategy in navigating both obstacles is to present the detailed inner workings of her traumatized memory.

This dual problem of establishing authority and expressing trauma impacts the narrative in a number of ways. Most notably, these obstacles lie at the root of Van Devanter's co-

authorship with Christopher Morgan, a professional non-fiction writer. While his name accompanies Van Devanter's on the book's cover, Morgan's presence as a presiding figure over the text is elusive. The only biographical information given to readers is located in a vague blurb in the "About the Author" section, which reads: "Christopher Morgan is a professional writer whose nonfiction has appeared in more than one hundred publications, ranging from *The Wall Street Journal* to regional magazines and newspapers" (n.p.). However, Van Devanter's writing credentials by the time of her memoir's publication include a section in *Everything We Had* by Al Santoli (1982), numerous lectures delivered through the Vietnam War Stories program, and articles in *The Los Angeles Times*, *The New York Times*, etc., which raises questions as to why she involved a co-author in *Home Before Morning* (Van Devanter n.p.).

Morgan's role in creating *Home Before Morning* is not entirely clear, but seems to speak to Van Devanter's desire to express traumatic memories for the sake of therapeutic gains. In the foreword, Van Devanter thanks Morgan for "forcing me to remember and dredge up things I thought best forgotten. I often hated him for it, but I know it had to be done" (x). Van Devanter characterizes Morgan as an external force helping her grasp painful memories in order to communicate them. According to scholars of trauma, "Traumatic memories are the unassimilated scraps of overwhelming experiences, which need to be integrated with existing mental schemes, and be transformed into narrative language. It appears that, in order for this to occur successfully, the traumatized person has to return to the memory often in order to complete it" (van der Kolk and van der Hart 176). It is likely, therefore, that Van Devanter's language of "dredg[ing] up things" refers to Morgan's role in encouraging her to return to those painful memories, which enabled her to access the ability to communicate them.

However, whatever support Morgan may have offered toward Van Devanter's efforts to

communicate trauma comes at the expense of her access to authority. In Lejeune's theorization of the co-authored autobiography, he writes, "The *division of labor* between two people (at least) reveals the multiplicity of authorities implied in the work of autobiographical writing, as in all writing. Far from imitating the unity of the authentic autobiography, it emphasizes its indirect and calculated character" (188). According to Lejeune's theory, Morgan's participation as a co-author of Van Devanter's narrative accentuates the text's artificiality and brings under suspicion its authenticity. Therefore, Morgan's presence as a writer of an autobiographical text in which he is not a subject threatens Van Devanter's authority as a narrator altogether.

Per Sidonie Smith and Julia Watson, "Implicit claims [of authority] can be as unobtrusive as the appearance of the autobiographer's name on the title page ... [The name] assures the reader of the authority of the writer to tell his or her story and aims to make the story a credible disclosure to its audience" (33). Smith and Watson's theorization of authorship coincides with Lejeune's point that the text's authenticity – or, perhaps, the degree to which readers believe the text is authentic – depends in part upon the question of who is authoring the text. In the context of a personal memoir with two authors, this question of authority becomes even more complicated. Especially for a marginalized protagonist, any uncertainty of authorship jeopardizes her credibility as a narrator, thereby obstructing her access to authority over that experience.

By the 2001 reprint edition of *Home Before Morning*, Morgan's role in the memoir was no longer mentioned – neither within the text nor on the front cover. The narrative itself, however, remained the same. The disappearance of Morgan's name indicates that he had no substantial role in the actual construction of Van Devanter's memoir, and that elevating his contributions to the status of co-author may have been inappropriate to begin with. This evolution of *Home Before Morning* from 1983 to 2001 seems to correlate with Van Devanter's

access to authority by socio-political progress, including the dedication of the VWM and emergence of other nurse writers.

Despite the obstruction to authority represented by Morgan's co-authorship, Van Devanter's memoir employs other techniques which work to authorize and legitimize the narrative of a marginalized protagonist. One of the key ways by which Van Devanter achieves authority is by underscoring her vivid (and often traumatic) memory. For example, Van Devanter positions herself an overt witness, provoking readers with candid honesty about military life in Vietnam. Upon its publication, Van Devanter's frank honesty elicited backlash from other military personnel such as former Vietnam nurse Patricia Walsh, who argued against the validity of Van Devanter's narrative, stating, "Well, those things didn't happen"— "those things" being instances of drug and alcohol abuse and casual sexual encounters (qtd. in Oliver par. 10). Yet Van Devanter's narrative insists that they did happen, for better or worse. She includes scenes of drugs, sex, and alcohol (all common tropes in Vietnam literature) and unabashedly implicates herself in the process:

We partied as hard as we worked and when we slept, it was frequently because we had passed out from too much alcohol or too much exhaustion. We were loud, boisterous, and unruly, almost relentless in our pursuit of anything that would block out the faces and moans of dying boys...The booze came through regular Army supply channels. We bought it at the PX, along with our stereos, tape decks, and snacks. The pot came through irregular channels that were as strongly established. For a dollar, it was possible to get pure Montagnard gold, packaged like regular cigarettes. The smell was the only way anyone could tell the difference. My brand was Kool. They even came filter-tipped (Van Devanter

121-122).

Van Devanter develops her character as someone who knows how to work the system, who is authorized to speak out about the war because she knew and remembered it down to the brand of her filter-tipped cigarette. The author avoids either condemning or glorifying their behavior by framing it as “loud, boisterous, and unruly,” but with frankness and a level of detail that is unapologetic. Her detailed, forthright narration strengthens “the pact” (Lejeune 22) between autobiographer and reader. Scenes that risk portraying Van Devanter and her colleagues in a negative light are those that provide credibility and authority when the author goes on to discuss gender discrimination and the injustice of the war.

Furthermore, considering Van Devanter’s introduction of *Home Before Morning* as a traumatic yet therapeutic narrative, detailed descriptions of partying and other Vietnam culture help establish a concrete foundation from which to build narrations of more traumatic scenes. From the first page of her memoir, Van Devanter establishes herself as a narrator with an almost obsessive memory. The first chapter presents to readers a scene of haunted remembering, wherein Van Devanter writes a version of her past self in the present tense. In the scene, it is three a.m. and the narrator struggles to sleep. Small, italicized sections which interrupt the narrator’s main scene represent an earlier version of Van Devanter in Vietnam:

And when that year was over, when the “Freedom Bird” took me back to “the world,” I learned that my war was just beginning.

They wheeled her in on a gurney. She’d already gone into labor. With the bullet wound in her belly, a normal childbirth would be out of the question. So we cut into her, and found a perfectly formed live baby boy. He had a gunshot wound in his belly.

There are beads of sweat on my forehead. A few roll down the side of my face...These Virginia summers are unbearably hot. I can remember nights like this in Vietnam, nights when I couldn't escape the all-encompassing steam bath, my sweat-stained jungle fatigues clinging to my body while the heat slowly drained every ounce of life from me, making me far too miserable to cry (Van Devanter 4).

After this first chapter, the remainder of the narrative follows a roughly chronological structure written in the past tense, beginning with basic training and ending with life after Vietnam. While some critics might argue that beginning in the present tense is a common trope of autobiographical narratives, there is an argument to be made for reading this chapter as a representation of the subject's ability to shift between two temporal states with traumatic vividness. Characteristic of Van Devanter's style in *Home Before Morning*, the flashback presented in the above excerpt is produced through images, without explicitly emotive words or logical interpretations. While this can be read as a product of the scene's trauma, it is fundamentally a move by Van Devanter to gain narrative authority. She omits specific information such as the identity of the pregnant woman in order to obscure the scene. By implication, Van Devanter is in the know, and her readers are not. In "Diverting the Gaze: The Unseen Text in Women's War Writing," Carol Acton discusses the relationship between seeing and knowing and its gendered implications. Acton writes that the male combatant's experience seeing war implies the knowledge to speak about it (55). Additionally, in her analysis of women writers from World War I, Acton suggests that "their 'seeing' is complicated by their ongoing struggle to establish the legitimacy of their noncombatant perspective as well as by cultural constraint on what and how they see and what they reveal" (57). The same is true of Van

Devanter's narrative, especially in moments such as this, where she effectively "diverts the gaze" in order to establish legitimacy, power, and authority as a marginalized narrator. In addition to helping her establish authority, this strategy also (paradoxically) underscores the lack of control she experienced in-scene, thereby advancing her communication of trauma.

Furthermore, the flashback structure of chapter one emphasizes the various "I's" at work in the text, with the effect of drawing out the narrating "I" (Smith and Watson 72-73). Although subtle, this underscoring of the narrating "I" enables Van Devanter to assert authority based on that narrating "I's" fragmentary identity and vivid memory. To elaborate, she creates three distinct temporal reference points: (1) the author's perspective, which we know from her foreword exists at least nine years after she returned from Vietnam in 1970, (2) the Van Devanter who goes to Vietnam and whose life is narrated by the author, and (3) the narrator from chapter one, who exists somewhere between time frames (1) and (2). According to Smith and Watson, these three reference points each represent different "I's": The historical ("real") "I," the narrated "I," and the narrating "I," respectively (72-73). Moreover, Smith and Watson go on to complicate theories of the various "I's" within an autobiographical text by nuancing the composition of the narrating "I":

...the narrating "I" is an effect composed of multiple voices, a heteroglossia attached to multiple and mobile subject positions, because the narrating "I" is neither unified nor stable. It is split, fragmented, provisional, multiple, a subject always in the process of coming together and of dispersing. We can read, or "hear," this fragmentation in the multiple voices through which the narrator speaks in the text (74).

The narrating "I" in Van Devanter's first chapter, then, is composed of the voices of a military

nurse, a former “All-American Girl” (Van Devanter 13), a Vietnam veteran experiencing the after-effects of war, and so on. We can imagine this distinct figure, the narrating “I” with its multitudinous voices, as another means by which Van Devanter implicitly establishes her various identities and therefore the various perspectives from which she is authorized to speak. This narrating figure, complex and provisional as it may be, operates as another gesture toward Van Devanter’s (the historical “I’s”) compulsion and authority to speak about the war. Drawing out the narrating “I” has the effect of situating Van Devanter in close proximity to Vietnam. In other words, she places her narrator in a moment characterized by obsessive remembering and intense physiological responses to the act of remembering. She is therefore in close proximity to the war and establishes authority of experience based partially on her visceral reaction to the memory of that experience.

Chapter Three – Winnie Smith and Alternative Identity

I must also thank Lynda Van Devanter for her book, Home Before Morning, that opened the door for me...

Winnie Smith
American Daughter Gone to War

American Daughter Gone to War was published in 1992, still one year before construction of the VWM but almost a decade after the first edition of *Home Before Morning*. It is divided into chapters organized chronologically and, much like *Home Before Morning*, is composed of rich, detailed narrative and dialogue. In the acknowledgements of *American Daughter*, Smith credits Van Devanter for setting a foundation upon which other female veterans could tell their stories. Smith's statement is one way by which she expresses anxiety regarding her authority to narrate the war. However, the author pursues access to authority by presenting an alternative identification with individuals who have access to the dominant discourse of Vietnam.

For example, Smith's endeavor to access authority leads to the strategy whereby she places herself in close proximity with male combat soldiers – or warriors, as she calls them. While Van Devanter and Harrod seldom mention relationships with soldiers outside their interactions with them as patients, Smith does so frequently. She writes, "I am happy, truly happy, with my warrior family around me" (27). Similarly, ten pages later she says, "It is during this time that my orders come through for Saigon – not where I want to be, which is where my warrior buddies are" (36). Then again, in another ten pages: "Then it dawns on me that she's wearing black pajamas, which my warrior buddies in Japan said were Vietcong uniforms" (48). While Smith's strategy may have been intended as a way by which to increase authority based on

her close alignment with the male soldiers involved in the war, the frequency with which she refers to her warrior friends raises suspicion about whether she truly feels she fits in. Her narration suggests she values her relationships with her “warrior buddies.” However, placing an emphasis on her friendships with the soldiers introduces an artificiality characterized by her potential ulterior motive: to gain entry to the privileged authority of experience to which they have access. The last example in particular is a demonstration of authority based on privileged information she gets from her soldier friends: by intuitively identifying an enemy on the streets of Saigon, Smith suddenly becomes less a nurse than another soldier figure. Furthermore, Smith’s possessive language (i.e. “*my warrior family*,” “*my warrior buddies*”) can be read as an attempt to associate herself more closely with the male soldiers. This possessive language, along with her use of the term “buddies,” introduces a specifically masculine friendship and comradery. Therefore, Smith’s strategy relies on the presumed authority male soldiers possess simply by virtue of their maleness.

The project of establishing authority also accounts for the subtitle of Smith’s text: *On the Front Lines with an Army Nurse in Vietnam*. Literally speaking, Smith’s hospital assignment placed her behind the front lines. However, using the phrase to designate her position in Vietnam suggests an indication that her perceived audience values the perspective of a combat soldier more than it does an Army nurse. Therefore, her use of the term and its associations with violence, danger, and traditional masculine authority is another way by which Smith identifies with the combat soldiers and stakes a claim in the discourse of Vietnam. These strategies indicate an appeal to authority based upon identities that are not literally hers. They also reveal the difficulty of navigating one’s identity in contexts where certain identities are valued over others.

Home Before Morning and *American Daughter* differ in the tenses of their narrations,

since Smith's text inhabits the present tense more often than Van Devanter's. However, like Van Devanter, much of Smith's authority comes from her ability to vividly represent life in a military hospital. Smith portrays in scenes of striking detail and dialogue her interactions with various patients. For example, she describes in the following scene her encounter with a blinded soldier:

I glance at the bandaged face, turned blindly my way.

“What color are your eyes?”

When I went for my driver's license, deciding what color to put down had seemed a momentous decision. Now I can't recall what I chose.

“Blue-gray-green. It depends,” I answer, finishing my taping and turning back to him.

The head straightens. “I've heard the guys talking. They say you're real pretty.”

Before Japan the compliment would have made me blush. Now I laugh ruefully.

“All round-eyes are pretty in this country.”

“They say you've got strawberry blond hair down to your waist.”

“That doesn't make me pretty.”

“No, but you've got a beautiful voice. When you can't see, voices are important.”

His desperate need for reassurance weaves through his words, and I wish for the hundredth time we had someone to provide that. A squeeze of his hand might help, but they're both wrapped in burn dressings (W. Smith 118).

This interaction between Smith and the blind soldier operates in a number of ways. For one, it demonstrates Smith's opposition to the “Mother nurse” response that the soldier seems to expect from her (Norman 146). She writes “The head straightens” as if, at that moment, the head was not his head and did not belong to another human, evidence of Smith's emotional distance and

lack of empathy. Yet the narrator's regretful tone indicates that Smith's lack of empathy is not a choice but a survival mechanism. This scene comes rather late in the narrative and represents a culminating moment preceded by the narrator's gradual loss of emotion in a series of patient interactions. Both Smith and Van Devanter periodically include highly detailed episodes of traumatic patient encounters to create a portrait of their emotional detachment. Moreover, the reader's repeated encounter with such scenes desensitizes her/him to the gore and violence of the narrative as a whole. Smith's scene, therefore, communicates trauma and the burden of witnessing pain by both demonstrating and having readers participate in the evolution of her emotional response. Shared participation in this phenomenon establishes a connection between Smith and the reader, so that Smith's authority as a narrator of war is bolstered by her ability to mimic its effects.

Furthermore, Smith's narration of this scene as a call for narrative authority might best be read through the lens of Acton's phrase "diverting the gaze." In her analysis of a different scene from *American Daughter*, Acton writes, "...the writer as observer/participant is in control of what is seen and revealed and what is unseen and uses that control to make an ideological point" (62). Smith's (that is, the narrated subject's) encounter with the blind patient is a literal enactment of the phenomenon Acton describes. Built into this interaction between Smith and her patient is the male patient's need for comfort and the implications of gender in their conversation, which positions the female in the line of the male gaze. However, Smith is literally in control of what the male patient sees. Considering how power is often experienced through the gaze, the patient's blindness and Smith's monopoly over visual knowledge reverses traditional power relations. His inability to see Smith becomes an opportunity for her to dictate the direction of the conversation, to "ruefully laugh" and say that "All round-eyes are pretty in

this country,” which comments both upon the objectification of female U.S. military personnel and the hierarchy of racial/ethnic identity. Moreover, this scene becomes a metaphor for Smith’s act of writing, in which readers cannot see her, and in which she wields the pen and power of authorship mirrored in the scene. Smith therefore asserts her authority of experience through this scene by implicitly controlling what readers are able to “see,” or know, about this nurse in Vietnam.

Photographs in the book operate in a similar way, enabling Smith to control readers’ visual access to certain scenes. The photographs, which are all grouped together midway through the text, include images of 4-year-old Smith at home, portraits of her after induction and after becoming a First Lieutenant, snapshots of soldiers, fellow nurses, patients in Vietnam, and more. For example, the author includes a photo taken from the roof of Claymore Tower, where she often sought refuge from the stress of military life (fig. 4). Claymore Tower is an off-limits building on the U.S. base in Saigon – off-limits even to Smith. Through the photo, the audience is made privy to information only Smith can grant access to. This sense of controlled seeing is compounded by the framing of the image. The composition of the shot indicates there are more buildings, cars, and people beyond the frame of Smith’s photo that only she can see. In much the same way that Van Devanter describes the drug routes in Vietnam, Smith photographs her transgression and makes an appeal to authority based on experience and insider knowledge.

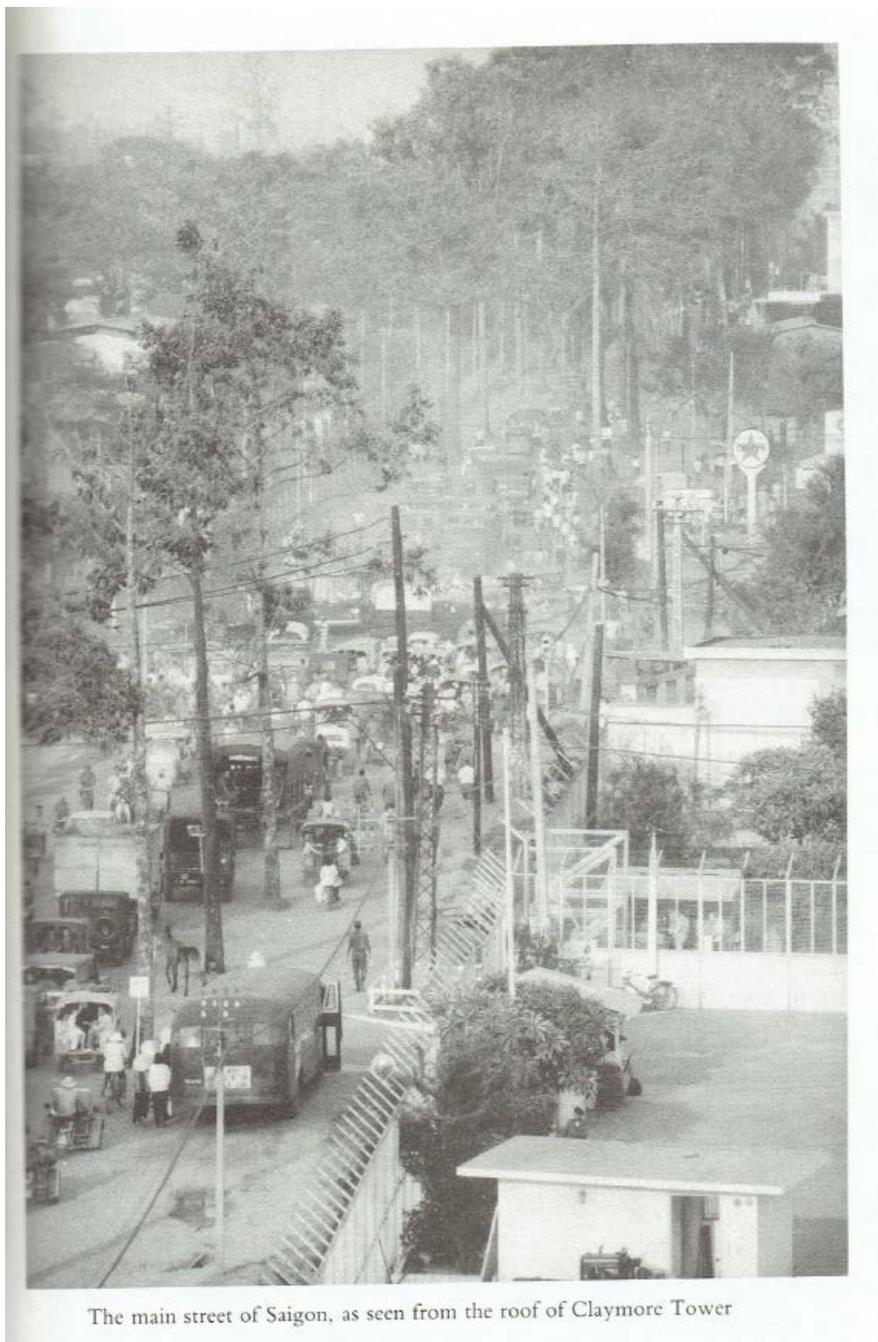


Fig. 4. Smith's snapshot of Saigon (Smith 84).



Fig. 5. First Lieutenant Winnie Smith (Smith 83)

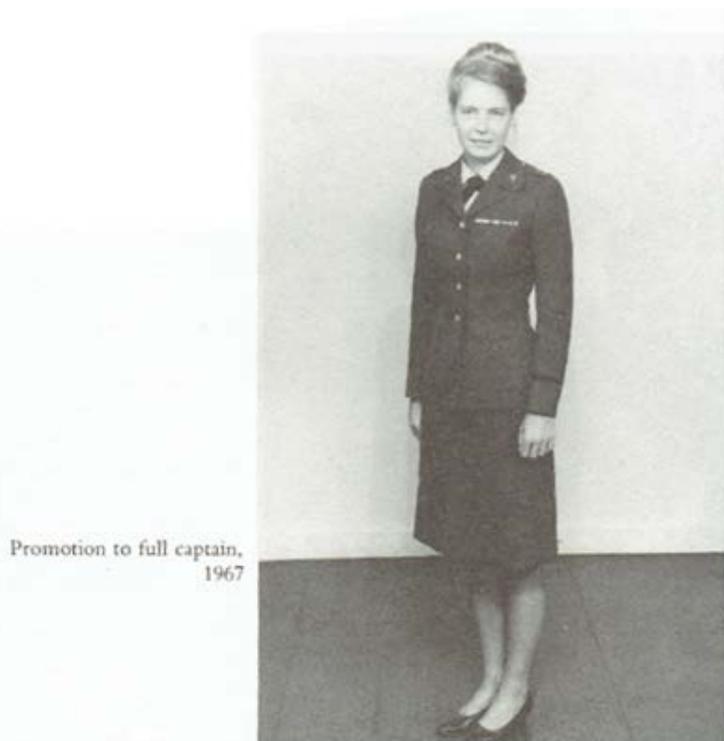


Fig. 6. Captain Winnie Smith (Smith 89)

In addition, photos of the author's military accolades are of particular significance to the project of authority. In one image, Smith becomes a first lieutenant and shakes hands with a superior officer as he pins a new rank insignia to her lapel (fig. 5). The photo itself is ceremonial yet candid, especially compared to the photo of Smith as a full captain (fig. 6). Juxtaposing the two images reveals a transformation of their subject. First Lieutenant Smith wears a white nurse's uniform and shakes hands with an officer in Japan before her transfer to Vietnam; Captain Smith, on the other hand, stands at attention in a formal black blazer and skirt. Together, the images suggest an evolution characterized by increased military authority and maturation (a common trope of war narrative in general). They represent Smith's credentials as a veteran and as a writer of war.

The key aspect of Smith's strategy in the text, therefore, is her narrator's appropriation of a masculine, soldier-like identity. *American Daughter* adopts much of the style of Van Devanter's text, including its chronological structure, its emphasis on themes such as gender and empathy, and its detailed prose. However, moments marked by Smith's alternative identification with her "warrior buddies" represent a diversion from Van Devanter's primary strategies. Smith's text ultimately introduces the lingering tension between authority and gender, alluding to the ways by which constraints on authority for the female war writer drive her toward the appropriation of a male identity.

Chapter Four: Bernadette Harrod and Memoir in Fragments

I break my silence to stand up and be counted, for and [sic] part of my healing is to acknowledge what it was like to be in Vietnam as a nurse, a woman, and a survivor.

Bernadette Harrod, RN, ANC
Fort Chastity, Vietnam, 1969

Bernadette Harrod's *Fort Chastity, Vietnam, 1969*, published in 2015, is the most contemporary memoir included in this analysis. Harrod frames her memoir as a therapeutic process in much the same way Van Devanter frames hers, citing it as "part of [her] healing" (1). Interestingly, however, it diverges quite dramatically from the style and structure of Van Devanter and Smith's texts. Harrod's memoir includes short chapters (usually only 1-2 pages long), which are primarily organized thematically to create an episodic synopsis of her experience in Vietnam. The prose itself takes up less than half the book, with the other half composed of various other forms of writing: lists (i.e. "Favorite Nam Talk in I Corps,"⁴ "What We Liked to Do Most"⁵), letters, poems, reference lists (i.e. "Army Hospitals in Vietnam"⁶), drawings and paintings, photographs, notes of support from readers, information about support groups, and a glossary. By moving so far from the standard mode, Harrod is able to differentiate her text from the traditional genre conventions of male-dominated Vietnam literature, inventing a new form through which she narrates her experience in Vietnam. Harrod's main appeal to authority, therefore, is based on the variety of texts and objects she assembles to compose her narrative; however, the implementation of this strategy comes at the expense of delivering a

⁴ *Fort Chastity* page 38

⁵ Page 37

⁶ Pages 99-100

cohesive narrative.

Harrod's apprehension regarding the project of establishing narrative authority is evident in the book's prefatory notes. For example, Harrod writes in a section entitled "A Note to the Reader," "I am a nurse, not a seasoned author. This is my first book. Please be patient with my short, caustic style and search for the deeper meaning behind the poignancy and the staccato" (Harrod ix). Her disclaimer reveals self-consciousness about her position as a marginalized protagonist; while a male counterpart might rely on his presumed access to narrative authority to compensate for any technical drawbacks, this privilege is not available to Harrod. Ironically, the disclaimer itself is a well-composed, well-articulated sentence in a style that requires no apology. Yet in feminist literary criticism, the trope of a female author apologizing for her own writing is explored in works as early as *The Madwoman in the Attic* (1984). Despite what her disclaimer indicates, it is likely that Harrod's anxiety lies not in her ability as a writer, but in her capacity to demand authority and to participate in a literary tradition dominated by narratives created by male soldiers and politicians.

Contents of Harrod's introduction further indicate her preoccupation with the problem of authority. She writes, "The gravest sin of the women who served in Vietnam is that we haven't told our stories; we have let others tell them for us" (Harrod xi). The statement indicates Harrod's consciousness that, because they are marginalized figures of the war, nurses' stories have been primarily communicated through male-created narratives such as *China Beach*. However, her characterization of silence as a sin gives it a moral implication, suggesting their silence is actually a disservice to others. In other words, Harrod's introduction both underscores the challenge of authority at hand and avouches her narrative's value.

The obstacle of accessing narrative authority is compounded by past trauma, which she

says has been made worse by her and others' silence in the years following Vietnam. In the first chapter of *Fort Chastity* Harrod writes, "Many were wounded in Vietnam, and I was one of them. The silence has been the second wound, a festering old wound that cries out for cleaning and air" (1). This passage is intriguing for a number of reasons. For one, it incorporates the metaphor of silence as a wound, drawing on Harrod's familiar language of nursing in order to describe an abstract sensation. Although Harrod asks readers to excuse her lack of writing experience, she assumes authority as a memoirist based on language that is both familiar to her and relevant to the narrative.

The passage also indicates the double nature of the obstacle facing Harrod's narrative: the author grapples simultaneously with traumatic memories and with personal ambivalence regarding her authority to speak about Vietnam. Her characterization of silence as a wound reveals the difficulty of narrating painful memories, a difficulty which produced her silence. Furthermore, her framing of the memoir as "part of my healing" (1) indicates that breaching the silence via this narrative will allow her to at once claim her experience and move beyond it. Harrod waited 45 years after returning from Vietnam to tell her story, but the wound of silence she describes in her text suggests she felt unable to produce the memoir earlier in her life.

The author's preoccupation with the challenges of establishing authority and of confronting her trauma, however, informs the fragmented nature of her text. Her prose seems more concerned with delivering a holistic account rather than a detailed narrative, which may have enabled the author to avoid dredging up vivid traumatic memories. The book itself exists in generalities, as though the author purposefully avoids description. For example, she writes about the conditions at the Twenty-Second Surgical Hospital: "I wasn't prepared to work on POWs or to take incoming rounds. There had been no warning that I would operate on Charlie (nickname

for a North Vietnamese soldier) or that the Red Cross on our hospital would not be respected by the Vietcong (VC)” (Harrod 4). While the author indicates several large issues in the passage, including her ambivalence toward operating on enemy soldiers and frequent Vietcong strikes on her hospital, she does not explore the issues further with vivid examples. Harrod’s style of writing is journalistic and conversational; this style produces a tone of reflection rather than a descriptive, engaging narrative. While this might be the result of an imperfect memory after many years, it is possible that Harrod intentionally chose to redirect her narrative away from detailed traumatic instances. Breaking her narrative into various forms, therefore, attempts to access authority, but at the expense of delivering a cohesive narrative.

The inclusion of lists, letters, drawings, poems, etc. that supplement Harrod’s prose attempts to help her access authority. This fragmentation into various artifacts also suggests that, because her memories are complex and painful, limiting herself to only one mode of narration would be insufficient. The incorporation of letters is a common trope of war writing pursued by Van Devanter, Smith, and Harrod alike. However, Harrod takes this technique a step further. For example, both Smith and Harrod include photographs of themselves, while Harrod and Van Devanter each add a glossary at the back of their books. Harrod even writes, “Because the army and Vietnam experiences are associated with so much jargon, I suggest that readers first review the glossary,”⁷ a move that places her in a position of power and establishes her as an expert in the culture of Vietnam and the jargon of the war, therefore authorizing her to speak about it. However, Harrod’s memoir as a whole is more a scrapbook of artifacts than a traditional memoir like Van Devanter’s and Smith’s. It is as though Harrod needed to invent a new structure for her memoir in order to access the authority to deliver it into a tradition dominated by male combat

⁷ Harrod ix

narratives.

Harrod includes poetry and drawings that she created after the war, each of them encapsulating their own narrative while adding thematic resonance to her collection. Drawings and poetry in particular speak to a kind of emotional and interpretive authority, in which the author is concerned primarily with her reaction to certain events rather than with the reporting of events exactly as they happened. The poet and artist have more leeway when it comes to narrating specific, factual details of their experience than does the traditional autobiographer. In one instance, Harrod incorporates a painting of the American flag with the words “IS NOT FREE” scrawled across the bottom (fig. 7). The flag is smudged, and the bottom half appears as though it is dripping off or fading away. Painted in 2010, the disintegrating flag gestures to a still-divided or corrupt nation. The stars and stripes are all in disarray, and everything seems to melt away into the eerie phrase she wrote underneath. The painting indicates the strong sense of betrayal and patriotic ambivalence Harrod experiences, even after 40 years back home. Thus, this painting operates as an emotional substantiation of Harrod’s more pragmatic prose.



Fig. 7. “Is Not Free” by Bernadette Harrod (Harrod 98)

The same is true of Harrod' poetry, which ultimately portrays an emotional response that contributes to her authority as a narrator who was deeply impacted by her time in Vietnam. The following excerpt from her poem "If I Write It" straightforwardly gestures to the authority of experience and narration:

If I write it, it will not own me
 If I get it out there, then it's mine
 My name will be on the front cover and a picture on the back
 The country tried so hard to forget Vietnam
 Sometimes I question if I was ever there
 But if I write it, then you'll all know the horror,
 The mayhem and the killings of village mothers and unborn babies
 Of friendly fire and crossfire accidents
 Of times when GIs died because we didn't have enough sutures
 Of the human strength to save them all (Harrod 93).

The phrase "If I get it out there, then it's mine" works to claim the narrative and take possession of the experience therein. It is a powerful phrase that speaks to the reciprocity of authority at play within this narrative and others: the foundation of a narrative by a marginalized protagonist depends upon her ability to authorize her voice and take ownership of her experience, and at the same time, the finished narrative can represent a newfound ownership of the past. Implicit in Harrod's phrase is the idea that the story needs to become public in order to fully own it, which has dangerous implications for marginalized protagonists who are working to assert their voices amidst the dominant discourse.

In contrast to the way Smith emphasizes her relationships with her soldier friends, Harrod

gestures to her circumstance as a marginalized figure as evidence of her narrative's value. In fact, one very powerful way by which Harrod navigates her status as a marginalized protagonist is through an explicit appeal to a type of authority granted to her as a marginalized figure. As demonstrated by the epigraph to this chapter, Harrod acknowledges in the beginning of *Fort Chastity* three of her identities: nurse, woman, and survivor. She also acknowledges that her experience in Vietnam was shaped by these identities: "...what it was like to be in Vietnam as a..." (Harrod 1). It is a declaration of identity on the very first page, and one that bolsters her authority as a memoirist. In other words, Harrod invents her own brand of authority based on her involuntary marginality – the very thing that threatens her authority to begin with. According to Smith and Watson:

In the case of persons outside the dominant culture, persons unknown and marginalized by virtue of their lack of public status, appeals to the authority of experience may be explicit. Such appeals may be made on the basis of sexual, or ethnic, or racial, or religious, or national identity claims. In other words, identity confers political and communal credibility. In such cases, a previously "voiceless" narrator from a community not culturally authorized to speak...finds in identification the means and the impetus to speak publicly (S. Smith and Watson 34).

Harrod's declaration of identity can therefore be looked at as what Smith and Watson call an explicit appeal to the authority of experience. That Harrod felt compelled to make such a statement indicates her conscious impression that she writes from a marginalized position, and that authority to speak is not something she can presume but must first establish. She includes the phrase "to stand up and be counted," language which resembles the point made earlier in this

thesis that women who served in Vietnam were literally not accounted for on government records. Harrod is all too aware of this transgression; in her memoir she writes, “Approximately eleven thousand women served during the Vietnam conflict. Yet the Department of Defense neither keeps records of female veterans nor does any official studies on readjustment problems among them” (21). Therefore, we can think of Harrod’s published memoir, together with the project of asserting oneself as a credible and important voice within the context of the war, as a gesture meant to create a record of her presence in Vietnam, which the U.S. government had ignored.

As a nurse who has undergone the trauma of war, the issue of cultural authorization of certain voices at the expense of others can become a major issue. Operating beneath the weight of painful memories, and with the need of sharing those memories with others for the sake of healing (as Harrod suggests in her quote), the nurses have plenty of impetus to speak, and many of them acknowledge a feeling of bursting at the seams with untold stories that they wish could be exorcized from their minds. Harrod is a nurse, not a soldier, and a woman rather than a man; these things automatically exclude her voice from the dominant discourse surrounding the war. We can therefore understand Harrod’s memoir as a challenge to the conventional voices from Vietnam and as an attempt of self-authorization in order to facilitate communication of experience. While Smith’s primary strategies point to constraints on authority based on gender, Harrod’s deviation from a traditional memoir form indicates additional constraints on authority based on the standard genre conventions of Vietnam literature, a tradition dominated by narratives of male combat soldiers.

Conclusion

Each of the three memoirists analyzed in this thesis expresses in her text anxiety over the question of authority and over the project of communicating traumatic experiences.

Historicizing the memoirs' publications in relation to one another has revealed that these authors both engage with and also deviate from strategies of their predecessors in various ways. This analysis of nurse memoirs has also revealed just a few of many conditions obstructing a nurse's access to authority, such as formal constraints and the audience's general privileging of certain identities. In the context of the nurse memoirs, gender biases in particular – which are made worse by associations of war as a historically masculine endeavor – pose a threat to the authority of the marginalized nurse narrator.

Underscoring such moments of anxiety enables us to better understand the social mechanisms which encourage readers to value some voices over others and which therefore present an obstacle to the marginalized autobiographer. Furthermore, understanding the unique impediments challenging a memoirist's endeavor to compose a narrative of his or her experience grants readers access not only to the contents of the experience but also to the forces shaping its narration. This ultimately contributes to a deeper reading of the text, and presents an opportunity for learning more and for challenging what we think we know about a historical event.

The scope of this project, however, has limited the range of primary texts under analysis. Therefore, this thesis falls short of representing the complexity and diversity of texts within the archive of published Vietnam nurse memoirs. The array of female-written Vietnam memoirs that have been published and overlooked by scholars represents yet another way by which women's roles in Vietnam have gone unacknowledged. It is important for scholars of

autobiography to consider this subgenre of Vietnam literature in order to further illuminate a valuable perspective of the war.

More broadly speaking, however, we can imagine a whole array of identities – racial, ethnic, sexual, etc. – that have been and still are suppressed, devalued, and perhaps silenced by general emphasis on the straight, white male narrative. This thesis stands as a case study for approaching an inquiry of a historical event from different perspectives to unearth various problems or themes which may be otherwise suppressed in the dominant discourse.

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