

AMERICAN WOMEN WARRIORS' ROAD BACK HOME:
A JOURNEY IN JOURNALISTIC MULTIMEDIA STORY-TELLING

by

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ABSTRACT

This paper is an explanation and analysis of my thesis project for the University of Southern California Graduate School MA in Specialized Journalism '11.

The story examines female veterans' challenges in re-integrating into civilian life and the solutions they have discovered to heal themselves. I interviewed seven U.S. female veterans who were diagnosed with post-traumatic stress disorder (PTSD) after deployment in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF). One of the interviewees did not deploy, because she suffered a grievous sexual assault prior to being sent to war.

This project also seeks to expand the limited amount of information that is available about the experiences of female veterans who served in OIF/OEF both from the gender point of view and from the point of view of a soldier.

This project is also an exercise in finding new narrative ways of telling a journalistic story by using the web as a medium. The development of web-based narratives is currently at its early stages. The web as a medium offers unlimited space and multiple possibilities for telling an in-depth story in ways that are unique to the digital environment (hyperlinks, paths, combining video and text etc.) but have not yet been fully explored.

PREFACE

In my thesis project “American Women Warriors’ Road Back Home: Picking Up the Pieces” I examined new ways of constructing a journalistic web narrative. Currently, the websites of traditional print and broadcast media feature mainly conventional storytelling: standard textual stories and news videos. Multimedia features such as hyperlinks, data visualizations and slideshows, are utilized to a lesser extent. Computers make it possible to create a completely new narrative structure and to present more in-depth information in a structured and participatory manner.

Today an increasingly large audience access news and information from the web. Not only are traditional media presenting news online, but a plethora of completely new media organizations operating only on the web have been established. Future information consumers are increasingly computer literate and will naturally navigate through the digital space utilizing hyperlinks and other tools. So, it is necessary to extend online journalistic storytelling by presenting novel narrative forms made possible by new web-based tools, as opposed to presenting a standard linear textual story or video as a journalistic product in digital space.

The story can, for example, be broken up to present the data and qualitative experiences as a collection of pieces of information, where the user can filter and consume information

relevant to him/her by active decision-making on the narrative path. Yet, the user feels he or she has been taken on a traditional narrative journey through a story.

Coming from a print and broadcast media background, I wanted to examine web-based narrative storytelling, and to become as familiar with it as a story-telling platform as newspaper or television.

The project is built on the Scalar platform that enables structuring paths and extensive links between text, audio and video on the same page. In the project, I broke down the traditional linear pattern of reading a story by dividing the contents into different pages and textual and video elements and structured the elements into three narrative paths with various hyperlinks. This way a reader/viewer can participate by choosing paths, issues and approaches to the story that are relevant to them. Yet, in order to maintain the journalistic focus of the story, I shaped the participation by deciding on the path structure.

The story examines female veterans' challenges in re-integrating into civilian life and the solutions they have discovered to heal themselves. This adds to the limited pool of contemporary information on women in combat and in the military. I interviewed seven U.S. female veterans who had been diagnosed with post-traumatic stress disorder (PTSD) after deployment. Six of them served in Operation Iraqi Freedom or Operation Enduring Freedom. One of the interviewees did not deploy, because she suffered a grievous sexual assault prior to being sent to war. Her experiences are an important part of this thesis,

because they highlight women's challenges in the male-controlled military environment and wider societal consequences of a key national institution that clearly displays hostility towards women.

CHAPTER 1: INTRODUCTION

More than two hundred and twenty thousand American women have served in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Iraq and Afghanistan. Until recently, they were not regarded as combat soldiers, although in contemporary war zones the front line and threat of attacks are everywhere. Thus, exploring military culture through the experiences of women is relevant and important.

My interest in the experiences of these women grew when I began reading reports about the growing number of soldiers returning from Iraq and Afghanistan suffering from PTSD and their inability to adjust to civilian life. Male veterans told most of these stories, so this thesis fills a gap and at the same time presents alternative voices. These voices often focus on aspects of the conflict we hear little about. There is only a limited pool of knowledge about the experiences of female soldiers and veterans in the military and combat. It is important to examine the experience of women in order to understand the treatment of women in the male-controlled national institution of the military and military culture.

Certainly there have been reports and research about the experience of female soldiers as a minority in the military, in combat and as veterans.¹ Women are often under increased

¹ See for example Mulhall: (IAVA) Women Warriors: Supporting She 'Who has Borne the Battle' (2009) http://media.iava.org/IAVA_WomensReport_2009.pdf

pressure to prove their skills, dealing with sexual harassment and isolation in male dominated groups. In civilian life, their value as soldiers has gone largely unnoticed by a society that tends to equate combat with male soldiers.²

I wanted to look into the comprehensive experience of being a female soldier in combat and how women deal with their traumas when they return home. I felt that in order to understand women's experiences in this complex environment, they needed to explain the reasons why they joined the ranks and their experience during and after deployment and their ideas about the future.

Professor Helen Benedict has used this contextual structure in her book about female soldiers' experience in the U.S. military.³ In the book, she looks into female soldiers' larger cultural experience in order to fully explain their status and treatment in the military. She describes female soldiers' lives from their childhood to the years in the military and beyond. In academic—mainly psychological—research, there has been interest in the experience of women combatants, especially with the growing evidence of military sexual trauma in the military, although the empirical data here is limited.⁴

² The female veterans I interviewed felt strongly about the indifference in society towards female soldiers. See also IAVA Women Warriors report in the bibliography.

³ Helen Benedict has written several books about women soldiers. The factual research on female experience is *Lonely Soldier: The Private War of Women Serving in Iraq* (2009) www.helenbenedict.com

⁴ See a study by Amy E. Street, Dawne Vogt, Lissa Dutra. "A new generation of women veterans: Stressors faced by women deployed to Iraq and Afghanistan" in *Clinical Psychology Review* 29 (2009) 685–694.

Research also supports the notion that women combatants have more complex mental problems than men and very specific needs with regard to mental health, but they find difficulties with accessing and benefitting from post-combat mental care.⁵

My project follows traditional feminist discourse on examining women's experiences. But it also sees women soldiers as actors in the military and during conflict, not only as representatives of their gender. Donna Haraway has written about the partiality of feminist points of view in constructing the idea of the original unity of women and maintaining dualism.⁶ She regards gender as a false social construct of a patriarchal society. She argues that we can reconstruct the idea of gender: "We can learn from our fusions with animals and machines how not to be Man, the embodiment of Western logos." In her famous work "A Cyborg Manifesto", Haraway presents cyborg imagery as a way out of dualism. In high-tech contemporary culture, female soldiers represent non-gender cyborg imagery as hybrids of a command-control machine and living organism. My interviews with female veterans reflect to extent Haraway's postmodern feminist points of view. Aside from the women's experience as representative of their gender, the project also aims to construct their experiences as soldiers, reflecting the emotions and

⁵ U.S. Government Accountability Office has noticed in its report (Preliminary Findings on VA's Provision of Health Care Services to Women Veterans, GAO Testimony, July 14, 2009) that female veteran patients are significantly different from males. "Almost all of these women are under the age of forty. Fifty-eight percent are between the ages of 20 and 29. VA data show that almost twenty percent of women veterans of OEF/OIF have been diagnosed with post-traumatic stress disorder (PTSD). Additionally, an alarming number of them have experienced sexual trauma while in the military. As a result, many women veterans of OEF/OIF have complex physical and mental health care needs."

⁶ Haraway, Donna: "A Cyborg Manifesto" The New Media Reader (2003) The MIT Press, Cambridge, MA

dilemmas of both male and female, although expressed by women more openly than men. Still, the gender aspect is present in their experience as a soldier.

The women gave sharply reflective human insights into the realities of an individual deployed in a combat zone in a new kind of a war, with no frontlines or safe areas. They gave personal accounts of the consequences that Washington's decisions have on the lives of millions of individuals, both male and female, fighting in the current conflicts. This includes reservists facing involuntary call-up just before their retirement age, soldiers facing their first experience in the combat zone and the effect on veterans' families.

The complete stories of the veterans as seen in the web-based project begin in Chapter 3. I can only include the text in the written paper. The multimedia experience is extended and enhanced on the site, where the project should be experienced. In this paper, the multimedia features are displayed in the screenshots of the web pages in the appendix.

CHAPTER 2: WEB-BASED JOURNALISTIC NARRATIVE

People will always tell and be interested in captivating stories regardless of their form: text, video, audio or on computer. But journalistic web-based narrative is still very much unexplored. The web is often seen as a platform that provides fragmented, superficial and unstructured information. But I believe that when journalistic web-based narratives develop, the audience will see them as a natural form for telling and consuming the most in-depth and structured story with an added participatory element. With this thesis project, I wanted to examine ways to make multimedia options an integral part of a web-based journalistic narrative.

Janet Murray, the eminent MIT professor renowned for teaching interactive fiction writing, said in the 1970's that web-based and computer narratives are still in their infancy, but computers facilitate the creation of completely new narrative structures that can express the story better than a traditional linear storyline. This comes about by, for example, breaking the time and space structure of a story with devices like hyperlinks and avatars and presenting multiple data in a structured manner relevant to the user.⁷ We just have to find expressiveness in the digital environment and these narratives become as normal as video stories became decades ago.

⁷ Murray, Janet: *Hamlet on the Holodeck*. The Free Press, New York 1977

In journalism, Murray's concern is still true today. Media websites still present mainly standard textual and video stories. There is a need to create new user-friendly narrative ways of expressing complex in-depth stories with multiple data in a structured manner, so that users can easily access the information that is relevant to them.

It is important to look for new ways to narrate, because today's young people are growing up in an increasingly participatory and interactive culture with natural computer literacy and transmedia navigation skills. They read and search for information differently from previous generations. According to Henry Jenkins, they have "relatively low barriers to artistic expression and civic engagement".⁸ Jenkins notes that more than half of all teens in the U.S. have created media content and one third of teens have shared content they have produced.

In recent years, new media organizations that operate only on the web have been established. For example, investigative news agency Pro-Publica aims to innovate web-based storytelling. Pro-Publica's editor of news applications Scott Klein has said that media need to look into new narrative forms made possible by new technologies.⁹

"Something that we have not yet started thinking about is the story form itself. We still write stories and produce stories and the technology still understands stories in the same

⁸ Jenkins, Henry: *Confronting the Challenges of the Participatory Culture*. The MIT Press, Cambridge, MA, 2009.

⁹ Vinter, Hannah. "Scott Klein: News Apps Don't Just Tell the Story, They Tell Your Story." 08.22.2011. <http://www.wan-ifra.org/articles/2011/08/24/scott-klein-news-apps-dont-just-tell-a-story-they-tell-your-story>

way that it did fifty years ago, or a hundred and fifty years ago. And the story is kind of a monolithic element. But to some extent the story needs to be broken up a bit more and treated both as a story in the traditional narrative sense but also as a collection of pieces of data.”

Janet Murray explains that four essential properties make the digital environment powerful for literary creation: procedural, participatory, spatial and encyclopedic properties. I have used these elements in creating the project.

Procedural property means rules that the author creates. Participatory elements exhibit user input. In my project, I invite the user to participate by creating paths and hyperlinks (procedural) to guide users in their journey on the website. The user becomes an explorer, choosing which path, hyperlink, textual or video element to follow in order to find out about the interviewees’ experiences relevant to the user’s reading experience (participatory). Yet throughout, the author must structure the project, create paths, and set boundaries to keep the journalistic focus on the story. One can argue that a newspaper is also interactive because the reader can choose to read pages in various order, but an individual newspaper story is structured to be read from start to finish. Nowadays, so called fact boxes with basic information about a topic are sometimes attached to newspaper stories. This depicts the attempt to create choices for the reader. I argue that a web-based journalistic story can be far more interactive, for example by breaking the content into pages and links and giving the reader a choice to decide in which order they

consume various portions of information. The user makes an informed voluntary decision about how to explore the story.

Spatial property exhibits the unlimited depth and breadth the computer offers to create the maze of paths and unlimited amounts of information. The encyclopedic nature of the computer allows the author to present detail and depth. This is an important feature in new journalism. An author can present the source material of their story in public creating more knowledge. This can also be courageous journalism, because it forces a journalist to be very transparent and to open up the source material to outside scrutiny and analysis.

This project was built on the Scalar platform, created by the Alliance for Networking Visual Culture, ANVC, headquartered at the Institute for Multimedia Literacy at USC.¹⁰ The platform allows the author to use all media elements at his or her disposal. This project uses journalistic material structured into interactive paths with the symbiotic existence of text, audio and video. The project combines interactive storytelling and a database to create a new kind of experience to navigate and read a story.

The Scalar platform allows the author to speak through text and rich media side by side, but the user can also make choices and follow paths according to their own interest,

¹⁰ “American Women Warriors’ Road Back Home” <http://scalar.usc.edu/anvc/crowley/index> .

creating participation and interactivity. In this platform the reader/viewer follows the narrative of the female veterans' project through a path structure.¹¹ The contents of the paths are located after the introductory text on the index page.¹² A reader/viewer can follow the story by choosing a path or a link.¹³ There are three paths, forty-three pages and 113 media files, consisting mainly of videos with some photographs.

The viewer can select the path at the top of the page. The story can be approached from a timeline path by following several veterans' experiences about their goals before the military, followed by every interviewee's experience during deployment, return and plans for the future. The user can also choose to read one veteran's story from the beginning to the end. They can choose to read the script and view videos that are an integral part of the text-based script, hyperlinked to relevant parts of the script. The viewer can also approach the text from informational path where additional information about PTSD, females in the military, reservists in deployment, etc., can be found.

Each veteran's story pages include several video clips. They are edited clips from the interviews I conducted with the veterans. The length of the clips varies from less than half-a-minute to several minutes. The videos are located at the top of the story. They are hyperlinked to the relevant part of the story, i.e., by clicking a hyperlink in a story a

¹¹ Scalar is a project of The Alliance for Networking Visual Culture.

¹² See Appendix A, screen shot of index page of "American Women Warriors' Road Back Home."

¹³ See Appendix B, screen shot of index page of "American Women Warriors' Road Back Home", paths.

reader can view a video where the interviewee explains the issue more in-depth in her own words. The video also allows the viewer to share the wordless emotions and body language of the interviewee when she tells her story. There are also hyperlinks guiding the reader to more information on external web pages.

The author and the user can choose different layout options to view the page, based on the relationship between text and media.¹⁴ I have selected text emphasis, media emphasis or split emphasis views in different pages, based on the decision which elements I want to emphasize. The user can change the view to their liking.

¹⁴ See Appendices C text emphasis view, D media emphasis view, E split emphasis view of a page.

CHAPTER 3: RAQUEL RAMIREZ'S STORY

3.1: Raquel Ramirez Saw Structure in the Military

Raquel Ramirez dreamt of joining the military as a child.¹⁵ “I remember when I was about four to six years old, I told my parents I wanted to be a Marine,” she tells me, smiling when we meet for a video interview. She’s a petite woman who talks with the discipline that the military instills.

Later, via Facebook, she tells me about her difficult journey in the military. After happy childhood days, Raquel was placed in the care of social services when she was fourteen, because her mother abused alcohol and drugs and became emotionally and physically violent. At the height of the abuse, she took Raquel away from school for a month. Raquel spent her youth in children’s homes.

“My sisters were placed in foster homes, but no one wants to take a teenager,” she messaged. The years in children’s homes were sometimes tough. She met her parents only under supervision, but meetings did not bring the family closer.

“Always when I tried to forgive them, mostly my mother, I ended up having to take my feelings back,” she says. Raquel ran away often. Social workers saw her as defiant and

¹⁵ Ramirez, Raquel. All quotations from interview with Ramirez on 04.13.2011, transcript Appendix F and Facebook messaging interview on 06.06.2011 Appendix G. Screen shot of Raquel Ramirez’s page is Appendix H.

hard to deal with, but Raquel says she felt responsible for her siblings. She didn't trust any of the workers either.

“Most of the time I ran away to protect my sisters from my mother or foster parents. One of the foster parents' boy friends threw my sister out and abused her. One of my sisters started to gain weight. The social workers wanted me to do their job and tell them what had happened to my sisters.”

The Marine Youth Program was a rare positive part of her youth. It became an important motivation to join the Army later. “I actually really enjoyed it. It was almost like preparing us to join the military,” she says. “They were teaching us about discipline and respect.”

She was determined to make her life better. She enrolled in Saddleback Community College in southern Orange County, California.

Army recruiters visited the school frequently. When she expressed an interest in joining the Marines, the recruiter started to persuade her to join the Army instead. “He phoned me practically every other day for a year,” Raquel remembers. Raquel finally accepted. She wanted to join the airborne section of the Marines, but they did not need more recruits at that time. Small in size, but determined to find new challenges, she said she wanted to find the toughest place to go.

At the beginning of 2002, she joined “jump school” where regular Army troops get parachute training. She was recruited to the National Guard, where she says she volunteered to serve in Afghanistan in March 2006 for a year. She was turning 27 that year. “I volunteered, because I had no strings attached. I was not married. I had no relationship, no kids,” she explains. “So I figured that I just go and serve my country and at least say I had done it.”

3.2: Raquel’s Deployment: Sexual Assault in the Danger Zone

Raquel Ramirez talks tough, just like a warrior. She describes her deployment in Kabul three years ago like a soldier in any military, dutifully in a matter-of-fact way, no emotions or criticism attached. Even when explaining the sexual assault she suffered, she seems to put the camaraderie of the military and the tough, “don’t complain” attitude before her own feelings.

A soldier she used to trust sexually assaulted Raquel in Afghanistan. She did not report the case, because she didn’t want to blow the whistle on a male colleague. Many female soldiers stay silent about abuse in the military, because of the fear of being stigmatized and isolated from the group if they accuse another soldier in the male-dominated military community.

“I didn't feel like being the one to ruin his career. He has a family and children,” Raquel says. She did come forward when the same soldier assaulted another female, but withdrew her statement from the investigation at the last minute.

Raquel Ramirez guarded gates and visited safe houses as a military policewoman in Kabul. Since there are no frontlines in the war, there is a risk of a mortar or other attack everywhere for U.S. military personnel. Raquel's position as a guard was very vulnerable to attack. She had another risky role as an assistant gunner. She would be stationed close to the main gunner and take over if the gunner was injured. She was assigned to this duty once during her year.

But the war can numb soldiers' mind from fear. For Raquel dealing with fearful situations was not new. She had already experienced such things in her teenage years. First, she remembers the overwhelming heat under the heavy uniform. “By the time I got to my formation I was sweating in places I didn't think humans can sweat,” she smiles.

She remembers how daily gunshots and sirens warning of a possible mortar attack became normal. Explosions became an everyday background sound. But Raquel is clear that she did not feel that she was in harm's way during her tour of duty. But trauma is often delayed. Her dangerous work in the past is taking its toll in the present.

3.3: Raquel: Return Was a Culture Shock

Returning to civilian life after a year in Afghanistan proved to be a culture shock. Raquel noticed that her mind was not making the leap from the strictly disciplined mindset of a combatant to civilian life, with its lack of restrictions and military routine.

“I knew what the normal was over there, in Afghanistan. I knew what to look for. But for some reason those things I was looking for that were normal over there became abnormal over here,” Raquel says.

She can't remember details of her memories straight away. Post-traumatic stress disorder can make articulating memories slower, and she talks straight, without beautifying what PTSD has done for her. She didn't notice it at first, but she was showing symptoms of PTSD: anxiety, anger, isolation and flashbacks. At one point, she started speeding on a freeway, when she saw a black trash bag and a man by the roadside. Her soldier's reflex, honed in Afghanistan, told her the man might throw an explosive device. Raquel's heart was pounding and she sped away at more than a hundred miles per hour, only to be chased by the police.

Sisters, aunts, friends and army officers told Raquel that she is no longer what she used to be. She found that hard to believe. But she knows now that she was showing all the PTSD symptoms of post-traumatic stress disorder, a condition that has become an epidemic among thousands of war veterans.

She was playing games with herself to see how much alcohol she could drink. At the same time, she was feeling lonely, far removed from her closest family, although they were physically present.

Raquel continued to battle through civilian life. She could not hold down a job. She left a job at a grocery store in rage. Inability to focus because of PTSD made it hard to follow the timetable in the second one. She ended up homeless and sleeping in her car, when her friends' hospitality ran out.

Finally, when she was admitted into the Department of Veterans' Affairs (VA) hospital, she reluctantly got into therapy. She was a warrior, and it was hard to admit she needed help. She escaped the hospital after one and a half days, distrusting the staff's ability to help her. "They said I have the symptoms of PTSD, but I thought they just put another psychological label on it," she says.

Raquel has juggled with her PTSD symptoms for three years since leaving the military. "I know there are resources out there, but I don't know how or where or who to ask. I guess my whole character is that I don't ask for help," she says. "If somebody comes along the way, that's cool. Because I can manage on my own somehow."

Raquel found comfort at the Vet Center in Orange County. Vet Center is part of the Department of Veterans' Affairs. It is a community-based and confidential service that

helps veterans who have readjustment problems. Talking to other combat veterans there helped Raquel. At the time of our interview Raquel lived in the U.S. Vets center for homeless veterans in Long Beach, California.

3.4: Raquel's Future: Juggling and soldiering on

Ways of healing are very individual to different soldiers. Raquel says talking has helped her to heal. Creating routines and being held accountable in civilian life also has been important.

The immersive method of revisiting trauma did not work for Raquel. She learnt about it in a book about PTSD. But she experienced it accidentally when she and some friends entered a restaurant that served Middle Eastern food. Memories came flooding back, and her heart began pounding in anxiety.

Learning to look for help was another challenge. She found support in Vet Center at Orange County. "People there are combat veterans. They know how combat affects another soldier. They know different coping skills," she believes. Also, the confidentiality of the Vet Center weighed in for her. She did not want her chain of command to hear about her problems, before she left the military.

CHAPTER 4: WHANJA BROWN'S STORY

4.1: Whanja Brown Joined to Pay Her Bills

Whanja Brown saw the military as the last option for getting her out of debt after a divorce.¹⁶ The state of the economy affects recruitment levels.¹⁷ The military's own research has linked unemployment to rising recruitment. Her personal financial situation was the main factor for Whanja as well.

"My ex-husband had ruined my credit, so the military was the last-resort option that would allow me to fix my credit without having to depend on other people," she says. "If it meant putting my life in harm's way, I was willing to do that, because you are not free, if you have debt."

Whanja could not dig herself out of debt working at her low-paid media job in Atlanta.

"The cost of living was high. The money I was making was barely enough to cover my current bills," she says. "I didn't have a family to help me get my life back together."

¹⁶ Brown, Whanja. All the quotations from interview with Brown, 04.13.2011, transcript is Appendix I. The screen shot of Whanja Brown's page is Appendix J. <http://scalar.usc.edu/anvc/crowley/whanja-joined-to-pay-her-bills?path=veterans-stories> .

¹⁷ See The United States Department of Defense (DoD): "Population Representation in the Military Services Fiscal Year 2009 Report" about the effect of the economy to recruitment levels.

In the military, there are no accommodations or other everyday expenses. Whanja was also looking forward to further education after the military. The Post-9/11 GI Bill would enable her to study for a master's degree, sponsored by the military.

The only obstacle was her fear of war and of the change of lifestyle. But Whanja pushed such concerns aside bravely. "I can't stand weapons or violence. I don't like fighting. Lot of people ask me, why I joined the Army then. Well, to fight for my future," she says.

Whanja had moved out from Atlanta back to her hometown Chicago and was living with her grandmother. She marched to the recruitment center. "They took me to Illinois to take a test and a physical examination," she says. "I eventually signed in and went to Army Initial Training boot camp in Jacksonville, Carolina, for nine weeks." Whanja was posted to the aviation unit in Fort Riley, Kansas. She knew she would be deployed within a year.

Whanja had signed in as a chaplain's assistant because of her religious beliefs. Even so, she had to complete vigorous combat exercises, a very different universe for a young woman who preferred looking after her appearance to running in mud. But it is hard to stay immaculate while negotiating the obstacle course. "Some people would pay money to have that thrill and excitement. Normally you couldn't pay me to do it. I won't even go on a rollercoaster at the amusement park," she smiles.

She also learnt the mind-set for battle deployment. “They prepare us for combat and culture shocks, to interact with people, customs and religion. We have to learn not to offend them,” Despite these preparations, Whanja did not make it through her journey without wounds.

4.2: Whanja Had Multiple Deployments: "No Choice to Get Out."

Whanja Brown is one of many soldiers with multiple deployments in Washington's ongoing wars. She was deployed to Iraq in 2007. Despite evident signs of post-traumatic stress disorder, she was deployed again to Afghanistan in 2010.

Now she is sitting at a U.S. Vets center for homeless veterans, telling about her journey through the crisis zones as a chaplain's assistant. The strain of the past years is still showing in her appearance. She has to look for words to articulate the memories that exhausted her.

Whanja's first duty station was Camp Speicher in Tikrit, Northern Iraq, in 2007. It was to be a very different world from her past life. Even the terrain, to her, resembled another planet. She remembers the bare soil, with nothing green to be seen. “It was a barren place, lifeless,” she says. It felt like a fitting description for her life in general for a year to come.

Whanja's job was to assist the chaplain in providing spiritual support for thousands of soldiers in what she describes as "a monstrously large brigade." She enjoyed her work. "We may go to the airfield and speak to the Apache pilots and shoot the breeze: 'Hey how are you doing? Everything ok?'" The type of work they do can definitely mess with your head, because they have the power to take or save a life," she says.

The soldiers would tell Whanja about their troubles. Relationship problems were a major issue. "We get home for fifteen days. If you are in a serious relationship, you are grateful for those days, but it is still difficult. Many people, who were married, if they had not already got a divorce, they were planning on it. It is very sad."

Although northern Iraq had fewer deadly attacks compared to Baghdad, the pressure of random attacks was continual. Soldiers were vulnerable to attacks anywhere, even in their beds. Fear and anxiety about deaths around her started to take their toll.

"I lost three friends in Iraq. One of them was a chaplain's assistant who I worked with," she says. "The other one lived two doors from me. Another one was blown up in a convoy in the infantry division, and that makes everything worse."

Then she got her own hair badly burned. This led to a breakdown. "It literally silenced me for two weeks. My hair has always been significant for me. I have always taken pride in my appearance. It crushed my self-esteem."

The burden of fear and change she had opted for to ensure her financial survival finally started to weigh on her. Whanja started to feel emotional. She would burst into tears in the office. She would become fearful of flying to other bases where her job was to listen to other soldiers' distress. If a bomb exploded in a place she had just visited, she would think: "It could have been me." She kept her sanity by praying. She looked for help from an army doctor in between her postings, but he would not diagnose her condition. "I knew I had PTSD," Whanja says.

She was not expecting to be redeployed, but surprisingly she was called to Afghanistan. She had been happy with her unit in Kansas, but now she was deployed with another unit from Texas. Whanja says the new unit had a different working culture. She found the circumstances shockingly different from Iraq.

Whanja felt the commanders did not pay attention to soldiers' wellbeing. "All they cared for was that you do your job. They didn't give a damn about you. I could not trust them."

Whanja is clear about her view on the issues that affect soldiers' minds in the war zone: "One of the main reasons why it was so stressful and why people get PTSD is because you have to work seven days a week there. They will tell you they don't owe you a day off. After my first five months, I was able to get a day off for training sometimes. That can mess with people's minds, because we are not robots. If you say you are too tired, you will get in trouble," Whanja says.

Whanja's eyes fill with tears again, when she remembers her emotions during deployment. Although serving in the military is voluntary, a soldier cannot resign, if deployed. "You don't have a choice to get out of there," she says.

4.3: Whanja Brown's Return: Alone and Overwhelmed

Whanja Brown returned from her second deployment in Afghanistan in February 2011. At San Antonio, Texas her unit was transported in a bus to the gym in the Army base. The soldiers were being debriefed. "A suicide brief," she described it as. "The chaplain spoke to us to make sure everybody is ok and not doing anything stupid, because there is a high suicide rate in the Army."

During the brief ceremony Whanja watched families pressing retuning soldiers to their bosoms, kissing and crying tears of joy. Nobody was there to welcome her home. She waited around the bus to return to the barracks to prepare for being processed out of the Army. In her medical appointment, she was finally diagnosed with post-traumatic stress disorder. She had experienced the symptoms since deployment to Iraq three years earlier.

Whanja still suffers from those same symptoms. "I have been feeling overwhelmed over little things, not being able to multitask, not being able to focus and concentrate because of the anxiety, stress and tension. I am still feeling intense pressure, even if I am in a different environment. Sometimes if it is really bad, I am very emotional, not being able

to sleep. Everything feels urgent, because that is how we are programmed in the Army,” she says.

Whanja was given medication and she talked to the chaplain and counselors. She says small routines helped her make sense of her life. “I try to do things to keep my mind and body healthy. I am honest about my feelings. If something is bothering me, I make sure I go and talk to someone.”

Whanja left the military just weeks after the end of her deployment, but she had nowhere to go. Used to looking after herself, she asked for accommodation from the U.S. Vets homeless center at Long Beach.

Whanja’s eyes fill with tears when she remembers her emotions during deployment. Although serving in the military is voluntary, a soldier cannot resign if deployed. “You don’t have a choice to get out of there,” she says.

4.4: Whanja Brown Is Determined to Study: “Paying Debt Was Worth the Risk.”

Whanja Brown is still dealing with her post-traumatic stress disorder symptoms. Her condition was diagnosed only half a year ago, although she knew she suffered from PTSD symptoms already three years ago when deployed in Iraq.

Even if she has to learn to live with PTSD, Whanja is optimistic about her road ahead. “I see my future being productive, moving beyond this experience and taking from it the positive things,” she says.

She admits she had to pay a high price for putting her personal finances in order, which was her goal when she joined the Army. She still believes that paying her financial debt was worth the risks of two wars, even if the exhaustion slows her down now. “I had no idea, that the sacrifice should be so great. But overall it was worth it. I can go whatever direction I want to go to, because I made a very hard sacrifice to liberate myself from credit.”

Whanja believes her faith has also helped her recover. “It took God and miracles for me to survive what I have survived.”

Now, Whanja is looking forward to the education benefits in the Post 9/11 GI Bill. She is determined to complete a master’s degree in a film academy. She is also studying to be a certified life coach. She believes her experience can benefit in both these new areas of her life. “I am continuing to better myself and help people and do everything I can to maintain balance in my life.”

CHAPTER 5: LINDA STANLEY’S STORY

5.1: Linda Stanley’s Reasons: “Team Spirit, Service For Others”

A retired Major, combat nurse Linda Stanley joined the military at a time when military conflicts still had traditional frontlines.¹⁸ She attended nursing school after her first child was born nearly twenty years ago. In those days, there were choices of employment. Nurses were needed in civilian hospitals so becoming a military nurse was not the only career option to her. She ended up serving with the Army and the Air Force.

“I wanted to see the world and travel. Originally I joined the military to go to Hawaii. But as time went on, I realized I really liked military nursing, the team spirit and camaraderie,” she remembers. Serving her country and the people who also served became her life-long passion, and she fully expected to be employed in the military until retirement. She felt that her family supported her every decision, so leaving to serve was easy.

“I always expected I would go to war. I was always the first person to deploy, whether it was humanitarian or another conflict, because I trained for those people, who need me.”

¹⁸ Stanley, Linda. All quotations from interview on 04.03.2011, transcript is Appendix K. The screen shot of Linda Stanley’s page is Appendix L. <http://scalar.usc.edu/anvc/crowley/linda-stanley-wanted-to-serve?path=timeline-path>

5.2: Linda Stanley Was Posted to Balad, Iraq: “Every Day Was Groundhog Day.”

At the beginning of 2006, Linda Stanley was deployed to Balad, Iraq, for six months to care for severely injured and traumatized casualties of war. Every third night she was in charge of the hospital. Other nights she worked on the Iraqi or the American wards.

There were no holidays, and the working day would stretch around the clock.

Wounded combatants and bleeding civilians on stretchers were brought in night and day.

Not a night went by without casualties suffering from burns, trauma or head injuries arriving. Critically wounded victims were brought there, because the hospital had the only neurosurgery in the country. “It was like Groundhog Day, over and over again,”

Linda remembers.

“We took care of our Marines and sailors and our Air Force. We took care of the Iraqi police and the Army,” she said. “We also looked after women and children and even the people who were trying to kill us, the insurgents - anyone who would come through our door.”

A military nurse can’t afford to think about the conflict surrounding the hospital. The compound was mortared every day, but the hospital staff kept their focus on the patients, as they were trained to do. “If the mortar would hit close by, knock you down or you see someone, if you choke that in, you cannot continue with what you do. So you have to bury that feeling in,” she explains.

Linda saw countless deaths on the wards, but it was not the blood that came to burden her. “It was the human side of war, the personal stories. That was hard—being with a person who had just lost their wife, holding their children, or a young guy, my son’s age, who just died. It was the realization that people can be like this to one another.”

One young critically injured Marine was to remain in her thoughts and dreams long after the deployment. He was brought into the ward with his friend by his side at the end of a week full of deaths and injuries. His blood left a trail from the helicopter to the hospital.

“It had been a week long of deaths, both Iraqi and American, a lot of burns. Just for some reason, it was he and his blood trail out to the helicopter pad that touched me. I remember, as I was walking out going to sleep, it was a beautiful morning in Iraq. The sun was shining. Birds were out, and I was thinking to myself, there are some parents in the United States that are sleeping their last night, because they don’t know yet that their son has died. And it touched me. That was really hard.”

Linda believed she was trained and prepared to cope with crisis. Now, she says it is impossible to be emotionally prepared to experience the war in Iraq, whatever the training. This war is also different.

“It is different in a way that there is no line in the sand. There is no zone free from the insurgency. Whether you are in the most fortified base, you still get mortared and shot at.

You don't know who is the enemy anymore. It could be the child on the side of the road who has a bomb underneath them, or a woman."

Linda would get to know both the Iraqi and the American patients. She didn't make any distinction between nationalities she cared for. She learnt about their experience, families and children. She would aim to make everyone feel safe and at home by talking. With the Iraqis she worked with Arabic translators. Little gestures, like bringing them their customary cup of hot tea with plenty of lumps of sugar, created warm bonds.

"In my job I have met people from all over the world. What I have learnt from the Iraqis, the Kurdish people and others is that we are all the same. We want the same thing. We want our kids to live in safety. I don't know if we can ever stop war though. I believe we try and do things that are right for the world, but it does not always work that way,"

Linda says.

Linda felt she had to portray herself always as strong, even if she felt weak inside. She got used to burying her feelings. "That is what you do as a nurse," she would think to herself. When the sights of injured people got too much, she would go to the restroom to shed her tears, wipe her face, and return to care for the wounded.

Her war deployment was hard for the family, she remembers. "My grown son was in college while mum is in Iraq. I don't think people expect that. Maybe your son would go

to Iraq, but your mom! I don't think my husband was prepared to hear, what I saw there.” So when they spoke on the phone, she decided not to tell her family about the traumatizing events she witnessed. “Some things I will never tell them,” she says.

5.3: Linda Stanley Returned Home with PTSD: Nightmares from Iraq

Linda Stanley returned home believing all was well. Her deployment had been successful, so she immersed herself in work as a flight commander back at her home base. Her children were adults, and her husband was working in Italy. She soon continued to a new deployment in a remote peninsula in South Korea. Within a few months, she could not sleep any more. The PTSD symptoms had started.

“I started having nightmares about my deployment, about patients I had taken care of, and I kept thinking about Iraq. I was thinking of people who had died and whether I did enough for them. Eventually I started to change a little bit,” she says.

The young wounded Marine who died kept appearing in her dreams. She was wondering whether she had done everything she could have to save him. Linda tried to bury her sadness by working even harder, feeling ashamed of her feelings. She decided to look for help. But medicine did not help. With the chaplain she went through the journal she had written in Iraq. The discussions eased her mind slightly.

But the difficulties grew even after she left South Korea for Italy, where her husband was working. She would be jumpy. She would tremble when she heard the sound of a helicopter, because it reminded her of patients being brought into her hospital in Iraq. She was involved in a situation where a patient died. It brought a flashback of the young Marine's death in Iraq. She got scared and decided she must work hard to get help. "I wanted to feel alive again. I didn't want to sit in my house for the rest of my life."

Linda found a good therapist that took her on a painful journey to confront the post-traumatic stress disorder she was diagnosed with. Her symptoms fitted the description of this anxiety disorder that affects victims of traumatic experiences. She was repeatedly mentally revisiting traumatic situations during the therapy sessions. She recorded the sessions on her iPod and listened to the recordings seven or eight times in between the therapy sessions. She had to recreate Iraq in her mind through association, like smelling things that would remind her of Iraq. It was painful.

"For the first month you want to quit. You are re-experiencing the emotions you felt in Iraq and worse," she says. "You don't want to feel it constantly. But I realized that by avoiding those feelings I was making the PTSD worse."

5.4: Linda Healed with Painful Therapy: Healing by Revisiting Trauma

The pain started to subdue over time. The therapy helped. But Linda believes PTSD will never leave her completely. “I still go through symptoms and have to push myself in a lot of ways. But I am resilient. I knew I didn’t want to live the rest of my life being numb and pretending, when inside I feel nothing.”

Having seen the effects of war on a soldier, Linda enrolled at the University of San Diego to become a specialized psychiatric nurse. She believes there will be an epidemic of PTSD in the coming years with so many soldiers returning from Iraq and Afghanistan. Linda wants to help these thousands of returnees to heal. She now goes to conferences to talk about her experience with PTSD and volunteers at VA facilities to support veterans. She shows videos about her time in Iraq. She produced them with the help of her husband. In the process, she has been able to share with him for the first time the sad sights of war.

Linda links PTSD with neurobiology. PTSD is not about whether a soldier is weak. Evidence shows that continued exposure to trauma changes brain functions. The brain goes into a “survival mode” to rescue the victim from trauma, she explains. “I can help all those other people, because I understand what they are feeling. Studying the neural biology of the brain helps me to understand it. Research says that your brain changes when exposed to trauma day after day. And that’s what my brain did. So I am hoping I can help at least one or two others.”

Linda fears for the future of returning young veterans. She does not want them to end up homeless and alcoholics like so many Vietnam veterans who suffered from PTSD. “A lot of people self-medicate. They drink and take drugs, because they want to forget. People with PTSD don’t want to die. They just want to stop what is in their mind. And they can’t get a way, so they kill themselves, because it is so horrendous to relive things over and over again and thinking they didn’t do enough for their buddy.”

Linda has also become an advocate who wants the society to realize the magnitude of the veterans’ plight: PTSD, increased suicides and homelessness.

“I want people to realize this thing is huge. I really don’t think the public is aware how much this is affecting all of us. It is not like Vietnam. In this war, some soldiers have been back three or four times. One of the veterans in my group killed himself two days ago, and you don’t know what it takes to get this country to understand what military goes through,” she says.

Linda wants to see much more support from the government, VA and wider society. It is too easy to ignore the war at home where only the military families experience the human result of the conflict. There is a huge need for therapists and helpers to support the returning veterans, Linda says.

Linda believes she is on the good road to healing. She accepts though that some symptoms will always stay with her, such as hyper-vigilance, jumpiness and sleeplessness. She no longer counts anymore how many times she has woken up at night. She prefers to see whether she feels rested in the morning. Studying takes more time than before and she's unable to have music on when trying to focus. "I don't know if that will ever go away, and that is ok. I understand now how my brain physically changed. I wasn't weak. I truly went and did what I was supposed to do. My brain did what it had to do in order for me to do that every night. But I am determined to get better."

CHAPTER 6: DANIELA'S STORY

6.1: Daniela: Poverty Prompted to Join

Daniela from San Diego joined the military, because she needed to make money to help her brother and mother.¹⁹ Also, her two cousins were soldiers as well. Willing to be deployed to war zones, she was looking forward to a long career in the military. She ignored her fear of men, stemming from childhood sexual abuse.

In 2007, Daniela joined the Marine Corps. The boot camp was strenuous. "When I first joined I was scared, because I didn't know if I can do three months of hardcore basic training. I didn't know if I was physically or mentally ready. All I was worried about was that I am going to get a pay check and help my family," she sighs.

At boot camp, the group was all female. Daniela felt comfortable. She enjoyed her success in vigorous physical activity. "Every time I finished a mile or a hike, I was proud of myself," she remembers. Her military experience was looking positive.

¹⁹ Daniela. All quotations from interview on 04.13.2011, transcript is Appendix M. The screen shot of Daniela's story's first page on website is Appendix N. <http://scalar.usc.edu/anvc/crowley/daniela-poverty-prompted-to-join?path=timeline-path>

6.2: Daniela: Abused in Military: Rape, Verbal Abuse Broke Daniela

Daniela never got to be deployed in Iraq or Afghanistan. Her career came to a harsh and abrupt end in the Marine Corps in Mississippi, where she was sent instead of undertaking the administrative work she had signed up for when joining in San Diego.

She was placed in an all-male unit, working with five sergeants and corporals along with male officers next door. The days were long and training was hard. But the problems started almost immediately, with verbal abuse escalating into a brutal rape.

Daniela finds the past experiences so painful she does not want to speak about it on video. But she feels strongly that she needs to speak because of the many other victims like her in the military. The nastiness began with demeaning comments from male colleagues who would laugh when she didn't match a male soldier's strength in physical training. It took a toll on her resilience. She started getting sick and having hip problems. Regardless of her pain, she was forced to run and train. But Daniela persisted in thinking that she had to have staying power, because she was a tough Marine Corps soldier.

But the abuse got worse, finally resulting in a grievous rape by a member in her team. "It ruined a lot. I had experienced child abuse, and I was raped when I was little. So for it to happen to me again just pushed me down. My self-esteem was lowered. I felt I had nowhere to go and no one to help me. When I asked for help, they told me to stop crying," she sighs.

The system of military rank proved to be an insurmountable barrier in her quest for help. “I could not put my voice in. That is what a lot of women would tell you. You can’t defend yourself, because of the rank structure and its respect,” she says. Daniela believes that in the Marine Corps a woman cannot complain if a higher-ranking officer abuses her, unlike in civilian life. Complaints are viewed as unnecessary dramatics and not taken seriously.

She kept on looking for help within the Marine Corps. She was given medication, but when it didn’t help, she was allowed to go to counseling, where she explained what happened. But instead of help for her sexual trauma, she was sent to an alcohol rehabilitation program, because she admitted she was drinking. “Alcohol was not my issue. It was just an outlet for my problems,” she says. Daniela was drinking daily to find comfort in her agony, starting in the morning. She claimed to her colleagues that her medication made her drowsy. She felt she could not control her feelings. She burst into tears easily. She didn’t dare to tell her husband, who was stationed elsewhere. “I was too embarrassed. I thought it was partly my fault.”

Her husband thought she had become a completely different person. She finally told him about her experiences when she was leaving the military. He was appalled, saying that she should have not tolerated joking about her private parts. “I wish I could have said something, but the rank structure made it impossible to complain,” she says.

The perpetrator of the rape was demoted after the incident, but Daniela says that he was soon promoted again. She did not have the strength to push for further punishment. When I asked her why she didn't file charges against the man who raped her, tears filled her eyes and she shook her head. "I already felt embarrassed. I already felt I was nothing, and the fact that something like this already happened to me made me think that I had asked for it. I should have known better," she whispers.

Daniela believes the women in the Army have a mountain to climb. "It is very challenging being a woman in the military, because you are trying to present yourself at the same standards as a male. They are physically stronger. If you make a female pick up a fifty-pound bag compared to a guy, he is going to do it easily. And if you need help, in civilian life you can ask for help." In the military it proved impossible, Daniela says.

6.3: Daniela: Accepting Therapy Was Hard: From the Brink of Suicide Back To Life

Daniela's recovery started only when she became suicidal. She could not deal with the verbal abuse and the rape in the Marine Corps in Mississippi. "I started to give up. My husband returned from his deployment and didn't know who I was anymore. My drinking was heavy. I didn't care. I was on all this medication. He told me, you are better than this. I started to think I have some support," she remembers.

Daniela rejected the therapy first saying, “Only crazy people go to therapy.” But she changed her mind and embarked on a journey to find the person that could make her talk again and help the healing. She now praises the therapy she has received at VA (The Department of Veterans’ Affairs). Her husband also received therapy when they were near divorce. The message he received was that Daniela would heal. “The therapist teaches you coping skills when you have your anxiety attacks. When you have a flashback, you will most likely want to run away and isolate. She teaches you to ground yourself, breath and remind yourself that you are here and not back in the past. You can change,” Daniela says.

Now she has joined a therapy group with other females. She believes she can learn from other women’s histories and help others with her story.

6.4: Daniela’s Future—School and Healing: “I Don’t Allow It to Happen Again.”

I met Daniela at the U.S. Vets center at Long Beach, where she took part in a twelve-week women’s advance program to help female veterans. The women hear each other’s stories about post-traumatic stress disorder, sexual abuse and other issues. And they help each other to heal. Participants get involved in voluntary work around the center to help restructure their life. They also get training in issues like self-esteem and boundaries.

Daniela regards the program as valuable, but believes there should be more staff to help the many veterans facing challenges after years of service.

Daniela does not yet dare to think how far she has advanced on her road to recovery. Neither does she know if she can ever forgive the rapist. But she wants to liberate herself from the pain. “I know I won’t allow it to happen to me again. I don’t want to be embarrassed anymore. I joined the military to help my family and not to feel like nothing. If things were different, I would have stayed in. I liked the regulations. I didn’t like the rank structure. I could feel proud of myself with my work, because I wasn’t just doing it for myself,” she says.

Daniela says she wanted to talk to me in order to send a message to other women. She believes there are many who share her past. “I keep telling myself I didn’t ask for it and I should not be scared of being around so many men,” she says. “So many women go through this and don’t tell anyone, because they feel embarrassed. But there is help out there.”

In the next few years, she hopes to finish her bachelor’s degree and be able to help other veterans, like so many other veterans that fought to find their feet again. “You have to fight for your happiness,” she claims.

CHAPTER 7: GWEN CHIARAMONTE'S STORY

7.1: Gwen Chiaramonte Was Called Up at 58 Years

Gwen Chiaramonte was planning on leaving the military in 2001, but after 9/11 the reservist changed her mind for patriotic reasons.²⁰

“I did a total turnaround of my decision. I knew I would be needed,” she recalls. She was in New York when the World Trade Center twin towers came crushing down, shaking the foundations of the nation’s security for years to come. She stayed in New York to help the Red Cross with counseling traumatized people. Feeling strongly that her country needed her, she decided to stay with the military.

Gwen had already joined the military as a reservist in 1981, well before the traditional front lines were blurred as they are in many contemporary conflicts. She was working as an intelligence analyst with a master’s degree and a license to practice as a social worker.

“It was Private Benjamin the movie. I wanted to see if you could do these things physically and mentally. And get training you would not get in civilian life,” Gwen says. Through the years, Gwen had attended reservist monthly drills, but was never deployed.

²⁰ Chiaramonte, Gwen. All quotations from interview on 05.17.2011, transcript is Appendix O. The screen shot of Gwen Chiaramonte’s page is Appendix P. <http://scalar.usc.edu/anvc/crowley/gwen-chiaramonte-was-called-at-58-years?path=veterans-stories>

In 2008, she managed a team of social workers in the Santa Clara County Department of Family and Children Services in California. She had just turned 58 when she got an email, telling her to pack her bags. She would be sent to Balad, Iraq, in thirty days to work as a therapist with a combat stress unit.

The federal government had called up tens of thousands of reservists and National Guard members because of the two wars in Iraq and Afghanistan. The “weekend warriors” had no choice but to obey the order and report for duty.

Thirty days was just enough to pack, organize home issues, and take online courses, followed by a strenuous seven-day combat training session. Gwen kissed her husband goodbye and boarded the plane to Iraq.

7.2: Gwen Chiaramonte Gave Therapy to Soldiers: Supporting the Soldiers in Balad

It was not the explosions or red alerts in the camp that shook Gwen Chiaramonte in Balad, Iraq. Neither was it her fear of not keeping up with the physical demands of living in a combat zone with her increasingly painful knees at the age of 58. Nor even the painfully slow passing of time, working twelve-hour days, six to seven days a week. Instead, it was the stories she heard from her patients in the Combat Stress Detachment that she will carry with her for years.

A professional social worker, Gwen provided mental health services for soldiers and civilians in Iraq. Listening to trauma had become her routine over decades in civilian work. She thought she could cope, and she enjoyed working with soldiers. But in hindsight, listening to agonizing experiences in one of the most violent war zones in recent history was highly traumatizing.

Gwen would work with soldiers who suffered from post-traumatic stress disorder, marital or relationship problems. People with PTSD were mainly soldiers, who had three or four deployments behind them in a short period of time. “It was stories that soldiers would tell me about things they saw that were conflicting with their moral values,” Gwen asserts.

She gave cognitive therapy to soldiers who began to hate their Iraqi counterparts. Many of these soldiers were unable to accept that Iraqis wanted U.S. troops to cooperate with them. “I tried to help them understand that maybe Iraqis were put in the situation where their families’ lives were at stake if they didn’t work both ways. Instead of a person, you can hate the situation. Many soldiers felt nothing but contempt for these people they worked with. By night some of these people would be lobbying rockets at us and by day coming to base to work as contractors. And yet, I saw heroic soldiers with high moral standards and high discipline. They really wanted to believe in the values of the Army and ethics.”

Gwen became angry about the rampant bullying and harassment she observed in the camp. She saw soldiers being bullied by fellow soldiers or the officers, with no chance to quit their jobs. There were sexual assault victims, and people who did not fit in with the group who were often being singled out for harassment.

“You have raised your right hand and sworn the oath. You can go to prison if you desert. Can you imagine a nineteen to twenty-year old thinking, ‘I have six more years of this, every day terrorized and picked on?’ That really made me angry,” she says.

Gwen was also angry that young, exhausted, distressed soldiers were not given enough rest. “When they were not out on the road or convoy, they had to do administrative work,” she says.

Gwen was caught between a rock and a hard place. Because of the military's manpower needs, her combat stress team was under pressure from above not to evacuate soldiers for mental health concerns. “It was like psychological autopsy. You were not supposed to return people home, but you were not to let them kill themselves either. It was very difficult,” she sighs.

Gwen experienced her worst fear. One of her patients did kill himself. She kept on asking herself if she could have prevented the suicide. The military investigation unsettled her even more. She kept combing the files, wondering if the therapy had affected the soldier.

Gwen started to feel afraid of soldiers carrying weapons, feeling she was not proficient enough to treat them. “I wanted to write profiles to take their weapons away even if they had a hint of depression. Everybody is armed. You have your weapon and ammunition all the time. Just knowing how many people were distressed, angry, depressed, hurting, losing their wives and children and they were all walking around armed. They could hurt themselves or the others.”

One month after Gwen returned home, these fears became reality. “The unit that took over the combat stress team after I left had a soldier come in and kill five people in the waiting room. That really shook me up. I thought, I was right to be worried,” she says.

Gwen also remembers the loneliness and boredom during the short downtime. “I didn’t have any support. People I work with in civilian life are like a family. There I didn’t know anyone. I was just thrown in,” she says.

Gwen believes that women felt the need to perform better than men to get recognition. Women would have to go everywhere with a buddy for fear of sexual harassment. Gwen considered this a hassle but also as a protective factor for women. “Females enjoyed a lot of attention,” she said. “It was fun for some, but very hard for others.”

7.3: Gwen Felt Angry at the Army: Feeling Numb

Sleepless nights came to Gwen Chiaramonte only after she returned home. She had warned soldiers in Iraq about the challenges of integrating back to civilian life. Now she was the one with this problem.

Her relationship with her husband proved difficult because of changes that felt overwhelming. It was hard to fit into the plans that were made during her absence. At work, she lacked the empathy she needed in social work. Also, the job at home felt boring after living in a danger zone. She felt that people's worries at home were mostly very petty. She didn't realize she was showing symptoms of post-traumatic stress disorder. "I felt I had made a difference with soldiers in Iraq. Some people were very motivated to grow in that setting. I was a little short with people when I came back." Gwen laughs now at the memory of telling a coworker to "get over it," when he wanted changes in a work issue. "Not a very social worker response," she quips. But for most of the time, she just felt numb.

"I think you get addicted to the high tempo, the pace, danger and urgency. When I came back, everything felt numb," she says. "I didn't feel the same urgency and importance, when people are dying, and they need you here. I couldn't feel anything. I still have some numbness. I am not enjoying anything as I used to. My husband came home one night and I told I had heard small arms fire. He asked, if I phoned police and I said 'no'. It was only small arms fire, not a mortar."

It went on for a year. Gwen had to medicate herself in order to sleep. “I tended to drink too much. I wasn’t drunk, but had two drinks a night to help me sleep,” she recalls. “I tried not to feel anything. That was strange, because I used to cry easily. And I never cried when I came back.” Family and friends realized that she needed help.

Gwen’s doctor prescribed antidepressant medication. She now receives therapy from a VA psychologist, learning to come to terms with herself. “I feel guilty about needing help. All these other people were out in combat. They were directly shot at. Here I was indoors and traumatized.”

After being removed from regular life for a year, getting addicted to the frantic pace of life in a war zone takes its toll, making it difficult for returning soldiers to pick up old routines.

During the first therapy sessions, Gwen vented her anger towards the military about the excesses of bullying and harassing and maltreatment she observed. “I was angry at the Army and my unit. I never wanted to see them again. Yet I missed the work.”

Gwen believes that the strict PTSD criteria will be changed in the future. She argued against her own doctor who told her she had PTSD. “I said I have an adjustment disorder with depression anxiety. I know there are moves to change the definition. Most of the combat guys I gave the PTSD diagnosis in Iraq didn’t have any fear of the moment,” she

says. “Yet one of the definitions of PTSD is feeling really terrified. With their training they never feel frightened in the moment, but afterwards. They were still traumatized.”

7.4: Therapy Helps Gwen: Fearless and Honest

Gwen Chiaramonte believes she has good future ahead of her. She has become more fearless and honest in her communication, she believes. “I am not afraid of saying what I think. I never would have had that courage, had I not gone. Because I faced something I didn’t know I can make it through and I ended up helping other people as well. Life is too short not being honest.”

Gwen also resolved the conflict about staying with the Army. She decided to retire, although the military tried to persuade her to stay regardless of her retirement age and the exhaustion. She is happy with the recognitions and awards she received, but with the help of her therapist, she was able to dare to let go and find her ability to trust her own decisions outside the military hierarchy. “My husband and I are still adjusting to coming back. He was so relieved when I did the retirement. He said that now they can’t take you away and snap you out of my life for a year,” she says.

Gwen also recognizes that life is full of trauma. Not everyone goes through a war, but if you do, it alters you forever. “You don’t have to be altered in a bad way. You can decode. Some people make critical life decisions to help others or take a new road, because they

have gone through a trauma. I feel bad that I lost a patient. That will always haunt me. But I believe I am on the path to becoming a better person because of what I went through.”

Gwen is determined to use her experience to help others. “Some people are going to be scarred for life. Not everybody is going to turn around. I am sad to see some of the cynicism and hatred that we are putting on this new generation. I am hopeful people will find what I found. You can live through trauma and decide to become a better person.”

CHAPTER 8: MARY-ANN RICH'S STORY

8.1: Mary-Ann Rich Was Moved by Vietnam Veterans

In the 1970s, Mary-Ann Rich witnessed the young men in her neighborhood leaving for Vietnam.²¹ Hardly any of them came back alive, she says. One soldier returned very disturbed. The memory stayed with her, and she decided to become a nurse to support soldiers. “They were not treated very nicely by the public. I knew they didn’t choose to go into the military. I was choosing on my career. I decided to become a military nurse and I joined in 1972, right out of high school,” she remembers. She swore her oath in Oakland, California.

Mary-Ann completed her military nursing degree at the Walter Reed Army Institute of Nursing. The teachers had just arrived back from the war in Vietnam, and the training was tough. “They wanted us to be able to handle stress. So they more than doubled the load of the curriculum on just about everything.” Half of the students dropped out. Mary-Ann persisted and graduated in 1976. She served on active duty for several years. As was common in those days, she chose to go inactive when she got married and had her children. When her children grew up, she joined the reserves again and started her monthly drills with the military.

²¹ Rich, Mary-Ann. All quotations from interview on the 05.17.2011, transcript is Appendix Q. The screen shot of Mary-Ann Rich’s page is Appendix R. <http://scalar.usc.edu/anvc/crowley/mary-ann-joined-for-vietnam-veterans?path=veterans-stories>

“There are lots of motivations. There is a good retirement package. I had a significant number of active duty years,” she said. “And I liked military nursing better than civilian nursing. It was more advanced than civilian nursing.”

Mary-Ann’s children had grown up. She was in her final year of military nursing in the reserve ranks and due to retire when she was called up and deployed to Tikrit, Iraq, in 2006. When her orders came in, she was busy starting a new surgery center in her civilian job. She had only two weeks to deploy. First, she was due for combat training in Wisconsin and then to Iraq. It was disconcerting. “We had been drilling all these years in the reserves. Now we were going to carry weapons with us, and we possibly had to use them. They wanted us to learn all of the stuff that the infantry learnt in three months.”

She thought she could handle the assignment, since she had got excellent training from the Vietnam nurses. There was no option to refuse the deployment order. “It is not really a choice, even if people think of it as voluntary. It is voluntary only when you sign up. After that it is not voluntary anymore.”

8.2: Mary-Ann Was Called to Tikrit: Alone In the Midst of Wounded

Despite nearing retirement age, Mary-Ann Rich was called up to Iraq. Thousands of reservists have got their compulsory orders to deploy in Iraq, because the military didn't have enough active soldiers to serve. Military nurses are normally not trained to fight, but in this mobilization Mary-Ann had to learn to use a weapon for the first time ever. She became a combatant. "The unit I was going with had younger officers, but not of my rank, Lieutenant Colonels who can run an operating room," she describes.

Tikrit reminded Mary-Ann of central California. It was hot, dry and brown. "I was really surprised by our living conditions. We were living in buildings that were partially bombed out," she recalls. "Windows were boarded up. The electrical wiring was hanging outside the wall."

Mary-Ann was in charge of the operating rooms and central processing as a Lieutenant Colonel in the military combat support hospital in Tikrit. There was a steady, endless stream of patients coming in day and night. Mary-Ann would only be told that injuries are coming in, not how they were injured. "We just got a massive amount of people coming in shot up and cut up, all different ages. Only way we knew if they were military was if they had their uniform on."

The team had to use their intuition in the middle of the bloody chaos, not knowing the details of the patient's injury. "How to get the patients to survive and know what to do

when they have just been attacked so violently? If we don't guess right, we are not going to save the patient. They come with so many injuries," she says. When there were no new patients, the team would rush to perform necessary repeat surgeries on patients who were already hospitalized.

Every patient was a life to be saved, even the insurgents that were brought to the hospital under armed guard. "I didn't have ill feelings for Iraqis, because some of them didn't necessarily choose to be in that position of fighting against the U.S. Some of them did it because their families had been tortured. Some of them were told they have to go and set up a bomb. Some people hated us. Some had to be blindfolded. Some would spit on us," she said. "Most of the time, even with detainees, I would say some Arabic phrases and they would respond back just fine, as if I understood the language with being friendly to them."

Mary-Ann saw the hatred towards the Iraqis among some of the hospital staff. The constant pressure of indirect fire and not knowing who the enemy was affected emotions. Mary-Ann saw a soldier swearing at an Iraqi patient. When the patient didn't understand to move over, the American soldier hit him on his amputated stump. "Some wanted to categorize any Iraqi as a bad guy, whether they were locals or detainees. I had to stop soldiers from hurting them," Mary-Ann explains.

Mary-Ann felt lonely in Tikrit. Her team was mostly male and from a different state from her, on their first assignment to Iraq. She didn't fit into their close social circle. She could not find a battle buddy to walk with in the base or share a dinner with. Increasingly, she saw many soldiers in her team resenting taking orders from her. She felt she didn't get support from above or below. "I felt helpless. I felt my hands were tied. I knew things had to be done. I had been in a leadership position before. But I felt my supervisor did not know what needed to be done."

Even the uniform created a sense of unease. "Our uniforms are made for men. The body armor consists of flat plates that go over your chest. There is no room for female curves. Everything was designed to fit on males," she tells.

Mary-Ann started experiencing post-traumatic stress disorder symptoms in Iraq due to the pressure. She could not sleep through her time of rest. She would wake up, go to hospital or have a meal even if she was supposed to be sleeping. She didn't see it as alarming then, since she was working around the clock regardless.

8.3: Therapy Was Hard To Find: Return to the Emptiness

Mary-Ann Rich defines her return from deployment with one word: loneliness. There was no pomp or glory when she flew back to home base. The unit didn't even know she was supposed to arrive. Nobody thanked her for her work among the wounded. It felt like she had been discarded like a finished carton, since she was no longer deployed.

At home in civilian life, people looked far removed from the war or military. "It was anti-climatic coming home after doing some incredible things," Mary-Ann says, wiping persistent tears from her eyes.

All the Army routines were gone. In just a year, she had forgotten her civilian routines. She ended up in an argument with her partner, feeling he was not looking after the house properly. She lost sleep. Feeling shocked, she created a routine consisting of cleaning up the house and going to the gym, even in the middle of the night. "I just started plugging away. Slowly, I started cleaning, picking up things, bagging trash in bags and throwing them away. I wasn't sleeping, so I just cleaned. I was quite productive. I got a lot of things cleaned up," she grins with tired eyes.

Mary-Ann focused on finding a new job, so she didn't pay attention to the intrusive thoughts about her everyday routines in Iraq that unsettled her. "They were little things like looking for my hat and weapon as soon as I stepped out of my house. I would get hyper alert when I saw trash blowing up on the side of the road. The worst was cleaning stuff in the garage. I loaded a big black bag with trash. All of a sudden I got a flashback

and a vision that I was carrying an amputated leg in the bag, because it had the same weight and vibration. I was overcome with repulsion and I just dropped the bag. I realized I could not use black trash bags any more. It was too much like the body parts I had bagged up. That was what we did in Iraq. We bagged them up in trash bags and put them in the trash.”

In her dreams, Mary-Ann was packing limbs in bags. In one repeating nightmare, she found herself sleeping on a bag of limbs. Only after a year did she receive help. She had already found a new job and had to leave it, exhausted. VA had refused her application for care due to a bureaucratic mistake months earlier, but a friend from her old unit encouraged her to persist and correct the situation.

But the road to therapy has been hard. Like so many veterans, Mary-Ann has battled to accept different forms of therapy, feeling many of them are unhelpful and not individual enough. The first attempt was cognitive behavioral therapy. “The therapist asked me to do homework assignments. She wanted me to look at rational responses. Is there another way of looking at the situation? I thought no, there really is not. If something horrifies you, it horrifies you. What other way is there?”

She also tried a VA residential group program, but left it in anger. “I felt I had gone backward and went out from there in a rage,” Mary-Ann describes and says she felt the program restrictive and inflexible with no space to express her feelings: “They told me I

had got used to being in charge, and I should let go and trust the process. They tried to make me fit in their little blocks and squares.”

Other things bothered Mary-Ann. She felt the VA services seemed biased towards men. So was the behavior of the community as well during Veterans' Day celebrations.

Another therapist based healing on talking, listening and discussion. Mary-Ann found this useful. She also met with artist Monica Haller, the founder of The Veterans' Book Project. The project helps veterans to express their memories in writing. For Mary-Ann, writing her own web-based book in the project has helped with healing.

8.4: Mary-Ann Takes One Day at a Time: Society Does Not See the War

Mary-Ann answers the question about her future with a simple sentence: “I don't know.” She goes to therapy at VA, and she speaks with other veterans. That does help, she says. Writing about her experiences has helped her to look towards the future.

She also considers going back to study nursing administration with the help of the Post-9/11 GI Bill. She wants to use her knowledge to help other veterans who return home with post-traumatic stress disorder. On her journey to healing, she met so many health professionals who did not seem to understand the veterans' experience.

Mary-Ann served thirty-six years in the military, nine of them active. Twelve months of them were in Tikrit, Iraq. She is working hard to pick up the pieces of her fractured soul after an assignment she thought she could cope with due to the tough training she had received in the post-Vietnam era.

In the days of World War II, war was in the minds of people at home. Citizens would be subject to rationing or working in the war industries. But the war today looks like an isolated experience felt by only a fraction of society, she observes. “I think people’s idea about war is a Hollywood version. I don’t think they know war does not turn off. It continues and goes on. I don’t think they know what the civilian population in Iraq is going through. People have their own political agendas. Some are very much against the war. They want to talk about their political views. They don’t want to see what I experienced,” Mary-Ann asserts.

Mary-Ann sees war from her experience. “Nobody is really prepared for the horror that comes out of the war. It is not natural to have people attack people. It is not something that is done necessarily to live or survive. It is a shock.”

CHAPTER 9: SUE MAX'S STORY

9.1: Sue Max Believed She Could Cope

Sue Max was surprised to hear that she had been selected to serve with U.S. troops at Camp Victory in Iraq.²² When the call came in August 2006, she was nearly sixty with no previous deployments in war areas. Because of manpower needs, reservists had been ordered to serve in Iraq and Afghanistan, regardless of whether they had previously served in war zones. Sue's role was not what she had signed up for, instead she ended up much closer to the fighting in a war defined by insurgency and suicide attacks.

"I have always embraced change, but I was stunned they would take someone like me," she says. "I am not a very big person and I am quite old for deployment. My concern was whether I can compete, keep up." Sue had joined the Army as a nurse in 1990, when her children had already grown. "I actually thought about joining in 1980, but my husband discouraged me, because of what was happening in the Middle East. In 1990, I thought it was safe. The Berlin Wall had come down and the Middle East seemed calm. I joined in May of 1990. And in August 1990, there goes Saddam into Kuwait and all the bets were off," she remembers. Adventurous by nature, she felt that serving in the Army as a nurse offered a different context from civilian life. She worked in a general hospital as a first Lieutenant. Monthly drills and training were hard physical work that focused on the operational issues, which was her strength.

²² Max, Sue. All quotations from interview on the 05.17.2011, transcript is Appendix S. The screen shot of Sue Max's page is Appendix T.

Sue was called up in Iraq as a civil affairs officer. With her operational strength, she felt confident. “It is important working with the hearts and minds of the population. It is very specialized,” she says. “They thought nurses would be a good asset for diversity. I have been a nurse for forty years.”

More problematic was the change she had to make from non-combatant to combatant during her five-month training in Fort Bragg, North Carolina. “Academically it was not a problem. I could understand conceptually what civil affairs was. There was a physical aspect to go from non-combatant to combatant. Training had a lot to do with that: guns and shootings and all that stuff.” Military nurses in the reserves are normally not trained to fight during drills. Becoming a combatant meant she would not be safeguarded by the international Geneva Convention's guidelines that also protect nurses in the war areas.

9.2: Sue Max’s Deployment: Paying Duty “Outside the Wire.”

In March 2007, the military aircraft carrying Sue Max touched down on the tarmac in Baghdad. There was a lot of waiting because of rocket attacks at the airport. In Camp Victory, the 3rd Infantry Division newcomers were accommodated in big tents. Sue woke up to the distant sound of morning prayers from a mosque. Then she got her orders. “We were told: ‘Welcome, and your working days are fifteen-hour days.’ We get seven hours sleep and two hours of PT a day. That would be your life from now on,” she recalls.

There were no days off normally and the working hours seemed shockingly long. Sue found the concept of working as a civilian affairs officer as constructive. It involved building schools and helping locals. “We work with the civilian population and help them to stabilize. But it is a very slow process, because of the rotation of units.”

But the duties involved chores that would stay in her thoughts for years. She became the pay agent, responsible for purchasing office supplies and paying local contractors and workers for their services. She would hide ten thousand dollars or more in her uniform and travel out of the compound to pay for purchases. Every trip made her anxious. “This was scary at times, because you are talking about large sums of money, all in cash. Sometimes we would have to go out and bring the person back or we would travel somewhere to pay them. The sheer amount of money on me made me a sure target, I guess,” she explains.

One stressful trip reappeared in her dreams frequently after returning home. It represented the pressures the soldiers face when walking “outside the wire”—out of the base—exposed to random attacks in a hostile environment. “We had to go out with a small team and pick up an Iraqi and bring him back inside. We were supposed to meet him at a crowded bus stop, but he wasn’t there. We had to go to the next one. Finally we got him. It was very frightening, but you can’t exhibit that. It is amazing how you get through the situation, but it lasted a very long time, four hours. And I had to carry all this money outside. We were targets. There was no question of that.”

Anxiety crept into everyday life. Soldiers in the compound lived under the constant threat of indirect fire. “I don’t think I can impress upon you about what the indirect fire is like. You can’t predict where the rockets are going to hit. When? Where? No predictions. They try to warn you, but an incoming warning is nothing when the rocket decides to come your way,” Sue describes.

Rockets exploding in familiar places eat up the sense of security. One rocket landed in the place she had just moved from. “You deal with the area you are in and hope you don’t get killed,” she says.

Sue laughs when she talks about the deployment and cracks jokes about her stamina. It was her way of lightening up the load of memories. “I don’t mean to laugh. It is not very funny, but your thought process is very strange when you go through these things.” She still remembers the weight of the uniform. The pain still stays in her hips and knees. “People don’t realize we wear the same stuff as guys do, and we carry the same guns. When I was out, I would typically carry one or two weapons and a full battle load, seven mags for your rifle, thirty rounds apiece. This is heavy, and I am not big,” she describes. “I only weigh 105 pounds. The sheer weight of the protective vest, helmet and all the weapons. If you add a bag of money, a hundred thousand dollars weighs a little bit. It must have been amusing to watch me climbing on a Black Hawk.”

The pressure was amplified by loneliness. Sue saw many soldiers visiting the combat stress unit early on during the deployment. As a professional nurse, after years of drills in the reserves she believed she had coping skills to control her feelings. Soldiers tended to keep to themselves. “There is a sense of individual isolation. I observed that everybody protected themselves in their turfs. It would have been nice to have someone to talk to. I think I came home feeling lonely and still feel lonely.”

Sue believes females experienced the alienation strongly. Male soldiers seemed to bond more with each other. The unit commander reached out to the male soldiers, taking them out for lunches. He took the females out for a lunch only once, all of them together. “Due to training, women were not allowed to be in combat, but in practice we were. There are no frontlines in wars. You have equal exposure.”

Sue was looking forward to the comfort of a home visit for Thanksgiving Day during her mid-deployment. Her grandson had learned to walk, and her husband had become more ill. She had a new granddaughter. Her daughter helped with cleaning and cooking. Surprisingly, she was looking at this world from a distance. And the changes seemed excessive to her.

“I thought where do I fit in here? Also, you want to talk about your experience, but you are not sure if you can. Sometimes I felt I would get the rolling of the eye,” she says. “I don’t think it was true, but I felt that way. I didn’t realize I had symptoms of PTSD.”

Sue thought she had coping skills to prevent post-traumatic stress disorder, the serious anxiety disorder that can galvanize people who have experienced trauma or continuing anxiety. On the way back to Iraq, it seemed others had experienced similar feelings. The chaplain asked the crowd of three hundred people to raise their hands, if they had a good time on their leave. “Three people only raised their hands. People started to talk that it wasn’t a good experience to go home, because you need to reintegrate. Smart people were those who went to visit Europe and Australia. We all missed our families, but it was difficult,” Sue confesses.

Leaving the deployment was suddenly not easy either. When Sue turned sixty, she was sent home because of her age. She wanted to stay to see the completion of a vocational school she was involved with. Reluctantly, she headed back to Fort Bragg.

9.3: Sue’s Return: Too Much Change to Absorb

Sue Max returned from Camp Victory to Fort Bragg, bothered about leaving her duty. She had felt proud of the efforts of her group in building a vocational school in Iraq. She would not see the completion. She was sent home before the end of the deployment, having turned sixty years.

She was facing a new change again, reintegration back into civilian life, which had left her feeling confused after the short leave in mid-deployment. But first she had to stay at

Fort Bragg, travelling there alone. She felt unwelcome, alone at the airport. There was no transport back to base in Fort Bragg. At the base, nobody seemed to know she was supposed to return. “Not one person there said ‘welcome back’ to me,” she says.

Neither was she allowed to stay with the Army until her retirement age, which would be beneficial for a soldier. She felt like a number, used and discarded.

When Sue returned home, she lost sleep. PTSD symptoms started to appear regularly. She thought sleeplessness sprang from not adapting to the time difference since her return. But after several months, it didn’t seem normal anymore. She was haunted by memories of travelling outside the compound looking for an Iraqi contractor, feeling set up and targeted. She could still feel the pressure of indirect attacks. Her dreams unsettled her.

“The dreams were horrible. I had a lot of serious, scary thing that occurred. All my dreams left me in peril, every last one. And I could not cry for help. I can’t yell. I can’t even get it out of my throat. I got four or five hours sleep a night. I was up before anyone else. I felt anger and depression.”

Anger rose from frustration of not being able to adapt as she explains: “Everybody has crisis in his or her lives. Some people don’t function, but I always did. Not being able to handle it was not my problem. I could not understand what was going on.” Sue became

fearful, not wanting to go for challenges she had enjoyed before. She wouldn't step on a plane, assessing it as unsafe. She avoids drawing money at ATMs or carrying cash.

"When I do, I have to mentally prepare myself. Luckily I have a husband and daughter to help me."

For Sue, the changes were too much to absorb. Leaving for deployment was a big change, but returning shook her more. But Sue's supportive family has stood by her for the three years she has been learning to integrate back to civilian life. Sue acknowledges the strain on her family. "They felt I had changed a lot. I probably wasn't as patient as I could have been. But a lot of change has happened. Change is great for the most part, but too much is probably not great."

Sue returned to her civilian job within months from return. She embraced the complex reports, only to find she couldn't concentrate and had to take medical leave.

"Only when I went to the veterans' resource fair, the hospital staff there wanted to evaluate me," she says. "I scored quite high on PTSD and they finally referred me to mental health."

9.4: Sue Heals In Therapy: The Fight for Recovery Continues

Nightmares about the anxiety during dangerous excursions out of base in Iraq have returned to Sue Max's dreams recently. Ongoing therapy has eased her PTSD. But Sue

still has a way to go three years since she returned from Iraq. “I have physical problems. They are a constant reminder of where I was,” she explains. “Until six months ago, I used to ruminate a lot about going outside ‘the wire’ in Iraq. It would just invade your thoughts when you are doing something.”

Recently, she has found focusing problematic again. But her work to beat PTSD will continue. “You learn to live with it. The way to look at treatment of PTSD is to make you more functional. I don’t know if PTSD is ever curable. Everything I read says it is not. I think everybody has some degree of PTSD. I can’t imagine anyone having a non-traumatic life. In my case there were repetitive issues. I had cumulative effect of rockets and exposure,” she says.

Sue fights to be “part of life” again. Too often she experiences everyday life as going through motions, still feeling lonely regardless of the loved ones around her. “Empathy used to be my strong suit. Now I struggle with it. I think it is better now, but I still feel coldness and disconnection. I try really hard in a situation where I am supposed to have a great time, but I have to fake it.”

She also misses the adventure of the deployment, despite the trauma and loneliness on the ground. The military discipline and routine stays imprinted in the soldier's mind and wipes away civilian routines. It is the change that affects many veterans' minds.

Sue feels strongly about the disconnect between veterans and the rest of society. Only soldiers and their families experience the war and its consequences in the United States. “Both my husband’s and my parents served in World War II. Everybody gave in that war. In this war, nobody is giving. Taxes got reduced, figure that one out. When the Iraq war started, there was a big sense of nationalism. Beyond that it didn’t last long. I realize we are in tough climate right now. Everybody is out trying to take care about themselves, but the sacrifice of soldiers is the real thing.”

Female veterans lack sufficient recognition. Sue wants society to understand that women who serve are in harm’s way as well. When she goes with her husband out to veterans’ occasions wearing the veteran’s cap, people come to thank her husband for serving, although she is the one who served in the war.

In the Vet Center, a confidential VA service helping veterans to readjust, she felt that services were oriented to men. She felt ignored and needing to explain the misjudgments about her role in Iraq. The staff kept assuming that she had not been exposed to attacks.

Sue believes her PTSD will lose its grip one day. The memory of war will hopefully not stay alive forever. But it has left its mark, a curious mix of trauma and addiction to the routine of war. “I want to get to the point, where I look at it as a really positive experience. That is what I really want,” Sue says.

CHAPTER 10: CONCLUSION

10.1: Contents

This project sets out to examine the experience of female soldiers and veterans of Operation Iraqi Freedom and Operation Enduring Freedom. More than 220,000 American women have served in these two wars. Eleven per cent of U.S. forces in Iraq and Afghanistan are female. Fifteen per cent of soldiers on active duty are women and the percentage is rising every year.²³ One hundred and ten U.S. female soldiers have died during the war in Iraq and thirty in Afghanistan, although until recently females were not regarded as combatants.²⁴ Yet, even military nurses have received combat training to prepare them to serve in Operation Iraqi Freedom, Operation New Dawn and Operation Enduring Freedom.

In “American Women Warriors’ Road Back Home” seven female veterans explain in detail about their experiences in deployment—or in one case in the military at the home base—and the dramatic consequences of their journey to war and back to civilian life.

This project hopefully achieved its goal of capturing the female experience of war, but

²³ “More than 200,000 women have been deployed and, like their male counterparts, experienced the high stress of deployment, work, or travel in combat areas. While women are not technically in combat roles, their duties and service environments can place them at constant risk. Now comprising approximately 15 percent of the U.S. armed forces overall and 17 percent of Reserve and National Guard (R/NG) forces, women are among the fastest growing groups of new VA users.” This information is in Anne Sadler’s study “Women and Post-Deployment Health.” Center for Comprehensive Access and Delivery Research and Education, Iowa City VA Health Care System, in Forum magazine of VA.

²⁴ Military Casualty Information: <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/castop.htm>

also delivering a very honest account of the atmosphere and reality in combat zones for both male and female soldiers, as told by women.

All the interviewees felt victim to PTSD, a condition that has been diagnosed in thousands of combat veterans. They describe the experience of war from the female perspective: being a minority in the combat zone, but also about war and its consequences. They tell about the loneliness and trauma that breaks the souls of possibly hundreds of thousands of American soldiers. Some feared that their depressed fellow soldiers would go on an armed rampage on the base. They talk about lack of support by commanders, bullying and isolation in the ranks under pressure, resulting in mental problems. At home, they could not share their experiences with loved ones or neighbors who are far removed from their anguish. The war is imprinted in their nightmares, horrific images like black trash bags where some collected body parts of the wounded in a hospital or which could be filled with explosives on roads in the war zone.

For the author, the strongest elements in the contents are the interviewees' personal accounts about their struggles with PTSD, which is recognized as a common mental condition affecting combat veterans. Experiencing or witnessing a trauma or a major change in life causes it. PTSD's symptoms include fear, depression, anxiety, anger, exhaustion, flashbacks, inability to focus and feelings of isolation.²⁵

²⁵ This study explains about PTSD and its treatment methods: Peterson AL, Luethcke CA, Borah EV, Borah AM, Young-McCaughan S.: Assessment and Treatment of Combat-Related PTSD in Returning War Veterans. J Clin Psychol Med Settings. 2011 Jun;18(2):164-75.

PTSD has been widely researched in recent years since it has been recognized as a major problem within the military. But estimates of the prevalence rate of PTSD vary from five percent to well over fifty percent of returning veterans. According to research by Milliken, Auchterlone and Hoge, (2007) 20.3 percent of active and 42.4 percent of reserve soldiers returning from Operation Iraqi Freedom (OIF) required mental health treatment.

The majority, if not all, soldiers in Afghanistan and Iraq have experienced trauma. In recent research, 87 percent of returning soldiers said they had experienced incoming artillery, rocket or mortar fire. Seventy-four percent had been attacked and 65 percent had seen dead bodies. Sixty-three percent knew someone seriously injured or killed.²⁶

PTSD symptoms become noticeable often only months or years after service. In the Milliken, etc. research, OIF veterans reported more mental health problems in screenings more than half a year later from returning instead of immediately after coming home. Five times more veterans (about 20 percent) declared their relationship with family members was difficult by a later screening compared to immediately after return.

²⁶ Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. "Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*", (2004) 351, 13–22.

The military has been criticized for its treatment of female veterans. Female soldiers and veterans are more likely to be diagnosed with depression when they seek care for mental health symptoms. Men are diagnosed more often with PTSD.²⁷

The interviewees' experiences reflected this research. They were surprised to find out they suffer from PTSD, which clashed with their self-image as strong soldiers. They had difficulties finding and accepting help. For example, retired Major Linda Stanley returned home feeling empty after nursing injured soldiers in Iraq, despite years of experience and coping skills learnt as a military nurse. The level of violence affected her.

Many veterans talked about the self-destructive behavior that is PTSD symptoms: alcohol abuse, road-rage, indifference, apathy, fear and anger. Gwen Chiaramonte described her fear that young, depressed soldiers could hurt themselves or their fellow soldiers and the widespread bullying that is often masked by military discipline. The female veterans experienced vivid memories from the combat area, even years after they occurred. Black trash bags haunted Mary-Ann Rich and Raquel Ramirez in flashbacks. Mary-Ann collected body parts in those bags in the Iraqi hospital where she worked. Raquel associated them with a possible explosive device.

²⁷ See in the bibliography: Bosch, Maguen, Ren, Marmar's study "Gender Differences in Mental Health Diagnoses Among Iraq and Afghanistan Veterans Enrolled in Veterans Affairs Health Care."

Daniela's story describes the serious problem of sexual trauma in the ranks. The U.S. Department of Defense has acknowledged that rape and sexual trauma is an issue in the military.²⁸ According to DoD figures, there were 3,230 reported sexual assaults in the military in 2009. In Iraq, 163 soldiers suffered sexual assault in 2008. Many more assaults go unreported.

More than half of the female combat veterans surveyed were applying for PTSD benefits because of the sexual trauma experienced in the Army.²⁹ This could indicate that a major part of female combatants' trauma is caused by sexual assault in service. The findings would suggest that if sexual abuse could be eliminated, maybe a much smaller number of women would be suffering from PTSD.

The author feels the reservists' account is a very important story that illustrates the wars' consequences for American soldiers and public. The interviewees were deployed in Iraq just before their retirement age for their first assignment in the crisis area. More than eight hundred thousand reservists have been called up to serve in the wars in Iraq and Afghanistan since 9/11, 2001.³⁰ Most of them have been mobilized by involuntary call-

²⁸ United States Department of Defense: Annual report on Sexual Assaults in the military, 2010. http://www.sapr.mil/media/pdf/reports/DoD_Fiscal_Year_2010_Annual_Report_on_Sexual_Assault_in_the_Military.pdf

²⁹ See in the bibliography Murdoch, Hodges et al. study: "Gender Differences in Service Connection for PTSD."

³⁰ This link contains Department of Defense statistics about activated reservists until June 2011. <http://www.defense.gov/news/d20110621ngr.pdf>

ups because the Pentagon has not been able to fill its manpower demands through the regular volunteer forces.

Reservist Sue Max recalled carrying tens of thousands of dollars out of the compound in extremely dangerous conditions to pay Iraqi contractors for goods and services at the age of fifty-nine. The memories still follow her. The constant threat of indirect fire was another trauma that stayed with her after returning home.

In June 2011 there were more than seven thousand involuntary call-ups and twenty-three thousand voluntaries serving in the wars. Reservists cannot refuse if they receive the order to serve.³¹ The Coalition for Iraq & Afghanistan Veterans, an umbrella body of organizations supporting veterans, has questioned the treatment of reservists. According to the organization, reservists don't get enough time to deal with the rocky transition to the military and later back to civilian life. Many reservists also have difficulties with benefits, because they lack information or encounter bureaucratic roadblocks. The coalition has also noted that reservists lack a supporting peer group, because they are mobilized from civilian communities. Communities do not know about the pressures during deployment so veterans feel unable to share their experiences.

³¹ The following link to the webpage of Coalition for Iraq and Afghanistan Veterans contains information on reserve members called to duty. <http://coalitionforveterans.org/2008/05/national-guard-and-reserves/>

The young veteran interviewees seemed primarily to have economic reasons for joining the military. According to research, the worsening of the U.S. economy pushes many young people to consider a military career.³² Whanja Brown joined the military because she needed money because her partner ran her deeply in debt. After serving in Iraq and Afghanistan, she has paid her debt, but she is picking up the pieces, fighting against feelings of isolation and anxiety. She got burned and lost three friends in the war.

Raquel Ramirez wanted structure in her life. After spending her teenage years in children's homes, worrying about her siblings placed in separate accommodation, she was a fighter for her own life, determined to look for something better.

In her interview, Whanja Brown also highlights the important point about the military discipline and treatment of the soldiers in combat zone. The feeling of urgency and anxiety caused by the overwhelming discipline, bullying and relentless stress stays with a soldier after their return from the war. The same feelings are evident in other interviewees' stories as well.

³² Department of Defense (DoD) Population Representation in the Military Services Fiscal Year 2009 Report links the rise in unemployment and the increase in accessions to military. "During each of these (depression) periods of increasing unemployment, the percentage of accessions categorized as high quality also increased. From FY (fiscal year) 1980 to FY 1982, the share rose from 35 percent to nearly 44 percent. From FY 1990 to FY 1992, the share rose from 62 to 73 percent. From FY 2000 to FY 2003, the share rose from 57 to 65 percent. Finally, during the latest recession, the share rose from 58 percent in FY 2007 to 66 percent in FY 2009."

10.2: Wider consequences

The female veterans' personal stories depict the overall situation of maybe hundreds of thousands of American soldiers and veterans of current conflicts in Iraq and Afghanistan. If their experience describes a larger experience of the American soldiers deployed in Iraq and Afghanistan, there needs to be a stronger support system for the one and a half million soldiers that have served in those areas as well as for their families.

All the interviewees felt very strongly that soldiers and veterans need individual and continuous help. They also hoped for support from wider society. Currently, the interviewees say that civilians do not pay attention to the war effort or veterans' plight. Thus, veterans feel alone in civilian life.

The interviewees emphasized that PTSD victims want individual care, but often the care they receive works like institutional machinery, with expectations that the same pattern fits everyone.

Help is available from the Department of Veterans' Affairs (VA) and other institutions. But finding it and having the strength to look for it are different things. Lieutenant Colonel Mary-Ann Rich was first turned away from VA for bureaucratic reasons because of her reservist status. Vet Centers are part of VA, but they are community-based confidential services that help veterans to readjust to the civilian life. Some veterans are satisfied with confidentiality and support at Vet Center. Others found it was designed for

male. This showed yet again that veterans have very individual needs to find their way out of the trauma.

Many veterans recognize their symptoms only months or years after serving, which makes it more difficult to look for help from the military health institutions. All of the interviewed veterans in this story want to use their profound experience to help others, recognizing there will be a flood of traumatized veterans living in the United States in the next few years.

You don't yet see many of the veterans of Operation Iraqi Freedom and Operation Enduring Freedom living on the streets. Young veterans may sleep on a friend's couch or in their car, dealing with their past as a wounded soldier privately and quietly, but with no visible injuries, according to Bill Wallace, clinical director of the U.S. Vets Center in Long Beach. But some fear that a new Vietnam-like generation will end up on the streets within a few years if there is no safety net to catch them if they fall.

10.3: Moral Dilemma

A short afterword about the ethical and moral dilemmas the author experienced during this project. Firstly, it was extremely difficult to find interviewees. Many veterans' organizations did not want to volunteer contact details of female veterans. This is understandable because of the sensitive nature of the unique challenges female veterans

face. Many organizations agreed to post my interview request on their social media sites, which helped me to find some of the interviewees. U.S. Vets supported my project and helped me in a number of ways.

Secondly, I often questioned myself about my reasons and goals with this project. I felt I carried a huge responsibility to represent the honest, open accounts of the interviewees realistically without exaggerations or reaching wrong conclusions. I did not want to exploit the interviewees and tear their stories apart into sensationalist descriptions about their most difficult moments, flashbacks and anger. The project's aim was to give women the space to explain their story in their own words. The project's goal was also to help the audience understand the challenges of the veterans at a personal level. The video clips assisted with the goal. They provide a platform for the interviewees to explain themselves.

10.4: Multimedia As a Tool

As a journalist, I find Scalar with its path structures an interesting and exciting narrative tool. The project is interactive in letting the viewer choose the paths and elements they want to view or read. The story helps a journalist to emphasize different issues separately.

I wanted to examine new narrative structures for a journalistic story in this project. TV, radio and print stories are all different genres of storytelling. As web-based journalism

develops, it can become a new genre defined by its own specific storytelling style. A website does not need to be merely a platform for a traditional print or TV story. Websites offers a platform for new kind of storytelling enhanced by hyperlinks, coexistence of text, audio and video and interactivity.

In web-based journalism the viewer has more options to navigate through the reading/viewing experience than in a traditional print story. The interactive path structure allows users to choose the angle and issues according to their interests. The story does not need to be read from start to finish like a traditional text. Yet, the user gets a sense of narrative, because the author structures pages into paths according to certain themes.

The project also demonstrates a different narrative way to construct more in-depth stories and break them into readable elements on various pages. Today, the emphasis in the media is often “short is sweet.” The information needs to be visualized or reduced to sound bites in order to catch the attention of busy consumers.

This project attempted to create narrative choices for a media user and make an in-depth investigative story readable with visual and textual choices, paths and multiple pages.

I feel Scalar provided a suitable platform for this. Multimedia can be an exciting, easy-to-read and creative narrative tool and platform in constructing an in-depth investigative or a feature story.

BIBLIOGRAPHY

Auchterlonie, Jennifer L. MS, Milliken, Charles S. MD, Hoge, Charles W. MD. "Health Problems Among Active and Reserve Component Soldiers Returning From the Iraq War." *JAMA* Vol 298, No. 18. November 14, 2007.

Benedict, Helen. *Lonely Soldier: The Private War of Women Serving in Iraq*. Boston: Beacon Press, 2009

Bosch, Jeane O., Maguen, Shira, Marmar, Charles R., Ren, Li, Seal, Karen H. "Gender Differences in Mental Health Diagnoses Among Iraq and Afghanistan Veterans Enrolled in Veterans Affairs Health Care." *American Journal of Public Health*. Vol. 100, No. 12. December 2010: 2450-6.

Borah AM, Borah EV, Luethcke CA, Peterson AL, Young-McCaughan S. "Assessment and Treatment of Combat-Related PTSD in Returning War Veterans." *Journal of Clinical Psychology*. Vol. 18, No. 2. June 2011:164-75.

Castro, C. A., Cotting, D. I., Hoge, C. W., McGurk, D., Messer, S. C., & Koffman, R. L. (2004). "Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care." *New England Journal of Medicine*, 351 (2004): 13–22.

Coalition for Iraq & Afghanistan Veterans. "Veterans Issue Area: National Guard and Reserves" <http://coalitionforveterans.org/2008/05/national-guard-and-reserves/>

Cowper, Diane, Hodges, James, Hunt, Carolyn, Kressin, Nancy, Murdoch, Maureen, O'Brien, Nancy. "Gender Differences in Service Connection for PTSD." *Medical Care*. Vol. 41, Nr 8. 2003: pp 950–961

Dutra, Lissa, Street, Amy E., Vogt, Dawne. "A New Generation of Women Veterans: Stressors Faced by Women Deployed to Iraq And Afghanistan". *Clinical Psychology Review* 29 (2009): 685–694

Haraway, Donna. "A Cyborg Manifesto". *The New Media Reader*. Cambridge, MA: The MIT Press, 2003.

Jenkins, Henry. *Confronting the Challenges of the Participatory Culture*. Cambridge, MA: The MIT Press, 2009.

Mulhall, Erin. "Women Warriors: Supporting She 'Who has Borne the Battle' Issue Report October 2009. Iraq and Afghanistan Veterans of America.
http://media.iava.org/IAVA_WomensReport_2009.pdf

Murray, Janet. *Hamlet on the Holodeck*. New York: The Free Press, 1977.

Sadler, Anne G. Ph.D., R.N. "Women and Post-Deployment Health." Center for Comprehensive Access and Delivery Research and Education, Iowa City VA Health Care System, Iowa City, Iowa. *Forum magazine of VA*. May 2011.
<http://www.hsrdr.research.va.gov/publications/forum/may11/may11-5.cfm>

The United States Department of Defense: "Annual report on Sexual Assaults in the military". 2010.
http://www.sapr.mil/media/pdf/reports/DoD_Fiscal_Year_2010_Annual_Report_on_Sexual_Assault_in_the_Military.pdf

The United States Department of Defense: Military Casualty Information.
<http://siadapp.dmdc.osd.mil/personnel/CASUALTY/castop.htm>

The United States Department of Defense (DoD). "Population Representation in the Military Services Fiscal Year 2009 Report"


The United States Department of Defense. "Reserve Components NOBLE EAGLE / ENDURING FREEDOM / NEW DAWN. Unique SSAN Activations as of: June 21, 2011 Statistics" <http://www.defense.gov/news/d20110621ngr.pdf>

The United States Government Accountability Office. Testimony Before the Committee on Veterans' Affairs, U.S. Senate. VA HEALTH CARE. Statement of Randall B.

Williamson Director, Health Care. Preliminary Findings on VA's Provision of Health Care Services to Women Veterans. GAO, July 14.2009.
<http://www.gao.gov/new.items/d09884t.pdf>

Vinter, Hannah. "Scott Klein: News Apps Don't Just Tell the Story, They Tell Your Story." 08.22.2011. WAN-IFRA website. <http://www.wan-ifra.org/articles/2011/08/24/scott-klein-news-apps-dont-just-tell-a-story-they-tell-your-story/>

Appendix A: Screen shot of the index page of “American Women Warriors’ Road Back Home”

American Women Warriors' Road Back Home

Index ▾

3 paths

42 pages

113 media files

1 tag

Search

View ▾ Recent ▾


AMERICAN WOMEN WARRIORS' ROAD BACK HOME

Kirsi Crowley, Author

Sign in or register for additional privileges

Women Return From War

Soldier Glass



Maximize

PICKING UP THE PIECES

WOMEN VETERANS BATTLE TO MEND THEMSELVES

Raquel Ramirez, a young veteran who returned from deployment with the U.S. Army in Kabul, Afghanistan, could not adjust to living back at home. She ended up homeless, sleeping in her car, suffering from anxiety, anger, road rage and drinking heavily. She didn't know her problems were triggered by post-traumatic stress disorder or [PTSD](#), a common condition affecting war veterans returning from Iraq and Afghanistan, struggling with change and past trauma.

"I knew what the normal was in Afghanistan. I knew what to look for. But for some reason those things were abnormal over here," she says, describing how her mind worked when she was speeding on a California freeway, having flashbacks about explosions.

Whanja Brown only thought about joining the military when her partner left her deeply into debt. Now she has to relearn the basics of civilian life. Sue Max, Gwen Chiamonte and Mary-Ann Rich were sent to Iraq as [reservists](#), deployed for the first time in a war zone just before retirement age.

Join American female [veterans](#) on a journey where they give a brave and profound account of their deployment in the war in Afghanistan and Iraq with constant pressure of random attacks and inability to return to civilian routines. Their journey led them to personal struggles with PTSD.

They describe the experience of war from the female perspective: being a minority in the combat zone, but also about war and its consequences. They tell about the loneliness and trauma that breaks the souls of possibly hundreds of thousands of American soldiers. They feared that their depressed fellow soldiers would go on an armed rampage on

83

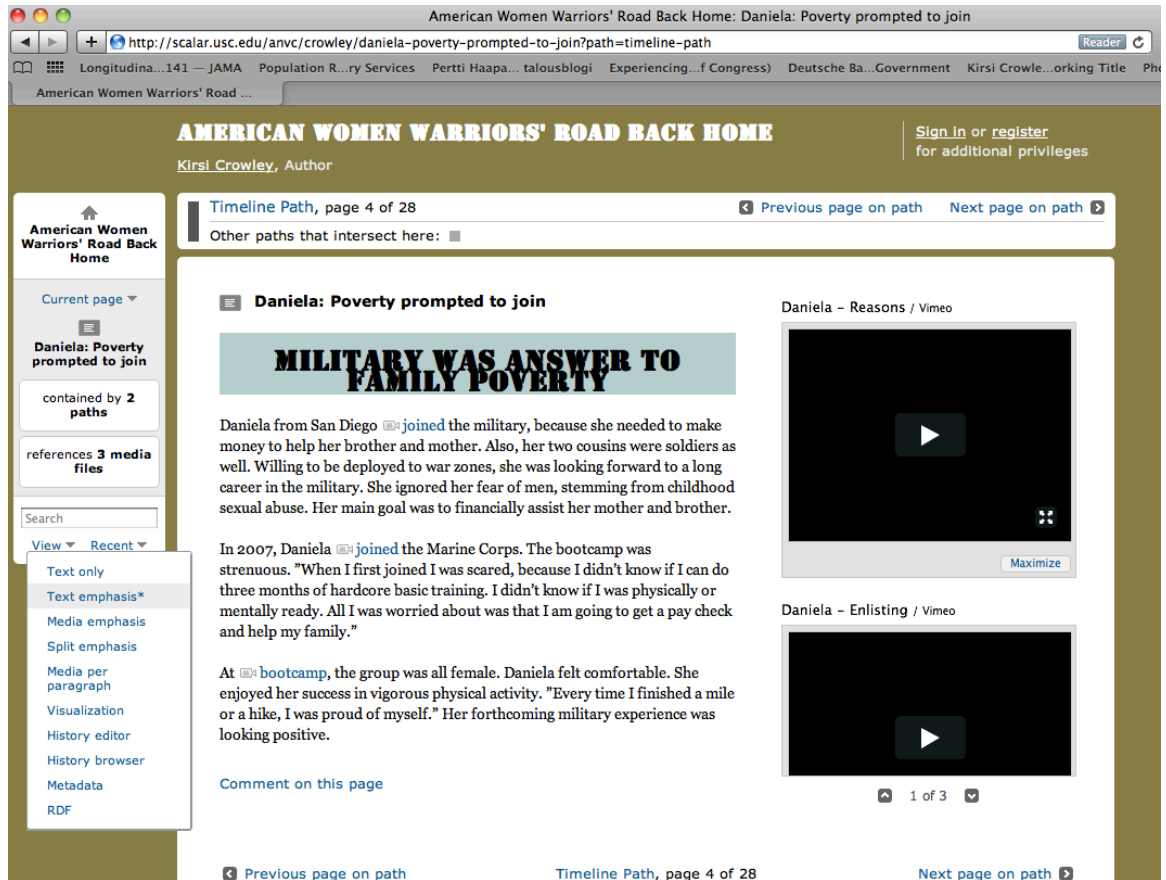
Appendix B: Screen shot of the index page of “American Women Warriors’ Road Back Home” showing path structure

All of them tell a story that cries out for individualized support for returning combat veterans over a long period of time. The veterans did not recognize their PTSD symptoms when they returned home, only much later.

From this page you can take various paths to follow the veterans' individual, often harrowing journeys to war and personal struggles with PTSD, or navigate thematically through specific parts of their journey: before the military, during deployment, traumatic return and solutions they have found to adjust back to civilian life.

Begin Timeline Path	Begin Veterans' Stories	Begin Information Path
1. Raquel Ramirez Saw Structure in the Military	1. Raquel Ramirez Saw Structure in the Military	1. Before the Military
2. Whanja Brown Joined to Pay Her Bills	2. Raquel Ramirez's Deployment	2. Deployment
3. Linda Stanley's Reasons	3. Raquel: Return Was a Culture Shock	3. Return
4. Daniela: Poverty Prompted to Join	4. Raquel Ramirez's Future	4. Future
5. Gwen Chiamonte Was Called at 58 Years	5. Whanja Brown Joined to Pay Her Bills	5. PTSD
6. Mary-Ann Rich Was Moved by Vietnam Veterans	6. Whanja Had Multiple Deployments	6. Military Sexual Trauma
7. Sue Max Believed She Can Cope	7. Whanja's Return: Alone And Overwhelmed	7. Female Soldiers
8. Raquel Ramirez's Deployment	8. Whanja Brown Is Determined to Study	8. Reservists
9. Whanja Had Multiple Deployments	9. Linda Stanley's Reasons	
10. Linda Stanley Was Posted to Balad, Iraq	10. Linda Stanley Was Posted to Balad, Iraq	
11. Daniela: Abused in Military	11. Linda Stanley Returned Home with PTSD	
12. Gwen Chiamonte Gave Therapy to Soldiers	12. Linda Healed with Painful Therapy	
13. Mary-Ann Was Called Up to Tikrit	13. Daniela: Poverty Prompted to Join	
14. Sue Was Exposed to Attacks Continuously	14. Daniela: Abused in Military	
15. Raquel: Return Was a Culture Shock	15. Daniela: Accepting Therapy Was Hard	
16. Whanja's Return: Alone And Overwhelmed	16. Daniela's Future: School and Healing	
17. Linda Stanley Returned Home with PTSD	17. Gwen Chiamonte Was Called at 58 Years	
18. Daniela: Accepting Therapy	18. Gwen Chiamonte Gave	

Appendix C: Screen shot of a text emphasis view of a page



Appendix D: Screen shot of a media emphasis view of a page

American Women Warriors' Road Back Home: Linda Stanley's Reasons

http://scalar.usc.edu/anvc/crowley/linda-stanley-wanted-to-serve?path=timeline-path

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American Women Warriors' Road ...

American Women Warriors' Road Back Home

Current page ▾

Linda Stanley's Reasons

contained by **2** paths

references **1** media file

Search

View ▾ Recent ▾

- Text only
- Text emphasis
- Media emphasis***
- Split emphasis
- Media per paragraph
- Visualization
- History editor
- History browser
- Metadata
- RDF


Timeline Path, page 3 of 28

Previous page on path Next page on path


Other paths that intersect here: ■

Linda Stanley's Reasons

Linda on joining / Vimeo



"TEAM SPIRIT, SERVICE FOR OTHERS"

A retired Major, combat nurse  Linda Stanley joined the military at a time when military conflicts still had traditional frontlines. She attended nursing school after her first child was born nearly 20 years ago. In those days there were choices of employment. Nurses were needed in civilian hospitals so becoming a military nurse was not the only career option to her. She ended up serving with the army and the air force.

"I wanted to see the world and travel. Originally I joined the military to go to Hawaii. But as time went on, I realized I really liked military nursing, the team spirit and camaraderie," she remembers. Serving her country and the people who

Appendix E: Screen shot of a split emphasis view of the page

American Women Warriors' Road Back Home: Raquel Ramirez saw structure in the military

http://scalar.usc.edu/anvc/crowley/raquel-could-not-contain-her-anger?path=timeline-path

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American Women Warriors' Road ...

AMERICAN WOMEN WARRIORS' ROAD BACK HOME

Kirsi Crowley, Author

Sign In or register for additional privileges

Timeline Path, page 1 of 28

Other paths that intersect here: ■

Previous page on path Next page on path

American Women Warriors' Road Back Home

Current page ▾

Raquel Ramirez saw structure in the military

contained by **2** paths

references **2** media files

Search

View ▾ Recent ▾

- Text only
- Text emphasis
- Media emphasis
- Split emphasis***
- Media per paragraph
- Visualization
- History editor
- History browser
- Metadata
- RDF

Raquel before the army / Vimeo

Raquel before the army

from Kirsi Crowley **PUB**

00:55

Maximize

Raquel Ramirez saw structure in the military

RUNNING TO PROTECT

Raquel Ramirez dreamt of joining the military as a child. "I remember when I was about 4 - 6 years old, I told my parents I wanted to be a Marine," she tells me, smiling when we meet for a video interview. She's a petite woman who talks with the discipline that the military instills.

Later, via Facebook, she tells me about her difficult journey in the military. After happy childhood days, Raquel was placed in the care of social services when she was 14, because her mother abused alcohol and drugs and became emotionally and physically violent. At the height of the abuse, she took Raquel away from school for a month. Raquel spent her youth in children's homes.

"My sisters were placed in foster homes, but no one wants to take a teenager," she messaged. The years in children's homes were sometimes tough. She met her parents only under supervision, but meetings did not bring the family closer.

"Always when I tried to forgive them, mostly my mother, I ended up having to take my feelings back." Raquel ran away often. Social workers saw her as defiant and hard to deal with, but Raquel says, she felt responsible for her siblings. She didn't trust any of the workers either.

Raquel Before 2 / Vimeo

Raquel Before 2

from Kirsi Crowley **PUB**

1 of 2

Appendix F: Transcript of Raquel Ramirez interview 04.13.2011

Interviewee: Raquel Ramirez (RR)

Interviewer Kirsy Crowley (KC)

KC: Can you tell your name and where you served?

RR: My name is Raquel Ramirez. I served in the army. Mmmmm, I was deployed in Afghanistan from 2006 to 2007 in March. And also, I forgot, also I served for two years in active duty in 82nd Airborne Division in Fort Bradford, North Carolina.

KC: When did you join the military and what were your reasons to decide to join?

RR: The first time I joined was January 6th of 2000, and I always wanted to be in the military. I remember when I was about between four and six years old, I told my parents I wanted to be a Marine. But that never happened quite like as I planned so I just went in the army. It took the recruiter for a year to try to enlist me and then from that on I thought what is the most challenging thing that I can do in the army being a female so all there was left was going through jump school. So I got out in January 6, I believe it was on 2002. And then I had two years seven months break in service that I was not in the military. And then I rejoined June 15th, 2004 in National Guard.

KC: What were your reasons to... was it this willingness to serve?

RR: Well, it was more like I always wanted to serve in the military from a child. And I loved the military, you know since I was little, so I guess it was kind, you know, being part of the community and then serving my country. You know a lot of people don't wanna do, whatever different reasons they have. But I believe, you know, at least you know everybody in the U.S. should at least, you know, join the military at least once in their lifetime.

KC: Did you know that you would be deployed, and what did you kind think about that idea?

RR: Well, I knew that I was gonna be deployed, when I actually joined the National Guard, I had one stateside deployment for Irvine, California for about a year. I think it was for Operation Iraqi Freedom. We were supporting troops that were training to go to Iraq. And then shortly after that, I did that for a year and that was in November of 2004 until November 2005. From there they were asking for volunteers to go to Afghanistan, and I volunteered 'cause I figured you know, I have no strings attached, not married. I

had no relationship, no kids, nothing so, you know... I figured that I just go and serve my country and at least say that I did it.

KC: Did you think about the challenges and dangers of the deployment before beforehand?

RR: Emmm, a little bit, yes. You know especially you know being in Afghanistan. You know there is that? The women don't get treated equally. And you know like the rape cases and you know everything else that goes over there, but I mean once I got there, it wasn't, you know, as bad as everybody made it seem, you know what I mean? There are still some hazards you know we had to look out you know for when we had to go on the convoys and stuff so ...

KC: Yeah. Can you tell when and where you did go first in Afghanistan? Where you got first and what were your first ideas about it? How did it all look like when you went there?

RR: We left from, actually we did our training, umm, in Washington for about three months. And then from there we got on a plane to go to, I don't remember, we like stopped through different states before we ended up going outside the country. And then, I know we stopped somewhere in Turkey, Ireland. I think we ended up flying through Canada, I think Amsterdam too. And then Kuwait was just hot. It was hot and stuffy. I was having hard time like to breath. And then, umm, from there we went to umm Kazarkistan, we stayed there for a little bit. And then pretty much from there we went to Afghanistan.

KC: And where were you based in there?

RR: In Kabul.

KC: In Kabul. What was it like when you went there?

RR: Amazingly, I wasn't really home sick that much. You know what I mean? It was just mostly during the holidays, because you know my family would make tamales for Christmas and bunuelos for New Year's Eve, which is almost like a flour tortilla with sugar and cinnamon. But other than that, when I was in Afghanistan, it almost kind of reminded me of Mexico, kind of like the poor parts of Mexico, like TJ area almost. It was just like desert, pure desert and most of the guys there smell of "beechas" You know they were not able like get their shampoo or deodorants or you know that sort of case. I became friends with couple of local nationals. And you know, they would bring me small kind of stuff like, I think it is considered like a pita bread. And what they wanted for return was like shampoo or soap.

KC: So did you have a lot of family left behind? How did they take your leaving?

RR: Errrrmm, I'm pretty sure that my family, especially my older siblings, took it a little bit hard. But one thing that I let them know was that whatever happens, whatever they saw on the news, don't believe it, because most likely it is not even nowhere near where I was at. I had actually two younger sisters at the foster home. So I know it affected them. Yes, it affected them a lot, 'cause one of my younger sisters, I missed her graduation. And then my other sister who was in the foster home, she just started to go downhill like partying, you know, just doing things like you know high school girl should not be doing. And she wasn't, you know, she wasn't getting good grades anymore in everything, you know, so I know it affected them. I know it affected both of them a lot. You know it was probably more ways than I could even imagine.

KC: How old were you when you were deployed?

RR: What was I ...26. Turning 27.

KC: What goals did you have? Did you think you would stay in the military for the rest of your life?

RR: Before when I was younger I thought of making it a career, but things changed when I was in National Guard, because I was specialist for five to six years, and I was not getting promoted. Other people were getting promotions that didn't have two deployments under their belt. Once my time came up I thought, "You know what? I am out of here." I go and get my license for vocational nurse, do that and once I get my certificate, get civilian experience, I would go and join the Nursing Corps 'cause I believe that is the best place aside the Navy.

KC: What was it like in Afghanistan? And how did it affect you? Things you did, things you saw? Was it much harder than you thought?

RR: Well, first of all it was extremely hot (smiles). Like very highly. I'd be inside our little barracks area, and I'd be coming out. By the time I got to my formation, I was kind of like drenched and sweat in places like, I was like, I didn't think humans could sweat. You know, it was just crazy. I mean most of my work over there was just kind of like military police work, guarding the gates and every now and then going out into like what they call the safe houses that people kind of live off the base a little bit, you know what I mean? And I guess when I was there I was just, I knew I wasn't gonna be the same person as when I left, like I knew that because that is the one thing that military told us that I somewhat believed, but I just really didn't know in what form, you know what I mean? But I don't know—it was kind of like, it was interesting. Politically interesting.

KC: Can you describe how? What made it interesting and what sort of things happened that affected you, or because it is dangerous also over there?

RR: Well, I know there was some, actually there was an incident that happened on May. I think it was May 19th. Yeah, it was around May 19th and 2006, there was some riots that happened downtown Afghanistan. And, umm, it just kind of like started like a big riot. I had a little bit of down time that morning, so I just remember walking out of my living quarters, and I thought, "Something doesn't feel right," like the camp was really, really quiet. And there wasn't too many people walking around. Then I remember from a distance I heard like a gun shot. But I was like, "Okay, whatever." It happens 'cause lot of people over there, we were told they have weapons so I was like, "Okay, whatever, no big deal." But then I started making a couple phone calls back home, because that is what I usually do when I have a little bit of downtime. I call a couple of my family members saying, "Hi, how are you doing?" Whatever. Then I remembered that the Big Voice started, the little siren started happening. And I am still talking on the phone, and eventually every now and then I pause to make sure that what was being said or if I actually had to hang up the phone. And after, I believe, it was my second or third call I was like, "I got to go. Bye." I heard the code words, I ran back to my bedroom and grab all my gear, and you know met up my unit at the rally point.

KC: Did you feel there that you were in a harm's way?

RR: Ummm ... It was just kind of weird because, like I never really felt that like I was in the harm's way. You know what I mean? But then again, I don't know if there was something psychologically that was going on in my brain like, "Okay, I am in a combat environment." But for some reason I was just, I mean, there was like a couple incidents where I felt something could have happened to me, you know what I mean? But it didn't. I don't know. I am not like a religious person, but there was like some kind of divine intervention, like some kind of protection I had, you know, watching over me or my guardian angel or whatever, you know what I mean? Because there was couple of incidents that one of the safe houses actually got attacked. We are, like the local nationals, trying to protect the people that are in the safe houses. You know there were (a) couple of injuries of the local nationals. I guess it was cool that they were protecting us too. You know what I mean? But I remember this guy. Errr ... he was an officer, that is all I remember. And he says that when it happened, he was in his bed doing whatever on his laptop. And he went away to use his restroom and by the time he came back there was a bullet like straight through his laptop. And that could have been him. That he could have died.

KC: How was it to be a woman being deployed?

RR: As a woman being deployed. I mean it was okay. You know what I mean? Like I didn't get the bad looks from the local nationals, like. Because later it turned out to be like when I was talking to a couple of local national guys saying they actually admire females in uniform. But I guess it was because we were not part of their culture, nationality. You know that was the difference.

KC: And then how long were you in Afghanistan for?

RR: For a year.

KC: For a year, And when you came back what was it like to return?

RR: Uuuuummm, when I came back, it was almost like a cultural shock for me. Because it never felt like, each time when I was like on the freeway, you know, I started like getting that paranoid feeling like something bad is going to happen to me. Or you know what I mean? And I know a couple of times I had one of my sisters in the car and it was like (in a) few seconds I was already speeding hundred miles per hour on a freeway, and that was like I don't remember which side of the freeway, but there was like carpool lane, or if it was in the side where slow lane where I saw this big huge black bag of trash. And usually when you see something like that when you are over there it is just like a red flag that we have to view it as a possible IED which is like an explosive. And shortly after that happened, when I started speeding, then I saw two guys, I think, was on the freeway overpass to Mission Viejo, and they had like big huge jackets, so then I freaked out because I thought that they were looking at me and getting ready to throw something over the freeway.

KC: So the deployment time came back to you as flashbacks? The situations of dangers you were taught to look into?

RR: Right. That is just like part of the things, you know, like, I know there was a lot of stuff over there that affected me, but I am still kind of like, you know, into like, the work in process like myself dealing with the PTSD, you know, what I have. And I mean it has taken me almost three years, and it is almost like I am normal, but not really, you know what I mean? Because I still have those little triggers every now and then, and usually when that happens, I just don't really feel safe with my own self, you know what I mean? Like it is not necessarily that I will end up doing something, you know what I mean, to somebody else or myself, but I don't really feel safe with myself with safe driving. I don't feel safe working with other people, because I was a caregiver, and with something like that you actually have another person's life in your hands literally, you know what I mean? So it's like, "Nah, I just won't do it." If I was working in retail, I would still end up working, because I don't have another person's life in my hand.

KC: Could we go through some questions again about PTSD, because of the background noise a moment ago?

RR: Well, I never really realized it. It wasn't until I got back on March of 2007 and I didn't really know what it was until about maybe October-November 2007.

KC: What happened then?

RR: I was talking to one of the sergeants in (the) National Guard unit, and he was telling I pretty much highlight the PTSD, but I was kind of in denial about it. No, it was not me, I don't have that. That's just another psychological label name that people are trying to put on me.

KC: But they had seen something. What did they see?

RR: I don't know. I still don't know. But there was this lady in my unit, I don't remember her name. We started talking, and she started to go through a little checklist, different symptoms of PTSD. And when she told me, I felt like I was like overwhelmed. I felt like I was in a cell all alone and like in the middle of the ocean and not knowing which way to go. And my sailboat is just kind of like sinking in.

KC: Like when you were still serving and with your friends and family, you were still feeling like you are alone?

RR: Yes, yes. Sort of, because it is kind of like I knew my younger sisters like a few times I've talked to them and stuff and one of my sisters moved to Dallas, Texas, and she had her baby boy on Christmas Eve. And it was my niece, my little baby nephew like two years old and myself, because we were watching them all while she was still in the hospital, recuperating from having the baby. But afterwards she came back, and she said something within the lines that she doesn't really know how to talk to me, because it is like I am there, but I am not there. You know what I mean? And, like, lot of people have told me that is one of the symptoms of having a post-traumatic stress disorder.

KC: Can you tell again about what happened on the highway and you started to speed up? There was background noise earlier, when you told about it.

RR: When I was in the freeway, there was like a big large trash bag, and I don't remember if it was in the car pool lane or side of the freeway, and I started speeding up and I sped up even more, when there was this guy over the freeway overpass with a big huge jacket. I just felt like he was going to throw something over the freeway and kill me or kill somebody else, and so I started speeding and then— actually I think this is a different occasion. I think it was when I came home for emergency leave when my stepmother passed away. But, like, I started speeding and I was going like ninety or one hundred miles per hour at least, like easily. And it took me like a while to actually realize, you know, and I tried to calm myself down, like, "I am in California, I'm in the states. There's nothing bad going to happen to me." So I started slowing down, and when I was like about close to eighty miles per hour you know what I was going like ninety or a hundred miles per hour. The cop pulled me over and asked why I am speeding. I tried to explain to him that I just got back from Afghanistan, and I was on emergency leave, and the cop just didn't believe me. And I had to highlight my orders in the front seat with my sister. I think that day we were going to the funeral service, I believe. And the cop just

didn't believe me, gave me a ticket. But then I couldn't show up in court, I was already—I went back to Afghanistan by the time I, like, the court ticket showed up,

KC: Do you think it was Afghanistan that triggered the PTSD? Have you been able to make sense what was in it? Was it deployment or return? You said you had culture shock when you came back.

RR: I think it was kind of like combination of little bit of both, you know? Like in my mind, like, because I knew what the normal was over there. You know in Afghanistan. I knew what to look for and everything. But for some reason those things I was looking for that were normal over there, like, became abnormal over here. Does that make sense? Because I was always overly protective of my two younger sisters. And when I came back I was overly protective to the extreme, like I just really didn't let them do anything. And one of my friends I was talking to, God bless his heart, is also a ... not Vietnam vet but he was in Grenada, Desert Storm and all those wars and stuff. He—what he told me that I was overly protective of my two sisters the same way I would have been like if we were in Afghanistan.

KC: When did you start to notice you had PTSD and how did you start to look for help for that?

RR: It was around September-October 2007 when I ended up talking to a lady in my unit, like she was there for soldiers if they wanted to talk or whatever. And this other sergeant told me to go and see her, and that is when she started to go through the whole checklist and everything. But I thought, "It is not me," so. But then it wasn't probably until November or December that I actually ended up going to the vet center in Orange County and ended up seeing somebody over there and everything kind of got together a little bit but not quite all the way.

KC: Had you finished with the army?

RR: No, I was still in the military.

KC: What triggered you to go there?

RR: It was more like my aunt especially told me that I should go to VA, go talk to somebody, I was like, "No. No. I'm not gonna go, I am fine."

KC: What were they worried about then?

RR: Well, my aunt I used to spend the night over there. She told me that when I get into like I am going through my combat PTSD moments, she feels like uncomfortable with me spending the night there. She is afraid I might just, I don't know like, freak out and kill everybody in the house.

KC: Did you have anger or why did she think like that?

RR: I am not sure. I really don't know but only thing I know is that like my anger is really, really short fuse. Like really short from what it was before.

KC: Did you then get help?

RR: It as just more like, like I said I was at the Orange County Vet Center where people over there are combat vets themselves. So it's like if I am gonna seek any kind of help, they have to be combat vets themselves, 'cause you know they know what to look for, they know the different effects the combat affects another soldier. They know different coping skills we can use, different types of strategies we can use as opposed to somebody who is just book smart, and they can know everything there is about PTSD, and, okay, they have treated a lot of people with PTSD, but they still don't know it with themselves, because there is no way they can relate with us. 'Cause, like I said, they just have the book smarts.

KC: Three years ago you sought help... yeah roughly about... what has happened since then? What sort of help have you got, and how have you healed? Where do you think you are now?

RR: Well, I think I have not necessarily healed. You know what I mean? But I kind of overcame it. And it is like now I am little bit more willing to go to some of the PTSD group that VA has in Long Beach, but I haven't really gone there yet, you know what I mean? Like I am little bit more willing now, but I still have a lot of the issues that I had three years ago, but even like I didn't have them every day, I guess it is just like when it happens it hits me hard. It is like I go to a black-out phase I don't really remember much of. You know, anything that happened I speak through emotions.

KC: What have been things that have helped you during these three years?

RR: I guess it has been like seeing my therapist and stuff, and they are trying to direct me in a right way. Also to be held accountable to something else but just to myself that will call me for my shit for the lack of terms.

KC: So do you go every week?

RR: Yes, but she is getting deployed to Afghanistan in a month or two

KC: How did you end up here when you came back from the service?

RR: Errm, I actually started two jobs. Working in a grocery store. I completely hated it. I will not work in a grocery store in my life.

KC: After deployment?

RR: Yeah, I actually walked out of that job. I actually walked out of that grocery store, 'cause I had enough of the crap and I thought you know what, I am done. I just walked out, clogged out. I think I did partial scene in the store which I normally, don't usually make a scene. I normally don't curse in front of the customers, but then I was, "What the hell, I quit." I don't work for them anymore, you know what I mean?

KC: How long after the deployment was that?

RR: That was actually December 17, 2007.

KC: So that was very soon.

RR: Yeah.

KC: And after deployment how quickly did you leave the army?

RR: I was still in the National Guard.

KC: And did you leave the military then?

RR: No I was still in.

KC: And after the grocery store what happened then?

RR: I got sick. I got sick, like, for three weeks, and I actually didn't feel guilty about walking out of the job. I never had walked out of any job except that one, 'cause I usually end up giving two-week notice, but this time I just walked out. So it wasn't until December until January-March that I ended up getting another job working at (a) movie theater, and that was okay, but I noticed I had difficulty in writing my schedule correctly, because like some days I was supposed to go to work I didn't go to work, and the days I wasn't supposed to go to work I came to work, so I just kind of like messed them up. And they said if I need help, I can ask one of the managers, but I was, "I don't need any help, I can do this on my own."

KC: Do you think that was because of the PTSD?

RR: Probably. I think there is like lot of stuff that has happened that a good percentage contributed for having PTSD

KC: What happened then? How did you end up here?

RR: Then I was over there, I ended up having another job too. Like in between those two jobs, I wasn't ending up making enough money to you know pay for the rent, my car payment, my cell phone and the insurance. And the people I was staying with I kind of took it as an ultimatum, like, "Come up with the rent money or you have to move out." So eventually I ended up moving to Oceanside, which is like veterans transitional housing. 'Cause I started to go to school there to get my certificate in the health care and rehab therapy technician, which from there I was able to pass my state exam on certified nurse assistant in November 11, 2010. From there I graduated and then I started my nursing program in ... in Garden Grove. But I didn't end up passing my anatomy-physiology, 'cause there was lot of other factors going. Like I was sleeping in my car, not having you know money for food, gas or whatever it was.

KC: So you ended up being homeless?

RR: Yes. So even if I was on Oceanside, sometimes I didn't have gas money to drive back and forth, or I didn't have the money to go to my sister's house and crash there and instead I crashed on the campus in my car. And then in October I was supposed to restart the program again in Garden Grove, so I figured out, "Okay, I just move to Long Beach, since it is only twenty to twenty-five minutes the most driving distance you get there, so then I moved here October 6th last year. But then that didn't work out, because like I'm on the pre-waiting list to get back to school to start with the minor's program in anatomy and physiology. But then from there I ended up getting sick for three months with bronchitis, then my car got repoed from here and everything was just going downhill really, really quick. But then eventually I started going to community college. At least I could do something productive with my life. Get a little bit of my GI Bill money and stuff. Like not to be completely broke until there is an opening to restart the anatomy and physiology for nursing.

KC: You came here October last year. Did things start to get better then?

RR: Ahhmm, well I am not actually sure if things have started to get better. I am like in a transition mode right now. Because I know something good is coming out of this, I don't know when, but I know something good is going to happen like pretty soon.

KC: How do you see your future?

RR: I haven't really thought about it that much, but what I do hope to be in the next few years is to complete my license for vocational nursing program, pass my state board exam, you know work for a little bit, have some experience under my belt and like I said before, then maybe possibly rejoin the military again. Do their nursing corps which would be almost below the nursing practitioner and from there, volunteer to go overseas and save a lot of soldiers' lives.

KC: What makes you want to go back deployed?

RR: Being a nurse. That is the only way I would consider going back, you know, being a nurse.

KC: You still feel strongly about being part of military?

RR: Yes. I have said this a few times to my family members and to relatives. Military is like I have a love-hate relationship, you know. There is a lot of things in the military that I love. But there is a lot of things that I just don't like. You know what I mean. But I guess more aspects of it that I like about the military outweighs you know kind of like what I don't like.

KC: How has military helped you since you came back?

RR: Well, I'm pretty sure that there are resources out there somewhere, but I never really looked into it, you know what I mean? I know there is but I don't know how or where or who do really ask for help 'cause it is like, in February I kind of like had a breaking point that I actually ended up admitting myself to the hospital, because I was having these very dark thoughts and feelings and having like the physical adrenaline doing something horribly wrong. And I ended up getting hospitalized and I ended up staying there only a day and a half because the damn people over there were pissing me off. I was more pissed off when I was over there than when I wasn't there. And my therapist kept on asking me what is it about VA that I don't like? Is it like the people over there piss you off? And I was like, "I don't know, they are frigging idiots. They don't know what they do. They don't know this, they don't know that." Usually when she asks me questions like that I may not have answers then and there, but I eventually get the answers later, you know what I mean? And what I told her was, "Hey look, I know that I need help." It's like I am standing here, and there is a mirror on the other side. And I am just kinda like stuck there. And I know that the doctors and others and the medication are right on the other side, but I can't reach it 'cause I am stuck on the other side, not really knowing how to get there, how to get what I want and who to talk to get what I need.

KC: It seems strange that after all this service you have done, when you leave deployment, you are really on your own.

RR: Like I said, it is probably there, but like I said, I just—I guess my whole character, my personality, is that I don't ask for help whatsoever. I just won't do it, you know what I mean? If someone comes along the way and helps me out, then cool. But I hardly ever ask for help. Look, 'cause I can manage on my own in some shape or form; even if I have just nickel to my name, I just manage it somehow.

KC: How do you manage your days? If you get symptoms how do you deal with that?

RR: I guess a big part of it is starting school at community city college in Long Beach. I am usually there from Monday to Thursday between 12:00 and 9:00 p.m. Between then and there, I am pretty much at school studying, using the computer and stuff. Kind of messing around online and stuff. And then I have a puzzle that I started to work on a couple of weeks ago. I have got most of the edges but I have not completed the rest.

KC: How much help have you got from other people to move ahead or have you needed to find everything yourself?

RR: I've sort of had to find everything myself. I knew the basics of having to go and apply for the financial aid. And then the board of governors waiver. And doing the vet reps office people, you know, that was just like the basics of the basics. It's amazing that, even until now, I haven't had my text books, and I'm like taking the philosophy class, and in the first exam I ended up having A without the text book. So right now in that class, I have like the border line like high B, almost A, average in that class. My psychology class I think I have like A or B 'cause we had—and I am not sure how I did. And speech class I think I have A... And it's all without text books.

KC: What would you say to another female who is coming from the deployment? What solutions are there if they have PTSD symptoms? What should they do?

RR: Umm, I think the biggest thing is like lot of people in the military get connected with the vets center. 'Cause the vets center—even if it is affiliated with the VA, but it is completely closed records—anything that is being discussed or said there is just like strictly confidential. There is no way that—if a person is still in the military in active duty—that there is no way that the chain of command is going to find out anything about it. But actually I have a book; let me show you (gets up to get the book) This book I got is called “Once a Warrior, Always a Warrior.” Within this book it has a lot of little short stories about different symptoms of it, people that have had PTSD. And there is a little thing here that I actually really, really liked.

(finds a piece of paper inside the book and seems happily surprised)

Oh, I found it. This is the stuff that I was looking for my VA claim. I thought I lost it.

There was a quote here that said (flips through the pages...)

“Those who work at the wars understand that a warrior responds, including ... doctors may label PTSD could be needed again in the future if they are mobilized into another deployment, someone tries to break into their home or they take a job in a dangerous profession, example law enforcement, security, emergency services. Once a warrior always a warrior.” It goes on that PTSD means different things to different people. And it talks that back in World War Two and Vietnam era they used to call it battle fatigue or shell shock.

KC: So that book has been helpful for you?

RR: Yes, even if I haven't read a whole chapter... 'cause let's see (looks at the book) Okay, here is another thing right here. "Sometimes when grief is put in hold or blocked up as warriors have to do in combat, it starts to get expressed in indirect and unhealthy ways such as alcohol, drug use aggression, rage, hostility, avoidance, risky behaviors, withdrawal from close friends and family and all complex emotions. Unexpressed grief can lead into depression, despondency, despair, feeling that life has no purpose, thoughts of wanting to die. Suicidal intentions may not be conscious, sometimes warriors become so self-destructive from alcohol-use, rage or driving recklessly that they end up killing themselves accidentally."

KC: How much of that had to do with you?

RR: Almost all of it.

KC: Did you also start to use alcohol?

RR: Oh sure, yeah. I ended up playing small little game with myself to see if I can drink alcohol seven days straight. Not necessarily to get drunk, but drink seven days straight and it didn't become fun anymore, because I didn't really want to drink. But I made myself that commitment so I forced myself to drink seven days straight.

KC: And was it part of the PTSD as well?

RR: Well, what it seems like according to this book, yeah.

KC: When did it start? Did that start after the deployment?

RR: Ummm, I knew it started pretty much after the deployment. I don't remember how soon afterwards. You know 'cause I remember I started to drink a lot and, you know, driving while intoxicated. Even when I knew I wouldn't have been able to drive. But I still like got behind the wheel. And reckless driving, I am not sure how that relates to me and the PTSD, 'cause I have always been kind of reckless, aggressive, safe driver. But I guess that would go in hands with—actually before I used to get really big road rage (with) people cutting me off or people not turning their turning signals on 'cause I can't really go left or right or slow down, 'cause I used to actually throw cups at people on the freeway. Or if I didn't have cups, I would throw whatever I have in my car to their car on freeway.

KC: That was after you came back?

RR: Oh yeah, that was like during the first year or so.

KC: Did it bother you or did it feel normal?

RR: It wasn't so much that it bothered me, it was the other idiots that bothered me.

KC: So you reflected it to others, thinking it is their fault, and thought it is normal?

RR: Yeah, and I think I still do to certain extent. Like when I was reading this book, it said like doing certain things to desensitize yourself from the situation. And one of the things that the book gave was to go to the Middle Eastern restaurant. Go in there, eating the food or going to some Middle Eastern event, you know what I mean? Something like that, but I don't think that worked for me, because I ended up going to some little Middle Eastern restaurant somewhere in downtown Long Beach. I don't even know the name of it. It was with one of my friends and one of her friends that came down. I didn't know there was a Middle Eastern restaurant until I stepped foot inside it. Once I stepped my foot in, my heart started racing really bad like I felt I had to leave. I had the fire flight response. And I tried to calm myself down, saying, "Hey, it's okay. I am in a restaurant, just calm down, just watch the stupid TV." But it had like Afghanistan music videos. And I tried to focus on that, but it wasn't working out, because whole time I was there I just wanted to leave. And I was there like thirty to forty minutes. Maybe an hour tops. It just wasn't working out. I had to leave. But the whole time I was, "Crap, I am in the Middle Eastern restaurant in the frigging downtown Long Beach." Now I hope these people don't poison my food or do something to me that I end up getting sick. And I hope they don't have something that is going to explode the whole restaurant or when we walk out we are gonna die ... Because the table where I was sitting at I could still see the kitchen a little bit, you know what I mean? So I just kept on looking over there. I don't think this desensitization crap works.

KC: Can I ask, did you suffer military sexual trauma when you were there?

RR: Yes.

KC: May I ask how did that affect?

RR: Well the person that it happened with, it was really weird, because it started off like a really good friendship, like we had our own little clique and everything. 'Cause it was when I was in the 540th unit and some stuff happened, and I just didn't report it, didn't say anything about it, okay, whatever. He is a good guy, but I still don't agree with what he did, and I kind of like let it go 'cause I didn't think I would ever see him again. After that—

(PAUSE)

KC: So you said you were sexually assaulted...

RR: I am not sure if it was actually considered an assault or not, like I sort of reported it, but I didn't, because I thought it was a one-time moment only, and I'm never gonna see

this individual again. But then it turned up that he ended up being in my unit in the 315th. And from then on I started getting little uncomfortable with the situation. And because since that incident happened I didn't really respect him as an [officer] or person, like I would be saying stuff to him like I normally wouldn't have said to another [officer]. And then an incident happened in Afghanistan with another female, but whether that incident is true or not, that is a different story.

KC: With the same guy?

RR: With the same guy. He was in a different platoon then where I was in. So I thought, "Fine. What is the chance of me running into him alone? Pretty slim." But when this incident with this other female happened, like all of that stuff that happened three, four, five months earlier like everything started coming up. I started having nightmares. I started having dreams. I guess I got depressed about it for a long time. Like I didn't feel comfortable about being around people. I didn't feel comfortable about going to the mess and eat, I didn't feel comfortable about going to do my laundry or going to the PX. And it actually got to the point that I was almost contemplating taking my life away. And I actually had it all planned how it would happen and everything. 'Cause I was just going to shoot myself, I had my weapon, put the ammo in, had the magazine for my weapon. And I was getting ready to unleash one chamber, and one of my armed friends ended up knocking at the door. She was a sergeant. I sort of forgot that it was Sunday. I got all Oh God, I'll be there and I took the ammunition and all out of my weapon.

KC: So that saved you?

RR: Yeah.

(SD card changed)

(before discussed about making a case against the rapist. She didn't file a case.)

Why?

RR: What for? You know what I mean, I... you know what for?

KC: What for to not go for help?

RR: Yes, 'cause it is kinda like I live here now, and this individual lives in the Sacramento area, and it is a big distance.

KC: You didn't want him to take responsibility for his actions?

RR: I actually went 'cause there was this huge investigation going on with CID. And I was supposed to go to my statement, and I was fine I don't wanna do it but I should. we

went on a convoy to do my statement. Once we got there, I was ready for it, you know what I mean? But I don't know what the heck happened. I just completely changed my mind. He was cool as an individual, but at the same time, I didn't feel like the one to ruin his career. 'Cause he had family and children, and maybe I was taking that into consideration. But I don't know. I just felt horrible. We went in a convoy all the way there in a convoy with the intention to write a statement against him, and I just never did. Not only did I put my life in danger, but I put everybody else's life in danger in that convoy. There were couple of people in the convoy who ended up giving me shit for it.

END OF THE INTERVIEW – RAQUEL RAMIREZ

Appendix G: Transcript of Raquel Ramirez interview on 06.06.2011 in Facebook messaging service

Interviewee Raquel Ramirez (RR)

Interviewer: Kirsi Crowley (KC)

The interview takes place by phone and Facebook messaging on 06.06.2011

Telephone conversation:

KC: Can you tell about your childhood, ending up with social services?

RR: I was part of social services from 14 to 18. I was in Santa Margarita in the young marine program, sponsored by the Marines. I ended up with social services because of all kind of abuse. It was physical and emotional abuse. My mother ended up taking me out of school for month.

(The phone line is cracking, so we decide to send Facebook messages.)

Facebook messages between Raquel Ramirez (RR) and Kirsi Crowley (KC):

RR: This is Raquel. Hello not sure how this is going to work out.

KC: Hope well. Maybe we can still meet up one day if this does not work?

KC: Could you tell again where you went to school and about the young marine program? I didn't get the names of places on the phone.

RR: Ok. What were u asking again?

KC: Where were you at school before joining the military?

RR: The young marines program was for youth kids from the age of 7 til 18yrs or graduating from high school.

KC: What did you do in Young Marines' program? Was it a school?

RR: I was attending Saddleback Community College in Mission Viejo CA. South Orange county.

RR: No it was an organization sponsored by the Marine Corps League. We will meet in the weekends and go through training similar to boot camp.

KC: How did you like that?

RR: We would also do parades on the community. One of the parades I remember was in Laguna Beach. I think it was for Veterans' day.

RR: I actually really enjoyed it. It was almost preparing us to join the military.

KC: What was the time living with social services like as a young person? Were your sisters there with you?

RR: One of the few things I remember was them teaching us about discipline and respect.

RR: There was times it was really tough on me.. My younger sisters were with me in Orangewood.

KC: I am sure it must have been very tough. Did you have anyone there to help you in your teenage years?

RR: They were sent to foster homes. No one really want to take a teenager. That is why I was stuck in group homes

RR: Social workers, psychologist and my special friend which was court appointed CASA. The acronym is court appointed advocate

KC: Did you have a good relationship with them? How about your parents? Did you meet with them anymore?

RR: I did have visitations with my father and mother. They were monitored visits. Meaning some one had to be there during the visits.

KC: Did you forgive them?

RR: Everytime I think I did I end up taking the feelings back. It was mostly related towards my mother.

RR: Also during that time my mother was involved in alcohol and drug abuse.

KC: How did they behave towards you?

KC: I mean how did they treat you when you were a child?

RR: When I was in social service?

KC: I mean your mother and father.

RR: Ooh ok

RR: When I was a child I was treated well. When I was in the pre teenage years there was a change in my mother. I'm not sure what it was exactly.

RR: Then my mother started to become abusive towards me and my father. Not so much with my younger sister.

KC: How did the social services treat you?

RR: Ok I guess. One of my social workers was trying to put me away in a mental institution. My special friend was advocate for me. I wasn't sent.

KC: Why did the social worker want to do that?

KC: Was your father not able to help you when your mother became abusive?

RR: I think part of it was I will run away from the group homes and was defiant towards them.

KC: You are very brave, having come through really tough times and working hard to get ahead in your life.

RR: Not much because he was already older.

KC: We were talking about the recruiter. Did you say he was phoning you 3-4 times a week for a year?

RR: Not sure if you receive the last one about protecting my sister from my mother and the foster parents??

KC: No I didn't.

RR: Most of the time I ran away was to be with my sisters to protect them from my mother n the foster parents they had.

KC: What did they do to your sisters?

RR: One of the foster parent boyfriend threw my sister out in the street when the foster mother wasn't there.

RR: And being abused.

KC: It is horrible. I hope your sister got help and got over this.

RR: Sexual abuse.

KC: Did you mean your sister was sexually abused? last message had only two words.

RR: One of them started to gain a lot of wt. Then again their social worker was having me do their jobs and talking to them what happen.

RR: Yes

KC: By the time you went to Afghanistan, were they already adults, so you did not need to look after them anymore?

RR: My younger sister was still in foster home. One of them was graduating from high school and went to a program from social services to help them get into their ft. The lady turned out to be an alcoholic.

KC: What happened with the recruiter? Did you say he phoned you 3-4 times per week for a year?

RR: The recruiter will show up in the campus and a few times should up in my class.

KC: He showed up in Saddleback college?

RR: Yes.

KC: How much did he pursue you before you joined?

RR: Almost 1 whole year.

KC: How often did he phone you?

KC: One last question. Where are you studying now? Is it the nurse studies?

RR: I think it was almost everyday or every other day I don't really remember.

KC: Wow, that is often.

RR: I am going to school at Stanbridge in Irvine to get my certificate/ license for vocational nursing.

RR: Ya I know right. Last week on Thursday I had my first exam and passed. This week I have 2 in a row.

KC: Congratulations for getting into the school and for your success! Keep it up! Well done! And thank you for the interview. I will phone you soon when my story is ready and will show it to you, ok?

RR: K you welcome.

END OF THE INTERVIEW – RAQUEL RAMIREZ, FACEBOOK

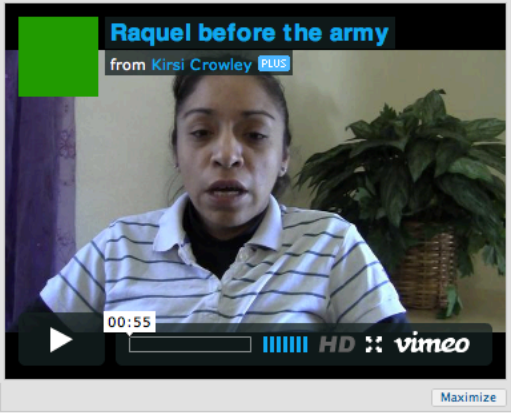
Appendix H: Screen shot of Raquel Ramirez's page

AMERICAN WOMEN WARRIORS' ROAD BACK HOME
Kirsi Crowley, Author

Sign in or register
for additional privileges

American Women Warriors' Road Back Home
Index ▾
3 paths
43 pages
113 media files
1 tag
Search
View ▾ Recent ▾

Timeline Path, page 1 of 28
Previous page on path Next page on path ▾
Other paths that intersect here: ▮

Raquel Ramirez saw structure in the military
Raquel before the army / Vimeo

Maximize
Next »

TEENAGE YEARS: RUNNING TO PROTECT
Raquel Ramirez dreamt of joining the military as a child. "I remember when I was about 4 - 6 years old, I told my parents I wanted to be a Marine," she tells me, smiling when we meet for a video interview. She's a petite woman who talks with the discipline that the military instills.
Later, via Facebook, she tells me about her difficult journey in the military. After happy childhood days, Raquel was placed in the care of social services when she was 14, because her mother mother abused alcohol and drugs and became emotionally and physically violent. At the height of the abuse, she took Raquel away from school for a month. Raquel spent her youth in children's homes.

Appendix I: Transcript of Whanja Brown's interview, 04.13.2011

Interviewee: Whanja Brown (WB)

Interviewer: Kirsi Crowley (KC)

KC: Can you tell me your name and where you were deployed?

WB: My name is Whanja Brown and I was deployed to Iraq in 2007 and 2008 and to Afghanistan 2010–2011.

KC: Why did you decide to join the military?

WB: Well, I was married and ended up getting a divorce. My ex-husband put me into debt and ruined my credit. So the military was a last resort option that would allow me to pay off my debt and fix my credit without having to depend on other people pretty much. You don't have many bills in the army because they pay for a lot of your living expenses. That is why I joined.

KC: What were your goals in the military?

WB: The goal was pretty much to become a new person on paper, to become financially free. If it meant putting my life in harm's way, I was willing to do that. Because for me you are not really free, you are in bondage if you are in debt and if you don't have a good credit score. I just wanted to join the army for one term just to accomplish that. And in my one term I have been able to accomplish that. Amongst other things I had my student loan paid off completely. I had a bachelor's degree I obtained before I got in. And because of the new post 9/11 GI Bill, they are going to pay for my master's degree as well. So I have done pretty well.

KC: How did you feel about joining the military?

WB: It really scared me. It was frightening. But it was for me more frightening to live in a situation from paycheck to a paycheck. I had awesome jobs. My field is in journalism so my work was in NBC, CNN. All before the military, but TV doesn't pay a lot. I was living in Atlanta. The cost of living is high there. And it was like I was living from paycheck to a paycheck, but I worked for the best companies. When I had to re-evaluate my financial situation, my life, I have been wanting to pay off my debt, but never had really any opportunity because the money I was making from my job was enough barely to cover my current bills. So, I thought what can I do to help myself without having to depend on other people because I didn't have help from my family or from anyone to help me to get my life back together. So going to the military was very scary because I knew people were being deployed in the war. But I was like, you know what, I'd rather at

least try. And if something happens to me and I die over there, at least I am dying trying to fight for my beliefs.

KC: What role did patriotism play in your decision?

WB: Oh yeah, I love to help people in general. And you know it was a very big honor to serve my country. But that was the temporary sacrifice coming from the work I did. I could have picked the job coming from the media. They had like radio announcers, news reporters, anchors, all that. But I decided to do something more rewarding, so I decided to be a chaplain's assistant because I love helping people. So, that was the job I told the recruiter that I wanted. It made me feel good because I was serving my country and I was serving God. Our motto was for God and the country.

KC: Can you tell about when you decided to join the military, how did you go about it and how did you approach it?

WB: When I decided to join the military, at the time I had moved from Atlanta back to my hometown Chicago. I was helping my grandmother out. I had a job. I pretty much went to the recruitment centre in Wentworth and talked to the army recruiter. I don't really remember all the details. That was some years ago, but I do remember we did some paperwork. They took me to Illinois, I took the test, another day I did the physical, eventually signed up, went to the boot camp in Jacksonville Carolina for nine weeks, after that we had AIT training for whatever job you are going to work, as a chaplain assistant. That was it.

KC: Were you deployed straight away?

WB: When they told me my assignment, where I was going to be going, I was in AIT. It was the second or third week. They were giving out assignments. They told me I am going to an aviation unit in Fort Riley, Kansas. They said they were planning to deploy within a year. I was bracing myself. It didn't add up that time, but I realized later that aviation is one of the best units ever to deploy. When you get over to wherever you are going, where their bases are, they have better accommodation and they are more secure than lots of the bases. No base is safe.

KC: Do you think you were prepared well enough to your deployment?

WB: Actually I was trained pretty good. I was shocked and amazed to find out that as a chaplain's assistant our training is more vigorous than the infantry and the infantry is in the frontline. They are the ones with most danger over there. We had a couple of guys from the infantry reclassified as chaplain's assistants. At the end of our training—we do field training—they said ours was vigorous. I thought ok, because they are in the thick of things.

KC: Do they train you mentally?

WB: They train us on that too. It is called, I believe, battle mind training. It is basically to train us mentally to prepare for combat and culture shocks. To prepare us to interact with people who live and work in that environment: their customs and religion. We have to learn not to offend them as well as to do our jobs, keep things safe. We have to be on a lookout because a lot of the people there live outside our compound. Some people come in with a suicide vest on and blow us up. We actually had twelve to fifteen guys trying to do that in May. They were all killed, but they ended up killing two people when they tried to come in. That was really scary. That made national news but when that happened, whenever we had major attacks like that, things became much more restricted. We had to work longer hours. It made everything more difficult.

KC: How was it to change from a civilian job to the military, was it easy?

WB: No. God, no. Because the life that I was living before I joined the military was drastically different. All of my friends and the family—like I found after I finished the basic training—never thought I would finish the basic training. Some of them didn't think I would make a week. I used to model professionally before I joined the Army. I used to basically really be into taking care of myself, pampering myself. I was overly protective of taking care of myself. Like, I want to be healthy, eat right. I am not a health nut, but I don't like to be dirty. People perceive me as pretty, but I never realized that until I joined the Army. One thing about me: I have been an athlete since I was seven. And that was what helped me survive in the Army because I have a heart of a real athlete. I like to look pretty, but I am not so pretty that I can't do certain things. I don't like to be dirty, but if me getting dirty has to do with me fighting for a better future, I will. And that is what happened with me when joining the Army. Basic training and AIT—we had to crawl in mud, dirt, shoot it, ride it. I can't stand weapons. I don't like violence. I don't like fighting. A lot of people ask me: "well why did you join the army then?" Well, to fight for my future. And at the same time it was nice to be able to know I was helping the country. It made me feel good that I was helping myself and I was helping my country. So, because I don't like violence I knew that could only be temporary for me. We have to qualify a couple of times a year. We have to do all kinds of combat training. They train us how to fight and protect and defend ourselves in different ways. None of that was part of my lifestyle. I totally was not interested in any of that. I liked not to be dirty. I like my appearance to be immaculate. It is not going to happen, if you are in active duty in the Army. You are going to be getting dirty while doing crazy things. Things we do for training in AIT in basic training are things what a lot of people would pay to do, people who like the thrill and excitement. They would pay to do this. We have a lot of obstacle courses. They are very scary to me, because I don't like heights. I can't even describe all the different obstacle courses. Those are things that normally you couldn't pay me to do. I won't even go on a rollercoaster at the amusement park. For the fact that I have done the things I have done in the Army, it amazes me. It is like I know there is nothing I can't do. I have been a professional pageant. I have modeled. I have worked on TV. I have

always been immaculate. I have always hated being dirty in the organization. But in the military they are really strict on how you maintain your room, if you are a single soldier. But as far as being dirty, please! If it is raining outside and we have a job, we are going to stand in that rain and get soaked until we get that job done. And that is something I would have never done before. I can't stand to get my hair wet. And heck, I don't like anything about fixing cars. I just want to drive the car. We had to be assigned to do car maintenance. It was like torture because I am not totally into that but they gave me a manual and I had to figure it out. Every week we had to go to the motor pool and do things. My life was nothing like it used to be.

KC: But you did it?

WB: But I did it (laughs). So, I did it because I had to.

KC: Can you tell about your deployment? Where did you go? What happened? What was it like?

WB: On my first deployment, I went to Northern Iraq. What was the name of the city? Tikrit was the city outside our compound and our compound was called Speicher. It is a very, hmmm, boring place. Iraq is very boring. It is like, lifeless. That is the only way I can describe it. Like, there is no life there. There are no trees. Grass won't grow there. As a matter of fact, I learned there that it is the mould capital of the world because for some reason nothing will grow out of the ground in regards to something nice. Things grow but—my chaplain explained it to me—it is like water won't even like, soak into the ground. What happens if it rains, well the water rises above the ground. It's strange. They have lot of openness and nothing. And it can get very, very hot in Iraq.

KC: What was your work like?

WB: I did my work as a chaplain's assistant, I worked in the Victory chapel with the brigade chaplain, her assistant and my chaplain. Our offices were based out of the chapel but my chaplain and I... well the brigade I was in was monstrously large. Our battalion alone was well over a thousand people. My chaplain and I were assigned to provide spiritual support for a thousand plus soldiers we had in our battalion. We would be out of the office a lot doing what we call the ministry of presence: daily going in an area where we visited. I was in the Apache unit, so basically there are all types of levels of support. We may go to the airfield and speak to the Apache pilots and shoot the breeze, "Hey how are you doing, everything ok?" Because there the type of work they do, definitely it can mess with your head. Because they have a power to take or save a life. On occasion when they have to take life, they could, you know (knocks on her head). We—just the people on every level, the people in the air fix shop, the ones responsible for fixing the computer if anything went wrong—they really worked hard, they worked harder than any other section if anything went wrong. I tended to do extra visits. We would do visits to all different sections.

The majority of issues people have during deployment are relationships, boyfriends, girlfriends, spouses. It is a big thing because you are separated for a year. We get to go home for a two-week visit, for fifteen days, if you are already in a serious relationship or a marriage, you are grateful for those days. But it is still pretty difficult with the separation. Many people who are married, if they have already not got a divorce, either they are already planning on getting a divorce before they leave or even when they get back and get it. It is very sad. I had a relationship in Iraq. My boyfriend and I were serious about getting married. But it was just the separation because he was in Germany and I didn't have a chance to see him because stuff kept coming up. He deployed maybe for four to five months after me to a different part of Iraq. Married couples who are separated in different parts of Iraq they get to visit each other. But if you are not married, you can't. I was freaking out because of the separation. It didn't work out because I didn't handle it very well.

KC: How dangerous was it in Iraq?

WB: You are never safe no matter wherever you go, and this is the thing. In Speicher I was very fortunate because the northern part of Iraq—if you were deployed when I was there—it was known as one of the safest places to be over there. But it is not totally safe. Because while we were there, any military base there is going to have landmines that have been there for years, and different explosive devices that are like lodged in different places. They teach us before we go over there that if you see a strange object, don't try and dig it out, because it could be a bomb. Some people take it as a joke. We had a soldier who was eighteen or nineteen. The story was he was walking with three other people. There was something he saw in the ground. He dug it out and started shaking and pounding it on the wall. It exploded and he was killed. That happens a lot. During my deployment in Afghanistan, it was the same there. There were literally landmines all over that base and they are still in the process of having people clear those landmines. They block the areas off until they are sure. They have workers from Africa who do that. Two have been maimed. One lost some of his fingers the other one lost an arm or a leg.

KC: Were there attacks?

WB: Then when I was in Iraq. The other thing we did, my chaplain and I, in the aviation unit we had to fly to other bases. Because we were in the aviation unit and would fly wherever the soldiers were. Some places are more dangerous. One time we were leaving. I felt in my spirit that something wasn't right. I was like: "Oh my goodness". Whenever I get that feeling something is going to happen and I don't know what it is. So I told my chaplain. He asked: "What is it?" I said: "Sir, something isn't right". He said: "Do you want to pray about it?" because I said I don't know if we should get on the plane or not. I don't know if something is going to happen to a plane because we had two incidents, two plane crashes in my aviation unit where people died over there. In one incident a plane was landing at night. I guess they couldn't see the runway correctly. They crashed on the

runway and everyone died. And the other one, he was shot down over there, but he was flying trying to protect other people. So, I thought I don't know if we should go. So, we got on the plane. We prayed. We got there. We got to our rooms where we were staying, and an hour after we got in our rooms a rocket was launched into our base to attack us. They shoot just anything they can—guns—to try and get into our compound. And a rocket landed so close to where we were. And I knew if we would not had prayed about that, we could have been killed because it was way too close. Another one of our soldiers who we sent to another base called Victory—we were not there at the time but we would go there and visit—he was in his room and this is a true story. He was near his locker. He bent down to pick something up and when he bent down just then somebody had shot a rocket, missile, something into the base. And it went through his trailer where we live in. And it went right through his locker, where his head was. And when he lifted his head back up, there was a big huge hole. I don't know what it was—a missile rocket—but there was a huge hole in his locker. And if he hadn't bent down, he would be dead today. So it is all types of dangerous things that can happen over there.”

KC: How did time in Iraq and Afghanistan affect you?

WB: I had some very, very traumatic things happening to me in both appointments, and more so the first appointment. Some of it was pretty tough. I came back from the first appointment knowing that I had a post-traumatic stress disorder. Even though I wasn't diagnosed with it at the time, I knew I had it.

KC: How did it manifest itself?

WB: Just through all the trauma. I knew I wasn't the person I used to be, as far as the training and work and some of the things you have to do when you are in the military and then when you deploy. It is more than a culture shock. It is, you know, it is like hard to go from civilian life to the military and then to jump back to civilian life again. Because it is a whole different world that if you haven't experienced it, I couldn't try and explain it to you. But you have to experience it yourself because of the repetitiveness in certain things they drill in your head. It is like they wanted to train and program you like a robot. And in certain cases it is good and in certain cases you might think it is not good. For me in certain cases it was not good. But I have done a whole lot better being able to remain the person who I was. I am not the same person, but I am not so far from being the same person. Some people literally, just totally, just completely change.

KC: How did the PTSD show?

WB: Anxiety, feeling overwhelmed, always wanting to be alone. Like people who ask you questions when you come home on your leave to the States or if you talk to them on the phone. “What is it like? Did you kill anybody?” You know they want to talk to you about it, but what you are going through over there is isolation. It does not matter if you are over there with the unit. You are alone. You are away from all your loved ones: all

your friends, all your family, everything you know to be familiar to you, your support system, your church, your pets, your hubby. Unless you just want to play video games all the time. But often you have no outlet and you are just there. And you are existing and you are under extreme amounts of stress and tension, pressure. You have very strict rules to follow during combat appointments, very. They are so strict, you feel like, you know, you are a prisoner sometimes. Then your superiors, depending what rank you are, are stressed too. And if they are having a bad day, you are probably not going to have a good day. It is just like being in a fiery, very tough situation. So there are a few outlets over there but just the fact of isolation, the stress, the strict rules. It does something up here to anybody (points to her head).

KC: Were there particular incidents that affected you or was it the general atmosphere?

WB: On both appointments I have lost friends. My first appointment, I lost three friends. One of them was a chaplain's assistant, who I worked with, he worked in the same chapel as me. The other one lived two doors away from me. He died over there. Another friend of mine died because he got blown up in a convoy in the ID (Infantry Division) and that makes everything even worse. Then I had the most traumatizing thing ever happen to me since I was deployed, when I was in Iraq. I had basically got my hair burned out. It traumatized me so bad. It literally was like I was just silenced for two weeks. I felt something died inside of me because my hair has always been significant to me and I always have taken pride in my appearance. One thing that is harder for African American women who deploy is that water is harsh for our hair and a lot of us lose our hair there. And I was really praying hard: "Please, don't let anything happen to my hair." It burned out. It was so bad I had to wear a wig and that crushed my self-esteem. And then when the hair grew back, all of it didn't come back. I am still missing a nice amount of hair in front of my head mainly this side (shows). I have to cover up by wearing styles that cover up batches of hair that are missing. Some are on this side and I don't have a normal hairline anymore. That traumatized me because I have always had really nice hair and I used to be able to do many things with it. But ever since that happened, I can't even wear my favorite styles anymore. It affected me really bad. I was depressed. It was horrible.

KC: Did you realize you had PTSD symptoms during the first appointment?

WB: I realized during the first appointment: in the middle, especially at the end. I was gone. I was like I knew I had it. I was very emotional. I would be at work and my boss would be behind me. I would just break down and cry and had to get up and leave the office. It was crazy.

KC: Why did you continue?

WB: You don't have a choice.

KC: Did you feel as well that you have got to do it?

WB: If you don't do it, you are going to get kicked out (takes handkerchief).

KC: How did you end up going the second time if you were traumatized?

WB: To be honest with you, I wasn't even supposed to deploy the second time. I was supposed to be in the unit that was not deployable. I ended up in a unit that deployed. But what got me through the whole thing is that I have a strong faith in God. So my job was to be a chaplain's assistant. I was always able to be connected to the church during my deployment because I was in and around the church. So that helped me out a lot.

KC: Did you suffer PTSD during your second deployment?

WB: Well, the unit that I went to, when I first got to the unit, I had to brace myself, because I went from a good unit to a bad unit in my opinion. The unit I left in Kansas, they took better care of their soldiers. They made sure that the soldiers were accommodated to the best of their ability. The unit where I went to, it was like all they cared was that you do the job. They didn't care for your personal well-being at all. That is not good at all in the military because they have a high suicide rate. That can cause people to commit suicide or cause them to end up in a situation that they may have not ended up in if they had someone who was concerned about them and who was helping them. It was a shock for me to see that these people didn't care about you and they don't give a damn. The fact that I had to deploy with them—I thought: "Oh my God!" One of the people in the chain of command, the first sergeant—wow, this guy was evil. I didn't feel like he was for us. I had to deploy with people I didn't trust. So I had to trust God. Because it doesn't matter what you do. If you can't deal with people you can't trust, you are not in a good situation. That was really tough for me. In the beginning I thought, how am I going to make it. Afghanistan is way worse than Iraq. I just prayed and God blessed me to be able to make it. I don't know how I could survive Afghanistan, but somehow I survived it.

KC: There were lots of dangers in Afghanistan?

WB: Yes. But everything put together it messes up with you here (points at her head). It is just one of the main reasons why it was so stressful and why people get PTSD is because when you are over there you work seven days a week. They will tell you that they don't owe you a day off. Many people won't get a day off. Some people get fortunate and get eventually a day off. After my first five months I was able to get a day off sometimes for training. That can put a lot of wear and tear on anybody's body and mess up with person's mind because we need a break too. We are not robots. Yeah. I don't know about other branches, but in the Army they will tell you in a minute: "The mission first." You are here to work and you got to work. And if you are too tired or you say: "I need a break. I don't want to go in." you will get into trouble. And you are like a slave.

KC: Did you suffer from the military sexual trauma?

WB: No, no.

KC: What happened then when you came back from Afghanistan?

WB: I survived Afghanistan. I am still trying to work through my PTSD. I am diagnosed with it now. You can overcome it. You just have to talk things over with a professional. I talk to a family life counselor in the military. I talked to the chaplain's pastors. I never talked to the behavioral health staff. Maybe they are more on the psychiatric side—or for people that are mentally ill. They deal with people with PTSD too. I talk to people when I feel like I need to talk to people. I don't know how long it takes to work through. I am not sure. I don't think it will go by anytime soon, but I believe in time I can get healed completely from it.

KC: How was it to come back from Afghanistan?

WB: I came back from my second appointment on February 14th at ten o'clock at night. We landed in San Antonio in Texas in the Air Force base. I can't remember which one. There are like five different ones. But we landed and we got out of the plane and we walked across the air field to the building where they made us sit like an hour and a half, maybe two hours, so they can debrief us. The chaplain spoke to us, sergeant major too, to make sure everybody is okay and not doing anything stupid. Because there is a very high suicide rate in the military and a lot of people will come back from the deployment and do something like kill themselves, because they can't deal with life. They are afraid to come back and face reality after what they have been through. So they gave us a suicide brief, they had a chaplain to talk to us who was my boss. They had the brigade chaplain to talk to us. They kind of encourage us, let us know what to expect that night and when we were to start our debriefing class. So we left from the debriefing after an hour and a half. They put us on buses and took us to the base, from Kelly Air Force base to Fort San Houston Army base. They took us to the gym somewhere in the base. Anyone who was married or anyone who had family, parents, siblings, kids and spouse who came to see them, they were in the gym. And to receive them back from Afghanistan they would not let them come to the Air Force base where we landed. They loaded us in buses and told us how long we are there for the ceremony. The ceremony lasted for ten to twelve minutes. Families cheered for us. They released us. That can be a very sad day. Because if you don't have a family there to receive you and you come from that type of environment and you see everybody else's family there and that happened to me coming back. But when I came back from Afghanistan None of my family was there. I had to just wait around for buses to take me back to my barracks.

KC: What was your road here from there?

WB: My time was wrapping up. And it was like within two weeks after we came back it was time for me to start processing out of the army. I am in active duty now until the end of June. I am on terminal leave now. What I did after I came back I started processing out of the base, out of the Army and I completed the mandatory medical appointments we have to do: shots and all. I did all that. Then the Army had paid to move my stuff to stores and I had a plan where I was to move. And I ended up coming here because I really didn't have a place to go immediately. I needed to find a temporary place to stay until I start the graduate school next year or at least until I find a job and a place to stay. So, things were not quite working out. So, I talked to my dad about it and he told me about this place. I found out about this place two days before I came here because there were other plans—places where I was to stay—but nothing really worked out. So, they paid for my ticket to come here and I ended up here .

KC: Was your PTSD diagnosed here?

WB: It was diagnosed in Texas. It was supposed to be diagnosed in Kansas, but unfortunately sometimes in the military some of the doctors don't want to be honest about certain things. It is almost as if they want to overlook certain things and I don't know how they benefit. But there is a way to benefit which is why they do it. But I knew I had it. The doctor I talked to, I had already talked to other people. This man could clearly see. A blind person could see I had it, but he refused to diagnose me. But he played stupid. He turned me a cold shoulder. Like he knew it, but I am not going to diagnose it, okay, whatever. I wasn't asking him to, but he should have.

KC: How do you receive help for the PTSD?

WB: How do I receive help for the PTSD? Well, I talk to people. I talk to counselors. In the bases they are there—like they usually work around the family life chaplains. They are trained basically to talk to people about their problems, find ways to overcome them. And I talk to my pastor. Then I do medication. I try and do things to keep my mind and body healthy and I am honest about my feelings. If something is bothering me, one of the ways I make it better, I make sure I go talk to someone. If I don't go, it may go worse.

KC: What issues are still bothering you? What sort of symptoms have you got?

WB: Yes, I still have symptoms. I am working through the issues. There are so many symptoms. Some of the symptoms I have been dealing with, working on since I came back is feeling overwhelmed over little things, not being able to multitask, not being able to focus and concentrate because of the anxiety and the stress and the tension. Still feeling under intense pressure, even if I am in a whole different environment. You know, the lack of being able to focus and concentrate like I normally am able to do. Sometime if it is really, really bad, being emotional, like really emotional. Just not being able to sleep, just feeling an urgency, like everything is urgent. Because that is what it is like being in the Army, especially when you are deployed, even when you are not deployed. Because

that is how we are trained. You are programmed. They want you to hurry up and do everything. In the army one of the popular phrases people say is “Hurry up and wait”. They rush you, rush you, rush you on everything and then you sit down and wait for them to do other things. Everything is like “Do or die right now”. That is not realistic on the opposite side in civilian side for everything to be urgent.

KC: How do you see your road ahead?

WB: I see my future being productive. I see myself moving beyond this experience, taking from it—like I guess—the positive things and leaving behind the negative things. Pretty much I can go any direction I want to go and do anything I want to do because I made a very hard sacrifice to liberate myself financially and credit wise, and because of that I can go to any direction I want to go to. And I feel blessed because of that. I know by 2013 I have my masters from the New York Film Academy. At the end of this year, I will have completed my life coaching school, certified as life coach with. One day I can go into business by myself. That is my plan B, if the acting work does not turn out like I expect it to. But I am sure anything can work out. I am going to continue to advance. I am going to continue to better myself. I am going to continue to better myself and help people and do everything I can to maintain balance in my life. I am like my best self, when I am balanced. That is pretty much it.

KC: What helps you?

WB: God and my faith, I had to believe in God, because I believe that any success I have ever had has been because God has blessed it to happen. Because, like my faith, I don’t believe that I can achieve anything outside of him and so I believe in who he says I am. And all things are possible. I was clueless. I could not have made it. It literally took God and miracles, not a miracle but miracles for me to be able to survive what I survived—even having the guts to go to the Army. Because I prayed for a couple of years before I joined the Army. Because I was considering, but I always thought it would be the last resort. It was the last resort, but when I prayed about it the last time, I kind of envisioned the God showing all the pros and cons of joining the military versus if I didn’t. And pros outweighed the cons. And I joined.

KC: Do you still think that?

WB: Overall yes, but I had no idea that I would have to sacrifice, that sacrifice would be so great. I didn’t know that the price I had to pay would be so great. There are a lot of people joining the military and they come up and make the sacrifice. Overall I would say yes it was worth it.

END OF THE INTERVIEW – WHANJA BROWN

Appendix J: The screen shot of Whanja Brown's page

American Women Warriors' Road Back Home: Whanja Brown joined to pay her bills

http://scalar.usc.edu/anvc/crowley/whanja-joined-to-pay-her-bills?path=timeline-path

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American Women Warriors' Road ...

AMERICAN WOMEN WARRIORS' ROAD BACK HOME

Kirsi Crowley, Author

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Timeline Path, page 2 of 28

Other paths that intersect here:

- Veterans' Stories
- Page 5 of 28 in path

Whanja Brown

Whanja Brown - Reasons

from Kirsi Crowley PLUS

01:52

Maximize

Whanja Brown - Enlisting / Vimeo

Whanja Brown - Enlisting

from Kirsi Crowley PLUS

1 of 4

Whanja Brown joined to pay her bills

DEBT WAS WORSE THAN THE WAR

Whanja Brown saw the military as the last option for getting her out of debt after a divorce. The state of the economy affects recruitment levels. The military's own research has linked unemployment to rising recruitment. her personal financial situation was the main factor for Whanja as well.

"My ex-husband had ruined my credit, so the military was the last resort option that would allow me to fix my credit without having to depend on other people. If it meant putting my life in harm's way, I was willing to do that, because you are not free, if you have debt."

Whanja could not dig herself out of debt working at her low-paid media job in Atlanta. "The cost of living was high. The money I was making was barely enough to cover my current bills. I didn't have a family to help me get my life back together."

In the military there are no accommodation or other everyday expenses. Whanja was also looking forward to further education after the military. The Post-9/11 GI Bill would enable her to study for a master's degree, sponsored by the military.

The only obstacle was her fear, not only of war but of the change of lifestyle as well. But Whanja worked such concerns aside.

Appendix K: Transcript of Linda Stanley's interview on 04.03.2011

Interviewee: Linda Stanley (LS)

Interviewer: Kirsi Crowley (KC)

KC: Linda, could you first say your name, where you served and where now?

LS: My name is Linda Stanley. I was in both army and the air force. And over there I served in Iraq. Right now I am going to school at the University of San Diego.

KC: Why did you decide to join the military?

LS: A long story. (Chuckles) I went to the nursing school. I already had my children. They were young babies. And after my husband and I both returned to school and graduated, I wanted to see the world. So originally I went to the military to go to Hawaii. I wanted to go and travel. But as I went to my second base, I realized I really liked military nursing. I liked serving. I liked the team spirit and camaraderie. And I believed we gave good care to our people. So it started out as seeing the world, but it changed into serving my country, serving people, serving the families of those members who are serving our country.

KC: What made it so important?

LS: I have always—since I was a child—liked helping people, and that is probably why I went into nursing. My passion is usually in helping people and military. I am proud of my country, and I believe in my country. So service before self has always been a motto that I follow, whether it is human or animals, I have always been that way.

KC: Did you have financial reasons to join?

LS: Not really. Nursing at the time when I got out of my college, university — everybody was looking for nurses. So I had my choice, really. I don't think I'd ever wanted to be nurse that was not involved in the military, because of the fact that you are all in the same team, going towards the same goal of taking care of these patients. And it is not all about money, really. It is about helping people.

KC: What were your expectations of your military experience?

LS: Expectations of my military experience? That if I did a good job, that I would be able to stay in the military and able to continue to serve until I retire. That was my expectation. I always expected I could go to war. I always was the first person to deploy, whether it was humanitarian or actual conflict. I always wanted to do that, because that is

why I am here. I trained for that, and those people need you the most. That is why I stayed.

KC: As a female in military, did it pose any challenges?

LS: Well, you are always in minority. There is a part of you that has to put away, sometimes, being a woman. You are in the uniform all the time. It is not flattering. That is not really what it is there for. You always have to portray, in a way, that you are strong even though there might be times, especially in war, that you might feel you might be weak inside. Now that I realize anyone who goes to war has to deal with what they see, whether a man or a woman. But as a woman, I think it was difficult for my husband and on family members. Your grown sons were in college, having their mum being in Iraq. I don't think people expect that. Maybe your son would go to Iraq, but your mum?. I think my husband—when he realized some of the things I saw over there—I don't think he was quite prepared to hear that and know his wife saw some of these things.

KC: Tell me about your deployment.

LS: I deployed in Iraq in 2006 to Balad hospital. It was in the Sunni triangle during a really rough period in Iraq. Phew. It was—I always say it is the highlight of my career and part of the worst things of my career. We were a very busy hospital who received casualties every day, every night. I worked the night shift. IEDs, RPGs, mortar attacks, snipers. We took care of severely traumatized injuries. We had the only neurosurgeon in the country, so we had all the head injuries. We took care of our marines and sailors and soldiers and our air force. We took care of Iraqi police and army. We also took care of women and children and babies, and even the people who were trying to kill us, the insurgents. You don't always expect to go and see babies and women, but I took care of whoever came through our door. We were mortared everyday on the compound, but you don't focus on that. You just focus on the mission and completing it and taking care of patients and trying to take care of each other. In 2006, when I came back, I was back in Texas approximately five months and I left for Korea for a year to a very remote base. So a lot of different things happened in a year's time.

KC: How was everyday life in Iraq?

LS: It is a Groundhog Day every day. over and over. Did you see that movie? I would wake up every afternoon around two, get up and go and exercise and get ready for work. My friend would come by. We would go to a dining facility thing called DFAC, and our life would start. We would go to work around six, and it would be non-stop to six or seven following morning. Every third night or so I was the night supervisor in charge of the hospital ... kind of seeing where patients go, who is coming in. Other nights I was either in the Iraqi wards or the American wards. And that was life. You just—it was a same thing almost over and over: lots of injuries, lots of head injuries, lots of burns, and critically injured people. The Americans we would usually fly out within twenty-four

hours to Germany. But the Iraqis would stay with us, sometimes for months, until they could be transferred to a hospital in Bagdad or Balad. We would get to know them pretty well, the Iraqi people.

KC: How long would you do that for? Did you have holidays?

LS: No holidays. You don't get time off at all. We wouldn't go like... the army would stay for a year. We would stay four to six months. I went from January to May. We would not have time off.

KC: How were you communicating to home?

LS: I had lots of emails. I was journalling on what I did and how I felt. I would take some of that and send it to my friends and family. And you live for email. I could call my husband every so often, because he was in Italy, and you can call Europe from Iraq. And lots of boxes from friends and family, which was nice, and I would share them with other people and my patients too. So there was communications. There was no Skype then, but email, and it was only at work. I didn't have email in my little trailer.

KC: You said your husband got upset about things you saw. What were the things you saw?

LS: Well, I didn't really tell him what I saw until I came home. That would have been too hard for them to experience some of those things. Some things I would never tell him. The experience was never for me about the trauma, the blood, the gunshots, the actual wounds. It was the human side of the war, being with the person who just lost their wife, holding their children. A young guy, my son's age, who died. They are so personal, the stories. They are hard. It was the human side of war, it was the realization that people could be like this one another, which was very difficult for me.

KC: You personalize the issues?

LS: I really got to know a lot of the people, the Iraqi families. I have always been able to touch the human side of trauma. Whether it was the young marine or... So I would hear their stories immediately after they were blasted. I would also know about their families and children of some of my Iraqi patients, or women. So, that was hard to deal with sometimes, seeing that every night. There was not a night that went by without casualties. It is different when you are in the trauma hospital, maybe you have one or two traumas, but to have that every night, you just have to focus on your mission and taking care of your patients. And you have to bury your feelings, because if you really start to think about what you are seeing, you would not be able to go on.

KC: How easy is it to bury your feelings?

LS: Mmmm ... well, I thought it was easy over there. You just focus on the person's needs rather than your own. I have always kind of done that as a nurse. So, I could not stop and focus on this person dying or this trauma. I might run out to the bathroom, pee and cry and wipe out those tears very quickly. And go forth. Because they all needed me. There was no one else that would have taken care of my eight patients. So you just learn to do that. You do some humor. Humor helps you with your fellow comrades. I had a technician who was with me every single night, and he—we made it through with each other, and I had a nurse that was my battle buddy. And we took care of each other, but we could not talk about that human side. You just could not do it over there.

KC: Was it the compassion to people, or was it other things, like thinking why we are in the war?

LS: Yeah, you don't think about it. Politics is for the politicians. And that is why I could take care of whoever. You just think about the compassionate side. This is the person who is really hurt or is dying or has all this legs blown up, taken off. I just don't think about that. I just think this person is in the need of care, whether insurgent, you are human being. I always try and look at people—that this is somebody's kid. Even if they try and shoot at me, mortar us. You know. This is somebody's child. What has happened to him that makes them hate so much? Then you also have the mortaring. I think you are invincible when you go over there until something hits by you, and you realize they don't care who they kill: they just wanna kill. You realize you could die here. That was hard sometimes. But you can't focus on that. Or you probably could not do your job. There were a few people, if the mortar would hit close by and maybe even knock them down, or they would see someone, if you choke that in, sometimes you can't continue with what you are supposed to do. So you have to bury that also.

KC: Previously the military said that women would not be in the battle, but what is your experience?

LS: I think nurses have always been in. I look at some of the stories from World War Two and the Vietnam war. They were not purposely put in the place that they could get attacked. but they were. There were several taken prisoner throughout different wars as we see. But this war is a little different in the fact that there is no line in the sand. There is no zone which is free from terror or insurgency. So whether you are in the most fortified base, you can still get mortared and shot at. That has changed. I don't think there is a difference now, and I think I have never had problem with whether it is woman or man going to combat. We are all the same to me. There are some jobs that I don't know if women could not do physically like what some of the marines do. There are some marine women that can do it, but I don't think there should be any separation. We are all out there now. You don't know who is the enemy anymore. It could be the child on the side of the road who has the bomb underneath them or a woman. There is not an enemy line that used to be, the enemy line, it is not there.

KC: It was dangerous?

LS: Whoever you are, whether you are Iraqi or Afghani, these people don't care, they don't care about their own people.

KC: Was the deployment expected or surprise?

LS: No, I always knew I would be going. I wanted to go. I always wanted to go. It's still the highlight of my career since I have just retired.

KC: Why did you want to go?

LS: Because that is what I trained for all my life, and those people really needed me. Saving people's lives. You were making the difference. With just how you are as a nurse.

KC: As well, you knew about realities before you went. Were you surprised?

LS: Yeah, I did everything I could to prepare myself for deployment. I did all the courses required. I thought I was ready. But I don't think—whatever your training is, I don't think you can be emotionally ready to see what you see constantly, I don't think. People who have been deployed several times, each time you change a little bit more every time you come back. I was prepared in one sense, but I really was in a way naïve to how human beings can be to one another. I don't think it was in my deep down, how it was going to be.

KC: How was it to return?

LS: Returning was different. Because I thought I was fine. I left there thinking job done, I did well. But what was different for me was, when I came back, my husband was still in Europe. So during my time that I was supposed to be with my family, I wasn't with my family, I had to stay there around base. I did have a lot of people. I was a flight commander of a very large flight, so I had support from friends and I had a lot of work to do in my job, because I had been gone for so long, and we were having inspection coming up. So I had to throw myself for work. It was kind of my way I dealt with it, not knowing within a few months I would start having problems with sleeping.

KC: What happened?

LS: Well, I started having problems with sleeping, I was in Korea now. I arrived there right before Christmas. This base is... [cough].. I have to get a drink.. This base is pretty remote, so there are no families, and all the people mainly had come in the summer. So you are all there living together in dorms on this remote peninsula in Korea. Again, I just threw myself into work. I had lot of jobs there, but I started having problems sleeping and

started having nightmares about my deployment— about patients I had taken care of. And I kept thinking about Iraq, and eventually I started changing little bit.

KC: What sort of things came to your dreams?

LS: Patients that had died, people I had taken care of and I think had died. Just, just ... did I do enough? Then I started to think, 'Why I am thinking about it too much, just thinking about patients and people back in Iraq still?' And little things that people were concerned about, I could not understand when those people (were) facing life and death situations. Sleep became very miserable, and I just didn't want to think about my deployment any more because it was so sad. And so I just tried to work. I just threw myself into work, knowing that something was wrong. And I have always been a strong person, but I felt ashamed and weak that I was feeling those feelings. So I hid it very well. I just tucked it away trying not to think about it, even though I was thinking about it.

KC: What happened then?

LS: Then I tried to get some help. I went in and told them that I wasn't sleeping well. So they gave me something to help me sleep, but that really didn't help. I thought then, "Okay, what can I do?" I ended up going to talk to chaplain. I had written a journal while I was in Iraq, a long journal about my whole experience. We started kind of going through my journal, but it was not what I call therapeutic. It was more just talking to him about it, but at least I was talking. I decided that, in my mind, I kept thinking that when I get back to my husband in Italy—because I was going from Korea back to the Italian base—that I would be okay. So I just kind of buried it all, but when I got to Italy I was still not okay. I had changed. I didn't wanna go out any more. I didn't wanna be around people. At work, when I focused on the patients, I could be more myself, because I didn't have to think about stuff in Iraq, but it was always there. I woke up every day, and it was Iraq.

KC: Was there something that kept reoccurring?

LS: Hmmm. Well, there were a few dreams that were reoccurring. And there was this particular week that kept reoccurring in my mind, but just war, you know. Humanity, what I saw. And I just kept burying that, and it made it worse. I didn't realize. And no one else was talking about it, so I thought I was the only one. I could not concentrate. I was trying to study for my next military advancement. My mind was not working the same. Just it would not remember things, and I could not function. It was like something inside of me had changed, and it had. I didn't want to tell anyone, because I felt embarrassed and weak. And I just kind of went and hid myself in the work. There were several things that happened that made me realize that I was just becoming numb. I wasn't the person I was before.

KC: What sort of things were they?

LS: I had a death of one of my technicians from Texas. She was young, a 26-27-year-old girl And she was awesome, and her death was so unexpected, and that really bothered me. And I tried to get some help then, but the person I wanted to see wasn't there. They were at school then. And by the time they returned, I hid it pretty well. I went in and said I was okay. And I was involved in the situation where a patient who was not supposed to ever die, suddenly died. And seeing her body brought back a flashback of a young marine I took care of that died. Then I knew I was really not me. It scared me, and I decided at that point that I was gonna get some help. So I went in and threw myself. I had always done really well in military. So the same effort I had put into my career, I put into getting better. And I found an excellent therapist who wasn't afraid to try all the things I wanted to try and devoted a lot of time to help me to get better. And it was rough. You had to go back in a way to Iraq and visit in detail some particular night that was bad. And that whole experience. And it is a continual fight; it is nothing that goes away on its own. You have to fight it all the time. But I did not want to be numb. And I wanted to be alive again, and I didn't want to feel like I was just gonna stay home and sit in my house for the rest of my life. So about three or four months of a lot of therapy and journalling and drawing and trying all different kind of things, I finally got to a point that I felt better. I came out and told some of my fellow military members. And that was hard, but I realized that a lot of them are facing the same issues.

KC: Lot of them are feeling that?

LS: I think they are talking about it more now. There is a lot more that is going on in the military community. But I really, really don't think that the public is aware how much this is affecting all of us. This is not like a war like before, where you went for a year, and you came back home. And those guys still have issues from Vietnam, from World War Two, but it is the constant going back. Some of these people have been there back three or four times. And the way that the war is that—and how many have gone that I think that they are seeing some of the problems that are going on. One of the people in my veteran group killed himself two days ago, and you know I don't know what it is gonna take to get people in this country to understand what the military goes through and how much support they need from our government—from the VA, when they get out—and from each other. So that is what I am doing now. So I am in school now. My plan was, when I retired, I have a degree in international health, and I wanted to do humanitarian aid. That was always what I wanted to follow on with. And in a way I will be doing humanitarian aid. I am now at school becoming a psychiatric nurse practitioner. So I can help all those other people that are doing the same thing. I don't think you have to have PTSD to help them but I think it helps, because I understand what they are feeling. And it's nothing that. There are lot of things I will always have: hypervigilance, the jumpiness. At the same time, I understand it more. It saves you. And I understand studying science, the neural biology of the brain, and they are finding now with all this research that your brain changes having to be exposed to it day after day. And that's what my brain did. So I am hoping I can help at least one or two others in my next life.
(laughs)

KC: Can you tell more about PTSD and how it manifested itself and how the therapy worked?

LS: PTSD is basically an anxiety disorder. You have to be exposed to a traumatic experience like war, or a car crash, or natural disaster or even like a rape. What happens is with PTSD is, you are exposed to these things, and your brain—this is how I talk about it anyway—so you are exposed to this trauma and it makes your system go into the freight flight. That is a thing that saves us when we are really scared or that burst of adrenaline as people call it. But what happens when it is going on with these hormones is that your brain does not set the memories right. It kind of fragments them into pieces into your hippocampus; it doesn't set them right. These memories of war are these experiences I call electrically charged. So when I hear a helicopter—because there were tons of helicopters, we had a Marine base here—my heart would start pounding even before I could realize that there's a helicopter. I would start getting sick, headachy, shaky ... when I hear a helicopter. Because it reminded me of all those patients coming in every night on the helicopters, and I lived right next to the helicopter pad so what you start doing is you start avoiding. You avoid the thoughts associated with that. So you might not go out or be around people, because you don't want to talk about that and you might not go to movies because there might be something, a war thing over there. And you try to avoid that. And when you do that, you start to become emotionally numb. You don't feel happy or sad. It is your way of dealing with it. You usually have some kind of physical thing, like I couldn't sleep and I still have problems sleeping. You can't fall asleep. You can't stay asleep. You are waking up all the time. You do things to avoid those thoughts you know. So you have all those different things going on all the time: re-experiencing the event, the avoidance and the numbing, physical and emotional symptoms. And the longer it goes on, the worse it gets. You don't wanna go out in public. You don't wanna be around people, because it is gonna bring up some of that feeling, that horrible feeling, freight and flight. So what I went through, you have to kind of figure out what memory or experience you want to re-experience. That was hard for me because I thought, "Gosh, which one? I have so many." So I tended to think about this one situation with this young Marine. So during therapy you have to go back to this night and pretend you are there. I know they do it in different ways now. They do it with computers, and, you know, programs they can set in motion. For me, I had to close my eyes and pretend I was back in Iraq. And I was taking care of this patient. So we went back through that over and over. I recorded it on my iPod. In between the times, I would see my therapist. I had to listen to it to seven or eight times. It's horrible. For the first month or so you want to quit. You are re-experiencing all those emotions that you felt in Iraq, and it is even worse. You just—you don't wanna feel it constantly. But I realized that by avoiding all those feelings, it was only making PTSD worse. So that is what I did. I went back. We smelled things that smelled like Iraq, that I associated with that. I had to revisit some thoughts and feelings I had buried. Little by little, they started to sting, as I call it. The sting, you know, the bite was gone. They were memories. They were sad memories. There were many times I looked up at her, and she was crying. And that only

validated what I was going through. Because it is a horrible experience in one sense of human beings. So that's what I had to do. I still go through things. I have to push myself in lot of ways. I have to make myself better. But I am resilient. I knew I didn't want to live the rest of my life being numb, pretending, having this great shell out here and inside feeling like nothing. So I made sure I stayed on it. When I feel like I am starting to avoid things, I think about it, and I can't avoid any more because it is so wrapped up in what I am doing at school. And I go out and talk about it, and I volunteer at marine base, and I try to talk to—I volunteer at the Vet Center where there are bunch of medics from the Korean War to the Iraqi war, and we all talk.

KC: Can you tell what happened with the marine?

LS: I really don't want to talk about this too much. He was injured critically, and his friend was with him. And it was just all that happened that night and he ended up dying. It was just one of those things. It had been a week long of deaths, both Iraqi, both American, a lot of burns. It was just for some reason—him and his blood trail out to the helicopter pad that touched me. I remember, as I was walking out thinking this night was done, just get to sleep—because you have to get some sleep so you can wake up and start it over again—I was thinking, it was a beautiful morning in Iraq. The sun was shining. The birds were out, and I was thinking to myself, "There is some parents in the United States that are sleeping their last night, because they don't know yet that their son has died." And it touched me; that was really hard. I don't wanna go through all the details. I don't know what made it special about him. I think it was mainly because so much had happened that week.

KC: Is it the individual stories? You get to know all the people?

LS: My Iraqis, I knew all their stories. I got to know them, and I didn't speak Arabic. We had translators. But it is amazing, how much the human being—even if you can't speak the language—can convey care, warmth, concern, and empathy to one another. I did that to my patients, whether it was me giving them hot tea at night with eight bags of sugar and letting them have some resemblance of normalcy, because that is what the Iraqi men do at night. They sit around and have hot tea, hot chai. And seeing them as people, as families. I shared my family with them; they tried to share their families with me. And knowing a lot of them didn't make it. It was hard. It was very difficult.

KC: Do you think you are past those experiences? You said they still come back to you. Where are you on your road to recovery?

LS: I think I am in the good road. I think it has changed me for good. I always say there was a part of me that was born in Iraq, part of me that died. The death part is that human beings can be this way to one another. What I learned so much is what is so important in life is my children, my family. Money I don't care about as long as I have enough to live. I don't care if I have a new car, I don't care if I have a giant house. I would rather spend

time with people and friends. And how quick life can go. You see someone die, that didn't even get to experience love, or a child born. And that just hits you: what is important in life. And that has changed me for good. I believe I have a reason to be here. My reason is to try to get people to realize that a lot of people need help. I don't wanna see anyone kill themselves. I don't wanna see people living numb for the rest of their lives. I wanna see people alive again just as I am. But with PTSD, I don't think—in my mind I kept thinking it will go away for ever, but it doesn't. There are things that are gonna be with me forever. And that is okay. That's okay. Hypervigilance, you know, jumpiness—I don't know if that will ever go away, and that is okay. I kind of laugh about it now. The tissue flies by, and I am like five feet in the air. Or I don't sleep really well, and that is okay. I don't look at how many times do I wake up at night; I look at if I feel rested in the morning. Because there are so many times that your... did ask how was your sleep, I felt defeated if I had to say, "Well I woke up five times last night." So I don't do that any more. So there are a lot of things I learnt that are unique. And understanding how my brain physically changed brought that feeling of it wasn't me. I wasn't weak. I truly went and did what I was supposed to do. My brain did what it had to do in order for me to do that every night. You know, it changed. Yeah, I have to study so much differently than to my first degree, my first master's. I cannot have music on. I cannot have a TV on. I have to focus, because my brain is still wired differently. And it wants to kind of jump, and I actually have to focus my brain on what I am reading, probably ten times more concentration than most people. But I am determined, because I don't want to see kids end up homeless, end up alcoholics. Because you know most people, a lot of them self-medicate. They drink, because they want to forget. They take drugs, because they wanna forget. I don't drink or do those things. But when I was going through it, if I would have been a drinker, I probably would have drank. Because it is too much in your mind constantly to go through that every night. And I think there are people who are resilient. We need to encourage them to find the strength, just as they did in their military experience, to their problems, to seek help and dive into it and not expect someone is going to hand you your therapy on a plate and say you are better. You have to push yourself to be resilient and be better again.

KC: It sounds like it is a very hard way of healing. People who come back are not always strong enough.

LS: I think a lot of them are strong enough. I think that maybe sometimes they don't know how to do it. And there is still stigma with PTSD. It is still big. I mean, I didn't want to admit it. I didn't want to admit I had trouble with my deployment. But I would go back in two seconds, and most of them would too. You really feel like you are doing something over there and helping people. I think they are starting to get with the program; we are behind a little bit. I think, as time goes on and people are steered in the right way of recovery, that will be faster, because the faster you do it, the faster you start dealing with it, the quicker you can recover. It is the long time when you keep burying it, avoiding it, start changing your life, and you don't even realize as you are doing it. You don't realize it as it creeps into your life that you are doing something differently. Okay I

am not going into movies because the last time I went to the movie, I almost had a breakdown. And it was about some human part of life that I had to hide, because I was afraid my friend would see me crying hysterically. You never know when it happens so you start avoiding... If we change the way we do healthcare and we offer access. We don't have enough people.

KC: How big do you see the problem?

LS: I think that everyone that goes to war are affected by it in some way or another. I think the diagnosis of PTSD—I know they estimate 20 or 30 percent. They used to think women are more at risk. But that had to do, when they got statistics together, they included women who were sexually abused. And that is very different from combat women and combat medics. It is like putting apples and oranges in your statistics.

KC: They also say that even more than half of the women that serve have experienced sexual abuse?

LS: There is that too. They are getting it from their comrades. That is hard.

KC: You say you want people to know. What do you want them to know and what would you like to see changed?

LS: I want people to realize that this thing is huge. Vietnam happened in the 60s and 70s. We see a lot of those homeless vets in downtown San Diego, and I am sure you see that in your area. But I don't want to see that again. We know so much more about brain and PTSD. I don't want to see all these kids, these young people end up like that. You know we save so many more. In Vietnam I believe it was 1:3 ratio, one death for three injuries. Now it is 1:10. Not only the physical injuries we save, but then there are the other people, who have invisible wounds of war, such as PTSD. I don't think the general public realizes how big problem it is with these wars constantly, with no downtime, with no time for the families to get relief and to recover. The divorces, suicides—we are seeing the fruits of this now. But a lot of these people have buried their feelings still. In a few years, they get out, they start thinking about it, and they just become unproductive. They turn to alcohol, or they can't hold down the job because the PTSD has got hold of them. I always thought we have such wonderful research, but the reality is we need access to care. When the VA can see someone only once a month, or maybe twice, that is not enough. I was seeing my therapist one to two times a week. We need more therapists, we need more people who care about these individuals. Who is gonna give these people the care they need to get better? Nobody wants to live with this. Nobody. They all want to get better. They don't even want to kill themselves. People won't understand. People with PTSD don't want to die; that's what they didn't wanna do over there. They just want you to stop what is in their mind. And they can't get a way out, so they kill themselves. Because it is so horrendous, this condition of reliving things over and over or thinking they didn't do enough for their buddy. Or seeing some of the horrible evil things that go

on over there. America is not aware of what these people are like, and I am not talking about Iraqis. I am talking about terrorists, insurgents. They don't care about people, and it is very scary and evil. I think people who have been over there have seen it. And they relive that. And then they have to face their own, what they thought world was like and then you come back, and it is not the way you thought it is.

KC: Ideology—

LS: And human kind, human beings—I always think how we still fight each other. I don't think it will ever change. It is sad. I have always since I have lived all over the world. I have met people from all continents. We are all the same. We truly are. We want the same thing. We want our families, we want our kids to live in safety. That's what I learnt from the Iraqi, Kurdish people. I met all kinds of people. I don't know if we ever stop war, though. And I believe we try and do things that are right for the world, but it does not always work out that way.

KC: How did your family experience your PTSD?

LS: I remember the first summer my husband came back, we ended up in a huge fight, which we never do. It was very strange. Nothing was clicking yet. But when I started realizing things had changed, I came back home to Italy. I remember telling him one particular story, a horrible story, and I remember seeing tears in his eyes. I thought in my mind, "I can't tell him. Why should he hear it?" I think it was hard on him to realize that his wife had to see or hear these things. It was difficult enough for him. I decided at that point I wasn't gonna share it with him, and I didn't for a long time. Even when I started therapy, I didn't tell him I was doing it. Eventually I told him. I let him read part of my journal I had written. I know he was upset. Because I said, he knew something was going on, I wasn't the same. When I started to make my video, he showed me how to use the machine. We talked, and that helped us as a couple. When I started coming out, he saw the passion in me wanting to help other individuals. He supported me to stay here even if I could have done my school there. He was very supportive. I go out and talk to VAs and psychologists and nursing students and conferences about my experience, about my journey back was like. He saw it in the same way as my career as nurse. The things I did had his support. He has now transferred that to this situation, taking care of people with PTSD. It has been hard. I never told my kids for a long time. It is hard when you are super mum to admit you are not a super mum. That they then were very supportive. They don't know a lot of it though. I just never told. They know I am going to school, but I have not sat down to tell them. My son is in the coast guard. He picked it so he wouldn't have to deploy and be away from wife and son. I have another son who is a paramedic. Another son is a computer technician, but his wife is studying for an MA for nursing. My husband serves his way by taking care of kids. He takes care of kids of family members who are deployed. Kids love him. He is a coach. He is very supportive. He sees now a lot of the stuff I talk about with him. He tries to help those kids whose dad or mum is gone. They might be having problems in high school. That is a hard time, along having mother

or father deployed that time. He is actually videotaping their graduations so their parents can see in Afghanistan and Iraq.

KC: Do you think you will never tell?

LS: Never ever will I tell everyone. Only a therapist..
Why should I tell to someone with no therapist relation? I share with my battle buddy.

KC: Now, after deployment, how were you treated?

LS: I think I had a great career. I would not have it any other way. The respect I still receive from young technicians. They still write me. I had a great career. I miss it. That is why maybe I still volunteer. There is camaraderie you don't see anywhere else. There is something about being in an organization that supports you both professionally and personally. If you haven't been, you can't quite understand it. Being a woman in the military, there is a lot of things you have to put up with, but I have always enjoyed being around men. I was a tomboy. I never felt prejudiced. I think it is more what you do in the military, not what you look like, that gets you somewhere. Some of the best people I worked for were guys, and I never had an issue. It is a good place to work.

END OF THE INTERVIEW – LINDA STANLEY



Appendix L: The screen shot of Linda Stanley's page

AMERICAN WOMEN WARRIORS' ROAD BACK HOME
Kirsi Crowley, Author

Sign in or register
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**American Women
Warriors' Road Back
Home**
Index ▾
3 paths
43 pages
113 media files
1 tag
Search
View ▾ Recent ▾

Timeline Path, page 3 of 28
Previous page on path Next page on path 2
Other paths that intersect here: ■

Linda Stanley's Reasons
Linda on joining / Vimeo

"TEAM SPIRIT, SERVICE FOR OTHERS"
A retired Major, combat nurse  Linda Stanley joined the military at a time when military conflicts still had traditional frontlines. She attended nursing school after her first child was born nearly 20 years ago. In those days there were choices of employment. Nurses were needed in civilian hospitals so becoming military nurse was not the only career option to her. She ended up serving with the army and the air force.
"I wanted to see the world and travel. Originally I joined the military to go to Hawaii. But as time went on, I realized I really liked military nursing, the team spirit and camaraderie," she remembers. Serving her country and the people who also served became her life-long passion and she fully expected to be employed in the military until retirement. She felt that her family supported her every decision, so leaving to serve was easy.
"I always expected I would go to war. I was always the first person to deploy, whether it was humanitarian or

Appendix M: Transcript of Daniela's interview on 04.13.2011

Interviewee: Daniela (D)

Interviewer: Kirsi Crowley (KC)

KC: Daniela, what were the reasons for you to join the military?

D: There are two reasons I joined the Marine Corps. The first reason was that my family didn't have a lot of money. And I needed to join the military as soon as I (could) to support my mom and my brother. And then the second reason was, my cousin was in the army, my second cousin was in the navy. So I said, "Okay, if I am going to do the military experience, I am going to do the hard lesson." The Marine Corps, that was it.

KC: What were your goals? What did you think would happen?

D: When I first joined, it was really ... I was scared, because I didn't know if I am really doing this. It is three months of basic training bootcamp. That was really hardcore. I didn't know what to expect. I didn't know if I was physically or mentally ready for it. All I just was worried about was, that I am going to get a pay check and it will help my family. That is all I cared about.

KC: Did you think you would stay forever?

D: Well when I joined the Marine Corps, I thought I would do another job I had signed up for. And that was admin work. And I ended up getting something completely different, just because how I tested on some test. And I ended up doing something that I even didn't have no clue what it was, you know? And my world was upside down.

KC: How did it start? Can you tell about your time in the army?

D: Ah, Marine Corps. Well, I went to boot camp on 2007, I wasn't prepared for that. And being in bootcamp it was fun. Like a lot of people say it is hard, and, "Oh, my God, you are a Marine," but it was so much fun. Everytime I finished a mile or hike or whatever they made me to, I was so proud of myself. I am not gonna lie, when I was there, I was thinking long term, that maybe this could be a career to me. You get paid every two weeks, and you don't have to worry about losing your job.

D: So after bootcamp where I was with females. You are with females three months straight, and then you get out and then you are—they send you training where the job is. That was in Mississippi. I had no clues going there. I wasn't excited about going there, and then there was mostly males. I already had issues about being around a lot of males, so that was like the red flag. I wasn't expecting that. And I didn't know how to behave.

That is when things started changing. I started realizing that I am not in civilian world anymore, I am in military life. Sometimes it's hard to figure out where you are at.

KC: What is the difference?

D: Well, in the Marine Corps you have certain rules and obligations that you need to do, and there is a rank structure. And sometimes, if you don't agree with the person that is of higher rank of you, you can't say anything. You have to sit there and do what they say and basically taking all your voice away from you, compared to civilian life where I could complain and use the statements and feelings. But in the Marine Corps, I could not do that.

KC: How?

D: The perfect example is that, in my job, I started getting sick and I had hip problems. And I sent in. You have a doctor fill out what you have and what your physical capabilities are. I couldn't run, and I told them I could not run, but they didn't care. They said, "You are going to do it." So we went for a hike, and, of course, I fell out, and I was in pain. And nobody told anyone, because they didn't wanna get in trouble. So right there I said, "I am in the Marine Corps. I have to do things that I am not gonna want to do and they don't care about my physical well-being, the people I work with." So I did get taken advantage a lot. Some people have really fun experiences, meeting new people, making new friends. I got to deal with jerks who decided to pick on me, and it was something funny for them.

KC: Did they pick on you cause you were a female?

D: Sometimes I think it's because I am a female. Sometimes it was, "Oh, she can't do that." That is what I think made me kind of more angry person. I can do that. Don't tell me I can't. I was always trying to prove them wrong. But since I started to hurt myself... {pause}

KC: So being a woman in military is a challenge?

D: It is very challenging being a woman, and I don't think it is just Marine Corps, but any branch. Because you are trying to put yourself in the same standards as another male. People say guys are little bit stronger than females. I think it is true physically. So if you make a female ... pick up a fifty-pound bag, compared to a guy, he is going to do it easily. You know, things like that, that is pretty hard. And if you need help, in civilian life you can ask, "Can you please help me?" In the Marine Corps, military, there is no please. You do it. You pick it up yourself. No answers, no buts or any of that stuff.

KC: Did you want to be deployed abroad?

D: I wanted to be deployed. I asked, but because I started to have problems physically, they said no, and that I would be a better attribute where I work. Well, there I go again, thinking maybe it is because I am female, you know, but maybe I am overthinking it. It was kind of hard to be in the military, because my husband, he was in the Marine Corps too. He loved his experience. He got to deploy. So being away from him and being in the military was pretty hard, because I understood what he was going through, but he was far away.

KC: What were the challenges that happened to you?

D: The problems were, that I couldn't put my voice in. That is what a lot of women would tell you. I wish I could have said this. I wish I could have defended myself, but rank structure... and it is respect... You don't say anything. You do what they tell you, and you smile. Just things like that make you look back and say, now I'm thankful I can talk, and I can say that my boss is taking advantage of me compared to military: it was, "Oh, she is just complaining. She is just dramatic." Things like that just pushes you to tell, you know, just because I am a girl, doesn't mean I am doing that."

KC: Did you experience military sexual trauma?

D: Yes, I did. I don't really want to go into that, but it ruined a lot of what I have now. I think I'm still in the process trying to figure out what I was and who I was between joining the Marine Corps and being outside the Marine Corps. I have experienced child abuse, and I was raped when I was little. So for it to happen again just pushed me down. My self-esteem was lowered. I felt I had nowhere to go and no one would help me. When I asked for help: "Stop crying, why are you crying? You always cry." So things like that put me in the shell. I felt like there is no where out.

KC: Did you look for help in the Marine Corps?

D: I looked for help in Marine Corps. The first thing they told me was, "What do you think is causing this?" So I didn't know, and they put me on meds. They had me going on some counseling. And I admitted having a bit of a drinking problem, so the Marine Corps, instead of sending me to help me with sexual abuse, they sent me to an alcohol program. Which was rehab down in ... so that was not something I was happy about. That was really not my issue. I was looking for more for help. Alcohol was just an outlet of my problems.

KC: When did you start using alcohol?

D: I started drinking in a younger age. But I knew how to control it. When everything was happening in military, I was drinking daily in morning times. I would go to work and being hung over and tell it was my medication, when it really wasn't.

KC: When you were abused in military, did you leave straight away or how did it affect your time there?

D: It happened towards the end. That was one of the reasons I got out, 'cause I couldn't control my feelings, and I started becoming weak. And I guess I wasn't good enough to ... I just cried all the time. I didn't wanna talk to anyone. I was overdosed on medication. And I didn't know what to do. I didn't know who to go looking for. Now I have learnt a lot of skills. That is with the VA. But during the Marine Corps I didn't know who to go to. They kept on saying I have a drinking problem. My drinking problem didn't cause what happened to me.

KC: And the person who assaulted you, what happened?

D: He got a pay decrease, and his rank taken away. But he just picked it up, so I found out he is doing pretty good for himself. On the downside, I am learning that he will pay for it. He will pay for it. I believe in karma. Maybe not right now, but you don't take advantage of people and think that is okay.

KC: At what point did you start to receive help?

D: I started receiving help when I got suicidal. And when I started giving up and then my husband came back, he didn't know who I was. I became this completely different person. My drinking was heavy. I didn't care. I was on all these meds. When he started to tell me, "Who are you? You are better than this," I started to think I have some support. I was so confused. I started going to therapy. I rejected it and said only crazy people go to therapy. But meeting all these women and hearing their stories and knowing I am not talking here just to hear myself talk— but maybe there is somebody out there, who is not talking and scared but you shouldn't be. There is so much resources out there. Like here. They can help you, and they teach you how to cope and deal with it.

KC: When your husband came back, had you already left the military?

D: I was in the process of getting out when he got back. So like I said, he didn't know who I was. I was just a completely different person. He said, "You should have stood up for yourself. You shouldn't have done certain things. You shouldn't have been okay with," like, when they joked around about my private area parts. You don't joke around like that, you respect a female. And she might work with you, and she may do some certain things stupid, but you respect her. I didn't know that at the time. I just thought, "He is higher rank. I am not gonna say anything."

KC: Did you ever tell your husband about the sexual abuse?

D: I didn't in the beginning. I was too embarrassed. I thought it was partly my fault, that I asked for it. And after going through therapy, I started to tell him, this is what happened.

He put the pieces together and said, "Why, you really did become a different person, Daniela." He has been so supportive. I am jealous that he got to deploy, and he liked where he worked and he had support. It makes me more jealous, because he was a male. Does it have anything to do with that?

KC: How long ago you left?

D: I got out in 2009.

KC: After that did you start to go to therapy?

D: I've been in therapy since then. That is all I have been doing. I have been looking for that one person to make me talk. And coming here it has been pretty hard, because I had to change my life and come all the way here. I am from San Diego. I don't heal by myself. I have the women here. I found Lori Katz, the lady in charge of the female program in VA. She is the best doctor, because she has taught me coping skills and how to communicate with people. Not to be embarrassed.

KC: Can you describe the therapy?

D: The therapy is basically— she is teaching you coping skills when you have your anxiety attacks, when you have a flashback. Most likely you want to run away and isolate yourself, but she teaches you to ground yourself and breathe and remind yourself you are here. You are not back in the past. You can change now and meaning. Women there, they teach you that the guy whatever he has done to you, he is enjoying his life right now and living it, so why are you gonna let him push you down? No. You have to fight for your happiness, and like I said, whatever will happen to him, happens.

KC: Did you ever bring a case against him?

(D shakes head)

KC: Why?

(Long pause - tears to eyes)

D: Because I already felt embarrassed. I already felt I was nothing. And the fact that I already had something like this happen to me, and it happened to me again, it felt like I asked for it, like I should have known better.

KC: Do you think that after the therapy you are going to be able to face that situation one day or forget about it?

D: I keep telling myself, I didn't ask for it. And that I shouldn't be scared of being around so many men, and I shouldn't be afraid of talking. But like, right now, I just want people—if there is anyone out there that felt just like me, because there are a lot of women who go through this in the military and don't say anything because they are embarrassed or they don't want to get in trouble—there is so much help out there.

KC: You said you were lonely. Didn't your female colleagues...

D: I didn't work with any female colleagues. I was the only female working there.

KC: You could not trust any men?

D: In the beginning, there was another female, but she was more, you know. It was more her joking around. I could not put serious things to her and then she left. And that is when things started to get worse, because I didn't have any female support.

KC: And how many men were there around you?

D: (thinking) I would say five. Yeah, like five, but I worked with sergeants and.. and corporals. But next door there were officers, and we worked pretty late some time. I was pretty good at what I did, but that is another thing they never say: that you did a good job. "I am proud of you." No. Hah. Just, get it done.

KC: Did your husband support you all this time?

D: We were going to get a divorce, because I was being hospitalized and going through all this. He didn't know who I was anymore. But he had to go to therapy, and they told him I will change and get back being healthy and better. He stuck with me, and he supported me. I know he is sad sometimes, 'cause I am not with him, but I want to get better so I can be with him and support him.

KC: How long have you been here? How did you end up here?

D: There was a case manager down in San Diego in the VA. He told me about renew program in Long Beach. I was offered this one or the one in Palo Alto. That was too far, and I decided to come here. I knew it was an all-women program, twelve weeks long. I would not just be helping myself, but learning from others and help them. I stopped what I was doing and came here.

KC: Where are you on your road to recovery?

D: I don't. I am. I don't know if I can ever forgive what happened, but I know that I don't want it to happen again, and I will not allow it to happen to me again. I want to soak up everything from these women and learn from their mistakes and my mistakes. I don't

want to be embarrassed anymore. I didn't ask for it. I joined the military to help my family and not to feel like nothing. If things were different, I would have stayed in. I did like the regulations. I didn't like the rank structure, but I liked the regulations. I liked that there was stuff to do, and when I got it done, I felt proud of myself that I got it done 'cause I wasn't just doing it for myself.

KC: Where do you see yourself in a few years?

D: I get scared when I think too far, because I get afraid that I don't achieve it. But I do want to be able to finish school. I have two more credits, and I get my associate's and I get my bachelor's. I wanna do all that and help other women, even if it is voluntary.

KC: And in this program, how does it work?

D: There is the women's advance program where I stay. You have to do volunteer hours. That's not fun, but you do it when you get in from the door. You do different groups like self-esteem group, boundary, different groups. That is aside from your doctor's appointments and VA. You get so much help here, and it is all women. They are not all the same stories. Some have alcohol issues, some have PTSD combat or non-combat. You meet all these different people. I guess they help you building your self esteem.

D: It is very good program, but they need more help. So many help, but I wish they had more workers here ... Another thing is that not many people know about this program.

KC: Thank you.

KC: What is your age?

D: 24 years old.

I may leave here because of the expense, paying for gas and having to pay for my food. My husband just got out of work and needs support. I may have to go there and have therapy there.

KC: Has the military helped you financially?

D: Financially, they helped me, because I got a check every two weeks. If you are smart, you save it. But there are so many people who don't save their money and spend it on ridiculous things. They helped me and helped me to help my family.

KC: Even now?

D: They are paying for my school, which I am very fortunate, 'cause school is very expensive.

END OF THE INTERVIEW - DANIELA

Appendix N: The screen shot of Daniela's page

AMERICAN WOMEN WARRIORS' ROAD BACK HOME

Kirsi Crowley, Author

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MILITARY WAS ANSWER TO FAMILY POVERTY

Daniela from San Diego **joined** the military, because she needed to make money to help her brother and mother. Also, her two cousins were soldiers as well. Willing to be deployed to war zones, she was looking forward to a long career in the military. She ignored her fear of men, stemming from childhood sexual abuse. Her main goal was to financially assist her mother and brother.

In 2007, Daniela **joined** the Marine Corps. The bootcamp was strenuous. "When I first joined I was scared, because I didn't know if I can do three months of hardcore basic training. I didn't know if I was physically or mentally ready. All I worried was that I am going to get a pay check and help my family."

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Appendix O: Transcript of Gwen Chiaramonte's interview on 05.17.2011

Interviewee: Gwen Chiaramonte (GC)

Interviewer: Kirsy Crowley (KC)

KC: Can you tell your name and where you served?

GC: My name is Gwen Chiaramonte. I served May of 08 to April 09 in Balad, Iraq. I was part of 1835th Combat Stress Detachment. I was a social worker. I provided mental health services to soldiers and civilians in Balad, Iraq.

KC: Why did you go to military?

GC: I joined a long time ago, as a reservist in 1981. We were not in war those times. I saw it as an opportunity to train to do different things, to learn a completely different field. I wasn't a social worker when I first went in. I was an intelligence analyst, and I was enlisted. I enlisted to basic training. I became a medic, then I was enlisted as an officer, as a social worker. I was looking forward to leaving the army in 2001, because I could have had my twenty years in. But that was when 9/11 happened. I did a total turnaround of my decision. I decided to stay in and knew I would be needed. I was actually in New York when it happened. It was a chance to work with the Red Cross and do counseling. I thought I would be useful.

KC: Which was the year you joined?

GC: Nineteen eighty-one, I joined. Two thousand one I made a decision to stay even if I didn't have to.

KC: Was it the will to see something new and have new experiences? Nowadays people have many economic reasons,

GC: In my time, there was not really an economic reason for me to do so. I could have joined as an officer, because I had my master's degree and I was already licensed a social worker. But I didn't know anything about the army. But it was "Private Benjamin," the movie, to see if you can do these things physically and mentally. And get training you wouldn't get in civilian life.

KC: And how was it to be woman in the military?

GC: Definitely being a minority, wherever we were, in training base or units. Always a very small percentage was always women.

KC: How was the relationship between women and men?

GC: When I first went in, it seemed sexist. They would ask if you can run and make derogatory comments of women in the army, how their standards were not as hard. I think there was some experimentation before I got in to put women and men together in training. But when I got in, women and men were training separately. And there was only female and I didn't see many men when I trained, but in the field it was definitely male dominated.

KC: Did you feel yourself always good in the field?

GC: It really didn't bother me. I think army has changed over twenty-eight, twenty-nine years when I have been in more sensitive to everything like sexual harassment. They have had to change the whole civilization. Being a social worker was a female-dominated profession. The army was totally opposite. I would have to sit back and think of the different ways women and men think, and there is a lot of difference in how we approach problems.

KC: What differences are there?

GC: In a male-dominated place, it is very much based on product and goals, and in female dominated, you see much more process and support. So everything that the army is like there is a goal, recruitment goal, everything is numerical, measurable, on the factual part of brain.

KC: How did you end up being deployed?

GC: I got an email. I was just in a two-week deployment, psychology course where they trained social workers, psychologists and psychiatrists how to deal with people in a deployed setting. I got really good material. I was really excited. I got home, and there was an email to my unit which is the 2nd Medical Brigade, saying they were tasked to provide me to combat stress unit that was being deployed and that I was supposed to report in thirty days. I was shocked. It had been so long. I had never gone anywhere.

KC: What happened then?

GC: It was Friday, so I could only call them on Monday. Nobody had called me personally to tell me what was going on. I thought maybe it is mistake. But when I called them, everything was disorganized. If I would have gone to join the unit where they wanted to send me, they would have already been gone to Iraq. So then I had to go through a different process for individual deployers, in Georgia, for seven days. During the thirty days, I just could pack, make sure all my things up to date, and have online courses. After reporting, I had seven days of training and then we were gone.

KC: How was your time there?

GC: I have very mixed feelings about it. I really, really enjoyed the work I did with soldiers, working with people with PTSD, family problems, marital problems—you name it. There was a bit of everything. I really enjoyed working in a setting where I was providing direct service, whereas in a civilian job, I am a manager. I am little disconnected working individually with people.

KC: How much stress was there?

GC: I must say that people I saw with PTSD were mainly multiple-deployed soldiers: (soldiers) that had three or four deployments. It was within a short period of time, within five years, they had three to four deployments. I realized very quickly that most of the other professionals wanted to work with PTSD mainly. They didn't wanna work with people's family, adjustment problems, or other problems. I like working with everything, not just trauma. Another thing is that the time passed very slowly. We worked twelve-hour shifts per day, six to seven days a week. There were times when I put x's in calendar, trying figure out how much longer I can make it. It seemed like it was gonna be a year, but never be over.

KC: What was difficult about it?

GC: There was a lot of boredom in your downtime. There was nothing to do or see. You couldn't go any place. It is like living in a tiny small town on a base. You see the same people all the time. Some of my patients I would be seeing had relationships with one another. I would be listening to one of them. They would talk about something that had happened that started to sound familiar and it would be the person's roommate or something, and I realized it was someone that I was also treating. That was hard. Another thing is that I didn't have support. I have this background, working here for twenty-five years. It is like an extended family. People I work with here I have known long time. There I didn't know anyone. I was just thrown in. I didn't know anyone. I didn't have anyone to have breakfast with. It felt really hard.

KC: Were there dangers?

GC: There were, but for some reason I got used to that really quickly. We had red alerts, and we heard explosions all the time, and we (felt) the ground shake, but I slept through a lot of them. It wasn't until I got home that I couldn't sleep. I slept there just fine. Maybe it was knowing there are people in guard towers and base defensive systems and all this stuff surrounding us. Even though mortars could get in, it seemed pretty safe.

KC: Is it, you have to believe there everything is fine?

GC: I think I was much more traumatized hearing soldiers that have gone through very agonizing experiences. That was more traumatizing for me than hearing explosions (or) small arms fire.

GC: The other thing that was hard for me was that physically here I was, I had just turned fifty-eight, and I am going to have to keep up physically. I knew I had aches and pains. We had these huge duffel bags full of things, and we had to get them from buses to planes, from planes to trucks. I was worried I couldn't keep up physically. I think this was more because of my age, not because I am woman.

KC: What are the things that have stayed with you?

GC: I would think that stories that soldiers would tell me about things they saw or had to do that were conflicting with their moral values. And seeing also so many people who are in the situation where they have no option to get out or quit their job, but they were bullied. There were so many situations where unfair things were happening to people, by people in charge of them. Seeing young people's faces. I don't think I ever forget their faces, seeing their faces and hearing, seeing they were already feeling betrayed, that they had certain ideal about what the army was, and we were in the world. They were already feeling the sense it wasn't true. And yet I saw some heroic people and soldiers with high moral standards and high discipline. They really wanted to believe in the values of the army and ethics. War was a terrible thing.

GC: And then I had a patient that committed suicide. That was maybe the most traumatic for me. I felt like the army has to handle it like an investigation. They have to investigate everything about his life. But it happened so soon after his suicide, that I was still looking through his file thinking in my memory if there was something I could have known about it. Then there were these investigators asking questions: "Why did you do this? Why didn't you do that?" It just added tremendously to the guilt even if their job was to investigate. They had to do that to figure out what happened. That still haunts me a lot.

KC: Is it that you can't affect the situation...

GC: I have talked to a lot of practitioners who have had patients kill themselves. It is not just war—although there is a higher percentage of suicides among soldiers—but it is anytime you are treating somebody, and you didn't foresee it. You somehow feel you are not proficient. I felt suddenly very afraid with everybody being armed. I wanted to write profiles to take their weapons away, even if they had a hint of depression. Because everybody is armed. You have your weapon and ammunition all the time, and they are all walking around. And just knowing how many people were disturbed, distressed, angry, depressed, hurting, losing their wives and children or whatever was happening to them, and they were all walking around armed. So they could hurt themselves or others. Another thing that happened after I left was the unit that took over actually had a soldier come in and kill five people in the waiting room. And they were a combat stress team,

and it really shook me up because it was only one month after I got home, and I thought I was right to be worried. That could have happened, so they could hurt themselves or others. It was so easy, because the weapons were right there.

KC: What do you think was the reason for people to feel so distressed?

GC: Some of what they told me would be that we were told the Iraqis wanted us here. They really were gonna work with us. That was not the case. They worked both ways. There were lot of soldiers who actually hated Iraqis. I would try to do cognitive work with them, to help them understand that maybe they were put in the situation where their and their families' lives were at stake if they didn't work both ways. Instead of hating the person, you can hate the situation. But it was really hard. Lot of the soldiers felt nothing but contempt for these people they worked with. And by night, some of these people would be lobbying rockets at us, and by day coming to base to work as contractors for us. There was also this horror. I remember what one of my patients said, 'cause he was ambulance driver who asked, "How can we win a war if people are willing to kill children? How can we win if they are that determined that they throw a grenade to a soccer field with children? How can we possibly even understand or win it or what are we even doing here, risking our lives for?" There was also that nobody found the weapons of mass destructions and Saddam Hussein was not the one that took down the twin towers.

KC: There was a lot of thinking among soldiers there?

GC: Yeah, a lot. And there was a sense of honor towards protecting themselves and fellow soldiers and feeling appreciation of American people for their service, but what was the war really about in Iraq?

GC: A lot of the younger ones, that was probably the way they could afford to go to school. Because I think while I was there, economy took that big crash. In the beginning they had a hard time to recruit people, after that they raised their standards quite a bit. Because many more people couldn't find jobs elsewhere. Most of them joined for the GI Bill, VA benefits or something, they could not have had ... pretty much lower middle-class kids that I saw.

KC: The female and male situation in that setting. How was it for women to be there?

GC: I would say they had different rules applying to women, I can't say I can blame them. They wanted everyone to go everywhere with your buddy. That was more for women than men, because women are more likely to be victims of sexual assault. It makes sense, but it didn't feel fair to them, 'cause you see guys walking alone, and they don't have to find someone to walk with them when they go to the shower. That seems a hassle, but it was also a protective factor. Females enjoyed a lot of attention and that was hard for some. If you were 10 percent of the population or less, you are all of a sudden

the object of lot of attention. I think it was fun for some of them and hard for others. There were lots of relationship forming, some bad, some good. There were actually married couples also over there. I did some marital counseling.

KC: Was there sexual harassment happening?

GC: I had quite a few situations where I dealt with people who were harassed. I have to say the IG office was excellent in dealing with that, even if command wasn't doing the right thing. If I got that soldier in touch with IG, and I myself did some intervention, there were changes made to protect that person. There were a few situations when there was higher and lower ranking person, and they were scared to tell about it. I loved doing advocacy. I really liked when I could advocate for people for a right thing to be done.

GC: I knew the IG office and the chaplains. There was just a whole support system I knew I could get to the side of the soldier to help. The saddest was those who didn't dare to report fearing retaliation.

KC: Where there many?

GC: Hmm. There were.

KC: More than those who dared?

GC: For sexual assault they have alternate way for you to report. You can do an anonymous report. I think for actual sexual assault that wasn't the case as much but sexual harassment, or being treated differently or just kind of singled out for harassment, I think it happened quite a bit. Sometimes they were not female, just misfits: people who don't fit in well in social situations. I saw a few of them, a woman was harassed cause she wasn't pretty, jokes made about her 'cause she wasn't girly type pretty. I think women felt they had to be better, but I think it is true in the rest of the society too. We felt like we have to do better to get recognition that we are competent. That was like that there too.

KC: How was it to return back home?

GC: Here I am warning everybody of integration and still sort of thinking that wasn't gonna happen to me, 'cause I was well prepared, but it did. It was very hard. When I came home, my husband had got into the family biz, and invested \$35,000 without asking me first. He was insisting we move temporarily to San Jose near the business. He was talking divorce. He was saying, "I don't know if I can do this business and be married." Another thing was that my job was boring. This job used to be exciting to me. I came back, and I felt I wasn't doing anything really relevant. And I had felt I made a difference in Iraq with soldiers. There were some people really motivated to change and grow in that setting, maybe more so than you'd find in a typical therapist setting here. So I was a little

short with people when I came back. I remember somebody saying, "I am offended that you didn't do this process certain way," and I said, "You have just got to get over it." Not (a) very social worker response. (laughs) Kind of, wow. She's like so taken back. I found it was more courageous, because some of the things people worry about here are not life and death situations. They seem kind of petty. I had some reactions. My husband came home one night, and I said I had heard small arms fire. My husband asked if I phoned police, and I said no. It was only small arms. Like, it wasn't a mortar. And I couldn't sleep. I ended up having insomnia. I couldn't figure out I couldn't sleep, I ended up being prescribed Ambien which I still take. If I don't take it, I can't sleep. I don't know why cause I slept fine when I was there. Another thing is I had some physical problems when I came home. I had completely torn a rotator cuff, and my knee was getting worse and worse. I ended up being in lot of pain over there. Doing all that physical work and being in pain. So.

KC: Did you start to notice the changes at some point?

GC: I am now in therapy. I am seeing someone at the VA, a psychologist. One of the things I have understood about myself is that I have always been more susceptible. Some people are just more sensitive to trauma than others. Even as a kid I couldn't handle hearing horrible things. I felt guilty about needing help. All these other people were out in combat. They were shot at directly, busting in doors, and here I was traumatized, and I had not gone out to do any of that stuff. But I was able to understand that it is not just what you have been through, but it is also about your physiological make up as well. Maybe I was just a more sensitive person. I have been able to understand depression, anxiety, insomnia. It is a whole process of living. I was removed from my life for a year, and picking it up again was just not possible.

KC: Where did the symptoms come from, from the change or particular things?

GC: I think you get addicted to the high tempo and pace and danger and urgency, what they need right now. When I came back, everything felt just numb. I just didn't feel the same urgency and importance of that high-stress high tempo: people are dying, or they need you here or there. It was difficult. I couldn't feel anything. I still have some numbness. Or just not enjoying anything I used to enjoy.

GC: How long did it go on until you sought help?

KC: I think it was going on for about a year. And what happened was that different friends of mine and my husband told me in different ways that, "I think you should really get help." I tended to drink too much. Not drunk, but two drinks a night to help me sleep. And I tended to just try not to feel anything. That was kind of strange to me 'cause I used to be the person who cried easily. And I never cried, ever, when I came back. I am working with a really good psychologist who is kind of helping me to understand myself more and what I went through in the context of who I am.

KC: How much of the therapy has to do with the experiences in Iraq?

GC: Maybe the first few sessions. That is all I dealt with. I was angry at the army, I was angry at the unit I was with. I never wanted to see them again, yet I missed some of the work, I missed doing the work. I am thinking I counted the days when I was going to get out of there, and now I miss it. And so we worked on that, and then he actually sent me to psychiatrist. My own doctor put me on antidepressants, but she adjusted the dosage. I see her every three months at the VA as well, but the actual therapy is really helping me understand. And now it is more like, I moved on to think what I can look forward to in life. Actually able to make a decision to retire, because the army was asking me to stay. They were all of a sudden—it was like I was in for almost thirty years and it seemed like they never had any use for me before, and then since I deployed they were finding all these very interesting things for me to do that were really important and I was acknowledged. Then I was turning sixty, and I could ask for a waiver of the mandatory retirement age. And they really put a lot of pressure on me. They said I can go to all these great mental health conferences, pay for all this great training for you, please stay. Here I was, you guys never wanted me before, I never really fitted in before, I didn't think. And now they suddenly want me. My therapist helped me to make the decision that it was the right time for me to retire. That I don't think I could deploy again. I mean, I could. I would survive, but I think I would be exhausted if I would go again.

KC: You learnt to think of yourself first?

GC: I learnt that I can be very grateful that they wanted me to stay without caving in to what they wanted. And the ceremony was last weekend. They were giving me all these certificates. One of them was signed by Obama. I thought I am glad I didn't retire when Bush was the president. Haha. ... There are all these certificates and flags, and I almost started to cry. It was a good feeling: sad, but good at the same time. I thought, "I miss these people." There is a lot of things I don't miss, but I have all these things to look forward to.

KC: What are you looking forward to?

GC: I was diagnosed with the PTSD, but I argued with the guy who diagnosed me, saying, "I have an adjustment disorder with depression (and) anxiety. You know I am clinician, and I diagnosed myself." He said, "No, I am checking the boxes, and you have PTSD. "The thing is that PTSD, I know there is some move to change the definition. Because I would have to say most of the combat guys I gave the PTSD diagnosis didn't have any fear of the moment. One of the definitions of PTSD is feeling really frightened and terrified. With their training, they were never frightened or terrified in the moment, but afterwards. (A) soldier is not going to be frightened at the moment even if their life was threatened. They were still traumatized. So I think they will change the definition of PTSD.

KC: Interesting. In their stories, they still want to be supporter of others, and not fearful of anything. Just the other symptoms...

GC: I mean the feeling, not reporting the gunfire, drinking, insomnia, not enjoying activities. You know I would say they will come out with (a) definition that pairs trauma with depression, and you will see if you have someone with depression, you find what the trauma was, that is what PTSD is. But they have really strict criteria to label people with the PTSD.

KC: How do you see your future?

GC: This is how I help to frame it to myself. Life is full of trauma. Everything we go through changes us. War is a particular part of life not everyone goes through. And so if you go through that experience, you are altered forever. You don't have to be altered in a bad way. You can decide. Some people make critical life decisions to help others, or take a new road in life because they have gone through the trauma. I know one of my favorite authors Mann, searched for meaning when he wrote about concentration camps, and saying that the people that developed the world to survive were people that wanted to help someone else or wanted to make a difference and have a meaning in their life. I believe I am in the path to become a better person because what I went through. I wish nobody had to go through it. I still have this idea that there could be world without war, that there is no way to make it normal to kill other people, no way to make that horrible thing okay. The only thing I can do is to help those soldiers to put it in the perspective, so they can go and do something with their life. That is what I try and do. I feel good about the work I did. Of course, I feel bad that I lost the patient. That will always haunt me. I never know if I could have done something that he would have not killed himself. Maybe there are people I could have helped more. But I think I felt good about the work I was doing, and that is what I hold on to. Even the people I was angry at, who were not including me in things because they had their own cliques. Some of them I ended up running into, and I have ended up letting go of some of the anger.

KC: What different angers come with (the) military?

GC: I was angry at them for having an environment that makes it possible for people to be bullied, and singled out and harassed and. If I didn't like this job right now, I could walk out that door and say, "I don't like that." But you can't do it there. You have sworn—you have raised your right hand and sworn the oath. You can go to prison if you desert. Those people are stuck there like a servant. So to see them being put into abusive situation—Can you imagine a nineteen to twenty year old thinking, "I have six more years of this"? Everyday they are terrorized and picked on. That really made me angry. It also made me angry they wouldn't give people enough rest. When they were not out on the road or convoy, they had to do stupid administrative BS. BS was really intolerable sometime. They just put you in (a) situation. They have a certain percentage of people

they wanted return to duty. There would be pressure on us if we were evacuating people. But then again, if they killed themselves, you were under investigation as to what you did wrong or right. It was like a psychological autopsy. So you were not supposed to return people, to evacuate them, but you were not to let them kill themselves either. It was very difficult. I am angry about that, I know lot of people who have lost their lives or limbs in Iraq, and I personally don't think we have any business of being there. So my political beliefs make me angry.

KC: Did these beliefs come there?

GC: No, I am one of those people, scratching their heads, saying, "Wait a minute, Osama Bin Laden is in Afghanistan and we are doing what in Iraq? Like, are we crazy?" I was totally not feeling like that was a good place to go. Politically, the president is our commander in chief, and we go where he tells us to go and we do the best we can.

KC: In healing, was the main thing therapy or were there other elements?

GC: I think one of the things of acknowledging some of the differences in myself is strength—fearlessness for example. It is not that I am fearless, but I am not afraid of saying what I think to people. I think, "What can they do to me? They can't shoot at me." I mean, my boss sometimes says, "Would you talk like this to your higher-ranking officer?" But lot of people would be afraid to talk like I do. But I feel less fear, like I am more honest person. And I don't have a hidden motivation behind some of the things I am saying. I really believe and advocate so that courage—I never would have had that level of courage if I wouldn't have gone. Because I faced something, and I didn't know I can make it through and I ended up helping other people as well. Life is too short not being honest. I am becoming a more honest person with myself and others.

KC: How do you think the surrounding community affects you when return?

GC: It is different for different people. I was with a unit from Colorado. I thought I was to see... some people said they haven't seen me for a while, like I didn't go. So they really missed me.... Scared when I came back...

KC: Do you think the community understands there is a war going on?

GC: When I travel in uniform, at the airport paying my bill, someone comes and wants to pay my bill. I have mixed feelings. I tell myself they are just being supportive, me being in uniform is a reminder that we are still at war. But I am uncomfortable when people are asking questions, "Are you coming or going?" I feel like I should be proud, 'cause I went and did what I was asked to do, and I did it well. But I feel I wish they would not ask. My husband and my family have been very supportive. I have had bad experiences when I have been in uniform. Someone started to yell at me when I was in health food store. I am

scared to go. He yelled, a total stranger, that I would understand if you were 18 but you are obviously not, you should know better.

KC: How has VA been?

GC: The Vet Center in San Jose was horrible. They put me through something like three months of intake process. All I wanted was counseling. Their goal seemed to be to want me to get more benefits. I had already had that determination done by VA in Palo Alto, and I received already benefits. What I most wanted to do was to get connected to counseling, and for the army not to know. In Vet Center, they don't report to the army. I didn't want to tell that I am not doing well. I never got help from the Vet Center. I became pretty angry. Because I wasn't a combat vet, that is what he said. They had only one therapist available, and they were saving that for combat vets. The San Jose VA has been wonderful. That is where my therapist is. Other things I was supposed to be able to have, VA loans. The economy crashed. So guess what? My house is worth less than it was when I left, so I can't refinance it with a VA loan. A lot of the benefits on paper haven't helped me lot. They have these yellow ribbon ceremonies to help people integrate, but I didn't want to go.

KC: How are you now?

GC: I think I am still adjusting to coming back, and my husband is adjusting. He was so relieved when I did the retirement this weekend. He said, "Now they cannot take you away and snap you out of my life for a year." There is a book "To Iraq And Back", my work friends did that of the emails I sent them. So now I can feel lump in my throat. It was sad, but kind of good. I have a best buddy with one friend I made in Iraq. We are dealing with same things. She can call me anytime. We shared same things in same unit.

KC: How do you see your future?

GC: I think I have really good future ahead of me, and I learnt a lot. I am just sorry that people are dying and getting wounded. People are gonna be scarred for life. Some people are gonna be scarred for life, and not everybody is gonna turn around. That is the sadness I have to see, some of the cynicism and hatred that we are putting on this new generation. I am hopeful people will find what I found: that you can live through trauma and go and decide to be a better person.

END OF THE INTERVIEW – GWEN CHIARAMONTE

Appendix P: The screen shot of Gwen Chiamonte's page

American Women Warriors' Road Back Home: Gwen Chiamonte was called at 58 years

http://scalar.usc.edu/anvc/crowley/gwen-chiamonte-was-called-at-58-years?path=timeline-path

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American Women Warriors' Road ...

AMERICAN WOMEN WARRIORS' ROAD BACK HOME

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Kirsi Crowley, Author

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Other paths that intersect here: ■

Gwen Chiamonte was called at 58 years

UNEXPECTED CALL

Gwen Chiamonte was planning on 9/11 the reservist changed her mind. [reasons](#)

Gwen Chiamonte - Reasons

"I did a total turnaround of my decision. I remember. She was in New York when the towers came crashing down, shaking the foundations of security of the whole nation for years to come. She stayed in New York to help the Red Cross with counseling traumatized people. Feeling strongly that her country needed her, she decided to stay with the military.

Gwen had already [joined](#) the military as a reservist in 1981, well before the traditional front lines were blurred as they are in many contemporary conflicts. She was working as an intelligence analyst with a master's degree and a license to practice as a social worker.

"It was Private Benjamin the movie. I wanted to see if you can do these things physically and mentally. And get training you would not get in civilian life," Gwen says.

Through the years, Gwen had attended reservist monthly drills, but was never deployed. In 2008, she managed a team of social workers in the Department of Family and Children Services in the County of Santa Clara. She had just turned 58 when she got an email, telling her to pack her bags. She would be sent to Balad, Iraq in 30 days to work as a therapist with the combat stress unit.

Gwen Chiamonte - Reasons / Vimeo

Gwen Chiamonte - joining / Vimeo

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Appendix Q: Transcript of Mary-Ann Rich's interview on the 05.17.2011

Interviewee: Mary-Ann Rich (MR)

Interviewer: Kirsi Crowley (KC)

KC: Can you tell your name and where you were deployed?

MR: I am Mary-Ann Rich. I served quite a few years. My most recent deployment was to Iraq 2006 to 2007, in Tikrit Iraq. I was Lieutenant Colonel in charge of the operation room and central processing among other things.

KC: How did you join the military?

MR: That was back in the seventies. The Vietnam War was on. None of the guys drafted in my neighborhood came back alive. One of the guys nearby came back disturbed. It was very disturbing the way they were being treated (feels like bursting in tears) because I knew that they weren't ... (fights back the tears) I am having a hard time. I am getting emotional still. They were not treated very nicely by the public, and I knew they didn't choose to go into military. I was choosing on my career. I decided to become a military nurse, and I joined in 1972 right out of high school.

KC: Even if you saw people coming from hard circumstances, you still wanted to join?

MR: Well, I wanted to support the soldiers. I felt that the way the American public was treating them was really not just. My only way of supporting the soldiers was joining the military.

KC: How did it go?

MR: I went through the nursing academy. It was through the Walter Reed Institute of Nursing. It was a real tough program, affiliated with the University of Maryland bachelor of science program. Their requirements, we found out later, were much more extensive for military nursing students than for students of the university. The reason was that majority of teachers were fresh back from Vietnam, and they wanted us to be able to handle stress. So they more than doubled our load on the curriculum on just about everything. The drop-out rate was 50 percent. So less than 50 percent of the girls who entered the program was graduated. I graduated in 1976 and worked in San Francisco Letterman hospital.

KC: Until 2006?

MR: Yes, that was a long time. I stayed in active duty until 1979 and went to reserve.

KC: Why did you get out?

MR: Because I was getting married to a business guy who would travel. So I knew that my duty time in San Francisco was over. So it was either the relationship or the military. Back then it was very uncommon for women to have children and stay in. Usually the service gave them option to get out.

KC: How did you end up in deployment?

MR: I stayed in the reserves all of those years. I went inactive few times. There are several ways of doing the reserves. You join the unit or drill, do training once a month and two weeks out of the year. When my children were young, when they were babies, I went inactive meaning my name was just on the list. I wasn't doing any drilling. I stayed like that when they were young. When they were older, I went back to reserves. There are lots of motivations. There is a good retirement. I had a significant number of active-duty years, which would mean my retirement pay would be very good. And I liked military nursing better than civilian nursing.

KC: Why?

MR: Because of rank structure. When I got out, there were brand new doctors. They were still in training. I essentially outranked them. If they gave me orders, I could pull rank over them. They would have to go through the chain of command. It was a good system of checks. There was a tremendous amount of respect. It was more advanced than civilian nursing. I had lot more freedom to do things. Education was really encouraged.

MR: I had just taken a new position in civilian job, starting a new surgery center, with brand new employees. We were going to go through credentialing. I had just started the job, and less than a month later, I was told I was going to be cross-leveled with another unit in Boston. I was going to go to Iraq. I was not sure when, but orders would be sent to me. I didn't want to say anything because I didn't know when. They would have terminated my work ... I worked very hard getting credentialing done. Then my ordering came less than six months later. In two weeks, I was due to be deployed.

KC: How did you feel?

MR: Mixed feelings. I had not been deployed before. It was my final year of military nursing. I was due to retire. After all the training I had had excellent education through the Vietnam nurses, I thought I could handle it.

MR: There is no choice. In the military, once you are in the unit, you can certainly say, "I wanna go out." You have to file the paperwork and follow through process. But if you get the phone call, and they tell you are deployed, that is not voluntary action. That is an

order. It is not really a choice, even though people think it is voluntary. It is not. It is voluntary only when you sign up. After that, it is not voluntary anymore.

KC: Is there a reason that people in their final years are asked to go to Iraq or Afghanistan?

MR: It wasn't a trend, but at the time we didn't have enough people in service. They specifically needed someone of my rank. The unit I was going with had younger officers, but not of my rank: Lieutenant Colonels who can run the operational theater. I was called for my rank. My family was surprised that I was going. I thought that, because of my rank, they would want younger officers.

KC: How was it to leave for Iraq?

MR: It was a bit hectic. I wasn't sure what to bring, what to pack. I contacted a few people. They gave me idea what to bring, what the living conditions like. I couldn't pack many things. So I arranged to have some things shipped to me that I needed later. I had to get a lot of things in order around the house: so that there were no leaks; get the sprinkling system set up; all kinds of arrangements; make sure there are finances for bills. Setting all that up took months. Finding people to do the power of attorney of anything needed; vehicles; taking care of animals. Nurses there were not experienced. They had not been deployed before. They had not really served active duty in a hospital setting. They just knew how they functioned in their drills. They were mostly all guys. So I was gonna be with them in Wisconsin. We knew two to three months we would be working together on how we get things organized, to get to know each other before going to Iraq. We didn't just have information to prepare, but we also had to train for war, learning how to throw grenades, all of the equipment, how to do convoys.

KC: How did combat training feel?

MR: It was a little bit alarming. We had been drilling all these years in reserves. Now we were going to be carrying weapons with us, and we were gonna be possibly needing to use them. They wanted us to learn all of the stuff that the infantry learnt in three months.

KC: How did it make you feel about the future deployment?

MR: It created a lot of anxiety. This is dangerous equipment we were working with. I was worried about possible injuries, especially with some people can be very cavalier about handling things. It was nerve wrecking.

KC: What was your first reaction when you got to Iraq?

MR: I guess certain disbelief that I was even there. It seemed so strange. Looking at the area, it looks like central California: hot, dry, brown. And we had make shift things

around. I was just really surprised on the conditions we were living in, buildings that were partially bombed out. Windows were boarded up. The electrical wiring, instead of being within the walls, was hanging outside walls and coming down to junction boxes. It was 220 voltage, not 110 as here, a little more dangerous. Very dusty.

KC: You had a huge number of patients in your facility?

MR: Quite a few. Patients would come in day and night. We had both military coalition forces and civilians coming in, and we never really knew. I guess the tactical operations office would get reports. They just told us injured were coming in. We didn't know a lot of times how they were injured, if they were IDs, gunshots, if they were from assaults attacks during Apache attacks. We just got a massive amount of people coming in shot up, cut up, just in very strange conditions. All different ages. (The) only way we knew if they were military was if they had their uniform on.

KC: Was that like every day? How much of your everyday life was it?

MR: It was pretty much everyday. It would be a rare occasion to be quiet. Most days we had people coming in, plus we had to do repeat surgeries on ones that we had done few days before. When it came to local patients, Iraqis, detainees, insurgents, we had to keep them in hospital until they were pretty much healed so they could be outpatient. So we had to repeat surgeries on them so our days we would plan that we would have scheduled surgeries, but emergencies would come in, and we would have to reschedule them for later.

KC: How was it to treat Iraqi people?

MR: I didn't have so much of a problem working with them. They were patients. They needed our—they were injured. As far as detainees go, it was obvious. We would have armed guards there, and he would be in the operations theater until the patient went asleep. I didn't have ill feelings for them, because some of them didn't necessarily choose to be in that position of fighting against the U.S. Some of them were doing it because their families were tortured. Some of them were told they have to go out and set up a bomb. We got, there were Iranians, (?) those people I knew they really didn't like us. They hated us. Some of them we had to blindfold. Before bringing in, some of them would be spitting on us. Most of the time, even with known detainees I would create some Arabian readings, they would respond right back just fine, being friendly to them.

KC: What was it like as a woman in a military deployment?

MR: In a medical profession, there are probably more women than in other areas. In my section, it was more difficult because nearly all were guys, and all officers were male. I felt there was some disrespect from them. They had a club mentality and resented having

a woman in charge. They had been drinking buddies in Boston. They were all good friends. It was kind of lonely.

KC: Not a lot of other women?

MR: Not in my position. Plus I was from California, not from Boston. I came from a different culture. Throughout the camp, I would sit and socialize with guys from other sections.

KC: Do you think this is generally—in the military—women's position?

MR: I think so, and I think it is very obvious. Our uniforms are made for men, and they don't have body armor. Getting the body armor—it is ridiculous. It is the flat plates that go over your chest. There is no room for a woman having curves. Everything was designed to fit on the male body.

KC: Going to the bathroom?

MR: Men could go out in the open. Women would need to find a bath room.

KC: Did you have to move around with another person?

MR: I didn't find a battle buddy. I tried to find one, but I was outsider. It was really hard to find out someone to buddy with. In the dinnertime, I pretty much went on my own.

KC: What were your reasons for loneliness?

MR: I think it was combination of male grouping, being from an outside unit, not being welcomed. Being the rank I was it was rather lonely. Because I was higher rank, there were not many people in that level. I think the culture of being with a group of Bostonians. They were very close knit.

KC: What are the issues that live with you that caused trauma?

MR: I think it was the lack of support I got, support from beneath me. They resented taking orders from me, and my immediate supervisor was really incompetent. I felt helpless. I felt my hands were tied. I knew things had to be done. This wasn't a new position. I had been in leadership positions before. But I felt my supervisor was incompetent, and did not know what need to be done. Did not support me. A lot of my soldiers below me resented doing some of the stuff I wanted them to do. They wanted to be timecard punchers: doing their job, go home, goof around, do whatever. And I wanted it to be run like a U.S. hospital. We didn't have anybody checking on us. They could cut corners in whatever way they wanted. Some of the units did. But I felt we really owed it to our patients to run it like a decent U.S. hospital. We owed it to them. I had the

knowledge. Therefore, I thought we should do it. I think it was the lack of support in doing the job the way it should have been done. It meant I should spend lot more hours and really argue my point and get creative and figure out how to get things done to do it correctly.

KC: Can you tell when you returned, what were your feelings?

MR: Even before coming back, it was frustrating. The work I had done was not recognized. I didn't get awards. Some of the people in the unit got very high awards for stuff they didn't do. That was very disappointing. Then coming back I was put on the plane and flown home. The unit didn't make any arrangements to let my unit know that I came back. It was very lonely coming back. The majority of people in this area have not been deployed. They know nothing about the military. So it just felt very strange. It was anti-climatic coming home after doing some very incredible things. (tears in eyes)

MR: Here I had to prepare my own meals. If I want food, I have to drive to the store, don't just go to DFAC. We don't wear the same clothes, the uniform. You have to make a decision on what to wear that day. There are no routines.

KC: What were the routines in the military?

MR: The routine was I would get up and go to work. Get up at night, stop and have breakfast and go to work. If my pager went off in the middle of the night, I would get up and go to work.

KC: And home?

MR: I came home with no routine. My house was a mess. It was absolutely ruined. It looked like my fiancée had had biker parties here. The walls were punched in. The carpets were filthy. Junk piled everywhere. The yard had not been watered. Weeds were growing. The house was blighted. Before I left, it looked like a normal, upper-middle-class home. The house was clean. When I came home, it was trashed.

KC: What did you do?

MR: I just started plugging away. Slowly started cleaning, picking up things, throwing away, bagging up in bags, trashing. I wasn't sleeping, so I just cleaned.

KC: How did the symptoms started to appear?

MR: I think that happened even before I came. I was not sleeping through the night at the end in Iraq. I was waking up. So I would either get up and go to hospital and see what needs to be done, or go have a meal or something like that. So when I was here, I would clean or go to the gym when I came home. I would sleep a few hours, and then I would

get up and go to the gym. I was quite productive. I got a lot of things cleaned up and lot of things done.

I think because I had such nasty homecoming to my place being destroyed and my fiancée not being loyal—I think I was more focused on getting my house in order, and I needed to go and find another job. I focused on that. It wasn't probably until—I guess more than a year after my return—that I started really knowing that intrusive thoughts were PTSD.

KC: What were they like?

MR: (crying) Just little things, like, as soon as I stepped outside my house I would be looking for my hat and my weapon and realized I am not over there. Seeing trash blowing by on the side of the road, and all of the sudden getting hyper alert. I think the worst was that I was cleaning stuff in garage. I had a big black bag, and I loaded it up with trash. And I was going to get it out to garbage can. It was swinging, and all of the sudden I got a flashback and vision that I was carrying an amputated leg in the bag, because it had the same weight and same vibration. And I was just overcome with repulsion and dropped the bag. And I realized I could not use black trash bags anymore. It was too much like the body parts I had bagged up. Because that is what we did over there: we bagged them up in trash bags and put them in the trash.

KC: What did you do then when realizing these emotions?

MR: (cries) I am not sure how I finally started getting help. I talked to someone from my old unit and he said—because I had been denied VA care when I applied for it—he called around and said they are not supposed to deny it. I had put up the paperwork for VA care. I was told that, as soon as you return, you are supposed to get five years of medical care. I—so I put in my paper work and within maybe two months of having been home, they sent me a note that you are not eligible for VA care. I was just flat out denied. I guess that it was only when I talked to this guy who was a liaison office manager for people coming back, and he said there was mistake so he got me set up. I went down to vet center and went through the interview process. They sent me up to counseling to talk with a therapist.

KC: Was it helpful?

MR: Not really. The therapist seemed to have some agenda. It was not therapy. It was what was called cognitive behavioral therapy. She had me do homework assignments, exercises. They didn't make sense. I didn't get what she was having me do. Because she was having me look at rational responses. Is there another way of looking at this situation? I thought, "No, there really wasn't." It didn't make sense. If something horrifies you, it horrifies you. What other way is there? Then that therapist changed jobs. They moved me to a civilian therapist. That has been helpful. I still see him. He does talk therapy instead of using programs. He listens, asks questions, discusses things. He is

supportive, very different from doing homework and exercises that has nothing to do with my assignment. I have seen him over a year now. Things get jumbled, it has been maybe a year and a half.

KC: Did you also have other ways of healing?

MR: Well, writing a book. That was really helpful. What was good about writing the book was that the editors would draw out more of the story and help me write it so that more people would understand. They would say, “You are in this here, but there is more you can tell.” They interviewed and helped me to write more of the story. That was very helpful, validating. I tried the residential program that VA has. And I found that not helpful at all. In fact, it was insulting. They were—they had a lot of regulations. They restricted—you couldn’t take naps. We were only allowed to go to the gym twice a week, and even then only after having meal. You could not go alone; you had to always go with buddy. All of the women were sexual trauma victims; none had combat experience. I could not relate. I wasn’t allowed to talk about my experience. It was very restrictive. They did a lot of those homework and exercises that the first therapist did. Cognitive assignments. I guess if I were a student and immature, it would make sense. But I was already a manager, successful. They tried to take communication and simplify it and make me feel I didn’t know how to communicate, to make me fit into their little blocks and squares. It sort of reminded me of English class.

KC: A soldier learns to be strong and support others. Care that is provided, does it not take into account that they are dealing with strong personalities who have got used to making decision?

MR: I definitely felt that. They even made the comment that my successes were not successes. They were just illusions with my ability, I was just manipulator. That was invalidating. Here I am a woman in my fifties, and I had had good incomes. I had successfully led a lot of people, trained a lot of people. Here are these young therapists, barely thirty years old saying to me I don’t know what success is. That was absolutely appalling and insulting. They told me that, because of I am officer, I had used to be in charge, and I have to learn to let go and trust the process. But the process was not helping me.

KC: Tell me more about the book project.

MR: I was fresh out of that hostel program, very angry, very upset. I felt like I had gone backwards. I came out in a rage. I thought they were not supportive of the military. In fact, they talked down on it. So I went to an event about women vets, sponsored by ... I went specifically complain and talk about how I had been treated in the VA system, it was not good enough, in fact that was destructive. If this is the way they treat female veterans, maybe they don’t care enough.

I thought maybe I want to write my story. I phoned Monica., She talked with me and was very interested in lot of things I had to say and said I could write a good book. She came out. I felt she was powerful. She had many people to help with editing. She asked me how I felt about graphic photos. I thought they have to be seen. People have to know what is going on.

KC: Do you think people don't know the reality?

MR: I think people have an idea what the war is like, the Hollywood version. I don't think they know it is something that does not turn off. It continues and goes on and on. I don't think they know what the civilian population there is going through. I think they are totally oblivious to it. They have their agenda. They hear stuff politically. There are people who are very much against the war. They wanna talk about their political views. They don't wanna see what I experienced.

MR: I think—(tears come again) I think nobody is really prepared for the horror that comes out of war. I—it is not natural to have people attack people. This is not hunting. It is not a game. It is not something that is done necessarily to live and survive. It is a shock.

KC: Those images, do they haunt you?

MR: Very much so. Seeing the cruelty that people can do to another human being, and trying to figure how to survive. How to get the patients to survive, knowing what to do, they have just been attacked so violently. If we don't guess right, we are not gonna save the patient. They come in with so many wounds and injuries. We just have got to use our intuition and pray we are going to right direction.

MR: Some people are like that, others just seem to—I was appalled how some people became perpetrators. They didn't care. They were—they wanted to categorize any of the Iraqis whether they were locals, detainees. They wanted to categorize as bad guys. They wanted to hurt them. I had to stop some of my soldiers from hurting them. It was appalling to see what they can do.

KC: Soldiers becoming perpetrators?

MR: I remember one guy in particular. They would be bringing a patient in. He would be swearing at a patient. The patient didn't understand to move over. He swatted the guy on his amputated stump. I had to kick that soldier out of the room and say, "You don't treat anyone like that. That is horrible." He didn't know if this person was a detainee. He didn't have the right to treat anybody like that. They were our patients. That mentality. The chief nurse, her attitude was flippant. She didn't care about stuff. She didn't care that we had infection control ... she wanted to cut corners. I thought it was a horrendous attitude.

KC: How do you see your way to the future with healing?

MR: Oh, I don't know. (fights back tears) I am going to the VA, and I am working with other veterans in a group just socializing with them.

KC: Does it help meeting other veterans?

MR: Yes, it does. Most other veterans. There is one veteran from the Gulf War and others from Vietnam. I meet up with two friends from Iraq every couple of months.

KC: What sort of plans do you have?

MR: I am looking at going back to school with the GI Bill. Possibly doing something different.

KC: Not nursing?

MR: Well, nursing administration. Because I am just—I am very upset the way I see the way veterans are treated in VA hospitals. I wanna make a difference in that. A lot of the staff in VA hospital does know nothing about the military. I think that is not right. They do it like it is just a job. They could work in any other hospital. I think they should probably go and work in any other hospital. They need to know about the military and about the veterans if they are gonna take care of them.

KC: Have you been able to work since you came home?

MR: Yeah, I have. I had a job as a manager of an operation room, and I set up a brand new operation room and hired all the stuff. After a while, it was getting abusive. I was not getting a lot of support in the job. I tried to take some time off, because I didn't really take time off after Iraq. Same thing: long hours, working by myself, no support. It was kind of abusive in itself.

KC: Do you feel surrounding community, family, friends, wider society have helped?

MR: No, not at all. I think that. I think that the majority of society like to put the yellow ribbons on and say, "Welcome home," but I don't think they really understand.

KC: What should be done that people returning can be helped?

MR: I actually had a doctor say that in World War Two everybody had to put in a sacrifice, whether it was rationing of gas, or going out working. So I think that somehow the greater community needs to have a sense that they have to sacrifice too, otherwise they don't recognize what the veterans have gone through. I think our community is too

much of an entitlement community. It is only 1 percent of the population that goes into military. Even fewer percent that goes overseas. We don't have war zones over here. 9/11 was the closest. In this area nothing like that has ever happened.

KC: What are your dreams like?

MR: I don't remember much of them. They are usually about trying to get into the hospital, different things I am doing with patients, bagging up limbs. That one nightmare happened quite often, where I was sleeping on top of bags full of limbs. That obviously didn't really happen. Dreams get jumbled. Dreams of childhood growing up in the house, having gun fights in the house, trying to protect my children who—my children are adults, but it is like my children were younger.

KC: Do you still experience?

MR: Oh yeah.

KC: What things—therapy, book—are helping?

MR: I have been writing two other books now. I think the writing, continuing to write, sort of helps. What it has done in the way is—instead of all dealing with in the past—morphing the dreams into things that are not so horrendous in the future. So somehow things are changing. More and more things are coming up. That is why I keep writing.

KC: What sort of experiences have you had as a female?

MR: I did have an episode that was very upsetting for me. I was the only female when I was going to the Vet Center in San Jose. The person there said I can't use their services any more. My friend said later she went to their meeting, and the person kept referring to her "boys." She got the same feeling she just wanted to meet the males.

MR: I would go to the VA, and they would ask if your husband was in the service and I say, "No, I was." It is upsetting. I was standing with a Vietnam vet on Veteran's Cay and had my Iraqi Freedom hat on. He had a cap on. This woman came and told him to thank you for the service. And he said that she was in the service too, and she turned to me and said, "Oh yeah. Thank you, too." People just ask over and over again, "So was your husband or son in service?", never assuming a woman can serve. So it is really upsetting. Also, my age too. It is usually younger women.

END OF THE INTERVIEW – MARY-ANN RICH


Appendix R: The screen shot of Mary-Ann Rich's page

AMERICAN WOMEN WARRIORS' ROAD BACK HOME
Kirsi Crowley, Author

Sign in or register
for additional privileges

**American Women
Warriors' Road Back
Home**
Index ▾
3 paths
43 pages
113 media files
1 tag
Search
View ▾ Recent ▾

Timeline Path, page 6 of 28
Previous page on path Next page on path ▸
Other paths that intersect here: ▮

Mary-Ann Rich was moved by Vietnam veterans
Mary-Ann - Reserve / Vimeo

Maximize

« Previous
LEARNING FROM VIETNAM NURSES
Next »

In the 1970s Mary-Ann Rich witnessed the young men in her neighborhood leaving for Vietnam. Hardly any of them came back alive, she says. One soldier returned very disturbed. The memory stayed with her and she decided to become a nurse to support soldiers. "They were not treated very nicely by the public. I knew they didn't choose to go into the military. I was choosing on my career. I decided to become a military nurse and I joined in 1972, right out of high school," she remembers. She swore her oath in Oakland, California.

Mary-Ann completed her military nursing degree at the Walter Reed Army Institute of Nursing. The teachers had

Appendix S: Transcript of Sue Max's interview on the 05.17.2011

Interviewee: Sue Max(SM)

Interviewer: Kirsi Crowley (KC)

KC: Why did you join the military?

SM: Because I could (chuckles). The Army nurse corps I had joined initially and back in 1989 or early 1990, my son was being recruited, he was twenty. He kept blowing off the recruiter. I had been with the army escrow for a very long time and actually thought about joining in 1980, but my husband discouraged me, because of what was happening in Middle East. Go figure. I had actually talked to a recruiter way, way back then. The recruiter that was trying to recruit my son—I felt sorry for him, because my son kept blowing him off. I asked him about the army nurse corps, and he said they had raised the age limit to fifty or fifty-one. , I was forty-one at the time. I thought it is very safe at the time. It was 1990. The Berlin Wall came down. The Middle East seemed calm. That was May of 1990 and then, August 1990, there goes Saddam into Kuwait and suddenly all the bets were off. So primarily it interested me and seemed a safe thing to do and it seemed it didn't take, I have done a lot of things in my life, and that was interesting.

KC: How did it prove to be?

SM: Interesting. I was initially in a general hospital. First lieutenant. I trained: drilled weekends and two weeks' annual training. I ultimately did very little nursing, but operations which I really like.

KC: How many years were you in military before deployed?

SM: Sixteen years.

KC: How did it go by as a female in military?

SM: In a hospital unit, general and combat unit hospital, the ratio is different than in other parts of army. One of the things I experienced that in the combat zone is that it is very male heavy. Not many females. Basically in a hospital unit it's pretty much equal opportunity.

KC: Mainly positive?

SM: Mainly. Never perfect. In civilian or army life. The reason I liked it was it took me out of my civilian context and that was something I could do, and I enjoyed it. It was not easy. There were hard physical things. And the other nice thing was to meet other nurses who did different things.

KC: Tell me about your deployment.

SM: I got called August 2006 by my unit saying I had been selected for mobilization. One of the things that happened in these wars is that some units are activated as a whole. There is always a need for back fill. They go to other units take onezy, twozy. I was in this situation bumper to bumper when they called. They said I would not be mobilized as a nurse, "You are gonna be trained as civil affairs officer." That was stunning for me. Because of my strong operational background, I was familiar with it. They said I was going to Fort Bragg and trained several months, not sure of details, if right over... I was the only one from my unit selected. It was a special program. The army didn't have enough, as I understand it, civilian affairs assets. It is important, working with the hearts and minds with the population. It is very specialized. They thought nurses would be a good asset because of diversity. I have been a nurse for close to forty years. That is pretty much what happened. I went to my normal drill. We called up to try find out if and when we were deployed. We got the wrong unit, and I was told Djibouti. I thought, "Great. Humanitarian." Unfortunately, I got my orders by email, and it said I was going to Iraq. November 4th I flew to North Carolina. Now I was in active duty. I trained for five months. We left Fort Bragg on March 21st for Kuwait and then to Iraq.

KC: How did you feel when you found out?

SM: I was stunned all the time that I was called, deployed. For me, change is what I have embraced. Stunned they would take somebody like me. I am not a very big person, and I am quite old for deployment. That surprised me a lot. My concern was whether I can compete, keep up. Academically, it was not a problem. I could understand conceptually what civil affairs were. There was a physical aspect to go from non-combatant to combatant. Training had a lot to do with that, guns and shootings and all that stuff.

KC: What did you see when you got there?

SM: We flew in. When we were waiting on tarmac, I noticed for the first time we were in a war zone. The flight was late 'cause there was a rocket attack at Baghdad airport. We had to wait. I was going to be at Camp Victory. I was placed in the safe area, probably because of my age, and I am not the best soldier in the world. I was in the 3rd ID infantry division. Unfortunately, the downside was that we lived in a tent. We had already had a miserable living experience in Fort Bragg. And suddenly here was a big tent. My fellow soldiers were supposed to establish trailers. Ten in the morning you heard the calls to prayer. Neat. Only a few days later, the explosions started. Then you really realized this was not perhaps the safest place to be.

KC: How was everyday life?

SM: The first day they gave us off. The second day we went to the building and met with the G9 section of division. Even if I was with particular battalion, they got administrative control over me. Operation command was to.... We were told, "Welcome, and your working days are fifteen-hour days." Basically, we were working a fifteen hour day, with seven hours sleep, and two hours of PT a day—that would be your life from now on. That was shocking for me, because after ten hours I am pretty diminished, twelve hours I am done. But when you break down civil affairs, in this particular thing the rolling function was the stabilization and reconstruction of Iraq. Even if I am medical person, my role was purely economical. I dealt with banking, schools. Basically we gather information, spread it out and see what kind of plans we can do to help the Iraqis.

KC: How did you feel about your work?

SM: I liked it 'cause I conceptually understand. It's very similar work as civilian life. I felt very strongly—

(her phone rings)

SM: It was conceptually very similar to what I did in the civilian world. I thought civil affairs was the way to go. I think pretty much in these wars a focus is to work with civilian population and help them out stabilize. That is what is going on. It's a very slow process. Because of the rotation of units, you are there for a year. There was a learning curve. It took me six weeks before I figured out what I was to do. All my training had been on the company level, working, going out in convoys and working with the populace. I was working in this area, where I was looking on what people were doing, bringing in ideas. Communication was a big part, communication to command. I liked it.

KC: How was it as a female in Iraq?

SM: It was a sense of being a very small group. Needless to say, the way wars are designed, you are gonna have much more men. It is due to the training. Women are not "allowed to combat", but in practice, we are. There are no front lines in wars. You have equal exposure. There was a lot of indirect fire; they came with rockets and mortars. It just depends where you happen to be standing who gets hit or killed. There is no protection. Going outside the wire increases the risk 100 percent. I went outside from time to time. As a woman, it was definitely male oriented.

KC: How?

SM: Things like we were ... in our tents. We had shower facilities. They would break out how many showers for each. Of course, we had very small portion of showers. They do everything in portions. If you have a hundred men and ten females, they maybe should get more showers, but we didn't feel it that way. There was a sense with the command. It was preferential to the men. It's a very vague thing I am saying, but I got that sense. If

there was activity that someone was sent on a mission, a lot of the times it went for a guy than for a female. You just kind of wondered about that. One time I had one of my missions cancelled. I always tried to figure out. I thought I got it cancelled 'cause I was female, not male. The commander would frequently take the guys out to lunch, but never the females. Then once he would take all the females out to lunch. What was that? He takes the guys out once a week, and girls once. And we were never invited. Why were you mentoring those guys?

KC: How does that affect female attitudes?

SM: We become resentful and think just that ... Women have to fight more to get equal whatever.

KC: How much of death was around you?

SM: There were lot of unpleasant things around me, but my friends in medical area would see it every day. There were a lot of deaths around me. There was a rocket attack, October 2007. Might have been earlier. That was the single largest casualty count in the war: forty casualties. That was the one that was devastating. It really brings home what war can do, how devastating it is. I never saw anything, but I was involved.

KC: In what way?

SM: Because the indirect fire is just one of those things. Wherever you are standing, there is no protection. You never know where the rocket is gonna land. This time it went to this particular area, (the) dining facility.

KC: What kind of emotions or issues dominated your day there?

SM: It becomes like any other thing in your life: routine, until it is no more. You develop what we call a battle rhythm, day-to-day activity. I would do breakfast, go to the office. There is a battle update we would get on what happened the previous twenty-four hours, get about your daily, have a mini meeting and get on. Sometimes, beyond what I was doing, stuff like ... was also pagent (pay agent), the person who handles money. It started as a person who purchases things for G9 and ultimately to the battalion. When you go to war, you don't bring things with you. So you have to buy things. There are Iraqi vendors throughout the FOB, and so would be things like office supplies. I was given ten thousand dollars a month, cash. I had a field ordering officer who would decide what we purchase. I would get the money, and we would go out and purchase. I remember initially I didn't have anything where to put money. The nice things about the ACUs is there is a lot of pockets, so I hid the money all over me, ten thousand dollars worth, then we'd go shopping. I had to do training to become pagent. Ultimately, I was asked to work with the Iraqis and pay them when they worked for us.

KC: How was that?

SM: That was scary at times, because you are talking about large sums of money and all in cash. And sometimes we would have to go out and bring the person back in or we would have to travel somewhere to pay them. The sheer amount of money was kind of targetty I guess. Yes it was scary at times.

KC: How were your weekends?

SM: We worked.

KC: Were there leisure times? What did you do then?

SM: I didn't do anything. Literally. I knew they had some salsa dancing etc. As far as leisure time, after fifteen hours, there is nothing you wanna do except take a shower and go to bed.

KC: How was it to come back?

SM: Difficult, very difficult. What happens when you are gone for a very long time—I was gone from November 2006 'til February 2008. It was more than a year, Even if I came for a leave—probably November the previous year—even that was anxiety provoking. That was not a pleasant time. Everything seems the same but nothing is. If you think about life, nobody stays the same. There is evolution throughout our lives. We don't notice it, because we are together. But when you are not together, suddenly you see changes. My grandson was three months old and now he was walking. My husband had been ill when I left, and now he was more ill. My kids had all been something different. I had a new granddaughter. My daughter came home to help out. She really assumed my role, which was great. She was doing the things I had done: cleaning the house, cooking. But it was like, "Where do I fit in here? I don't really fit in here." And the other thing was, you want to talk about your experience, but you are not sure if you can. Sometimes I felt I would get the rolling of the eye. I don't think that was true, but I kind of felt that way. They didn't feel comfortable. I didn't feel comfortable. It was just very, very difficult. I didn't realize at the time that I was exhibiting symptoms of PTSD. I had gone through all the briefings. I was fifty-nine all the time over there. I was lot older and had lots more coping skills, right? And ultimately I would listen to the briefings, because PTSD by then was really recognized as issue. And I thought it would not happen to me, 'cause I have coping skills. But I don't know that I had any more coping kills than the next guy. The dreams were really horrible. I had lot of serious, scary things that occurred. All my dreams had me in peril, every last one, and I could not cry for help. When I became a bit symptomatic recently, things have not been going great so I noticed I am having these dreams again. I can't yell. I can't even get it out of my throat. Sleep was four or five hours of sleep a night maybe. I was up before anybody else. First you think it

must be because of time zone change, but after four or five months, you start to wonder if you should have adapted to time zone. Anger, depression.

KC: What was the anger directed to?

SM: Good question. I think it was because I was having such a difficult time. And I was not adapting like normally I have always adapted. We go through life. Everybody has crises in their lives. Some people don't function, let's face it, but I always did. Not being able to handle it. It wasn't my problem. I thought, "What is going on?" It was only when I went to veterans' resource fair. They had a veterans' hospital thing. They said they want to set me up and evaluate (me), see if I may have PTSD. I scored quite high, and they finally referred me into mental health. And there you go.

KC: Did it help?

SM: Yeah, I actually still see someone. I had particular trauma, related to being pagent. It was a very frightening situation to be in. It involved going outside the wire. It was more the exposure of what we were doing. I did have a personal security detail with me, a very small group of people, and we were not particularly protected.

KC: What happened there?

SM: We had to go out and pick up an Iraqi, bring him back inside. We were supposed to meet at a crowded bus stop. He wasn't there. We had to go to next one. Finally, we got him, but it was very frightening. But you can't exhibit that, but you got to be brave. It is amazing how things kick in to get you through the situation, but it lasted for a very long time. And then we went back inside, and I paid. Mind you I had to carry all this money outside. We were targets. There is no question about that. It was probably not the best move we ever made. Then we went back inside, I paid him, and we had to repeat the process again—take him out. The whole thing lasted for four hours. Very high anxiety to medium, but never outside anxiety levels so that is very, very difficult.

KC: Has this had a particular effect on PTSD?

SM: That and others. You got to understand, I don't think I can impress upon you about what the indirect fire is like. When the rockets come—that is just absolutely totally unprotected. You can't predict where they are going to hit. When. Where. no predictions. They try to warn you with incoming warnings. But an incoming warning is nothing when the rocket decides to come your way. One morning I was in the latrine at 6 o'clock in the morning. We got an incoming warning, and there was nothing I could do. Rockets came in. We had just moved from tents to trailers in October, and where we had lived was probably block and a half from where we were at and one of the rockets hit there. And I think it took one of the latrines.

SM: Wherever you were at, you had to protect yourself. It was imminent. It was gonna come in any minute or second. You have no place. It was interesting that particular day. The day before, I had been down in another province, Hila, to pay an Iraqi. I had flown on Black Hawks. I didn't get back 'til late at night. The day I was gone they had put some bunkers in right by our living area. I hadn't noticed them. I was so exhausted. When I finally got out of latrine, I saw, oh my God it was a bunker. You deal with the area you are in that time and hope you don't get killed.

I don't mean to laugh. It is not very funny, but your thought process is very strange when you go through these things. We had an attack one morning. There was an area outside the building where we go to smoke, and I do smoke. They had an incoming warning. I was sitting there with another soldier, squashing a cigarette. There I was thinking, "Why? If I'm going to die, might as well die happy with my cigarette." So the next time we got an incoming warning, I didn't put my cigarette out, I smoked it.

KC: Does it make you feel even later that anything I do I just going to do...

SM: I don't think so. I think if anything I have become fearful. I don't care to go for the challenges like I used to. I used to be pretty brave. I don't feel very safe. I haven't flown in an airplane since I came home. I am not going to put myself in an unsafe situation. That might include, at times—going to store has been difficult. Going to the ATM is very difficult. Carrying money was very difficult for me. I don't carry a lot of money. For a long time, I didn't do it. If I go to ATM, I would go inside the store. But even that, I have to prepare it, and mentally say. Luckily, I have husband and daughter to do it. It is not like I don't do it, but it is not comfortable.

KC: Did your family notice the changes?

SM: Yes.

KC: How did they react?

SM: They are very supportive for the most part, but they get tired of it. They felt I had changed a lot. I probably wasn't as patient as I could have been. But a lot of change had happened once I got home too. It was change, change, change. Change is great for the most part, but too much is probably not great. You have to be able to absorb it. I don't know if I ever got the opportunity. And I don't know you can ever absorb a war zone, except maybe in negative ways.

KC: How has VA helped you?

SM: VA was really terrific. They referred me to primary care first. The nurse practitioner did the initial evaluation. I wasn't in a great physical shape. I got pretty beat up overall both in training and while I was over there. (A) lot of people don't realize—this is one thing about coming home too and probably one of the things that bothered me

tremendously—there is very little recognition that women go to war. It is apparently very foreign to people. It scares them. They don't want to accept it. I have had situations over and over again where it is like, "You couldn't possibly be a veteran." What the VA did, started treating, and I was very grateful and appreciative that they were there for me. VA has been for the most part very good for me. I think VA has a great system, not perfect, but great.

KC: Where do you think you are in terms of your healing?

SM: I have couple of things going on. One of the things is that I got physically pretty beat up. I injured my shoulder, I injured my hips, knee. Again, people don't realize we wear the same stuff as guys do. And we carry the same guns. When I was out, I would typically carry one or two weapons and a full battle load. That is a lot of ammo. It is like seven mags for your rifle, thirty rounds apiece. That is heavy and I am not very big, I only weigh one hundred five pounds. The sheer weight of IVA, the protective vest, helmet and all the weapons—if you add a bag of money, say \$400,000 , \$100,000 weighs a little bit—you take all that and try and climb on a Black Hawk,. Must have been amusing to watch. So I have physical problems. Frankly, when they flare, it is a constant reminder of where I was at. I don't as much—I think for the first long period of time, I think, 'til six months ago—I used to ruminate a lot. I think about this or that experience, not necessarily the positive ones, but ones I told you about, going outside the wire. It would just invade your thoughts when you are doing something. My concentration was just horrible. In my particular job, I have massive reports to do. I had a lot of computer work. I was missing the keys, and I would have to do the work over and over again. I get periods of time—right now I am having those dreams again. I feel my concentration is going again, but this too shall pass.

KC: Do you think the symptoms will ever leave you or do you learn to live with them?

SM: You learn to live with them. I think the way I look at treatment to PTSD is to make you more functional. I don't know that PTSD is ever a curable situation. Everything I read says not. It is with you. In some degree, I think everybody frankly has a degree of PTSD if they think about. I can't imagine anybody having a non-traumatic life. Just being born is got to be a trauma. (laughs) The thing is we all deal with it. In my case, there were repetitive things going on. I had the cumulative effect of rockets and exposure and all those things. You know, they come back, but hopefully I am lot more functional than I was. I went back to work probably two months after I got home. That was the biggest mistake I ever made. I didn't last longer than three months. I had to go on a medical leave, because I was not tolerating the stressors, additional stressors.

SM: One of the things—and I can't remember what the question was, but about being there is a sense of isolation, the individual isolation, and there is really not anyone for you there—one thing I observed was everybody protected themselves in their little turfs there.

It was “All about me” attitude. I am, from my background and by who I am, being a nurse probably, is wanting to reach out and take care of people, and I found that it was not reciprocated. And so it was very, very lonely for me. You talked about social things, what did you do at downtime. Well, we got half a day kind of on Sundays. You would take your laundry, changing sheets on your bed. I was exhausted.

KC: I have heard from other people as well about the loneliness there.

SM: Yes, I have never been so depressed in my life. I didn't think there was any command support. We were talking about (the) male-female issue. I think if we had had a commander that would reach out to the girls, it would not have been so bad. I do know that again, I felt some of the female officers were extremely protective of their turf. I stopped reaching out. I was seriously sad and depressed a lot, and it is simply not me. People were going to Combat Stress early on in the deployment. I didn't 'cause I thought, “Those poor people in Combat Stress need someone too. Looks like they were already overloaded.” And you have to remember I had coping skills (laughs). Sometimes I think in retrospect that it would have been nice to have somebody to talk to, but I didn't have anybody to talk to. It was pretty lonely. I think I came home feeling lonely, and I still feel lonely. I think my sense of empathy—which had always been my strong suit, the thing that was good but also bad because it can get you in trouble, but I really struggled with that and lost that—I think that is better now. It still, you just kind of feel the coldness and disconnection. I try really hard, but I can get into a situation where I am supposed to be having a great time, but I am not, and I fake it. It impacts you. I wanna be part of life again, but I really feel that I am not sometimes. I am going through the motions. I have to work, because I have to work. I want to be giving and loving, I try, so. But I think one of the other things I wanted to impart to you again as a female and a veteran is the lack of recognition this country gives to female veterans. And I think it is atrocity. And I don't know how we can get the message out that we, too, served and we, too, were exposed. There are a lot of women who had combat experience. We wear the same stuff as the guys do. We are as sincere as the guys and as well trained in a lot of ways. I have gone out with my husband. I have this baseball cap which says “Iraq veteran” that my friend Mary-Ann gave me. My husband wears his air force cap. People come up to him and say, “Thank you for serving, sir.” And it is like, “Who am I?” Okay, I realize I am short, and he is not. (laughs) Maybe all they do is see up, not down. I don't know. I have had it many times happen to me. I went to the vet center, 'cause I was hoping they can help me with my claim. We had to go through orientation. I showed up. There were two females: Vietnam veteran, I was the only female OIF. The others were male... It was oriented towards the men, like I wasn't even there. I walked out practically in tears, like, “Thanks for nothing.” I thought I would never be back. The next day the director phoned and apologized. But she made the presumption, too, that females go there only as nurses. Well, I wasn't a nurse. I did something completely different. We all had exposure, but totally different. Getting people to realize that, I don't know what we can do. I would like to get some recognition, not just for myself and actually not for myself, but I really would

like it for my fellow female veterans, especially for the young ones who are struggling. At least I had something to get home to. Not everybody does.

KC: You cannot see here in America that there is a war?

SM: You can't, and that has always been a problem. Both my husband's and my both our parents, fathers, served in World War Two, something we were extremely proud of their efforts, like USA. But everybody gave in that war. This war, nobody is giving. What I am talking about is general. Taxes got reduced, go figure that one. People get their yellow ribbons, but what does it mean? There is not any sacrifice. Typically in war, you see that. And you are right: you don't know that the grandmother next door served.

KC: Is the sacrifice then the soldiers who die?

SM: I guess that is the sacrifice, It depends. It is so foreign to people. We read about it in the paper, and it means nothing. Seriously, probably it does not mean a lot, just like, "I am sad and so sorry, but I don't know them." Initially, when the Iraq war started, 9/11. There was a big sense of nationalism. beyond that, it didn't last long. I realize we are in tough climate right now. Everybody is out trying to take care of themselves. That certainly is understandable. The sacrifice of soldiers is a very real thing. And I tell you what: if I hadn't served, would I have a different feeling about it? Probably. I remember people coming back after having done a tour over there into my reserve unit. Of course, I was always interested in talking to them, if they wanted to talk. But I don't know if I tried to draw them out. And I really regret that, because I think the veterans really want to talk. We don't have a platform to do it, except therapy. And even there we don't necessarily talk.

KC: How hard is it to talk about it?

SM: Strangely, right at this moment I am doing okay, but a lot of times I get extremely anxious about it. You talked to me about pictures. I don't look at pictures. I know I got pictures, but it is very hard for me to look at them. It gives me anxiety attacks and my heart starts racing. What is the deal, to put me out back there? You do things in life, especially in a war zone. You just take a deep breath, and you move on. You don't really realize how it impacts you until after. After it is all said and done.

KC: You said earlier that was one of the things that you definitely went too early to work?

SM: Yeah, I returned to work actually after one month I came back. Part of the problem was that I think I can't expect an employer to sit there and say, "We are gonna take it easy on you." They have production to keep, things they gotta do. I didn't feel there—except for one person—that there was support there. Secondly, I had fatigue. Other way to say was I was blown away. What is this? Okay, it is all (the) same, but all new. I had to

reorient myself. The biggest thing was my job involves empathy, and I didn't have any. I had to go to work and fake it every day.

KC: When did you notice it?

SM: I don't know that I am so particularly insightful, you know. I am very objective about myself. I just know I was very uncomfortable with everything. Where I sat, where I walked, where I went. You are just not emotionally connected. You just want to go back to what it was before you left. We get into habits. And are the habits necessarily good? No, sometimes this kind of change can be really good thing. The thing about a habit is it got comfort to it. Otherwise, it is not habit anymore.

KC: Did you feel like you would like to go back to Iraq?

SM: Yes, absolutely. A lot of things happened to me, that probably are different than most of people you interview. First, I am older. I was one of the oldest soldiers over there at the time. I knew two others who were a few months older. So I went over with the age factor. What was the question?

SM: When I came home for leave in November 2007, I couldn't wait to get back. I got home primarily because it was my wedding anniversary which was Veteran's Day. They did a newspaper story on me. I came back home on Saturday, and the San Jose Mercury News came on Sunday. That was very intimidating. Then a TV show wanted to come, (but) they kept rescheduling. It was Thanksgiving, (and) there were (a) million things. I came home, everything was the same, but different. can't wait to get back. Here is the thing: I get back to Kuwait, (and) they do a briefing. The first thing that happen, you have three hundred people there, the chaplain comes and says, "Now I wanna know, raise your hands if you had a good time." Three people only raised their hands. I am like, "Wait a minute, people start to talk that it wasn't a good experience to go home." You need to re-integrate. The smart people were the ones who went to Europe or Australia and didn't go home. Those of us who went home, mistake. I wouldn't say it was a mistake because we all miss our families, but it was very difficult. That should have been my clue when I went home.

SM: What happened to me in my situation, I had gone out with this particular unit I had trained with. I turned sixty at the end of February, and for the virtue of the fact that I aged out, they had to boot me out of the army. They sent me home early, back to Fort Bragg. I appealed it. I stayed in Fort Bragg for a month. I went to the assistant secretary of the army ... I wasn't treated well when I got back. They couldn't wait to get rid of me. They wanna rotate people in and out. The whole thing is a number game. You send x-amount of soldiers. You get x amount of time to demobilize and on my way home. In my case, the guy who ran it was enormously pissed because the headquarters was keeping me there. I came by myself, no unit, no friends, no anything. I come back. I call. Supposedly they were supposed to know. I call them, and Fort Bragg asks who I am. I was asking if anyone can pick me up, and they asked if I can't get my own transport. I suppose. (At)

that point I got very insistent. Somebody picked me up. In Fort Bragg, not one person said, "Welcome back." Not one. That was my reintroduction to civilized society. There I sat, and it was miserable experience. And there I noticed that the boomy noise bothers me. There were guns. I have a problem with startle. If I hear a loud noise, I go like that. I don't know if it ever goes away. But the bottom line is I was never welcomed back. I had been appealing my discharge. I wanted to stay with my unit, and I wanted to retire from the army. Some people they let stay 'til they are sixty-two, but they wouldn't let me do that. And I had been working with my congressperson. I don't think she understood what I was talking about. When I called her, she was very rude to me. She didn't welcome me back either. So that is what I kind of came back with. You are not welcome. You can go there, get almost killed, get totally exposed. We give you a ton of money, they put me into (the) 3rd ID, although they wanted to keep me out of harm's way. That was ironic. I didn't mind. It was a job.

KC: Was that like ignorance in the society?

SM: I think you are right. I have a little bitterness. Maybe a lot. Maybe that adds to the whole fact that there was no recognition. But it is sad when a soldier comes back and somebody doesn't even say, "Hi and welcome back." Especially in the army. Especially the congressperson. I have got it all done and documented. You know. (laughs)

KC: What do you think future will hold?

SM: I don't know. One of the things that is difficult for me is all my life I have had adventure. I've always gone for it. Let's do something different. What I do now is boring compared to what I did. I am saddened that I didn't get to finish the tour. We were doing excellent work. We were working on a particular school, a vocational school. It was just about ready to go and function and I had to leave the project. That bothered me a lot. When you put something into it—And vocational schools I know a lot about in civilian side. I was really proud of the efforts of our group and what we were trying to achieve. I never got to see the end of that. I still don't know what happened. I suppose I could look it up on internet, but that would be too hard. There is no adventure. I miss the adventure. Is that crazy? It beats me. I think, "Why don't I go and work for an NGO? I have lot of skills."

KC: How are you now?

SM: I am three years from the deployment. You can't keep the deployment alive and well and frightening you one hundred percent of the time. I want to get to the point where I look at it as a really positive experience. That is what I really want. One of the things that impeach me is my age. I don't know. I know that I have something more to offer, but I also have to think of my family.

KC: How would the return have been easier?

SM: It is kind of sad. If I would have been able to stay with my unit and we could debrief together. I didn't have anybody to come back to except Mary-Ann, who reached out to me and another person.

KC: Is it different for a reservist to return compared to active duty?

SM: They are finding that the active-duty component seems to do better than reserve. The theory is that when they come back they don't have the camaraderie resource.

END OF THE INTERVIEW – SUE MAX


Appendix T: The screen shot of Sue Max's page

AMERICAN WOMEN WARRIORS' ROAD BACK HOME
[Kirsi Crowley](#), Author

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Sue Max believed she can cope
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MILITARY WAS AN ADVENTURE

Sue Max was surprised to hear that she had been selected to serve with U.S. troops at Camp Victory in Iraq. When the call came in August 2006, she was nearly 60 with no former deployments in war areas. Because of manpower needs, reservists, regardless of their exposure to conflict, had been ordered to serve in Iraq and Afghanistan. Sue's role was not the nurse she had signed up for, instead she ended up much closer to the fighting in a war defined by insurgency and suicide attacks.

"I have always embraced change, but I was  stunned they would take someone like me. I am not a very big person and I am quite old for deployment. My concern was whether I can compete, keep up." Sue had joined the Army as a nurse in 1960, when her children had already grown. "I actually thought about joining in 1980, but my husband