

## CARMEN GRIGGS

It was full dark, and they watched the light shimmer softly across the sky in blurred waves of color. Almost imperceptibly, the earth trembled.

Peggy turned to Carmen. “I can’t remember—did you get to Nam before Dot Halversen went back to Bemidji? She used to say it looked just like the northern lights.”

They resumed watching the spectacle of B-52 bomb loads detonating in the distance. *Somebody’s under that*, Carmen thought. In another quadrant of the sky, flares drifted gracefully to earth, illuminating a segment of the horizon where an American unit was in contact with the NVA. If the medivac choppers could get in to them, she knew the night staff would be getting patients soon. And if there were enough of them, she and Peggy would be wakened early to help. About 20 miles away, a four-engine C-130 opened up, the Gatling gun bolted in its door sending down 20-millimeter cannon fire in an unbroken strand of light. The tracers made it look like the nozzle of a hose shaking out a slow motion stream of burning liquid. All over again, she found herself horrified and fascinated by the simultaneous menace and beauty flaring across the darkness.

“And the C-130’s,” Peggy added. “Dot used to say it was like Paul Bunyan taking a leak.”

Carmen looked at the blazing stream flowing down in easy undulations. “I wonder what old Paul was drinking?”

Peggy chuckled. “Firewater,” she said.

Carmen closed her eyes and leaned her head back against the patio chair. It wasn’t

much of a patio, just a 25 by 25 square of concrete a little way off from the nurses' quarters, with a beat-up metal grill in one corner for their barbecues. It had been a long day in a string of long days, but rewarding. Her reprise of the last week or two turned into an uncontrolled montage of closing wounds, inserting chest tubes, extracting shrapnel, performing tracheotomies, finishing an arm amputation begun by an NVA mortar round, separating burned skin from cloth when the difference between the two was not at all clear—procedures that back home only a doctor could do—for her unthinkable. But here she did them every day, and saved lives doing them.

She looked up at the lights rippling silently across the sky. “You know what, Peggy?” she said. “This is going to be the high point in my career. I’m only 27, I’ve got more than 30 more years of nursing to do, and it’s all going to be anticlimactic.” She sipped her beer. “What do we do with the rest of our lives? From here?” Peggy gave her a smile and companionable silence.

Now that she was thinking about it, why was she so satisfied as she looked back on these last few days? Did this prodigal waste of young lives and the pointless pain have to happen to make her professionally fulfilled? Especially the pain. She was revulsed by the waves of anguish that would flood across a young face, and she’d add morphine to the IV she’d just set up. As the medication took effect, it would ease her own pain. I have to work harder, she told herself, at being more clinical. Otherwise I could do harm administering unneeded medications. And all this is what’s making me so satisfied, so fulfilled?

Yes, she decided. Far better to be knee deep in this mindless, purposeless agony as long as I’m useful—saving lives that literally would be lost if I wasn’t here.

No inflated ego bloated her sense of this power to heal. She knew only too well how limited it really was. There was just this bedrock truth—she made a difference. But oh, God, the waste of life and love, and she thought of having to open the body bags to determine the exact cause of death.

Maybe she needed to go pound on a desk—get two days off back to back and hitch a chopper ride to Saigon. Do too much shopping, find a restaurant with menus in French and sleep in a first-rate hotel. And stay the hell away from American men for 36 hours. Sometimes, she'd be looking at a healthy soldier, unwounded and walking tall, and suddenly he would seem to gasp for air, clutching at his throat, or have a large patch of bright blood oozing through the front of his fatigue shirt. She'd quickly shake herself out of it, but then an enormous sadness would come over her and nearly overwhelm her. Her life, she realized, was filled from waking to sleeping with wounded soldiers. When she physically walked away from them and the hospital, they still remained in possession of her consciousness—like right now, lurking at the verges of her mind.

Lurking as well were the men she found herself having casual affairs with. Mostly staff, usually doctors or officers, although she noted in herself a distinctly egalitarian streak. And all that, until quite recently, had seemed acceptable to her. She took careful pains to become neither poxed nor pregnant. Nor did she find any moral residue in the physical aspects, and little in the emotional. Anyway, as soon as she became aware of any emotional component, on either side, she walked. That was best.

Her memory told her that these behaviors hadn't been her style either in her training or her early hospital positions. She realized in a vague way that she was compensating for the intensity of what she was experiencing here. That was a great deal,

indeed, and she acknowledged that she was much too close to it all to begin to grasp the scope of that intensity. When she reflected on the experiences, her heightened sexual activity seemed an appropriate contrary to the death and pain, justifiable in maintaining her psychic and emotional balance.

Until Colonel Martin, that is, started stalking the halls with her ring of a hundred and one keys. Martin's goal was military order and discipline. For her, Carmen's sleeping around meant that one of the planets in her system was all awobble and, godlike, she was going to set it back in its proper orbit. So she turned herself into a mirror for Carmen's reluctant benefit, meaning to show her a willful and undisciplined soldier. What Carmen saw, however, was to her far worse, far more disheartening—not a flawed soldier, but a flawed nurse.

She'd shrugged off her early peccadilloes with staff after work. Later, it became more difficult evading culpability when she began having her liaisons inside the hospital, especially after Colonel Martin caught her and that urologist together before he went back to the States—what was his name, Donnelly, Donaldson? *God, I can't even remember their names.* Then, a few days ago, Martin had found her with that squad leader she had just tended in triage.

In a way, she was glad it happened. He'd been right. Carmen needed to stick with her own people and keep her hands off the soldiers who came for healing. She spent a few brief moments of regret over the APC pills she'd given him. She'd acted as if the aspirin, laced with some phenacetin and caffeine, was the most potent addictive painkiller in the hospital. But she was sure the squad leader would be okay. He seemed psychologically resilient, even impertinent.

It was how she comported herself with the other soldier, the one with the machine gun, that brought a quick stab of guilt to her. He hadn't been hurt, he'd merely been assisting wounded buddies. When she latched onto him, she found him sexually incapacitated by the day's events. As she recollected the incident, she changed her mind about him. He had indeed been hurt. It just wasn't visible. She'd grabbed him to medicate herself and in the process had probably deepened his emotional wound. It was inexcusable. Carmen hoped an understanding girl waited for him back home. The more she thought about making free with him and the other soldiers who came in seeking help, the more mortified she became.

*Maybe Colonel Martin's right. Maybe I'm an unfit nurse.*

For a time, she looked up at the awful beauty of the night. "What's wrong with me, Peggy?" she said finally. "I'm seducing wounded soldiers."

The pilot made up the 15 minutes en route, so Carmen Griggs came off the ramp and onto the Atlanta concourse on time, her carry-on firmly in hand. She slowed momentarily, spotted the sign to the rental car counters and picked up speed again. Passing the backup of passengers waiting to check in, she swung into the larger connecting hallway that led past the other terminals and moved on toward the airport's main entrance. It would take her a good ten minutes of brisk walking, but after more than two hours in the cramped plane she was looking forward to some leg stretching.

She jostled her way along, scanning ahead for the rental car counters. The Atlanta airport was chaotic two years ago, right before she left for Nam. Now, back in the states and a civilian again, it was worse. She decided progress had its drawbacks.

Ahead on the left, she caught sight of a man in his early 30's in jeans and an army fatigue jacket. The jacket hung open to show a dirty T-shirt, and sported a First Infantry Division patch on the right sleeve, which meant he'd been in combat with them—if it was his jacket. He needed a shave and wore beat-up jungle boots. He stuck close to the wall, as if to avoid calling attention to himself.

It didn't work. As she moved down the hall in his direction, a police officer intercepted the man and started talking to him. The scrubby guy shrugged and gave a three-word response. The officer began a long recitation and the guy looked away over the cop's shoulder, as if resigned or weary. It was as if he'd heard it all before and already knew its outcome. Not my problem, Carmen told herself, but she couldn't keep her eyes off him. As always when she saw a panhandler wearing pieces of uniform, she wondered if he might ever have been her patient. She found herself approaching them.

“Long time no see,” she said to the man. He looked at her blankly, while the cop appeared to suspect some kind of scam. “Vietnam, right?” she asked helpfully. His scraggly face lit up.

“You know this guy?” The cop obviously didn't believe a word of it.

“We were in Nam together.” Reluctantly, the cop moved off from them.

“Were you really there?” the guy asked.

She nodded. “Army nurse. Did my tour at the hospital in Tan Son Nhut.”

“I went through the one in Saigon. Got my medivac to the states from there.”

“Is this your fatigue jacket?” she asked. He nodded. “You were with the Big Red One, then,” she added, pointing to the First Infantry Division patch.

“Yeah.”

“Good people,” she said. He smiled. “They always came to see their wounded. The chaplain, if nobody else.”

“Our company first sergeant came down when I got hit. We had a bunch of casualties in that one and he came to check us out.” He paused, remembering. “I was glad to get back to the states, but I wasn’t really hurt that bad.” He paused again and, even as he looked at her, his eyes changed. It was as if what he was seeing was becoming something else. His brown eyes deepened and took on a hollow aspect. He glanced over his shoulder and spotted the cop standing 20 yards away, watching them. His shoulders sagged, as he turned back to her, but he seemed to look past her, or through her. She was struck by the sudden realization that this man was pursued; that he was simultaneously in flight and apparently without much hope; that he lived his life with the conviction that he would never outrun his pursuer. How can he, she thought. It’s inside him.

She pulled her wallet out of her purse, looking for a five. Her smallest bill was a ten, but she gave it to him anyway. As he took it, she looked at his eyes, wanting to see gratitude, connection, some sense of shared experience in Vietnam. But his eyes spoke only of the calculations he was making, of what the ten now made possible. She hoped it would go for food and not alcohol. Maybe some second-hand clothing. “Good luck,” she said.

“Yeah,” he replied. “Thanks.” It was pro forma, his eyes still preoccupied with unexpected options. He wandered away from Carmen and the cop started after him. He’d have an escort out of the terminal. It saddened her to know she was already a memory that wouldn’t last as long as the ten.

She moved on, glad for the briskness of the walk. She found that on top of her sadness was an even stronger anger, but at what? Being unable to establish anything more than the shallowest connection with this vet? No, that wasn't quite it. Her anger subsided at the realization – being unable to return, however briefly, to what he represented—her Nam world, or at least the part of it that made her glad she was a nurse. And pervading this complex of emotions was the knowledge that she too had come back pursued, and by something inside. *I wasn't really hurt that bad...*

She tried to refocus her mind, thinking of the weekend seminar that lay before her. She was fortunate to register so close to the conference itself. Without someone's late cancellation, it wouldn't have been possible. She swung her suitcase in front of her and mounted the escalator. The trajectory of her career in the last several months had been erratic at best. Leaving the military was a foregone conclusion after Colonel Martin's efficiency report on her. Professionally accomplished, personally flawed—without getting into specifics, thank God. She joined the queue at the rental car counter. The few months she spent as a civilian ER nurse, she preferred not to think about. She felt good about her move into psychiatric nursing, but it was a different world. The clinical routines were easy enough to pick up on, but she needed to know more, much more, if she was going to make a difference with the patients. The assistant director of psychiatry suggested this conference after their talk about Carmen's need for more than OJT. She pulled out her driver's license and credit card, the vet receding into a dim niche of memory.

A fidgety young college student waited ahead of her to check in at the motel, which was upscale and recently refurbished—meeting rooms, bar, restaurant, easy access

from the parking lot to the interior hallways of the three-story facility. A few minutes later, as she got her suitcase out of the trunk, the college student passed her on the sidewalk with a young coed beside him. They each carried a small bag and he also had a twelve-pack. Set for the weekend. He was saying something to her, grinning, obviously riding a high. *Is he 20 yet?* As they neared the stairway to the rooms, he broke into a run and took the steps two at a time, leaving the girl abruptly behind. She was cute—dark hair, glasses and a slender figure, with the hint of a studious side. But as Carmen watched, her pace shortened slightly and her speed slowed by a microsecond. She wasn't pleased at being left in the wake of this puppy. At the crest of the landing, he turned, surveying this best of all possible worlds. Better pay her some attention, kid, or you'll lose your toy, Carmen thought with a smile. What if he goes right for the tube and turns on a football game? Her smile widened and she shook her head. Football's not what's on his mind right now.

After she unpacked, she sat down with the conference brochure before going down to the social hour. The theme for the weekend was the etiologies and treatment strategies for the chronic stress that followed traumatic events—that much she knew. She checked the specific agenda: sessions on rape, terrorism, sexual abuse, torture of political prisoners and prisoners of conscience—and, combat trauma.

She stared at the last subject. Over the months since she left Vietnam and the military, she'd vaguely wondered whether she might have some degree of combat-induced stress—if that might not have contributed to her voracious sexual appetite back in Vietnam. She carried the hope that she might find out this weekend and the weight on her heart, which she thought of as an inch of cold wet clay packed completely around,

lightened ever so slightly.

The clay was depression—her own diagnosis. It wasn't much of a challenge figuring that out. But Carmen hadn't delved into the details of what used to be called combat fatigue. Now as she looked at the subject of Sunday's lecture, she began to think it might bring some order to her chaos. She checked the name of the lecturer. Ben Stackhouse, the brochure said, an MD trained in psychiatry at Harvard, where he now taught; three books, the most recent on the topic of his lecture, soon to be published.

Apprehensive a few minutes later, she looked around the room where their social hour was already in progress, while the woman behind the table searched for her name tag. It wasn't that large a group—25 attendees, five or six lecturers and some organizer-administrators.

"Is Dr. Stackhouse here yet?" she asked. The woman checked and found that his name tag had already been picked up.

She scanned the group, as she waited for a glass of white wine at the bar, wondering which one was Stackhouse. Finally, she fixed on a balding man, 50 or so, with mustache and glasses. Amused at trying to pick out a Harvard-trained shrink by his looks, she moved toward him without hurrying, checking other name tags as she went. He was talking to a man a good 15 years his junior. The hair of the younger man, who was listening intently, was thick and darkish blond, and just beginning to gray. His straight nose, a bit too long, was set in a spare, tanned face. He's a jogger, she decided, not quite sure why she thought so.

She headed casually toward them and finally reached that inevitable point where

she entered their space, but name tags were still not quite legible. The older man stuck out his hand. “Hi,” he said. “I’m Dr. Rosen, your host for the weekend. And yes, next time we’ll make the print on the name tags larger.”

“I’m Carmen Griggs.” She took his outstretched hand.

“Ah, yes,” he replied. “From Saint E’s, right?” He meant Saint Elizabeth’s in Washington, D.C., where Carmen currently worked. “Spent some time there myself, more years ago than I care to recall. Were you routinely checking names, or were you looking for someone in particular?”

“I was hoping to run into Dr. Stackhouse.”

“You have,” Rosen said, gesturing at the younger man.

“Hi. Ben Stackhouse,” he said easily. They shook hands. “You look surprised,” he added, smiling.

She returned the smile. “You’re much too young to have three books under your belt.”

“Workaholic,” he confessed.

“Pity your poor wife.”

“I’m not married.”

“Wow, that was fast,” Rosen said with mock admiration. “I’m impressed.”

Carmen felt herself coloring.

Stackhouse grinned self-consciously. “Don’t mind Dr. Rosen. He’s pretty harmless.”

“Hey, I’m not *that* old,” Rosen responded.

“Have we met before?”

“I don’t think so. It’s just that I’m interested in the session on trauma and combat.”

Rosen was looking at his watch. “Time for me to check with Vicky and see if most of us are here. Then, I’ll give the formal welcome in my informal, folksy way.” He walked toward the table at the door.

“You’re not focused on combat trauma at St. E’s, are you?” he asked. “I mean, all those military and VA hospitals around Washington would handle it, wouldn’t they?”

“You’re right. We don’t get all that much of it.”

“Have you been at St. E’s long?”

“Actually, I’m pretty much a blank slate on psychiatric nursing. I was an emergency room RN till a few months ago. I need to get past OJT now, into more formal training.”

“Why leave ER? You’d never have to look for work with those skills.”

“I did a tour in Vietnam and kind of had my fill.” She thought the words had a heavy feel to them. Trying to lighten up, she added, “Time for a change, I guess.”

“How long have you been back?”

“Nine months.”

“It’s still pretty fresh then.”

“Yes.”

“I suppose that’s where your interest in combat trauma’s coming from?”

She shrugged. “Partly, at least—I’m sure.”

“After the mixer, Rosen and I are going to have dinner with Vicky and a few others. Why don’t you join us?” His small-talk face had imperceptibly changed. His eyes were more serious now, though his mouth was still relaxed.

“I’d like that,” she said.

Then Dr. Rosen spoke up and gave his little speech of welcome. Folksy was the right description.

As Rosen went on, she began to have second thoughts about dinner and wasn’t sure why. *I’ll be at a table full of strangers*, she told herself. She didn’t relish having to act interested in the conversation of half a dozen people she didn’t know, but who all knew each other. But that didn’t really explain her reluctance to mingle. Maybe it was the sexual possibilities that Rosen, with all good humor, had casually dropped between her and Stackhouse. And Stackhouse had been piqued, although in a charming way. No, her fear lay in the fact that tonight could be the start of a probing into areas that she was reluctant to explore, emotional wounds that hadn’t yet gone from scab to scar. She couldn’t think of anything specific she wanted to avoid. Yet, she was deeply fearful of moving forward. What does it feel like when someone cuts away dead emotional tissue? How much pain is there? Any anesthetic to counter a psychological scalpel? God, she thought – I’m a bundle of fears. Afraid of my symptoms, afraid of what I’ll have to do to leave them behind. She felt the heft of the clay increasing.

Dr. Rosen finished his welcome with a humorous flourish, and she turned to

Stackhouse. “Dr. Stackhouse...”

“Ben’s good.”

“Ben, I think I’m going to beg off dinner tonight. Jet lag is starting to catch up, I’m afraid.”

“What, one time zone change?” He was amiable but puzzled.

“I’ll just grab a fast bite somewhere and get some sleep.”

“Well, let’s not cancel. Let’s just postpone.” She smiled an answer.

She wound up in a fast food place, slathering a burger with mustard to kill the non-taste. One of the nurses she worked with in Nam lived in town. She called her and set up a lunch date for next day. Then, she sat down with some coffee.

She wondered if declining the dinner invitation had really been best for her. It was the easiest. It had saved her from the company of strangers. But it could turn strangers into friends. Nagging at her, too, was the fact that saying no to the invitation was saying yes to the inertia of her depression. It was much easier to decline with thanks, then to sit alone in a burger joint drinking coffee. She wasn’t pleased with herself.

Her eyes wandered around the sparsely filled room. Off by themselves in a corner was a couple in their mid-20’s, at first nondescript, then their T-shirts caught her eye. His sported a 69 symbol – the international highway sign for mutual oral sex. Hers read, ‘Coed naked—Lick it before you stick it.’ They’re certainly up front, Carmen thought.

She looked at them more closely. He was thin to the point of scrawny, with a faint

but unmistakable curl of arrogance to his mouth. His lady went the other way. She was overweight, though not obese, with an open, unassuming face. They were in quiet conversation, with him doing most of the talking. He laid a hand over his crotch, still talking. Carmen was startled. He pulled his T-shirt just high enough to reveal a skinny hairless chest and began toying with a nipple, his quiet stream of words continuing. Carmen looked around. No one else seemed to be paying them the slightest bit of attention. He picked up a French fry, licked it thoroughly, and held it in front of the girl's face. Carmen was no lip reader, but she knew 'eat it' when she saw it. The girl recoiled and he repeated the command. As soon as she had forced herself to take a small bite, he threw the rest down carelessly on a crumpled napkin. "Come on," he said and moved toward the door, leaving her to bus their table.

Their scene appalled her. Which is sicker, she wondered, what he'd done or how the girl had put up with it? She tried to compare their situation to her own in Vietnam, wanting to find herself less warped. But she couldn't find any points of real commonality and her depressed feeling deepened. She realized she was isolated, that she had marooned herself in an identity of indiscriminate sexual acquisitiveness. And then she wondered if such an abstract, almost clinical description wasn't itself some kind of evasion. She should have gone to dinner with Ben and the others. Anything would have been better than this. Back in her room, she watched some news, worked a crossword puzzle and went to bed. She didn't sleep well.

"The core dynamic of psychological trauma," Rosen was saying, "has its roots in the patient's need to deny the traumatic events and at the same time shout them from the

rooftops. Symptoms reflect this deep division. A veteran who leaves his bed in the middle of the night, for example, to patrol the perimeter of his back yard with a loaded shotgun, diverts attention from the frightful events he experienced in combat and focuses it on his bizarre behavior. But simultaneously, he begs for those earlier events to be discovered by probing the causes of that behavior.”

Carmen had a steno pad and a pen lying in her lap, but was too distracted to take notes. Instead of simply taking in Rosen’s information, she found herself in the middle of an intense emotional reaction. Her coffee, half full, sat forgotten under her chair in the back row.

“Whether the traumatizing event involves rape, systematic torture, exposure to terrorism or the experience of combat, the chain of events within the psyche is more or less the same. Because attempts at avoidance are futile and flight is impossible, the rapist or torturer or enemy is perceived to have massive power over his victim and, in fact, often does. During and after the traumatizing events, the psyche’s complex system of defense breaks down in the face of its inability to protect. In extreme cases, intellect, memory and affect all become disconnected from each other and are unable to work in concert. For this reason, some patients remember every detail of the traumatic event but the emotional response is nil. The patient’s affect consists of a pervasive numbness. For others, the whole spectrum of emotional reaction—terror or anger, the instinct to respond with violence or flight—will break upon the patient at inappropriate times, but he or she will be unable to remember even a single detail of the real cause.”

Carmen’s hands were sweating and her stomach felt queasy. She slid out of the back row, stood for a moment in the rear and then sat unsteadily on a chair against the

wall. For a few seconds, her past overwhelmed her present. Highly charged moments burst upon her memory—a soldier in triage sobbing in utter abandon, shattered by the events he'd just survived. Another who believed he was still on the battlefield and waved his M16 wildly around the hospital receiving area. She tried to break away from these careening images, to take back control of her thoughts, but couldn't do it right away. Only gradually did her mind come back to the lecture, as Rosen began to discuss treatment approaches.

“Even though the patient's existential predicament demands silence, therapy requires that he or she relive the traumatic event verbally. To make that both possible and survivable, the patient must first believe, at a visceral level, that the therapeutic space is a place of safety and that the therapist is a person of trust. Later, the patient must realize that this trusted person is not only a healer, but will bear witness to the events the patient must re-experience within the place of safety. Witnessing is crucial and begins in the therapeutic space. More than this—in the climactic phase of treatment, the therapist-witness becomes a guide to lead the patient back into the world, back to community and connection, to fellowship and society, away from the terrible isolation and aloneness the traumatic event has imposed on its victim.”

Carmen wiped her moist palms with a napkin. She couldn't understand the intensity of her response to Rosen, or grasp why she was having these physical symptoms. It was out of all proportion to—what? Was it an acknowledgment of trauma? Or a rising response to this bone of hope wrapped within the possibilities of treatment?

She quietly eased out of the meeting room, through the lobby and onto the sunny street. The early fall morning was still a bit cool, but definitely pleasant. The afternoon

would be comfortably warm. She walked halfway down the block and paused in front of a café with some sidewalk seating. She picked a table in the sun and ordered coffee.

As she sat in thought, sipping from her cup, she noticed out of the corner of her eye a man in his mid-30's taking a chair two tables away from her. His slacks and pullover were casual but expensive, and he wore impeccably shined loafers without socks. He ordered coffee. Clearly, he exercised regularly, though it was no fetish. She was sure he had a standing appointment with his barber. His tan was moderately deep, but there was something odd about it. Then she realized—his darkish skin had that off-pallor he could only get under lamps. Summer was just ending and his tan had come from artificial lights. She imagined him lying there, working on office correspondence, while ultraviolet rays searched for a promising melanoma site. The slight sag under his eyes said he'd been up late, but not too late. *All things in balance*, she thought. *Dissipation in moderation*. She knew she was jealous.

He laid some coins on the table, took a sip of coffee and opened one of those weekly newspapers, going straight to the 'seeking someone who' ads. After browsing the offers a few seconds, he picked up a coin, went to a pay phone at the sidewalk and dialed a number. He paused, and then spoke a brief message. Apparently, an answering machine had responded, which left him unphased.

As he returned to his coffee, he noticed Carmen for the first time. He showed surprise that possibility lay so close, appraised her with a practiced glance and queried her by simply raising his eyebrows. Her mouth broke into the slightest of smiles. She declined with a single, almost imperceptible shake of her head. Unperturbed, he acknowledged her response with a curt nod. He sat and refocused on the newspaper. She

knew she no longer existed for him. The sequence had lasted less than ten seconds.

She sat bemused, while he scanned the page. He could be cold-calling for new clients. In a way, he was. He returned to the phone, spoke to a real person and wrote a brief note in the margin of the newspaper. He carried no sense whatever of either success or anticipation. He had simply completed one transaction, which likely would lead to another. He passed by without looking at her. Indeed, he seemed unaware she was there and moved on down the street.

Sipping her coffee, she thought about the college kid at the motel, and this man, and the couple last night at the fast food place. Sex as play, as work, as pathology. Where did she fall along this spectrum? Surely, there must be other possibilities? And then, as she idly watched a young couple going into the café hand in hand, she realized her omission and laughed out loud. The most obvious always gets forgotten, she thought, and felt the cold, wet clay falling away for the moment. When Ben Stackhouse came walking by a second later, she rose and fell in beside him.

“Ben,” she said, as she drew up to him.

“Well, good morning.” He smiled, stopping. “Did you catch up on your sleep last night?”

“Yes, but I should have gone out with you and Dr. Rosen. I wound up eating cardboard burgers and working a crossword.”

“It’s not too late. How about lunch?”

Carmen’s face wrinkled. “I’m meeting a nurse buddy I worked with in Vietnam. We were going to catch up on old times.”

“Maybe we’re just not supposed to break bread together.”

“Are you booked for dinner tonight?” she asked. “I’d really like to talk with you about the combat trauma concept.”

“Let’s do that. I suspect a bunch of us will end up having a drink after the last session today. Then you and I can walk over to Capriccio’s. It’s just around the corner from the motel.”

In the cocktail lounge after the day’s last session, Ben began to realize that Carmen had come to the conference more as patient than healer. She’d started by questioning him about traumatic stress in veterans. When everyone else left for dinner, they lingered and he continued to draw her out about the war. She appeared comfortable sharing her recollections both about Nam and her later ER experiences, and seemed as curious in her own way as he was—simultaneously remembering and discovering. He wondered how changed her memories would appear to her once she got them outside of herself and in front of someone else.

“Why did you decide to leave ER nursing?”

“Actually, I didn’t leave ER right away. I did it for a while when I first got back.”

“Where?”

“DC General.”

He raised his eyebrows, impressed. “Back in combat.”

“Yes, lots of gunshot wounds. Drug deals gone bad, or they’d bring in two or three people from a Saturday night rumble. Summer weekends were really bad. Drunk or

stoned and carrying a gun. Almost easier to get a gun than heroin.”

“Easier than cocaine?”

“That’s easiest of all. We had lots of OD’s from the recreational chemical crowd.” He sat quietly, while she fingered the rim of her glass for a moment. “A couple of months after I started,” she finally said, “we got snowed under one night, a couple of gangs going at it.”

“Like mass casualty mode in Vietnam.”

“Exactly. And this one guy was—I grabbed a trach kit and opened his throat without even thinking. I got such a chewing out.”

He smiled sympathetically. “Not good.”

“Then three weeks later, I put in a chest tube.”

“Ouch.”

“They kind of casually suggested that maybe I should think about moving on before the next time made them get formal.”

“So you switched to psych.”

“There’s a lot less blood. Just some recently slit wrists now and then.”

He steered her back to her combat experience. “What was the routine like at Tan Son Nhut?” he asked.

She thought a moment. “We had to be ready for anything, any time. We had stretchers lined up like there was going to be an inspection, IV’s right next to them. All we had to do was find a decent vein.” She pulled absently at the collar of her ivory blouse. “We always had a couple of tourniquets hanging around our necks and we always needed them. Every minute, there was something going on—trachs, amputations.”

Carmen paused, as the waitress came and collected empty glasses, wiped off the rest of the table and returned to the bar. “Head wounds were tricky,” she resumed. “We’d put off treatment decisions because the dilated pupils could be from the drugs they used in the field. And shrapnel extractions—it seemed like they never stopped. We had to teach the med techs to pull the shrapnel.”

The waitress returned and asked them if they wanted another round. They didn’t. She said, “Pay me when you’re ready,” and left the check.

“You must have gotten swamped pretty often.”

“Sometimes, we’d get so tired we were afraid somebody would make a mistake. We’d get into mass cal status and just stay there—I mean two days, maybe longer.”

“How many patients would make you declare mass cal?” He was idly knotting a sodden swizzle stick.

“Depended on how serious they were and whether we knew there were more inbound. Fifteen or so. Maybe 20. Most of them right-now kinds of cases. I remember once working and working, and finally I looked at the clock—‘0800 hours,’ I said to Rasmussen. ‘I’m going to grab some breakfast,’ and he laughed. ‘That’s 2000 hours, Griggs—grab some supper and some sleep. We’ll cover here for a while.’” Carmen smiled, remembering. “We’d do that if we were in mass cal any length of time—watch each other to make sure nobody went strange. If anybody started acting weird, we’d send them off to bed for an hour or two. Rasmussen was a doctor talking to a nurse, but we’d tell the surgeons to grab 40 winks if they needed to hear it. Anybody could tell anybody. And an hour later, we’d be back at it.” She sat for a moment in her reverie, her eyes shining and a smile across her face.

“God,” she said at last, “we were the best. Just the best. But nobody ever had 30 seconds in one piece to stop and realize it, to really *feel* it.” Her smile slowly faded. “And then suddenly, it was over and we were back. And they told us not to walk around downtown in our uniforms because of the anti-war stuff going on.”

Her face tightened and her mouth grew grim. “Do you know what that felt like? To be in the war and then find out the country thinks your uniform is shameful? One day I drove into town in civilian clothes to shop. When I came out of the store, there were a couple of young guys checking out my car. I had the automobile sticker from the fort on my bumper, so they knew it belonged to somebody military.

“I walked over and said, ‘Anything wrong?’ And the one guy said, ‘Whose war wagon is this?’ War wagon, can you imagine? I said, ‘It’s my car. What’s the problem?’ The other one said, ‘You’re in the army?’ I said, ‘Let me put it this way. One of us here has been to Vietnam and I don’t think it’s either of you.’ They didn’t like that much. The big one wanted to know what I did over there. I flashed my little sweetface smile and said, ‘I’m a nurse. And in fact,’ I said, ‘I know a really good urologist who can fix your balls, so they’ll make testosterone again.’”

Ben’s eyebrows went up, even as he smiled. “That *really* ticked them off,” she continued, “and it made me feel so good I pushed a little harder. ‘What are you going to do? Punch me out to show you hate violence?’ Well, right about then a cop happened by. Lucky for me.”

“You were sort of asking for it, weren’t you?”

“I’ll tell you what,” Carmen said fervently. “Right then, I hated being home, hated being in the States. I wanted to be back in Nam so bad I could taste it.”

“In combat?”

“Yes, in combat!” A woman at the next table looked over at her. Carmen tried to ease back.

“Why?”

“Because over there, I was needed. That’s why.” He could tell she was consciously working to keep her volume down. “Because I was looked up to. Because I was doing something important. I saved lives. Every day I was there, I saved lives. Do you know what that meant to me?”

For a brief second, he compared her work with his own. She’d labored in an intense but simple present, controlling a hemorrhage or getting air back into lungs. But his own work was never so straightforward. He would spend indecisive months treating a veteran, listening to a haunted, twilight past.

And although she’d saved lives, he knew she lost them too. Anyone in single combat with death can win battles, but not the war—never the war, and that was down there somewhere, too. The more miracles she pulled off, the greater the defeat with the next fatality. For a moment, he wanted to spare her the excruciating journey that lay ahead of her—to show her right now what was inside her. Pull it root and flower out of the dark places for her. But he knew from long experience that he couldn’t do her work. Only she could find it, dig it out and burn it—or learn to live with it. And however she ended up doing it, he knew it would be painful. A wave of sadness swept over him, as he gazed at her, followed surprisingly by something like affection. He turned his attention back to her words.

“Oh, and I don’t care how it sounds,” she was saying. “I loved being a round-eye.

I loved being a woman from back in the world for all those GIs to look at.” She smiled at the warmth of the memory. “Though I’ll tell you what, nobody ever got pushy with me, sexually I mean. Unless I opened the door. There was some kind of instinctive respect there, I think, some kind of...I don’t know. Awe. I mean, I was a *nurse*. And then—” She shook her head at the recollection “—then *I* started coming on to *them*.”

Ben wasn’t sure for a second what she meant. “You mean the patients?”

Reluctantly she nodded. He saw the shame rising slowly in her face. “How could I do that?” she said.

Concern furrowed his brow. “Has that continued since your return?”

“No,” she said. “In fact, I don’t...” and she turned her anguished face away. “I haven’t been sexually active since I got back.”

He doubted if she’d planned to mention it, but was glad she’d unburdened herself. She’s torn by her professional identity, damns herself for not being perfect. But if she abandons her working self to get rid of the guilt, she could end up turning her back on the good she did. “What happened to make you start?” he asked. “With the patients, I mean.”

She thought a moment. “Rasmussen and I had been getting it on for a little while. Friendly, lots of smiles, but strictly...” She stopped.

“Strictly business?”

“Yes...in a barter kind of a way, you know. I’ll trade you one of mine for one of yours. Like that.”

“What happened?”

“This one night, I was assisting while he pulled shrapnel fragments out of a patient’s abdomen. It was tedious, but we were just about done when we started taking

mortar fire. Stuff on the shelves began rattling, some chunks of ceiling fell down, and for a few moments we lost our lights in the operating room. When they came back on, we found we'd both hunched ourselves over the patient to protect the incision from debris. And our faces were as close as... We were instinctively protecting the patient and instinctively terrified. I could see it on his face and feel it on my own. And that glimpse of how we felt, it ruined the—the noninvolvement. That fast, in the dark, we became—”

“Intimate?”

“Yes.” She gave a bemused little smile. “After that, we knew each other too well. Not completely, of course, but too well.” Her face grew melancholy. “That’s when I shifted over to the troops passing through. The ones who were capable were always gone before—you know, before we could get to know each other.” She paused a moment, then shook her head. “I don’t like to think about it. It makes me sad. Let’s go eat.”

He laid his hand on hers for a second. “Thanks for telling me all this.” He covered the check and they left.

The motel fronted on a broad boulevard. When they came out, the sun was just setting. “Traffic here is a bear,” he said. “Let’s cross a couple of streets down. There’s a safety island in the middle there.”

Although it was early fall, it was still warm. He took her elbow and they turned right, Ben setting a brisk pace. They paused in silence for the traffic at the first side street, then resumed their walk.

“Sorry I got so excited back there,” Carmen said. Was she thinking about that woman at the next table, staring over at them?

“Don’t apologize for that,” he said. “Your combat time is the biggest thing in your

life right now, and it'll still be big when you're a dodderly old lady."

They lapsed into silence again and Ben wondered what lurked behind her quietness. Depression? Guilt? Maybe both. Whatever was there, he sensed she trusted him.

They came to the next street. "Let's cross here," he said. They halted at the curb. Technically, this wasn't a rush hour but traffic was still heavy. Out in the middle, people were marooned on the center safety island waiting behind its thigh-high wall for the light to change.

They stood in the gathering gloom. The streetlights weren't on yet and the buildings that loomed on either side intensified the dusk. The stoplight finally changed, a cab barreled through on the red and they stepped quickly into the crosswalk.

Somewhere, a police siren kicked on, rapidly growing louder. A car burst out of the side street they had crossed a few moments before, taking the turn wide and fast, and headed at them in the main boulevard. They sprinted the last few feet toward the pedestrian island, as the car skewed across the center line, fishtailing toward them out of control. Then, siren blaring, the police car came out of the side street in pursuit.

They jumped onto the forward part of the safety island the same instant the car's left front wheel struck the inclined wall at the island's rear. The front left tire blew, but continued up the raised concrete embankment anyway. The sudden imbalance threw the car into a sharp tilt to the right and it pitched over with a grating crash onto its side. Breathless, Carmen and Ben turned and looked back the way they had come, and they were face to face with the car's undercarriage hurtling past them an arm's length away. Masses of sparks and shattered glass were scattering out behind as it ground along the

pavement.

The siren had stopped traffic at the intersection and the car lurched through unscathed. Its roof slammed into the center pylon of a railroad overpass on the far side of the intersection, crushing the car into a rough V. The driver shattered the window of his own door as he burst up and out, slamming back and forth against the frame like a bell clapper. He struck the overpass headfirst and fell back toward the street, bouncing off the car and sprawling across the pavement on his back.

The police car continued into the middle of the intersection, lights flashing and siren dying away. Even while he noted his elevated pulse and sudden dry mouth, Ben held tight to a signpost with both hands.

“Ben,” Carmen said to him urgently, but he stared at her blankly. She glanced at the cop. He was standing at the door of his vehicle, calling for backups and an ambulance. The driver lay on the pavement, not moving. She grabbed Ben’s arm and shook him. “Ben, come on. He needs us!”

Her shout startled him out of his momentary inaction. He watched her start at a run toward the man lying in the street and joined her, the two of them dodging an angry driver trying to get through the cluttered intersection before the cop shut down traffic.

“Get outta the way!” the driver shouted.

“Fuck you, asshole!” She threw it at him over her shoulder without breaking stride. The cop, still on the radio at his vehicle, tried to wave them off.

They knelt and began checking out the unconscious driver. Blood from scalp lacerations stood out against the sheen of his black hair as she checked his skull. His face

was a mass of blood and jutting nasal cartilage. Even with extensive plastic surgery, he'd never get close to handsome. He had a slender build, almost slight, and might have been anywhere from 20 to 30.

“What’s your name?” she asked him loudly. There was no response. “Hey! What’s your name?” Still nothing. She went for his left bicep and pinched him hard. No reaction. Ben was more and more impressed at the economy and focus of her actions and her clinical instinct.

She reached up gingerly toward his throat. His trachea was staved in and he wasn't breathing. She cradled his head gently in her hands and aligned it with his spine, then laid her fingers on his carotid, briefly glancing at the sweep second hand on her watch. She checked his pupils and then, grabbing his T-shirt at the neck, tore it straight through, top to bottom. The sleeves went next and he was naked to the waist. There was no medic-alert bracelet or neck chain. She noted a large contusion on his right side, broken ribs likely. She checked for a radial pulse and frowned. She opened his pants and worked them and his briefs down below the knees, briefly examining some cuts as she went. She searched for a pulse in the femoral artery and frowned again.

“Lady, what the hell are you doing?” It was the cop.

She looked up at him. “How long before the ambulance gets here?”

“Listen, you can't...”

“How long!” The cop must have realized she knew what she was doing. “Six or seven minutes, maybe more,” he said.

“That’s too long.” She started searching through her purse. “He’s got major

trauma to the trachea,” she told Ben. “No respirations at all.” She found the ball-point pen she was looking for and began unscrewing it. “We’re going to have to do a field trach, and right now.” She looked up at the cop. “I need a knife.”

Ben frowned. “He can live up to eight minutes, Carmen, you know that.”

“He’s got eight minutes till he’s *dead*.” Was she angry, or just intense? “A long time before that, he’ll be nothing but a turnip.” As the pen came apart, she grabbed the long lower shank and scattered everything else on the pavement. She turned back to the cop. “A pocket knife. Anything.”

“How about this?” As he held out a Swiss army knife to her, Ben reached over and reluctantly took it.

“If we’re going to do this, I guess I’d better do it,” he said. He unfolded the large blade. He knew he wasn’t exuding confidence.

“You?” She looked at him coldly. “You’re a psychiatrist. How long since you’ve cut open a patient? How many years?” He felt himself flush, while she paused just long enough for the silence to drive home her point. “I’ve done 20 of these.” She held out her hand for the knife and he gave it to her.

She glanced briefly around. “Not exactly a sterile field.” She laid the blade across the pen’s tube, just above the end where the point came out. “But they’ll pump enough antibiotics in him to shut down a germ warfare factory,” she added and pushed down heavily on the knife. The narrow tip sheared off, leaving a significantly wider opening. She flicked a few plastic chips away with her finger. “Better tidal air volume,” she said.

“He’s turning blue.” It was the cop. Another patrol car arrived and the new officer

began making sure no more traffic came through the intersection. “Ben,” Carmen said. “I need you to manage his head, keep it in-line neutral.”

He knelt above the patient and took his head in both hands, glad to be doing this little bit. “You’re not going to be able to suction the airway,” he said.

“I don’t think we’ll have to.” He felt they were starting to consult together. “The trauma’s so massive, I doubt if any blood’s getting through.”

She knelt and Ben watched her search along the throat for the more easily penetrated cricoid membrane. It was just below the Adam’s apple—which had been crushed beyond finding. He began to be glad that Carmen, with her experience, was doing the procedure. She found a place that satisfied her and made the incision, then slid the tube into the opening. Immediately, the chest began to rise. Ben looked up at her, nodding. In a few seconds, the driver’s cheeks started to recover some color.

The cop’s face broke into a smile. “Look at that,” he said, turning to Carmen. “Nice going, Doctor.”

She nodded acknowledgment without correcting him and turned to Ben. “Hang onto this tube, will you?” He took hold of it, and she checked the radial and femoral arteries again. She quickly slipped off his shoes and socks, and finished stripping him, checking for injuries as she went. She began a more detailed examination of the top of his skull, her fingers working gingerly through the thick hair. She wasn’t happy with what she found and shook her head. “He’s taken some heavy hits.” She checked the carotid again.

More cops arrived, and then they saw the ambulance coming against traffic on the

left side of the boulevard, skirting the backed-up cars. She met the EMTs as they hurried over.

“This man was ejected out of that car over there after a high-speed crash. I’m an ER nurse and I got to him right away. He’s A and O times zero—completely altered mental state, no response to painful stimuli. Pupils are blown from massive head trauma. There was no patent airway or air exchange, so I cricked him surgically with what I had. He’s also got trauma to the right side, probably broken ribs, and some cuts on his legs. Two minutes ago his pulse was 140, respirations about 30 and shallow. No radial or femoral pulses, but he’s got a carotid, so his BP’s probably about 60. Let me know if I can help.”

Carmen and Ben watched the medics replace the ball-point pen with an endotracheal tube and start oxygen. They all worked to get him on a spine board.

“Any medic alerts?” The senior EMT was laying a blanket over the patient.

“I didn’t find any.” She picked up her purse and started searching through it.

“We need to get this guy moving ASAP,” he said to her. “I’ll start a couple of large-bore IVs on the way and hook up a heart monitor.” He hesitated a second. She had pulled a business card out of her purse and was writing on it with the stub of a pencil.

“Look,” he said. “I need to get your...”

She handed him the card. “This has my name and registry number on it, and work info. I’m at a conference up the street till tomorrow afternoon. The name of the motel’s on the back.”

He seemed relieved. “Great. Thanks.” He slipped the card into his pocket.

“And once you’re on your way,” she added with a slight smile, “you might want to check his trachea with a laryngoscope—to verify hundred percent closure.”

He smiled back. “I will.” Ben knew the little joke they were sharing had to do with personal injury lawyers. A couple of minutes later, the ambulance was gone.

The cop came over. “Hey, Doctor,” he said to Carmen, “I need to ask you about the accident.” He flipped open a notebook and then paused. “You saved his life, didn’t you?”

She shrugged. “She sure did,” Ben said.

“Officer,” she said, “I’m a nurse.”

The cop was surprised. “You’re kidding.”

“She just spent a year in Vietnam,” Ben explained. “Used to do this all the time.”

“Lucky soldiers,” the cop said. Ben caught the flush of pleasure and pride that momentarily crossed her face. The cop took details about the accident from them both. When he was done, Ben asked him why he was chasing the driver.

“He barreled through a stop sign back up that side street.”

“That’s nothing to try and outrun a cop for.”

“I’m betting we’ll find weapons or drugs in the car, maybe both.” He shrugged. “Life on the street,” he said and left.

Ben looked at her. She seemed very tired. For a second, he had the illusion she was somehow smaller than when she was caring for the driver, and yet not fragile. He sensed that a reassuring hug would offend her. “You did well,” he said simply.

“Thanks.”

“No, I’m serious. The cop’s right. You saved his life. It was impressive.” Her face showed deep dissatisfaction and puzzled him. “*You were impressive.*” That really turned her off and left him at a complete loss.

“What’s wrong?”

“Nothing.”

“While I was standing there with my mouth hanging open, you were already working on the patient. If he lives, you saved him. Just like in Nam.”

“No, it’s *not* like Nam!” The words bursting from her startled him. “All this did was remind me it’s over. It’s never coming back. I’m barely into my career, but everything else is anticlimax.” She looked toward the wreckage of the car and paused a moment. “I ran across a vet at the airport yesterday. A scruffy little bum from under a bridge, scratching for a few bucks to live on. He’s back in the world now, right? But it’s as much like before Nam as Mars is. And that’s how it is for me. He’ll live another 30 years maybe, but his obituary’s already written—‘he fought in Vietnam.’ What’s my obituary going to say?”

“Sorry, Carmen, but self-pity makes lousy medication,” he said firmly. Her face flushed with anger. Professionally, he was glad. “Your bio’s going to talk about whatever you *do*. Right now, there’s only a little bit about family and school, and a chapter called ‘combat nurse.’ You’re a little young to be finished living, aren’t you?”

“I’m not finished living, but I’m clinically depressed and...”

“Who diagnosed you?”

“I did, all right? I mean, it didn’t take a consultation with Sigmund Freud. And you know what? After what I did with my patients over there, I’m not even sure I should let myself stay in nursing. And spare me your sidebars on guilt, okay? Then this morning, when Doctor Rosen was lecturing, I...” She halted, as if struggling to accept the reality of what she was forcing herself to say. When she resumed, she seemed chastened. “It was a flashback. Wounded soldiers. And I couldn’t turn it off right away. It was...they were...”

“Have you had these before?”

“Two or three times,” she said, adding, “But that was right after I got back.” The tone of her voice said she should expect it.

He wanted to tell her the flashbacks weren’t even close to normal and to stop dealing with all this alone. He already knew the wreckage lying at her emotional feet. This kind of trauma always shatters the same fundamental assumptions—that the world intends good, that life is rooted in meaning, that the self is worthy. *Either she spends the rest of her life contemplating the broken pieces, or she starts right now, gluing them back together.* “Are you seeing a therapist?”

“I’m thinking of working with an MD back at St. E’s.”

His lips creased into a bit of a smile. “I asked if you were seeing a therapist. Was that a no?”

She shrugged. “Yes.”

“Yes...?”

“Yes, I’m not.” The corners of his mouth rose a bit higher. She was on the verge of a smile of her own. “Yes, I’m not seeing a therapist.”

“Misery’s optional.”

“I’m going to do it as soon as I get back, all right?”

“Neurotic Lane is paved with good intentions.”

She was about to fire off a comeback but stopped, concerned. “Do I have a neurosis? I mean, really?”

“You’re eating yourself alive over not being a perfect nurse. But last time I heard, they were only hiring human beings.”

“Have *you* ever had sex with a patient?” That took him by surprise and he wondered if she saw the answer in his eyes before he masked it. He could see her anger flaring again. “Look,” he said, “I’m not ridiculing your professional ideals. It’s just that...”

“*Have you?*”

He glanced away and his eyelids flickered two or three times. “Once,” he said.

“Oh, *once*.” It came out sounding like a sneer. Instantly, her face flooded with regret, while he felt a deep sadness welling. Would she take it back, if she could? Yet, it had brought out a surprising level of honesty in him. At the same time, he felt his sadness being swelled by guilt at that ‘once’ of his.

“Once was enough,” he said.

“For me, it was too much,” she replied.

“You know you’re presenting symptoms of post-trauma stress?” he asked. She nodded. “Carmen, you’re ripe for therapy. Why not start with someone?”

“Would you take me on?”

Once again, she took him by surprise. “As a patient?”

She nodded. Her face was hopeful, trusting.

“No.”

He knew it would hurt her and he was right. “First of all,” he said, “it would be a heck of a commute for you. Yes, I know—you could relocate and I’d really like that.” Her look of rejection began to erode. “But moving would take time,” he continued. “You need to start with somebody right away. And second...” He paused a moment, choosing his words. His mouth softened. “Second, I don’t want any professional obligations getting between us.”

She looked at him. “Neither do I,” she said.

He was kissing her before his head could tell him not to, that she was in far too fragile a state. *She doesn’t kiss like she’s fragile.* “Hey,” he said, breaking the kiss but not the embrace. “I think we should stop now before we get too far down the road.” He wished he could get rid of the tiny drops of sweat beginning to bead on his forehead. “I mean, it’s okay with me if I don’t go to bed with you tonight.” He tried for a suave little smile, but he was sure it came out goofy.

“It’s not okay with me,” she said.