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The Women's War

By Sara Corbett

On the morning of Monday, Jan. 9, 2006, a 21-year-old Army specialist named Suzanne Swift went AWOL. Her unit, the 54th Military Police Company, out of Fort Lewis, Wash., was two days away from leaving for Iraq. Swift and her platoon had been home less than a year, having completed one 12-month tour of duty in February 2005, and now the rumor was that they were headed to Baghdad to run a detention center. The footlockers were packed. The company's 130 soldiers had been granted a weekend leave in order to go where they needed to go, to say whatever goodbyes needed saying. When they reassembled at 7 a.m. that Monday, uniformed and standing in immaculate rows, Specialist Swift, who during the first deployment drove a Humvee on combat patrols near Karbala, was not among them.

Swift would later say that she had every intention of going back to Iraq. But in the weeks leading up to the departure date, she started to feel increasingly anxious. She was irritable, had trouble sleeping at night, picked fights with friends, drank heavily. "I was having a lot of little freakouts," she told me when I went to visit her in Washington State last summer. "But I was also ready to go. I was like, 'O.K., I can do this.'"

The weekend before the deployment was to start, however, Swift drove south to her hometown, Eugene, Ore., to visit with her mother and three younger siblings. The decision to flee, she says, happened in a split second on Sunday night. "All my stuff was in the car," she recalls. "My keys were in my hand, and then I looked at my mom and said: 'I can't do this. I can't go back there.' It wasn't some rational decision. It was a huge, crazy, heart-pounding thing."

For two days after she failed to report, Swift watched her cellphone light up with calls from her commanders. They left concerned messages and a few angry ones too. She listened to the messages but did not return the calls. Then rather abruptly, the phone stopped ringing. The 54th MP Company had left for Iraq. Swift says she understood then the enormity of what she'd just done.

For the remainder of that winter, Swift hid out in the Oregon seaside town of Brookings, staying in a friend's home, uncertain whether the Army was looking for her. "I got all my money out of the bank," she told me. "I never used my credit card, in case they were

trying to trace me. It was always hanging over my head.” At her mother’s urging, she drove back to Eugene every week to see a therapist. In April of last year, she finally moved back into her family’s home. Then, on the night of June 11, a pair of local police officers knocked on the door and found Swift inside, painting her toenails with her 19-year-old sister. She was handcuffed, driven away and held in the county jail for two nights before being taken back to Fort Lewis, where military officials threatened to charge her with being absent without leave. As Army officials pondered her fate, Swift was assigned a room in the barracks and an undemanding desk job at Fort Lewis.

Despite the fact that military procedure for dealing with AWOL soldiers is well established – most are promptly court-martialed and, if convicted, reduced in rank and jailed in a military prison – Suzanne Swift’s situation raised a seemingly unusual set of issues. She told Army investigators that the reason she did not report for deployment was that she had been sexually harassed repeatedly by three of her supervisors throughout her military service: beginning in Kuwait; through much of her time in Iraq; and following her return to Fort Lewis. She claimed too to be suffering from post-traumatic stress disorder, or PTSD, a highly debilitating condition brought on by an abnormal amount of stress. According to the most recent edition of *The Diagnostic and Statistical Manual of Mental Disorders*, used by mental-health professionals to establish diagnostic criteria, PTSD symptoms can include, among other things, depression, insomnia or “feeling constantly threatened.” It is common for those afflicted to “re-experience” traumatic moments through intrusive, graphic memories and nightmares.

Swift’s stress came not just from the war and not just from the supposed harassment, she told the investigators, but from some combination of the two. In a written statement to investigators, Swift asserted that her station, Camp Lima, outside Karbala, was hit by mortar attacks almost nightly for the first two months of her deployment. She reported working 16-hour shifts, experiencing the death of a fellow company member in an incident of friendly fire and having a close friend injured in a car bombing. What Swift said distressed her most, however, was a situation that involved her squad leader, the sergeant to whom she directly reported in Iraq. She claimed that he propositioned her for sex the first day the two of them arrived in Iraq and that she felt coerced into having a sexual relationship with him that lasted four months – the relationship consisting, she said, of his knocking on her door late at night and demanding intercourse. When she finally ended this arrangement, Swift told me, the sergeant retaliated by ordering her to do solitary forced marches from one side of the camp to another at night in full battle gear and by humiliating her in front of her fellow soldiers. (The sergeant could not be reached, but according to an internal Army report, he denied any sexual contact with Swift.)

As it often is with matters involving sex and power, the lines are a little blurry. Swift does not say she was raped, exactly, but rather manipulated into having sex – repeatedly – with a man who was above her in rank and therefore responsible for her health and safety. (Some victims’ advocates use the term “command rape” to describe such situations.) Swift says that the other two sergeants – one in Kuwait and one back home in Fort Lewis, both a couple of ranks above her – made comments like “You want to

[expletive] me, don't you?" or when Swift asked where she was to report for duty, responded, "On my bed, naked."

In the wake of several sex scandals in the 1990s, the U.S. military has tried to become more sensitive to the presence of women, especially now that they fill 15 percent of the ranks worldwide. There are regular mandated workshops on preventing sexual harassment and assault. Each battalion has a designated Equal Opportunity representative trained to field and respond to complaints. Swift said she initially reported what she characterized as an unwanted relationship with her squad leader in Iraq to her Equal Opportunity representative there, who listened – she claims – but did nothing about it. (According to the internal report, the E.O. representative told investigators that he asked Swift if she had a complaint to make but that she declined at the time.)

Swift made it clear that since enlisting in the Army when she was 19, she'd grown accustomed to hearing sexually loaded remarks from fellow enlisted soldiers. It happened "all the time," she said. But coming from her superiors, especially far away from the support systems of home and against a backdrop of mortar attacks and the general uncertainties of war, the overtones felt more threatening. "You can tell another E-4 to go to hell," she said, referring to the rank of specialist. "But you can't say that to an E-5," she said, referring to a sergeant. "If your sergeant tells you to walk over a minefield, you're supposed to do it."

I went to see Swift last July as I was immersed in a series of interviews with women who'd gone to Iraq and come home with PTSD. I was trying to understand how being a woman fit into both the war and the psychological consequences of war. The story I heard over and over, the dominant narrative really, followed similar lines to Swift's: allegations of sexual trauma, often denied or dismissed by superiors; ensuing demotions or court-martials; and lingering questions about what actually occurred.

Swift and I – along with her mother, Sara Rich – met at a run-down sushi place in Tacoma, Wash., not far from Fort Lewis. Swift has blond hair, milky skin and clear green eyes, which lend her the vague aspect of a Victorian doll – albeit a very tough one. She curses freely, smokes Newports and, when she's not in uniform, favors low-cut shirts that show off an elaborate flower tattoo on her chest. "Suzanne is not some passive little lily," explained her mother. "She's a soldier."

By midsummer of last year, the two women had settled into a ritual: once a week Rich would pick up her daughter at the base and take her out for a meal, and then the two would check into a nearby Holiday Inn, talking and watching television and finally going to sleep. At 6:30 the following morning, Swift would put on her uniform and Rich would drive her back to Fort Lewis in time to report for work. Rich, who is 41, is a social worker who specializes in family therapy and operates with a certain type of mama-bear verve. She was in frequent touch last summer with her daughter's Chicago-based lawyers, who were then negotiating with the Army to get Swift medically discharged for her PTSD so that she could avoid being court-martialed and convicted for going AWOL. In the six weeks since Swift's arrest, Rich marshaled both legal funds and public sympathy for her

daughter's defense, largely by tapping into the outrage fulminating inside the antiwar movement. One of Rich's friends from Eugene built a Web site devoted to Suzanne, taking both donations and online signatures for a petition to have her released from the Army without punishment. Someone else started selling T-shirts, tote bags and teddy bears that read "Free Suzanne" and "Suzanne's My Hero" to benefit the cause.

At that point, the hullabaloo was doing little good. A week before I arrived in Washington, the Army's investigation determined that Swift's charges against two of her higher-ups, including the one Swift said demanded sex from her, could not be substantiated because of a lack of evidence. (Both men denied Swift's allegations. By the time the investigation began, in June 2006, her squad leader had already finished his military service, which put him beyond the reach of punishment by the military anyway.) There was a third sergeant against whom Swift filed a formal harassment complaint in the spring of 2005, nearly a year before she went AWOL. In it she maintained that immediately following her unit's return from Iraq, he began making frequent suggestive remarks to her and at one point, during the course of a normal workday, "grinded" his body against hers in an inappropriate way. That man received a stridently worded letter of reprimand on May 25, 2005, from a lieutenant colonel and was transferred away from Fort Lewis.

What still remained to be determined was whether Swift would be held accountable for going AWOL or whether the Army would accept the idea that her failure to report was, as she saw it, an instinctive act of psychological self-preservation. Whatever the case, Swift was quickly becoming a symbol – though of what it was hard to say. Among the antiwar crowd, thanks in part to the fiery speeches Swift's mother was delivering at local rallies and antiwar gatherings, she was being painted as a martyr, a rebel and a victim all at once. Meanwhile, others deemed her a traitor, a fraud or simply a whiny female soldier who'd been too lazy or too selfish to return to war.

Swift herself seemed stunned by the attention. "Look at me, a poster child," she told me wryly, making it clear that she was not enjoying it. She did not make the kind of grandiose anti-military statements her mother did but rather seemed to be trying to shrug off what happened to her. She told me she was having nightmares and was sometimes waylaid by fits of hysterical crying. But she described these flatly, seeming almost unwilling or unable to express anger or hurt. Overall, she seemed strikingly detached.

I had read enough about PTSD to know that "emotional numbing" is one of the disorder's primary symptoms, but it made understanding Swift and what she'd been through a more difficult task. "Avoidance" is another commonly recognized symptom in people with PTSD, especially avoidance of those things that bring reminders of the original trauma. If the Iraq war and the men she encountered there and afterward traumatized Swift, then perhaps going AWOL could be seen as a sort of meta-avoidance of all that plagued her.

That night after dinner, Swift lay on her hotel bed with her shoes kicked off, staring blankly at the ceiling. She was thoughtful and willing to answer questions. A few times,

describing her deployment, she hovered close to tears but then seemed promptly to swallow them. She told me that she came home from Iraq feeling demoralized and depressed. She resumed her stateside duties with the Army for the 11 months between deployments and in general “just tried to deal.”

She was not, however, formally given a diagnosis of PTSD until after she went AWOL - first by a civilian psychiatrist within days of her failure to report for deployment and later, Swift says, through the Army’s mental-health division at Fort Lewis. (The Army could not confirm this, citing privacy issues.) The timing raised a serious question: Was the PTSD a legitimate disability or a hastily crafted excuse for skipping out on the war? Nobody, perhaps not even Swift, could say for sure.

II. The ‘Double Whammy’

No matter how you look at it, Iraq is a chaotic war in which an unprecedented number of women have been exposed to high levels of stress. So far, more than 160,000 female soldiers have been deployed to Iraq and Afghanistan, as compared with the 7,500 who served in Vietnam and the 41,000 who were dispatched to the gulf war in the early ‘90s. Today one of every 10 U.S. soldiers in Iraq is female.

Despite the fact that women are generally limited to combat-support roles in the war, they are arguably witnessing a historic amount of violence. With its baffling sand swirl of roadside bombs and blind ambushes, its civilians who look like insurgents and insurgents who look like civilians, the Iraq war has virtually eliminated the distinction between combat units and support units in the military. “Frankly one of the most dangerous things you can do in Iraq is drive a truck, and that’s considered a combat-support role,” says Matthew Friedman, executive director of the National Center for PTSD, a research-and-education program financed by the Department of Veterans Affairs. “You’ve got women that are in harm’s way right up there with the men.”

There have been few large-scale studies done on the particular psychiatric effects of combat on female soldiers in the United States, mostly because the sample size has heretofore been small. More than one-quarter of female veterans of Vietnam developed PTSD at some point in their lives, according to the National Vietnam Veterans Readjustment Survey conducted in the mid-’80s, which included 432 women, most of whom were nurses. (The PTSD rate for women was 4 percent below that of the men.) Two years after deployment to the gulf war, where combat exposure was relatively low, Army data showed that 16 percent of a sample of female soldiers studied met diagnostic criteria for PTSD, as opposed to 8 percent of their male counterparts. The data reflect a larger finding, supported by other research, that women are more likely to be given diagnoses of PTSD, in some cases at twice the rate of men.

Experts are hard pressed to account for the disparity. Is it that women have stronger reactions to trauma? Do they do a better job of describing their symptoms and are therefore given diagnoses more often? Or do men and women tend to experience different types of trauma? Friedman points out that some traumatic experiences have been shown to be more psychologically “toxic” than others. Rape, in particular, is

thought to be the most likely to lead to PTSD in women (and in men, in the rarer times it occurs). Participation in combat, though, he says, is not far behind.

Much of what we know about trauma comes primarily from research on two distinct populations – civilian women who have been raped and male combat veterans. But taking into account the large number of women serving in dangerous conditions in Iraq and reports suggesting that women in the military bear a higher risk than civilian women of having been sexually assaulted either before or during their service, it's conceivable that this war may well generate an unfortunate new group to study – women who have experienced sexual assault and combat, many of them before they turn 25.

A 2003 report financed by the Department of Defense revealed that nearly one-third of a nationwide sample of female veterans seeking health care through the V.A. said they experienced rape or attempted rape during their service. Of that group, 37 percent said they were raped multiple times, and 14 percent reported they were gang-raped. Perhaps even more tellingly, a small study financed by the V.A. following the gulf war suggests that rates of both sexual harassment and assault rise during wartime. The researchers who carried out this study also looked at the prevalence of PTSD symptoms – including flashbacks, nightmares, emotional numbing and round-the-clock anxiety – and found that women who endured sexual assault were more likely to develop PTSD than those who were exposed to combat.

Patricia Resick, director of the Women's Health Sciences Division of the National Center for PTSD at the Boston V.A. facility, says she worries that the conflict in Iraq is leaving large numbers of women potentially vulnerable to this "double whammy" of military sexual trauma and combat exposure. "Many of these women," she says, "will have both." She notes that though both men and women who join the military have been shown to have higher rates of sexual and physical abuse in their backgrounds than the general population, women entering the military tend to have more traumas accumulated than men. One way to conceptualize this is to imagine that each one of us has a psychic reservoir for holding life's traumas, but by some indeterminate combination of genetics and socioeconomic factors, some of us appear to have bigger reservoirs than others, making us more resilient. Women entering the military with abuse in their backgrounds, Resick says, "May be more likely to have that reservoir half full."

Over the last few years, I've spoken at length with more than a dozen trauma specialists, questioning them about the effect this war will have on the psyches of the women who have fought in it. The prevailing answer is "We just don't know yet." The early reports for both sexes, though, are troubling. The V.A. notes that as of last November, more than one-third of the veterans of Iraq and Afghanistan treated at its facilities were given diagnoses of a mental-health disorder, with PTSD being the most common. So far, the V.A. has diagnosed possible PTSD in some 34,000 Iraq and Afghanistan veterans; nearly 3,800 of them are women. Given that PTSD sometimes takes years to surface in a veteran, these numbers are almost assuredly going to grow. With regard to women, nearly every expert I interviewed mentioned the reportedly high rates of sexual harassment and assault in the military as a particular concern.

The Department of Defense in recent years has made policy changes designed to address these issues. In 2005 it established a formal Sexual Assault Prevention and Response program, and trains “Victim Advocates” on major military installations. The rules have also been rewritten so that victims are now able to report sexual assaults confidentially in “restricted reports” that give them access to medical treatment and counseling without setting off an official investigation. The results could be viewed as both encouraging and disturbing: comparing figures from 2005, when the restricted reporting began, to those of 2004, the number of reported assaults across the military jumped 40 percent, to 2,374. While victims may be feeling more empowered to report sexual assault, it appears that the number of assaults are not diminishing.

If Suzanne Swift’s why-bother approach to telling her superiors about the harassment in Iraq initially struck me as curious, it began to make more sense as I spoke with a number of other female Iraq veterans. There was a pervasive sense among them that reporting a sexual crime was seldom worthwhile. Department of Defense statistics seem to bear this out: of the 3,038 investigations of military sexual assault charges completed in 2004 and 2005, only 329 – about one-tenth – of them resulted in a court-martial of the perpetrator. More than half were dismissed for lack of evidence or because an offender could not be identified, and another 617 were resolved through milder administrative punishments, like demotions, transfers and letters of admonishment.

Unaware of the actual numbers, many of the women I talked to seemed, in any event, to have soaked up a larger message about the male-dominated military culture. “Saying something was looked down upon,” says Amorita Randall, who served in Iraq in 2004 with the Navy, explaining why she did not report what she says was a rape by a petty officer at a naval base on Guam shortly before she was deployed to Iraq. “I don’t know how to explain it. You just don’t expect anything to be done about it anyway, so why even try?”

III. The Pressure of Being a Woman

Many of the women I spoke with said they felt the burden of having to represent their sex - to defy stereotypes about women somehow being too weak for military duty in a war zone by displaying more resiliency and showing less emotion than they otherwise might. There appears to have been little, too, in the way of female bonding in the war zone: most reported that they avoided friendships with other women during the deployment, in part because of the fact that there were fewer women to choose from and in part because of the ridicule that came with having a close friend. “You’re one of three things in the military - a bitch, a whore or a dyke,” says Abbie Pickett, who is 24 and a combat-support specialist with the Wisconsin Army National Guard. “As a female, you get classified pretty quickly.”

Many women mentioned being the subject of crass jokes told by male soldiers. Some said that they used sarcasm to deflect the attention but that privately the ridicule wore them down. Others described warding off sexual advances again and again. “They basically assume that because you’re a girl in the Army, you’re obligated to have sex with them,” Suzanne Swift told me at one point.

There were women, it should be noted, who spoke of feeling at ease among the men in their platoons, who said their male peers treated them respectfully. Anecdotally, this seemed most common among reserve and medical units, where the sex ratios tended to be more even. Several women credited their commanders for establishing and enforcing a more egalitarian climate, where sexual remarks were not tolerated.

This was not the case for Pickett, who arrived in Iraq early in 2003, having been sexually assaulted, she said, during a humanitarian deployment to Nicaragua less than two years earlier, when she was just 19. When I spoke to her by phone in December, she recalled being too afraid to report the incident, particularly given the fact that the supposed perpetrator was an officer who ranked above her. During her 11-month stint in Iraq, stationed mostly outside Tikrit in a company of 19 women and 140 men, Pickett claimed her male peers thought nothing of commenting on her breast size or making sexual jokes about her. She regularly encountered porn magazines sitting in the latrines and in common areas. None of this behavior was particularly new to her; it was life as she knew it in the military. Yet in a war zone the effect seemed more corrosive. “The real difference is that over there, there’s never a break from it,” Pickett told me. “At home, you can go out with your girlfriends and get a beer and talk about the idiots who were cracking jokes. Over there, you’re a minority 24 hours a day, seven days a week. You never get that 10 minutes to relax or even cry. Sometimes you just need to let it all out.”

One night in the fall of 2003, Pickett recalled, her unit endured a mortar attack. Trained as a combat lifesaver, she spent part of the night tending to bleeding soldiers by flashlight in a field tent. Once the experience was over, the memory kept replaying in her mind. “For a long time, I wished I had died that night,” Pickett told me, adding that she returned to her home in Wisconsin and was “barely functioning”—unable to sleep or concentrate. She spent days alone inside her apartment, not talking to anyone. “I was draining everyone around me,” she says. A year after her deployment, a V.A. clinician formally diagnosed PTSD, which Pickett says she thinks stems from the stress of combat, harassment and the earlier sexual assault. If Vietnam became notorious as a war that combined violence and sex, with Southeast Asian brothels being the destination of choice for soldiers on temporary leave from the war, the sexual politics of the Iraq war are, as of yet, unclear.

Joane Nagel, a sociology professor at the University of Kansas, is studying sex and the military as it pertains to the Iraq war. What she has found, she told me recently, is that “when you take young women and drop them into that hypermasculine environment, the sex stuff just explodes. Some have willing sex. Some get coerced into it. Women are vulnerable sexually.” The specter of childhood abuse in military men and women potentially adds another layer of combustibility to gender relations. Tina Lee, a psychiatrist at the V.A. Palo Alto Health Care System in California, works with both male and female PTSD patients. She points out that traumatic experiences in childhood may increase the risk of developing PTSD when exposed to another trauma in adulthood. Experiencing childhood trauma can also produce opposing behaviors in adult men and women. Male survivors of childhood abuse are more likely to act aggressively and angrily, while some women appear to lose their self-protective

instincts. A female patient, she says, once offered up an apt description of this tendency to end up in hurtful situations, saying that her “people picker” had been broken.

“So you have young women joining the military who have the profile of being victimized, who don’t have boundaries sometimes,” Lee went on to say. “And then you have a male population that fits a perpetrator profile. They are mostly under 25, often developmentally adolescent, and you put them together. What do you think will happen? The men do the damage, and the women get damaged.”

Being sexually assaulted by a fellow soldier may prove extra-traumatic, as it represents a breach in the hallowed code of military cohesion – a concept that most enlistees have drilled into them from the first day of boot camp. “It’s very disconcerting to have somebody who is supposed to save your life, who has your back, turn on you and do something like that,” says Susan Avila-Smith, the director of Women Organizing Women, an advocacy program designed to help traumatized women navigate the vast V.A. health-care and benefits system. “You don’t want to believe it’s real. You don’t want to have to deal with it. The family doesn’t want to deal with it. Society doesn’t want to deal with it.”

Pickett, who since returning from Iraq has become active in Iraq and Afghanistan Veterans of America, a nonpartisan advocacy group, says she believes that the stress of just worrying about this puts a woman in danger. “When I joined the military, a lot of people at home said things like, ‘Oh, are you really going to be able to handle it?’” she said. “So then you’re in Iraq, driving down Highway 1 with an M-16 in your hand. You have those doubts people had about you in the back of your head. You’re thinking 5,000 things at once, trying to be everything everybody wants you to be. And you still have to take the crap from the men. You’re 20 years old and growing into your own body, having an actual sex drive. But you’ve got 30 horny guys propositioning you and being really disgusting about it.” She added: “Women are set up to fail in a very real way, in an area where they could get killed. If your mind isn’t 100 percent on the battlefield, you could die. That’s the bottom line.”

IV. Flickers of a Larger Fire

Three years ago, while researching an article for this magazine on injured soldiers who fought in Iraq, I happened to have a phone conversation with a woman from Michigan who served as a reservist in the gulf war. Like many people, she’d been watching coverage of the war in Iraq with concern. At the time, I was focused on the early waves of soldiers returning home with horrendous, debilitating injuries – the amputees, the paraplegics, the brain-injured – but she was worried about something entirely different, equally devastating but far less visible.

She used her own story as an example: While serving in a mostly male reserve unit in Kuwait, she told me, she was sexually assaulted. After returning home to Michigan, she began exhibiting symptoms of PTSD – jumpiness, intrusive thoughts and nightmares – and promptly went to her local V.A. hospital for help. She was then put into group therapy – which has long been shown to be an economical and reasonably effective way

of helping trauma survivors process their experiences – but her “group” was made up entirely of male Vietnam vets, some of whom were trying to work through sex crimes they committed during military service. Others came home from war and beat their wives. “I freaked out,” the female reservist told me. “It sent me into a complete tailspin.”

She began to drink heavily. She lost her job, moved away from her family and toyed with the idea of suicide. Few PTSD stories are happy stories, but this one eventually took a positive turn: a therapist at her local V.A. hospital finally referred her to a 10-bed residential program for women with PTSD located in Menlo Park, Calif. Desperate for help, she spent a number of weeks there, receiving daily therapy and learning coping skills in the company of a small group of other female veterans and a staff of mostly female therapists. The experience, she told me, saved her life.

Following the early coverage of the Iraq war, however, she was feeling her PTSD begin to stir again. Jessica Lynch – who, it was reported, might have been sexually assaulted as a prisoner of war in the first weeks after the invasion – was being celebrated as a hero. TV news reports showed female soldiers bidding farewell to their spouses and children. All this woman in Michigan could think about, though, was what things would look like on the other side, whether the V.A. would know what to do with these women if they later turned up needing help – whether, in particular, sexual-assault victims would be retraumatized trying to find their way in a system that was built almost entirely around the needs of men.

Thomas Berger, national chairman of Vietnam Veterans of America’s PTSD-and-substance-abuse committee, told me recently: “I think women are more likely to fall through the cracks. The fact is, if a woman veteran comes in from Iraq who’s been in a combat situation and has also been raped, there are very few clinicians in the V.A. who have been trained to treat her specific needs.”

As the Iraq war creates tens of thousands of female war veterans, surely we will begin to know more about the impact of PTSD on the life of a military woman. Female soldiers have flown fighter jets, commanded battalions, lost limbs, survived stints as P.O.W.’s, killed insurgents and also come home in flag-covered caskets. And many, too, have begun to experience the psychic fallout of war, a concept made famous post-Vietnam by a generation of now middle-aged men. “We’re much more willing to acknowledge what guys do in combat – both the negative and the heroic,” says Erin Solaro, author of the 2006 book “Women in the Line of Fire.” “But as a culture, we’re not yet willing to do that for women. Female combat vets tend to be very lonely people.”

Sexual trauma by itself or in combination with combat stands to isolate a female vet further, says Avila-Smith, the veterans’ advocate. “If you’re in combat, you can talk about it in group therapy,” she told me. “You can say, ‘Yeah, I was in this battle and I saw my friends blown up,’” she says. “But nobody raises their hand and yells out in the middle of the V.A.: ‘Yeah, I was raped in the military, was anybody else? Do we have something in common?’” Avila-Smith herself says she was sexually assaulted while stationed in Texas in 1992 and developed PTSD as a result. For a long time, everyday functioning was a challenge. “For two years I had a list on my bathroom mirror to brush

my teeth, brush my hair, wash my face,” she said as we sat at a sunny picnic table outside a V.A. hospital in Seattle. “Every morning it was like waking up in a new world. How did I get here? What’s going on? Why is my brain not working?”

This kind of bewilderment is something I encountered again and again, talking to more than 30 military women who struggle with PTSD. Whether they had just returned from Iraq or were 25 years past their service, whether they’d been sexually assaulted, seen combat or both, most reported feeling forgetful and unfocused, alienated from their own minds.

Keli Frasier, an Army reservist living in Clifton, Colo., who said she did not experience sexual assault, told me that because of some combination of anxiety and memory loss, she’d been fired from three low-wage jobs and dropped out of college since returning from Iraq in May 2004. Like a few of the others I met, Frasier always kept a notebook close by to jot down things she was afraid she’d forget. “Half the time,” she said, sounding genuinely confused, “I don’t understand why I lose the jobs.” According to her account, while driving a fuel truck in Iraq, she watched her squad leader die in a roadside ambush and another peer have his leg blown off with a grenade. “In all those situations, your mind just goes on autopilot, and you just do what you’re trained to do,” she said, sitting on a couch in a warmly decorated trailer she and her husband own. She bounced her 8-month-old son on one knee as she talked. “I didn’t really start having any mental issues until we got home,” she said, adding that it was four or five months before PTSD was diagnosed by a V.A. counselor.

Research has shown that exposure to trauma has the potential to alter brain chemistry, affecting among other things the way memories are processed and stored. To vastly simplify a complex bit of neurology: If the brain can’t make sense of a traumatic experience, it may be unable to process it and experience it as a long-term memory. Traumas tend to persist as emotional – or unconscious – memories, encoded by the amygdala, the brain’s fear center. A trauma can then resurface unexpectedly when triggered by a sensory cue. The cerebral cortex, where rational thought takes place, is not in control. The fear center rules; the brain is overwhelmed. Small tasks – tooth-brushing, grocery-shopping, feeding your children – start to feel monumental, even frightening.

“I was not scared a single day I was in Iraq; that’s what baffles me most,” Kate Bulson, a 24-year-old former Army sergeant, told me by phone not long ago from her home in Muskegon, Mich. She developed PTSD after completing the first of two tours in Iraq, she said, adding that she had not experienced sexual trauma. “I did everything the male soldiers did: I kicked in doors, searched people and cars, ran patrols on dangerous highways,” she said. “Over there, I would hear an explosion at night and sleep through it. Now I hear the slightest sound and I wake up.”

Just last month, The Journal of the American Medical Association published the results of a study sponsored by the V.A., which endorsed the use of “prolonged exposure therapy” in treating female veterans with PTSD. The process calls for a patient to visit and revisit traumatic memories in order to lessen their power over the mind. “It

becomes an organized story rather than a fragmented story,” says Edna Foa, who directs the Center for the Treatment and Study of Anxiety at the University of Pennsylvania and is considered a pioneer in trauma treatment. “They are able to put things together. They find all kinds of new perspectives to look at what happened to them.”

Across the V.A., there appears to be an earnest recognition of the need for stepping up these innovative programs for veterans of both sexes. V.A.-financed researchers are working on everything from testing a drug normally used to treat tuberculosis on PTSD patients to developing virtual-reality war simulations that are meant to give veterans more emotional control over their traumatic memories. Of the some 1,400 V.A. hospitals and clinics, currently only 27 house inpatient PTSD programs, and of these, just 2 serve women exclusively. According to the V.A., several more women’s residential treatment programs are in the planning stages.

Despite fighting wars in two far-off countries, the Bush administration recently announced that while it will increase V.A. health-care financing by 9 percent for 2008, it has proposed consecutive cuts of about \$1.8 billion for 2009 and 2010. Moreover, as recent revelations of poor patient care at the military’s flagship facility, Walter Reed Army Medical Center, have demonstrated, a federal health-care system built to serve soldiers and veterans is sagging under the load of those who fought in Iraq and Afghanistan, a significant number of whom struggle with mental-health issues. The V.A. currently has a reported backlog of 400,000 benefits claims, which can in turn lead to long waits for appointments or for approval for medications. When I met her in January, Keli Frasier, the Army reservist, described herself as “really having a hard time” but had been waiting two months to get an appointment to have an expired antidepressant prescription renewed.

It’s possible, too, that female veterans suffer from more invisibility. Patricia Resick, at the Boston V.A. hospital, says she feels that women may perhaps take longer than men to recognize their symptoms and find their way into treatment. “They’re more likely to have a primary parenting role,” she told me. “When they get home, they’re going to be trying to get back into their families, to re-establish their relationships.” Lee, the psychiatrist in Palo Alto, says that in her experience, men are more likely to have been encouraged to seek help, usually by their spouses. “You don’t hear as much about husbands saying, ‘Honey, why don’t you go into residential treatment for two months?’” she says. And those who feel shame following a sexual trauma, Lee went on to say, may keep it hidden from their health-care providers anyway.

The larger question is: How will this new crop of female war veterans respond, recover or act out the traumas of their military experience? While it is still too early to know, paying attention to small stories, usually tucked inside local newspapers, may indicate the early flickers of a larger fire. There is the story of Tina Priest, a 21-year-old soldier who, according to Army investigation records, shot herself with an M-16 rifle in Iraq last March, two weeks after filing a rape charge against a fellow soldier and days after being given a diagnosis of “acute stress disorder consistent with rape trauma.” (The Army says that a subsequent investigation failed to substantiate the rape claim.)

There is the story of Linda Michel, a 33-year-old Navy medic who served under stressful conditions at a U.S.-run prison near Baghdad and was given Paxil for depression during the deployment. Returning home last October, she struggled to fit back into her life as a suburban mother of three in a quiet housing development outside of Albany. She shot and killed herself within three weeks of the homecoming. Her husband, also an Iraq veteran, wondered aloud to a reporter with The Albany Times-Union: “Why wasn’t she sent to a facility to resolve the issues?”

More recently, there’s Jessica Rich, a 24-year-old former Army reservist who one night early last month climbed drunk into her Volkswagen Jetta and drove south on a northbound interstate outside of Denver. She slammed head-on into a sport-utility vehicle, killing herself and slightly injuring four others. After a nine-month tour of Iraq in 2003 – and according to former soldiers who’d been in group therapy with her, having been raped during her service – PTSD was diagnosed. Her friends say she never got past those experiences. “She was having nightmares still, up until this point – flashbacks and anxiety and everything,” one told The Denver Post. “She said it was really hard to get over because she couldn’t get any help from anybody.”

V. ‘What’s Wrong With Me?’

Earlier this winter, hoping to understand more about PTSD and its effects, I visited a couple of female Iraq vets who felt their postwar lives had been shaped – if not temporarily ruined – by the “double whammy” of combat and sexual stress. Both happened to live in Colorado, though each had deployed to war through units located in other states. I met Keri Christensen one morning at her home in a tidy subdivision outside of Denver, where she recently relocated from Wisconsin with her husband and two daughters. She had just taken her daughters to school, and her husband was away on a business trip.

Christensen is 33, blue-eyed and outwardly perky, with an easy smile. By the time she was deployed to war in 2004, she had finished 13 years of part-time service in the Wisconsin Army National Guard as a heavy-equipment transporter. Prior to her deployment in Iraq, she loved her role in the military. “Before we were married, my husband was in awe of it,” she said, laughing. “He was like, ‘I met this girl and she hauls tanks!’” She added that she was good at what she did, receiving several awards over the years. Beyond commitment to the Guard of one weekend a month and two weeks’ training each summer, Christensen spent the previous six years as a stay-at-home mom. Her life, she said, had been a generally happy one.

But the stresses of deployment were surprisingly manifest: she agonized over leaving her daughters, who were then 6 and 2 years old. Stationed in Kuwait, Christensen’s unit ran convoys of equipment back and forth from the port to inside Iraq. “It was really scary,” she said, explaining that her convoy had been mortared during an early mission. “But it was like, Hey cool, we’re on a mission.” Then one day in February 2005, Christensen was accidentally dragged beneath a truck trailer and run over, breaking a number of bones in her foot and injuring her knee and back. She was assigned to a desk job in a tent in Kuwait, mostly working the night shift. It was there, she said, that a

sergeant above her in her command – a man she'd known for 10 years – began making comments about her breasts and at one point baldly propositioned her for sex.

Something inside of her broke, she said. Christensen claims that she was punished for even mentioning the situation to her company commanders – written up for minor infractions; accused, she says falsely, of being intoxicated (for which she was demoted); and reassigned for duty to an airfield near a mortuary, where she occasionally helped load coffins of dead soldiers onto planes bound for the U.S. (The Wisconsin Army National Guard denied that Christensen was punished for making a sexual-harassment claim and stated that the claim was investigated and dismissed for lack of evidence.) Christensen says that a combination of war stress, harassment and the reprisals that followed were so upsetting and demoralizing that she considered suicide on several occasions. Her military records show that during her deployment, she was given a diagnosis of depression and PTSD.

After Christensen's experiences in Kuwait, she allowed her military enlistment to expire, which given that she was six years short of receiving military retirement benefits, only added to her pain. "That was my career, and they stole it from me," she said, sitting on an overstuffed couch in the family room of her home, idly fiddling with one of her children's stuffed animals as she spoke. "They make you feel like you're crazy. And I'm not just the only one. There's other women out there this has happened to. Why is the attitude always 'Just shut up and leave it alone'?"

Christensen had been home from war then for just over a year, having returned to her life as a stay-at-home mother, yet she could not shake what the deployment had done to her – the accident, the confusion and shame of her sexual harassment, and then what she felt was an ignominious demotion and marginalization after reporting the incidents. And while there are those whose image of PTSD is still tied to Vietnam War movies – the province of men who earned their affliction only after having their best buddies die in their arms in a gush of blood – Christensen shares the same diagnosis. That is to say that no matter what constituted her war experience; the aftermath was much the same. She suffered from severe headaches and forgetfulness. "I feel like I'm always forgetting something," she said. "I leave the house and I don't know if I've left something on – the stove or a candle. I can't trust my memory." She told me that her 8-year-old, Madison, recently had to tell her the family's new phone number. She'd lost friends and had "rough spots" with her husband. Afraid of crowds, she started grocery shopping at 6 in the morning and was having her mother buy clothes for her children. Driving, too, made her fearful, since she felt "foggy" and more than once ran a stop sign or a red light with her kids in the car. Though she went for counseling and medical treatment at a local V.A. while living in Illinois after she returned from Iraq, Christensen had not yet found her way to the Denver V.A. for treatment. The thought of getting in her car and making the 20-minute drive petrified her.

Describing it, Christensen began to cry, wringing the stuffed animal in her hands. "What's wrong with me?" she said, more to herself than to me. "I have nightmares of being trapped underneath a trailer with body parts falling on me." Her body heaved with

sobs as she continued: “Once when my kids were sleeping with me, I woke up suddenly, thinking it was an Iraqi person, and I almost tossed my kid across the room.”

VI. ‘Nothing Is Ever Clear’

Amorita Randall lives across the state from Christensen, in a small town outside of Grand Junction. She is 27, a former naval construction worker who served in Iraq in 2004. Over the course of several phone conversations before visiting her in January, I grew accustomed to the way Randall coexisted with her memories. Mostly she inched up to them. On days she was feeling stable, she would want to talk, calling me up and abruptly jumping into stories about her six years in the Navy, describing how she was raped twice - the second rape supposedly taking place just a matter of weeks before she arrived in Iraq. Her experience in Iraq, she said, included one notable combat incident, in which her Humvee was hit by an I.E.D., killing the soldier who was driving and leaving her with a brain injury. “I don’t remember all of it,” she told me when I met her in the sparsely furnished apartment she shares with her fiancé. “I don’t know if I passed out or what, but it was pretty gruesome.”

According to the Navy, however, no after-action report exists to back up Randall’s claims of combat exposure or injury. A Navy spokesman reports that her commander says that his unit was never involved in combat during her tour. And yet, while we were discussing the supposed I.E.D. attack, Randall appeared to recall it in exacting detail – the smells, the sounds, the impact of the explosion. As she spoke, her body seemed to seize up; her speech became slurred as she slipped into a flashback. It was difficult to know what had traumatized Randall: whether she had in fact been in combat or whether she was reacting to some more generalized recollection of powerlessness.

Either way, the effects seemed to be crippling. She lost at least one job and was, like a number of the women I spoke to, living on monthly disability payments from the V.A. Her fiancé, an earnest construction worker named Greg Lund, at one point discovered her hidden in a closet in the apartment they share, curled in the fetal position, appearing frozen. “It scared the hell out of me,” he said. “I’m like, am I in over my head here?” On another occasion, shopping with Randall at Lowe’s, he had to pull her away from a Hispanic man she mistook for an Iraqi. “She was going to attack him,” Lund said. “She was calling him ‘the enemy’ and stuff like that.” The biggest tragedy for her was that her daughter, Anne, who is 4, was taken from her custody by the Colorado child-welfare authorities after she was found playing in the road unsupervised one day last June. At the time, Randall and her daughter were living with another family in a halfway house. Randall was inside folding laundry, believing – she said – that Anne was being watched by older children in the other family.

There were days when Randall couldn’t remember things, telling me her mind felt fuzzy. Accordingly, when she broached a subject that was difficult, her speech would slow down markedly and sometimes stop altogether. “Nothing is ever clear,” she explained. “Sometimes I’ll just have feelings. Sometimes I’ll have pictures. Sometimes it’ll be both.” Her confusion could be both literal and moral. She blamed herself, in part, for the rapes,

saying she felt peer pressure to drink heavily in the Navy, which made her more vulnerable.

Randall's life story was a sad one, though according to the V.A. psychologists I spoke with, it was not atypical. Growing up in Florida, she said, she was physically and sexually abused by two relatives – a condition that has been shown to make a woman more prone to suffer assault as an adult. Eventually she landed in foster care. She told me she joined the Navy at 20 precisely because she was raised in an environment where “girls were worthless.” The stability and merit structure of the military appealed to her. Stationed in Mississippi in early 2002, Randall said, she was raped one night in her barracks after being at a bar with a group of servicemen. The details are unclear to her, but Randall says she believes that someone drugged her drink.

A couple of months later, she discovered she was pregnant. In November 2002, she gave birth to her daughter. Less than a year later, Randall's unit was deployed to the war, stopping first for several months on Guam. She put Anne in the care of a cousin in Florida. The second rape happened after another night of drinking. “I couldn't fight him off,” Randall says. “I remember there were other guys in the room too. Somebody told me they took pictures of it and put them on the Internet.” Randall says she has blocked out most of the details of the second rape – something else experts say is a common self-protective measure taken by the brain in response to violent trauma – and that she left for Iraq “in a daze.”

Given her low self-esteem and her tendency, as a trauma victim, to suffer from fractured memory, someone like Randall would make an admittedly poor witness in court. Randall claims that after returning from war, she told her commanders about the second rape but says she was told “not to make such a big deal about it.” (The Navy says it knows of no internal records indicating that she had reported a sexual assault.) Since her daughter was removed from her custody last summer, she had been going for weekly hour-long therapy sessions with a civilian social worker, paid for by the V.A. She was also taking parenting classes at a social-services agency and petitioning to have the child returned to her care. Overall, she was feeling optimistic that through therapy, her PTSD was beginning slowly to subside. But she also felt it was a case of too little, too late, saying that before losing her daughter, she was receiving what for many women is considered to be a standard course of mental-health treatment in a V.A. system strapped for resources – a 60-minute counseling session held every month. Randall shrugged, describing it. “We never got very far with anything,” she said, “The guy would just ask me, ‘So, how are you doing?’ And I'd look at him and say, ‘Well? I guess I'm fine.’”

VII. “It Just Kept Building Up and Building Up ... “

The Women's Trauma Recovery Program (<http://www.womenvetsptsd.va.gov/>) is tucked into a small adobe-style building on one corner of a sprawling V.A. health-care campus in Menlo Park, Calif., about 20 miles south of San Francisco. Outside there is a sunny courtyard, where residents often gather to smoke and talk. Inside there are five dorm-style bedrooms, each with a pair of twin beds. The feeling is something less than

homey but something more than institutional. Next door there is a larger and more established 45-bed program for male active-duty soldiers and veterans with PTSD.

When I arranged to visit the women's program for a couple of days last July, it was unclear whether any of the six female patients then in residence would speak to me. According to Darrah Westrup, the psychologist who leads the program, this group had only just begun its 60-to-90-day treatment program, which was devoted both to learning coping skills and to gradually doing exposure therapy for their traumas. For many of the patients, entry in the program – gained through a referral from a mental-health specialist and then a fairly intensive application process – felt like a last resort. Privacy, too, was paramount: some of these women had isolated themselves for years and, working with the program's therapists, were just beginning to rebuild some confidence, Westrup said.

So it came as a surprise when, one by one, each one surfaced at Westrup's office, ready to talk to me. (They requested that I protect their privacy by not using their full names.) Each asked too that Westrup be present for the interview, and I soon understood why: despite the fact that conversation revolved mostly around the impact of living with PTSD rather than the traumatic events that caused it, the danger of a flashback always lurked. "Are you here?" Westrup would ask gently when somebody appeared momentarily glazed or her speech slowed down. "Do you feel your feet on the ground?"

Some of the women served in previous decades and were only now dealing fully with their PTSD. They recognized themselves as harbingers, as cautionary tales of how bad it could get for those of the current generation of female soldiers if they left their PTSD untreated. And they repeated that sentiment again and again. "I'm only talking to you," one said, "because I want other sisters to know they're not alone."

I met six women, two of whom served in Operation Iraqi Freedom. Most hadn't seen combat, though three of them said they were raped by fellow soldiers during deployments in Germany, in Japan, in Qatar. The women – Johnnie, Kathy, Kathleen, Ann, Michelle and Sara – had served in the Army, the Navy or the Air Force. What ran through nearly every woman's story was a sense of things left unresolved. Nobody mentioned perpetrators being punished. Nearly everyone expressed having gone through relentless self-questioning: "What if I hadn't accepted that ride?" one wondered aloud. "What if I hadn't drank so much?" asked another.

According to Patricia Resick of the National Center for PTSD, being able to process trauma is the key to recovering from it. Those people who cannot make sense of what happened to them are more likely to continue reliving it through flashbacks and intrusive memories. "It's like a record that keeps getting stuck," she said. "They can't accept that it happened because of the implications of accepting it. It means that bad things - horrible things, really – can happen to good people."

The women in Menlo Park described, vividly, the aftermath of living with unresolved military trauma: Kathy was arrested more than once for drunken driving. Michelle tried to kill herself three times. Sara was put into a military psychiatric hospital. Ann raised

children and had a successful career, but said that inside her home in rural Northern California, she was often so paralyzed by fear that she hid in the closet any time the phone rang.

The program required that the women spend time writing down their thoughts and then analyzing them on paper, rooting out the “distorted thinking” – things like feeling unworthy or guilty – and then reinterpreting them in a more healthful way. While each woman acknowledged that the work was painful, there seemed to be a kind of summer-camp camaraderie growing among them. Yet there was always the notion looming that at some point they, and their symptoms, would need to return home.

One of the two vets of the Iraq war on the V.A. campus was Kathleen, a 37-year-old Army nurse with dark hair and fair skin. She arrived at Menlo Park courtesy of a program sponsored by the Department of Defense, in which active-duty soldiers with severe PTSD are granted leave and financing to pursue residential treatment through the V.A. This is part of a larger effort across the military to find and address soldiers’ mental-health issues as quickly as possible. Kathleen was a first lieutenant and a registered nurse based at Fort Sill, Okla. She was medevacked out of Baghdad less than three months earlier.

Sitting in a chair in Westrup’s office, dressed in a pastel T-shirt and jeans, Kathleen knit her fingers together anxiously. Despite appearing nervous, she seemed eager to talk. For better or worse, Kathleen’s trauma was still fresh. She was also one of the few female veterans I spoke with who were suffering from PTSD who did not mention experiencing sexual harassment or assault in the military, though she did allude to “a bad childhood.”

Speaking in a soft drawl, she described being stationed at a combat support hospital inside Baghdad’s Green Zone, working 15-hour shifts in the intensive-care unit, often tending to burn patients who were helicoptered in from southern Iraq. “I expected some death,” she said. “I was realistic. What I didn’t expect was that we would be taking care of so many civilians and those civilians would be children.” She paused to add that she had five children of her own - all daughters, ages 9 to 18, who were back in Oklahoma with her husband, himself an Army man who’d been deployed to Iraq twice already.

In Baghdad, the stressors piled up quickly: helicopters kept arriving from the south, burn patients howled, children sometimes died. Lying in bed at night, Kathleen listened to mortars exploding and stray gunfire outside the Green Zone. “It just builds up and wears down on you,” she said. “You’re always in a heightened adrenaline rush.”

Her hands started to tremble then. She mentioned a young boy named Mohammed who died in the Green Zone hospital early on in her time in Iraq, saying only that she felt responsible for his death. “I can’t say more about that,” she said, shaking her head. She then described caring for another young Iraqi who’d lost his legs because of complications from a gunshot wound. She started to understand that he might not survive outside the hospital. She described a creeping feeling of powerlessness. “You get to a point when you can’t take care of everybody,” Kathleen said, her voice quavering. “It’s really tough.” She knotted and unknotted her hands, appearing somewhat blank.

Westrup interjected softly, “Kathleen, are you here?”

“I’m here,” she said. Then she continued: “It got to a point that I was having panic attacks all the time because we’d get a patient in, and I’d be thinking, Oh, my God, they’re not going to survive, and how can I help them stop screaming and not be in pain? It just kept building up and building up. ...”

Then one day Kathleen’s superiors barred her from visiting the young man who’d had his legs amputated, suggesting that she was becoming too emotional. Since the death of the boy named Mohammed, she had been taking Paxil for depression, and about the same time, she said, an Army doctor took her off the medication.

“I went crazy,” she said plainly. “I had a major panic attack. I felt like I couldn’t get enough air.” On the night it happened, she climbed the stairs to the hospital’s rooftop, which overlooked the Green Zone. “We sat up there millions of times, smoking our cigarettes or just shooting the breeze and watching the helicopters coming in and going out. It felt like a safe place.” But when a hospital doctor turned up on the roof, startling her as she gasped for air, Kathleen began to cry. The doctor fetched the senior nurse on call. Believing that Kathleen was contemplating suicide, the nurse had her evacuated first from the roof, Kathleen said, and then from Baghdad altogether.

When I asked if she considered suicide during her deployment, Kathleen answered: “Oh, several times, but I was able to contain those thoughts. What kept me going was the thought of my children, and them not being taken care of if I killed myself.” She did, however, rehearse some thoughts about what would happen if she wandered outside of the Green Zone and deliberately into enemy fire. “I was worried about how children of parents who commit suicide have a higher rate of suicide themselves. I have three teenagers, and I’m thinking, I can’t do that. But if I died because of the enemy, then that would be acceptable. They would be sad, but they could hold their heads high and say, ‘Yes, my mom served – she gave to this country.’”

Everything that happened to Kathleen – her feelings of compassion for her Iraqi patients, the powerlessness she felt in trying to save them, the depression, Paxil and ultimate breakdown – all very easily could have happened to one of her male colleagues. Indeed, she told me she was not the only soldier feeling great stress in the hospital: “We were all facing these struggles,” she said. “There were people that were breaking down crying, nobody was sleeping well. There were a lot of nightmares.” And yet it was Kathleen who was helicoptered out of the war on a stretcher on April 29 last year and returned to Oklahoma, to her three-acre property, her five girls and her husband.

Leaving Iraq and returning home to Oklahoma, Kathleen felt an instant change in her relationship with her daughters. “It was very difficult for me to see them,” she told me. “I thought I would be excited and run to them and tell them I loved them, but instead I was scared. I was scared for them to hold me, to touch me. I don’t know why, because I wanted to really bad. I was afraid for them to see me shake or stutter, not being able to communicate.” She mentioned, with no small amount of heartbreak, that it was hard to

reconnect with one particular daughter, who has dark hair and brown eyes, because “she looks like she could be Iraqi.”

Two weeks after arriving in Menlo Park, she was still baffled by how excruciating family life had become. When her 9-year-old daughter had started shouting playfully while being chased by her 11-year-old in the yard outside, her mind flashed instantly to Iraq. Kathleen said: “It just goes through me and brings me right back. I have a lot of flashbacks. And then I’d have nightmares, afraid that they’d hear me talk in my sleep or yell out, moaning.” She added, “Me and their dad have had nothing but conflict after conflict, because he wants me to be a certain way, and I can’t.” Her children, she said, had begun avoiding her in order not to upset her, asking their father to drive them places, speaking quietly in her presence.

Kathleen started seeing an Army psychologist daily, something she found to be extremely helpful. A social worker at Fort Sill introduced the idea that she might be further helped by the women’s residential program in Menlo Park. Yet having already left her children for most of the last year, Kathleen was resistant to going.

And then came a turning point. One day, when her husband was not around to do the driving, she had the girls in the car on their way to somebody’s team practice, when her 13-year-old daughter tried to offer some encouragement. “She said, ‘Mama, you can get through this; it’s not like you killed anybody,’” Kathleen recalled. “I started crying, and she goes, ‘Oh, my God, you killed somebody!’ I went into another panic attack right in front of my kids.” She welled up at the memory, saying: “That was enough for me. I was like, I’m ready to go. I’m getting through this.”

So far, however, treatment had been a mixed bag for Kathleen, mostly because she was homesick and afraid. She had, however, fostered a great deal of empathy and respect for the other women she’d met, understanding that some had lived with debilitating PTSD for 20 years.

“I came close to leaving here the other day,” she told me. “But the girls just surrounded me. They were like, ‘Don’t leave.’” The women then went on to describe how they lived before treatment – one with security cameras and a security fence at her house, another locked away in her apartment, several having lost their marriages and distanced themselves from their kids. “They said: ‘You don’t want this life. I would give anything to go back to when my trauma was new and to get help with it,’” Kathleen recalled. “And I could see myself 20 years down the road; I would be them. And I don’t want that,” she said. “I love these girls, but I don’t want that.”

VIII. What the Future Holds

Six weeks later, I flew back to California to attend the Women’s Trauma Recovery Program graduation. It was held on a Thursday morning in a wide recreation room on the building’s ground floor. Someone had moved the Ping-Pong table to one side and dragged a number of chairs into neat rows. A modest buffet lunch was laid out along the room’s back wall.

The residents took their seats at the front of the room, having clearly primed for the occasion. They then read poems, held hands, made grateful speeches to the staff and, at the end, played some pensive music on a boombox and bowed their heads, many of them weeping. It was, of course, impossible to know what was in store for any of them. Clearly, they had benefited from the cohesiveness of the group, having met others who were wrestling with the same demons.

There was one notable absence – Kathleen, who, it turned out, left treatment not long after I met her, presumably to return home to her family and military life in Oklahoma. Over the next few months I sent several letters to Kathleen, hoping to speak with her, but got no response. Finally, a couple of weeks ago, she called me, apologizing for her silence. She'd only just received a medical discharge from the Army and felt comfortable talking. She had mixed feelings about leaving the military, since she loved her work as an Army nurse, but felt that the PTSD symptoms kept interfering. She'd spent much of the fall giving vaccinations to soldiers, but after a soldier passed out one day, causing her to panic, she realized she was a long way from being able to handle an urgent medical crisis.

Kathleen also told me that she left Menlo Park last summer after one of her daughters was involved in a minor car accident. "I left treatment because my children were more important than my needs," she said.

What struck me again and again, meeting and talking to female Iraq veterans grappling with PTSD, was their isolation. So many, like Kathleen, seemed uncertain of what to do next. It was as if their mistrust of the world had led them to mistrust themselves. Most were on antidepressants and were receiving some counseling through the V.A., but few had a sense that their symptoms were going away. In Colorado, Amorita Randall was working to regain custody of her daughter - a process that she found discouraging. "Just because I'm disabled doesn't mean I can't care for my daughter," she told me. Recently, after months of waiting, Keli Frasier, the mother in Colorado who had been struggling with depression, finally managed to schedule an appointment with a V.A. psychiatrist to obtain new antidepressants. Across the state in Denver, Keri Christensen said she was still haunted by nightmares and unnerved by driving.

And finally, there was Suzanne Swift, who in early December was given a summary court-martial at Fort Lewis, a hearing normally used for minor offenses. As part of a plea bargain, she pled guilty to "missing movement" and being absent without leave. Her rank was reduced to private, and she spent the next 21 days, including Christmas, in a military prison in Washington State. The Army ruled that in order to receive an honorable discharge, Swift was dutybound to complete her five-year enlistment, which ends in early 2009. After finishing her stint in prison in January, Swift says she checked herself into the inpatient psych ward at Fort Lewis's hospital for a few days but ultimately was released back to duty. She told me she was trying generally to ignore the PTSD but had taken to drinking a lot in order to get by. "I kind of liked the Army before all that stuff happened," she said in early February, on the phone from her barracks at Fort Lewis. "I was good at my job. I did what I was supposed to do. And then in Iraq, I got disillusioned. All of a sudden this Army you care so much about is like, well, all

you're good for is to have sex with and that's it." She added, "I really, really, really, don't want to be here."

The Army had issued an order for Swift to be transferred to a base in California later this spring. Swift was unhappy about the change, because it would take her farther from her family in Oregon, but she was also considering other plans. "Did you know," she said, "that there's some program near San Francisco that's just for women who have PTSD?" She paused for a moment, surrounded by the silence in the barracks at Fort Lewis, then said, "I'm thinking about trying to get in there."

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The Aba Women's Riot, also known as the Women's War (Igbo language: Ogu Ndem), was an insurrection in British Nigeria which occurred in November 1929. The revolt broke out when thousands of Igbo women from the Bende District, Umuahia and other places in eastern Nigeria traveled to the town of Oloko to protest against the Warrant Chiefs, whom they accused of restricting the role of women in the government. It was organized and led by the rural women of Owerri and Calabar provinces. During the events