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I didn't know old Xe was a magician the night I began to be aware of his powers. If anybody had told me there was anything magical going on that night, I'd have told them they were full of crap, and assumed they either had a sicko sense of humor or had been smoking too much Hanoi Gold.

I was in the worst trouble of my life, to date, and had brought someone with me. An eleven-year-old kid lay comatose, barely breathing, on the bed by my chair.

Every fifteen minutes I repeated the same routine.

Right arm, right leg, left leg, left arm, I pulled up a spare lump of flesh from each of the little girl's limbs and pinched hard, silently daring her to kick me or slug me. Then I ground my knuckles into her chest, counted to ten, and prayed for a sign of pain.

A kick or a slap, a whimper or a wiggle, even a grimace would have gladdened my heart. But the kid just lay there, her disproportionately long limbs limp as wet rags, her breathing so shallow that it barely stirred her skinny ribs a quarter of an inch up or down.

I peeled back her eyelids one at a time and dazzled them with the beam of my flashlight, checking to see if the pupils contracted at the same rate, to the same size, or if they expanded at all. If they stayed fixed, or if one was the size of a dime while the other stayed the size of a pencil lead, both of us were in truly deep shit. I had to try them five or six times before I could be sure they were not contracting

more slowly than they had fifteen minutes before. I'd been performing this same cruel routine continuously since she had been wheeled back from O.R., already deeply unconscious. Thank God, they had not yet anesthetized her for surgery.

"Come on, baby, come on," I prodded her encouragingly, as if she were my kid up to bat at a Little League game, and pumped up the blood-pressure cuff that circled her skinny upper arm. I had to pump it and release it three times before the faintest throb of pulse came through the membrane of my stethoscope. Partly that was because her pulse pressure was so weak. Partly it was because the papasan in bed five had started up again.

"*Dau quadi*," he whined ("much pain"), twisting in the padded cuffs binding him to the side rails. He sounded like a night in a haunted house, with the rails rattling like hail on windows, his sheets thrashing like those of a particularly agitated ghost, his bedsprings squeaking like unoiled ancient portals.

"*Dau quadi!*" he shrieked this time, his voice shrill with the hostility head injuries inevitably display when and if they start to heal.

All eleven of the patients then on ward six, the neurosurgery ward, were Vietnamese with some kind of trauma to the head. Most of them were civilians, war refugees. Before, we'd had two poor GIs on Stryker frames. One was a gork—a vegetable, who didn't know that he wouldn't ever move by himself again. The other guy wasn't so lucky. Both of them had been medevaced to Japan that morning, so tonight there were just Vietnamese on this side, them and George, the corpsman, and me. Ginger Phillips, who was officially in charge of the graveyard shift that night for ward six, was staying on the other half of the ward, across the hall. The EENT patients were over there, injuries and ailments of the eyes, ears, nose, and throat, a couple of GIs with sinus infections and a couple more with superficial facial wounds, as well as elderly Vietnamese suffering from cataracts and facial cancer. Men and women were mixed

together on both open wards, which was true throughout the hospital. On most wards the division was between GIs and Vietnamese instead.

Papasan dau quaded again and the old man in the next bed stirred restlessly. I pulled my stethoscope out of my ears.

“Can you shut papasan up, George?” I asked. “I can’t hear a damned thing for the racket.”

George nodded, rose from his semislumped comic-book-reading position, and lumbered sleepily down the aisle between the beds. I waited while he threatened in a gentle, soothing voice to do hideous things to the old man, pulled the gnarled and squirmy body up in bed, and smoothed the sheets. Then I tried again. I could hear the systolic—140—but the diastolic eluded me until the second reading—it was 60. Up 6 points from the previous reading. A widening pulse pressure—the difference between the first throb I heard and the last—was a sign of increased intracranial pressure. But last time the spread had been 144/52, so it had decreased slightly. I hoped I could take that as a good sign.

The girl’s respirations were still so slow and shallow I had to measure the movement of her ribs against the sheet to be sure she was breathing. Her right radial pulse, before slowed to 50, was now 56, but that was not necessarily a good sign. As the pressure on her brain increased, her pulse might start racing as her squashed brain sent wild signals to her heart, panicking it into an essentially useless flurry of activity. I took pulses in both wrists, at both ankles, and at her carotid pulse, at the base of her jaw. They were within two points of one another.

Her Foley catheter was still draining urine from her bladder, her I.V.s were still dripping on course. I wrote everything down on the chart at the end of the bed, sat on the metal folding chair, and used a towel to wipe the sweat off my face and neck.

The sweat wasn’t just from the heat. It was from fear: fear that this child was going to die and I was going to have to live with it, and with myself. The fear soured in my throat and I leaned forward again and took her hand. It was clammy

with sweat. How could I measure intake and output when she was sweating gallons like that, poor baby?

Her bald head was bandaged with a strip of white gauze, like an Indian headband, and her face didn't look like a child's. It looked like death, the high cheekbones jutting through the shiny flesh like carnival apples bleeding through caramel.

Her original problem was a depressed skull fracture. She'd tumbled off a water buffalo, something Vietnamese kids always seemed to be doing. I only wished the water buffalo had sole responsibility for her current condition. But unfortunately for us both, the poor kid had fallen right off that water buffalo into the hands of a numskull nurse, namely, me. Now I was waiting to see if my carelessness had turned her simple, easily treatable injury into something that was going to kill her or make a zombie out of her.

I forced myself not to brood about how unfair it was, not to worry about what they would do to me if she died, or about what I could have done to prevent it.

Instead I held on to her hand and, in my mind, held on to her spirit, apologizing over and over and begging her to stay. "Tran, come on now, baby, keep it together. You know Kitty didn't mean to hurt you, and she's sorry, honey, she's really sorry. Just come on back. That shit of a doctor will fix your head and your hair will grow back and you can go back to mamasan and papasan and eat that bad old water buffalo, okay? Aw, hell, sweetheart, I'm so sorry...."

The old man in the next bed, another depressed-skull-fracture case, with bilateral above-the-knee amputations, shifted slightly in bed so that his head lolled toward us. His name was Cao Van Xe, according to the strip of adhesive that had been taped to his wrist. His arrival had caused something of a stir. Some idiot with Special Forces had called a chopper out to a really hot landing zone just to load this one old man, who was probably going to die pretty soon anyway. The pilot had given the redheaded GI who loaded the old man a piece of his mind, but the man had grinned and waved and walked back into the bush. The object of all

this dissension slackened his lower jaw so that it seemed to drop into a grin.

“What’s with you, papasan? You think I’m as dinky dao as you, huh?”

Maybe it did sound crazy to be carrying on a monologue with first one comatose patient, then another, but in nursing school they taught us that hearing is the last sense to go, the first to kick back in. So I always chattered at my unconscious patients, telling them what I was doing, commenting on what was happening, and musing on life in general, as if talking to myself.

Papasan’s breath emerged in a sort of groan, and I turned in the chair and leaned toward his bed, touching his bony hand. “You okay, papasan?” His other hand fluttered like a bird to his neck and touched what I figured was a holy medal. To my surprise, the hand under mine twisted and caught my fingers for a moment before sliding back to lie flaccid on the sheet.

Well, good. At least somebody was responding. I patted his hand again and turned back, a little more hopefully, to Tran.

No dice. She hadn’t stirred. Her breath was inaudible. I held on to her hand with both of mine and concentrated. I had done this before, while trying to hang on to someone who was dying, collecting my strength, and any other strength I could suck from the atmosphere, God, or whatever, building it into a wave and flooding it through my hands into that person, almost as if I could wash her back to me, back to herself. She lay there quietly, and when I pulled my hands away, her small pale ones had red marks from the pressure of my fingers.

George clomped up, large and olive-drab, his walrus mustache drooping damply at the ends. “How’s it going?” he asked.

“Not good,” I told him. “BP’s a little better, I think. It’s about time for an encore.”

“I’ll do it, Lieutenant. You get a cup of coffee, why don’t you? I just made some.”

“Thanks, but I’ll do it.”

He shrugged and clomped back to the nurses’ station.

As soon as his back was turned I leaned over Tran again, but when I looked into that vacant little face I just lost it. My calm, I’m-in-charge professional mask, the one no nurse should be without when on duty, dissolved. I had to pretend I was wiping sweat away again.

Then I repeated my routine: vital signs, neuro checks, and as many prayers as I could fit in between.

The prayers were for Tran, because I didn’t know anything else to do, not because I’m this holy, religious person. Like all my family, I’ve always been a lukewarm, nonchurchgoing, nonspecific Protestant. People like us pray only on ritualized occasions, like funerals, and when there’s a really big crisis. It isn’t nice to pray for something you want for yourself, according to my upbringing, and God expects you to help yourself most of the time. But this was for Tran, not for me—not mostly. Well, not only me, anyway.

Maybe that was the trouble. Maybe God wasn’t listening because my heart was not pure. Every time I squeezed my eyes shut and started mumbling humble apologies for my sin and error I ended up snarling that it wasn’t *all* my fault. Even though I knew damned good and well I was going to have to take the whole rap. Despite the fact that pre-op orders were supposed to be written, pre-op medications and all narcotic medications double-checked and double-signed. But our high-and-mighty new neurosurgeon had handed down his commands to our high-and-mighty new college-educated head nurse, the twit, who had demanded that I do it, damn it, didn’t I know enough to give a simple pre-op?

I should have. I’d done it often enough. But not pediatric doses, and not on head injuries, not that often. I hadn’t been giving meds long on this ward. And I was so mad at their sheer goddamned pompous arrogance that I kept jumbling it up in my head. I was mad a lot in Vietnam. My best mood, in the heat, with the bugs, and the lack of sleep, and these gorked-out patients, was cranky. But that day I had gotten

so mad that .25 cc of Phenergan turned itself into 2.5 cc of Phenergan. And I gave it to Tran.

As soon they came to take Tran to surgery, I got to thinking that that had looked like an awful *lot* of Phenergan. By then the doctor was on his way off the ward and the head nurse was in a more human frame of mind and I asked her....

Had Tran been anesthetized already, she would have certainly died. The overdose I had already given her, combined with her head injury, was potentially lethal as it was. She was quiet as death when she returned to the ward, and I had been at her bedside ever since, watching for some sign of reprieve for both of us.

I couldn't just blame the doctor and Cindy Lou for the orders. I had to blame myself, too, admit that maybe I was getting rattled, after three long months in what was vulgarly known among staff members as "the vegetable patch." Maybe it was the Army's fault for sending a sweet young thing like me to Nam. But one thing for sure: it wasn't Tran's fault, and she was the one who was going to die. I tried to explain all of that to God to account for the impure static in my prayers. Unfortunately, there were a lot of distractions that kept me from formulating a really good defense.

"Beaucoup dau!" This time it was bed seven, a fourteen-year-old boy whose Honda motorbike had collided with a tractor-trailer unit. The boy had a broken arm as well as a busted head. Once more George's jungle boots slapped wearily down the concrete floor.

Somewhere in the distance, mortars crumped. Outgoing. I knew the difference now: what was incoming, what was outgoing. After 124 days in country, I was fairly blasé about anything that wasn't aimed specifically at me, despite the fact that another nurse had been killed by a piece of a projectile just before I arrived in Nam. Mortars bothered me no more than receding thunder, ordinarily.

But, God, it was hot! This had to be the only country in the world that didn't cool off at night. I finished Tran's neuro checks and vital signs again and tried to touch my toes with my fingertips. My uniform was sticking to my skin

and my hair stuck out at all angles, I had run my hands through it so much.

Pain boomed through my skull louder than the mortars and probed at the backs of my eyeballs. The odors of the ward were making me faintly nauseous. The smell of disinfectant and an Army bug spray so strong that when I accidentally used it on the telephone it melted the plastic was bad enough.

But the reek of pot drifting in from the Vietnamese visitors' tent, a shelter set up between the neuro side of ward six and the general-surgery side of ward five for the families of our critical patients, was potent enough to give an elephant a contact high from half a mile away.

At least the disinfectant and the pot smoke covered up the aroma of the scenic beach, which stretched beyond the hospital perimeter, between the barbed wire and the South China Sea. It was off limits to us because it was used as a latrine by the residents of the villages on either side of the compound.

The smells were something everyone complained about a lot. When George had gone on his R&R to Australia, he said he'd felt light-headed getting off the plane and figured out it was because he wasn't used to clean air anymore. He said he had to poke his nose into a urinal for a while until he could adjust to the change in air quality.

My own headache made me wonder about how Tran's head felt, with all that pressure in her brain. By now the bone fragment pressing into her head could have been gently lifted, she could have been recovering.

Since they'd brought her back, I'd replayed the scene in my head hundreds, thousands of times, hearing bits of their snippy put-downs. Next time they could write down their goddamned orders as they were supposed to, so a person could read them, or give the medicine themselves, and the hell with Army wrist-slapping and nasty pieces of paper with snotty words like "insubordination." Better to go head to head with them than this. At the same time, in the back of my mind an accusing voice wondered if I hadn't overdosed Tran

while entertaining some adolescent subconscious desire to “show them”—Chalmers and Cindy Lou—what happened when they didn’t listen to me. The idea scared the hell out of me, and I shoved it away. I was a nurse, a helping person, a healer. The whole thing was a mistake. I hadn’t realized the difference in dosages. I’d never harm a patient out of spite. Gutlessness, maybe, being too chicken to challenge orders until I was sure of what I was doing, but that was different, even if the results were the same. Sure it was.

She had to live. She had to. What in the hell could I do to get some response out of that floppy childish body? The hard thing about somebody you’ve met only after they’ve nearly been brained is that you don’t have any idea what you can promise them to induce them to do what you want. What did this kid like? What was her favorite color, her favorite toy? Did she even have any toys? Was a water buffalo a Vietnamese kid’s teddy-bear substitute? How would she look in a pretty dress? Would she get a kick out of wearing a funny hat while her hair grew back? Would her hair have a chance to grow back?

And why in the hell would she listen to me anyway? I tried to concentrate on my prayers, visualizing not some holy heavenly father in a long white beard but other patients I had been close to, people I had comforted as they died. Nice people. I saw their faces as if they were watching over Tran with me. Mr. Lassiter, a kind man with a daughter a year ahead of me in nurses’ training. When the doctor told him he had lung cancer, I’d held him in my arms while he cried and tried to get used to the idea. Later, when the cancer bit into his brain and he began doing weird, sometimes obscene things, I led him back to his room and talked to him and soothed him while he talked nonsense, and I remembered who he really was while he acted in ways that would have mortified him if he’d known. Mr. Franklin, an incontinent old man who was in a coma with a high fever all the time I cared for him, but who made me wonder, until he died, where *he* really was, and was he feeling the pain of the hideous bedsores that ate up skin and fat and muscle. And the baby

born with its insides so scrambled we couldn't tell if it was a boy or a girl, but whom I rocked and eventually persuaded its mother to rock before it died. Those people were who I was really asking to help Tran—they and the handful of my own friends and relatives who had died before I came to Nam. I thought about all of those people, visualizing them as a cross between ghosts and angels, relieved to be free of suffering and looking down at us with a sort of benign interest. They wouldn't be overly anxious to have anyone, especially a child, join them prematurely. "Do me a favor, folks," I urged them. "Nudge her back this way."

Old Xe stirred, and I realized I'd been babbling aloud. I stood and stretched, my bones creaking louder than the mortars, and leaned over him. He didn't seem comatose now so much as dreaming. The fingers of his right hand still gripped the medal thing to his hairless chest. He mumbled a word and groped toward me with his left hand. I thought again of Mr. Lassiter, who mistook me for his daughter in vaguer moments, and gave papasan my hand to hold. He grasped it with a power that was surprising in someone whose bones looked like a bird's.

Whatever he was dreaming, it must have been intense, because he held on to me as tightly as if it were a matter of life and death that we remain connected. I stayed there as long as I could. It made me feel a little stronger, a little more confident, to provide even such a small measure of comfort. I thought that was what I was doing, at the time.

When I tried to pull away, his hand clenched over mine so tightly his ragged nails bit into my wrist. Well, the beds were on wheels. I tugged them a little closer together and counted Tran's respirations, then checked her pulses and pain reflexes with one hand. The old man refused to relinquish either my hand or his holy medal. The wrinkles of his forehead and between his eyes deepened, as if he was concentrating. As I knuckled Tran, I thought I felt her stir slightly.

I was reaching for the blood-pressure cuff when the other patients started up again.

"Trois oi! Trois oi! Trois oi!" (Omigod, omigod, omigod!)

The old lady from bed fourteen padded toward the desk, holding her head. "Beaucoup dau," she complained to George, who headed her off halfway down the aisle.

"Mamasan, you just have numbah one pill. No more now."

"Beaucoup dau," she insisted, showing her betel-blackened teeth. She was not used to taking no for an answer. The interpreter said she was the scourge of the marketplace in downtown Da Nang. She'd been clobbered with a rifle by an ARVN guard who wanted some trinket from her shop. She was lucky he'd hit her in the head, where she was well armored by a thick skull. If he'd hit her in the abdomen, he might have killed her.

Leaving George to handle her, I pulled away from the old man to take Tran's blood pressure. When I pried my hand loose, old Xe's hand, as if worn out from the exertion of holding on to mine, flopped between the rails and brushed my back.

I dreaded starting the neuro checks again, and my hands fumbled as I lifted Tran's lids to check her unseeing pupils. If she died, nothing would ever be all right for me again. I wished I could trade places with her. My own skin crawled when I pinched hers, my own lids twitched when I lifted hers, and I felt a knot in my chest when I knuckled her.

I apparently felt more than she did. "For Christ's sakes, Tran, that must hurt like hell. Snap out of it. Come on, kiddo, wake up." The breath eked out from between her lips with little sighs. I wanted to smack her awake, anything, just so she'd move. *That* would be compassionate and helpful, now, wouldn't it, nurse? Shit. I just wasn't cut out for this. I was okay with the gallbladders, cancer cases, and geriatric patients I'd cared for while I trained in Kansas City, but we just hadn't had a lot of skull fractures, traumatic amputations, or people with parts of them shot and melted away. I could take each case individually, but the collective weight was driving me down until I was simply too tired and depressed to try anymore. I was merely going through the motions, reacting automatically, leaving myself and my patients wide open to something like this.

The old man's hand brushed my hip and I swiveled around and looked at him suspiciously. He seemed the same as before, one hand still clutched at his sternum, the other now curled against my waist. Another mortar crumped and the bedlam in the ward broke loose again.

“*Dau quadi!*”

“*Beaucoup dau, co!*”

“*Troi oi! Troi oi! Troi oi!*”

I tucked the old fellow's hand against his side and stroked Tran's arm as if she needed soothing, not I. Through one of the three windows set high in the curve of the corrugated wall of the Quonset hut ward the sky was streaked with lemon, turquoise, and deep purple. Dawn was dawning and everybody on the ward seemed to have something loud to say about it.

“Jesus Christ, George,” I said, stilling Xe's questing hand by holding it again, “can't you at least get them to do it in harmony?”

George grunted and rolled his eyes above his *Archie* comic.

Maybe the noise wasn't really loud enough to wake the dead, but then again, perhaps all that restless energy was contagious. Because this time, when I knuckled Tran, her mouth twisted and from it came a thin cry, like the kind that comes from a baby doll when you squeeze it.

I mention that incident for several reasons. I guess the first is to get it out of the way and tell it myself before anyone else does. There are those who may use that particular medication error to hint that I was an unstable nurse, which, of course, I was, and that my judgment was faulty, which it also was. However, I think it's important to note that my initial assessment of how the situation should be handled was rejected, which was also the case later, with Dang Thi Thai. That's what made me realize how powerless I was to do what I knew was right, and what made me take Ahn's case into my own hands. Maybe in a war situation there's no way to avoid tragedy, but I was trying, at least, to do

what I thought was right. But most important of all, Tran's case was the first unknowing link between Xe, the amulet, and me, and what led to my transfer. And that, of course, led to everything else.

Tran's vital signs had stabilized by the time the day shift came on, and she was reacting to painful stimuli again. She was rescheduled for surgery that afternoon. I was scheduled for a meeting with Lieutenant Colonel Letitia Blaylock, the Chief Nurse of the hospital, that same morning.

I wasn't afraid of Lieutenant Colonel Blaylock by that time. As long as Tran didn't die from my carelessness, there wasn't really very much the Army could do to me that would be as hard to take. And after twenty-four hours of bedside-hovering, I was too drained to take much of anything except sleep seriously, least of all the good colonel.

A couple of weeks after Lieutenant Colonel Blaylock arrived at the 83rd there'd been a mass casualty situation—one of the biggies with chopper after chopper of mutilated people, both Vietnamese and Americans. One corpsman covered all but the most hard-pressed wards while every other available person spent the night in the E.R., cutting bloody clothing off patients, applying pressure bandages, starting I.V.s, giving meds, and going over surgical checklists. By the time I finally returned to neuro, it was almost time for the day shift to come on and I was drinking coffee, catching my breath, and waiting. The new patients were all taken care of, all I.V.s, catheters, and chest tubes were patent, and I felt we'd all done a good night's work. Lieutenant Colonel Blaylock arrived early for an inspection of the ward, her carefully smoothed, former-model-perfect features contracted in the barest hint of a frown; I was sure I couldn't be the cause, as hard as I'd been working that night. She toured the ward slowly and stopped several times to look at patients. In the middle of the ward she lifted her arm to summon me to the bedside of an elderly rice farmer who had been hit in the head by a bomb fragment.

"Lieutenant McCulley, I would like to know why this man's toenails are so filthy," she said sternly.

“Because he’s worked in the rice paddies all his life, I guess, ma’am,” I said. “He’s been bathed, like everyone else.”

“That is not enough,” she said, her voice soaring above my fifteen new I.V.s. “I want these Vietnamese patients properly cleaned. It is our original mission to take care of these unfortunate war casualties, as you no doubt know, since you have been in country longer than I.”

What do you say to a colonel who insists on a damn-fool thing like that when you come to the end of an awful night? “Yes, ma’am,” I said, but neither I, nor other personnel to whom she had amply demonstrated her deficient grasp of priorities, had much respect for her.

Nevertheless, she was the Chief Nurse. And this time she had something legitimate to yell at me about.

Yelling, however, was too coarse for the colonel. Instead, when she had released me from my stance at attention and bade me be seated in the metal folding chair allotted visitors to her office, she smiled a smile of sweet patient understanding. That made me far more nervous than if she’d yelled. I had learned to beware of smiling colonels at Fitzsimons, where I inadvertently got caught in a political battle between two of them.

I sat. The metal folding chairs used throughout the hospital compound in deference to our unit’s “semimobile” status always reminded me of funeral parlors. When I was little, every time you went to an ice cream social at church or a school assembly, the folding chairs brought in to seat the multitudes were stamped with the name of the Peaceful Passages Funeral Parlor, from which they had been borrowed. They seemed an amenity particularly suited to Nam, where Uncle Sam and Uncle Ho were running such an enormous wholesale client-procurement racket for the funeral business. Although, in country, disposal of the dead was not expedited by agencies like Peaceful Passages with hushed tones speaking of loved ones. Here the departed were shoved into body bags, if there was enough left to bother with.

I suppose sleeplessness and release from tension caused

me to drift into such thoughts instead of the trouble at hand. Because when I had composed myself, I saw that the colonel's smile was wearing pretty thin. She blinked, the dried glue of one of her false eyelashes giving way and detaching itself a teensy bit at the edge. The colonel had been a runway mannequin in New York before going into nursing, as she was fond of saying at parties, little realizing she gave us much fodder for cruel puns back in the barracks. Her modeling experience had to have been fifteen or twenty years ago, though, sometime before her makeup had petrified into varnish. Still, her years of charm school had imbued her with a poise that wasn't even challenged by dealing with delinquent second lieutenants.

I would have found a firing squad led by General Patton infinitely more reassuring than that *Vogue*ish smile.

"You do realize, do you not, lieutenant, that you are a dangerous nurse?"

"Well, yes, ma'am, but I did ask for a written order—" I began.

"The doctor gave you an order, Lieutenant McCulley. You were supposed to follow it. Instead, you administered ten times the prescribed medication. Didn't they teach you dosages and solutions in nursing school?"

"Yes, ma'am, but—" But that had nothing to do with it. I was not told to figure the proper dosage from the child's weight. I had been given a specific order that was incorrectly transmitted or received, I still wasn't entirely sure which. Had it been written, there would have been no question, and no error. But I was not going to get a chance to make even that meager point.

The colonel overrode my objections. She knew what was needed to mend the situation. Busy work. "Apparently you need a refresher course. You will report to my office during your lunch period until I am satisfied that you know how to properly compute them."

"Yes, ma'am," I said.

"Meanwhile, I'm afraid I must agree with Dr. Chalmers that despite your training in advanced medical-surgical

nursing, we can't continue to risk entrusting you with such seriously ill patients."

"Yes, ma'am." Well, of course that was right. I was definitely feeling too shaky to work on the neuro ward anymore, particularly with Chalmers and Cindy Lou. But it was stupid of Blaylock to ignore Chalmers's share of the responsibility for bullying me out of verifying his order. If he could do it to me, he could do it to others, with results just as disastrous. I was not the only insecure, half-baked nurse who would ever work at the 83rd.

On the other hand, she wasn't in charge of him, she was in charge of me. And he *was* the doctor. Anything I said would only make it look as if I was being defensive, not taking criticism cheerfully, as they say on evaluation forms. I had only to look at Lieutenant Colonel Blaylock's face and listen to her voice to know that the arguments clenched behind my teeth would be construed as sniveling and caviling.

Why was it that when I was called on the carpet I felt as if John Wayne and every grain of sand on Iwo Jima would descend upon my head if I tried to explain myself? When I tried the colonel's roughshod tactics on some of my alleged subordinates, like the guys in the lab, they told me to stick it in my ear, it didn't mean nothin', and they weren't *e-ven* going to listen to no butter-bars lieutenant. Maybe I ought to take lessons from them instead of the colonel, I thought. I was no good at totalitarianism. My voice betrayed my age and inexperience. In my taped messages to my folks, my lisp made me sound like a third grader.

Obviously, I wasn't the kind of officer men or anybody else followed to hell and back. If Blaylock had been chewing out John Wayne or Jimmy Stewart, they'd not only convince her to exonerate them and court-martial Chalmers, but would come up with some new strategy that would win the war. Those kinds of guys never have to question how much of the blame is theirs. They're never wrong.

But right then it was rapidly dawning on me that I was wrong about more than Tran's Phenergan dosage.

Why, oh why, had I ever gone into nursing and joined the Army?

When I was a kid, I'd dreamed of being either a world-famous mystery novelist or a Hollywood costume designer. I wrote stories and doodled elongated models in glamorous getups during idle time in school. But what I wanted to be when I grew up was eclipsed by wondering if I'd get the chance.

Almost every week we'd have civil defense drills at school. The fire bell would ring and our teachers would herd us into the corridors, assumed to be the safest during bombings, or direct us to huddle under our desks. We listened to the mock alerts on the radio and memorized the conelrad call letters. At home, my mom and dad wondered if the cellar, which made a good tornado shelter, would also be effective against atomic bombs. On TV, Russia threatened us, then we threatened Russia, Khrushchev pounded his shoe on the table, and nobody seemed to be able to get along. War with the Reds was inevitable. I'd be walking home from school, enjoying brilliant autumn leaves or a fresh snow, and all of a sudden hear a thunderous explosion that rattled nearby windows. I'd check the sky, see the telltale jet stream, and relax. Just a jet breaking the sound barrier again. But I was afraid that one day I'd hear a sound like that and there'd be no more leaves, no more houses, no more cellar, no more school, no more Mom and Dad, and no more me or anything else. No matter what paltry precautions the adults tried to take, from what we kids had seen of the films of Hiroshima and read about the new, improved destruction perfected by atomic tests, nothing was going to do any good. If they dropped the Big One, the only thing to do was bend down, put your head between your knees, and kiss your ass good-bye.

Later, I read *On the Beach* and began thinking about what I would do if I wasn't vaporized. I'd have to be useful, that was for sure. Know how to do something the other survivors couldn't get along without. If I was designing costumes or writing stories, I'd be one more mouth to feed.

But if I went into nursing, like my mother, and knew how to take care of people, I'd be valuable.

Vietnam had been a pimple of conflict when I entered training, but by the time I was a senior, it was obviously another of those undeclared wars like Korea. The military actively recruited student nurses. I was short on money to finish my senior year, and tired of being broke. I was restless, too, and wanted out of Kansas City. I didn't approve of war, God no. But Vietnam seemed to be a comparatively piddly conventional war with men and guns and tanks and stuff, like most of World War II, instead of nuclear warheads. I was so grateful that the world was restraining itself that I felt a rush of patriotism unmatched since the last time I'd watched the old movie about George M. Cohan. Surely, if I joined up and took care of casualties, I wouldn't be helping the war, I'd be repairing the damage as it occurred and doing my bit to keep the war contained until we could win it, without recourse to monster bombs. I never thought I'd actually end up in Vietnam. I'd have to volunteer for that, I was told. But on my first assignment, I ran afoul of one of those colonels I mentioned before, and discovered that I had been volunteered whether I liked it or not.

My mom had a fit, but after six months at Fitzsimons taking care of casualties and hearing my patients' war stories, I was curious to find out what really *was* going on in Vietnam. And it wasn't as if I'd actually be risking my life, really, not the way the men were. Female nurses were stationed only in the more secured areas, well protected by several thousand of our finest fighting men. I'd be able to test my ability under emergency conditions, be in the thick of things.

My skill had gotten tested, okay, and I'd flunked. Instead of getting sharper, I seemed to be losing what efficiency I'd had when I graduated second in my nursing school class. I had not, even at first, conned myself into thinking I was going to be another Nightingale, but neither had I anticipated becoming the Beetle Bailey of the Army Nurse Corps.

Apparently the distress from that notion showed in my

face sufficiently to satisfy Blaylock, for she was now ready to deliver her coup de grace.

"After giving it some thought," she said, "I've decided to transfer you to another ward." She said "transfer," but her face said "banish." "Major Canon needs help on ward four. You'll start tomorrow, on days."

Ward four? Glory hallelujah, I must have overprayed. God not only helped Tran but delivered me from mine enemies as well. I felt like falling to my knees and begging Blaylock to please, please, Brer Colonel, please don't throw me in that brier-patch, just so she would be sure not to change her mind and spare me. Ward four was orthopedics. All the patients there were conscious. You could actually talk to them. You could actually watch some of them get better. You didn't run the risk of nearly killing them every time you gave them a cotton-pickin' pill.

"Yes, ma'am," I said, trying to hide my smile and refrain from clicking my heels together until I was safely away from her office.

"Dismissed," she said.

I felt so giddy with relief that I was ashamed of myself, so I chastised myself by sneaking back onto neuro for another look at Tran. Chalmers and Cindy Lou were at the far end of the ward.

Tran was making up for her lack of activity for the preceding twenty-four hours. She'd wriggled halfway to the foot of the bed, her feet pushing the sheet overboard to drag the floor. I slid my arms under her hot little back and boosted her up again. She was so light she felt hollow. She let out an irritating but relatively healthy wail. I smoothed her covers and wiped the sweat from her knotted forehead. "Give me hell, sweetie, but thanks for not croaking," I whispered to her.

In the next bed, old Xe lay quietly with his hands over his chest. The deep frown lines I had noticed earlier were smooth now, his wrinkles gentle as the furrows made by wind through a wheat field. The dreams that had disturbed

him earlier seemed to have quieted, and his sleep was peaceful.

Chalmers and Cindy Lou trotted up the ward with bundles of charts tucked officiously under their arms, the two of them looking for all the world like Dr. Dan and Nancy Nurse. They exchanged a look that pointedly did not acknowledge my unclean presence.