Female Nurses in American Wars

HELPLESSNESS SUSPENDED FOR THE DURATION

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The role of women in future U.S. military plans has prompted a good deal of public controversy and debate. Recent events such as the first graduation of women cadets from the service academies and attempts to include women in a draft registration plan give the controversy a sense of immediacy. Decisions must be made soon with regard to what women can and cannot do in the armed services. The most difficult point for resolution comes in consideration of the role of women in combat. Debate on the role of women in combat has been carried on with little reference to the proven capacity of American women in rendering essential combat support in times of war. Since 1898, trained female nurses have been used in dangerous, wartime locales, where they acquitted themselves nobly under the most difficult conditions. Nevertheless, the combat experiences—even the existence— of U.S. military nurses has been ignored by those concerned with the potential of women in combat situations. A recent article on sex integration in the military began by noting that 1942 legislation creating the Women's Army Auxiliary Corps permanently authorized women in the U.S. Army.[1] In fact, the 1942 legislation authorized only a temporary role for the WAACs, but Congress did, in 1901, authorize a permanent role for female nurses in the Army and, in 1908, for the Navy. Given the lack of scholarly work on the military nurses, the mistake is not surprising. A large-scale bibliography of *Women in American History*, published in 1979, lists not a single reference to the role of nurses in wartime.[2] As the

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oldest women's service corps with the greatest experience in combat and its immediate aftermath—the wounded and the dying—the nursing corps demand examination from those concerned with the future of women in the military.

This group of American women has proved its ability to undergo physical hardships equal to those endured by fighting men and to withstand the pressures of combat situations. But an evaluation of the wartime work of military nurses exposes a pervasive and unacknowledged incongruity between the often idealized perception of the nurse's role and the harsher reality of what she has been expected to do. Official statements and popular sentiments about wartime nurses consistently have sidestepped full recognition of the nurse's role in combat. In addition, the organization and traditions of the nursing corps have virtually guaranteed that the military nurse must remain satisfied with half measures occasionally granted in recognition of her contributions to U.S. military efforts.

This article addresses three questions: What has been the histrical record of U.S. military nurses in combat? How have popular opinion and official policy interpreted the role of the military nurse in wartime? Finally, how can we explain the incongruity between the actual role of nurses in combat and the role ascribed to military nurses by popular opinion or official policy? None of these questions is easy to answer because so little research has been done; many essential facts relating to the work of the military nurses remain unknown. Not a single official or scholarly history of the military nursing corps has been published, and many of the pertinent records remain sequestered in semiclassified status or inaccessible locations. Nevertheless, a vast amount of available if untapped material allow us to proceed into a preliminary investigation of the role of nurses in combat.

The historical record of U.S. military nurses' services during wartime has been solid and distinguished and has spanned eight decades. In order to understand the extent of nurses' role in war, we must accept that large-scale combat engenders many dangers other than enemy-inflicted wounds. If war were limited to the exchange of blows and gunfire, it would not be too different from a medieval tournament. However, disease, psychological strain, physical exhaustion, and spartan living conditions as well as battle wounds threaten the health and effectiveness of combat troops. U.S. military nurses have shared all of these wartime dangers and have performed rationally and competently under the most adverse circumstances. To be sure, military policy has attempted to protect female personnel from the brunt of battle, yet unforeseeable

events often have placed nurses in mortal danger from enemy action. In addition, the military services have encouraged their nurses to volunteer for special duties in areas known to carry great risk of enemy attack.

In the spring of 1898, the U.S. Army authorized the Daughters of the American Revolution to recruit and screen trained female nurses for work in military hospitals.[3] As a result of the work of these nurses during the Spanish-American War, political and military authorities concluded that an effective, combat-ready fighting force required the services of trained female nurses. Actual fighting in the war lasted only a month, resulting in few combat casualties. However, the large mobilization and internment of troops—about 200,000— in poorly prepared, temporary camps in the South during the summer months led to uncontrollable epidemics of typhoid, malaria, dysentery, and yellow fever. Disease was the real enemy in this war, claiming the lives of 5438 soldiers (compared to 968 combat deaths), and contract nurses were the infantry units used to fight that enemy.[4] Over 1,500 nurses volunteered to work in the camps, but their number was always inadequate for the huge influx of patients requiring intensive nursing care. Living quarters and sanitary arrangements for the nurses were primitive and dirty. Nevertheless, these nurses worked unceasingly to relieve the sufferings of their patients. Our imagination is probably inadequate to comprehend what the nurses were expected to do: to provide for the feeding and cleaning of thousands of men suffering from debilitating diseases; to assist the physicians in surgery and in monitoring the patients' conditions; and to comfort and reassure the afflicted—all without enough water and human resources, and in a subtropical climate. The nurses enjoyed no natural immunity from the diseases themselves; about 10% succumbed to one disease or another, and thirteen nurses died.[5]

Before the end of the war, it was clear that the army medical system was inadequate and mismanaged. In September 1898, President William McKinley appointed a commission to investigate the conduct of the War Department in the war with Spain. This commission, called the Dodge Commission after its able president, Major General Grenville M. Dodge, USA (Ret.), considered a vast amount of testimony that dealt with the work of the female nurses. Evidence as to the superior ability of female nurses was commonplace. Dr. Nicholas Senn, Chief Surgeon of the U.S. Volunteers, declared:

> During the four trips I made on the hospital ship *Relief*, to and from Cuba and Puerto Rico, I had ample opportunity to compare the work of the male and female nurses, and I have no hesitation in speaking in decided

> terms in favor of the latter. Nursing is woman's special sphere. It is her natural calling. She is a born nurse. She is endowed with all the qualifications, mentally and physically, to take care of the sick. Her sweet smile and gentle touch are often of more benefit to the patient than the medicine she administers. The dainty dishes she is capable of preparing, as a rule, accomplish more in the successful treatment of disease than drugs. Her sense of duty and devotion to those placed under her care are seldom equaled by men.[6]

Other physicians also testified that the nurses provided superior service to that given by the untrained and unmotivated enlisted men. They found the nurses efficient and circumspect in their social interactions with the men. The Dodge Commission concluded that at the beginning of the war there had been a lack of recognition of the value of women nurses and recommended that the medical department create a reserve corps of trained women nurses "ready to serve when necessity shall arise." Objections to using female nurses were voiced by a few conservative army doctors who feared that the nurses coddled the patients too much. The Surgeon General feared that this coddling, characteristic of the

> female nurse in caring for male patients, has become more accentuated in her treatment of the sick soldier, through some maudlin sentiment; as a consequence, I find that many men apply for treatment, who under normal conditions would never think of going up to the hospital.[7]

However, these objections were overrulled in the general appreciation of the value of trained female nurses to a war effort. The permanent Army Nurse Corps came into existence on February 2, 1901;[8] the Navy Nurse Corps came a few years later, in 1908. Nowhere in the hearings or in published memoirs written by soldiers or doctors were the nurses praised for their physical stamina and courage in accepting the onerous burdens of military nursing. Sweet smiles, gentle touches, and dainty dishes were the focus of male appreciation, yet one wonders how many dainty dishes were prepared in the sweltering sun over Camp Thomas, in Chickamauga Park, Georgia.

Although some nurses were sent to Cuba in 1898, not until World War I were American military nurses subjected to battle-related dangers. The horrors of trench warfare from the soldier's point of view have been well documented and publicized; the nightmare of nursing the sick and wounded behind the front lines has been ignored, although several nurses have left vivid accounts of their experiences. The women

of the Army Nurse Corps assigned to European hospital units were, at various times, threatened by poison gas attacks, forced to seek shelter from shelling, consistently exposed to the same communicable diseases that afflicted the soldiers (especially influenza), subjected to squalid and verminous living conditions, and, perhaps more intensely than the combat troops, required to witness the pathetic results of the physical violence of modern warfare.

The artillery and explosive devices used in World War I produced massive, ragged wounds, highly vulnerable to infection. Shell shrapnel could cut across multiple organs in a single hit, and the rotary motion of the modern jacketed bullet reduced soft tissue to a devitalized pulp, which quickly succumbed to necrosis. Amputation was the first defense against infection. Because of inadequate antiseptic techniques, these wounds could not be quickly closed and bandaged. Complicated and time-consuming irrigation of open wounds with a weak chlorine solution was the nurse's job. Many of the soldiers were mercifully unconscious through the worst of their ordeals, but the nurses saw and smelled it all as they helped to hack off shattered limbs and tried to clean mangled flesh.[9] As if the destruction caused by explosives were insufficient, poison gas delivered terrible burns to skin, eyes, and lungs; the nurses who handled the gas victims frequently burned their own hands from the residue of gas found in the patient's clothing.[10] No matter how thorough a nurse's training before the war, nothing could have prepared her for the violent assault on her sensibility caused by wartime nursing.

Little has been written on the work of the Army Nurse Corps in the war and still less has been said. Although the ideal ratio was one nurse to every ten patients, the records show that at one time a hospital in Savanay, France, had 59.5 patients to every nurse; in another, 150 nurses were caring for 9,000 wounded. During the great Meuse-Argonne offensive, all hospitals in France were short-handed, while the demands due to the great flu epidemic in the United States were even more serious.[11] Often the members of the Army Nurse Corps worked until they themselves became patients, sometimes with fatal results—296 nurses died during their military service. (None was killed in action, although three were wounded by enemy fire, two of whom subsequently died.)[12] Fewer than 10,000 military nurses ever reached Europe during the war, and fewer still served with the surgical teams assigned to the front-line areas. As in the Spanish-American War, even nurses assigned to stateside duty had to survive in conditions little better than those provided for the infantrymen and had to work 14- to 18-hour days for

weeks at a time. Although the Army Nurse Corps provided most nursing services during the Great War, the smaller Navy Nurse Corps, with less than 1,500 members, also firmly established their devotion to duty, constant sacrifice, and courage.

Official recognition of the military nurse's important role in combat support during World War I and of her subjection to the risk of combat situations came in oblique references and grudging acquiescence to limited reforms regarding the nurse's place in the military world. In August 1918, the Treasury Department ruled that army nurses captured as POWs by the Germans would not be paid during their incarceration. The reasoning behind this discriminatory ruling was vague, as there were no recorded instances of nurses having been captured. Nevertheless, it did indicate a recognition, of sorts, that the military nurses were in jeopardy from enemy action. A groundswell of moral indignation over this decision caused Treasury officials to reverse their judgment.[13]

After the war, civilian nursing leaders throughout the country mounted an intensive campaign to win commissioned officer status for army nurses. The nurses argued that the army nurses needed rank to increase their efficiency in military hospitals. Numerous testimonies were collected indicating that nursing quality was impaired because enlisted men who served as aides and orderlies questioned the nurse's orders or refused or delayed compliance. The War Department and Surgeon General's office fought against granting the women rank, contending that it would be improper to give women rank that might give them hierarchial superiority to male officers. One opponent of the proposal felt that "the womanhood of the nurse gave her more power than the highest rank could confer."[14] Most of the surgeons who actually served with the nurses supported the cause of giving them rank in the armed forces. Even General John J. Pershing, Commander of the American Expeditionary Forces, lent his support. In an exchange with an argumentative representative, the general summed up the impotence of the nurse's position: "If we would give nurses guns, we would not need to give them rank."[15] Many objections were posed based on the assumption that military rank sould be reserved for those engaged in combat. In an endorsement of the nurses' right to military rank, ex-President William Taft alluded to the nurses' combat role: "There are many uniformed in the Army with commissions who will never be exposed to as much danger and who are no more necessary in the military establishment."[16]

When the civilian nursing leaders realized that support was not sufficient to win commissioned status, they settled for relative rank, which entitled military nurses to the nomenclature and uniform insignia of officer ranking. As a result of their wartime experiences, American nurses recognized the need for the nursing corps to be integrated into the military in a more systematic fashion, with clear delineation of their authority and position in the military world. Relative rank did not solve all their dificulties, but it accustomed the public and the military to think of the nurses in terms of having a permanent role and specific place in the constellation of military hierarchies.

If officials gave only limited cognizance to the dangerous wartime work of military nurses, popular attitudes and understanding of the military nurse's role in World War I revealed even less congruity with reality. The Red Cross assumed responsibility for recruiting trained nurses for military service. The pictures of nurses used on recruitment posters emphasized the saintly, spiritual image of the wartime nurse; this same inspirational, angelic aspect of nursing the wounded was seen in countless cartoons and magazine covers of the era. One cartoon that appeared in the *New York Tribune* featured a nurse interposing herself between a recumbent, wounded soldier and the threatening, robed figure of Death lurking in the foreground. A very effective Red Cross Christmas roll call poster used a nurse-figure quite prominently: in a pose identical to the famed *Pieta*, a nurse cradles the diminutive, bandaged form of a soldier on a stretcher. The accompanying motto was: "The Greatest Mother in the World." Another cartoon, inscribed "The Angel of Life in the Valley of Death," featured an ethereal, illuminated nurse-figure standing and pointing the way for a group of fallen soldiers in no man's land. In all the recruitment posters reviewed, the nurses were draped in gauzy, spotlessly white uniforms with nun-like coifs and veils.[17]

The rhetoric of campaigns to motivate young women to become nurses reflected the incongruity between the work expected of the military nurse and the popular perception of her role. Franklin Martin, of the General Medical Board, toured the country trying to recruit nurses, and in Grand Rapids, Michigan, on October 2, 1918, he portrayed the work of nurses in war as a natural extension of woman's maternal and domestic responsibilities:

> Nowhere else has woman come into her own as in the profession of nursing. The personal service, the devotion to duty, the sense of

> responsibility, the delicacy of touch, the maternal instinct, the rare intelligence, the home-making aspiration, each is a part of the normal woman and an attribute necessary for a normal nurse . . . .
>
> This war has done much—if anything else were needed to establish woman as a nurse—forever to place women in front ranks of the profession of nursing, in the care not only of the civilian sick, but also of our soldiers wherever they may be, in No Man's Land, in casualty clearing station, in base hospital, or undergoing rehabilitation at the rear.[18]

Dr. Martin did not draw his audience's attention to the violent environment and danger surrounding the nurse as she applied her delicate touch to mutilated stumps and grossly infected tissue.

The young film industry enlisted in the service of wartime propaganda and produced dozens of war films during the years of conflict. Many great actresses of the day appeared as nurses in these silent features: Mary Pickford, Lillian Gish, and Theda Bara, to name a few. The image of the wartime nurse in these films revealed an amalgamated and contradictory view of the military nurse, much in keeping with traditional stereotypes about nurses. Few films featured nurse characters in military uniform, although the Army Nurse Corps did have an outdoor uniform by the time the nurses were sent overseas. Although little attempt was made to associate nurses with the armed forces, nurse characters frequently were shown taking an aggressive role in the war, performing tasks unassociated with nursing, such as spying and leading rescue parties into no man's land. Clearly, female courage and physical bravery were much prized, at least in the cinema stars. The American public thrilled to the exploits of Mary Pickford in *The Little American* (1919), as she bravely faced down the evil German officers who threatened her and her charges. Sweet Nanette in *Heart of Humanity* (1919) risked her life and her virtue to save a crying child from Huns' brutality. Daring Adele, in a film of the same name (1919), led a rescue mission to save her wounded love who was stranded in no man's land. Dolores, in *The Splendid Sinner* (1918), chose execution by the Germans rather than revealing a secret that would jeopardize her husband's life. The common thread through all these depictions of nurses in combat situations is that they act from personal and individual motives—usually of a sentimental and romantic nature. That is, a single nurse would risk her life to save a child or her man, but never for the sake of her hospital, her military unit, or her government. Indeed, the association of the nurses with the military was very limited, although

American women were not officially accepted for nursing except through the Army Nurse Corps and Navy Nurse Corps. The real dangers faced by military nurses and real cases of physical bravery and courage were never addressed in the popular cinema.

As the most popular form of mass entertainment of its era, it is significant that not a single film made during World War I or the decade that followed focused on military nurses as a group. A few films of the late 1920s did use peacetime military nurses as romantic figures, occasionally placing them in danger from Chinese bandits so that they could be rescued; however, the public never received a distinct impression of the purpose and obligations of the military nurse. Even the realistic antiwar films of the 1920s and 1930s did not include recognition of nurses in combat. The closest approximation to a film about military nurses was the abominable *War Nurse* of 1930. The nurses were not part of the army, and, although they occasionally suffered bombings and enemy fire, their worst risk appeared to be moral degeneration from wartime romances.[19]

The work of nurses in combat situations during World War II was so widespread and dramatic in nature that it could not be ignored, although it could be misrepresented at times. The demand for nursing services was so intense that there was no debate on the propriety and wisdom of sending women into combat areas. World War II saw a larger mobilization of American society for war than any previous or subsequent conflict. Both in the armed services and in civilian life, women took increasingly active roles in assisting the war effort; tens of thousands of women entered the work force for the first time, and many of them took jobs previously considered as exclusively male. For the first time, the armed services recruited women for nonnursing duties, spawning the first groups of women in the ranks of the enlisted. The work of the WAVES and WACs was primarily clerical and technical and done usually in stateside military bases. Unlike these auxiliary women's services, the military nursing corps followed the troops to battle and experienced many of the hardships and dangers associated with combat. In tacit recognition of the type of work required of the military nurses, for the first time they were issued fatigue and flight uniforms to make their duties easier.

The most vivid example of nurses sharing the hardships of combat occurred on Bataan and Corregidor. In December 1941, about 120 military nurses, attached to the U.S. Army units in the Philippines, served 80,000 American and Filipino troops. The story of Bataan and

Corregidor has been told often: the pulling back of Allied troops onto the peninsula of Bataan; the prolonged attempt to defend the position; MacArthur's promise to return; the Death March of the troops captured on the peninsula; and the final, agonizing weeks of waiting for the end, in the hot and dusty tunnels of Corregidor. The American defense appeared futile from the beginning. The Filipinos lacked proper training and supplies, and the American military capacity was unequal to either the support or the evacuation of the troops. Americans stranded on Bataan and Corregidor never gave up hope of being rescued, but few really expected it. Nevertheless, they defended their positions with tenacity, despite debilitating disease, inadequate food, and relentless pressure from the Japanese. The nurses shared these conditions in full measure.

Once established on Bataan, the medical corps built two hospitals in the jungle. Only 85 American and fewer than 50 Filipino nurses were available to care for casualties and the sick; by the first week of April an estimated 24,000 sick and wounded lay in the hospitals and aid stations. Miserable living conditions, tropical fevers, bad and insufficient food, and too much work for too few hands complicated the responsibilities of the military nurses on Bataan. In addition, the nurses also endured murderous Japanese bombardments, which caused several temporary evacuations of the wounded. In late March, the Japanese bombed the hospitals and succeeded with a direct hit on the wards. A few nurses sustained minor injuries, but they rallied to care for the victims—over a hundred patients were killed or seriously wounded.

Even infrequent periods of rest and relaxation exposed the nurses to danger. Occasionally nurses, with other soldiers and officers, risked the shark-infested, enemy-patrolled waters of the bay facing Corregidor for swimming parties. Sometimes a group of nurses who could take a few hours away from duty would visit the *Canopus*, a listing ship in the bay, camouflaged as a derelict. Aboard the *Canopus*, the nurses enjoyed a well-prepared meal and a hot shower before returning to the jungle. Even this diversion brought risks, as the Japanese might soon realize that the *Canopus* was not an abandoned hulk.

The nurses remained on Bataan until a few hours before General Wainwright's surrender. They were evacuated to Corregidor the night before the fall of Bataan, and many almost missed the last boats leaving because of explosions from ammunition being detonated before surrender. Though the tension and fear were palpable during the siege of Bataan, the nurses served cheerfully and kept their emotions well under

control. For four months in the jungles of Bataan, American nurses proved their physical and emotional stamina while performing their jobs under combat conditions.

After the open-air vulnerability of Bataan, Corregidor at first appeared a haven of security. Food, supplies, and living quarters were definitely better than in the jungle, but soon the crowded, dusty, noisy tunnels exerted their own peculiar terrors. The Japanese shelled the fortified islands almost continuously, both by aerial bombardment and by cross-fire from opposite shores. Inside the tunnels, the lights frequently flickered and died out leaving the inhabitants in Stygian darkness; the ventilating system, taxed to the limit, left the air fetid and suffocating. Yet a brief trip outside was a risky venture. One night, when a large number of soldiers escaped the tunnels for a few minutes, they were hit repeatedly by shells, one of which closed the entrance to the tunnel. Doctors, nurses, and corpsmen worked all night trying to salvage the mutilated men who had gone outside for a breath of fresh air.

On April 29, 1942, General MacArthur managed to send two navy planes to evacuate several key personnel whom he named; the rest of the passenger list was left to General Wainwright. A total of forty-seven men and women were evacuated, including nineteen nurses chosen by the chief surgeon. The heavily loaded planes managed to get to Mindinao for refueling and to await the following night to continue to Australia. The next evening, one plane failed to gain altitude and crashed onto a coral reef; this group included ten nurses who were eventually captured and imprisoned by the Japanese. The other nine made it to Australia after several harrowing experiences. The shelling of Corregidor intensified, making the interior of the fortress a living hell. On May 3, the submarine *Spearfish* arrived, the last chance of escape for any of those on the island. General Wainwright offered Chief Nurse Annie Mealer a position on the submarine in recognition of her superhuman work; she refused, intending to stay "as long as there's a patient in the hospital." Twelve nurses were crowded onto the submarine for a seventeen-day journey to Australia through enemy waters.

Fifty-four American nurses, twenty-nine Filipino nurses, and 11,000 soldiers endured the final days of Corregidor. On May 6, 1942, General Wainwright surrendered to the Japanese. The fifty-four American military nurses were spared the brutality many feared because only Japanese soldiers attached to the medical department were allowed to enter the hospital zone. The Japanese appeared quite surprised to find women officers in the American army; one of the nurses felt that the

Japanese did not know what to do with them, so they allowed them to continue their nursing routines. Eventually the nurses were taken to the civilian prison camp of Santo Tomas near Manila, where they stayed for the duration of the war. The Corregidor nurses ran the prison hospital; twelve Navy nurses were sent on to Los Banos prison camp, which was more undesirable than Santo Tomas. Japanese journalists complimented the nurses on the calm way they met their captors. Although the nurses lost an average of thirty pounds apiece and suffered the endemic diseases of the prison camps, all of them survived to greet the liberating American troops in February 1945.[20]

The heroism and endurance of the military nurses on Bataan and Corregidor did not go without recognition; both military and political authorities cited the nurses for their bravery and devotion to duty in combat. In his memoirs, General Wainwright recalled them:

> But never forget the American girls who fought on Bataan and later on Corregidor. They had no training in pioneering hardships; theirs had been a life of conveniences and even luxury. But their hearts were the same hearts as those of the women of early America.
>
> Their names must always be hallowed when we speak of American heroes. The memory of their coming ashore on Corregidor that early morning of April 9, dirty, disheveled, some of them wounded from the hospital bombings—and every last one of them with her chin up in the air—is a memory that can never be erased.[21]

To General Wainwright, who witnessed the service provided by the military nurses, there was no question that they be considered as active participants in the defense of American territory. The twenty-two American nurses evacuated by plane and submarine before the fall of Bataan were decorated upon their return to the United States. These nurses received full military recognition of their combat roles. Each was awarded the National Defense and the Pacific and Asiatic theater ribbons set with combat stars, the Presidential Unit Citation Ribbon with stars for Bataan and Corregidor, the Philippine Defense Ribbon, and the Bronze Star. A nurse, Ann Bernatitus, received the Navy's first Legion of Merit Medal ever awarded for her conduct on Bataan and Corregidor. The remaining nurses, imprisoned in Manila, upon their liberation were promoted one grade and recognized by the General of the Army, George C. Marshall.

Bataan and Corregidor, undoubtedly the most dramatic examples of nursing involvement in combat during World War II, were by no means

unique. Every advance of Allied troops into contested territory brought in its wake medical facilities staffed by doctors, nurses, and medics; many of these areas were not militarily secure and certainly not comfortably appointed. In November of 1942, Allied forces began squeezing the Germans out of their positions in North Africa. Nurses were brought in to staff the 38th Evacuation Hospital "somewhere in North Africa." The hospital unit was complete and efficient but had none of the tiled neatness associated with peacetime medicine.[22] The nurses lived in tents and cheerfully endured the grubby conditions of camp life. Ernie Pyle, the famed war correspondent, remarked upon the composure of the army nurses:

> The American nurses—and there were lots of them—turned out just as you would expect: wonderfully. Army doctors, and patients, too, were unanimous in their praise of them. Doctors told me that in the first rush of casualties they were calmer than the men.
>
> The Carolina nurses, too, took it like soldiers. For the first ten days they had to live like animals, even using open ditches for toilets, but they never complained.
>
> One nurse was always on duty in each tentful of 20 men. She had medical order-lies to help her. Most of the time the nurses wore army coveralls, but Colonel Bauchspies wanted them to put on dresses once in a while, for he said the effect on the men was astounding. The touch of femininity, the knowledge that a woman was around, gave the wounded man courage and confidence and a feel-ing of security. And the more feminine she looked, the better.[23]

The drive into Sicily and the Italian mainland followed immediately upon the North African victory in May 1943. The first American Army nurses to embark on European soil since 1917 landed in the Salerno area on September 15 and immediately went to work in a field hospital. They wore GI steel helmets and fatigue uniforms with long trousers; these fifty-seven nurses dug in like regular soldiers and endured air raids with the rest while they cared for wounded men. One group of nurses had to be rescued from a bombed hospital ship. In late January 1944, the Allies began their drive to Rome with an amphibious landing at Anzio; instead of becoming a spearhead of attack, it became a beleaguered fort. Five army nurses were the first American women killed as the direct result of enemy action in the war. They died from wounds received on the Anzio beachhead on February 7 and 10, 1944. By July 1945, the Army Nurse Corps counted fifteen nurses killed in action, twenty-six wounded in

action, sixteen missing in action and returned to duty, and five still missing in action.[24]

The first mobile army surgical hospital (MASH) units appeared in late November 1942; these units were experimental at first, constantly subject to refinement of their mission—to follow the troops into battle for the provision of speedy medical support. The MASH units were first used in the Mediterranean theater. A complement of surgeons, nurses, und corpsmen traveled with each unit, which could be ordered to break camp and move on at a moment's notice. These mobile units frequently experienced cross-fire and barrage by enemy shells; the first nurse wounded in Italy was part of a MASH unit. The combat troops greatly respected the personnel of these units, each of which accompanied a particular division into battle. The success of the MASH units in Europe ensured their use in the future.[25]

The extended use of air transport for the evacuation of wounded soldiers opened a new field for military nurses. In September 1942, the Air Surgeon's office established a special nursing division and issued guidelines for procurement of qualified nurses. The navy also began a flight nurse program. In every way, these flight nurses represented the elite corps of military nurses, and nurses clamored for admission to the new Flight Nursing School. Regulations regarding admission to the flight school generally limited trainees to the young and physically fit—a clear recognition of the physical stamina required for the work. A training program prepared these nurses to convert transport planes into flying ambulances, to organize the loading and unloading of the sick and wounded, and to survive emergency landings. Sucessful completion of the training course allowed the nurse to apply for designation of Flight Nurse and to wear the special insignia and uniform designed for the job.

The work of the flight nurse was not without danger. The aircrafts used, usually C-46 Commandos, C-47 Skytrains, and C-54 Skymasters, acted in a dual capacity. They carried cargo and troops to the battlefronts and after unloading were converted into ambulance planes. Because of this dual purpose, the planes did not carry the Red Cross insignia and thus were fair game for the enemy. On board the plane, the nurses represented the sole medical care and had to be prepared to intervene should a patient's condition worsen. For example, when a plane en route to Guadalcanal ran out of gas and had to effect an emergency landing, one patient received a severe cut in his throat; the army nurse, in order to keep the man's throat clear, rigged together a suction-tube device from assorted bits and pieces of equipment aboard. The Distinguished Flying Cross was awarded posthumously to a nurse killed in a crash after flying more than 190 missions to evacuate the

wounded from forward areas in the European theater; this nurse had previously been awarded the Air Medal with four oak leaf clusters.

Although Navy nurses enjoyed the luxury of flying in planes marked with the Red Cross, they too met unexpected dangers. Ensign Jane Kendleigh, the first navy nurse to fly into Iwo Jima to evacuate casualties, landed at the air field under mortar fire; she and the crew had to take shelter in foxholes until enemy positions north of the field could be wiped out. Nurse Kendleigh continued her groundbreading record by being the first navy nurse to land on Okinawa. All the flight nurses were required to make life-or-death decisions under great pressures: The flight nurse could order the pilot to make an unscheduled landing at the closest medical facility, if a patient's condition changed drastically.[26]

The demands of World War II brought military nurses into their most active role yet in participating in front-line maneuvers. The need for qualified female nurses in large numbers for service all over the globe brought military and political authorities to their most explicit recognition of the nurses' role in combat. Not only were nurses decorated for soldierly heroism and encouraged to volunteer for dangerous work; they were also almost brought into the armed services as draftees by a special amendment to the Selective Service Act. The unexpected strength of the last German offensive produced the highest casualty rates of the war. In the winter of 1944-1945, the army experienced an acute shortage—estimated at 10,000—of military nurses. An article by syndicated columnist Walter Lippmann on December 19, 1944, brought the public's attention to the shocking news that American soldiers were not receiving the nursing care they needed for quick and thorough rehabilitation.[27] Lippmann suggested that too many civilian nurses were shirking their patriotic duty by refusing to enlist.

In the public indignation and fury at such a state of affairs, military and political officials sought what they felt was the quickest solution: the drafting of civilian nurses. Although many people objected to the handling of the proposed legislation, no one raised the issue of whether or not women *could* be drafted; however, the constitutionality of selecting only one occupational group of women to be subject to selective service was questioned. In January, President Roosevelt asked the Congress to draft nurses.[28] On February 2, a Gallup poll showed that 73% of the American public approved a draft of registered nurses.[29] Surgeon General Kirk added his support to the passage of a draft bill for registered nurses.

Hearing on the proposed legislation revealed all sorts of inconsistencies and mismanagement of the nursing problem by the army.[30] Stringent height and weight requirements excluded many capable and

Roosevelt called for a Draft of nurses!

healthy nurses; 3,000 male nurse applicants were automatically rejected because, according to the Surgeon General,

> The situation concerning male nurses is not at all parallel to that of female nurses, who are appointed for a single specific type of duty for which they are peculiarly qualified by reason of their sex.
>
> Army nurses of either sex must accord patients all the usual care required by the duties of their profession, including a variety of intimate and quasi-menial services. Women of officer rank can render these duties without incongruity, while men of rank could not.[31]

Many of the army's 42,000 nurses on active duty were poorly distributed throughout the world. Most serious of all, the army failed to revise its ceilings on nurse enlistments and had actually turned away qualified applicants for several weeks before the nursing shortage was identified. Finally, the army had never conducted its own recruitment drive for nurses, leaving the task to Red Cross volunteers. When all the evidence had been brought to light, American nurses could not be shown to have shirked their patriotic duty.

Despite all the reasons for the nursing shortage, Congress continued its effort to pass legislation to draft nurses; H.R. 2277, sponsored by Representative Andrew May of Kentucky, passed the House on March 7, 1945, by a vote of 347 to 42. Not a single representative suggested the bill be defeated because of the impropriety of drafting women or because of the danger to the American home or the integrity of the family; even nurses married after March 15, 1945, were eligible for induction.[32]

Somewhat anticlimactically, during the period of legislative hearings, nursing associations and the Red Cross busied themselves trying to procure the needed nurses by voluntary enlistment. They were very successful in their efforts. In addition, the imminent conclusion of the European war by late March and April meant that many active nurses could be freed for duty in the Pacific. Nevertheless, the legislative procedure continued apace, and the Senate Committee reported the nurse draft bill favorably on March 28, 1945. Certain influential senators did see the draft bill as a dangerous first step along a path leading to massive federal intervention into personal and family affairs, and they managed to postpone the vote on the bill.[33] By late April, many politicians began fretting over their support for a measure that was patently unnecessary at the time. In early May, the Surgeon General

began retracting his assessment of the need for a nursing draft, and soon the legislation was withdrawn.[34]

Popular images of wartime nursing became markedly less sentimental during World War II. Recruitment posters, although always featuring attractive young women, pictured the nurses in dignified, serious poses, wearing the tailored uniforms of their professions and military service. An interesting recruitment poster featured a young nurse in a fatigue uniform with a rifle and an IV bottle in the background—in clear recognition of the nurses' proximity to the front. Publicity given to such episodes of female heroism as Bataan and Corregidor brought the public to accept the notion of active, physically courageous women, standing side-by-side with the fighting men.

Even Hollywood managed to capture the sense of the nurse's dangerous work in several memorable films produced during the war. Most famous were the star-studded, fictionalized accounts of nurses in the Philippines. *So Proudly We Hail*, released in 1943, starred Claudette Colbert, Paulette Goddard, Veronica Lake, and Barbara Britton as army nurses who endured Bataan and Corregidor before a last-minute evacuation. Of course the film was replete with melodrama, romantic interludes, and sexual titillation. Miss Goddard spent much of her time modeling a black lace negligee she had managed to hang on to throughout the ordeal; Miss Colbert managed to marry a soldier and spend her wedding night in a foxhole; and one nurse fueled a personal grudge against the Japanese, making her less than stable. Nevertheless, the film showcased a group of female nurses adjusting to combat situations with equanimity, maintaining their own discipline, providing leadership in many situations, and performing feats of physical bravery. The sound of bombs exploding accompanied all the main action. One nurse saved the lives of her fellow nurses by carrying a live grenade in her surrender to the enemy. One nurse refused to seek shelter during a raid, remaining by the side of the surgeon during an operation; she was killed by enemy fire. The character portrayed by Colbert received severe burns when she tried to rescue a friend; with burned hands she paddled her way out into the bay to take her friends to the evacuation boat. Through it all, the nurses remained cheerful and continued to give good nursing care to their patients.

Witnesses to the nurses' efforts refused to countenance any tawdry exploitation of the nurses' hardships in battle. Colonel George C. Clarke, a veteran of that tragic campaign, wrote a letter to *Time* magazine to protest the review of another film entitled *Cry Havoc!*, a

less laudatory account of the Bataan experience. Among other criticisms he noted:

> These angels of mercy did not "grow jittery" or quarrelsome . . . .
>
> I left Bataan five minutes before its capitulation and during its entire terrible struggle I saw these wonderful women serve their country with heroism and fidelity. They were truly angels of mercy—dirty, underfed, overworked but always cheerful. They deserve individual medals for their heroism and devotion to duty, rather than to be depicted as they are in the play you reviewed.[35]

Parachute Nurse, produced in 1942, told of the trials and tribulations of a group of nurses who volunteered for the Women's Aerial Nursing Corps—prefiguratively based on the soon-to-be-established flight nurse programs. Unlike the real nurses who entered the flight nurse services, these nurses were depicted as learning to be paratroopers; the idea behind the corps was that nurses could be dropped into inaccessible areas to give first aid to wounded soldiers. Thus, Hollywood envisioned a nursing corps doing even more dangerous combat-related work than actually came into being.[36]

Many war films dating from the World War I era depicted nurse heroines performing courageous and dangerous feats. However, the nurse heroines of these silent films typically acted out of individual and romantic motives: They went to the rescue of orphans or, more usually, a loved one. No esprit de corps among nurses appeared, nor did the nurse characters of World War I cinema act bravely to save their friends. The films of World War II, on the other hand, did recognize that women could and did develop that camaraderie and the "all for one" spirit so characteristic of men in wartime situations. To be sure, for every *So Proudly We Hail*, dozens of romantic war films featured a nurse who sat home waiting for her pilot-lover. However, it seems fair to conclude that the real work and physical stamina evidenced by military nurses during World War II did reach the consciousness of the Amerian public, and the public found no difficulty in accepting these women as heroines. In recognition of the nurses' position as integral elements in a winning military force, in 1944, military nurses finally became actual commissioned officers in all branches of the armed forces.

Opportunities for nurses to serve in dangerous combat areas have been limited since the end of World War II. The two major military involvements of the United States since 1945—Korea and Vietnam—

presented a different type of warfare than experienced previously. In Korea the area of conflict was relatively limited so that speedy air evacuation could deliver a wounded soldier from the battle to a secure, permanent hospital within hours of being picked up. Only 10% of the Army Nurse Corps received assignment in Korea. As in the previous war, the flight nurses continued to do dangerous work. With high casualties after the Chinese entered the conflict in 1950, the airlift of the wounded reached record heights. On some of the airlifts flight nurses were not allowed into hotly contested areas, but they did serve on flights into danger zones such as Wonju, a base that frequently changed hands. Often flights were so heavily filled with wounded that the planes had difficulties getting off the ground. Guerrilla snipers were a constant threat; on one plane a nurse found a Korean POW with a live hand grenade in his clothing. Captain Juanita Bonham received the Distinguished Flying Cross when she saved lives after her plane crashed into the Sea of Japan during an air evacuation mission.

Nurses were also assigned to the MASH units, the hospitals designed to provide expert care as close to the front as possible—approximately eight to twenty miles away. These were complete surgical units, although the living conditions within them remained primitive compared to the larger evacuation hospitals. The half-dozen MASH units in Korea usually counted fifteen medical officers and sixteen nurses per unit. An army helicopter detachment was assigned to each MASH; these units were credited with reducing the mortality from wounds. In addition, the presence of doctors and nurses, supplies of whole blood, and rapid evacuation equipment served as an important factor in maintaining morale among the troops.[37]

In Vietnam, military nurses reached a peak strength in 1969 of only 900. The peculiar nature of counterinsurgency operations in Vietnam required modification of the usual concepts of hospital usage in a combat area. There was no front in the tradition of World War II. In contrast to World War II and the Korean War, the hospital did not follow the advancing army in direct support of tactical operations. All army hospitals in Vietnam, including the movable units, were fixed installations. The navy had three hospital ships as well as the huge Danang naval hospital. Since there was no secure road network in the combat area of Vietnam, surface evacuation of the wounded was impossible. But the helicopter evacuation system, vastly more sophisticated than that used in Korea, reduced mortality rates from wounds to less than 1%. Even the relative security of medical positions in Vietnam

did not keep all nurses from physical danger. In 1964, four navy nurses were awarded the Purple Heart for injuries sustained during a Viet Cong bombing of the Brink Bachelor Officers Quarters at Saigon. Even though injured themselves, the nurses provided first aid for others more seriously wounded.[38]

Recruitment campaigns sponsored by the armed services since the end of World War II rarely have alluded to any combat role for military nurses. In fairness, since 1945 there has been little need to deploy nurses in dangerous areas. Nevertheless, it would appear that the military has sought to deemphasize the past, active role of nurses in combat in favor of a more conventional nursing image. Rather than capitalizing on the distinguished performance of nurses during wartime, the armed services have adopted a Madison Avenue approach to their recruitment problems. Uniforms have been redesigned to more fashionable standards, and frequent allusions to travel and adventure appear in advertisements. To be sure, the nursing needs of a peacetime army are different from those of wartime, but the result has been the promotion of the idea of military nurses as essentially like all other nurses. The only differences noted are that military nurses enjoy certain glamorous perquisites. Even during the Korean and Vietnam wars, recruitment campaigns did not evoke the activist, fighting-spirit themes used in World War II. Nurse recruitment drives have appealed simply to the assumed professional and womanly sentiments held by nurses. Despite the heavy investment in professional advertising campaigns, the strength of the nursing corps has usually been below desired level.[39]

The treatment of nurses in war films since the 1950s has been a source of diminished appreciation for the work of the military nurse. War films of the 1950s never emphasized the physical bravery and combat-related dangers experienced by nurses unless the plot featured some sexually provocative situation. For example, a 1959 potboiler, Twentieth Century-Fox's *Five Gates to Hell*, featured nurses captured by lecherous oriental warlords; the nurses traded sexual favors for better treatment at the hands of their captors. On the comic side, *Operation Petticoat*, another 1959 film, treated the supposedly hilarious experiences of army nurses stranded aboard a semiderelict submarine (an adventure loosely based on the account of the nurses rescued from Corregidor by the submarine *Spearfish*). The typical war film of the decade featured pretty, unaggressive military nurses, who waited at the base for the return of their pilot-husbands or fiancés. For example, in *Hellcats of the Navy*, the nurse, played by Nancy Davis, waited patiently for the return of her hero, a submarine commander played by Ronald Reagan.

In the late 1960s and 1970s, these images of bland and innocuous nurses turned into something worse. Perhaps the best-known film of the recent past to feature a military nurse would be Robert Altman's black comedy *M*A*S*H* (1970). Major Margaret "Hot Lips" Houlihan, played by Sally Kellerman, emerged as a mindless military martinet as well as a hypocrite who demanded military perfection from others while she enjoyed an illicit and somewhat perverted affair with a married doctor. The film *Catch-22* included a memorable scene of a nurse switching a patient's fluid output with his IV drip. In these antiwar films, the nurses were treated as mindless cogs in the military machinery, as contributing to the horrors of war rather than attempting to ameliorate them; they have also been depicted as sexual mascots of the military. Perhaps the lack of knowledge about the military nurse's real role in combat has allowed filmmakers to depict her as an attractive yet often malevolent spectator of human suffering.[40]

Television has provided new evidence of the popular conception of the role of military nurses. Such eminently forgettable series as *Hennessey, Operation Petticoat,* and *Black Sheep Squadron* used nurse characters as little more than mascots for keeping up the morale of the men. Even the venerable *M*A*S*H* television series began by treating nurse characters derogatorily. However, due to the influence of feminist Alan Alda, the series now provides the best and most realistic depiction of wartime nurses' role near the front ever produced.

This brief history of the role of nurses in combat ought not be seen as simply a glittering account of female heroines. Indeed, most wartime nursing consisted of monotonous drudgery just as most wartime soldiering has been spent in miserable boredom. The preceding account is an initial attempt to establish the record, not so much of exceptional heroines as thousands of women who served in the armed forces under conditions as challenging as any faced by the infantry. U.S. military nurses have proven several facts about the capabilities of women under combat situations. Women untrained in survival techniques have demonstrated their physical and emotional endurance over long periods of time under fire and in close association with death and disease. Women with little or no indoctrination into military thinking have shown their ability not only to accept military discipline but also to create their own corps with comparable standards of military demeanor. Nurses have made difficult, life-or-death decisions under great pressure and have provided leadership under all circumstances. Despite the fears of jittery military authorities and vicious, unsubstantiated rumors, nurses have never caused significant problems because of their social

and/or sexual relationships with other officers. In fact, the presence of female personnel in combat situations has often been cited as a positive, morale-boosting factor.

A persistent problem in dealing with the actual role of nurses in combat has derived from the contradictory images projected by the mass media, recruitment campaigns, and even public officials. While nurses have been suffering and even dying under combat situations, the popular imaginaton has been fed a steady diet of idealized and romanticized women whose contributions fulfilled mythic longings rather than the rational objectives of war. Exceptions to this observation have been found, especially during World War II, but in quantities insufficient to counter the prevailing image of the romantic, wartime nurse. The result of this unrealistic image of the wartime nurse has been a failure to recognize that women have been expected to accomplish during war. When the need arose, nurses have been expected (almost required, as in the near draft of nurses in 1945) to enlist in the armed forces, leaving behind their homes and families. No military authority ever questioned the propriety of having nurses endure combat conditions and dangers. Military authorities have opposed, all along the way, granting military nurses rights and privileges commensurate with their responsibilities. These same military authorities never opposed letting female nurses take their chances in the disease-ridden camps of the Spanish-American War or work amidst the human carnage of machine-gunned, bayonetted, and gassed casualties of a World War I front-line unit. No public official has tried to stop nurses from service in the MASH units of Italy, France, and Korea. In all, the record of female nurses in combat has been obscured by both a quixotic popular imagination and the resistance of military and political authorities to acknowledge the extent of what they expect from nurses during war.

The most important question remains: How do we explain the incongruity between the actual service performed by nurses during war and the popular images that contradict the historical record? A definitive answer cannot be offered yet; too many unknown factors remain to be explored. However, four interrelated explanations can be put forward in an effort to bring some understanding to a complicated situation.

In the first place, the nursing profession, perhaps as no other, has been seen as a peculiarly female vocation. We have but to recall the sentimental recruitment campaigns and the war films to find examples. The automatic and subconscious association of nursing with woman's

work has prevented both the creators of film and public policy from acknowledging military nursing as an integral function of combat. The nurse is the repository of feminine virtue, and the ideal nurse is maternal, compassionate, self-sacrificing, and otherworldly. Nursing is woman's work, and the external circumstances of nursing do not change its value. Wartime nursing is comparable to civilian nursing—it is all woman's work and inherently unlike man's work, which includes fighting. No matter if the nurse must dodge exploding shells in order to do her job; she is still only nursing. (The strength of this attitude kept men out of the nursing corps until the mid-1960s; it is as logical as equating crop dusting with being a fighter pilot.) Furthermore, the idealization of nursing imbues the work of the nurse with such spiritual and romantic attributes as to belie the physical strength required to do the job.

Second, there has been a vague yet recurrent feeling that nurses are somehow different from other women. Although unarticulated, the notion persists that by virtue of being a nurse, a woman becomes desensitized to hardship and less susceptible to emotional weakness. The value of this assumption is that it dissipates any concern over subjecting women who are nurses to physical danger. Often in public debate, this vague attitude toward nurses has been exposed. For example, in a May 1942 debate over the possibility of sending women of the proposed Women's Auxiliary Naval Reserve to sea, two senators illustrated the depth of the assumption about nurses:

> *Senator Gerry.* If they [women] volunteer here they can be sent into the combat areas where there are listening devices, where there will be attacks in foreign service.
>
> *Senator Andrews.* The nurses go there now.
>
> *Senator Gerry.* That is an entirely different thing. Your nurse service has been recognized as a different service. That is an entirely different proposition.[41]

Although the senator never specified what made the nursing service so different from the proposed women's military corps, none of his colleagues thought to question his argument.

In hearings held before the subcommittee on military affairs of the House of Representatives in March 1943, the members of Congress considered the proposition of whether or not women doctors ought to be commissioned officers in the U.S. military. Several times throughout

the hearings, the fact that women nurses served in combat zones and provided essential wartime service was mentioned in support of commissioning women physicians and allowing them, too, to work in combat zones. At several points in the debate, congressmen expressed reluctance at the thought of women doctors serving the army in danger areas, yet these legislators never raised the issue of exposing nurses to such risks.[42] The implicit assumption made was that women, by virtue of being nurses and because of the exigencies of war, were exempt from prevailing protective attitudes about the utilization of women in combat areas. The ease with which the public and politicians accepted the notion of drafting civilian nurses also revealed a general assumption that nurses could naturally be segregated from other women for the good of the war effort.

Third, the traditional relationship between doctor and nurse has been institutionalized in the organization of the military nursing corps. The historical relationship between doctor and nurse at best has been marked by a benevolent paternalism of the doctor toward his nurse and at worse by an arrogant tyranny. In the U.S. system of health care, traditionally the physician has held all the power, while the nurse has defined her role in relation to the doctor—unquestioning obedience to the physician has been a hallmark of the good nurse. From their inception, the military nursing corps have been placed, organizationally, directly under the authority of the medical departments of each of the three branches of the armed services. Thus, the Surgeon General makes all final decisions regarding the rule of nurses in the military. Although civilian relationships between doctors and nurses have been undergoing some evolution, much of the traditional power structure in health care has been petrified in the formal, military relationship between nurse corps and medical corps. While in the field, military doctors and nurses may arrange solid, collegial working patterns built on the needs of the situation, but in the halls of the Pentagon, established precedent and full military tradition linger on. The traditionally accepted inferiority of the nurse to the doctor has been prolonged by the institutional lines of authority within the military.

Because of these attitudes and especially because of the administrative structure of military nursing, we come to the fourth and final factor in understanding the persistence of incongruous images of what nurses do during wartime. One of the most striking features in the history of U.S. military nurses has been the limited role they have taken in the promotion of their own interests and in drawing attention to their record in combat. The leadership of the military nursing corps has never

taken an aggressive stance in making demands for their nurses. It would not seem out of place to suggest that those women who have been promoted up the ranks of the military hierarchy in the nursing corps have been those who have agreed most with prevailing military philosophy and the status quo. As noted earlier, not one of the nursing corps has commissioned an official history of their organizations; without such an elementary source of group identity and tradition, it is not surprising that members of the nursing corps have remained content in their adjunct position vis-à-vis the medical corps.

Most of the career advances enjoyed by military nurses today have been won for them by the external efforts of civilian nurses, women's groups, and the regular women's military corps. The nursing corps, founded in 1901 and 1908, waited patiently until 1947 before receiving actual commissioned officer status in the military, an action instigated in their behalf by civilian women. The Women's Army Auxiliary Corps and the Women's Auxiliary Naval Reserve, founded in 1942, achieved commissioned rank and full integration into the military by 1943. Even the military nurses' receipt of relative rank, given to them in 1920, was the result of an aggressive publicity campaign carried out by civilian nurse leaders and laywomen. In fact, the Superintendent of Army Nurses, in 1919, argued against giving the nurses any military rank at all.[43] Even today there is little indication that ranking officers of the nursing corps, though elevated to the ranks of brigadier general and rear admiral (women in the regular military achieved these high ranks first), actively lobby within the armed forces to preserve or to expand the opportunities for their members. For example, recently the duty of flight nurses, the historic and coveted elite branch of military nurses, has been co-opted by male, military physicians who want the extra flight pay for themselves. There has been no resistance to this usurpation of a well-established nursing role.

In interviews conducted five years ago with the ranking officers of the nursing corps, it was apparent that these women had a very limited idea of their role in the armed forces.[44] They appeared to take little interest in long-term planning for their own corps and accepted, seemingly without objection, the budgetary decisions made for them by the medical departments. In other words, these ranking nurses expressed no visionary attitude about the potential of their nursing corps. This passivity on the part of the nursing corps leaderships rests, to a great extent, on the isolation of the nursing corps within the military. Always under the protective wing of the medical departments, military nurses have been kept absolutely separate from the regular women's military

branches. There have been no opportunities for establishing mutual goals for women in the military, and the regular women's military corps have been unable to draw on the experience and history of the nurses in combat. Recent female graduates of the service academies speak hopefully of achieving some role in combat situations, yet they have not been armed with information on the role of military nurses in combat to support their arguments.

A definitive treatment of U.S. military nurses in combat awaits further investigations into the extent of nurses' involvement in combat-related duties. There has been little interest in the nurses' experiences. Military historians traditionally focus on the conduct of battle, ignoring the vital support systems just behind the lines. Since military nurses themselves have been reluctant to assert their combat record, it is difficult to expect that other branches of the services, the entertainment industry, or politicians will recognize and acknowledge the combat role of the nurses. Many questions remain to be answered. A complete study of military policy toward the use of nurses in war zones would be helpful. Statistics on the numbers of nurses who have served in combat areas, who have died during service or suffered disabilities and who have been decorated for their wartime work could provide a solid foundation for future analyses. Finally, there should be an attempt to solicit firsthand accounts of the nurses' exploits while nurse veterans of past wars are still able to testify.[45]

U.S. military nurses have long been the stepchildren of the armed forces. For years they had an ambiguous mixture of civilian and military status. Once fully militarized, they have remained in an isolated position, constrained by tradition and organizational structures from developing any attitudes of independence and autonomy. Yet, the seventy-nine-year history of the nursing corps reveals countless stories and examples of nurses performing with a bravery and determination that any line officer would respect. The rich experiences of U.S. military nurses in combat need to be incorporated in any examination of how women might most effectively serve the armed forces in the future.

Notes

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38. Linda Grant Martin, "Angels of Viet Nam," *Today's Health* (August 1967): 17-22, 60-62; see also Kalisch and Kalisch, *Advance of American Nursing*, pp. 628-635.

39. History of Nursing Collection.

40. "Image of Nursing in the Mass Media"; *Hellcats of the Navy*, 82 minutes B&W, released May 1957, distributed by Columbia; *Five Gates to Hell*, 98 minutes, B&W, released October 1959, distributed by Twentieth Century-Fox; *Operation Petticoat*, 124 minutes, Eastman color, released December 1959, distributed by Universal; *M*A*S*H*, 116 minutes, DeLuxe color, released January 1970, distributed by Twentieth Century-Fox; *Catch-22*, 122 minutes, Technicolor, released June 1970, distributed by Paramount.

41. U.S. Congress, Senate, *Women's Auxiliary Naval Reserve, Hearings Before the Committee on Naval Affairs, United States Senate, Seventy-Seventh Congress, Second Session, on S.2527, a Bill to Expedite the War Effort by Releasing Officers and Men for Duty at Sea and Their Replacement by Women in the Shore Establishment of the Navy, and for Other Purposes, May 19 and June 23, 1942* (Washington, DC: Government Printing Office, 1942), p. 14.

42. U.S. Congress, House, *Appointment of Female Physicians and Surgeons in the Medical Corps of the Army and Navy, Hearings Before Subcommittee No. 3 of the Committee on Military Affairs, Seventy-Eighth Congress, First Session, on H.R. 824, a Bill to Amend the Act of September 22, 1941 (P.L. 252, 77th Cong.) and H.R. 1857, a Bill to Provide for the Appointment of Female Physicians and Surgeons in the Medical Corps of the Army and the Navy, March 10, 11 and 18, 1945* (Washington, DC: Government Printing Office, 1945), pp. 1-101.

43. Clara D. Noyes to Nutting, November 3, 1919, Nutting Papers.

44. Interviews conducted with Alene B. Duerk, Rear Admiral, Director, the Navy Nurse Corps, Navy Department (June 3, 1975, Washington, D.C.); Lillian Dunlap, Brigadier General, Chief, Army Nurse Corps, U.S. Army (June 6, 1975, Washington, D.C.); and, Claire M. Garrecht, Brigadier General, Chief, Air Force Nurse Corps (June 3, 1975, Washington, D.C.).

45. A recent article in the Pompano Beach, Florida, *Sun-Sentinel*, July 14, 1980, recounted the World War I exploits of an 86-year-old Army Nurse Corps veteran. Among other incidents, this former nurse vividly recalled having half her skirt blown off from a blast of German cannon, Big Bertha.

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