

THESIS

SECOND MOTHERS: FICTIVE KINSHIP AND PATRIOTIC FEMINISM IN THE ARMY NURSE CORPS,

1917-1975

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ABSTRACT

SECOND MOTHERS: FICTIVE KINSHIP AND PATRIOTIC FEMINISM IN THE ARMY NURSE CORPS, 1917-1975

The Army Nurse Corps, founded in 1901, has been shaped over the last century by a hierarchy of age and experience among nurses in the ANC, many of whom served in a previous war, creating intergenerational links to women who served in later war. Through the work and action of women such as Col. Florence Blanchfield, who served as a Chief Nurse in WWI, then as the superintendent of the ANC from 1943-1947, Col. Althea Williams who served as an officer in WWII and Korea, then served as the Chief Nurse for the Army during the Vietnam War, and countless others, the ANC challenged the military's treatment of sex differences and women's ability to serve. The relationships between higher and lower ranking ANC officers and the hierarchy and age between these groups of women shaped their experience, ideas, and the ANC itself.

The work of these women, and countless others, illuminates the position of experienced nurses, their leadership, and how their rank and experience allowed them to not only teach the younger generation of nurses but created a sort of proto-feminist consciousness among Vietnam Era nurses. Many Chief Nurses, higher ranking officers, and experienced nurses, earned the nickname of "Ma," "Mama", or "Mother." These women helped to cultivate an environment that allowed women to serve under pressure, look to their superiors for assistance, and challenge the gender norms that permeated the 20th century military.

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DEDICATION

This thesis is dedicated to the women of the Army Nurse Corps who served without recognition and expanded the roles of women within the Army as the matriarchs of the modern military woman. This thesis is also dedicated to my Grandmother Lynne who taught me the power of strong women, selfless action, and gave me a lifelong passion for learning. The legacy of her words and her life serve as inspiration to my work and my life and echo in each choice I make.

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Introduction

A young woman holds the hand of dying man, lightly brushing his hair from his eyes, and answering to each call of “Mother.” At the next bed over, a nurse answers the call of a man asking for his sister, and another nurse smiles as a patient calls her by a name that belongs to a girl back home. Army Nurses of the twentieth century donned many roles, had many names, and served as fictive family members for their patients, and for one another. Vietnam Army Nurse Nancy Rudolph explains this phenomenon, stating, “You ended up being their nurse, their mother, their sister, their girlfriend, their wife. You wrote their letters home good or bad...you saw them twelve hours a day...” She continued, “and you, literally, were probably one of the few good things that happened to them in the war.”¹

The United States Military has had a contradictory relationship with women over the past century. They have supported, denied, and exploited them through various expectations, rules, and policies aimed to manage sex differences. The relationship that the Military has with sex and sex differences are demonstrated clearly in the history of women’s service in the Army Nurse Corps (ANC). Through the history of military nursing and women’s labor, the Army’s relationship to women, and the opportunities presented to and denied to women are clear. In the twentieth century, Army nurses operated within the military under a familial structure that defined the relationship between nurses, the ANC and the Army. Nurses were seen as

¹Kara Dixon Vuic, *Officer, Nurse, Woman: The Army Nurse Corps in the Vietnam War* (Baltimore: Johns Hopkins University Press, 2010) 151.

daughters of the military and served as mothers, sisters, daughters, and wives to the men they treated, as well as each other.

Just as the family structure of the United States changed, the family structure of the military evolved over the course of the four major twentieth-century wars. Army Nurses started their service in World War I as daughters of the military who needed protection and moral guidance, however by the Vietnam era this filial relationship turned practically incestuous as women were intentionally sexually exploited by the military.

The relationship the United States Military, and specifically the Army had with women shaped women's experiences and created a community of women among its ranks. If the Army served as father to these women, the higher-ranking female nurses were the mothers. In fact, many Chief Nurses, and higher-ranking female officers, earned the nickname of "Ma," "Mama", or "Mother." Higher ranking officers cultivated a feminist ideology that was founded in patriotism, nationalism, and women's equality and advocacy. Army Nurses had patriotic ideas that prompted them to join a war effort voluntarily, and these ideas created a feminism that spread between generations of nurses and civilian women. These women cultivated an environment that allowed women to serve under pressure, look to their superiors for assistance, and challenge the gendered expectations of twentieth century society and the military.

Army nurses worked in communities of women and interlinked hierarchies of age and experience created inter-generational links between Army Nurses as well as a unique form of patriotic feminism. These women forced change in the Army and served as the pioneers that led to a sexually integrated Army and women's service within the military. Women in the Army

Nurse Corps (ANC) operated under the twentieth century notions of sex and gender while serving in warfare, however they used their sex to cultivate a place within the military where feminism and patriotism created bonds between women and change in both the civilian and military world.

I will chart this change by focusing on women such as Col. Florence Blanchfield, a Chief Nurse in WWI, later the superintendent of the ANC from 1943-1947 and Col. Althea Williams, an officer in WWII and Korea, later the Chief Nurse for the Army during the Vietnam War. Between both Blanchfield and Williams, the two women served in four wars and across 60 years of military engagements. Women like these served as the matriarchs of the ANC and under their charge, women's roles expanded and eventually led to sex integration in the United States Military. Because of the strong female leadership of the ANC, intergenerational bonds were forged among all ranks of women and led to changing "familial" roles between women, patients, and the Army itself.

Sex and Warfare in American History

Women have a long history of being involved in American warfare and sex differences are central to the power dynamics that are deeply engrained into the history of the United States Military. Notions of sex and sex traits permeate the history of the military and have defined the relationship between the U.S. Military and women.² Prior to the creation of the Army Nurse Corps in 1901, American women have always served in American wars, and on all different sides of conflicts. Military conquest justified on gendered grounds from the earliest

² Kara Dixon Vuic, *The Routledge History of Gender, War, and the U.S. Military*, 1st edition, Routledge, (April 15, 2019.) Chapter 1.

days of European conquest, despite the presence of strong, feminine, women amongst the ranks. Not only were women involved in early American warfare, but femininity was seen as a reason for conquest. Kirsten Fisher, a scholar of early America explains this concept, she states, “Justifications of conquest that depicted the land and its indigenous inhabitants as passive and submissive (and hence feminized) implied that colonial relations of domination were as natural, obvious, and appropriate as Europeans presumed hierarchical gender relations to be.”³

Femininity has long been considered a synonym for military weakness and in the history of North American warfare. Enemies have been feminized for centuries and considered to be sexual inferior and emasculated. Land too has been gendered and considered “Virgin.”⁴ Fischer explains this concept further, saying, “The New World” was gendered female, and its exploration and conquest is made sexual. The land, like the women in it, is depicted as there for the taking.”⁵ These concepts made it clear; the military saw femininity as grounds for an easy conquest. For centuries war has been waged based on gendered notions and the equation of femininity with weakness, and the making of anything feminine as other.

Through the last 500 years of European, and Native American history in North America, women have been involved in warfare. Gina M. Martino writes of Native, French, and British women in her book, *Women at War in the Borderlands of the Early American Northeast*. Martino frames French, English, and Native women as “Amazons”⁶ (a common moniker of the time) and shows how they were praised for their martial roles in defense and protection of

³ Kirsten Fischer, “The Imperial Gaze: Native American, African American, and Colonial Women in European Eyes,” in *A Companion to American Women’s History*, edited by Nancy A. Hewitt (2002), 5-6.

⁴ Fischer, 4.

⁵ Fischer, 4.

⁶ Gina M. Martino, *Women at War in the Borderlands of the Early American Northeast*, (The University of North Carolina Press, 2018), 58.

their communities. Martino looks at the way women were involved and deployed within warfare for the control of early America. She begins by defining the Northern sectors of New England as warzones, stating, "In Northern New England, the home and the front were at times indistinguishable."⁷ Women served in martial roles during the colonial period, and this continued into the American Revolution.

But the recognition of warrior women is not a new discovery of modern scholars. Nearly 200 years ago, Elizabeth Ellet highlighted this continuation in her two-volume book, *Women of the American Revolution*. Ellet wrote on an eclectic group of women, from women of stature and fame such as Catherine Schuyler and Mercy Otis Warren, to little known women who were referred to by their surname. One example was the brave, Mrs. Dillard⁸, who rode through the night to warn the revolutionary soldiers of a looming attack, another was Rebecca Franks who made fun of the British officers who tried to court her.⁹ More recently, Holly Meyer, Serena Zabin, and Carole Berkin also analyze women in the War of the American Revolution, from revolutionary mothers to camp followers.¹⁰ Most recently, Zabin specifically points out the familial nature of British occupation in the revolutionary era and describes the Boston Massacre as a "Family History."¹¹

These themes of women's military labor and familial structure continue into the nineteenth century and define the work of women in the Civil War. Libra R. Hilde analyses the

⁷ Martino, 19.

⁸ Elizabeth Ellet, *The Women of the American Revolution* (New York: Applewood Books, 1819.)

⁹ Ellet.

¹⁰ Carole Berkin, *Revolutionary Mothers: Women in the Struggle for America's Independence*, (Vintage Books, New York, January 1, 2006.) Introduction.; Holly Mayer, *Belonging to the Army: Camp Followers and Community During the American Revolution*, (University of South Carolina Press, August 2, 1999.) 7.; Serena Zabin, *The Boston Massacre: A Family History*, Houghton Mifflin Harcourt, (February 18, 2020.) 3.

¹¹ Zabin, 3.

work of southern women as nurses in the Civil War in her book; *Worth a Dozen Men: Women and Nursing in the Civil War South*. She takes time to introduce the gendered roles of this period and the expectations that women of both the north and south were subjected to. She states, "Gender stereotypes in both the North and South stressed female weakness and dependence on men."¹² While the gendered norms of the time pushed women into a box, many saw nursing as "their gendered wartime option."¹³ Nursing was care work that was normally performed by wives, mothers and sisters, and this option defines women's work in warfare for another century.

Elizabeth D. Leonard also highlights women's work in her book, *Yankee Women, Gender Battles in the Civil War*. Leonard explains the complicated relationship nineteenth century people had with women's involvement in warfare and that men and women both detested female involvements. Between Nurses and civilian women, tensions rose at the different gendered roles that each of these women took on or defied. Leonard explains that; "tensions among women constituted further symptoms of a gender system crisis provoked by the war's unsettling influence on the prewar definition of middle-class womanhood."¹⁴ "Womanhood" often defines public perception of women's work and dictates which spaces women can occupy and work in. The challenges nurses faced in the civilian and military worlds were often at odds,

¹² Liba R. Hilde, *Worth a Dozen Men: Women and Nursing in the Civil War South*, (University of Virginia Press, Charlottesville, June 29, 2012.) 3.

¹³ Ibid, 58.

¹⁴ Elizabeth D. Leonard, *Yankee Women, Gender Battles in the Civil War*, (New York, WW Norton and Company, 1994.) 155.

placing nurses in a challenging space where their womanhood was influenced and even appropriated to benefit a larger entity such as the United States Military.¹⁵

Unlike previous wars, the Civil War served as a spark for women's expansion in the workforce and challenging the ideas of "separate spheres" that men and women operated in. Alice Kessler Harris describes this in her book, *Women Have Always Worked: A Concise History*. She explains, "When the war was over, these women had learned that they could work competently, effectively, and as hard as anyone else."¹⁶ The Civil War, along with industrialization, allowed women to expand their roles in labor and education. Many middle-class women flocked to universities that had opened their doors to women in the years after the war. This generation of newly-educated and ambitious women expanded women's labor opportunities in both the nineteenth and twentieth centuries and opened the door to women's opportunities.

The themes of familial roles and the maintenance of "ideal womanhood" are ideas that follow Army nurses throughout the twentieth century. Not only were women subject to the ancient expectation that warfare was "men's business," but they were expected to maintain the societal standards of women's gender roles, acceptable labor, and standards of female morality. Society dictated what work women could acceptably do and tied women's morality and purity to their labor. This left women with limited labor options that were structured on traditional femininity and historic gender roles. Though the Civil War opened many doors for

¹⁵ Kara Dixon Vuic, *The Routledge History of Gender, War, and the U.S. Military*, 1st edition, Routledge, (April 15 2019.) Chapter 4.

¹⁶ Alice Kessler-Harris, *Women Have Always Worked: A Concise History* (Urbana, IL: University of Illinois Press, 2018) 116.

women, they were still confined by the social standards of middle-class, native-born American womanhood that permeated twentieth century society and in turn, defined the Army's relationship to sex.

After the Spanish-American war, nurses began advocating for an all-female nurse corps to be attached to the Military.¹⁷ As a result, the ANC was founded in 1901 as an all-female nurse corps, forcing the Military to directly deal with having women as a part of the military entity. The role that the Military took was that of a parent. The United States military saw the ANC as a group of mostly young women in need of guidance. They analyzed the young women's character and set strict rules that they were expected to follow. Just as any other institution, the military and the ANC evolved as women's lives began to change in the wake of twentieth century social movements such as women's suffrage, the mobilization of the female workforce, and the sexual revolution.

Though women were always officially a part of the military, equal treatment was a distant feat. The military adjusted its relationship with Army nurses throughout the twentieth century, but the sexual double standard of morality in men verses women was always present.¹⁸ As David Allyn explains, "The sexual double standard is as old as civilization itself."¹⁹ This sexual double standard of sexual morality and equality, influenced the Military's treatment of Army nurses, and the familial structure that nurses served under. This left women subject to

¹⁷ Mary Sarnecky, *A History of The U.S. Army Nurse Corps*, (University of Pennsylvania Press, Philadelphia, PA, 1999) 49.

¹⁸ David Allyn, *Make Love, Not War: The Sexual Revolution: An Unfettered History*, (Taylor & Francis Group, 2001) 11.

¹⁹ Allen, 11.

unfair treatment throughout their wartime service and defined the relationship the military had with men and women.

While women's role in warfare is constantly being "rediscovered," the long history of Army nurses has been more carefully recorded by historians. Some of the most notable writers of Army Nurse Corps History and gender and sexuality in the military are Mary Sarnecky and Kara Dixon Vuic. Mary Sarnecky wrote *A History of The U.S. Army Nurse Corps*, and Kara Dixon Vuic has written *Officer, Nurse, Woman: The Army Nurse Corps in the Vietnam War*, and *The Girls Next-door: Bringing the Home Front to the Front Lines*. Both authors examine the relationships between women, men, and high- and low-ranking officers and how gender, class, and rank operated within the Army Nurse Corps.

Mary Sarnecky's analysis serves as a chronological contributionist analysis of the history and legacy of the ANC. Her book was the first to collect and analyze the entire history of the ANC from its inception in 1901 to 1997 when the book was published. Sarnecky, who served as a Colonel in the ANC, aimed to "enrich the history of the U.S. Army Nurse Corps' sense of pride, identity, and continuity while highlighting the threads common to the fabric of Army Nursing across the ages."²⁰ Although Sarnecky incorporates an analysis of gender and sexuality, however, the main purpose of her book is concerned with the analysis of Army nursing as a whole. In contrast to Vuic, who dives deeper into sex based experiences, Sarnecky focuses on recording ANC history collectively and is the first person to record and publish an entire history of the ANC. Her work has been foundational in Army Nurse Corps publications written after 1997 and it is one of the most used and extensive histories in the field of ANC history.

²⁰ Sarnecky, 1.

Vuic's work in *Officer, Nurse, Woman*, on the other hand focuses on the ANC during the Vietnam war, and the experiences of ANC members in the post-Vietnam era. She explores how gender and sexuality operated within the ANC during the Civil Rights and feminist movements on the domestic front and political divisions over the U.S. Military intervention abroad. She uses the experience of Army nurses to show the liberalization of the Army during the 1960's and 1970's and how they "created new understandings of what constituted traditional gender roles."²¹ She describes this book as the story of "changing gender roles" for "Americans at a crucial moment in the nation's history", and "the nation in the midst of tumultuous social and cultural change."²² As Vuic demonstrates, women began to engage more actively in political movements, expand their place within the labor force, and fight for sex equality at home and abroad.

This thesis builds on the foundation established by Sarnecky and Vuic in the larger historiography of the ANC and women in the military. It incorporates the lenses of gender and sexuality but focuses on the ANC as a community of women who changed from the First World War to the Vietnam war. Just as Vuic explains in *Officer, Nurse, Woman*, Army nurses of the Vietnam era challenged and changed gender roles within the military, and as Sarnecky shows their legacy is long and enduring. This thesis is intended to take a deeper look at the ANC as a whole and explore the interrelations between the women who worked together. It argues that ANC members created their own community of women who not only in Vietnam but across the

²¹ Vuic, *Officer, Nurse, Woman*, 11.

²² Vuic, 11.

twentieth century, acted on their patriotism, challenged gendered expectations, and created their own form of liberal feminism within their ranks.

Army Nurses from the First World War on have served in familial roles within the military. As Nancy Rudolph, an Army Nurse in Vietnam shared, “You ended up being their nurse, their mother, their sister, their girlfriend, their wife. You wrote their letters home good or bad...you saw them twelve hours a day...” She continued, “and you, literally, were probably one of the few good things that happened to them in the war.”²³ It was this familial structure that dominated the work of Army nurses and allowed them to create their own feminist ideology amongst themselves. This ideology was forged in patriotism, feminine gender roles, and a desire to make meaningful changes. This thesis builds on the important work of Sarnecky and Vuic to argue that fictive kinship and feminist action are characteristic of the ANC across the twentieth century.

A Note on Terminology and Sources

The terms and acronyms used in this thesis have been carefully considered and chosen. To clarify, the acronym ANC is used many times and stands for Army Nurse Corps. World War I and World War II are referred to largely as WWI and WWII respectively. Army nurses are referred to as both nurses and women throughout the thesis and specific women are referred to by their rank and last name after the initial introduction.

Terms that discuss more abstract topics such as “feminism,” and “sex” are used frequently throughout this thesis. The term **sex** describes the physical sex of women, and the differences between men and women and showcase the Military’s treatment of women based

²³ Vuic, *Officer, Nurse, Woman*, 151.

on sex differences. I use the term “sexuality” when analyzing sex differences, relationships, and sexual expression. Feminism defines the physical and political action of Army Nurses and operates as an approach to issues of inequality based on sex and sex differences. Feminism is used in this thesis as a critical examination of the military hierarchy, power dynamics between men and women, and the foundation for Army nurse’s action.²⁴ In this thesis the term “patriotic feminism” is used to examine the feminism of Army nurses. This term was created by the author after careful consideration and is used to describe the work and feminist sentiments of many women. Women who served were often motivated by a desire to serve based in patriotism, and nationalism and these motivations led them to want to expand the scope of their patriotic duty and open military service opportunities to women. The term “patriotic feminism” defines their work as it highlights the core values of these women, some of which don’t align with traditional liberal feminism.

While military archives are often full of abundant testimonies and resources, women’s experiences make up a small percentage of those archives. Throughout this thesis, anthologies of recorded Army nurse testimonies have been imperative to research and analysis. Books such as Kathryn Marshall’s, *In The Combat Zone*, and Ron Stenmen’s *Women in Vietnam: The Oral History*, have provided dozens of accounts of Army nurses. Other smaller accounts and articles too have provided primary sources to this thesis.

A couple of archives in Massachusetts and Colorado were essential to my research. The American Military Nursing Collection and Florence Blanchfield Collection’s at the Howard

²⁴ Lisa Day, “What Is Feminism?,” Women & Gender Studies, Eastern Kentucky University, accessed April 29, 2022, <https://wgs.eku.edu/what-feminism-0>.

Gottlieb Research Center, housed at Boston University has been an incredible help in the pursuit of Army nurses accounts and personal experiences. The Fort Collins Museum of Discovery's, Althea Williams Collection houses the entire collection of Althea Williams's wartime experiences. Access to personal testimonies, wartime correspondence, and inter-military communications found in both collections have been integral to the research of this thesis.

This project began with a personal, family archive of my grandmother, Lynne Ruyle's personal letters and effects. Ruyle served as an ANC nurse during the Vietnam War at the 71st evacuation hospital in Pleiku, Vietnam and sent letters, slides, photographs, and tapes back to her family, detailing her experience. She is survived by her husband, Robb Ruyle, who served with her at the 71st and whose oral testimonies have supplemented Lynne's archive. This family archive and family experiences during the Vietnam War served as the spark to begin this deep dive into ANC History.

Though there are many accounts available throughout the United States, and in print, many women's stories have been lost, or many women felt that they simply didn't have a story to tell. In many oral histories and testimonies, nurses are vague about their answers to questions and allude to the fact that they don't believe their stories to be interesting enough to record. Women's voices are an integral piece of military history that have shaped the lives of civilian and military women. Their experiences have defined an entire chapter of American warfare, and they have served as the foremothers to the modern military woman.

Chapter 1- Virgin Mothers and American Daughters: Army Nurses, Feminism, and the First World War

A young woman waits for the oven to reach the perfect temperature. Using spare linen for oven mitts she opens the oven door and grabs the tray, taking it into the other room and setting it on a wooden table. She adjusts the items on the table and makes them presentable, just as her mother had taught her. Remembering the manners that defined her womanhood, she wipes the debris from the table and stands up straight. To finish the table setting she marches to the shelves and pulls down a candy tin and a bacon canister, carrying them to the tray on the table. "Is it ready?" A man asks her. "Yes." She answers, wiping her hands on her soiled white uniform and trying to ignore the smells of burnt meat. She opens the candy tin and sets a clean sponge near the scalpels on the tray and grabs the sterilized linen from the bacon tin and sets it down. "The equipment is sterilized, surgery may start." she tells the doctor, and with a nod of approval, they get to work.

Life as an Army Nurse was far from glamorous for the nearly 22,000 women who served in the First World War. The United States joined the allied forces in April of 1917, and men were being drafted and sent to Europe until Armistice Day on November 11, 1918. The War department almost immediately knew they needed to recruit and secure nurses for duty.¹ It didn't take long for thousands of registered nurses and nursing students volunteered for action, feeling that it was their duty to serve. The United States Army initially estimated a need

¹ Mary Sarnecky, *A History of The U.S. Army Nurse Corps*, University of Pennsylvania Press, Philadelphia, PA, 1999. 91.

for 10,000 nurses, but the number quickly doubled, with some estimates reaching 50,000. The number of nurses actually used was closest to the estimate made by Dora Thompson, Superintendent of the Army Nurse Corps, of 24,000. The ANC of WWI totaled 21,480 women at its peak.² The ANC was fully operational quickly after the call for nurses was made, and by 1917, thousands of women were stationed at hospitals across the United States and Europe.

Virtuous womanhood and improvisation were two core values that made an excellent nurse to the Army Nurse Corps (ANC) of World War I. While working overseas, Army nurses had to learn quickly how to improvise, using what they had on hand or could scavenge to ensure instrument and supply sterility. Supplies were constantly short, to the point that some hospitals would steal supplies from other hospitals. Mary Sarnecky, author of *A History of the U.S. Army Nurse Corps*, explains that hospitals would steal supply drops from train stations, the problem was so bad that “Hospital Commanders has to post guards at the stations.”³ Bed bugs, rats, and other pests infiltrated all hospitals. One nurse recalled having mice crawl across her while she slept, and another recalled the fervent bed-bug problem. She explained, “To exterminate them is hopeless, but we know they can be controlled to some extent and will keep on trying.”⁴

The military placed these Army nurses into the context of being of young, virgin mothers whose patriotism defined their womanhood and work. They were subject to rules that monitored their activities and morality, but at the same time expected to be a comforting and pure presence in warfare. This idea of nurses as mothers to patients and one another is a trend that was defining trait that pushed WWI nurses to act on their patriotic feminism. The Army

² Sarnecky, 91-92.

³ Sarnecky, 115.

⁴ Sarnecky, 118.

created a culture that allowed women to see the value of their work, the importance of their femininity, and the familial connections they had to one another. Through improvisation, demanding adequate recognition, and rank, nurses of the Great War created an intersection where patriotism and feminism met.

Army Nurse Corps Challenges

Nurses knew the importance of their work and acted upon their patriotism in asking to be sent to the front. Despite nurses' desires, ANC and Army officials and Chief Nurses forbade women from serving at the front; deeming it too dangerous and under the assumption that women weren't capable enough to work under front line conditions. Some authorities even thought that field hospitals were too close for women to work in. Colonel A. N. Stark, the chief surgeon of the First Army stated, "A field hospital is no place for a female nurse, and if you and your surgical teams cannot function with intelligent Corps men, you should endeavor to secure someone who can."⁵ Despite Army protocol, instructions, and opinions, most women wanted to serve at the front. Chief Nurse of Camp Hospital #15, Florence Blanchfield wrote to her superiors explaining that, "The nurses under my supervision are a very dissatisfied lot...because of the remoteness of this station from the front."⁶ The women of the ANC wanted to serve close to the action and put their talents to good use. Julia Stimson, a nurse serving at a base hospital in Rouen, France wrote, "The work in the hospitals at the front, with all of it's trying

⁵ Sarnecky, 103.

⁶ From *The Florence Blanchfield Collection*, Correspondence between Florence Blanchfield and "Miss Bell," 1918, Boston University Libraries, Howard Gotlieb Archival Research Center.

conditions, was the goal and prize for which every nurse in the American Expeditionary Forces longed for.”⁷

The cold rains of a European winter were another challenge that saturated nurses time and energy. Sucking and sticking mud clung to their leather boots and infiltrated the walls of the canvas hospital tents.⁸ Keeping hospitals clean and sterile was a daily challenge, especially as supplies for sterilization were short. Creative measures like baking surgical tools in ovens were taken to ensure cleanliness, and sponges and sterile linens were placed in discarded candy or bacon tins to keep them clean as noted in the introduction.

The medicine of the early twentieth century was primitive in some ways by today’s standards and because antibiotics were yet to be invented, infection was a constant threat. Shari Lynn Wigle explained that “Doctors and nurses fought infection in gaping wounds with tetanus anatoxin, debridement, and irrigation.”⁹ This meant that nurses scrubbed wounds harshly to ensure all debris such as shrapnel, mud, and damaged tissue was removed from a wound. After debridement nurses would use Dakin’s solution, a sodium hypochlorite antiseptic, nurses would place rubber tubes and allow a constant stream of antiseptic flood the wound and purge any lingering infection or bacteria.¹⁰ Despite the lack of modern medical amenities, nurses and doctors worked with the technology available to them in order to quickly treat patients. Anesthesia was also in its primacy and chloroform was the most widely used anesthesia during the war, despite its dangers such as heart and lung complications. Army

⁷ Sarnecky, 104.

⁸ Sarnecky, 104.

⁹ Shari Lynn Wigle, *Pride of America, We’re with You: The Letters of Grace Anderson, U.S. Army Nurse Corps, World War I* (Seaboard Press, Rockville MD, 2007), 56.

¹⁰ Wigle, 56.

Nurse Helen Fairchild developed gastric ulcers from mustard gas exposure and required surgery. Fairchild was 32 when she died at Base Hospital #10, a death caused by complications from the use of chloroform as her general anesthesia.¹¹

Laundry and access to hot water was a rarity in most hospitals. As one nurse explained, if laundry needed done it had to be sent forty miles away. This meant that nurses had to find creative ways to deal with cleaning their white uniforms and soiled linens and were only able to shower once or twice a week. Fuel to boil water was scarce, and what little was had would be prioritized to clean and sterilize instruments and care for wounded men. Nurses turned soiled sheets inside out and place them upside down so the patients head was as far from the soiled part as possible, and do their best to clean and care for men with "bits of equipment and extreme utility."¹²

Nurses also took it upon themselves to make the dirty, somber hospitals feel more like home for the men. One nurse recalled the creative measures nurses took to create a cheery Christmas celebration for their patients, "Gauze and candy boxes, bits of string, blue paper that had been wrapped about cotton were collected from all wards."¹³ The nurses used and saved these tiny resources to create paper chains, streamers, and party decorations. They also secretly sewed stockings from socks and spare fabric. The big party trick, however, was hoarding new white sheets and once enough were gathered, each patient received a bed with

¹¹ Lisa M Budreau, Lt. Col. Richard M. Prior, *Answering the Call: The U.S. Army Nurse Corps, 1917-1919*, (Office of Medical History, United States Army, Falls Church, VA, 2008), 192. Nurses such as Fairchild that died while on duty were buried with full military honors and their families were given the option to have them interred at Arlington National Cemetery.

¹² Sarnecky, 115.

¹³ Sarnecky, 115.

crisp, clean sheets to wake up in on Christmas morning.¹⁴ Nurses used their creative touch to make men feel welcome in a desolate and unwelcoming place, acting upon traditional sex roles that women of the early twentieth century were expected to fill.

Dora Thompson, the superintendent of the ANC during this war, described the creation of the ANC as a “rather uphill battle.” She shared that there was much opposition and belief that women weren’t fit for Army Nursing and that they would be more of a problem than a solution. Despite the doubt, Army Nurses served in an array of hospitals including base hospitals, field hospitals, evacuation hospitals, mobile hospitals, and even train hospitals. Base hospitals which were located “in the rear area known as the line of communications” a few miles from the front, and usually housed in large buildings.¹⁵ The hospitals were designed to be the destination within the warzone for patients in their evacuation process. Many patients would be treated and recover at a base hospital, but some were sent on to hospitals in the U.K. or their home country for further treatment.¹⁶ Typically around 46 nurses would serve in a base hospital with most serving as ward nurses under a chief nurse and an assistant chief nurse.¹⁷ Camp hospitals served the same role as base hospitals, only on a smaller scale.

Field hospitals were situated closer to the action, approximately three to four miles behind the front and were the first location patients were taken after treatment from dressing stations and medical officers stationed in the trenches.¹⁸ During the beginning of the war, field

¹⁴ Sarnecky, 115-116.

¹⁵ Sarnecky, 111.

¹⁶ “Delivery of Medical Care off the Battlefield,” Delivery of Medical Care off the battlefield - World War I Centennial, accessed February 3, 2022, <https://www.worldwar1centennial.org/index.php/delivery-of-medical-care-off-the-battlefield.html>.

¹⁷ Sarnecky, 111-112

¹⁸ Sarnecky, 101.

hospitals were deemed too dangerous for women to be stationed there, but by the end of the war, women were being called to field duty. Most field hospital units had around six to seven nurses and as the armies advanced, the field hospitals followed.

Evacuation Hospitals mimicked this action, following the field hospitals as an army advanced. Evacuation Hospitals were much larger than field hospitals with 432 beds, and their role was to stabilize patients for evacuation to a base hospital via a mobile or train hospital.¹⁹ For this reason, most evacuation hospitals were placed near to railway stations or waterways. Working in dimly lit canvas tents as to not alert the enemy of their presence through lights, nurses in mobile hospitals served a similar role to that of evacuation hospitals. However, they were often situated even closer to the front line than field Hospitals. Sarnecky explains, "The mission of the mobile hospital was to treat the seriously wounded soldiers as close as possible to the front lines."²⁰ Priority patients with head, torso, and extreme wounds sent to surgery and stabilized here. Because of the proximity to the front, Army nurses chosen for mobile hospital duty had to complete a mental evaluation to ensure adaptability and mentally stability.²¹

Doctors in mobile hospitals performed surgery and treated shock victims in their mission to save lives. Nurses in these hospitals worked on shock teams, as surgical aids, and did their best to keep the mud-ridden and shell-shocked hospitals as clean and sterile as possible. These hospitals were truly mobile, with amenities like X-rays, and sterilizer housed in trucks, and generators taken wherever the hospital moved. Train hospitals were not only innovative, but they were imperative to the chain of evacuation. Working closely with evacuation hospitals,

¹⁹ Sarnecky, 104

²⁰ Sarnecky, 105.

²¹ Sarnecky, 105.

train hospitals evacuated wounded men to base hospitals. Sarnecky explains that when the ANC first mobilized nurses, none were allowed to serve on train hospitals.²² But, after a brief experiment involving three Army nurses, they were assigned to train hospitals.

They worked in dirty and dangerous conditions and were expected to be stand-in wives, mothers, girlfriends, and sisters to all wounded men. Just because women weren't allowed to be stationed near the front didn't mean that women weren't in danger. Charles H. Kalezki describes a dangerous situation in his book, *Official History of U.S.A. Base Hospital No. 31 of Youngstown Ohio and Hospital Unite "G" of Syracuse University*. He describes the chief nurse of Evacuation Hospital #4; Cassie White being hit with shrapnel during an evacuation from German Artillery. "Miss White 'Ducked' but then she stood up too soon. A fragment of shell casing struck her rain hat, knocking it off, and throwing her to the ground. 'Oh my God, Miss White, you're hit.' her assistant shrieked. 'No, I'm not either,' She replied coolly enough, regaining her feet. 'But catch hold of that stretcher and let's get out of here.'"²³

Army nurses in danger refused to run from it, and when told to "wait out" artillery attacks, most nurses refused and continued to work or evacuate patients to safer accommodations.²⁴ After the attacks were over nurses kept working, rebuilding, and cleaning up what was left of the hospitals. Within a few hours the hospital staff was able to resume working and tending to patients.²⁵ Nevertheless, during the war, very few women were wounded by enemy fire. Greater danger to women came in the form of disease: many fell ill,

²² Sarnecky, 109.

²³ Charles H. Kalezki, *Official History of U.S.A. Base Hospital No. 31 of Youngstown Ohio and Hospital Unite "G" of Syracuse University* (Syracuse: The Craftsman Press, 1919), 190.

²⁴ Kalezki, 190-191.

²⁵ Kalezki, 192.

and 127 nurses died as a result of the 1918 influenza pandemic.²⁶ At Base Hospital #68, near Nevers, France, 12 of the 46 on duty nurses died in one month, the chief nurse shared that, “she avoided looking into her surviving nurses faces to prevent, “wondering which would be the next to be absent from the dismal scene.”²⁷

Army nurses of the First World War were the first women that the Army had ever been responsible for, and they began quickly expanding their roles and taking on more work. Charles H. Kaletzki explains that due to a shortage of staff, nurses took over the work of corpsmen and senior medical officers: “Frequently it was impossible to have enough officers to do dressings, nurses doing a large share of the routine. In the surgery nurses replaced medical officers as assistants to the surgeons and were immensely successful as anesthetists.”²⁸ Nurses had to be adaptable and creative to make up for the lack of supplies, staff, and the ever-changing landscape of the war.

The First World War was the first war that African American Nurses served in the ANC. Many black women joined, answering the call to help, but the army didn’t allow them to serve overseas, they were stationed stateside in U.S. Army hospitals. Sarnecky explains that “The Army, which was segregated, cited the unavailability for the necessary quarters for black women as the rationale for their decision.”²⁹ It wasn’t until the 1918 influenza pandemic that Black nurses were truly welcomed into action, and it was only after the Armistice that a few

²⁶ Sarnecky, 121.

²⁷ Sarnecky, 121.

²⁸ Kalezki, 187.

²⁹ Sarnecky, 127-128.

nurses were allowed to care for both white and black troops at Camp Sherman, Ohio, and Camp Grant, in Illinois.³⁰



*Figure 1. Army Nurse Corps
Outdoor Uniform.*

Despite not paying for the nurses' uniforms, the Army used women's clothing as another way to control their morality, and femininity. Over the last century, civilian nurses traditionally wore white, promoting sterility and purity on both the women and the hospital. Army nurses of previous wars had been issued grey crepe dresses for their uniform, but due to laundering issue, white dresses were issued in their place. Soon into the war, officials realized

³⁰ Sarnecky, 127-128.

that the white cotton uniforms served more as a canvas for blood, mud, and other bodily fluids than an acceptable uniform. The color and material of the uniform were quickly changed back, and nurses began donning a grey jersey dress with improved laundering ability. One nurse recalled the unflattering ensemble, stating, “a raincoat over either a jersey or gray crepe uniform, rubber boots, and sou’westers hat...No wonder that the mademoiselles asked our soldiers, “Are all American women so homely?””³¹ The Army refused to pay for the nurses’ uniforms and equipment despite furnishing enlisted men with both at no cost. With a salary of just ten dollars a month, few nurses could afford to buy their uniforms. This left the Red Cross to supply the women with uniforms for the entire war, only to be reimbursed by the military in 1922.³²

Nurses considered their uniforms were less than fashionable, and they took matters into their own hands and made personal alterations and added feminine accessories like veils, purses, cuffs, and pretty adornings.³³ These uniform embellishments were met with disdain from higher ranking ANC officials, prompting a letter to be sent to all nurses, reminding them that accessories were forbidden, and opening the collar “lower than one button below the neck” was not recommended.³⁴ Despite the reminders to follow dress code, women took any opportunity to feminize their uniforms. An example of the uniform can be seen in *Image 1*.

³¹ Sarnecky, 119.

³² Sarnecky, 84.

³³ Sarnecky, 85, 119.

³⁴ Sarnecky, 120.

Women At Work

The nurses of WWI were some of the first to work in the army on such a large scale and in a global conflict. Chief concerns of ANC and Army officials included: how sex and sex differences would operate, and how women would be able to maintain their gendered expectations while working in a male dominated warzone. During the beginning of the war, the Army Nurse Corps set specific requirements for nurses who enlisted, requirements that weren't placed on enlisted men in the army. The early requirements for nurses stated that they be unmarried, between 25-35 years old, and registered as nurses in their home states.³⁵ Men had similar requirements; be between 21-30 years of age, swear allegiance to the United States, and meet the physical requirements. Men, on the other hand were not restricted based on marital status. Through this requirement, the army decided it more acceptable to make a child fatherless, but not motherless.³⁶ Soon after these requirements were enforced, they were amended or dropped all together in order to increase the number of nurses eligible for service. The one requirement that stayed however, was that if a woman enlisted into the ANC, she must serve for the duration of the war, an expectation placed on both enlisted men and women.³⁷ This was the first time in Army nursing history that women were not allowed to return home after a few months service. Due to the location of the war being in Europe, the military concluded it was more cost effective and efficient to keep nurses at their post for the duration of the war.

³⁵ Sarnecky, 93.

³⁶ Erin Allen, "World War I: Conscription Laws," World War I: Conscription Laws | Library of Congress Blog, September 13, 2016, <https://blogs.loc.gov/loc/2016/09/world-war-i-conscription-laws/>.

³⁷ Allen.

Not only were these nurses thrust into the horrors of war, and expected to serve for the duration, but they were also expected to maintain rigorous personal moral standards while they worked as the dispute over uniforms suggested above. Nurses were told to refrain from drinking alcohol, fraternizing with enlisted men and civilians, and even had limited recreation time and areas of prohibited occupation while off duty.³⁸ Younger nurses who were allowed leave were almost always required to be escorted by their chief nurse, or a nurse older than them, to ensure that they followed the rules and acted as ladies.³⁹ Their role in the war was to save lives, as well as to maintain the middle-class gendered expectations of early twentieth century society. Below in *Figure 1*, is a copy of the rules enforced upon Army nurses.

As seen in *Figure 1*, Army nurses were subjected strict curfews, were forbidden to talk to enlisted men or officers in a personal or casual manner and asked to maintain privacy and cleanliness in every capacity. They were charged with being the homemakers of their own barracks and wards. The rules enforced on women were aimed at controlling most aspects of their personal time, their work, and their space. As seen in the first two rules listed in *Figure 1*, nurses were expected to maintain strict curfews, report to the chief nurse constantly, and had set hours of the day that they could recreate. Not only was time monitored, but their relationships were monitored as well.

Maintaining “the high standard of American womanhood” was central not only to the creation of these rules, but to the identity and expectations placed upon army nurses. A prime example of this action is highlighted by the Superintendent of the Army Nurse Corps at the

³⁸ Sarnecky, 116-117.

³⁹ Sarnecky.

time, Dora Thompson. She explained the reason behind these expectations, "The nurses...have the privilege of representing, not only the nursing profession, but the women of America and they should do their utmost to maintain the high standard of American Womanhood."⁴⁰ The Army and ANC officials asserted themselves as the moral upholder for female nurses, acting as parents to the young women, giving them strict and specific parameters in which to operate, keeping a tight hold on their attire, recreational activities, and personal relationships.

Not only were these rules in place to keep women in line with the strict moral code that most twentieth century women were subjected to, but it was a reaction on the part of the Army to having women so deeply involved in warfare. Susan Ziegler expands on why this strict moral code so engrained into the social expectations of the military. She writes, "Just as an eroticized and youthful "pinup girl" was the paradigmatic construction of femininity in the 1940's, the white, middle aged American "Mom" was the predominant image of womanhood in the war culture of the First World War."⁴¹ The Great War started as a family war, and familial ties operated in propaganda, enlistment, and American Patriotism.

Women were encouraged during his time to engage with what Kathleen Kennedy and Susan Zieger deemed "Patriotic Motherhood" where women were called upon to lean into their feminine roles such as nurturing and motherhood to support a patriotic view of the war.⁴² If women on the Homefront were being expected to engage constantly with ideals of "patriotic motherhood", then Army nurses were subject to operating under ideals of motherhood and

⁴⁰ Sarnecky, 116.

⁴¹ Susan Zeiger, "She Didn't Raise Her Boy to Be a Slacker: Motherhood, Conscription, and the Culture of the First World War," *Feminist Studies* 22 (Spring 1996) 7.

⁴² Kathleen Kennedy, *Disloyal Mothers and Scurrilous Citizens: Women and Subversion during World War I* (Bloomington: Indiana University Press, 1999.); Zeiger, 7-39.

strict twentieth century femininity. This war changed the ways that women saw themselves as political actors and pushed the boundaries of societal ideas of morality and gender roles.⁴³

Though nurses were expected to follow strict guidelines, many challenged these rules, or outright ignored them. Rule 3 outlines the type of conversation that was deemed appropriate, women were told to only have “professional” relationships with officers and enlisted men, women were even forbidden to talk to enlisted men aside from their patients. Despite this strict rule, forty-four nurses were sent home due to pregnancy, though this number could be higher as no records discuss it in depth. The identity of the father is also not recorded, leaving historians unsure if they were Army men or civilians. According to Sarnecky, pregnant nurses were dealt with leniently and removed from active service quietly.⁴⁴ Though Christian ideals and ideas of womanhood play heavily into the creation of these strict rules and nurses felt extremely limited by these rules, and even trapped.

⁴³ Kennedy, Zeiger.

⁴⁴ Kennedy, Zeiger.

RULES FOR NURSES.

1. Hours for duty are from 7.00 A. M. to 7.00 P. M., with time for recreation to be arranged by the Charge Nurse, subject to the approval of the Temporary Chief Nurse.
2. Outdoor recreation shall be taken between the hours of 8.00 A. M. and 9.00 P. M. When walking through the Camp, the Nurses are required to keep in the road and refrain from engaging anyone in conversation, or allowing themselves to be escorted about the Camp.
3. Owing to existing conditions peculiar to this Camp, the relations between the Nurses and Officers attached to the Hospital must be purely formal and professional. Outside the Hospital there must be no social relation between the Nurses and Officers or Enlisted Men of the Camp, even casual conversation must be avoided. It is imperative that these measures be adopted in order to prevent the possibility of a misinterpretation by the French and unfavorable comment by the Americans.
4. Visiting in the Hospital when off duty, or in wards other than those which you are assigned to duty, is strictly prohibited.
5. Special permission must be secured before inviting Calls to the Hospital or Nurses' Quarters.
6. When sick or ailing, Nurses must report to the Temporary Chief Nurses before 8.30 A. M. No nurse will be carried as "Sick in Quarters" longer than twenty-four hours. Subsequent to that she will be admitted to the Hospital.
7. Dormitories occupied by Day Nurses must be ready for daily inspection at 8.30 A. M., and Night Nurses at 6.30 P. M.
8. Doors to Nurses' Quarters must be kept closed at all times.
9. The Nurses are charged with the maintenance of order and discipline on the Wards. For this reason it is imperative that you maintain the strictest self-discipline when on duty.
10. The presence of patients in the building where the Nurses are quartered imposes the necessity of reducing noise as far as possible. Especially when passing through the corridors, loud talking, singing and laughing is to be avoided.
11. Faithful observance of the foregoing rules is imperative. Infraction thereof will be considered an offense.

A true copy

Florence A. Blanchfield,
Temporary Chief Nurse.

Figure 2: Rules for Army Nurses, 1918, The Florence Blanchfield Collection, Howard Gottlieb Research Center, Boston University, Boston MA.

This enforcement of rules to maintain gendered expectations for strict twentieth century womanhood wasn't well-received among the nursing population. Florence Blanchfield, the Chief Nurse of Camp Hospital #15 stationed in France, shared her discontent with her superiors. She explains that she and her nurses were extremely dissatisfied, "Because of the restrictions which our Commanding Officers have deemed it necessary to impose on our social activities."⁴⁵ Nurses of her unit weren't allowed leave and were expected to spend their limited free time at the hospital.

Blanchfield wasn't afraid to take this dissatisfaction a step further and advocate on behalf of her nurses, in the same letter, she wrote: "The spirit of dissatisfaction and anxiety to get away is constant and while it is not always manifested to the same degree, I have found it most trying and feel that in time, the nurses' health and efficiency will suffer. Can you suggest a remedy?"⁴⁶ Her nurses wanted to visit the surrounding villages and areas-they wanted a simple short walk, a meal off the compound, or any form of brief escape from the horrors of work.

What Florence Blanchfield was concerned about in her letter was true; nurses were suffering. The day-to-day work of an Army Nurse was taxing and many struggled to find time away from their work, or outlets for the extreme stress. Army Nurses worked constantly, and rarely received leave, however when they did, many were riddled with a sense of guilt. Helen Parks, known as "Parkie" to her friends, wrote about this feeling to some close friends, she stated, "I will be glad to get back to work again." She told them, "It seems wicked to be doing these things [going on leave] when you see veritable youngsters in khaki all about you and

⁴⁵ Florence Blanchfield, Correspondence from Blanchfield to her superiors, 1918, *The Florence Blanchfield Collection*, Boston University Libraries, Howard Gotlieb Archival Research Center, Boston, Mass.

⁴⁶ Blanchfield, Correspondence from Blanchfield to her superiors, 1918.

realize how terrible it all is.”⁴⁷ Many women channeled their frustration into creative outlets such as scrapbooks, poetry, and even drawings. Their work was often about the hardships of their position, confiding in one another as well as family members that their experience was bleak. Ruby Pennell, a nurse, channeled her energy into a detailed scrapbook, as well as small, poignant poems. Her poem entitled, “The Army Nurse Off Duty” (*Figure 2*) showcases the collective exhaustion, sadness, and frustration many women felt while serving.

⁴⁷ Helen Parks, Correspondence from Parks to friends, 1918, *the American Military Nursing Collection*, Boston University Libraries, Howard Gotlieb Archival Research Center, Boston, Mass.

"The Army Nurse off Duty"

1. "I'm tired — too tired to live —
To sleep — or to laugh, or to cry!
I have given them all I can give
And yet, — am not ready to die.
2. I'm tired — too tired to move,
My head — & my hands — and my soul;
Too weary to hate or to love,
To stimulate, soothe or control!
3. I'm tired of crutches and canes
Of bandages, medicines, doses —
Of doctors — and dressings — and pains —
Of sympathy — even of hope!
4. Of letters to open and read
From sister or sweetheart or wife;
The others, that question and plead
Will haunt me the rest of my life!
5. I'm tired of striplings untamed —
They laugh and they love — and they die;
Of the scared and the blind and the maimed
And of forcing myself not to cry.
6. It's the life of a dog or a slave
This saving the wreckage of war;
You talk of "our glorious brave"
But we — ah, we know what they are!
7. Do I like it? — this game I must play?
Does a doom-haunted prisoner sing?
• X X X — Don't listen — I'm tired today —
Be quiet — yes, That is my ring.
8. No Doctor! — quite rested — what! Dan?
Not red-headed Dan from Auburn?
He shan't die — I will save him —
She ran — such is the life of an army nurse.

(Ruby Pennell)

Figure 3. "The Army Nurse Off Duty." From the American Military Nursing Collection, Boston University Libraries, Howard Gotlieb Archival Research Center.

Pennell's poem highlights some important emotions many Army nurses experienced. She shares that she is exhausted, "too tired to live."⁴⁸ She writes about the emotions she should feel, but that the tiredness is the most present in her mind, a tiredness that she tries to conceal. In the last stanza she writes, "No, Doctor! Quite rested!"⁴⁹ This implies that many nurses felt the need to hide their physical exhaustion and felt their duty was to carry on despite it. The last stanza also highlights the great sense of loss these women experienced. Men they knew and cared for were constantly joining the statistics of casualties and those killed in action, making their work ever more important and intimate. Haunted by the faces of men they couldn't save, nurses had to carry on and conform to the masculine ideals of stoicism and emotional passivity; a stark contrast to the twentieth century standards of women's emotional sensitivity.⁵⁰

Mary Borden, a nurse who served in a French Field hospital also wrote many poems during her time as a nurse. In one titled *Moonlight* Borden writes a powerful paragraph about being a woman in such a violent and death ridden place, the first paragraph of the section states. "There are no men here, so why should I be a woman? There are heads and knees and mangled testicles. There are chests with holes as big as your fist, and pulpy thighs, shapeless; and stumps where legs once were fastened."⁵¹ Borden's poetry shows the horrible images nurses were faced with, treating men who had become unrecognizable. In these situations,

⁴⁸ Figure 2.

⁴⁹ Figure 2.

⁵⁰ Zeiger, 7-8; Sarnecky, 190.

⁵¹ Margaret R. Higonnet, Ellen N. La Motte, and Mary Borden, *Nurses at the Front: Writing the Wounds of the Great War*. (Boston, MA: Northeastern University Press, 2001), 95.

Borden found herself disassociating from herself and her sex, surrounded by bodies, whole and mangled, she struggled to make sense of her emotions. She makes a clear connection between her work and her sex. Her words capture not only the emotional turmoil of a nurse's work, but it shows how her sex was a key part of her identity and experience in a warzone.

She continues in this tragic analysis, writing "There are eyes-eyes of sick dogs, sick cats, blind eyes, eyes of delirium; and mouths that cannot articulate; and parts of faces-the nose gone, or the jaw. There are those things, but no men; so how could I be a woman here and not die of it?"⁵² Borden draws a clear connection between her womanhood and the death that surrounds her. Men were maimed, disfigured, and dying all around her, to the point that they are unrecognizable as men. If she cannot recognize the bodies around her as men, how could she recognize her own sex? In a masculine space such as war, women found themselves struggling to maintain their innocence and were forced to conform to the emotional standards of their environment.

She continues, "Sometimes, suddenly, all in an instant, a man looks up at me from the shambles, a man's eyes signal or a voice calls "Sister! Sister!" Sometimes suddenly a smile flickers on a pillow, white, blinding, burning, and I die of it. I feel myself dying again. It is impossible to be a woman here. One must be dead."⁵³ This section shows the way Borden thought of men and women as complimentary with one another, that without one, the other couldn't exist. She doesn't see men around her; she sees the mangled bodies of what used to be men. Without intact men, she feels that she herself cannot be an intact woman, or a woman

⁵² Higonnet, Borden, and La Motte, 95.

⁵³ Higonnet, Borden, and La Motte, 95.

at all. She is still the woman they call for, the sister, wife, or mother they long for, but to herself, she is not a woman. She is detached from her sexed body and herself.

In later stanzas of *Moonlight*, Borden personifies death as a woman and describes her motions as that of a nurse, leaning over beds, holding men's hands, and kneeling at their sides. The First World War changed how women saw gender in many capacities, and in some cases, it changed how they saw themselves. Army nurses were front and center to the horrors of war and it shaped the way their gender operated within that space, as well as they saw their own womanhood operating.

Because of the constant and looming presence of death in a warzone, nurses became many forms of a woman to the men they treated. Being the only women in a warzone, the presence of a woman reminded many wounded and dying men of the women they left at home. Army nurses may be a loving mother to one patient, placing a hand on his forehead, and to the next, an affectionate wife squeezing his hand. Pennell's poem captures this unique relationship and the roles army nurses stepped into for these men. In the fourth stanza, she writes, "Of letters to open and read. From sister, or sweetheart, or wife; the others that question and plead will haunt me the rest of my life!"⁵⁴

Nurses served as stand in wives, mothers, sisters, and girlfriends. The presence of a caring, American woman treating their physical and emotional wounds provided a sense of familial comfort for their patients, and no matter how painful it was to play these roles, they did so willingly and compassionately. Nurses saw themselves in this same role, in a 1889 nursing magazine, one nurse stated, "These boys do not seem quite like ordinary hospital

⁵⁴ Higdonnet, Borden, and La Motte, 95.

patients, but more like our own brothers.”⁵⁵ These women were more than stand-ins however, their effigy roles represented more than the women at home, they represented home itself. Ellen N. La Motte, a nurse at a French Field Hospital explained, “And the words of home and wife were interchangeable and stood for the same thing.”⁵⁶

The Family Circle

The conditions army nurses lived in, both physically and socially made the Great War an important starting point to the larger analysis of the ANC and the creation of a cultural feminist mindset among Army nurses. As we have seen, Army nurses worked in a space and era that was dominated by familial structures. This meant that the capacity in which women served was dictated by the roles that women held within the early twentieth century family, even though they were individuals working in a warzone, they served in the roles of mothers, wives, sisters, and daughters. This type of familial role can be seen not only in the connections made to their patients, but to the way in which the Army parented and policed women’s actions. Army nurses during WWI lived in an all-female familial circle that created a lasting culture for each new class of ANC members. Women began to see one another as family as well as see themselves as active members of that family. This meant that women became bound to one another and stepped into roles that allowed them to better serve each other.

This war also changed the ways that all middle class, white, American, women saw themselves as political actors and pushed the boundaries of societal ideas of morality and

⁵⁵ Florence Blanchfield, Speech to the Daughters of the American Revolution, 1945, *The Florence Blanchfield Collection*, Boston University Libraries, Howard Gotlieb Archival Research Center, Boston, Mass.

⁵⁶ Higdonnet, Borden, and La Motte, 41.

gender roles.⁵⁷ Women at the Homefront were also being drawn into the war effort because of their familial roles; mothers cried out against the draft, writing songs like “Don’t Take My Darling Boy Away!” and “I Didn’t Raise My Son to Be a Soldier!”⁵⁸ Civilian women emboldened themselves and their opinions through creative and poignant cries for the war to end. The patriotic mother that was the symbol of WWI motherhood wasn’t always the proud parent sending her boy off to war; many despised the war and the thought of their sons being absent. The culture of World War I in America bred social change for women on many fronts. As Susan Zeiger points out, “On the one hand, war culture valorized proper, “patriotic” motherhood, defined by obedience to the state and the willing sacrifice of sons to the army; but it condemned “unpatriotic” forms of mothering which included feminist and pacifist activism and “selfish” overly emotional attachment to children.”⁵⁹

Nurses found themselves at the crux of this paradox of womanhood and motherhood. They were operating under the “patriotic” ideals of WWI, but they were also engaging in subtle feminist action. With the Suffrage movement in full swing and being women in a place they were previously unwelcome, nurses began to see their duty and furthering their roles as part of their patriotism. Nurses were the “American “Mom”” while overseas and the Army wanted them to play that role, but in doing so, the nurses took their patriotism and turned it into a feminism that expanded the bounds of their roles in the military, allowed for them to advocate

⁵⁷ Higdonnet, Borden, and La Motte, 41.

⁵⁸ Andrew J. Huebner, *Gee! I Wish I Were A Man, Gender and the Great War* in *The Routledge History of Gender War and the U.S. Military*, edited by Kara Dixon Vuic, (Routledge, New York, NY 2019.) 69.

⁵⁹ Zeiger, 7-8.

for themselves and each other, and challenge the ideals of womanhood that the military placed onto them.

One such woman was Florence Blanchfield, a young woman from West Virginia, who served as a temporary chief nurse at a French hospital, and one of the first ANC women to enact her patriotic feminism to incite change and advocate for the nurses under her charge. Blanchfield served at hospitals in Angers and Coëtquidan, France from 1917-1919. Blanchfield was thrust into the role of chief nurse at Camp Hospital #15 and expected to take on the promotion without any training, support, or instruction. Feeling overwhelmed and unsure the parameters of her duty, Blanchfield wrote to her superiors addressing the issues, advocating for herself and other women, as well as telling them exactly what she needed.

Blanchfield wrote in a letter to “Miss Bell,” another chief nurse and her superior, and stated, “For nine months I have been Temporary Chief Nurse at this camp with a Temporary Personnel...without having any training or instructions as to my duties or the limitations of my authority.”⁶⁰ Blanchfield wrote to her superiors more than once, sharing her frustration. She was not only frustrated with the situation she was placed in, but she was upset that she couldn’t help her nurses in the ways they needed her. She wrote, “Now the majority of the nurses are ones who have been assigned to duty at this camp and many questions are asked me which I cannot answer.”⁶¹ When Blanchfield was appointed chief nurse, she was given chief nurse pay and “access to the Medical Manual.” Otherwise, she received no training or

⁶⁰Florence Blanchfield, Correspondence from Blanchfield to “Miss Bell,” 1918, *The Florence Blanchfield Collection*, Boston University Libraries, Howard Gotlieb Archival Research Center, Boston, Mass.

⁶¹ Ibid.

information about how to run the hospital, approve nurses leave, and help them get the transfers to hospitals closer to the front that they desired.

From the letters, Blanchfield reached out to multiple Commanding Officers with no avail.⁶² She writes, “But the conditions to be met here are not covered by the instructions to be found in the manual, and our Commanding Officer has not been able to give me the information asked from time to time.”⁶³ Blanchfield was thrust into a role and expected to perform flawlessly, however no assistance was given to support her in that endeavor. Instead of allowing herself and her nurses to suffer through, she chose to voice her concerns and push back against her commanding officers who put her in this position. She was always clear, however, that it was not because she wasn’t willing to work, she states, “It is furthest from my thoughts to wish to shrink from my duty, if such this is considered, but hampered as I am...I felt that perhaps someone with a wider experience in Army Nursing could get better results than I have been able to secure.”⁶⁴

Blanchfield was not one to shrink from her duty, in fact she challenged authority to ensure the success and efficiency of the hospital and the well-being of patients and nurses. In the spirit of the familial roles’ women served, Blanchfield stepped in as a mother or older sister and advocated on behalf of the women in her charge. In another letter sent to her superior, Miss Bell, Blanchfield asks her for a personal interview so she could finally know the outline of her duties, Army protocols, and how to secure travel orders. She told Miss Bell, “I feel so utterly

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid.

helpless and inefficient owing to ignorance of the methods to be employed under the existing circumstances and anxiously await your reply.”⁶⁵

Blanchfield did more than write to her superiors, she took charge of her 28 nurses and 1500 patients and made changes in the 18 months she served. In her archive, receipts dated after the letters mentioned above show that women were finally allowed leave, or transfer from her hospital. After making up her mind to take matters into her own hands, Blanchfield received an efficiency report from her commanding officer, “She has handled very difficult situations most successfully- is extremely efficient and quite invaluable under existing conditions.”⁶⁶ In Miss Bell’s reply to Blanchfield, she too commended her for her “very satisfactory work.”⁶⁷ Despite her good work however, Blanchfield was still told that she needed to consult her Commanding Officer before any decisions were made.

Florence Blanchfield’s real feminist action took place after the First World War. After returning to the states and serving as the superintendent of a civilian hospital, she once more felt the desire to serve, and she reinstated her Army contract and served overseas in Panama and China in 1920. Blanchfield took the challenges and disorganization she faced in WWI and made changes to the ANC as she took on new nursing roles, she realized the issues that the ANC faced in WWI and vowed to a journalist in an interview; “That won’t happen again.”⁶⁸

In the interwar period, Blanchfield went to work. She was instrumental in obtaining relative rank for Army Nurses, making them officially a part of the military and giving them rank

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid.

and authority in the military. The military was incredibly hesitant to award women full rank as they were still under the impression that war was men's business. This bill came about after many corpsmen challenged nurses' knowledge and put patients in danger.⁶⁹ Nurses such as Blanchfield pushed for nurses rank in the military, and bolstered by the new base of women voters, the bill passed in 1920. This officially allowed women to be officers and the second in line of command after the medical officer.⁷⁰

One Army nurse recalled the implementation of relative rank for women when she saw the changes made to Army rosters. Before relative rank, the list read from the top down, "Officers, enlisted men, mules, and last, nurses."⁷¹ After the award of relative rank, nurses finally surpassed the Army mule in rank, and made one more important step towards some equality within the military.

With this newfound authority, Blanchfield continued to expand her own role and advocate on behalf of her fellow nurses. They had become active participants in warfare who deserved a space in the military. Blanchfield in the interwar period became an avid advocate for nurses' rights and education. She petitioned for more training, increased responsibility, and the right to work at the front. She had seen the young women around her exceed the roles they were given and knew that nurses were imperative to military operations and taken for granted. Her experiences led her to speak on the strength and tenacity of nurses on many occasions,

⁶⁹ Sarnecky, 142.

⁷⁰ Sarnecky, 142.

⁷¹ Sarnecky, 148.

citing the fact that these women can “take it” as a reason for their roles and ranks to be expanded.⁷²

Female veterans of WWI recalled the immense responsibility and adaptability that was thrust upon them in wartime. Mary Sarnecky explains that “Members of the Army Nurse Corps indelibly crafted a special place for themselves in the military.”⁷³ The bounds of their duty were quickly expanded and included much more work and responsibility than ascribed to them at the beginning of the war. Nurses soon realized that the duties they fulfilled had expanded their roles in the civilian sector as well.

Nurses of WWI set the stage for what was to come for the ANC. They co-opted the ideals of “patriotic motherhood” and “American Womanhood” that were placed onto them and chose to make them into their own form of feminism that was rooted in duty, patriotism, and equality. The military saw themselves as young, virgin mothers, whose value was in their sex and morality. But, nurses saw themselves as much more than that and used their patriotism and the familial structure of the military to expand their positions in the military. This allowed for women like Florence Blanchfield to see themselves as political actors capable of making change.

The war thrust new responsibilities on women that were previously held by men. Nurses saw the change in their expectations and roles and the capability of themselves and their comrades as a welcome introduction to change on a greater scale. These young mothers had spent months in terrifying and hell-like conditions, mothering men and women their own age,

⁷² Florence Blanchfield, interview with a reporter, 1944, *The Florence Blanchfield Collection*, Boston University Libraries, Howard Gotlieb Archival Research Center, Boston, Mass.

⁷³ Sarnecky, 131.

cleaning up after bombs, and comforting sick and dying people. Their experience was unlike anything previously experienced by women, and it prompted them into action. The first, young, mothers of the ANC set the table for what was to come, taking their effigy motherhood and using it to thrust and mentor the new generation of ANC daughters.

Chapter 2- Sexy Mamas: Womanhood, Sex, the Pin-Up, and The Second World War

Florence Blanchfield's niece and grandniece eagerly awaited the mail that graced their mailbox every few weeks. They kept their eyes on it, seeing it as a lifeboat in the growing sea of foreclosures that was washing through their neighborhood and claiming its residents as casualties of the Great Depression. Gertrude and her daughter Mary Lou received gifts from their overseas aunt, relishing the large cash sums, and souvenirs like book bags and tea towels, their aunt had sent them from China.

Florence Blanchfield served in the recently downsized ANC through the interwar years and the bulk of the Great Depression. Deeming herself "married to the Army"¹ she chose to send a portion of her pay to her nieces, helping them stay afloat during the trying times in the United States. Blanchfield's niece, Gertrude, wrote to her aunt about the bills that were piling up, as well as the ways the depression was affecting their family and friends, saying, "I do hope it will be possible to repay some of your kindness someday."² Blanchfield served as a sort of breadwinner for her family, spoiling them with gifts and checks of great sums. In a spare note found in her archive collection, she scribbled down how much she had sent on different occasions. The checks, sent to her niece and grandniece in sums of \$20, \$50, \$75 and \$100, were totaled and came out to \$425, \$220, and \$975; a large sum of her paycheck and an incredible amount to be shared in the 1930s. Collectively, the large cash sums were worth

¹ Florence Blanchfield, Correspondence from Blanchfield to her niece and grandniece, 1933, *The Florence Blanchfield Collection*, Boston University Libraries, Howard Gotlieb Archival Research Center, Boston, Mass.

² Blanchfield, Correspondence from Blanchfield to her niece and grandniece.

\$1,590 which equals \$32,000 in 2022.³ These amounts were sent through the early 1930s and made all the difference to her struggling family.

Florence Blanchfield's role as a family breadwinner was a relatively new and rare position for women of the early twentieth century. The First World War had mobilized women and thrust them into the workforce, changing the ways that women were able to operate in society for the rest of the twentieth century.⁴ For most middle-class American and European women, WWI gave them an opportunity to work outside the home and take on work that was previously reserved for men, such as jobs in manufacturing, agriculture, and physical labor jobs.⁵ Opportunities that allowed women to be a part of production outside the home, opened women's eyes to the potential they had as breadwinners and financial supporters for their families. By 1920, women made up 20% of the workforce and were bargaining for better pay and hours.⁶ Similar to her civilian counterparts, Florence Blanchfield's experience in the Army in the interwar period is indicative of this shift from women as homemakers to financial powers within their families.

The interwar period led the Army Nurse Corps into a new era of military nursing that resulted in an expanded space in which Army nurses could operate in the Second World War. From new technologies like flight nursing (nurses treating patients on evacuation flights), aerial evacuation, the miracle drug penicillin, to the expanded responsibilities extended to Army nurses, this next global war was different than the first. Sticking points in the last war between

³ This number was found using, <https://www.in2013dollars.com/us/inflation/1932>.

⁴ Mary Sarnecky, *A History of The U.S. Army Nurse Corps*, (University of Pennsylvania Press, Philadelphia, PA, 1999) 130.

⁵ Alice Kessler-Harris, *Women Have Always Worked: A Concise History* (Urbana, IL: University of Illinois Press, 2018), 100.

⁶ Kessler-Harris, 100.

the Army and its nurses were resolved in the nurses' favor: the military had begun allowing women to serve closer to the front and allowed trousers to be worn in uniform. Change permeated the ANC during the interwar period and nurses began to be seen as crucial components of military efforts, not just helpful healers as they were seen in WWI. WWII was wrought with challenges; however, the nurses of the ANC used their voices and work to show military officials that Army nurses were effective and essential to modern day military operations.

The United States Military's failure to adequately prepare for women's labor in WWII, leaving nurses to improvise to supplement their minimal supplies is a major theme throughout all twentieth century warfare. Through this lack of preparation, the Army showed that it didn't view women's labor as an asset to warfare. As Johannes Allert, a Ph.D. candidate at Rodgers State University explains, "Generally speaking, the U.S. Army Medical Corps is somewhat a red-headed stepchild within the U.S. Army. Then as now, military planners often consider medicine an afterthought – War Planning always comes first."⁷ The Army continually set medical planning aside, leaving nurses to pick up the pieces and take charge of what was needed.

Nurses learned how to navigate their role as military assets, and as women in a hierarchy in which men dominated. Army nurses had to learn to forge their own independence and advocate for the ANC, while still fulfilling orders and operating under wartime conditions. The familial unit of the ANC evolved during WWII, shaped by the sexual revolution of the 1940s, the military's employment of sex, and the appointment of Florence Blanchfield as the Superintendent of the ANC. Though the U.S. Military had used and benefited from women's

⁷ Johannes Allert, e-mail message to the author, March 12th, 2022.

labor since the American Revolution, it still lacked an understanding of how to handle sex differences between men and women, and how women's sex dictated their work and identity in warfare. This structure, combined with experienced leaders, presented opportunities and experiences never given to Army nurses previously. Nurses continued serving as familial figures and mothers to one another and their patients, but the discourse between high-and -low ranking officers changed, opening a space where women became outspoken decision makers, rather than the obedient daughters they were in WWI. Nurses forged incredibly close relationships with one another and these mother-daughter like bonds became a driving force for change in the ANC. Army nurses continued to advocate for the future and necessity of an expanded corps, and for the first time, military officials began to listen. Little by little, Army nurses enacted changes that would lead the ANC into a new era where women held permanent rank in the military and served in capacities women had been barred from before.

These changes began in the inter-war period. While the ANC demobilized in June of 1919, over 9,000 out of the 21,000 women who served in WWI chose to return to duty or stay in the Corps.⁸ This allowed for these women to serve in positions that promised some longevity and consistent pay, around \$72-\$84 monthly. They were paid significantly less than civilian nurses who made on average \$140 a month, but they had less expenses of housing and food while working for the Army and they were able to keep their jobs as the nation shifted from the 20's and into the depression, unemployment and financial crises of the 1930s.⁹ This also allowed for women to step into the familial roles previously held by men as they became, in

⁸ Sarnecky, 135.

⁹ Sarnecky, 139.

many cases the sole supporters for their families. The First World War beckoned in a new era of work for women that expanded their roles and their horizons of what a woman's role could be in the years preceding WWII.

Florence Blanchfield is a great example of a woman who took her experiences and expanded her role as a woman and a fictive family member in the ANC. Serving in China, the Philippines, and across the United States during the interwar period, Blanchfield became increasingly aware of the responsibility she had in ensuring the expansion of her nurses' work and recognition by the military. She quickly became an advocate for increased nurse responsibility, continued to advocate for proximity to the front, and the acknowledgement of nurses' work and skill through giving them rank within the military.¹⁰ Throughout the interwar period, Blanchfield honed in her skills as nurse, but more importantly as a woman in charge.

Just prior to the WWII mobilization, the ANC was relatively small, having just 7,043 nurses in 1940 after many WWI and inter-war nurses left for other jobs or retirement. The ANC was struggling to obtain retirement funds, adequate pay and benefits, as well as recognized rank.¹¹ Relative rank was awarded to ANC nurses after WWI in 1920, which recognized Army nurses as members of the military entity, but not full commissioned officers. This meant that nurses had little power in hospital and medical decisions and had no official rank in the hierarchy of military leadership. This left women fighting for equal rank and responsibility throughout WWII, in order to be able to have power in medical decisions throughout WWII.¹² The ANC spent the war asking the military for permanent commissioned rank, which would

¹⁰ Sarnecky, 269.

¹¹ Sarnecky, 176.

¹² Sarnecky, 176.

allow Army nurses in the ANC to become commissioned officers in the Army with rank and responsibility that matched their male counterparts.¹³ Permanent rank would make Army nurses full officers in the ANC and the military and allow for them to exercise leadership and make decisions based on their rank and role; decisions that could not be overlooked or changed by male corpsmen and officers. Antimilitary sentiments and gendered biases kept the interwar ANC from flourishing, but the patriotic momentum of WWII and the necessity for military medical care thrust the ANC back into action.¹⁴

After Pearl Harbor and the United States entrance into WWII in late 1941, Blanchfield first served as the assistant to the Superintendent of the ANC, under Julia O. Flikke who served from 1937 to 1942. In 1942, the secretary of war reviewed the ANC with a commission of doctors, military personnel, and retired medical officers. While Flikke was an adequate superintendent during peacetime, the commission decided that for the ANC to meet the needs of the military during wartime, it needed “aggressive leadership and stronger administration.” Flikke was deemed “ineffectual” and “too complacent about the future.”¹⁵ After Flikke’s departure, Blanchfield was promoted to become the Superintendent of the Army Nurse Corps and was sworn in in 1943. Blanchfield was highly respected for her work in the ANC and her lengthy contributions to its growth and sustainability. Because of this, she was charged with improving working conditions, pay, and increasing public relations.¹⁶

¹³ Sarnecky, 266.

¹⁴ Sarnecky, 175.

¹⁵ Sarnecky, 264.

¹⁶ Sarnecky, 264.

In both roles Blanchfield held during WWII, as the assistant to the superintendent under Julia O. Flikke, then as the superintendent in 1943, she was able to make conditions better for nurses. One big change started with pay. While nurses officially outranked the Army mule, a fact they proudly shared, their commissioned rank put them on the roster as military members, but their pay hadn't increased since 1922. While many Army nurses such as Blanchfield helped their families pull through the great depression on these wages, the compensation didn't match inflation or reflect adequate pay in a growing economy.¹⁷ When the Second World War began however, and the economy begin to heal, Army nurses were still making around 70 dollars a month, the same as they were in 1920. This was a large pay gap in comparison to the salary of their civilian counterparts whose salary was nearly double that of Army nurses, and Navy Nurses, and other women serving in the military, who made an average of 15 more dollars a month.

Mary Sarnecky, the author of *A History of The U.S. Army Nurse Corps*, highlights the pay gap, explaining that, "Those who joined the Women Accepted for Volunteer Emergency Services (WAVES) of the Navy and the Coast Guard SPARS (Derived from semper paratus, the Latin motto of the Coast Guard-always ready) had rank and compensation identical to their male counter parts."¹⁸ Army nurses did not have the same benefits, they still operated under relative rank, and were paid less than men working in the same positions.

In 1942, Congress passed the Pay Readjustment Act which increased Army nurses' salaries to \$1,082 annually with subsequent pay raises for service after the next 3 years of

¹⁷ Sarnecky, 266.

¹⁸ Sarnecky, 264.

service in the war.¹⁹ This came out to about \$90 a month or \$22.50 a week. While they still weren't compensated equally to their male counterparts, who made around \$175 a month, the pay raise proved to attract more volunteers to the ANC.²⁰ With relative rank still reinstated, and the idea of permanent rank nowhere in sight, women who served in similar capacities to male officers in the ANC weren't allotted the same power or privileges as male officers. The only exception to this was the ANC superintendent and her assistant, who had rank as colonel and lieutenant colonel, both roles that Blanchfield served in. Their pay however wasn't the same. Sarnecky explains, "they did not receive pay and allowances of their grades until 1952, when they were awarded the pay retroactively by act of Congress.

Nurses weren't the only ones calling for equality in rank. The public and even Eleanor Roosevelt discussed the idea of full Army status for Army Nurses with the War Department. The public saw nurses' work as essential and many lobbied on the Army nurse's behalf for permanent rank. Congress passed a law that "mandated that Army nurses would have relative rank from the grades of second lieutenant to colonel but would be paid the same salary as men of the corresponding commissioned rank without the extra allowance for dependents."²¹ While this was a win for Army nurses and step toward permanent commissioned rank, there were still many in Congress who wanted the ANC to stay on the sidelines of the Army.

In 1944, Colonel Blanchfield testified at committee hearings for permanent commissioned rank for nurses within the Army. Ever the champion for Army nurses, she stated,

¹⁹ Sarnecky, 267.

²⁰ "Military Pay Chart 1942-1946," 1942-1946 Military Pay Chart, accessed April 18, 2022, https://www.navy.mil/submit_request.asp?topic=navy_pay_chart.

²¹ Sarnecky, 268.

“I recognize that much serious study and thought has been given to this problem, but I fear they have been confused into believing this to be ‘just another women’s corps.’ It is not; it is an old Army Corps. I confess that I cannot see how it could complicate the anticipated reorganization plans...to give long-delayed and very necessary recognition now to a permanent corps of the army and I do see the far-reaching implications of temporary action all too clearly.”²² Blanchfield recognized the need for permanent commissioned rank, and demanded it from her superiors. She was initially denied this request on the grounds that it would, “adversely affect the peacetime Army of the future.”²³ While Blanchfield was able to secure better pay and benefits for her nurses, the achievement of gaining permanent commissions for Army nurses was out of reach until after the war.

Blanchfield served as the first feminist leader for the ANC and its nurses during WWII because her career was defined by her desire to advocate for women’s place in the military and bettering the conditions her nurses worked in. She made it a point to use her power to better women’s situation within the Army. Unlike the ANC leadership that preceded her, Blanchfield made it her duty to uplift the voices of her nurses and broaden their opportunities, rather than keep them within the bounds that male military officials set. For the first time, nurses had leadership that was focused on recognizing their work, expanding their roles, and advocating on their behalf. Blanchfield’s experience as a chief nurse in WWI showed her the need for acting upon her patriotic and feminist ideas and duties. She was less concerned with the moral standards of her nurses, as Dora Thompson, the Superintendent of the ANC in WWI had been,

²² Sarnecky, 269.

²³ Sarnecky, 269.

and more concerned with doing good work and giving nurses more responsibility and recognition.²⁴ She wanted her nurses to be able to operate under equal conditions in their service, and she ensured that she would do everything in her power to achieve rank, recognition, and adequate pay, education, and benefits for her nurses.

Even though permanent commission in the Army wasn't on the table for army nurses, they still volunteered and went to work. Nurses were quickly mobilized in WWII, reporting for active duty before the smoke at Pearl Harbor had cleared. Citing her work in the Great War as a motivation for change, she stated, "To show you the difference in World War I and this one, we had twenty-eight nurses assigned to thirteen hundred patients. That will not happen in this war if we can help it. Our Nurses will be there first."²⁵ Blanchfield never forgot the disorganization and understaffed ANC of WWI, and made it a priority to mobilize quickly, and get as many nurses working as quickly as possible.

Still in the shadow of the supply shortages and staffing shortages of the Great War, the U.S. prepared for its anticipated medical needs by recruiting nurses, doctors, and obtaining medical supplies, but it proved to be significantly less than needed. The military was struggling to fill the quotas they desired throughout the war; in 1942 the authorized strength of the ANC was 25,005, but the actual strength was 19,194.²⁶ The ANC of WWII grew to be more than two and a half times larger than it was in WWI (21,480), totaling over 54,000 nurses at its height.²⁷ Despite the increase in numbers, the War Department deemed the ANC too small. This trend

²⁴ Sarnecky, 116-117.

²⁵ Florence Blanchfield, interview with a reporter, 1943, *The Florence Blanchfield Collection*, Boston University Libraries, Howard Gotlieb Archival Research Center, Boston, Mass.

²⁶ Sarnecky, 270.

²⁷ U.S. Army Center of Military History, "The Army Nurse Corps," Accessed February 9, 2019. <https://history.army.mil/books/wwii/72-14/72-14.HTM>

continued throughout the war, with actual number of nurses turning out to be thousands lower than what the War Department wanted. The numbers between actual nurses and authorized nurses finally matched up only after V-E day. The War Department was incredibly fickle when it came to the number of nurses they wanted, the numbers continually rose and fell, leaving the ANC unsure of just how many nurses the War Department wanted.

The presumed shortage of nurses became an increasing issue in the eyes of the War Department, and the public began to claim that nurses were “shrinking from their patriotic duty.”²⁸ President Roosevelt requested a nurse draft bill in his 1945 state of the Union Address. The proposed “nurse draft” was a complex and controversial bill that was informed by prejudice and political agenda and was met with disdain from Blanchfield and most Army nurses. Linda Harney Morrison, an Army nurse and author of *A Different War*, explained that the War Manpower Commission set up committees to register and document every nurse in the country.²⁹ While the War Manpower Commission didn’t have the power to draft, they stated, and believed, “Persuasion and public opinion are the only methods that can be used to get a nurse to accept her responsibility.”³⁰ Despite that low pay, and a lack of equal rank were some of the main reasons women hesitated to join, the War Department posed it as an issue of character and responsibility.³¹ The nurse draft was controversial because women being in the military in any capacity was controversial during this period. Officials and the Commander in

²⁸ Sarnecky, 270.

²⁹ Linda Harney Harrison, *A Different War*, 1950, The American Military Nursing Collection, Boston University Libraries, Howard Gotlieb Archival Research Center, Boston, Mass.

³⁰ Harrison, *A Different War*.

³¹ Sarnecky, 271.

Chief considered a draft yet refused nurse's permanent rank. The lack of equality given to women in the military didn't help in the recruitment of more nurses.

After the announcement that a nurse draft had been proposed, a large number of white female nurses joined, just in time for V-E Day and the end of the proposed nurse draft. Despite the call for more nurses, the War Department refused the services of African American and male nurses, even though they continued to volunteer for service. Sarnecky explains that "the nurses' draft was motivated by desiring publicity that the Women's Army Corps (WAC) had received, and special interest groups that wished to see 1 million women in uniform."³²

Blanchfield took the call for nurses seriously and after an investigation into the Army hospitals, the ANC found that they were all adequately staffed and Blanchfield couldn't "demonstrate a grass roots need for additional nurses."³³ The number of actual nurses serving throughout WWII was adequate and Blanchfield had prevented repeating the understaffing of the Great War, but the War Department continued to increase authorized numbers and call for more women in uniform. Political powers were at play here and nurses were being used as a way to push political rhetoric during the war. Political rhetoric aside, nurses were being shamed for not volunteering even though nurses volunteered at extremely high rates. Not all of congress was convinced by the nurse's draft. Frances P. Bolton, a congress woman from Ohio stated, "a higher percentage of nurses has volunteered for military service than any other skilled or professional group."³⁴ Luckily the nurses draft bill was dropped after a few months and more volunteers for the ANC increased drastically in 1945.

³² Sarnecky, 271.

³³ Sarnecky, 271.

³⁴ Sarnecky, 271.

The recruitment process of the war was similar to that of WWI: Army and ANC officials asked for women that were already nurses, or fresh out of nursing school.³⁵ Leila Morrison, a nurse who served in the European theatre, explained, “they needed nurses so badly.”³⁶ Lucy Wilson Jopling expanded on this sentiment, stating that in 1940 she and other nurses and doctors received a letter asking “If there was a war, would you join the Army?”³⁷ The U.S military recognized the large number of medical professionals that were needed for the looming war and decided to anticipate their needs by asking for recruits in advance.

The military maintained similar requirements implemented in WWI for incoming nurses. Leila Morrison, an Army nurse who served at the 118th evacuation hospital in Europe from 1943-1945, explains in an interview with the author that, “The military, any of the military, didn’t take nurses unless they had their RN first, that was the requirement.”³⁸ The Army required nurses to have their RN or Registered Nurse license in order to meet the medical needs required for wartime nursing. After the war began, nurses and doctors were recruited and deployed. Leila Morrison states, “We received our direct commission, we all went in as second lieutenants.”³⁹ Nurses were still expected to be unmarried and have no dependents. In fact at the beginning of the war nurses who married while in the service were honorably discharged, while their husbands were expected to stay in the service.⁴⁰ Nurses needed to meet physical standards, but they weren’t as strict as the standards men were subjected to.

Genevieve Flood explained her experience in the physical exams, “My mother was upset. ‘Don’t

³⁵ Sarnecky 250.

³⁶ Leila Morrison, interview with author, March 12th, 2019.

³⁷ Lucy Wilson Jopling, *Warrior in White*, (Watercress Press, 1990), 27.

³⁸ Leila Morrison, interview.

³⁹ Leila Morrison, interview.

⁴⁰ Sarnecky, 181.

worry,' I said, 'they'll never take me; I have a heart murmur, flat feet and I'm overweight.' Well, I passed with flying colors and was soon in the Army."⁴¹ After their commission, they were deployed across the world. Nurses were sent and served in the European theatre, the Pacific, North Africa, China, Burma, the Philippines, Iceland, the Caribbean, Alaska, Australia, and the Mediterranean.⁴²

Though the ANC proved to be a welcoming place for most women, it still acted upon the racial prejudices of the early twentieth century. Racial prejudice worked against fulfilling their recruitment goals as African American women weren't accepted on the same basis as white women and in many cases, they were turned away entirely. Much like in the First World War, Black nurses were excluded from most overseas action, and only allowed to serve within Army Hospitals in the United States. Only a few black nurses from the 25th Station Hospital were allowed to serve overseas and served at Roberts Field in Liberia in March of 1943.⁴³

Unfortunately these women were sent to an already overstaffed hospital and were sent back to the United States by November of 1943.⁴⁴ The U.S. Army Center of Military History states that, "When the war ended in September 1945 just 479 black nurses were serving in a corps of 50,000 because a quota system imposed by the segregated Army during the first two years of the war."⁴⁵ The argument in favor of this system was the same as the previous war because the logic of racial segregation that was still prevalent in many parts of the U.S., they would need separate housing and amenities and even then could only treat black troops.⁴⁶ This system was

⁴¹ Harrison, *A Different War*.

⁴² Harrison, *A Different War*.

⁴³ Sarnecky, 213.

⁴⁴ Sarnecky, 213.

⁴⁵ U.S. Army Center of Military History, "The Army Nurse Corps."

⁴⁶ U.S. Army Center of Military History, "The Army Nurse Corps."

met with both political and public pressure for change in 1944; resulting in long needed federal funding for black nursing schools, and a spike in African American enrollment in nursing schools.⁴⁷ Even though black nursing schools benefitted from this pressure, it was still rooted in racist ideas and aimed to maintain segregation within the pre 1948 military.

Even though the women who joined were registered nurses, it became clear a couple years into the conflict that they still needed military training. Blanchfield herself was a staunch advocate for nurses training, citing her experiences in WWI. She wanted her nurses to be “trained as real soldiers.”⁴⁸ In working with the surgeon general’s office, she created a training course that taught nurses defense, military customs, drill protocols, ward management, survival skills, and “the hundred and one other things that makes an Army hospital in war different from a civilian institution in peace or war.”⁴⁹ Blanchfield was confident in her nurses’ abilities and tenacity. She told a reporter that, “They’ve all got what it takes.”⁵⁰

Blanchfield’s confidence in her nurses was well placed as they proved their value, adaptability, improvisation, and hard work. From the cold, dark forests of Europe, the deserts of North Africa and the jungles and islands of the Pacific, nurses improvised and worked hard to compensate for a lack of Army planning. Because of the mobilization of women in WWI, nurses knew they had a place within the military and in warfare. They proved their effectiveness through improvisation, medical knowledge, and hard work. This work was bolstered by the

⁴⁷ Sarnecky, 213.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

nurses of WWI, and the changing landscape of twentieth century women's labor, that set the stage for nurses to continue to expand their roles through their day-to-day work.

ANC nurses served in the same framework of hospitals as they did in the Great War, base hospitals, evacuation hospitals, field hospitals, and the new form of mobile hospital, the airplane.⁵¹ In doing so, under Blanchfield's leadership, the ANC created a new role for independent, professional women that began in the military and transferred into civilian life. Army nurses' resourcefulness, quick decision making under pressure, and innovative measures allowed for them to see the value and potential of their independence and skill; all attributes that changed their own notions of twentieth century women's roles and womanhood.

A New War in the Air and on the Ground: Innovative technology and new environments

Using aircraft to transport patients wasn't exactly a new idea in WWII, but it was a tactic that was met with skepticism and wariness.⁵² Air evacuation was first explored in WWI, but the idea of "Air Ambulances" stalled because it wasn't effective with the canvas and wooden aircraft of the time. It wasn't until the interwar period that evacuation flights were being tested consistently. It was quickly decided that large scale air evacuation was too dangerous because of the risks involved and was placed on the back burner until its necessity was realized in WWII.⁵³ In fact, at the start of the war, nurses weren't seen as a necessary component for air evacuations. It wasn't until October 1942 that nurses began training for air evacuation missions and were placed in Air Evacuation Squadrons flying on C-46s, C-47s, and C-54 aircrafts.⁵⁴

⁵¹ Wyatt Blassingame, *Combat Nurses of World War II*, (New York; Random House,) 1967. 111-127.

⁵² Sarnecky, 251.

⁵³ Sarnecky, 251.

⁵⁴ Sarnecky, 252.

ANC nurses served as nurses on evacuation flight missions throughout the war and required extensive training to ensure the safety of their patients and themselves. Flight nurses were required to have served as Army nurses for six months before applying to air evacuation school.⁵⁵ The school began as a four-week course, but by 1945 it was a nine-week course that taught women how to work in the air. They had different responsibilities than their grounded counterparts, as they were charged with “handling any emergency and doing anything a doctor would have to do except operate.”⁵⁶ They learned how to adjust dosages of morphine, and other medications at high altitudes, perform their duties through turbulence, and utilize high altitude medical equipment such as “chemical heating pads, portable oxygen tanks...and materials to support in-flight feeding.”⁵⁷ Flight nurses also used innovative technology such as a new machine that administered plasma to patients without being affected by high altitudes. Their job also required them to prioritize the evacuation of patients, to assess the likelihood of survival for the duration of the flight, to load and unload patients quickly and effectively, and to identify allied and enemy aircraft.

Flight nurses chose to don flight suits for their uniforms as they allowed them to maintain modesty while moving about the cabin and treating patients. The suits were men’s Army Air Corps one-piece Army-green flight suits that nurses adopted. The suit closed up the torso and buttoned at a sharp collar. These flight suits, though practical, weren’t approved by the ANC. When Col. Florence Blanchfield heard that her nurses were wearing men’s clothing,

⁵⁵ Sarnecky, 253.

⁵⁶ Sarnecky, 253.

⁵⁷ Sarnecky, 253.

she ordered them to get rid of the flight suits and return to wearing skirts.⁵⁸ Flight nurses and doctors shared their disdain for the order and wrote her letters asking her to change her mind.



Figure 4: C-46 air evacuation from Manila, Philippine Islands 1945-flight nurse standing, surgical technician at desk, (US Army Air Force Photo)

It wasn't until Blanchfield visited the School of Air Evacuation and was taken on a demonstration flight that she changed her mind. Sarnecky explains the process, "Blanchfield was dressed in her uniform with skirt and the instructors had her don the mandatory parachute with straps that fastened between the legs. The nurses then demonstrated how they reached up to patients on the highest litters and stooped down to those on the lowest litters while clad in regulation skirt and shoes with high heels."⁵⁹ After witnessing the bunching of skirts and

⁵⁸ Sarnecky, 256.

⁵⁹ Sarnecky, 256.

immodesty they created when paired with parachute straps, Blanchfield authorized a trouser suit for flight nurses.

Even though flight nurses were valuable members of air evacuation crews, they were still met with resistance from military officials. Flight nurses were banned from flying on some missions in the Pacific and over the Himalayas because it was deemed too dangerous for women. Military officials were incredibly concerned about losing nurses in plane crashes, specifically the risks involved with ocean air-travel posed great danger to air evacuation crews. The United States lost over 14,000 aircraft in the Pacific and the chances of water crashed aircraft crews being found was incredibly small. Sarnecky explains that “flight nurses were not allowed to set foot in certain areas of the Southwest Pacific theater unless they removed their flight wings and served in land-based Army hospitals.”⁶⁰ The theme of keeping women as far from active warfare as possible continued, despite nurses’ desires to fulfil their duties and do their jobs.

Military officials seemed to be more concerned about women’s safety than the women themselves were. These women lived by the Army nurses pledge and aspired to live up to this sentence: “I shall appear fearless in the presence of danger and shall quiet the fears of others to the best of my ability.”⁶¹ Though great concern was centered around nurses’ safety, many women continued to ask for positions near and in the action, and Colonel Blanchfield continued to work on fulfilling these requests.

⁶⁰ Sarnecky, 256.

⁶¹ Mary Mae Roberts, *The Army Nurse Corps: Yesterday and Today*, (United States Army Nurse Corps, 1957), 30.

While Blanchfield worked on expanded the spaces in which her nurses could work, many nurses continued to work in spite of pay, rank, and sexist restrictions placed on them. Nurses worked countless hours, and flight nurses worked even longer shifts than nurses on the ground. One wounded soldier recalls his experience, “By the time they discharged us at Saipan and turned back for another trip the surgeons and nurses and corpsman are red eyed with lack of sleep and staggering with weariness...Yet the patience of the nurses and corpsman was hard to believe.”⁶²

Nurses in Action: The Theatres of War and Women’s Work

While Nurses served across the world, North Africa was the first of many places’ nurses served in and it set the stage for what was to come.⁶³ Nurses trained in the U.K, in early 1942 before their deployment to the warzone. Second Lieutenant Theresa Archard arrived off the coast of Algeria in October of 1942 and she and her fellow nurses descended the swinging ladders of the ship onto commando boats, while explosions crashed around them. Recalling this dramatic arrival she remarked in her written account, *G.I Nightingale: The Story of an American Army Nurse*, “If Florence Nightingale could see us now!”⁶⁴ The nurses of the 48th surgical hospital arrived off the coast of Algeria only a few hours after officers and enlisted men had on November 9th, 1942. This was the closest to the front and the fighting that Army nurses had ever been. Colonel Richard T. Arnest, the second corps surgeon, praised the women arriving the same day that the battles started, but remarked, “I did not feel afterwards that the risk was

⁶² Roberts, 119.

⁶³ Theresa Archard, *G.I Nightingale: The Story of an American Army Nurse*, (W.W. Norton, New York, NY, 1945) 39.

⁶⁴ Sarnecky, 217.

fully justified and would not do it again.”⁶⁵ Arnest’s sentiment was shared among military officials and nurses, “never again participated on D day in an amphibious assault during World War II.”⁶⁶ As the U.S Military moved into Italy and Sicily, Supreme Commander of the Allied Expeditionary Force in Europe, General Dwight Eisenhower, made the decision to not allow nurses to be a part of the initial invasion forces.⁶⁷

Despite officials’ hesitation in using women so close to the front lines, nurses proved themselves valuable in extreme conditions. WWII ushered in a new era of Army Nursing, and during Operation Torch, they learned valuable lessons, specifically about military conduct and protocol and the dangers of ever-evolving warfare, as well as the need for supplies. The ANC was able to pinpoint issues in the chain of command and re-evaluate the number of supplies needed while nurses were exposed to the dangers of serving closer to combat areas.⁶⁸

By the time that Operation Overlord, the Battle of Normandy, was in effect in 1944, the Army had figured out the best way to utilize their medical personnel and the ANC. Leila Morrison explained that she and her fellow nurses were replacements for the nurses who had been serving in Europe for over 3 years.⁶⁹ The United States knew from Operation Torch that supplies would likely run short and hamper the effectiveness of hospitals and treatment. Medical operations in North Africa echoed the issues of WWI as “the only medical supplies available were those the nurses had brought themselves.”⁷⁰ The ANC and the US military had to make swift changes as the war turned its face towards Europe. In preparation for Operation

⁶⁵ Sarnecky, 217-218.

⁶⁶ Sarnecky, 217-218.

⁶⁷ Sarnecky, 223.

⁶⁸ Sarnecky, 223.

⁶⁹ Leila Morrison, Interview.

⁷⁰ U.S. Army Center of Military History, “The Army Nurse Corps,”

Overlord, the U.S would “muster 8,000 doctors, 600,000 doses of penicillin, fifty tons of sulfa, and 800,000 pints of plasma meticulously segregated by white and black donors.”⁷¹ The United States planned for casualties and made sure their supply chain was well stocked.

Despite the hesitation to allow women to be a part of initial invasion forces, nurses were constantly serving in dangerous conditions and men like Lieutenant Colonel Robert Smith recommended nurses to be a part of “forward hospital areas.”⁷² Nurses fought closest to the front lines than they ever had in WWII, but the idea of having women at the front still plagued the U.S. military and limited nurses’ proximity to warfare.

Just as disease killed more men than bullets and artillery did in WWI, Wyatt Blassingame explains that “Soldiers brought to the hospital were as often diseased as wounded...”⁷³ Althea Williams, a Fort Collins, Colorado, native, recalled treating for “Scrub Typhus” that was killing soldiers in the South Pacific. She states that, “In four weeks men were going from 180 pounds to 140, and fifty percent were dying.”⁷⁴ The tropical climate of the south Pacific was a breeding ground for Infected mosquitos that found perfect hosts in American GI’s. Dysentery, typhoid, and fungal infections were commonplace in the Pacific and affected thousands of troops and nurses.

Some of the most common infectious diseases that soldiers caught didn’t come from insects or the climate, they came from sex. venereal disease, or VD, affected thousands of troops in all theaters of the war. Mary Louise Roberts, author of *What Soldiers Do*, explains that

⁷¹ Rick Atkinson, *The Guns at Last Light: The War in Western Europe, 1944-1945* (New York: Picador, 2014), 24.

⁷² Atkinson, 24.

⁷³ Wyatt Blassingame, 103.

⁷⁴ Diane Burke Fessler, *No Time for Fear: Voices of American Military Nurses in World War II* (Michigan State University Press, 1996) 45. Scrub Typhus and Typhus differ only in the bacteria that causes the infection. Both diseases are from being bitten by infected insects and are common in tropical areas.

venereal disease was so common that “regular medical exams for gonorrhea, dubbed “pecker checkers” by GI’s were imposed.”⁷⁵ The Army saw the high numbers of VD as a serious issue, since it was taking more men away from the fight. Nurses treated VD and other diseases with the newest and most popular drug of the war: penicillin. Penicillin was first experimented with in 1943 and after the miraculous recovery of patients, it soon hit the hospitals of the ANC and gave patients better odds of survival than ever before.⁷⁶ One nurse recalls just how much the new wonder drug was used, she states, “Chengtu was where I first gave penicillin, 30,000 units three times a day.”⁷⁷ She went on to explain that much of this penicillin was used on patients in the so called “Romance Wards.” (VD wards.)

Infectious disease wasn’t just a problem for soldiers, of course. Nurses also had to fight disease in themselves. To combat Malaria in the Pacific theatre, nurses were required to take daily doses of Atabrine, a prophylactic that prevented and treated symptoms of Malaria.⁷⁸ Though the drug helped to combat illness, it also turned skin and eye whites a shade of yellow, otherwise known as “Atabrine yellow.”⁷⁹ Althea Williams a nurse serving in the South Pacific described being “very, very yellow” after returning home from duty.⁸⁰

Physical wounds and illnesses weren’t the only things that plagued soldiers. “Shell Shock”, otherwise known as Post Traumatic Stress Disorder after 1980, affected many soldiers

⁷⁵ Mary Louise Roberts, *What Soldiers Do: Sex and the American GI in World War II France* (The University of Chicago Press, 2013,) 161.

⁷⁶ Sarnecky, 231.

⁷⁷ Sarnecky, 166.

⁷⁸ Maj. Peter J. Weina, “From Atabrine in World War II to Mefloquine in Somalia: The Role of Education in Preventative Medicine” (*Journal of Military Medicine* Vol. 163, 635-637, 1998,) 635.

⁷⁹ Sarnecky, 103.

⁸⁰ Althea Williams, Oral Testimony conducted by Reba Massey, Fort Collins Museum of Discovery, 1994.

with what was called “battle fatigue” or “combat exhaustion” during the war.⁸¹ One nurse recalled working in a psychiatric ward, “It made my blood run cold to see them when a sudden noise would startle them - ducking under the cots, trying to dig into the floor, shaking with terror.”⁸² At this time, psychiatric treatments for battle fatigue were almost non-existent and nurses were not trained to treat it.⁸³ Psychiatric nurses were the only ones trained to treat psychiatric wounds, but even then battle fatigue was not understood as it is today. Nurses themselves also suffered from battle fatigue or combat exhaustion; pregnancy the second greatest reason for being sent home was psychiatric disease and stress.⁸⁴

Most nurses had around 120-130 patients they cared for, depending on where they were stationed, and that number continually increased as more casualties were brought in throughout the day.⁸⁵ The work nurses did varied patient to patient because different wounds had different forms of treatment. The worst cases were “The men with no faces.”⁸⁶ Much like the wounds sustained in WWI, men were being horribly wounded and disfigured by shells, bullets, mines, and grenades. Men with these types of wounds needed around-the-clock care to keep them stable enough for transport or surgery. Nurses were charged with checking their vitals, stopping bleeding, treating shock, and stabilizing them the best they could.⁸⁷

With a larger geographic area of warfare and differing weather patterns in all theaters of war, uniforms became an issue once again in WWII. Textile shortages made the creation of

⁸¹ Sarnecky, 219.

⁸² Kathi Jackson, *They Called them Angels: American Military Nurses of World War II* (Praeger Publishers, Westport, CT, 2006) 39.

⁸³ Sarnecky, 236.

⁸⁴ Sarnecky, 272.

⁸⁵ Jackson, 39.

⁸⁶ Jackson, 40.

⁸⁷ Sarnecky, 240.

an ANC uniform challenging, and many uniforms were proposed, such as “a lightweight one-piece blue dress, a shirtwaist dark blue dress, a one-piece dress in beige or olive drab, and a two-piece suit in dark blue and a tropical beige suit.”⁸⁸ The Quartermaster in charge of clothing thousands of nurses had a hard time choosing one uniform and as a result, Army nurses wore many kinds of uniforms. Most uniforms were a two-piece set with a skirt, blouse, blazer, and tie. Nurses found these uniforms completely ineffective, especially in the jungles of the Pacific Theatre. Once again, Blanchfield and Army officials wanted nurses to be clad in skirts and heels, but after realizing skirts weren’t conducive with climbing over ship railings, bending down to low cots, or serving as flight nurses as described earlier, it was decided that slacks would provide more modesty while women worked. In October of 1942 trousers were introduced as an option for Army nurses.⁸⁹ Even though Blanchfield took feminist action for nurses in WWII, she still held to Great War ideas about her nurses physical modesty, and these ideas still permeated the ANC as well.

Nurses became adept at improvisation, mirroring their foremothers in WWI. Whether it was coming up with more supplies, makeshift cots, or even surgery tables, they did what they could to save lives. Captain Ruth Momberger explained the ingenuity of nurses, “Copper tubing soldered to a K-ration can be used as a small standard and small wires ingeniously placed around the copper tubing served as a device for scalpel blades in a disinfectant.”⁹⁰ Nurses found a use for nearly every scrap of material: parachute pieces were used as bed-pan covers, crates and bomb fins were used as bedside tables, and teapots with funnels attached were

⁸⁸ Sarnecky, 273.

⁸⁹ Sarnecky, 274.

⁹⁰ Sarnecky, 232.

used for steam inhalations.⁹¹ Scavenging and improvising didn't end when it came to materials. Margret Nash recalls, "Once I ran to the operating room and saw the doctors operating on the steps and on the floor."⁹² She explains that most days the OR was a floor, a table, or the ground. Despite the challenges Nash and her fellow nurses were able to stay calm and collected, "It was amazing how cool the nurses were. I never thought I could be like that."⁹³

Nurses worked in twelve-hour shifts and struggled with sleep deprivation and exhaustion. Mary Moore, a nurse stationed in North Africa, wrote to her sister in 1943, stating, "I've only had 4 hours sleep in the past 60 hours. This 12-hour duty nights is a real grind, but for some reason or another I don't seem to mind it so much."⁹⁴ Many nurses had trouble falling asleep because of the stress of the job invading their quarters and sabotaging their sleep. Mary Ellen Edmunds-Foster told her sister that she will be "taking something to help her sleep."⁹⁵ Nurses did what they could to get rest and combat exhaustion. Phyllis Galeaz a 22 year old nurse stationed in New Guinea recalled, "It was nothing for us to work 18 hours a day at all. If you got 3 or 4 hours of sleep you were lucky...but who could sleep after that, really, you just couldn't. But we were young...war is for the young."⁹⁶

The patients treated by Army Nurses varied according to their location and the duration of the war; they treated civilians in Europe and the Pacific, soldiers from all Allied countries, Prisoners of War and anyone who came to their hospitals.⁹⁷ As V-E day approached, more and

⁹¹ Sarnecky, 232.

⁹² Fessler, 80.

⁹³ Fessler, 80.

⁹⁴ Mary Moore, Correspondence from Moore to her sister, 1942, *the American Military Nursing Collection*, Boston University Libraries, Howard Gotlieb Archival Research Center, Boston, Mass.

⁹⁵ Moore, Correspondence.

⁹⁶ Moore, Correspondence.

⁹⁷ Sarnecky, 244.

more German civilians and soldiers were in need of treatment. Esther Edwards recalled treating patients, she states, “Very badly wounded patients were being brought in, including German Children.” She explains that it was during the last weeks of the war that the most patients were lost due to an overwhelming number of casualties and a lack of supplies. She shares that German Soldiers tended to refuse treatment because they didn’t trust American Nurses not to harm them.⁹⁸

While nurses still chafed at being kept from the front, sometimes the front came to them nevertheless. This was the case for 66 Army and 12 Navy nurses stationed in the Philippines who were captured as prisoners of war after the Japanese invasion. Held until 1945, these nurses were dubbed the “Angels of Bataan.” The nurses were captured as POW’s and under imprisonment, they took care of civilians and their fellow POW’s, despite their own sickness and malnutrition. Mary Rose Harrington Nelson explained in her oral account that the nurses were essentially in-charge of all medical treatment, even when it came to the Japanese. She states, “The Japanese only had a medical sergeant for their own care, but his knowledge was very limited, and he came to ask us about everything, like medicinal dosage.”⁹⁹

As with German POW’s, surgeries and treatments were performed on Japanese soldiers by American nurses and doctors in POW camps and American hospitals. Margret Nash recalls her time working as a POW, “We started improvising, as we had become used to doing. It was all makeshift, but very good, if I say so myself.”¹⁰⁰ Nurses used what they could, including their own clothes for bandages and dressings. Hunger and sickness ravaged the imprisoned

⁹⁸ Fessler, 189.

⁹⁹ Fessler, 85.

¹⁰⁰ Fessler, 83.

population, but nurses would smuggle food from civilians they treated and share it with the prisoners in the camp.¹⁰¹

Across the world, as the Allied powers pushed the Germans farther and farther back, unsettling, and horrific discoveries were made as soldiers found the survivors and victims of concentration camps. In July of 1944, the Soviet Red Army discovered Majdanek while advancing through Poland. This was the first concentration camp discovered, and the Allies continued to liberate and treat camp victims as they occupied German territory.¹⁰² Even nurses who had been exposed to the meatgrinder that is warfare and treated extreme wounds were shocked at what they witnessed.

Leila Morrison, a nurse who was a part of the liberation of Buchenwald concentration camp, described what she saw, “You couldn’t believe it, it was like a modern-day murder factory.”¹⁰³ She also shared that when the camp was first liberated, male army officials refused to let female nurses into the camps to treat victims because they deemed the conditions too awful for women to see. To the Army, battle hardened nurses were still women, and therefore should be sheltered from the horrors seen in the camps, even though most nurses had spent years treating soldiers with extreme and disfiguring wounds. Nineteenth-century standards of what was fit for a woman’s eyes still dominated some parts of an Army nurses experience and, despite being some of the most capable people to help the victims, they were initially sent away. Eventually, nurses were allowed in to help the victims and treat as many of them as

¹⁰¹ Fessler, 87.

¹⁰² Judith Batalion, *The Light of Days: Women Fighters of the Jewish Resistance: Their Untold Story* (London: Virago, 2022) 189.

¹⁰³ Leila Morrison, interview.

possible.¹⁰⁴ The victims of concentration camps were emaciated and suffering from various forms of illnesses and complications from malnutrition.

Nurses and doctors did what they could to help the camp survivors by administering penicillin and trying to give them as much food and water as their bodies could handle. One nurse recalled, “I [couldn’t] find enough muscle to get a hypodermic in.” Doctors had to refuse surgery, because the patients would be killed by the shock.¹⁰⁵ The nurses did the best that they could and saved as many survivors as they could. Anita Kelly recalls how they cared for the victims of the camps, “It was just kindness and patience, tender loving care.”¹⁰⁶

Feminism under Fire: Nurses, Patriotism, Motherhood and Feminist Work

The theme of familial bonds and motherhood carried from The Great War into the Second World War, only this time, nurses began to serve as mothers specifically for one another. Mary Ellen Edmunds-Foster wrote to her father and told him, “You have no idea the awful feeling I had when all the kids got their orders and all the new nurses started coming in.”¹⁰⁷ Nurses like Foster who worked with new recruits took it upon themselves to care for the less experienced women as their daughters (“kids”), teaching them the procedure of wartime nursing and ensuring their safety. After the new nurses became experienced veterans, they felt a sense of loss when the women they trained or were trained by transferred units or were sent home. Nurses served in many roles for one another depending on rank and experience and they forged important and unique connections amongst each other, serving as stand-in

¹⁰⁴ Sarnecky, 246.

¹⁰⁵ Jackson, 81.

¹⁰⁶ Penny Sarns, *Nurses at War: Women on the Frontline, 1939-45* (Stroud: Sutton Publications, 2000). 130.

¹⁰⁷ Mary Ellen Edmunds-Foster, Correspondence from Foster to her father, 1944, *the American Military Nursing Collection*, Boston University Libraries, Howard Gotlieb Archival Research Center, Boston, Mass.

mothers to the soldiers as they did in WWI. Even more, they served as mothers to one another. Moore Expresses this in the same letter to her father, stating, “you know that song, “Sometimes I feel like a motherless child.”¹⁰⁸ When nurses were transferred or sent home, the nurses left in the unit felt their absence as if their own mothers left, hence Foster’s allusion to the famous song “I feel like a motherless child” that was written in the 1870’s.¹⁰⁹

Florence Blanchfield became the matriarch of the ANC, apparent by the fact that many nurses referred to themselves as “kids.” These women were in fact young, most of them under 30, but it was common to refer to themselves and their units as “we kids.”¹¹⁰ They saw themselves as the youngest generation of the family unit that made up the ANC. Not all familial metaphors were meant as compliments. For example, Mary Moore, met Blanchfield and told her sister, “She reminded me of my mother-in-law” and presumably not in a good way.¹¹¹

The familial roles and metaphors the ANC nurses used to describe themselves and one another worked in various ways. The theme of a familial structure in the ANC allowed for nurses to be frank with one another and created a community where women weren’t afraid to speak out or demand change. The ANC was far from the perfect family unit, but the structure of motherhood and matriarchal leadership allowed for women to find community and the courage to enact feminist change. Moore and Foster both discussed the instances where they were able to challenge authority and make change. Foster tells her sister that she was able to transfer an inept doctor out of her unit just by recommending it to her superior officers.¹¹² Her concerns

¹⁰⁸ Foster, Correspondence.

¹⁰⁹ “Sometimes I Feel like a Motherless Child,” Wikipedia (Wikimedia Foundation, January 26, 2022), https://en.wikipedia.org/wiki/Sometimes_I_Feel_Like_a_Motherless_Child.

¹¹⁰ Moore, Correspondence.

¹¹¹ Moore, Correspondence.

¹¹² Foster, Correspondence.

about this doctor's ability were noted, and he was transferred out of the unit. Moore herself challenged gendered expectations of men being present during the delivery of civilian babies, she wrote in a letter that, "Most of the nurses think it's terrible for them to be in the room, but frankly I'm all for it."¹¹³ She shared in this letter that she always made the male corpsmen stay when delivering babies, opening a space to men that was previously seen as exclusively female.¹¹⁴ Moore and Foster are two examples of nurses who expanded their own roles and responsibilities and used patriotic feminism to enact small but important change.

The familial structure of the ANC expanded in the Second World War. It transformed from a straightforward and mostly obedient hierarchical family in WWI to a more open and complicated family dynamic. This created an intersection of patriotism and feminism that permeated the ANC and allowed for its nurses to challenge authority and demand change. Nurses were openly critical of some operations and instead of being met with little help, such as a young Florence Blanchfield was in WWI, their grievances were taken more seriously and resolved. Foster's recommendation for the transfer of an inept doctor is a great showcase, even though it seems like a small feat, the fact that her concerns were validated shows the growth of the corps from WWI to WWII.¹¹⁵ Nurses opinions were finally being heard and taken into consideration.

Sex and the Single Nurse: Romance, Relationships, and Expectations

Sex was mobilized on a large scale during the Second World War and used to boost morale and motivate American Soldiers. Mary Louise Roberts explains the phenomenon of sex

¹¹³ Moore, Correspondence.

¹¹⁴ Moore, Correspondence.

¹¹⁵ Foster, Correspondence.

in WWII France in her book, *What Soldiers Do*, explaining that sex was not only used to boost GI morale, but it became a key feature of the U.S military's views of civilian women in the European theatre. Roberts explains that "American soldiers in Italy had been sorely tested by loss, grief, and death. The acts of rescue, protection, and sexual dominance all restored a GI's sense of manliness crucial for the successful prosecution of the war."¹¹⁶ While Roberts' work is considered controversial by some historians like Jeremy Black who claims the arguments of her book and her use of press accounts "need contextualization."¹¹⁷ Black also claims that Roberts "solely looks at sources that confirm her assertion."¹¹⁸ And others, like many Amazon.com reviewers ask "'Why shine a light and magnify it? All armies have some who do this thru [sic] history."¹¹⁹

Even though many historians and reviewers were upset that Roberts had "besmirch[ed] the reputation of the Greatest Generation,"¹²⁰ Roberts's work has also been regarded as highly researched and an innovative look at what happens when sex is mobilized and women are used as political tools. Laura L. Frader explains in her book review that, "*What Soldiers Do* stands as an excellent example of how attention to gender, sexuality, and race transforms understanding of historical processes."¹²¹ Roberts' work and her analysis of sexual violence and warfare proves incredibly useful when exploring women's roles in warfare.

¹¹⁶ Roberts, 9.

¹¹⁷ Jeremy Black, "Mary Louise Roberts, *What Soldiers Do*: Sex and the American GI in World War II France," *European History Quarterly* 47, no. 4 (2017): pp. 779-780, <https://doi.org/10.1177/0265691417729639>.

¹¹⁸ Black, 779-780.

¹¹⁹ Roberts, Mary Louise. "Response." *Journal of Women's History* 26, no. 3 (2014): 152-157. [doi:10.1353/jowh.2014.0051](https://doi.org/10.1353/jowh.2014.0051).

¹²⁰ Roberts, "Response," 152-157.

¹²¹ Laura L. Frader, "What Soldiers Do: Sex and the American GI in World War II France. by Mary Louise Roberts. (Chicago: University of Chicago Press, 2013.).," *The Journal of Modern History* 87, no. 2 (2015): pp. 460-461, <https://doi.org/10.1086/681182>.

Roberts explains that France became a feminized nation in the eyes of the Allies and in turn the United States became the masculine counterpart that came to save it.¹²² She shows that sex became crucial to the execution of the Normandy campaign. She states, “Because the U.S. military equated France with libidinal satisfaction, sex became integral to how it constructed the Normandy campaign.”¹²³ The Normandy campaign was sold as an “erotic adventure” where men would receive sexual pleasure and intimacy as a reward for the liberation of France.¹²⁴

This idea of the war as an “erotic adventure” did not extend to Army nurses and was greatly at odds with Army nurse recruitment that encouraged them to “do their duty and serve.”¹²⁵ The U.S. military intentionally employed sexualized femininity to motivate soldiers and keep women at home working hard and looking pretty. It was considered patriotic for women to be sex objects, and Army nurses were no exception. To the military, Army nurses were an anomaly among women, they were next to the soldiers, not an imagined woman half a world away. The military was at odds with itself, the morality and modesty of nurses was still a chief concern, but with sex being mobilized as a “reason to fight” nurses could hardly be off limits in the eyes of enlisted men. Nurses found themselves in a strange space where they were expected to be a sort of virgin sex symbol.

Sex wasn’t only mobilized in the 1944, Normandy invasion- it was in all theatres of war, Pin-Ups filled the pockets of GI’s and offered masturbatory sexual relief as they imagined the

¹²² Roberts, 9.

¹²³ Roberts, 7.

¹²⁴ Roberts, 8.

¹²⁵ Sarnecky, 272.

faces of Rita Hayworth and Vivien Leigh as the women they were fighting for. Pin-Up girls are embedded in many iconic images from the Second World War, whether painted on the side of a bomber, or passed around men of a company, they became a pop-culture symbol of the sex that permeated the war.

While images of sexy and confident women made their rounds, so did many Army nurses. The Second World War saw sexualized femininity as the type of patriotism that civilian women could offer, and as Melissa McEuen highlights in her book *Making War, Making Women; Femininity and Duty on the Home Front, 1941-1945*, that their duty was to “make themselves into something worth fighting for.”¹²⁶ Ann Elizabeth Pfau, discusses in her book *Miss Yourlovin’* the ways that civilian women served as sites of “Obligation and desire” for enlisted men.¹²⁷ Both McEuen and Pfau echo the idea of sex being mobilized by the military that Roberts had presented. Their analyses are focused on American women, rather than French women. They show how sex was mobilized and that American women served a key emotional role for men who were fighting overseas and were expected to maintain their homes and their physical attraction to support the morale of soldiers.

This wasn’t a simple task for army nurses, and many were overwhelmed by the pressure to perform their duties and maintain their appearance to the high standards of 1940s “Pin-Ups”. While most American women fell into this category of patriotism pushed upon them by twentieth century society and WWII patriotism, Army nurses’ patriotism had sent them across

¹²⁶ Melissa McEuen, *Making War, Making Women: Femininity and Duty on the Home Front, 1941-1945* (Athens, University of Georgia Press, 2011) 2.

¹²⁷ Ann Elizabeth Pfau, *Miss Yourlovin’: GI’s, Gender, and Domesticity during World War II* (New York Columbia University Press, 2008) 8.

the world and into warzones with vast numbers of enlisted men and officers. ANC nurses were put into a paradoxical position in which they were charged with maintaining the standards of youthful female beauty of the 1940s, while serving intimately alongside the men whose lives they were saving in extremely challenging battlefield and field hospital circumstances.

Most nurses wrote to their families for cosmetics, new clothes and other items to help them maintain their femininity. Mary Ellen Edmonds-Foster wrote to her family about her “screwy fashion sense” and asked her sister to send her new clothes. “I would like a new formal-something very ultra and extra extra.”¹²⁸ She also asked for more makeup, red lipstick, and told her sister that she cut her hair into a practical bob. While most nurses were often, “lucky to get a helmet full of water to wash with”¹²⁹ and worked 12-hour shifts, they felt they needed to ask their families for cosmetics and nice clothes that would allow them to reconnect with their femininity, feel attractive when dating men who carry a footlocker full of Pin-Ups, and meet the standards of youthful beauty that WWII promoted.

As Mary Louise Roberts and other scholars have demonstrated, the military employed women’s femininity and sexuality to motivate their soldiers, and nurses were at the front lines of this deployment. Many nurses were single and theoretically available women close to the fighting and to enlisted men. Nurses were typically the only women in the hospitals and sex amongst enlisted men and nurses was a common occurrence, though not directly addressed by the Army. The rules enforced upon Army nurses in WWI that forbade them from fraternization

¹²⁸ Pfau, 23.

¹²⁹ Foster, Correspondence.

had been dropped, and a space was created where women and men could engage with one another on a more personal basis.

Away from the social pressures of purity and family involvement in women's dating lives at home, nurses found a place where they could explore their sexuality and be the independent women they were. Nurses were caught in this paradox of being "sexy virgins" and many women enjoyed the sexual freedom they had. This is seen through Mary Ellen Edmund Foster's conversations with her sister about her dating life, she tells her sister to keep the letters to herself and not share them with the rest of their family, stating "don't be sending my letters for everyone else to read."¹³⁰ Mary Moore writes in a letter to her father about a man who asked to write him in order to change her mind about breaking up. She tells her father, "I told him I usually made up my own mind and didn't require too much help from you, particularly on matters pertaining to love."¹³¹

WWII created a sexual revolution that nurses actively participated in.¹³² Women in leadership roles mentored their nurses on this newfound independence and freedom, trying to help them negotiate the dual expectations of representing American womanhood to their male peers while also serving alongside them in a warzone. Lieutenant Colonel Jane Clement, the director of nurses in the Southwest Pacific was blunt and open when it came to the matter. She told her nurses that she was "on their side" and encouraged them to come to her with matters "big or little, good or bad."¹³³ Sarnecky explains that Clement, "warn[ed] them of the little

¹³⁰ Moore, Correspondence.

¹³¹ Moore, Correspondence.

¹³² D.W. Maurer, "Language and the Sex Revolution: World War I through World War II." *American Speech* 51, no. 1/2 (1976): 5-24.; Sarnecky, 272.

¹³³ Maurer, 272.

pitfalls and of the dangers that come when men and women are released by war and distance from ordinary restraints and pleasures.”¹³⁴ Clements, a veteran of the Great War, understood the challenges and reality of wartime romances, and refused to judge her nurses on their actions. Sarnecky states that Clement, “knew all about human beings and their weaknesses.” Clement was frank with her nurses on how to prevent pregnancies and protect their emotions. She embodied the role of a mother to young women who were faced with newfound freedom and experiences all around them. Like a good mother, Clement wanted to protect her nurses, while still encouraging them to explore their identity and place in WWII. While this was a progressive approach to blossoming independence and sexuality for young women, it presents the intimate relationships high- and low-ranking nurses had with one another and the desire to guide and protect the younger generation of nurses.

Sex and pregnancy became more common among nurses as the war raged on, and as nurses began finding partners and engaging in long-term relationships.¹³⁵ Of the nurses stationed in the south pacific, 7% became pregnant, and 5.5% of nurses in the European theatre became pregnant.¹³⁶ Rules on sex between nurses and enlisted men and officers were never clearly stated. Instead, the military tried to prevent pregnancy by increasing recreation activities, having strict rules regarding nurses’ quarters visitors and placement, and aimed to punish excessive drinking.¹³⁷ Relationships between men and women in the Army were commonplace, they worked alongside each other and lived in close quarters. It was natural for

¹³⁴ Maurer, 272.

¹³⁵ Sarnecky, 271-272.

¹³⁶ Sarnecky, 271-272.

¹³⁷ Sarnecky, 271-272.

people in their positions to find companionship among one another, but the Army made it as hard as possible for men and women to get married during their tours of duty. The sexual freedom of WWII and the way that sex was employed by the military meant that nurses and enlisted men found themselves in a space where they could have sex with one another and forge relationships. Sometimes these relationships resulted in pregnancy, which proved to be a surefire way to get permission to marry, as well as for the woman of the relationship to be sent home.¹³⁸ Even though there was a stigma and judgement around the idea of single pregnant women, they were always honorably discharged from the ANC before being sent home.

Nurses who got pregnant overseas usually received judgement from their families and other people at the home, but often, nurses defended and accepted one another. Most nurses found themselves intertwined in wartime romances, with many men asking after them. Their newfound independence opened the door for relationships they may not have had at home and many women saw their sexuality being employed by the military and decided to use it to their own advantage. Mary Ellen Edmonds-Foster, a nurse stationed at the 120th station hospital in the U.K., wrote to her sister about her friend Evelyn Davis. She explains that Davis has been sent home for pregnancy, and tells her sister, “For goodness sakes, if you ever meet her don’t look down your nose at her-She has gone through hell here.”¹³⁹ Nurses such as Foster looked out for one another and refused to allow themselves or their friends to be looked down upon for sex and pregnancies while overseas. This was not universal, as Mary Moore wrote her sister about how “tongues wag around the 17th,”¹⁴⁰ meaning that rumors and gossip traveled

¹³⁸ Sarnecky, 272.

¹³⁹ Foster, Correspondence.

¹⁴⁰ Moore, Correspondence.

fast around the hospital units. But, Foster's defense of Evelyn Davis shows the strong bonds that women shared and the way they saw themselves as women.

Foster's forgiving attitude may have come naturally to her as she engaged in multiple romantic relationships with men. In her letters, she talks about going on dates, and corresponding through letters and long-distance phone calls with a couple of different men. She tells her family about a letter she received from "A very sad dejected Bob."¹⁴¹ She had been seeing Bob since before the war, but not seriously. She explained to her parents that "when he was here, he did not see the person he knew in the states and really, the person I am now."¹⁴² Foster explains that her experience as a nurse has changed her as a person, and in turn changed what she wanted. She told her sister in the same letter, "To you he seems like a good thing, and I may be wrong in my decision but Elly, even if there isn't love there should be contentment."¹⁴³ Foster's letters and personal choices show that many nurses found independence through their roles and began to use their voices. Other nurses discussed dating multiple men at a time and spending their leave with enlisted men. Mary Moore tells her sister about nurses going on late night dates with men to the "lookout point." Foster and Moore serve as prime examples of the ways that nurses not only changed and grew through their experience in the war, but that many women used their experiences as an opportunity to liberate themselves from the standards of twentieth century femininity and take hold of their independence and autonomy.

While some nurses enjoyed their newfound independence and exploring their femininity and sexuality, they were all still subjected to the exacting physical standards of

¹⁴¹ Foster, Correspondence.

¹⁴² Foster, Correspondence.

¹⁴³ Moore, Correspondence.

beauty and womanhood exemplified in the Pin-Up. Army nurses were aware of what men desired, they saw the Pin-Ups in wounded soldiers' pockets, or on bedside tables and that sort of sexualized imagery influenced the way nurses presented themselves or thought about their own appearance. Nurses like Mary Moore and Mary Ellen Edmunds-Foster felt the effects of this strict physical standard, and while they were in a warzone with little resources to help them achieve the desired look of a sexy and available woman, they still felt the pressures of maintaining beauty standards. Many nurses denigrated their physical attributes down in letters to their families, critiquing their weight, hair and appearance.

Mary Ellen Edmunds-Foster also sent her family a photograph of herself and tells them, "It's easy to see I'm not the kid I used to be, but then I have taken on a few years (and a few pounds) since you saw me last."¹⁴⁴ Foster exclaims in her letter that she now weighs 127 pounds, much more than she wants to. Nurses changed quickly in the war: they could feel themselves aging on the inside because of trauma and intensive work, and in turn they projected it onto the woman in the mirror. Foster isn't the only one who speaks of herself negatively. Mary Moore, who was stationed "somewhere in Africa," tells her friend that she refused to swim in the ocean because her back has "broken out in little pimples."¹⁴⁵ Many nurses were very critical of themselves in their letters home and confided in their families about the ways they perceived themselves. Moore received a picture from one of her friends back in the United States and wrote, "Compared to her we all look like old war horses."¹⁴⁶

¹⁴⁴ Foster, Correspondences.

¹⁴⁵ Moore, Correspondence.

¹⁴⁶ Moore, Correspondence.

Foster tells her family in multiple letters that, “this is a long war and I’ve changed,” and she also tells them that her priorities and goals have changed too.

Many nurses felt at odds with their own femininity and sexed bodies. They were already breaking the mold of the endearing and stoic Homefront woman by enlisting in the ANC and serving overseas. This combined with the lack of amenities for physical grooming, and a constant sea of perfect pin-ups left many nurses feeling at odds with themselves and their femininity. Despite this, nurses made a space for themselves in the sexual discourse of WWII that was completely their own. They shifted themselves into the positions where they were independent decision makers when it came to romantic and sexual relationships. They employed their sex for their own pleasure, not for the pleasure of the military.

V-J Day: The End of the War and Nurses Moving Forward

The end of the war saw most nurses sent home, but many stayed with occupying forces, treating civilians, camp survivors, POWs and GIs injured or sickened during the occupation of Japan, and Germany. Army nurses in WWII accomplished great feats in gaining more autonomy, and expanding their roles, in the military and civilian world. As the ANC demobilized, it set up a series of five categories to aid with discharge. Mary Sarnecky explains, “Those in category I would stay in the Army indefinitely. Those in categories II and III would stay in service until 20 June 1947 and 31 December 1946 respectively. Those in category IV would negotiate a release date that would be no later than 30 November 1946.”¹⁴⁷ Those in the fifth category would be sent home at the earliest convenience. While most nurses looked forward to returning home after a few years abroad, the adjustment to civilian life proved challenging. Mary Moore wrote

¹⁴⁷ Sarnecky, 281.

in a letter to her close friends on May 12th, 1945 that “to me it [V-E Day] was the end of an unusual life and the new life has no future.”¹⁴⁸ Moore had spent three years overseas, focusing on her day to day actions, and now she had to think about the future aside from the war.¹⁴⁹ Mary W. Randolph expressed similar feelings in 1946, sharing that Army nurses returning from duty, “developed a sense of independence and initiative, not typical of the traditional nurse.”¹⁵⁰ Randolph explained that she needed to recover from such an abnormal and intense experience; she had changed but no longer knew where she fit in the civilian world.¹⁵¹

Nurses left the war with a newfound independence that defined their wartime experiences and the rest of their lives. Many nurses found they couldn’t return to nursing at all, 50% of nurses polled after the war said they would be looking for other work. Of the 54,000 nurses that served in the war, 53,296 nurses separated from the Army, leaving just over 500 staying in the service. The War department quickly realized the need to have a peacetime nurse Corps and asked many nurses to return to service, except many had already taken commissions in the newly formed Air Force Nurse Corps. This left a hole for the military to fill in the post-war era and before the start of the Korean War.

After Blanchfield’s tireless work in advocating for permanent commissioned rank for her nurses during the war, she finally had the chance to focus more of her efforts on the issue. Blanchfield and other military officials introduced bills to authorize permanent commissioned officer status for nurses. After deliberation, victory finally came. In 1947, Blanchfield and her

¹⁴⁸ Moore, Correspondence.

¹⁴⁹ Sarnecky, 280.

¹⁵⁰ Sarnecky, 280.

¹⁵¹ Sarnecky, 280.

nurses received equal rank to their male counterparts and Blanchfield became the first woman to receive a military commission in the Army in 1947.¹⁵² This meant that she became the first full female officer in United States Army history. Pay was upped to equal that of male commissioned officers and benefits such as healthcare, and housing allowances. Restrictions were still placed on women that weren't placed on men however, with this authorization of rank came new conditions such as barring married women and those with dependents under the age of fourteen from serving permanently.¹⁵³

Despite the continued double standard of family life restrictions between enlisted men and women, receiving equal rank was a massive achievement for the ANC. Nurses were finally being recognized for their work and effectiveness. Blanchfield retired at the end of 1947 and recommended Mary G. Phillips as her replacement. Phillips served as the superintendent of the ANC until the outbreak of the Korean War in 1950. The outbreak of another war left the ANC scrambling for nurses before mobilization began. Lucky for the ANC, many veteran nurses of WWII returned to duty to serve in yet another foreign war. Althea Williams, a veteran of WWII and recent Colorado State University graduate answered the call once again, donning her nurses' fatigues and heading to Japan.

¹⁵² Sarnecky, 268-269.

¹⁵³ Sarnecky, 292.

Chapter 3- Feminist Mothers and Disobedient Daughters: Feminism, Warfare, Revolution and The Pacific Wars.

Nurses deployed to Korea in 1950 found themselves almost stepping back in time. Despite new advancements in medical technology and transportation, Army nurses found themselves in hospitals that mimicked the understaffed, undersupplied, and ramshackle hospitals that defined WWI medical care. Captain Anna Mae McCabe (Hays) was one of the first ANC women deployed.¹ She gave her impression of Korea compared to WWII and stated, “its cold weather, odor, and its stark nakedness. It had nothing. And when I compare...I think of Korea as even worse than the [Ledo] jungle in World War II because of the lack of supplies, lack of warmth, etc., in the operating room.”² Nurses were once again forced to work in hospitals that lacked water, electricity and sometimes even roofs. Sanitation was immediately an issue, cold, drizzling rain forced pests like fleas to take shelter in warm hospital beds and transport trains, eventually settling on the human occupants. As nurses set foot on Korean soil, they knew that they were facing an arduous journey.

When the Korean War broke out in 1950, the ANC and the military were unprepared and understaffed, once again. This meant that all reserve nurses such as Althea Williams who were called into action, some for the first time and for others like Williams it was their second war. Florence Blanchfield had retired in 1947 and was replaced by Mary G. Phillips, who filled

¹ Anna Mae McCabe (Hays) was the first woman to earn the rank of General in the United States Armed Forces in 1970.

² Mary Sarnecky, *A History of The U.S. Army Nurse Corps*, (University of Pennsylvania Press, Philadelphia, PA, 1999), 310.

Blanchfield's role well and commanded the ANC through the inter-war period and the Korean war.

Many nurses had similar experiences as Althea Williams during the inter-war period. She graduated from Colorado State University, trading in her nurses' fatigues for a cap and gown as well as a diploma for degrees in Home Economics and Occupational Therapy. After graduation in 1949, Althea Williams was supporting herself and her mother and realized she was in her words, "flat broke."³ In order to improve her financial situation, Williams joined the ANC reserves the same year, making \$350 a month, and before she knew it she was typing letters to her mother in her spare time on a typewriter at the 279th General Hospital in Japan. With each click, she told her family of her work, her life in Japan, and how it had compared to her work in WWII ten years earlier.⁴

After the end of WWII, the ANC discharged most nurses, including women who didn't want to leave service. Francis Liberty a nurse who served in WWII, Korea, and Vietnam explained the process of discharge: "If you got out [of the Army] on a Monday, a Wednesday, or Friday, you were separated. If you got out on a Tuesday, Thursday, or Saturday, you were discharged. Now you figure that one out. But the Army in its infinite wisdom..."⁵ Liberty explains that she was "separated" from the Army, which meant in her words "that a person is leaving active duty, but not necessarily leaving the service entirely and still must complete their military obligations."⁶

³ Althea Williams Oral History, 1994. Interview by Reba Massey. Box ALTH-2. Althea Williams Collection. The Archive at Fort Collins Museum of Discovery, Fort Collins, CO.

⁴ Althea Williams Oral History, 1994.

⁵ Frances M. Liberty Collection, (AFC/2001/001/02548), Oral History Interview, Veterans History Project, American Folklife Center, Library of Congress.

⁶ Liberty, Oral History Interview.

This rapid reduction of ANC nurses and confusing system by which nurses were either separated or discharged meant that by the time of the Korean War in 1950, most nurses who served in WWII were settled into civilian jobs and families and weren't interested in returning to service.⁷ The political aspects of the Korean war also shaped the recruitment process for nurses. Because the war was described as a "police action" and a "conflict" many women felt that they weren't needed. This meant that the ANC recruitment was essentially stalled and nurses in the ANC reserves or "separated" from the Army, like Althea Williams and Francis Liberty made up the majority of Korean war nurses.⁸ Liberty recalls getting called back to duty, "I said to my father, 'I'm discharged.' He said, 'apparently not.'"⁹

Nursing in the Korean War had evolved in the ten years since the end of WWII, with new innovations such as medical evacuation with helicopters, which could quickly navigate rugged terrain and transport patients from places they would have previously died or had to wait hours for safe evacuation. Helicopters also transported patients more gently than ambulances, stretchers, and trains, allowing them to stay more stable during transport. These aircraft also opened the door to the use of whole blood instead of plasma, which could be used because of quicker transportation times and cold storage improvements. Penicillin was no longer an experimental drug and antibiotics became a staple in an Army nurse's medical kit.¹⁰ One of the biggest changes came with nurses' newfound rank. This was a great feat for nurses as they previously ranked below corpsmen (the male equivalent of a nurse at the time) and had

⁷ Sarnecky, 306.

⁸ Sarnecky, 306.

⁹ Liberty, Oral History Interview.

¹⁰ Sarnecky, 306.

limited standing in the hospitals. This change allowed for trained nurses to take charge in hospitals and improve the effectiveness and expediency of medical care. Despite these improvements however, a lack of preparation on the part of both the ANC and the United States Military left nurses once again improvising and working an average of 18 hour shifts in the beginning of the war. The first nurses deployed to Korea donned men's uniforms, as they had none of their own and worked with little water, few supplies, and little to no sleep.¹¹ Their work echoed their ANC grandmothers in WWI who worked under similar conditions due to a lack of preparation. A lack of preparation is a major theme throughout ANC history; the military never adequately planned for the labor of women during wartime yet continued to appeal to their patriotism and their professionalism.

The lack of preparation put Army nurses in challenging positions and complicated their work. Captain Phyllis LaConte described nursing in Korea, stating it "seemed as though we were never safe, never settled. And all the while casualties kept coming."¹² Most nurses worked in MASH (Mobile Army Surgical Hospital) units. When the war broke out 80 Army nurses attached to the 8054 and 8055 MASHs were given just a few hours to prepare and depart. While the number of Army nurses increased throughout the war, the number that served in Korea was never accurately recorded and estimates range from 600-1,500. However, these rough estimates show that around 70 percent of nurses "served in MASHs, 10 percent in evacuation hospitals, 8 percent in field hospitals, 7 percent in station hospitals, and the remainder in evacuation roles on trains, planes, and ships."¹³

¹¹ Sarnecky, 306.

¹² Sarnecky, 305.

¹³ Sarnecky, 319.

Sarnecky explains that MASHs were “an outgrowth of the World War II portable surgical hospitals, that war’s one hundred-bed field hospital platoons, and auxiliary surgical teams.”¹⁴ The goal of the MASH was to treat non-transportable patients, but it quickly evolved into a variation of the Evacuation Hospital housing 200 beds to match the early number of casualties. After the number of casualties began to drop, it dropped to a sixty-bed unit.¹⁵ MASH units served closer to the front, and Evacuation Hospitals were stationed in the south of Korea and Japan. MASH units moved constantly, inhabiting any building they could find, or pitching canvas tents to create a hospital. Most patients were stabilized in a MASH, then evacuated via train, ship, plane, or the new helicopter to evacuation hospitals. Sarnecky explains that “The members of the unit became so proficient at setting up that they were able to accomplish the feat in two hours.”¹⁶

At the beginning of the war in June of 1950, Army nurses served 6-month tours in Korea, then rotated to evacuation and base hospitals in Japan. By October of 1950, the Army offered women a chance to return to Japan after only 3 months as the army thought “women officers, because of their physical limitations, cannot be expected to undergo for prolonged periods of time the hardships and adverse environmental conditions on equal terms with men.”¹⁷ This idea was tied to the attitudes about women’s work that dominated the 1950’s labor landscape. Despite nurses in both WWI and WWII having proved themselves more than capable to endure long tours of duty, the military offered a shortened tour to alleviate nurses time under the

¹⁴ Sarnecky 303.

¹⁵ Sarnecky, 304.

¹⁶ Sarnecky, 305.

¹⁷ “Annual Report, Far Eastern Command Surgeon, 1950,” 154 ANCA, USA, CMH, WDC.

stressful conditions of mainland Korea, but it was eventually deemed impractical by ANC officials. Much like the nurses that came before them, most Korean war nurses wanted to stay in country and as close to the action for as long as they could. As First Lieutenant Catherine Welson stated, “I do not want to return to the states until it is over.”¹⁸

Once the first casualties of the war started coming in, Army nurses quickly realized that their hospitals were about to be overrun. At the 8054 MASH, which was equipped for 400 patients, nurses saw 750 patients come in over the first twenty four hours.¹⁹ MASH units like the 8054 weren’t prepared for the number of patients, leaving them understaffed and undersupplied. As a result, nurses worked 16-18 hour shifts for the first few months of the war. By the end of 1950, only 259 Army nurses were serving in the conflict, and they had increased responsibility due to understaffing. Much like their WWI counterparts, Army nurses took to thieving supplies when they were short. Frances Liberty, explained, “I stole everything I could get my hands on.”²⁰ In an interview, she called it “unofficial acquirement” and explained that this was a regular occurrence. When questioned about where the supplies came from, Liberty would shrug her shoulders and say, “I dunno.”²¹

The continuation of supply shortages forced nurses to act and acquire any supplies they could to ensure the survival of their patients. Nurses made themselves even more essential than before expanding their roles in MASH units to include increased assistance in, shock wards (pre-operation wards), operating rooms, and post-operation care. Nurses were the first ones to

¹⁸ “Annual Report, Far Eastern Command Surgeon, 1950

¹⁹ Sarnecky, 306.

²⁰ Liberty, Oral History Interview.

²¹ Liberty, Oral History Interview.

triage, getting their hands on a patient, assessing the damage and beginning care.²² Now fully commissioned officers, Army nurses were charged with training, and even supervising corpsmen.²³ Lieutenant Colonel Alice Gritsavage explained these expanded roles, stating, “nurses are not only performing the duties as nurses but are also undertaking responsibilities of the doctor in a crisis.”²⁴ In a 1951 interview with Captain Margret Blake, a journalist described a nurse’s work in the shock ward.

As soon as casualties arrive-often 30 or 50 at a time- nurses and corpsmen take their pulse and blood pressure and record the readings on the tags attached to each littler. Whole blood is started at once by one of the nurses. Penicillin is administered to everyone with an open wound. Clothing is cut away and the wounds exposed. Immediately, doctors come and examine the records, the patients check their condition and determine which men are in the most critical condition.²⁵

Because of the determination of WWII nurses, and the staffing shortages of the Korean war, nurses of this conflict experienced more respect and recognition in their work because their roles and rank had been expanded. With rank bolstering their power, nurses began taking charge and challenging their male NCO’s, officers, and doctors. Liberty explained a deal she made with a habitually intoxicated Sergeant: "I'll give you my liquor ration, if you--when you step on this train, you're sober. And when you step off, you're sober. What you do in between is none of my business, but when you put your foot on that train to come up, that is my

²² Sarnecky, 315.

²³ Sarnecky, 307.

²⁴ Sarnecky, 317.

²⁵ Margret Nash, “With the Army Nurse Corps in Korea,” Vol. 51, No. 6, Jun., 1951 of the American Nursing-Jstor.org, accessed March 29, 2022, <https://www.jstor.org/stable/i304285>, 387.

business. You don't want to lose all that pretty stuff you've got on your shoulder there."²⁶

According to Liberty, the Sergeant never stepped foot on the train drunk again.

Increased responsibility isn't the only place where the ANC evolved. After the 1948 Executive Order No. 9981, African American nurses were finally allowed to serve fully in the ANC. Previously, African American nurses were forced to serve in segregated units, and Korea was the first war that saw an integrated nurse corps where equal opportunity was offered to all women. Though twentieth century racism still permeated the military, the ANC reported an increased effectiveness after this integration.²⁷ Male nurses, who had been banned from serving as nurses in the ANC previously were also finally allowed into the ANC in 1950. Before this, men were required to serve as corpsmen or in other positions within the army medical corps.

Stable patients were transferred from MASH units in Korea to hospitals in Japan where nurses would further treat casualties. Althea Williams, a veteran nurse of WWII was stationed in Osaka, Japan. Williams' experience in Japan was more laid back than nurses who worked in MASH units, and the structure of evacuation from a MASH unit to hospitals in Japan meant that nurses were able to enjoy more leisure time. Williams explained that work in American Japanese hospitals was different than the work of MASH nurses stationed on mainland Korea. In a letter to her family, Williams wrote, "I have not done anything of interest. Haven't seen any good movies lately. I sleep, eat, work, and think of home...such is the life of an Army nurse."²⁸

²⁶ Nash, 387.

²⁷ Sarnecky, 317.

²⁸ Althea Williams Oral History, 1994. Correspondence. Box ALTH-3. Althea Williams Collection. The Archive at Fort Collins Museum of Discovery, Fort Collins, CO.

Williams explains that when she isn't working, she could visit friends, see movies, bowl, attend church and even sew a bedspread to make her room feel more like home.²⁹

Despite the positive changes nurses encountered, there were still issues of gender biases and challenges that came with being a woman in a warzone. The pressures of maintaining American womanhood of the nuclear age took its toll on Army nurses, though it had evolved from the sexy idealization of the "Pin-Up" in WWII. Althea Williams criticizes herself many times in her letters to her family, calling herself a "butterball", "fat" and talking consistently about dieting.³⁰

In the post-WWII world, the "American Mom" returned as the image of ideal womanhood, but this time Mom was working outside the home. As Stephanie Coontz explains in her book, *The Way Things Never Were; American Families and the Nostalgia Trap*, "The increasing integration of women's workforce participation with marriage, then preceded the growth of feminism, as did the shortening of the period of life in which women made a full-time commitment to motherhood."³¹ WWII opened new avenues for women's labor and Korean War Army nurses were thrust right into the middle of it. After men returned home from war, employers stopped providing women with childcare options, childcare costs outside of employers rose, and women were pushed into more typically female jobs such as teaching, clerical work, and nursing.³² This forced some women to leave the workforce, but many stayed leading to an increase in a female workforce. Companies began to accommodate married

²⁹ Ibid.

³⁰ Ibid.

³¹ Stephanie Coontz, *The Way We Never Were: American Families and the Nostalgia Trap* (Basic Books:1992; 2000; 2016) 242

³² Alice Kessler-Harris, *Women Have Always Worked: A Concise History* (Urbana, IL: University of Illinois Press, 2018).

women and women with children, and from this emerged a new wave of feminism that defined the women's movements of the 1960s.

With a lack of accurate record keeping on the part of the military, the small number of Army Nurses who served, and the short duration of the conflict, the amount of archival material on Korean War nursing is limited. Despite this, the material available shows that the work of Korean War nurses mirrored that of their WWI foremothers, from the struggles in supplies, understaffing, and long hours worked, but Korea nurses operated under an entirely different umbrella of sex and gender thanks to the work of ANC women from WWI to WWII. This allowed for Korean War nurses to have more responsibility, improved benefits and respect, and led these nurses to the starting point of true feminist change within the ANC that aligned with second wave feminism in the United States. Korean era nurses' experiences served as the staging grounds for the nurses of Vietnam, who, emboldened by the social movements of the 1960s were able to capitalize upon the long history of women's labor in the military to enact change. Bolstered by the expansion of the corps, a new age of women's labor, and lessons learned in Korea, women such as Althea Williams and Francis Liberty stepped into the next decade of warfare.

Fatigued Feminists: Army Nurses in Vietnam

Lynne Morgan recalled telling her chief nurse that an order was "the biggest bunch of B.S."³³ she'd ever seen. She later chuckled and explained that the chief nurse didn't "take too kindly to that."³⁴ This altercation took place after being ordered to attend a get-together for the

³³ Lynne Morgan (Speaker), recording, Pleiku, Vietnam, 1969, In Authors Possession.

³⁴ Morgan, recording.

high-ranking male officers of the Air Force base attached to the 71st Evacuation hospital in Pleiku, Vietnam, where Morgan worked as an Army nurse. At the party, she wore a dress her mother sent from Sears, ordered a coke, and sat at a table. She quickly realized that no matter how clearly she stated that she wanted “just a coke”³⁵ she’d end up with one that was “about half rum.”³⁶ Morgan sipped on her spiked soda pop and watched the room full of gray-haired officers eye her up and down, their crow’s feet deepening and her discomfort intensifying.

Morgan’s story illustrates one of the many challenges of she faced serving as an Army nurse in Pleiku, Vietnam in 1969. She and her fellow nurses were thrust into an institution that had a long and complicated relationship with women and, as a result, the Army exploited nurses’ youth and femininity, placing them in uncomfortable situations based on their sex and gendered attributes. Though these women were officers, respect and opportunity weren’t always afforded to women officers. As seen in previous chapters, war has been considered “men’s business” even though images of women as mothers, girlfriends, and wives have been mobilized to encourage men’s enlistment in political discourses and wartime propaganda.

Sex has been central to the power dynamics that are deeply engrained into the history of the United States Military. Not only were women involved in early American warfare, but femininity was seen as a reason for conquest. Kirsten Fisher, a scholar of early America explains this concept, she states, “Justifications of conquest that depicted the land and its indigenous inhabitants as passive and submissive (and hence feminized) implied that colonial relations of domination were as natural, obvious, and appropriate as Europeans presumed hierarchical

³⁵ Morgan, recording.

³⁶ Morgan, recording.

gender relations to be.”³⁷ Femininity has long been considered a synonym for weakness for the United States Military, and the history of warfare. Enemies have been feminized for centuries and vanquished foes were considered to be sexual inferior and emasculated.



Figure 5. The M16A1 Rifle, Operation and Preventative Maintenance, 1968. "COMICS WITH PROBLEMS #25 - Treat Your Rifle Like a Lady," COMICS WITH PROBLEMS #25 - Treat Your Rifle Like a Lady, accessed May 6, 2021, <http://www.ep.tc/problems/25/index.html>.

This type of language and rhetoric was prevalent in the Vietnam War, specifically when discussing U.S. Servicemen's weapons and actions. Heather Marie Stur explains this further, citing a comic titles "How To Strip Your Baby" that detailed how to operate and care for your M-161A rifle.³⁸ Stur explains the language and gendered ideas of the war, stating, "In this climate, proving masculinity through aggressive displays of heterosexuality became part of the rite of

³⁷ Kirsten Fischer, "The Imperial Gaze: Native American, African American, and Colonial Women in European Eyes," in *A Companion to American Women's History*, edited by Nancy A. Hewitt (2002), 5-6.

³⁸ Figure 1.

passage.”³⁹ This aggressive masculinity reenforced the culture of gender in the military, leaving women on the receiving end of the “aggressive displays of heterosexuality”.⁴⁰

Nurses such as Lynne Morgan, Althea Williams, Patricia Walsh, and an estimated 10,000 other Army nurses served in the Vietnam War.⁴¹ However, like the Korean War a large number of women who served in the Vietnam war were never recorded. Kathryn Marshall, a journalist, and author of an oral history anthology entitled, *In the Combat Zone*, explains that this lack of official records, “serves as a reminder of government mishandling during the Vietnam War and points to a more general belief that war is men’s business.”⁴² The U.S. Military has always had a convoluted relationship with women’s sex; it values and degrades it, and in this war exploits nurses’ sex, youth, and femininity for the pleasure of high-ranking male officers.

During the Vietnam War, an estimated 10,000 women served on active military duty: around 80% of whom serving in the Army Nurse Corps and the other 20% serving in other branches or civilian sectors of nursing.⁴³ The Vietnam War saw more women in positions of military leadership than ever before, almost all of them veterans of multiple wars. For example, Althea Williams served as one of the highest-ranking female officers as the Chief nurse of the sixth Army and Anna Mae McCabe Hays a Veteran Army nurse, became the first woman in United States Armed Forces History to earn the rank of General in 1970. The ANC’s long history

³⁹ Heather Marie Stur, “Gentle Warriors, Gunslingers, and Girls Next door: Gender and the Vietnam War.” In *The Routledge History of Gender, War, and the U.S. Military*, edited by Kara Dixon Vuic, 116-130. (New York: Routledge, 2018,) 119.

⁴⁰ Stur, 120.

⁴¹ Kathryn Marshall, *In the Combat Zone*. New York: Penguin Books, 1987, 11.

⁴² Marshall, 4.

⁴³ Marshall, 11.

of women's work led it to the Vietnam era where the familial structure of the ANC was led by with experienced and dedicated matriarchs such as Hays and Williams.

From 1962 to 1973, nurses were stationed across southern Vietnam, serving in many medical capacities and leadership roles. Kathryn Marshall explains the scope and type of medical units in her book, *In the Combat Zone*: "The Army had hospitals as far north as Quang Tri, thirty-five kilometers from the demilitarized zones and as far south as Can Tho in the Mekong Delta. These hospitals were classified as field hospitals, surgical hospitals, evacuation hospitals, and MASH (Mobile Army Surgical Hospital) units."⁴⁴ There were also convalescent hospitals for POWs and Army Hospitals equipped with emergency surgery wards, as well as Vietnamese wards where civilians and the occasional POW would be treated.⁴⁵

Almost all Vietnam Army nurses began their careers in the civilian world, much like their foremothers. The reasons nurses volunteered for service in the Vietnam War varied, with the political controversies of the 1960's and 70's shaping many women's decisions. Marshall explains how politics played a role, stating: "The women who went to Vietnam during the war years supported, opposed, and suffered the war."⁴⁶ Women from all backgrounds, and with varying political views joined, some for a sense of adventure, some to help, others to be a part of something. While some joined after finishing nursing school, or working in a hospital, nurses were often recruited right out of nursing school with the Army enticing young women with the promise of a monthly check.

⁴⁴ Marshall, 5.

⁴⁵ Marshall, 6.

⁴⁶ Marshall, 3.

Propaganda had been used in all previous wars to recruit nurses and the happy, feminine, and perfectly manicured woman was the face of the Army Nurse Corps recruitment posters in Vietnam. Much like the recruitment of WWII that Mary Louise Roberts discusses in *What Soldiers Do*, the ANC painted service in Vietnam as a time for adventure and romance.⁴⁷ The gendered notions surrounding nursing and womanhood of the 1960s' and 70's was pressed into the fatigues of poster women. Kara Dixon Vuic, author of the book *Officer, Nurse, Woman*, described that nursing recruitment changed as the number of nurses began to decline around 1970. The center of the posters shifted from adventure and romance to an opportunity for educational funding. She writes that recruitment posters were plastered, "with attention getting headlines such as 'Stay in school and send us the bill' and 'We'll pay \$10,000 to help you get your degree.'"⁴⁸ As more women became educated and independent, the new wave of feminism and female empowerment likely influenced the change from romantic propaganda to posing Army nursing as a smart financial and career opportunity.

These images of adventure and romance came as a stark contrast to the reality of the work and experiences of an Army Nurse in Vietnam. Mary Ellen Smith, an Army nurse, recalls seeing this poster her first day in Vietnam: "It showed this Army nurse in starched fatigues, with her hair done up, and her lipstick just perfect, and it said, 'The most beautiful woman in the world, the Army nurse.' I thought, 'You have to be shitting me.'"⁴⁹ Femininity was central to the

⁴⁷ Mary Louise Roberts, *What Soldiers Do: Sex and the American GI in World War II France* (University of Chicago Press, 2013), 161; Kara Dixon Vuic, *Officer, Nurse, Woman: The Army Nurse Corps in the Vietnam War* (Baltimore: Johns Hopkins University Press, 2010) 25.

⁴⁸ Vuic, 25.

⁴⁹ Vuic, 3.

Army's recruitment of nurses and the gendered nature of nurse work was heavily implied and perpetuated through recruitment, more in the Vietnam War than any previous war.



Figure 6. Lynne Morgan Ruyle, Nurse at the 71st evacuation Hospital, Pleiku, Vietnam, 1969. In Authors Possession.

The “most beautiful women in the world” described by propaganda didn’t match the women on the posters. Work in a warzone was never easy and like the women that preceded them, Vietnam Army nurses created a community for women in a male dominated space that aimed to exploit their sex, while expecting them to still work as diligent Army officers. Despite the progress Army nurses had made so far in gender equality, Vietnam nurses faced some of the most blatant exploitation of their sex. The Army valued women for their feminine attributes such as compassion and nurturing, while still attempting to exploit their sexuality for their own gains.

From issues in leadership, doctor-nurse relationships, overwhelming casualties, and a chronic lack of staff, the sexuality of nurses was constantly being appealed to. Despite gender bias, nurses were able to create an effective and intimate community in their hospitals. Army nurse, Diana Dawn Poole explained how the hospital staff worked together, she states, “The hospital was really neat because it was just total teamwork. If they found out the rest of the

wards weren't real busy right then, they'd all flock in and help, or if they were off duty they'd get out of bed and come over and help." ⁵⁰ Nurses were able to save lives, treat every manner of wound, and fulfil their duties during their 12-hour shifts.

The 71st Evacuation Hospital, in Pleiku, Vietnam, where Lynne Morgan served, saw countless casualties during the war, these numbers were heightened during times such as the famous Tet offensive, and other major tactical events. To bring in casualties, otherwise known as "litters", helicopters landed on a helipad outside the hospital where medical personnel would meet them and transport the casualties into the hospital. Kathryn Marshall explains the crucial role of helicopters, "Because the country was small, because Americans had an enormous number of hospitals, and because helicopters...could transport the wounded to base camps in a matter of minutes, soldiers lived who, in previous wars would have died en route."⁵¹ The use of improved helicopters and the new medical technology that came out of the Korean War meant that those wounded in action had higher chances of survival than ever before.

Morgan told her family in a tape that she sent home that "I find that my fascination for helicopters has now diminished quite a bit."⁵² Even as they became used to the sound of the "Dust off" or medical evacuation helicopters, nurses were the lynchpin of this medical route, being able to get their hands on a patient as soon as the helicopter touched down. This was especially important as the nature of the wounds differed from the wounds of previous wars. Kathryn Marshall puts the wounds nurses treated into perspective, explaining, "In the Vietnam War, the small arms used by both sides were specifically designed to inflict massive, multiple

⁵⁰ Ron Steinmen, *Women in Vietnam; The Oral History*. (New York: TV Books, 2000) 38.

⁵¹ Marshall, 6.

⁵² Morgan, recording.

injuries, as were the Americans napalm, white phosphorus, and “antipersonnel” bombs.”⁵³ The nature of the wounds seen in Vietnam was unlike anything seen before. Marshall elaborates, explaining that even nurses who had previously worked in emergency and trauma units were unprepared for the scale and severity of these injuries. Amputations, large blast wounds, fragmentation wounds and burns from white phosphorus and napalm were commonplace, sending both American GI’s and Vietnamese civilians into Army hospitals for emergency treatment.

As noted above, Vietnam nurses were officers in the Army and so commanded hospitals, and served as important leaders within the military. In the same recording mentioned above, Morgan refers to her relationship with her head nurse Major Balmforth, known as Major B, and “Big Momma” when she wasn’t around. The continued theme of honorific nicknames and familial relationships became increasingly more common between high- and low-ranking officers during the Vietnam Era than previous wars. Nicknames such as “mom”, “mother,” and “momma,” were commonly used to refer to chief nurses and women with a higher rank or more experience. She describes Major B, “She’s real a gem work with, she’s got a very, keen sense of humor and a boisterous laugh that can be heard clear down in the surgery.”⁵⁴ The relationships between nurses defines this era of Army nursing and serves as a culmination of the familial bonds that nurses shared through the history of the ANC. Most nurses arrived in country with less than two years of nursing experience, so it was imperative that they had leaders they could learn from and rely on.⁵⁵

⁵³ Marshall, 6.

⁵⁴ Morgan, recording.

⁵⁵ Marshall, *In the Combat Zone*, 7.



Figure 7. Lynne Morgan Ruyle, Working at the 71st Evacuation Hospital, Pleiku, Vietnam, 1970. In Authors Possession.

The Army had a complicated relationship with the women they had in their ranks from the moment they were inducted. They wanted these women to embody and showcase their femininity more so in Vietnam than in any other war, but the nurses weren't focused on their femininity or their looks. Many agreed that they went to serve and save lives, not to embody the manicured women on propaganda posters.

While nurses weren't engaged in active combat, they were still subject to danger. Lynne Morgan recorded 24 minutes of audio of an attack at the 71st evacuation Hospital. In the tape you can hear machine guns, mortars, and rockets, as well as the sounds of emergency sirens and an intercom recording telling "All personnel to take cover."⁵⁶ After twenty minutes of this recording she states, "Pleiku Vietnam, it is now one thirty in the morning, twelve August, and we are at war. And if you will excuse me, I am going to get back under my bed."⁵⁷ During the Vietnam War, only eight nurses died while serving overseas. Sharon Lane was the only nurse killed in action, and the seven other women died because of accidents or illnesses.

⁵⁶ Morgan, recording.

⁵⁷ Morgan, recording.

Of the eight women who died in Vietnam, two were killed a helicopter crash in 1966, Second Lieutenant Carol Drazba and Second Lieutenant Elizabeth Jones.⁵⁸ After the death of Drazba and Jones, the Army banned nurses from riding in helicopters. In an interview with Robb Ruyle, who served as a Captain in the patient records administrator in the Medical Service Corps branch of the Army at the 71st Evacuation Hospital, he explained the reason behind the ban. “The Army wasn’t ready to put women in body bags.”⁵⁹ The military’s hesitancy to place women in the line of fire has been a theme throughout all 20th century warfare and it wasn’t until 2015, after the early twenty-first century wars in Iraq and Afghanistan had mostly wound down, that women were allowed to serve in combat positions.⁶⁰

The Enemies Within

Women found themselves acutely aware of their sex in Vietnam and being the only American women on military installations meaning they received a lot of attention, whether they wanted it or not. Most personal accounts of Army nurses from the Vietnam War mention sexual harassment and even assault. Mary Banigan described her perception, stating that, “my framework was that I was a nurse in the military and my role as a woman was a nonissue.” She continued, “at least until I got to Vietnam and then realized that being a woman had both good points and bad.”⁶¹ The overwhelming amount of attention these women received could be exhausting and even distracting.

⁵⁸ Constance J Moore, “The Army Nurse Corps Association (ANCA) > Fallen V,” The Army Nurse Corps Association, Inc., accessed March 28, 2022, <https://e-anca.org/History/Topics-in-ANC-History/Fallen-RVN-ANCs>.

⁵⁹ Robb Ruyle, Interview with Author, July 20th, 2022.

⁶⁰ Emma Moore, “Women in Combat: Five-Year Status Update,” Center for a New American Security (en-US), March 1, 2020, <https://www.cnas.org/publications/commentary/women-in-combat-five-year-status-update>.

⁶¹ Vuic, 144.

Army nurses were reminded of their sex as soon as they stepped foot in Vietnam. After centuries of the U.S. military feminizing the enemy, and portraying landscapes and peoples as things they saw as “for the taking,” they had to reconcile with women among their ranks and outranking men. Through the experience of Army Nurses in the Vietnam war, historians can see the consequences of the Army’s relationship to women and perception of femininity. Cherie Rankin, an Army nurse who served in Cam Ranh, recalled some of the propositions she received from enlisted men. “Yeah, I did have a lot of guys proposition me at Cam Ranh and it was more than just your typical “Hey, Honey- you wanna?” I mean real nasty, aggressive propositions.”⁶² Rankin and many other nurses described men groping them, trying to pressure them into sex, and considering them prostitutes.

Rankin continued, “They took us for prostitutes. They just assumed that’s what you were- you spent a lot of time proving you weren’t over there making money. It was horrendous.”⁶³ Women were referred to as lesbians, whores, and more if they didn’t appreciate the advances hurled at them by men; rumors around women and their sexuality spread.⁶⁴ The idea that feminized places and people were “for the taking” didn’t stop when it came to soldiers’ fellow officers and female counterparts, it resulted in the harsh gendered dynamics that were forced upon Army Nurses.

Nurses were plagued by harassment, and many were assaulted. Men would break into their hooch, grope them at the officer’s club, and try to attack them in countless other places.⁶⁵

⁶² Marshall, 72.

⁶³ Marshall, 72.

⁶⁴ Dan Freedman, Jacqueline Rhoads, “Nurses in Vietnam: The Forgotten Veterans.” Austin Texas: Texas Monthly Press 1987.

⁶⁵ Marshall, 72, 120, 81.; Steinman, 51, 38.; Freedman.; Vuic, 145-146.

Most women who were assaulted and harassed didn't report the incidents to their superiors because there was a stigma around sexual assault, and there usually weren't any consequences for the rapists.⁶⁶ Vuic writes about these assaults, explaining that the army "reflected contemporary thought regarding rape in which women were assumed partially to blame for the crime."⁶⁷ Kirsten Fisher discusses the "Long tradition of male travel as an erotics of ravishment."⁶⁸ For centuries gendered power dynamics had left women under the control and at the mercy of male militants, but in the Vietnam War women were both enemies and non-combatants and a part of the military body. This left the power dynamics less clear than in previous wars, but sex-sexual difference and sexualized domination- were still at the heart of the Army's goal of the conquest of North Vietnam.

The gendered expectations of the military became increasingly evident in the orders that young Army nurses received. Service women weren't in the protection of the Army, but in the Army's sexual crosshairs. Bringing the narrative back to Morgan and the "B.S" order that she had received, most nurses experienced the same exploitation. The Army knew that women were a rarity in the warzones of Vietnam, so they decided to use nurses as friendly feminine faces for officers. Nurses were asked to bring civilian clothing with them, including "Washable type (3-5 summer dresses)," and "two (2) party-type dresses."⁶⁹ Nurses headed to Vietnam likely thought these suggestions were for casual or fun outings, not to entertain officers on the part of the Army.

⁶⁶ Vuic, 145.

⁶⁷ Vuic, 146.

⁶⁸ Fischer, 5.

⁶⁹ "Information for Army Nurse Corps Officers on Orders to Vietnam," June 20, 1967, P. 2, 314.7 History, Vietnam, Information for ANC Officers on Orders to Vietnam, ANCA.

Morgan's experience at the 71st Evacuation Hospital wasn't unique. Many other young women were "invited" to the officer's club, parties, and dinners with high-ranking officers, some of whom were old enough to be their grandfathers. In a room full of grey-haired men young nurses stood out as testaments of youth and femininity; qualities the Army wanted to exploit. After Morgan arrived to the "get together" she quickly decided she wasn't going to be a part of it. Of the ordeal she stated, "I had full intentions of not going in the first place because I did not join the Army to entertain anybody, nor did I feel that I needed to be entertained either. But I thought now, Morgan, be nice, be nice."⁷⁰ This comes as a stark contrast to the orders of WWI and WWII where women were expected to maintain more strict moral codes and modesty around their male counterparts. Because of the sexual revolution, men felt that they had better access to women and women's bodies, regardless of women's desires or pleasures.⁷¹ The military saw the sexual revolution as a welcome opportunity to increase their sexual access to young nurses.

The Army, still concerned with exploiting nurses' sexuality, decided to capitalize on the femininity of nurses and put them into precarious situations based upon their sex. Generals and high-ranking officers attempted to make explicit advances on nurses leaving many of them feeling uncomfortable and even in danger. Nurse Saralee Morgan of the 12th Evacuation Hospital in Cu Chi remembered "The generals who headed up the big infantry divisions during that time- started trying to put their hands on us."⁷² Another nurse, Constance Evans recalled

⁷⁰ Morgan, recording.

⁷¹ David Allyn, *Make Love, Not War: The Sexual Revolution: An Unfettered History*, (Taylor & Francis Group, 2001) 228-246.

⁷² Vuic, 147.

being at a dinner party and telling a Colonel, “I am not a high-class lady of the night for these men that are old enough to be my grandfather.”⁷³ The Army only expected young nurses to entertain high-ranking officers; women like Althea Williams or Major Balmforth weren’t expected to do the same. Age as well as sex defined the relationships women had to their superiors, they were daughters to their female officers, but potential sex objects to the men they worked under.

Women who didn’t comply were labeled troublemakers, but that didn’t stop some nurses from protecting themselves and refusing to allow their femininity to be employed by the military. After her first encounter at the officer’s club Morgan sent a tape back to her parents in the state and told them, “I would like to issue the invitation to my court-martial now, because I am not going under any circumstances.”⁷⁴ The centuries old tradition of controlling women’s femininity and sexuality was challenged on a larger scale than ever before during the Vietnam war. Countless women made it clear that they were not there, “for the taking.” The Army has always been a complicated place for women because their work was seen as inseparable from their sex, and their sex was something the Army wanted to employ in various ways.

The ranks of women, and their roles as leaders were constantly challenged because of their sex and the nature of the military’s fascination with sexuality and the use of feminine as a derogatory term. Heather Marie Stur writes about the gendered language of basic training soldiers received prior to Vietnam. She explains that drill instructors use “pejorative terms about women in order to accuse recruits of showing weakness. To be called a woman-or usually

⁷³ Vuic, 147.

⁷⁴ Morgan, recording.

more crudely, a “cunt” or “pussy”- was to be pegged as lacking manhood.”⁷⁵ Femininity and womanhood were equated to weakness, making it clear why women constantly fought for respect and to be seen as equal to their male counterparts. Even though Army nurses held full commissioned rank as officers, they still had to fight for the respect that came with their rank. The femininity of women in warzones was seen as a clear way to affirm and support the masculinity of the fighting force. The military put women into a situation where they were expected to affirm men’s masculinity, while still functioning as professionals and as officers. Army nurses were women who challenged the ideas of “separate spheres”⁷⁶ even though they were still working in a field that was considered women’s work.⁷⁷

There was a strange contradiction of the Army wanting women to serve and bring femininity to a warzone, and their belief that war was men’s business. While women have been deeply involved in warfare for centuries, the Vietnam War marked a considerable time of change for Army Nurses. It was at this point that nurses were empowered enough to collectively fight off the Army’s fetishization and degradation of femininity, thanks to the work of the nurses who came before them. Army nurses were working incredibly close to the front lines, serving as a part of the integrated Army, and earning the highest ranks women had received thus far. Changing social stratus, the abolition of legal sex discriminations, the sexual revolution, a revival of feminist and anti-war activism, and the social climate of the 1960’s and 1970’s created a place where Army nurses became frontline leaders in changing the narrative of women as members of the Military.

⁷⁵ Stur, 119.

⁷⁶ Stur, 119.

⁷⁷ Stur 119.

Sexuality in Action

While women were put into an irresolvable contradiction, some women enjoyed the sexual liberties that the sexual revolution was urging upon them. Some nurses found the attention they received from men a welcome distraction from the grueling work of nursing. Judy Hartline Elbring stated that, "I loved that there were fifty thousand men to one of me. There was something that was very satisfying about that."⁷⁸ Women were able to express themselves as sexual beings in Vietnam; a welcome change from the Christian purity culture that tended to dominate most of the United States prior to the movements of the 1960s.⁷⁹ This expression was enjoyed by nurses who had agency in the decision and were engaging in relationships with men of their choosing and own age; a stark contrast to being ordered to entertain grey-haired men.

Many women engaged in relationships with men they met in Vietnam. Lynne Morgan met her husband Robb Ruyle while serving in Vietnam, and many others met their future spouses, or had wartime lovers through their service. Relationships between men and women in the military led to many marriages, some even taking place on base. Kara Dixon Vuic mentions the marriage of two Army nurses, Catherine Ward and Marie Bates who married army doctors in a double wedding at the Sixty Seventh Evacuation Hospital in Qui Nhon. The war raged and casualties continued to come in as the ceremony went on.⁸⁰

⁷⁸ Vuic, 142.

⁷⁹ Coontz, 242

⁸⁰ Kara Dixon Vuic, "I'm afraid we're going to have to just change our ways": Marriage, Motherhood, and pregnancy in the Army Nurse Corps during the Vietnam War." *Signs*, Vol. 32, no. 4, (Summer 2007) 997-1022.

Vuic explained that wartime marriages prompted policy change for the United States Army. Prior to the Vietnam War and mentioned in previous chapters, the ANC denied entry to pregnant women, mothers, and up until 1955 discharged women who married or became pregnant during their service.⁸¹ Male nurses were allowed to marry, have dependents, and retain their positions within the ANC. It wasn't until the Vietnam war that societal understandings of marriage and women's rights and roles were under revision and change began to happen in the Army. During the war, women were allowed to be married and get married while still having their position as nurses. Previously the Army discharged married nurses, but during this war the Army began trying to station spouses together and supported the needs of married couples.⁸² After nearly a century of women serving as Army nurses, the Army was forced to change the regulations and double standard it applied to married men and women in the service.

Despite this, there remained some sexism within military marriages and particularly between Army nurses and civilian husbands. Male military personnel with wives received benefits for their wives, while female military personnel with husbands weren't granted spousal benefits. Many women worked towards equal support for their husbands and the deciding factor came down to a ruling by the U.S. Supreme Court. In 1973, Sharon Frontiero filed a class action lawsuit citing sex discrimination due to her husband not receiving spousal benefits from the military. In *Frontiero v. Richardson*, 1973, the court ruled that sex could not be the

⁸¹ Vuic, "I'm afraid we're going to have to just change our ways" 997-1022.

⁸² Sarnecky, 360.

determining factor for spousal benefits.⁸³ This ruling created a more equal corps and meant that women were one step closer to true equality within the military.

Pregnancy, however, is where the Army's support of women began to falter. Policies surrounding pregnancies and reproductive rights made it clear that the military saw motherhood and nursing careers as belonging in two entirely different spheres. Alice Kessler-Harris explains this phenomenon further, sharing that women who worked and had children at home were charged with navigating this "double burden."⁸⁴ The idea of women as mothers and homemakers didn't end when women entered warzones. Women who became pregnant or the guardian of a child under 18 were forced to discharge out of the military. Vuic explains that, "The Army claimed its regulations protected the welfare of the child but considering it did not also discharge single fathers who were their children's primary caregivers the regulations clearly had more to do with gender expectations than with child welfare."⁸⁵

Pregnant women in the Army were met with a choice; either terminate the pregnancy or be discharged. While women in Vietnam experienced more sexual freedom than their foremothers, the army still wouldn't readily prescribe birth control to Army nurses.⁸⁶ They didn't mind supporting sex within marriage, or even offering up Army nurses to high-ranking male officers, but sex among single women was a different matter. Army nurses had to get permission to see a gynecologist, or as Diana Dawn Poole remembers, nurses had to ask doctors to bring birth control pills back from their trips to Japan.⁸⁷ The army did however

⁸³ *Frontiero v. Richardson*, 411 U.S. 677

⁸⁴ Kessler-Harris, 150.

⁸⁵ Vuic, *Officer, Nurse, Woman*. 142.

⁸⁶ Vuic, 142.

⁸⁷ Steinman, 40.

provide abortions for women, Kara Dixon Vuic explains, “though the army reflected society in its acceptance of a sexual double standard, it granted women access to abortions seven years before the *Roe v. Wade* decision.”⁸⁸ The fact that the military provided abortions, but not birth control shows that the military saw women’s needs not as something to be met, but as problems to be resolved when it infringed on their work.

Some nurses received birth control, but not always by choice. Morgan recalled going on leave to Hong Kong where after deplaning and getting into formation she and a fellow nurse, the only women on the flight, were given handfuls of condoms along with their male counterparts. With flush cheeks and eyes to their boots they left formation and went on leave.⁸⁹ Not all women received condoms, but all men did.⁹⁰ There was a clear double standard when it came to men’s and women’s sexuality within the military; women were supposed to ensure they didn’t get pregnant, while sex was just another aspect of war for men. The Army didn’t want any promiscuity coming from the Army Nurse Corps and that motherhood and military careers couldn’t coincide.

The Army tried to control and regulate women’s sexual encounters and reproductive rights and women actively fought against their policies. In 1970, Susan Struck an Air Force nurse who became pregnant in Vietnam and was therefore discharged from the Air Force sued the military on the basis of sex discrimination. Struck made the argument that men were not discharged for fathering children, so, why should women be discharged? Though Struck lost her first case in district court and in the ninth circuit court of appeals in 1972, she was eventually

⁸⁸ Vuic, 131.

⁸⁹ Robb Ruyle, Telephone Interview with Author, April 11, 2021.

⁹⁰ Ruyle, Telephone Interview.

represented by the future Supreme Court Justice Ruth Bader Ginsberg arguing for the American Civil Liberties Union.⁹¹ Dixon Vuic explains the changes this case made, “Fearing a ruling in Struck’s favor, the Air Force granted her a waiver to allow her to remain on duty before the Court could rule on the case, effectively undermining the Supreme Court.”⁹²

Struck’s case led to changes in policy for married, pregnant women. In 1971 the ANC announced that married women who were pregnant would continue to be allowed to maintain their status in the military, but single women who were pregnant would still be discharged. It wasn’t until 1976 that the Second Circuit Court ruled that “the discharge of military women due to pregnancy violated their fifth amendment rights to due process.”⁹³ Even though Vietnam Nurses weren’t able to reap the benefits of this decision as the Vietnam War ended in 1975, it was in large part accomplished due to their efforts.

Being a woman in the military during any twentieth century war was no easy task. The Women were a threat to many in the U.S. military and they were subjected to sexism, abuse, gender inequality, and put them in frustrating and dangerous situations. Even so, nurses worked in unique situations that demanded an eclectic set of skills, their femininity being one. In all twentieth century wars where Army nurses were present, nurses have cited their sex as an important attribute that connected to patient care. Morgan recalled being able to connect with soldiers and how happy wounded men were to see a woman’s face. She recalled bringing a

⁹¹ *Susan Struck v. Secretary of Defense*, 460 F.2d 1372.

⁹² Vuic, 126-27.

⁹³ Vuic, 127.

man in from dust-off, getting him to a gurney and him looking up at her. "All he said," she explained, "was, 'wow a woman.'"⁹⁴

Diana Dawn Poole remembers treating a patient who was going to die:

"One guy asked me, "Am I going to die?" I said, "Do you feel like you are?" He said, "Yea, I do." I said, "Do you pray?" He said, "Now I lay me down to sleep." I said, "Good, that will work." He said, "Would you hold my hand?" I said, "I'll do better than that," and I got into to bed with him. I put my arms around him, and I brushed his face and brushed his hair and I kissed him on the cheek, and we said, "Now I lay me down to sleep," and he died in my arms calling me Mama. I wrote to his mother saying he did not die alone, and he called me mama. I never heard back from her, but hopefully that thought has comforted her over the years."⁹⁵

The dying soldier who called Poole "mama" shows the significance of fictive kinship and the emotionally intimate ways that nurses served their patients. Army nurses were able to be the faces of comfort and compassion for the men they treated. Nurses serving as familial figures for the men they treated continued through twentieth century warfare. They were always serving as someone who reminded them of a mother, a sister, or a girlfriend. Femininity was an asset these women were able to use time and time again throughout their tour. Nancy Randolph explained this phenomenon further, stating, "You ended up being their nurse, their mother, their sister, their girlfriend, their wife. You wrote their letters home good or bad...you saw them twelve hours a day..." She continued, "and you, literally, were probably one of the few good things that happened to them in the war."⁹⁶

⁹⁴ Morgan, recording.

⁹⁵ Steinman, 9.

⁹⁶ Vuic, 151.

Postwar Problems

Army nurses were vital in the Vietnam War, they worked tirelessly to save lives, enacted change in the name of sex quality, and created a larger space for women in the U.S. military. Despite this, the history of annexing femininity and seeing the military as a solely male institution was common in the civilian world as well. Even though Army Nurses had a clear impact and dedication, their recognition as veterans equal to their male counterparts is something many of them had to fight for in the years after the war. Diana Dawn Poole recalled being confronted while wearing a Vietnam veteran shirt. “What are you doing wearing that?” The man confronting her demanded, “You didn’t earn it, so you don’t get to wear it.”⁹⁷ Other veterans have found themselves having to prove that women served at all in the Vietnam War, One nurse recalled an altercation, “...signing petitions to get our Vietnam Women’s Memorial, you’d ask veterans, and they would say “No, I will not sign it, there were no women in Vietnam.””⁹⁸

Women veterans of all twentieth century wars encountered sexism after discharge, but the post-Vietnam era was particularly direct to ANC veterans because of public distaste for the war and the high tensions of political strife. Cindy Randolph who served in various hospitals across Vietnam recalled a dinner she had with friends after returning home where a friend told her, “It’s people like you who perpetuate war.”⁹⁹ She elaborated on the situation stating, “After that I never talked about the war publicly, ever.”¹⁰⁰ Many nurses shared the same sentiments

⁹⁷ Steinman, 42.

⁹⁸ Steinman, 67.

⁹⁹ Marshall, 240.

¹⁰⁰ Marshall, 240.

and in a significant number of personal accounts, women talk about how they refrained from mentioning the war, and how even their parents didn't want to hear about it.¹⁰¹

Lynne and Robb Ruyle had a similar incident when attempting to join their local VFW. Robb walked into the establishment, checkbook in hand, ready to sign himself and his wife up as members. After a few questions about his service, they handed him the infamous yellow and blue vest. "I'll need another." He told them, they looked puzzled. "For my wife." He explained. "She can't have a vest, but she can join the Auxiliary with the other wives." Thinking they misunderstood, Robb explained further, "No, you don't understand. She served with me; she is a veteran too." Their faces remained unchanged and repeated. "She can join the Auxiliary with the other wives." Robb dropped the vest and walked out.¹⁰²

Army Nurses of the Vietnam war have continually had to fight for recognition, representation, and even care. Women veterans have had a hard time receiving the same care as their male counterparts at the VA and have had to fight for research on matters that included them.¹⁰³ Many VA's don't offer adequate standard gynecological care for women, including prenatal care, obstetrics, or even mammograms.¹⁰⁴ Jessica L. Adler explains the issues that plague the V.A. and the gendered consequences of the policies, "If male Vietnam veterans were being neglected," She states, "their female counterparts were virtually invisible."¹⁰⁵

¹⁰¹ Marshall, 240.

¹⁰² Ruyle, Telephone Interview.

¹⁰³ Jessica L. Adler, "To Recognize Those Who Served: Gendered Analysis of Veterans' Policies, Representations, and Experiences." In *The Routledge History of Gender, War, and the U.S. Military*, edited by Kara Dixon Vuic, 303-322. (New York: Routledge, 2018.)

¹⁰⁴ Helen Thorpe, "The V.A.'s Women Problem," *The New York Times*, August 15, 2016.

¹⁰⁵ Adler, 303-322.

Women's health wasn't a priority for the V.A, and as a result very few took advantage of the benefits they provided.

Post-Traumatic Stress Disorder also affected Army nurses after they returned to the civilian world. Nurses suffered from nightmares and anxiety after their return home, such as Saralee McGoran who served as operating room nurse at the 12th Evacuation Hospital in Cu Chi, Vietnam. She talks about her transition home, stating, "we were driving to the hospital where I used to work-I wanted to see all my old friends-and a siren went by and I dove to the floor." She explains the shock on her friend's face, "there I was huddling on the floor on the passenger's side with my friend looking at me kind of weird."¹⁰⁶ Many nurses felt that they couldn't talk about their experiences, and as a result nurses have suffered from PTSD, depression, and anxiety due to their experiences.¹⁰⁷

The most pressing issue of female Vietnam Veterans is the linkage of cancers, reproductive issues, and birth defects resulting from their contact with Agent Orange which was a chemical agent used as a defoliate to kill vegetation. Nurse Lily Jean Adams shared her experience, "I was also affected by Agent Orange, and I've lost two children, and I have one child with a birth defect." She elaborates, "We're up to the fourth generation and there are birth defects up to the fourth generation that we know of in great-grandchildren of Vietnam Vets."¹⁰⁸ Agent Orange has affected thousands of veterans in the years since the Vietnam War and resulted in the birth of many children with birth defects and reproductive issues in men

¹⁰⁶ Kathryn Marshall, 11.

¹⁰⁷ Smith, Brian N, Avron Spiro, Susan M Frayne, Rachel Kimerling, Yasmin Cypel, Matthew J Reinhard, Amy M Kilbourne, and Kathryn M Magruder. "Impact of Wartime Stress Exposures and Mental Health on Later-Life Functioning and Disability in Vietnam-Era Women Veterans: Findings from the Health of Vietnam-Era Women's Study." *Psychosomatic medicine* 82, no. 2 (2020): 147–157.

¹⁰⁸ Steinman, 51

and women.¹⁰⁹ Lynne Morgan lost her battle to non-Hodgkin's Lymphoma in 2012. It too was linked to her exposure to agent orange while working as a nurse in Vietnam. Though women were portrayed as the weaker sex in the war zone, they were expected to deal with the repercussions of war with less care than their male counterparts.¹¹⁰

Of the many who were exposed to Agent Orange and have been affected by it, few have been able to gain financial compensation from the United States government. Leslie J. Reagan writes in her article, "My Daughter was Genetically Drafted with me": US-Vietnam war Veterans, Disabilities and Gender" that children of those exposed to Agent Orange were genetically in Vietnam with their parents. Parents of children with birth defects and those with physical affects themselves have spent decades petitioning the government for compensation, and further research. While many men have been successful at this front, women have been left behind. Reagan explains that "although there were female veterans of the Vietnam War., they were nearly invisible in the veteran's movement and discussion of the war."¹¹¹ Women's illness as a result of Agent Orange has been overlooked and underreported, leaving many families to deal with the effects on their own.

Heath issues and a lack of benefits weren't the only things that dominated the postwar world for army nurses. Combating misrepresentation and misinformation became a new role for army nurses after the release of Lynda Van Devanter's, *Home Before Morning*. Her book is based on her experience serving as an Army Nurse at the 71st Evacuation Hospital in Plekiu

¹⁰⁹ Leslie J. Reagan, "My Daughter was Genetically Drafted with Me: U.S.-Vietnam War Veterans, Disabilities, and Gender," *Gender and History* 28, no. 3 (2016): 833-53.

¹¹⁰ Adler, 303-322.

¹¹¹ Reagan, 833-53.

Vietnam. In her memoir, she details her work as a nurse, discussing personal experiences, day to day life, and her experiences after the war. While her writing was well received by many members of the public and even some army nurses, many denounced her book as a “trashy form of fiction.”¹¹² The organization NAM or Nurses Against Misrepresentation was formed in order to stop a movie, and a miniseries from being made about Van Devanter’s experience.

Critics of Van Devanter spoke out against her book for many reasons. Kara Dixon Vuic argues that the outcry was because “Any deviation from traditional femininity in nurses’ accounts could provoke outrage and even organized protest.”¹¹³ Even though some people discredited Van Devanter’s work base on a deviation from traditional gender norms, the majority of NAM members were outraged because of Van Devanter’s sensationalism and alleged appropriation of stories. Col. Althea Williams, a chief nurse who served in Vietnam worked tirelessly with Patricia Walsh, a Boulder, Colorado, native to fight the creation of a movie or miniseries based on Van Devanter’s account.

The big difference between the controversy of *Home Before Morning*, and other cases of alleged falsified military accounts or service was the way the press reacted to the matter. In an L.A Times Article, written on December 6th 1987, by Pat H. Broske, the controversy is posed as more of a “cat fight’ than an actual case of a falsified narrative. The article is headlined, “Nurses at War!” and poses it as a “A case of professional jealousy?”¹¹⁴ The article chalks the controversy up as a matter of personal distaste between Patricia Walsh, another Nurse and

¹¹² Gary Kulik, *War Stories: False Atrocity Tales, Swift Boaters, and Winter Soldiers-What Really Happened in Vietnam*, (Washington, D.C.: Potomac Books, 2009, 1st edition.) 66.

¹¹³ Vuic, 185.

¹¹⁴ Pat H. Broske, “Nurses at War!”, *The L.A. Times*, December 6, 1987.

Author and Lynda Van Devanter, even though the creation of NAM and countless individuals speaking out proves it was more than that. In other cases of “Stolen Valor,” or falsified accounts, we see the double standard between men and women’s service.

Media coverage that details the same situations as the Van Devanter controversy, but about male veterans tend to speak out against the veterans who make false claims or lie about service. In an article by the Military Times, writer William H. McMichael details several accounts of stolen valor and exaggerated stories, hammering each culprit for their lies.¹¹⁵ There are many newspaper articles that have targeted male veterans for exploiting a false narrative and some men have even been charged through the Stolen Valor Act passed in 2013. The handling of the Home Before Morning controversy further supports the narrative that war is seen as men’s business and it reenforces the gendered power dynamics that have historically dominated the military. Women fighting false narratives are just in a cat fight; but men fighting false narratives are getting justice for a crime.

A New Era of Women Veterans

After the war, Army nurses were able to finally have a physical symbol for their hard work. The Vietnam Women’s Memorial was dedicated in 1993 as a symbol of the many roles women served in the war. Depicted in the memorial are three nurses in action, one holding a wounded man, one kneeling, and the third looking at the sky-presumably for an incoming

¹¹⁵ William H. McMichael, “Thieves among Honor: Counterfeit Veterans,” Military Times (Military Times, November 4, 2019), <https://www.militarytimes.com/2019/11/05/thieves-among-honor-counterfeit-veterans/>.

evacuation helicopter. The memorial is situated next to the Vietnam Wall as a testament to the thousands of women who served.¹¹⁶

Army nurses of the Vietnam war worked in complicated hierarchies of sex, exploitation, and political strife. They fought to earn respect and recognition both during and after the war, constantly sharing their experiences and demanding a better space for women in the military. These nurses set the stage for what was to come for women in modern warfare and endured sexual exploitation on the part of the Army. Bolstered by the work of their foremothers, they were able to challenge sexist policy and shut down sexual advances from high-ranking officers, all while still doing the job tasked to them. Their work expanded the space and roles of women serving in the armed forces in the twenty first century military and through the fictive kinship they created amongst each other, they were able to transform the ANC from “just another old Army corps”¹¹⁷ into an institution where women could succeed together.

¹¹⁶ “Reflect at the Vietnam Women's Memorial (U.S. National Park Service),” National Parks Service (U.S. Department of the Interior), accessed April 25, 2022, <https://www.nps.gov/thingstodo/vietnam-womens-memorial.htm>.

¹¹⁷ From *The Florence Blanchfield Collection*, Boston University Libraries, Howard Gotlieb Archival Research Center.

Conclusion- Modern Mothers and Sisters: The ANC legacy and Women in the Military

My grandmother always had peace signs around her house, in her car, and on her walls in the form of pins, paintings, and stickers. They were little mementos and reminders that represented her experience and what she served for. When I was younger, I always thought she just liked peace signs, like some grandmothers like butterflies or cats. It wasn't until I was older that I realized the comfort and significance the peace sign had for her: she had seen war and served in the name of peace. Many ANC (Army Nurse Corps) veterans carried the same sentiment as her, wearing the peace sign proudly, and remembering the wars they served through.

The peace sign has brought comfort to thousands of Army nurses who, have for over a century, defined, and broadened the roles of women within the United States Military. They have served at the front lines of the relationships between the military and the evolution of the military's engagement with sex differences. Through the twentieth century evolution of women's labor, sexuality, and gendered roles, Army nurses evolved accordingly, and continued to set a precedence for what it meant to be a woman in the military.

The end of the Vietnam Era ushered in a new age for women in the military that was still based on fictive kinship and feminist work. The military had shifted over the sixty years prior to the Vietnam War. This shift left Vietnam era nurses in a paradoxical relationship with the United States Army, who, as an entity, didn't know how to handle the differences of sex. Throughout the twentieth century history of the ANC, the Army continually failed to prepare for women's work, yet expected their services as a vital component of the American war machine.

This left Army nurses in precarious situations that forced them to improvise in war after war and make up for the shortcomings in war planning that occurred on behalf of the ANC and United States Military. Despite this, Army nurses worked to open the door for women in the military, and to make a space where they were respected, could rise through the ranks, and be regarded as an integral component of warfare.

Nurses enacted change by expanding their kinship to include their fellow nurses, officers, and patients. Through these bonds they acted upon their patriotic feminism to expand their role within the military. Over the course of four generations of Army nurses, each war was a step closer to integration and full equality. Even as the post-Vietnam world was wrought with challenges for many of these women, their legacies and work expanded women's opportunity in the military. Their work not only inspired and promoted the role of women in warfare, but it challenged the age-old notion that war was men's business. Army Nurses found themselves enacting positive change for women over the span of a century in the areas of career advancement, leadership, challenging gender roles, and reproductive rights. They fought the battle for equality in an environment that seemed and at times acted wholly against them. A professional form of friendly fire was a threat to these women who had to be aware of the enemies the military was fighting, as well as the enemies in fatigues next to them.

Army nurses forced change on the part of the Army, pushing for equal support, leadership, and respect. They pushed the bounds of the age-old notions of sex difference and gendered power dynamics. It was because of their persistence and strength that the Army took it upon themselves to make change in the post war world and enact new policies that surrounded women in the military. Women were finally allowed to attain commanding roles in

non-combat units in 2015.¹ In the years after the Vietnam war, the military has seen many changes in how sex operates, such as the 2015 legislation that fully allowed women to serve in combat roles in the military.² Overall, the capacity in which women served in the twentieth century proved to the Army the need for deeper integration, equal treatment, and the strength and balance women brought to the military. Today, women serve in almost all military capacities, however changing ideas and definitions of “combat” challenge the acceptance of women in so-called combat roles.³

The real shift from the military’s notions of women as “for the taking” and weaker than men, to active participants and service people deserving of equal respect and support came about through the long history of women led action in the ANC. Army nurses challenged and forced change on the part of the Military and created a space for themselves that was previously not given to them. They took this attitude and change into the civilian world as well. Army nurses were able to bring their skills and experience of working in high-stress environments, challenging the patriarchy, and being independent women in a world where they were expected to be dependents of men.

Even though Army nurses changed the military and its relationship to sex, there is still work to be done. The military still has progress to make in ensuring women are safe and respected, combatting sexual assault and harassment, and sexism. Women veterans are frequently overlooked, and their service is often questioned or outright denied. Their

¹ Iris, J. West, “The Women of the Army Nurse Corps During the Vietnam War”, Accessed November 15, 2019, <http://www.vietnamwomensmemorial.org/pdf/iwest.pdf>.

² Sarah Pruitt, “U.S. Military Lifts Ban on Women in Combat,” History.com (A&E Television Networks, January 24, 2013), <https://www.history.com/news/u-s-military-lifts-ban-on-women-in-combat>.

³ Kara Dixon Vuic, *The Routledge History of Gender, War, and the U.S. Military*, 1st edition, Routledge, (April 15 2019.) Conclusion.

healthcare through the VA is often lacking doctors and equipment central to women's care and they constantly find themselves having to tell people that they are in fact, the veteran, not their husbands, fathers, or brothers.⁴ Instances such as the tailhook scandal of 1991⁵, and the murder of Vanessa Guillen are examples of the military's need for reform and prioritization of women in their ranks. Guillen reported sexual harassment before she was murdered, and only after her murder, did the military see the need for reform.⁶ Women have been a part of the military for over a century, and have held complete rank since 1947, but they are still questioned, harassed, attacked, and disrespected. The military has made great strides in its relationship to sex, however, there is still much more progress to be made.

In the last 20 years historians have made great strides in uplifting women's voices in military history, but there is always more to be done. Areas of study such as non-military women serving in Vietnam, the changing of hospital culture in the post war world after Army nurses returned home, and the effects of PTSD on female veterans are in dire need of attention. The intersections of race, sexuality, and gender in the military are other avenues which need deeper analysis. Researchers have plenty of work to do on more specific analysis of women's experiences, non-combat roles, and the military's influence on American society. Just as Army nurses enacted change in their civilian lives and within women's political evolution, the military has, for centuries served as both a creator and marker of societal change and influence.

⁴ Vuic, *Officer, Nurse, Woman*. 210.

⁵ Stacy A. Davis, "The 1991 Tailhook Scandal: A Narrative Analysis of Military, Media and Survivor Accounts of Military Sexual Assault," SDSU Syllabus Collection | SDSUnbound, July 8, 2016, <https://digitallibrary.sdsu.edu/islandora/object/sdsu%3A4996?page=10>.

⁶ Johnny Diaz, Maria Cramer, and Christina Morales, "What to Know about the Death of Vanessa Guillen," The New York Times (The New York Times, July 2, 2020), <https://www.nytimes.com/article/vanessa-guillen-fort-hood.html>.

ANC nurses like Florence Blanchfield, Althea Williams, and thousands of others shaped the roles of American women during the twentieth century and stood at the frontline of women's equality within the military. Through the work of their foremothers, they challenged the traditions and perceptions of womanhood, in the Army and forced change. These women are remembered for their service and their patriotism, but above all, their work in expanding the bounds of women's opportunities and experiences. Their work has inspired countless women to make space for themselves and their messages resonate and empower generations of daughters and granddaughters.

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