History of American Nurses World War II

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History of Nurses in World War II

Introduction

“When I look back at my service in the Army Nurse Corps, it was like being a butterfly released from a chrysalis. I joined to serve my country. Instead my country served me. It opened a new world to a self-conscious, small town girl and made her feel as though she mattered.”

When the U.S. entered World War II following the bombing of Pearl Harbor on December 7, 1941 there were fewer than 7,000 army nurses on active duty. There were 1700 navy nurses, both active duty and reserve combined. By the end of the war there were over 59,000 army nurses and 14,000 navy nurses. Nurses worked closer to the front lines than they ever had before.

When the Japanese attacked Pearl Harbor on December 7, 1941, nurses responded treating the first casualties and preventing further loss of life and limb. Within the “chain of evacuation” established by the Army Medical Department during the war, nurses served under fire in field hospitals and evacuation hospitals, on hospital trains and hospital ships, and as flight nurses on medical transport planes. Army nurses were assigned to hospital ships and trains; flying ambulances; and field, evacuation, station, and general hospitals at home and overseas.

On November 8 during the invasion of North Africa, a Medical Corp Captain starting down the cargo net into a landing barge, looked to one side and saw an army nurse descending the net alongside him. At that moment, in his mind a paradigm shift occurred – “At that moment, she and the other nurses had ceased to be ‘the women’. We were all comrades in equally dangerous footing, trying to survive the insanity of combat.”

Two evacuation hospitals, with their complement of nurses, landed in Normandy on June 1944, four days after the invasion.

Photo source: National Archives
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Navy nurses “were scattered across six continents, serving at naval hospitals, aboard hospital ships, and in the field. Some even entered into combat areas as flight nurses to retrieve the wounded, and two groups were captured as prisoners of war by the Japanese.”

Checking over her kit of medical supplies is Ensign Jane Kendeigh, USNR, a Navy flight nurse, as she flies from a base in the Marianas to the Iwo Jima battleground, aboard a big Navy transport plane, March 6, 1945. Miss Kendeigh was the first navy flight nurse to set foot on a battlefield.
Usage: Public Domain

A Navy Nurse checks on a patient in the recovery room of the U.S. Navy hospital ship USS Relief (AH-1) during World War II. Photo donated by Arthur Stanley Riggs.
Photo source: National Museum of the U.S. Navy
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The skill and dedication of these nurses contributed to the extremely low post-injury mortality rate among American military forces in every theater of the war. Overall, fewer than 4 percent of the American soldiers who received medical care in the field or underwent evacuation died from wounds or disease.
Meeting the Need for Nurses

At the start of WWII there were approximately 8700 active nurses in the service. In order to meet the wartime need for nurses to care for the military personnel and civilians, a major recruiting campaign started after Pearl Harbor. WWII nurses had to be between the ages of 21 and 40, with no children under 14. The American Red Cross Nursing Service and the National Nursing Council for War Service assisted in managing recruitment. Campaigns aimed at stirring the patriotic inclinations of young nurses swept the nation. Posters and pamphlets urged young women to “Become a nurse: Your country needs you”

National League Nursing Education
Stella Goostray, President of the National League Nursing Education recognizing the need for additional graduate nurses stated at a meeting on June 15, 1943

“it was realization of the dual responsibility which lead your board of directors last fall to recommend to schools of nursing that the organized program of study be accelerated. Due to the unprecedented demand for graduate nurses, both military and civilian services, civilian hospitals were becoming more dependent on studentnurses to care for their patientd and to be ready for civilian emergencies. The Board emphasized that, in the adjustment of the program, the essential elements of a sound preparation for professional nursing should be maintained because the responsibilities placed on nurses were never greater and to all indications they will be greatly increased in the postwar period.

Your Board has also supported the bill to create the Student War Nursing Reserve which aims to recruit 65,000 young women into our schools of nursing.”
Frances Payne Bolton, a United States Representative from Ohio, called for an innovative program to resolve the nation’s shortage of nurses. Backed by over $150 million in federal funds, the Cadet Nurse Corps program was signed into law in 1943 by President Franklin Delano Roosevelt.

“On July 12 funds became available; and within a week, application forms and instructions were being mailed to some 1,300 accredited schools of nursing which may be eligible to participate in this new nurse education, program. "At the same time letters describing the relationship of all nursing and hospital groups were being sent to State and local nursing councils for war service, State Boards of Nurse Examiners, Presidents of State Leagues of Nursing Education, Directors of Schools of Nursing, Hospital Administrators, Presidents of Collegiate Schools of Nursing, Nurse Associations, Public Health Nursing Organizations. High schools, colleges, hospitals, and nursing organizations are being urged to give immediate, active support to the recruitment campaign for the enrollment of 65,000 new student nurses in the U. S. Cadet Nurse Corps before June 1, 1944.”

Effect of Cadet Nurse Act on Minority Populations

“Because nursing schools that served minority populations were more likely to have large numbers of students in need of financial assistance, and because these nursing schools were less likely to have a strong endowment that they could use to improve their facilities, the Cadet Nurse Corps program had an especially dramatic impact on minority access to nursing education. At some nursing schools, such as the Sage Memorial Nursing School which served predominantly Navajo students, a significant
number of students joined the Cadet Nurse Corps. Looking back at their experiences, the women in the Cadet Nurse Corps who studied at Sage remembered that the stipends they received from the government to study nursing “made them relatively rich in an area that was desperately poor.”

**WWII Advances in Medicine**

World War II saw the expanded use of antibiotics. Sulfur drugs, discovered in 1935, and penicillin, developed in 1939 were available to treat infection. Prior to antibiotics, if you were wounded development of a wound infection was a constant danger. In WWI, Dakin’s solution was the main medication used to prevent and treat open wounds. In WWII, a nurse could administer penicillin and sulfon powder could be used on the wounds.

Another significant advance during WWII was the use of metal plates to help heal fractures. This technique was developed by the German military medical services and discovered by the Allies when examining captured German prisoners who had needed x-rays. To the surprise of the medical staff, the German troops were back on duty in half the time compared to normal healing. The widespread use of metal plates and joints is now common.

“Frostbite was common among flyers returning from raids over Germany. Frozen hands would sometimes swell to three times their normal size; much careful research was done and progress was made in saving hands from amputation.” The professional expertise of these nurses was enhanced by military training which had prepared and equipped them for conditions totally unlike their peacetime environment.”

Excerpts from: Lessons Learned By Army Nurses in Combat: Historical Review

“It was not until late 1943 that the Training Division, Office of the Surgeon General, recognized that nurses needed basic military training before being assigned to hospital units. A program was published that provided four weeks of instruction for nurses in theater-of-operations units. It soon became apparent that nurses were not attending the programs because hospital duties took precedence over training.”

“One Chief Nurse, after having been in the European Theater (England) for almost a year, was sent along with 29 other American nurses from the theater to a "Battle School for Nurses" in Shrivenham, England. There they learned to drill, cook a chicken, climb a tree and cross a river on two ropes strung twenty feet above the water. They learned to pull stretcher patients over the water by means of pulleys. Included in the lectures were instructions on the detection and neutralization of "booby traps” and what to do during
“gas attacks”. High morale developed in nurses who completed this training and who were now correctly outfitted, had personnel records and immunizations completed, and most importantly, had a full awareness of their duties and responsibilities as officers. It was observed that the military gained maximum benefit from nurses’ technical skills after they had been trained to come to grips with the special problems of Army nursing.” Nurses stated that from a professional standpoint, they felt they were doing the most satisfactory work of their careers treating people in need of expert nursing care while at the same time developing and learning new techniques. 

“Observations regarding the austerity and hardships of the combat environment can be noted across the spectrum of theaters and engagements. During World War II it was noted that at no other time was the group of nurses so discouraged and disheartened as it was at the first bivouac area. Women were not expected in theater; therefore no provisions for accommodations had been made. Nurses experienced an abrupt change from a home environment of comfort, tasty food, lights at night, plenty of soap and hot water, central heating, private baths and familiar surroundings; to a combat environment of bombed-out buildings, scant food, no soap or hot water, black paint on windows, coal stoves, and community baths. The resulting adjustment was the sharpest the group ever had to make.”

“They were to experience worse conditions as the war progressed but the changes were gradual; they did not happen overnight. In England, where they had nearly all the luxuries of home (in comparison), there were always complaints; in France, where civilization was dispensed with altogether, no one complained. From these experiences an important lesson could have been learned: that nurses are willing to accept sacrifice and hardship when preparation has been provided and change has been gradual. In World War II, as in every war, great flexibility was required among nurses. Hospitals moved with the troops.”

Despite the satisfaction derived from Army Nurse Corps experience, an important lesson should have been learned: that nurses are valuable and often heroic soldiers who are entitled to the same recognition and rewards as other personnel.

Excerpts from “And If I Perish”

German shelling and bombing of the 95th evacuation hospital

“A group of German fighter bombers had made a raid on the harbor and airfield....as British planes challenged the raiders, the Germans broke
formation and headed back to their own airfield. According to eyewitnesses among hospital personnel who were watching from the ground, a British Spitfire pursued a single German fighter bomber over the hospital area. In an effort to gain altitude and speed, the German pilot jettisoned his remaining load of five antipersonnel bombs. An antipersonnel bomb was an explosive packed with steel fragments designed to explode five feet above the ground and scatter shrapnel in all directions.

As hospital personnel watched in horror, the five bombs fell in a preset pattern—one after another, so many feet apart—from the edge of the 95th Evacuation Hospital to its central tents. Bomb fragments—jagged pieces of steel—ripped through the administrative, receiving and operating-room tents."

One of the nurses reported that one piece of steel about the size of an apple landed on top of a Mayo stand that was positioned across the patient’s chest—thereby saving him. One casualty of the bombing was brought into the operating room with a bomb fragment in his neck—despite his injury he lived. Later, when every patient had been treated, the nurses, doctors and corpsmen returned to their own tents. On their way they passed a long row of litters with blanket-covered bodies of those who had been killed during the bombing. Among the dead were two bodies with nurses’ shoes on.

Sinking of the HMHS Newfoundland

The Sinking of the HMHS Newfoundland with British surgeons and nurses aboard—all killed and American Nurses aboard—all managed to survive.

After the Allied invasion of Italy in September 1943, HMHS Newfoundland was assigned as the hospital ship of the Eighth Army, and was one of two hospital ships sent to deliver 103 American nurses to the Salerno beaches on 12 September. The hospital ships were attacked twice that day by dive bombers, and by evening they were joined by a third hospital ship. Concerned by a number of near misses, it was decided to move the ships out to sea and anchor there for the night. All three ships were brightly illuminated and carried standard Red Cross markings to identify them as hospital ships, and their protection under the Geneva Convention.

An estimated 460 American women died as a result of their service in World War II. In 1943, U.S. Army nurse Vera Lee came close to being one of them. On September 9, Allied forces launched a ferocious six-day invasion of Salerno, Italy. Lee was with the 95th Evacuation Hospital in the Gulf of Salerno, aboard the hospital ship for the Eighth Army, the
HMHS Newfoundland, which was attempting to deliver nurses to the Salerno beaches. Although the white ship bore giant red crosses and was brightly illuminated at night, the Luftwaffe repeatedly bombed it, killing six British nurses and all medical officers aboard, and damaging the ship to such an extent that the Allies had no choice but to scuttle it on September 14. For a complete account of the sinking and how the American nurses survived, read Monahan, Evelyn and Rosemary Neidel-Greenlee., And If I Perish”.

**Germany At the End of the War**

In April, 1945, as the troops were advancing to Munich, the seventh army liberated a concentration camp. About a mile before they reached the camp, they saw bodies lying in the road. They stopped to view the bodies and found corpses, little more than bones clad in filthy blue and white pajamas. As they entered the camp, they saw U.S. Army graves registrations carrying stretchers with badly burned corpses. The German soldiers, in an effort to destroy evidence of atrocities had ordered inmates into huts and burned the huts. These were the first Nazi atrocities they saw, but they were not the last.

**Forgetting and Remembering**

“All told 59,283 army nurses volunteered to serve in WWII, more than half 30,000 served in front line combat units.” Sixteen army nurses were killed by enemy action; 201 lost their lives due to illness or accidents. More than 1,600 were decorated for meritorious service. Nurses won the Distinguished Service Medal, the Silver Star, the Bronze Star, Distinguished Flying Cross, the Soldier’s Metal, the Air Metal, the Legion of Merit, the Army Commendation Metal, and the Purple Heart. Nurses had been prisoners of War I both the European and Pacific areas of combat. Many of the nurses had been living and working in combat zones for three years and were eager to return to “normal” civilian life, although more than 8,000 stayed in the military nursing corps and continued military careers.

Opportunities for women had drastically expanded during World War II – women became professional nurses, pilots, factory workers, baseball players, war correspondents and journalists, and office workers – but with the return of American men from combat, these roles quickly narrowed again. Military nurses returning from service could use the G.I. Bill to further their education; but few women took advantage of the program. Veteran Administration hospitals did not have women’s wards and were unprepared to accommodate female veterans and many veterans’ service organizations such as the VFW and the American Legion did not accept female members until three decades later.

Returning nurses resented this discrimination and were disappointed by the lack of recognition for their service during the war. They sometimes felt taken for granted and it often took years...
before they were singled out and honored. Some women were patronized upon their return home in an attempt to reinforce the traditional roles that had been altered during the war years. The women who had served in combat zones often struggled with adjusting to civilian life and suffered from PTSD and mild depression. Though the general American attitude towards nurses during the war was supportive and grateful, most Americans were largely unaware of the scope of American military nurses’ contributions to the war effort. Their stories remained untold and their sacrifices remained largely unacknowledged until recently. These stories are now being told with books such as And If I Perish: Frontline Army Nurses in World War II.; Pure Grit: How American World War II Nurses Survived Battle and Prison Camp in the Pacific; We Band of Angels: The Untold Story of the American Women Trapped on Bataan. October 29, 2013; G.I. Nightingales. xxvii

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Reminiscent of similar problems that occurred during the early days of diploma programs and hospital ‘training’ - often cancelled or shortened because of staffing. In the late 1990’s and early 2000’s I worked in several hospitals as a continuing education instructor. Often programs were poorly attended due to the unit being “short staffed”. As a result we utilized ‘creative’ programming such as a 24 hour open house with self instruction models. Later we utilized early hospital networks (LAN’s) with self instruction programs.

These stories are now being told with books such as And If I Perish: Frontline Army Nurses in World War II (Monahan and Neidel-Greenlee); Pure Grit: How American World War II Nurses Survived Battle and Prison Camp in the Pacific (Cronk Farrell, Mary); We Band of Angels: The Untold Story of the American Women Trapped on Bataan Paperback – October 29, 2013 (Elizabeth Norman); G.I. Nightingales (Barbara Tomblin)