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The Army Nurse Corps

Lieutenant Leila Allen, Army Nurse Corps, gingerly stepped out of the Landing Ship, Tank (LST) and picked her way along Omaha Beach. Pausing to stare at the steep hill in front of her, Allen pondered the effort—and grieved at the loss of lives—it took for Allied soldiers to secure the beach head so that she and the other nurses could safely trudge their way through rubble that riddled the sand. A large artillery gun looked down on them menacingly, the bearer of death for thousands of Allied soldiers. As they scaled the infamous mountain, Allen saw strings of parachutes hanging from the trees—tragic testament to the fate of hundreds of paratroopers two months earlier. On that fateful day, Allen had been in Texas awaiting her overseas orders. And scant months before, she and several other young nursing school graduates had been approached by army recruiters exhorting them to enlist and relieve America's nursing shortage. If they did not, the recruiters warned them, the army might draft them, sully the nursing profession's reputation. Allen and several others accepted their argument and enlisted. When they were given options for basic training, they chose Lowry Field in Colorado—naively thinking they would see American Indians. Now, as Lieutenant Allen trudged further inland, she was reminded of all the calisthenics and marching their frustrated drill sergeant had put them through. Although he had been relieved of his duties—the nurses thought perhaps their initial ineptness drove him to a Section 8—she was thankful for his attempts at making them “military.”² Now, on the heels of those who had landed on the Normandy

beaches on June 6, 1944, Lieutenant Allen and the other nurses would prove their mettle, too.

American women served as nurses during the Civil War and in the Spanish-American War but were not officially a part of the United States Army. In 1901, the US Congress created the Army Nurse Corps (ANC). During World War I, army nurses were the only women to serve with the American Expeditionary Force. They were sent overseas to Britain, Belgium, France, and Italy to serve on trains and transport ships. Female nurses provided medical care at six base hospitals attending to the huge number of casualties evacuated from the front lines. By March 31, 1918, over 2,000 American nurses were serving in France. After World War I, demobilization of American military personnel resulted in an Army Nurse Corps force of 851 women on active duty.

At the time of the Japanese attack on Pearl Harbor on December 7, 1941, the ANC numbered fewer than 1,000 nurses. Quickly understanding the future need for a substantial supply of nurses, the federal government issued quotas for each state. Colorado was required to enroll 500 nurses in the Red Cross Nursing Service (RCNS) and to certify their readiness to respond to military service. Nurses were classified and recruited through joint efforts of the RCNS and the National Nursing Council for War Service (NNCWS), an organization made up of six nursing organizations and directed by the Nursing Division Procurement and Assignment Service of the War Manpower Commission. Although women could directly join the Army or Navy Nurse Corps, these organizations worked together to compile an inventory of available nurses, coordinate recruiting campaigns, and contact women about service. First Lady Eleanor Roosevelt pleaded to the nation's nurses: "I ask for my boys [she had three in the service] what every mother has a right to ask—that they be given full and adequate nursing care should the time come when they need it . . . You must not forget that you have it in your power to bring back some who otherwise surely will not return."³

In the spring of 1943, the NNCWS's Retailers War Campaigns Committee worked with 180,000 major retailers across the United States to set up special recruitment displays and information booths manned by nursing students or graduates.⁴ The largest recruitment aid was the Bolton Act (Public Law 146), which allocated nearly \$5 million for nursing education in its first two years. Sponsored by US representative Frances Bolton (R-OH), it provided for refresher courses for graduate nurses, assistance to schools of nursing so they might increase their student body, postgraduate classes, preparation for instructors and other medical personnel, and training in midwifery and other specialties.

To join the Army Nurse Corps, a woman had to be a citizen of the United States or one of its Allies, a graduate of an approved nursing school, a registered nurse, and between the ages of twenty-one and forty (later changed to a maximum age of forty-five). At the start of the war, nurses had to be single. By November 1942,

army nurses, married or not, were recruited for the duration of the war plus six months and were forbidden to resign.

In Colorado, Mary C. Walker, chairwoman of the State Committee on Supply and Distribution, sent letters to district presidents of the Colorado State Nurses Association (CSNA; after 1947, the Colorado Nurse Association) asking for help in meeting the state's federal quota of nurses. In 1942 Walker placed Mrs. Hazel Harlan and Mrs. Merle Byrne in charge of District 4, the Pueblo region. Their quota was fifty nurses. The three women met with nurses at Corwin and St. Mary's Hospitals and urged retired nurses to attend. Nurses were required to register at one of the area's hospitals on December 29, 1942. By 1944, forty-three nurses (thirty-six in the Army Nurse Corps, six in the Navy Nurse Corps, and one unspecified) were in military service.⁵

Nurses in other states also answered the call to service. Leila Allen was born in 1922 to William and Emma Allen of Blue Ridge, Georgia. Her mother passed away when she was very young. Leila always wanted to be a nurse, but her dad told her she was too spindly for the profession. Undeterred, she talked him into letting her attend Baroness Erlanger School of Nursing (now part of the University of Tennessee–Chattanooga).⁶ After basic training at Lowry, Allen was assigned to Easter Field (Mississippi) where she received more training before being sent to Santa Ana Army Air Base (California) to treat cadets badly burned in airplane crashes.

By the time Allen joined the Army Nurse Corps, other nurses were completing their first year of duty in Europe. Helen I. Hyatt was born near Masonville, 46 miles north of Denver. As a teenager, Hyatt moved in with an aunt to attend Loveland High School, after which she found work as a housemaid prior to enrolling in the Nursing School at Springfield Baptist Hospital (Missouri). After graduation, she worked in a New York City hospital and at Stanford University Hospital, which is where she was on December 7, 1941. Hyatt joined a medical unit formed from medical staff at Stanford General Hospital and the University of California San Francisco Hospital. After reporting for duty in May 1942, Hyatt was sent to Fort Ord (California) for training: "We were placed under the training supervision of one of the surgeons, Dr. Roy Cohen. He really put us through punishing paces and routines as we hiked in full army regalia, including unopened gas masks and carriers, canteens filled with water, and steel pots, for miles over the scrub oak, carved hills, down the sand cliffs to the beach and back up at a good fast pace."⁷

Following summer training at Fort Ord, Hyatt's unit was moved across the United States by train in preparation for transportation to a war zone. At railroad depots, civilians gave nurses candy bars and gum. On December 11, 1942, the nurses embarked from Staten Island, New York. Serenaded by a band playing inspiring martial music, they walked up the gangplank onto the USAT *Uruguay*, a former passenger cruise ship. The next morning the *Uruguay* joined other ships



FIGURE 1.1. United States Army nurses and soldiers wave farewell as a troop ship leaves the pier. *Courtesy, Library of Congress, Prints and Photographs Division, FSA/OWI Collection, LC-USW33-000375-ZC, Washington, DC.*

in a convoy. After a couple of days at sea, they ran into a storm with extremely high waves, causing considerable seasickness among the troops. Hyatt nearly became a casualty when her supervisor told her to go below to the dental clinic to assist with a patient. The ship was rolling, the air in the room was hot and humid, and both the patient and the doctor turned green. After the dental officer asked a corpsman to open a porthole to let in some air, the ship rolled to that side and they were all deluged with seawater. Scrambling, they rushed to the deck level where they could get outside.

While nurses' staterooms had four to six berths bunk-style, the men were "shoe-horned in" to transport as many fighting men as possible across the Atlantic Ocean. Later, Hyatt and her good friend were assigned to a battle station in the bowels of the ship. "Abandon ship" drills were held periodically: "We couldn't believe the number of G.I.s pressed in the room to which we were assigned, lying on bunks probably eight to ten high or sitting on them with almost no head space . . . We were appalled at the number of men and the crowded living conditions and the absolute impossibility of any of us getting out of the place should we be attacked and sinking. The stairs to upper decks (this was far below decks) was metal, narrow and winding. Thank God we never had the occasion to learn what would truly happen in an emergency."⁸

After two weeks at sea, the *Uruguay* pulled into the harbor at Casablanca, French Morocco. Stationed some distance from the front, the nurses were not very busy for awhile. They took advantage of the situation to date American servicemen, wander the streets of the city, shop, sightsee, and lunch at restaurants and tearooms without fear. At some point they were issued olive drab (OD) service uniforms. Hyatt's hospital consisted of large, long OD tents set up as wards, with canvas folding cots lined up side to side on each side of the tent.

In mid-July 1943, Hyatt's unit was transported across North Africa by train to Bizerte, Tunisia, and then by ship to Palermo, Sicily, in August. They remained stationed there until May 1944. As Allied troops bogged down in Italy, medical units operated as station hospitals at Naples, Anzio, and Salerno, Italy. By August 1944, Hyatt's unit was shipped to France for the next eight or so months. In Epinal, Hyatt worked in the shock ward, receiving an unusually large number of casualties with head injuries as a result of shell bursts in forest areas. Called tree bursts, they were shells fired into the treetops that exploded aboveground, becoming shrapnel and numerous wood splinters that sliced areas of the body away—as likely as not the top of the head, causing the brain to be severely injured. Nurses positioned wastebaskets under the injured soldiers' heads as they lay on litters placed on sawhorses in her shock ward. There were so many of these injuries that a brain surgeon was assigned to the unit.

Hyatt was just one of hundreds of army nurses who served in North Africa and Italy. Ellen Belle Donnelly, born in Holyoke, Colorado, was one of five of the ten Donnelly children to serve in the armed forces during World War II. John and Margaret Donnelly, who farmed south of Julesburg, had three sons serving in the United States Navy and another son in the United States Coast Guard. Ellen, their oldest daughter, worked as a nurse for five years before enlisting in the Army Nurse Corps in 1942. In the fall of 1943 she was sent overseas to serve in Africa and New Caledonia.⁹

Wisconsin native Jeanne A. Wells trained at Bellin Memorial Hospital and enlisted in the Army Nurse Corps in 1942. After an early stint at Fort Sheridan (Illinois), Wells was assigned to the Twenty-first General Hospital unit and transferred to Fort Benning (Georgia), where soldiers' parachute training resulted in a lot of broken bones to mend. England was a way station before being sent to Africa. There, the Twenty-first General Hospital took over a spa north of Oran. Far from the front lines, hospital personnel and officers held dances on the roof of one of the buildings. Wells faced quite a different situation when she volunteered for detached service on the Anzio beachhead.

On January 22, 1944, six months after the Allied invasion of Sicily, American and British troops swarmed ashore at Anzio, roughly 30 miles south of Rome. The brainchild of Winston Churchill and dubbed Operation Shingle, the attack caught German troops stationed along the Italian coast largely by surprise; but after the

initial onslaught, the Germans dug in. The next four months saw some of the fiercest, most prolonged fighting in the European Theater of Operations as Canadian, French, British, and American troops battled the enemy. Germans shelled the beach-head regularly in hopes of dislodging their enemies. As Wells related: "We were taken there by a British hospital ship with red crosses all over it. Nevertheless, when we reached the bay near Anzio the shells started coming all around us. This scared us to death, but we finally got to the shore by small boat."¹⁰ She soon discovered that the shelling of hospital sites was neither sporadic nor accidental: "There was shelling day and night. We were required to wear helmets all the time and fined if caught without them. At night awakened during an air raid, I would wake Sally [her tent mate] and she would reach down and put it [her helmet] over her head and go back to sleep. I was not that relaxed and able to sleep."¹¹ One early morning she got out of bed to see the activity outside. In her absence her cot was pierced by a piece of shrapnel.¹² Wells was luckier than six army nurses who were killed by German bombing and strafing of the hospital areas on Anzio. As expected, Anzio was "depressing, as we had to care for the wounded from the front lines. These patients had brain injuries, mental fatigue and almost every kind of injury possible. The surgeons would spend hours doing brain surgery and the patient would die soon after."¹³

By 1944, nurses who had enlisted soon after the United States entered the war were approaching their second and third year of deployment in Europe and were scheduled to return home to the States. In England, medical teams that had served in North Africa trained new arrivals who would follow the Allied troops' invasion of continental Europe. The battle-hardened teams taught the new units how to set up, receive, treat, and evacuate casualties from the front lines to hospitals in the rear areas. Demonstrations included the best placement of wards in relation to X-ray, laboratory, and operating-room facilities for the most efficient movement of patients. Medical personnel discussed improvisation in patient care, special methods of adding light to operating-room tents, and coping with the ubiquitous mud on the OR floor.¹⁴

Unlike in North Africa, no field or evacuation hospital units went ashore with the troops that stormed Normandy on June 6, 1944. However, minus their nurses, two field hospital units followed the troops a day later and two more units the following day. In the meantime, American nurses in England received casualties from the invasion. Irene DuBois was with the 305th Station Hospital, a mere 20 miles from the English Channel, while Eleanor Gingras Kruchten worked at Netley Hospital, which the United States Army had taken over shortly before D-Day. Janet A. Bachmeyer's unit was put on alert days before the invasion. They added tents between the hospital buildings to house the anticipated large number of casualties. As she tearfully related in an interview decades later, she heard the drone of airplanes and awoke to the sight of "an air armada" of planes filling the sky from horizon to horizon.¹⁵



FIGURE 1.2. Army nurse Jan Shimp doing laundry in a steel helmet in a Normandy cow pasture. Courtesy, Jewish Women's Archive, Brookline, MA.

On June 10, forty-two nurses with the 128th Evacuation Hospital were the first women to land in Normandy. They were followed in the next couple of months by other nurses and medical personnel. First Lieutenant Sally Burke Kelly, a wife for only six months, entered France on June 22, 1944. Her husband, Lieutenant Charles Kelly, was killed two months later.¹⁶ By the end of August 1944, 35,000 medical personnel including 6,640 nurses had gone ashore right behind the troops.

Army nurse Lille Margaret Steinmetz (later Magette) arrived in Normandy in early July. She had always wanted to be a nurse, but her mother did not approve. Instead, she got married. However, a few months after their wedding, her husband took ill and died. At that point Steinmetz declared to her mother that she had been married and was a widow now on her own, and she was going to go into nurses' training. While she was attending St. Mary's College Nursing School, Pearl Harbor was attacked. Still grieving and not caring if she was killed, she enlisted in the Army Nurse Corps. Steinmetz and other nurses were instructed in the use of gas masks and regularly marched 15 miles or more as part of their training for overseas duty. She learned to pitch a tent and pack a duffle bag. In September 1943, Steinmetz boarded the *Mauritania* in Boston along with 20,000 troops. Sailing without a convoy, they crossed the Atlantic in thirteen days. Landing at Liverpool, the nurses were trucked to Malvern, England. There they took over a psychiatric hospital before being moved once again to Bristol to treat soldiers with physical wounds. On July 7, 1944, Steinmetz and the other nurses crossed the English

Channel to Utah Beach in landing craft.¹⁷ She was just one of hundreds of nurses who spent a short time in England before sailing across the channel to land on the same beaches stormed by thousands of Allied soldiers on D-Day.

In the United States, Lieutenant Allen and fifteen other nurses were transferred to Camp Bowie (Texas) for additional training prior to boarding a train. Once the train veered to the east, the nurses were relieved to realize that they were going to the European Theater of Operations (ETO). They reasoned that the cold was going to be less of a hardship than the Pacific Theater's bugs and oppressive heat. Aboard the *Queen Elizabeth*, they sailed across the Atlantic and docked in northern Scotland, where the nurses rode a train to the small English town of Altrincham. The night they arrived, six German buzz bombs struck all around the house in which they were billeted. Exhausted, Allen simply stayed in her bed in the garret, not knowing where she should go and too tired to care. After a stop in Southampton, Lieutenant Allen boarded a LST (Landing Ship, Tank) to cross the English Channel, arriving just weeks after the Allied invasion.

Eileen Bradley took a more circuitous route to the ETO. A 1943 graduate of nurses' training, Bradley and two classmates took their army physicals at Kearney Air Base (Nebraska) before being sent to Camp Carson south of Colorado Springs for basic training, which included calisthenics and identifying airplanes. Hazel Pahler of Collbran and a graduate of Grand Junction High School remembered abandoning "pretend" ships and crawling on her stomach through the rifle range as soldiers shot blanks at the recruits. They were also "bombed" by sacks of flour.¹⁸

Camp Carson housed German prisoners of war (POWs). Bradley worked on a locked ward that held approximately thirty prisoners. After six weeks, she was transferred to Fort Warren in Cheyenne, Wyoming, before debarking from New York in September 1944. Unlike Allen and Steinmetz, who were stationed in England first and then traversed the English Channel, Bradley stepped directly from her American transport ship onto a British ship bound for France.¹⁹

Landing at Normandy was memorable for the nurses. Steinmetz, in fatigues and a helmet, was told that if she had not gotten seasick on the Atlantic journey, she surely would while crossing the English Channel. However, sporting a "cast iron stomach," the trip "never fazed" her.²⁰ Bradley was so worried about not being able to walk through the surf to the shore that she did not put on enough warm clothing. She struggled through the pouring rain and up a hill before being loaded into a truck that took her and the rest of her unit inland to their hospital. Leila Allen recalled that the nurses carried all their possessions, including a sleeping bag, onto the beach. Only twenty-two years old, she was extremely touched and "felt I was walking on sacred ground. We lost so many boys and here we were able to walk up and nobody was shooting at us. And then down on the Omaha beachhead, it was just straight up like the mountains here [in Colorado] . . . how our boys ever got up there . . ."²¹

As emotional as it was, nurses had no time to dwell on what had happened on those beachheads. Moving inland, they set up work in a number of hospital settings. Each type of hospital was designed to perform a different function in an evacuation chain that removed the wounded from the battlefields and into medical care as quickly as possible. Battalion surgeons, medics, and corpsmen manned the battalion aid station, the first link in the chain. Located close to front line combat but far enough away from small-arms fire, it was the first place surgeons tended to wounded soldiers. The aid station's main function was to stabilize and evacuate casualties to hospitals farther from the front.

The second link was collecting stations where medical personnel changed bandages, adjusted splints, administered plasma, and combated shock in preparation for the next step. At clearing stations—4 to 6 miles further back—medical personnel triaged wounded, maintained wards for the care of shock and minor sickness and injuries, and transferred men needing immediate surgery to adjacent field hospital platoons.

At field hospitals, surgeons, nurses, and medics stabilized the wounded and oversaw their recovery, after which the wounded were transported to evacuation hospitals 10 to 15 miles behind the front lines. They were generally staffed by 40 army nurses; 38 officers, including doctors; 218 medics, and auxiliary surgery teams. Allen's unit was headquartered near Neuchâtel, France, before following US troops into Germany. Medics carried wounded from the field to a small tent where they were evaluated by a doctor. If it was determined that a soldier would not survive the trip to a station or a general hospital, the field hospital tended to them. Just beyond the doctor's tent was a larger one for shock and pre-op. Lieutenant Allen was its sole nurse. Most of her patients were hemorrhaging, in shock, or needing preoperative care. The staff gave "hundreds and hundreds of units of blood plasma."²² Blood plasma was given because the demand for whole blood airlifted from England and later from the United States always exceeded the supply. This was especially true for hospitals close to the front. Nurses mixed powdered plasma with sterile water to administer the blood through IV tubes.

As battle lines shifted, collecting stations and evacuation hospitals were sometimes too close to the action. Twice, Allen's unit had to fall back. Each time the men worried about the nurses. They warned, "Oh, ma'am, you shouldn't be up this close. This is too close." The nurses replied that they were there to help save the soldiers. Lieutenant Allen promised herself to never show fear "because if I had been in their place, I wouldn't have wanted a nurse working on me, giving me IVs and what not with a shaky hand."²³ The one thing that made Allen jumpy was the German 88 gun. When the shells passed over the red-cross-labeled tent, the roof went "whoof, whoof," worrying the staff that it was going to fly off. Even now, decades later, a dropped dish or other sudden loud noise elicits the same response from her. One time when the medical unit crossed the Rhine River on pontoon bridges, the front



FIGURE 1.3. Lieutenant Leila Allen in front of her tent in Germany. Notice the laundry drying on the line. *Courtesy, Leila Allen Morrison.*

line did not advance as expected, forcing the medical personnel to re-cross the river and wait a few days. Cut off from the supply line, they lived on rations for awhile. The mess had not served gourmet food, but it was superior to C and K rations.

Mud was another problem. It seemed that every time Allen's unit moved, it rained. Lieutenant Bradley, too, recalled wearing galoshes and working in the mud. She roomed with five other nurse officers in a tent that held six cots and a pot-bellied stove. Every night they heated a big bucket of water to take sponge baths in their helmet liners, hoping to wash away some of the mud. Journalist Lee Miller, who had landed in Normandy to do a report on the Forty-fourth Evacuation Hospital, asked an off-duty nurse what plans she had for her free time. The nurse thought she would wash everything she owned as well as herself.²⁴

The last two links in the medical chain were station hospitals and general hospitals. Both were housed in permanent buildings instead of tents. Located 30 to 50 miles from the front, station hospitals received patients who needed a longer term of treatment. After six months, patients returned to the States for recovery. Larger staffs specializing in orthopedic, thoracic, and facial reconstruction set up general hospitals 70 to 100 miles behind the front lines. But at times, these medical personnel also found themselves too close. During the Battle of the Bulge in December 1944, the Fifty-sixth General Hospital, hunkered down near Liege, Belgium, was forced to evacuate patients and nearly evacuated the nurses, including Steinmetz, before the Germans retreated. Casualties arrived so quickly that nurses gave blood transfusions, usually a physician's job.

As the war in Europe ground to a halt, nursing took on a different dimension. Patients were POWs, displaced persons (DP), soldiers who accidentally wounded themselves, and those stricken with illnesses. There was more time for R&R (rest and recuperation). Some nurses visited Paris; others, Mont St. Michel or the sights of Switzerland. However, some nurses visited more horrific sites. As the Allies liberated German concentration camps, hospital units were encamped nearby. At Buchenwald, a Czech survivor who had hidden in a pile of corpses to escape detection guided Lieutenant Allen and other army nurses through the camp. She witnessed survivors, saw the gas chambers, and walked by the crematorium. It is a memory that still shakes her.²⁵ Other women who bore early witness to the Holocaust were journalists Sigrid Schultz (*Chicago Tribune*), Helen Kirkpatrick (*Chicago Daily News*), and Marguerite Higgins (*New York Herald Tribune*). General George Patton was so enraged that he ordered MPs to round up German citizens and shepherd them through the camp. Photojournalists Margaret Bourke-White (*Life*) and Lee Miller (*Vogue*) chronicled their reactions.²⁶

By 1945, the number of army nurses in the ETO had reached a peak of 17,345.²⁷ With the surrender of Germany in May, it was time for American troops and medical personnel to return to the United States. The military created a point system to determine which soldiers, nurses, and other female military personnel deployed in the ETO were eligible for early discharge. The Adjusted Service Rating (ASR) Scorecard was also used to determine which soldiers were earmarked for redeployment to the Pacific for an Allied invasion of Japan. Soldiers with high points could go home first, while those with low points were to be reorganized and trained for deployment in the Pacific. Just how high a man's points had to be to avoid redeployment was a source of endless speculation among the troops. After several years of battlefield fighting or front line nursing, it was understandable that most did not wish to join the soldiers and nurses already stationed in the Pacific Theater.

However, army nurses who were scheduled for deployment to the Pacific arena after V-E Day would not have been the first in that theater. At the outset of World War II, United States Army and Navy nurses were stationed at Sternberg General Hospital and other military hospitals around Manila. Captain Maude Davison and Second Lieutenant Josephine (Josie) Nesbit commanded the army nurses. Nesbit, one of ten children and orphaned by the time she was twelve, attended the Red Cross Hospital and Training School (Kansas City, Missouri), graduating in 1915. Recruited by the United States Army during the flu epidemic of 1918, she served at a variety of military installations including Denver's Recuperation Hospital. On December 7, 1941, Nesbit was serving her second tour of duty in the Philippines. Until that date, being stationed on the islands, with plenty of free time, mild weather, and nurses quarters furnished with bamboo and wicker furniture and mahogany ceiling fans, had been a desirable posting.²⁸ That changed

instantly when the Japanese attacked Pearl Harbor. Nesbit, the acting chief nurse at Sternberg General Hospital, was stopped by several nurses who were worried about their friends stationed in Hawaii. As a veteran nurse, the forty-seven-year-old Nesbit knew her nurses would be needed in the days and months to come. She gently admonished them, "Girls, you have to get to sleep today. You cannot stay here and weep and wail over this because you have to go to work tonight."²⁹ The nurses settled down, although Nesbit doubted that they slept. On December 8, 1941, the Japanese attacked the Philippines, filling the hospital with patients. Army nurses were ordered to set up a hospital in the Bataan jungle. Without a building, the front line hospital served 6,000 patients in its eighteen wards. In extremely primitive conditions and often sick themselves, the nurses, later called the "Angels of Bataan," cared for wounded and sick GIs. Lieutenant Nesbit insisted that the nurses always "act as nurses, as army officers, and as a united group."³⁰ She cared for them, ordered those who were sick to go to bed, and located shoes and clothing for those who were without.³¹ Just prior to the fall of Bataan, nurses were ordered to evacuate. When Colonel James Gillespie informed Nesbit that only American nurses were to be evacuated and that twenty-six Filipina nurses were to remain behind, Nesbit refused to leave unless all nurses were evacuated.³² Aboard a zig-zagging motorboat, the American and Filipina nurses dodged enemy strafing.

Beginning on April 9, 1942, Corregidor nurses lived and worked in a maze of underground tunnels connected to the Malinta Tunnel. Although having a roof over their heads and a floor under their feet was a welcome respite from the Bataan jungle, working in the tunnels was literally sickening. The complex, organized in a series of narrow corridors called "laterals," was like a small, cramped city with sections for supply, mess, administration, ordinance, and a thousand-bed hospital staffed first by nurses from the Corregidor base hospital and then by the evacuated nurses from Bataan and some civilian volunteers. Secretly built many years before, the gray concrete tunnel had its own power and water supply.

Captain Davison and Lieutenant Nesbit commanded eighty-five army nurses, twenty-six Filipina nurses, one navy nurse, and dozens of civilian women. The hospital consisted of a central corridor a hundred yards long and open to the outside on one end. Eight smaller wards were connected to other passages in honeycomb fashion. Amenities included enamel bedside tables, iron beds, flush-type latrines, showers, spigots, filing cabinets, and refrigerators. Laterals held operating rooms, a dental clinic, laboratories, recovery and convalescent wards, kitchen and dining areas, a dispensary, and nurses' sleeping quarters. Although the Japanese had been bombing Corregidor since December, once they controlled Bataan, they intensified their siege until the Americans thought the tunnel was going to collapse. In addition to enduring reverberations from the bombs, tunnel dwellers developed serious respiratory diseases, fungus infections, and skin boils, or "Guam blisters," because of the stagnant air.

As the bombardment intensified, it became obvious that Corregidor, too, would fall to the Imperial Army. In late April, Lieutenant General Jonathan Wainwright, Allied commander in the Philippines, was informed that two navy seaplanes would slip through the Japanese blockade, deliver supplies, and evacuate some passengers including twenty nurses. Captain Davison had the unenviable job of choosing the evacuees. She selected nurses she did not believe had the fortitude and mental stability to withstand the horrors that were sure to follow, those seriously ill with tropical diseases, those wounded during the bombing of the Bataan hospital, and women in their late forties and early fifties. Lieutenant Nesbit, in her late forties, however, refused to leave her post.³³ After the initial group flew off, the quartermaster listed the shortages—no helmets, towels, handkerchiefs, blankets, raincoats, or tarpaulins. He grimly predicted that Corregidor would run out of power and water in thirty days.

In early May a second group was ordered to leave. Left behind with thousands of patients and troops trying in vain to hold on to Corregidor were Davison, Nesbit, fifty-four army and twenty-six Filipino nurses, an army dietitian, an army physical therapist, and twenty-one civilian women. On May 6, 1942, Wainwright surrendered the island to the Japanese. About 12,000 American and Filipino soldiers were herded onto a small concrete slab where a twelve-hour wait in the water line to refill a canteen was the norm.³⁴ By the end of June, the hospital was moved out of the tunnel, to the delight of the nurses. In early July the sick and wounded were transferred to Manila. The nurses, separated from their charges once again, were trucked to the University of Santo Tomas campus, which had been converted into the Santo Tomas Internment Camp (STIC), a prisoner-of-war facility.

Nurses, first housed in the Santa Catalina convent, were isolated from the rest of the nearly 40,000 internees. They were later moved into the main camp. Captain Davison and Lieutenant Nesbit, knowing that morale-crushing boredom would quickly set in, made out work schedules. Although a few nurses initially balked at serving civilian patients, the two officers held firm. As weeks turned into months and months into years, conditions at STIC grew progressively debilitating. The Japanese army provided less than 1 ounce of fish and meat per person daily. In September, the rice ration was cut from 400 grams to 300 grams per day. As Japanese military fortunes worsened under Allied counterattacks, command of the camp was transferred to the War Prisoners Department of the Japanese Imperial Army. The new camp commandant, Colonel S. Onozaki, shut down the package line, the internees' one link to the outside world and a source of extra food, clothing, and provisions. He promised to provide sufficient supplies. He lied.

As time wore on, the Japanese closed the rodent control center, library, soap shop, and textile department. In March 1944 they halved the bread issue and sugar rations. By summer they again cut rations. The main kitchen and hospital kitchen served only two meals a day, if the portions could be called meals. People



FIGURE 1.4. United States Army nurses from Bataan and Corregidor, freed after three years of imprisonment in Santo Tomas Internment Camp, climb into trucks as they leave Manila. *Courtesy, United States Army.*

in chow lines fainted from hunger. An internee survey reported that on average, men in the camp lost over 31 pounds and women nearly 18 pounds. Sixty-year-old Maude Davison, who entered Santo Tomas carrying 156 pounds on her 5-foot 2-inch frame, lost 76 pounds; Josie Nesbit lost 38 pounds, dropping from 187 to 149 pounds.³⁵ Malnutrition led to a variety of ailments: nerve inflammation, numbness in the hands and feet, blurred sight or double vision, and anemia. Protein and vitamin deficiencies caused small epidemics of measles, whooping cough, and bacillary dysentery and left almost everyone else dizzy with headaches.³⁶ Lieutenant Nesbit grew concerned about her nurses: “Their eyes gradually sank deeper into hollowed cheekbones. Their gait slowed down more and more as their strength grew less. Even their shoulders drooped noticeably.”³⁷ The nurses, however, continued to work four-hour shifts until liberated by American troops in February 1945. They had survived thirty-three months in captivity.

Other ANC nurses served in the Pacific Theater of Operations between the time of the fall of Corregidor and Bataan and the Japanese surrender. Althea Williams, born in Platteville, graduated from Bethel Nursing School in Colorado Springs. She was working at Poudre Valley Hospital in Fort Collins, Colorado, when Pearl



FIGURE 1.5. Althea Williams on the roof of Fitzsimons Army Hospital. *Courtesy, the Archive at Fort Collins Museum of Discovery [H15038], Fort Collins, CO.*

Harbor was attacked. At first, she and her co-workers did not believe the radio report, thinking it was “an Orson Welles activity” (like the radio broadcast of “The War of the Worlds” in 1938).³⁸ Williams was immediately placed on active duty and assigned to Fitzsimons Army Hospital. Soon, she was transferred to a surgical hospital in the California desert. Her 400-bed evacuation hospital unit was next ordered to the Pacific Theater of Operations. Without an armed escort, the ship changed its route every seven seconds to avoid enemy attack. For a year and a half, nurses and doctors treated US soldiers stricken with malaria, dengue fever, and scrub typhus. As the patients piled up, R&R was eliminated. By the end of the war, Williams had accumulated over three months’ leave. But she had no complaints: “They asked us to serve, we served, and I was serving because of the fact that all of my friends, boyfriends, brothers, and all were serving. They had a right to have the best equipment and good nursing and medical care.”³⁹

Agnes Turnovec was in her thirties when she enlisted in the ANC, hoping to “see the world.”⁴⁰ However, her first duty station was only 6 miles from her training hospital in the Bronx. After nearly a year, she was briefly sent to Seattle before sailing to Hawaii. It was on the troop train to the Northwest that she first set eyes on Colorado. After seven days at Oahu, the nurses boarded a ship for the thirty-day journey to Saipan. Half of the nurses remained there while others continued on to Guam. Temperatures were ideal during the day, but stifling nights forced Turnovec from her stilt-raised hut to a sleeping cot underneath. She spent her last four months at Iwo Jima before Japan surrendered to end World War II.

Wilma Vanden Hoek also served in the Pacific Theater of Operations. A native of Iowa, Vanden Hoek received her nurses training at Denver’s Presbyterian Hospital. She enlisted in the Army Nurse Corps after graduation and was assigned to the Thirty-first General Hospital, whose first duty station was the mountainous Camp Hale near Leadville, Colorado. That convinced the nurses that they would be sent overseas to Europe. The army had other ideas, sending the unit to the Pacific Theater. Nurses were on detached orders, meaning they served with units that most needed them. Vanden Hoek spent a few months on New Caledonia and over a year on the Hebrides Islands. The island environment was a distinct change from frigid Camp Hale in the Rockies. Jungle rot was a common ailment for servicemen and nurses alike. “Flies had their pick of the food first,” but one “simply looked the other way and ate anyway.”⁴¹ On the Hebrides Islands, nurses’ quarters were wooden barracks open on all sides to catch cooling breezes. Mosquito netting covered the cots. As the Allies moved north toward Japan, the nurses trailed right behind them. Next stop: New Guinea and the Philippines. Because the Thirty-first General was always on the move, it was often months before Vanden Hoek’s mail from the United States caught up with her. It was not until the Philippines that the nurses had one weekend off. Vanden Hoek’s unit was “all packed and ready to go to Japan” when the war ended.⁴²

While for many Americans the debate still rages over President Harry S. Truman’s decision to drop atomic bombs on Hiroshima and Nagasaki, Althea Williams staunchly supported her president: “Oh, we were thrilled to death because we knew we were getting ready to go into Japan. If the atomic bomb had not been dropped, we knew we would be having thousands and thousands of casualties on both sides. I get very upset when the people are trying to revise history and trying to change what actually took place in those days. My brother was a B-29 pilot and he was on the island of Saipan. He had to go in and bomb Japan.”⁴³

While thousands of army nurses served overseas, others served stateside. Roberta Trexler completed a one-year training program and three weeks of basic training at Camp Swift (Texas). One particular experience in basic training convinced her that “women really don’t have any part in some of the aspects of the army. You need muscles.”⁴⁴ The unit was supposed to go on an overnight bivouac.

Carrying only half a tent and a bedroll each, the women embarked on the six-hour hike to the top of a hill in the pouring rain on “the muddiest road you ever saw.” Many girls dropped out, and Trexler stopped a number of times to rest her pounding heart. The captain in charge abandoned her jeep and exhorted the girls to finish the hike. Once they were at the top, they put up tents, which were blown to the ground during the night. After basic training, Trexler was assigned to McCloskey General Hospital (Texas), an amputee and spinal injury center. Physical therapy was a relatively new field up until World War II. Water, heat, massage, stretching, and strengthening exercises were a therapist’s primary tools. As one of thirty physical therapists, Trexler worked six days a week with Sundays off. They carried a patient load that was “way beyond what we could do.” Similar to the experiences of nurses overseas, Trexler “never had any feeling that there was any self-pity” among her patients.⁴⁵

Army Nurse Corps members served at Colorado bases and airfields. Beginning in the late 1930s, the number of military bases in Colorado increased.⁴⁶ Lowry Field and Fort Logan, established before World War II, were joined by Peterson and Buckley Fields and by auxiliary army airfields in Leadville, La Junta, and Pueblo, as well as Camp Hale and Camp Carson. Camp Carson—the home of the ANC Training Center beginning in October 1943—trained over 3,000 nurses.⁴⁷ Several of the bases were early-duty stations for army nurses before being shipped overseas—Lowry (Leila Allen), Camp Carson (Eileen Bradley and Puebloan Lieutenant Helen E. Kuhns), and Camp Hale (Wilma Vanden Hoek).⁴⁸ Other army nurses spent longer periods of time in Colorado. At Lowry, chief nurse and First Lieutenant Kathleen L. McNulty performed administrative and supervisory work. She assigned duties to staff nurses who supervised the ward, made rounds with the ward surgeon, gave medications, and was responsible for the ward’s cleanliness and patient safety. To accommodate army nurses, civilian workers, WACs, and wives of officers and enlisted men, the base commander sponsored the Lowry Women’s Club, believed to be the first of its kind in the nation. It served as a semi-official social center and meeting place for women at Lowry. The first floor housed a nursery, playroom, lounge, kitchen, and two Red Cross sewing rooms. Additional kitchen equipment, a room for fabricating surgical dressings and bandages, and restrooms filled the second floor.⁴⁹

Betty Berry joined the Army Nurse Corps at the suggestion of the obstetrics doctor she worked for after her boyfriend, who was an instructor pilot, was killed in a training accident in San Antonio.⁵⁰ Berry was stationed at both Lowry and Buckley Fields, but only after serving as a flight nurse in the Pacific. In late 1942, the US Department of War authorized the 349th Air Evacuation Group to train surgeons, flight nurses, and enlisted personnel for aeromedical evacuation (aero-vac) duty aboard troop and cargo carriers. In early 1943, the squadrons became the Medical Air Evacuation Transport Squadrons (MAES). Each squadron had



FIGURE 1.6. Betty Berry carrying gas mask and awaiting transport. *Courtesy, Betty Berry Godin Collection, Martha Blakeney Hodges Special Collections and University Archives, University of North Carolina at Greensboro [WV0096.6.002].*

a headquarters and four sets of medical crews. A flight surgeon led a crew of six nurses and six technicians. A flight team included one nurse and one enlisted technician. In early 1943, the first strategic aerovac flight transported five patients from India to Washington, DC. In the spring of 1943, Berry attended the School of Air Evacuation at Bowman Field (Kentucky). Although training for the first class was rudimentary and brief, by the time Berry attended, the curriculum had been expanded. Nurses spent Monday through Friday learning in classrooms; engaging in practical demonstrations, swimming, physical training and drills; taking exams; and participating in retreats and parades. Saturday mornings involved more classwork and weekly inspections. Nurses sometimes had flying time or field maneuvers on Saturday afternoons.⁵¹ Berry was assigned to the 803rd MAES. Between graduation and being sent overseas, the squadron completed an infiltration course in which nurses rolled, crawled, wriggled, and slithered under barbed

wire with machine gun fire overhead. Morris Kaplan, flight surgeon and commanding officer of the 803rd, concluded: "I felt that if all 25 girls could take that beating, then I could take them anywhere. I had just finished it myself through much less dust than they and had wanted to quit a dozen times. It was certainly the hardest physical work I had ever done." The squadron also spent the last weeks at Bowman Field gaining proficiency on the firing range and learning to drive jeeps and trucks. They also learned how to properly prepare a parachute.⁵² Following graduation, Berry and the 803rd were sent to California to board the *George Washington*. Without escort ships, it zigzagged across the Pacific Ocean for two months. Berry, unfazed by the dangerous conditions, sat on the deck and did needlepoint when she was not attending mandatory daily lectures or doing calisthenics.⁵³ The ship stopped briefly in Hobart, Australia, before continuing on to Bombay, India. Transferring to a British ship, the HMS *Nevada*, Berry and the other medical personnel sailed to Chabua, India, her staging area for the next year. Nurses lived in tents, wore their boots at night for protection against snakes and mosquitoes, and took Atabrine for malaria. Stationed just 100 miles from the war front, the staging area often experienced Japanese flyovers. One time, everyone was ordered into the slit trenches in the middle of tea patches for safety. When the nurses jumped in, they were greeted by a python. Fortunately, the air police, who were also hopping into the trench, shot and killed it. Once the Japanese danger had passed, they pulled the snake out of the trench. Berry asked to keep the python. After someone skinned it, she had it made into shoes and a purse.⁵⁴

Chief nurse Audrey Rogers assigned specific nurses for individual flights. Each plane had a medical ambulance chest that included portable oxygen, blood plasma, bedpan and urinal, tourniquets and dressing supplies, catheters and lubricating jelly, stethoscope, blood pressure cuff and thermometer, alcohol, iodine, and aromatic ammonia. Aspirin, sedatives, quinine, sulfa tablets and powder, and nasal spray were the medicines. In addition, each flight nurse carried a small medical bag with more dressing supplies and medicines in a small musette bag and morphine in her pocket. Medical evacuation teams flew to sites in a C-47 cargo plane that may have had pigs, chickens, mules, ducks, rabbits, cans of gasoline, aircraft parts, and ammunition aboard to be delivered to the troops. Upon arrival, enlisted technicians made the C-47 ready for patients by snapping unneeded bucket seats back against the walls, securing metal arms or pulling webbing from the ceiling, and attaching the seats to the floor. Berry as flight nurse supervised the loading of patients, with those with head injuries placed forward in the most stable part of the plane; men in bulky casts low in the plane because of their weight, and those with injured limbs in the aisle for easy access.⁵⁵

There were several satellite bases in India, so evacuation teams picked up patients at Ledo and flew them into Karachi (Pakistan), a four-day journey of 2,000 miles. At Karachi another squadron of flight nurses accompanied the

patients—most of whom were battle casualties—on their way home. After the Allies controlled Burma, flights picked up patients and brought them to a general hospital for treatment.

By the end of 1944, the 803rd MAES were awaiting their orders to return to the United States as new flight nurses arrived to take over their duties. Berry was first assigned to Buckley, where she was in charge of the orthopedic ward. When that was closed, she was transferred to Lowry. There she met Gene Godin, whom she married in 1947.⁵⁶

During the war, 32,500 members of the ANC served overseas. By the end of the war, the Army Nurse Corps had suffered 201 deaths, 16 directly from enemy fire.⁵⁷ Six were killed at Anzio, 6 died when the hospital ship *Comfort* was attacked by a Japanese suicide plane, and 4 flight nurses died in action. Thirteen other flight nurses died in weather-related crashes while on duty. Pueblo native Second Lieutenant Anna Pritekel was a casualty of World War II. A Corwin Hospital graduate, Pritekel was stationed at a Fort Bliss (Texas) hospital when she came down with an infection and died on December 24, 1942.⁵⁸

Like their male counterparts, women serving overseas endured harsh weather conditions, ubiquitous mud and rain, and monotonous C and K rations. They saw their friends and comrades suffer illnesses, wounds, and death. They slept on cold cots and warded off rats and other creatures. They often did not receive mail for weeks and months on end. They moved at a moment's notice. During their twelve-hour shifts, nurses stayed at their patients' sides even as the sounds of "ack ack" deafened their ears and buzz bombs and 88s threatened their lives. They "didn't want to concentrate on that. We wanted to keep the few gray cells we had on business. Because it [caring for the wounded] was too important."⁵⁹ They became very partial to their helmets, which served them well as "hat, bucket, washtub, bathtub, basket, and chair, and in a pinch . . . as a shovel for digging an emergency foxhole."⁶⁰ Those they served were eternally grateful. On October 21, 1944, *Stars and Stripes* published an open letter to army nurses signed by hundreds of GIs: "To all Army nurses overseas: We men were not given the choice of working in the battlefields or the home front. We cannot take any credit for being here. We are here because we have to be. You are here because you felt you were needed. So, when an injured man opens his eyes to see one of you . . . concerned with his welfare, he can't but be overcome by the very thought that you are doing it because you want to . . . you endure whatever hardships you must to be where you can do the most good."⁶¹

The 59,000-plus nurses who served in the ANC during World War II had indeed shown their power to "bring back some who otherwise surely" would not have returned from the battlefields.⁶² For the nurses, it was their honor and privilege to do so. They consistently remarked on the wonderful treatment they received from the soldiers. Lieutenant Allen thought the "wonderful fellas" had

the greatest respect for the nurses. Both Allen and Steinmetz noted that the soldiers looked on them as mothers and sisters, even though they were often not any older than the men.⁶³ For many nurses, their stint in the ANC is their proudest accomplishment. Seventy-five years later, they often reflect on those who made the ultimate sacrifice: "I'll never, never forget them because when they play the National Anthem, I try to stand straighter; when we say the Pledge of Allegiance, I try to stand straighter and I have a lot, a lot of faces in front of me that gave everything for that privilege."⁶⁴

Army nurses earned 1,619 medals, citations, and commendations. As Major General Jeanne Holm emphasized, "Of the women who served overseas during the war, the nurses deserve special recognition. Wherever the US forces could be found, there were nurses."⁶⁵ Those nurses also included members of the Navy Nurse Corps. Although they, too, served in the United States and overseas, their war experiences differed in many ways from those of the Army Nurse Corps. Because of their comparatively smaller numbers and the ban on serving on ships (except hospital ships), navy nurses were more likely to be administrators and instructors.