
Theses, Dissertations, and Projects

2012

Women in combat : narratives of nurses in World War II, Korea and the Vietnam War

Kathryn J. Hall
Smith College

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Hall, Kathryn J., "Women in combat : narratives of nurses in World War II, Korea and the Vietnam War" (2012). Masters Thesis, Smith College, Northampton, MA.
<https://scholarworks.smith.edu/theses/911>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact scholarworks@smith.edu.

Kathy Hall
Women in Combat:
Narratives of Nurses
in World War II, Korea
and the Vietnam War

ABSTRACT

This qualitative study explored what could be learned from the narratives of female military nurses in World War II, Korea and the Vietnam War. There is very little literature regarding the experiences of female military nurses and scarcer data about women military nurses performing their roles in combat arenas.

The sample was comprised of twelve female military nurses who volunteered for their military service during World War II, Korea and/or the Vietnam War. The sample was a well-educated group of nurses who achieved officer rankings while serving and, though the vast majority of the nurses were unspecified as to race, it is speculated that the sample was white.

The major findings for the majority of these women were the experience seemed to have been a very difficult but overall positive experience. Specifically, all those who answered this question describe in vivid detail what they had to cope with but were unable to say how they coped; and even into the then (time of the interview) present they conveyed a sense of being haunted by experiences with certain patients. Yet when asked how their involvement in the military affected their lives, they speak to having gained self-confidence and self-reliance and discovering the strength of the human spirit.

The participants stated that although they were not able to articulate when asked how they coped with being in a combat arena, the suggestion that maintaining a sense of family was important through communication with family or creating a family in the military. Similarly, sharing a sense of solidarity with others that shared their commitment was the most frequently cited reason for volunteering to enlist. This solidarity and the sense of being a part of family while in the service both convey that the sense of connectedness with people that share the same goals is important to coping. They also suggest that being actively engaged with learning about their new culture is important to coping.

Regarding further study, it would be important to replicate this study to see if the findings could be sustained. However, regarding replication a more diverse population should be attempted for the sample. Also for consideration would be the suggestion that perhaps more needs to be done with military women regarding raising consciousness about the importance of maintaining a sense of connectedness to others and coping.

WOMEN IN COMBAT: NARRATIVES OF NURSES IN WORLD
WAR II, KOREA, AND THE VIETNAM WAR

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work

Kathy Hall

Smith College School for Social Work
Northampton, Massachusetts 01603

2011

ACKNOWLEDGMENT

This thesis is dedicated to the military nurses serving in combat.

TABLE OF CONTENTS

ACKNOWLEDGMENTS..... ii

TABLE OF CONTENTS..... iii

LIST OF TABLES..... iv

CHAPTER

I. INTRODUCTION..... 1

II. LITERATURE REVIEW..... 8

III. METHODOLOGY..... 24

IV. FINDINGS..... 30

V. DISCUSSION AND CONCLUSIONS..... 54

REFERENCES

APPENDICES

Appendix A: Human Subjects Review Committee Approval Letter

LIST OF TABLES

TablePage

1. Participant Demographic Background:
Age and Education.....
2. Demographic Background Continued:
Race and War of Conflict.....
3. Demographic Background Continued:
Military Rank and Service.....

CHAPTER 1

INTRODUCTION

Most of the literature about the United States Armed Services personnel in combat has been about the experiences of men. This continues to be true even though women have served in every war since the United States became a nation. While we know, for example, that there were women on both sides during the Revolutionary and Civil Wars disguising themselves as men in order to serve in active combat, the preponderance of the literature on women in combat has focused on the experiences of nurses (Feczer & Bjorklund, 2009; Monahan & Neidel-Greenlee, 2004; Scannell-Desch & Doherty, 2010). History shows that women in their role as nurses were more readily accepted by the armed services than in any other role. There is literature of women performing nursing duties on the battlefields during the Revolutionary War, (1775-1783), and aboard the ship, *United States*, during the War of 1812. Women nursed Union and Confederate troops in field hospitals and on the Union Hospital ship *Red Rover* during the Civil War (<http://www.womensmemorial.org/Education/timeline.html>). However, the literature documenting the experiences of these early women nurses that served in combat arenas has been both sparse and fragmented since their service was essentially on a volunteer and ad hoc basis; thus there was no systematic record keeping of their participation.

The first formal proposal to recognize and recruit professionally trained women nurses to serve in the armed services and in combat arenas did not occur until the

Spanish American War in Cuba in 1898 (Colonial Williamsburg Foundation, 2008). Prior to the Spanish American War it had been the formal practice throughout all branches of the armed serves that all nursing be done entirely by male nurses. This first proposal to recruit qualified women nurses was driven by the necessity of filling the substantial manpower shortages created by the outbreak and spread of typhus and other tropic diseases that were widespread in the American camps in Cuba during the Spanish American War. In that war, meeting the challenges posed by tropical diseases was generally considered an even more formidable problem than fighting the enemy. Some other notable milestones in the formal recognition of women nurses in the armed services include the establishment of the Army Nurse Corps (ANC) created in 1901 followed by the Navy Nurse Corps (NNC) in 1908.

In contrast, it was not until some twenty-two years later that the first women other than nurses received any official status recognition within the ranks of the United States Armed Services (Colonial Williamsburg Foundation, 2008). The Women's Army Auxiliary Corps (WAAC) and the Women Accepted for Volunteer Emergency Service (WAVES) were both created in 1942 to replace, on a temporary basis only, the growing shortage of military men available stateside to serve in non-combat military positions. These positions were primarily clerical and the men serving in them were increasingly being called to active combat duty to fill the vacuum created by the excessively high number of casualties experienced during World War II. Thus the struggle to integrate women in general and nurses in particular into the armed in services with equal status as men has mirrored and frequently been at the forefront of the struggle to end the sex and gender role discrimination of women in the broader society here in America. The same

can also be said for the differential experiences of privilege/disadvantage among women in the armed service that result from the intersectionality of gender role and sex discrimination with race and class discrimination.

Noteworthy milestones in the achievement of the above include the Army Reorganization Act in 1920 that granted professionally trained women nurses the same status as male military officer without their full rights and privileges, e.g., equal pay (<http://www.womensmemorial.org/Education/timeline.html>); Executive Order 8802 (a.k.a. the Fair Employment Act) conceived to prohibit racial discrimination in hiring for the national defense industry and signed by President Roosevelt in 1941; the Women's Armed Services Integration Act, signed into law on June 12, 1948, that made it possible for women other than nurses to serve as permanent members in the armed forces.

As indicated, most of the literature about military service in combat theaters has been about the experiences of men (Cockram, Drummond, & Lee, 2010; Murdoch et al., 2006). The most prevalent trend in this large body of work has been about the evolution of what was initially labeled “combat fatigue” or “soldier’s heart” in wars prior to 1914; shell shock in World Wars I and II; and, since 1980 into the present, has been classified as posttraumatic stress disorder or PTSD (Cockram & Drummond, 2010; Herman, 1992; Jones, 2006; Pivar & Field, 2004). The core issue with these disorders is a failure to integrate an upsetting experience into autobiographical memory (Berzoff, Flanagan & Hertz, 2008; Dittmar et al., 1996; Herman, 1992; van der Hart & Burbridge, 2002; van der Kolk, 1987). PTSD is a severe anxiety disorder in which the person continually re-experiences the original trauma through flashbacks, nightmares, etc.; and is hyper

vigilant in their efforts to be alert and avoid any stimuli that can be associated with the trauma. This can pose difficulties falling or staying asleep, etc.

In contrast the proliferation of literature on the experiences of women in the armed service in general and those that have served in combat arenas more specifically is relatively recent and parallels the increased participation of women in the armed services as a result of Public Law 90-130 (Colonial Williamsburg Foundation, 2008: Feller, et al., 2001). This Law, passed in 1973 near the end of the Vietnam War, eliminated the 2% cap on the proportion of troops serving in combat arenas that could be women, established in 1948 as part of the Women's Armed Services Integration Act. Equally important, the United States also ended the draft and converted to an all volunteer armed service in 1973. As a result, women's participation in the military began to increase exponentially as evidenced by approximately 40,000 military women (7%) being deployed to the combat arenas of Operations Desert Shield and Desert Storm in 1990-1991 (Murdoch et al., 1995).

Historically, the number of nurses serving in combat areas has been determined by the differing technologies of warfare and typical types of injuries sustained, as well as advancements in medical technology and what is considered best practice in the time period. the resulting changes in the injuries of soldiers. For example, World War II was an air war fought on five continents, creating the need for United States field hospitals in the European, African, and Pacific theaters. The invention of more deadly weaponry created by all the warring countries resulted in more lethal wounds to soldiers and a need for more nurses, especially in or near combat areas. In contrast, the Vietnam War was a longer war but was fought in a smaller area with fewer soldiers. Thus fewer nurses were

required than in World War II. Additionally, the improvements in air, sea and ground transportation meant the soldiers could be stabilized and transported back to the United States more quickly. This change decreased the need for longer deployments of nurses to care for soldiers, long term, in combat areas. Instead there was more of a need for rehabilitation nursing in the United States than in Vietnam.

Since the history of professional nursing at its inception was intrinsically linked with war (Griffiths & Jasper, 2008), there is a substantial literature on military nursing. Until quite recently the most frequently discussed themes in this literature have included the history of military nursing and the notable strides and milestones in overcoming discrimination and striving to achieve parity with men. For nurses in combat arenas, there is also literature that addresses the hardships of deployment, e.g., strategies for leaving and returning to family at home, adjusting to a new culture and the high stress work with injured soldiers; or strategies for adjusting to the dual roles of nurse and warrior, learning to triage, compassionate care for dying soldiers, etc. (Barger, 1991; Dittmar, et al., 1996; Griffiths & Jasper, 2008; Holm, 1982). The literature on the manifestations of traumatic stress reaction(s) in war among nurses has been relatively recent and quite sparse, particularly when compared to the extensive literature on men in combat. For example, there is literature that documents the lived experiences of military nurses in combat from World War II, Korea, Vietnam, Desert Shield, Desert Storm, Iraq War and Afghanistan War (Griffiths & Jasper, 2008; Scannell-Desch & Doherty, 2010; Smith, 2006). However it seems to have been the growing public recognition and increased reporting of sexual assaults on women in the military that has focused our

attention on post-traumatic stress among military women in general and military nurses in particular.

Doctors at the West Los Angeles VA Healthcare Center state, “41% of female veterans seen at the clinic say they were victims of sexual assault while in the military, and 29% reported being raped during their military service” (Harman, 2008). According to CBS Evening News (Couric, 2009), one in three female soldiers will experience sexual assault while serving in the military, compared to one in six women in the civilian world. In an effort to manage the 74% increase in military sexual assault reporting between 2004 and 2006, the Department of Defense created the Sexual Assault Prevention and Response Office (SAPRO) (Harmon, 2008). According to the SAPRO, the total number of military sexual assaults for fiscal year 2010 was 19,000 (SAPRO, 2011).

Feczer and Bjorklund (2009) observe, exposure to trauma by nurses working in combat zones is inevitable and PTSD symptoms have been observed in military nurses from the beginning of professional nursing, starting with Florence Nightingale during the Crimean War. Her anxiety-related symptoms included self-isolation, anger and irritability. Feczer and Bjorklund (2009) further observe that:

...During WWII, nurses were traumatized as prisoners of war (POW) for the first time in U.S. military history, with 67 military nurses held in German prison camps, 5 Navy Nurses imprisoned in Guam, and 66 Army and 11 Navy nurses held captive by the Japanese for 37 months on the island of Bataan...Nurses made up the majority of females stationed in Vietnam, where the distinctions between combatants and noncombatants, war zones and safe zones all but disappeared. (pg. 281)

Yet in comparison to the sustained interest in the experiences of men in combat, from combat fatigue to shellshock to post-traumatic stress, there has been very little

attention in the mainstream literature to these same issues in military women in general or military nurses more particularly until quite recently. This is considered a serious omission since there is evidence to suggest that women in the military present with symptoms that meet the criteria for the PTSD diagnosis far more often than males; yet males are far more likely to receive the diagnosis of PTSD which is a prerequisite for claim approval for treatment (Pereira, 2002). Similarly, women who develop PTSD symptoms secondary to sexual assault in the military are far less likely to receive a PTSD diagnosis (Murdoch et al., 2003). This would suggest a gender bias in the diagnosis and treatment of PTSD in military women (Feczer & Bjorklund, 2009).

Equally important, most of the qualitative research that captures the voice of women military nurses that have served in combat arenas have served in recent conflicts, i.e., from the early 1990s into the present. We know very little about ways in which battle/combat fatigue, shell shock or post-traumatic stress secondary to direct combat experiences may have manifested themselves in women military nurses prior to the 1990s. The qualitative study, which follows, was designed to make a contribution to filling this gap by exploring what we can learn about the experiences of women military nurses from the secondary analysis of interviews collected as part of the Veterans History Project of the Library of Congress American Folklife Center. The sample in this study is comprised of military women nurses that served in the combat arenas of World War II, Korea and the Vietnam War.

CHAPTER II

LITERATURE REVIEW

Military history is rich with tales of warriors who return from battle with the horrors of war still raging in their heads. One of the earliest known observations was made by the Greek historian Herodotus, who described an Athenian warrior struck blind in battle when a soldier standing next to him was killed, even though the warrior had not been touched or injured physically by the enemy (Satel, 2010). However most of the literature about the experiences of our country's soldiers in combat arenas has been about the experiences of men and the evolution in thinking about a syndrome of symptoms that was initially understood as combat fatigue or soldier's heart in wars prior to 1917, shell shock in World War I, battle fatigue and /or shell shock in World War II and post-traumatic stress disorder or (PTSD) since 1980 (American Psychiatric Association, 1980).

It should be noted that there is not always consensus in the literature about which of the above terms was dominant during a particular war in the eighty years between the Civil War and the end of World War II (Satel, 2010; Smil, 2005). For example the terms battle fatigue and combat fatigue tend to be used interchangeably to describe thinking about psychological stress reactions to combat during the Civil War and World War II. However there is consensus that in each of these wars there was a growing sophistication in our ability to understand and treat the severe stress syndrome experienced by our men in combat.

The Period between the Civil War and World War II: Socioeconomic and Political Context

The eighty year period encompassed by these three wars was a time of tremendous

socioeconomic and political change worldwide driven by science based technological advances during the second half of the industrial revolution (Hounshell, 1984; Smil, 2005). The invention of an inexpensive process for making steel, the process of electrification and advances made in the production of other cheap sources of energy makes mass production and what come to be known as the” American system of manufacturing” possible. Motorized vehicles begin to replace horses as the dominant mode of transportation; and railroads overtake canals as the main mode of transport for building infrastructure. The creation of electricity also led to advances in communication, the telephone and telegraph, the radio etc. Living standards improved significantly in the United States and other newly industrialized nations. The modern professions and social sciences emerge as disciplines in University.

In fact, the closing decades of the 1800s saw the greatest increase in economic growth in the shortest period of time in recorded history (Constable & Somerville, 2003). Beginning in the early 20th century, the United States emerges as the world leader in industrial production in general; and in the technological advances and industrial production of the technologies of war more specifically. Thus, the creation of atomic energy and the dropping of the atomic bomb on Japan both ushers in the Atomic Age and brings to a close World War II and the Industrial revolution (Smil, 2005). Collectively these dynamic socioeconomic changes provide context and are mirrored in the evolution in thinking about the psychological problems our men in combat experienced on the road from soldier’s heart to PTSD.

Soldier's Heart or Combat Fatigue and the Civil War

In terms of deaths during the Civil War, the number that is most often quoted is 620,000. More important, the casualties in the Civil War exceed the nation's loss in all its other wars from the American Revolution through Vietnam combined. The Civil War is considered the earliest modern example of total war. A total war is a military conflict in which a nation mobilizes all available resources to destroy another (New World Encyclopedia, 2008). This means that not only is a nation's military mobilized, but the citizenry as well. The Civil War as well as World Wars I & II are all considered total wars. Factory manufacturing was diverted to the war effort, all men were subject to the draft, women were mobilized to fill jobs vacated by men, rationing can take place and civilians become legitimate military targets, etc.

The prospect of going into battle is considered one of the most intense situations a human can endure: an immediate, unpredictable threat to one's life. As the Civil War progressed, doctors began to consider the changed behavior of soldiers after battle as something other than a soldier's natural response to fear of battle. Though the diagnosis continued to be a general condition of homesickness or ennui, it was eventually given the physiological diagnosis, *Soldier's Heart*, by Dr. Jacob Mendes Da Costa in 1862. Dr. Da Costa was observing Union soldiers with symptoms that included startle responses, hyper-vigilance, and heart arrhythmias. The National Center for PTSD (2010) states:

Da Costa's conclusion was ultimately that the stress of being perpetually on guard would leave a soldier traumatized by things he or she had seen or heard. Furthermore, soldiers would become used to being constantly vigilant making it difficult for them to abandon that state when they were no longer in battle, or even when they were no longer in the military. (pg. 3, para. 5)

During the Civil War the term combat fatigue became synonymous with “Soldier’s Heart” and became part of the fabric of war and returning soldiers. Walt Whitman (1898), who volunteered as a medic in Civil War hospitals and witnessed combat fatigue first hand wrote, “What stays with you latest and deepest? of curious panics, of hard-fought engagements or sieges tremendous, what deepest remains?” (p. 201). Academia and the medical community offer a diagnoses of a soldier’s responses to war; however, Walt Whitman, his Civil War poetry and personal experiences probably best describe this human reaction.

Shell Shock and World War I

During World War I (1917-1918), the term shell shock became synonymous for the misery and subsequent trauma suffered by soldiers in combat. Methods of fighting wars worldwide remained relatively the same from 1870-1914, however changes to artillery in addition to the creation of the machine gun, made traversing open ground very challenging, adding to the already terrifying experience of warfare (Biedermann, Usher, Williams, & Hayes, 2001, p. 545; Jones, 2006, p. 533). Germany created the weapon of poison gas and soon it was called the “greatest horror” of World War I (Jones, 2006, p. 538). These new weapons and the use of trench warfare were the major components of this war however; the reactions of soldiers with shell shock are similar to the traumatic reactions of soldiers in previous wars and continued to be medically unexplained. As Jones (2006) states, “shell shock sufferers exhibit tremors, fatigue, memory loss, nightmares, and sleeping disturbances” (p. 537).

In World War I, shell shock was considered a possible injury to the nerves during combat and possibly a psychiatric illness. During World War I, the writings of Sigmund

Freud were prevalent and psychiatric considerations for the trauma of war were in the early stages in addition to the social sciences. However, a Freudian approach to treating the unconscious of a soldier was not part of the treatment for shell shock but the beginnings of a more scientific approach to diagnosis were soon to come. As such, the symptoms of war trauma remained relatively the same. The treatment for shell shock remained the same, which was rest for one to two weeks and return to the battle except for the more severe cases, which were assigned to clerical duties or returned to the United States (Shepard, 2001, p. 44).

Battle Fatigue and World War II

The United States entered World War II (1941-1945) after the Japanese attack on Pearl Harbor in 1941. World War II was fought on the Pacific and European fronts, both with very different weather systems and terrain. Unlike World War I where U.S. troops were gone for approximately one year, many soldiers enlisted after Pearl Harbor and were away from everything familiar for the four years during this conflict. The advance in technology of warfare was significant in that there was now more precise and strategic bombing from more heavily armed aircraft, more advances in naval military support and more advanced armored tanks (Fessler, 1996; Jones, 2006; Monahan & Neidel-Greenlee, 2004). These advances gave rise to widespread devastation and more opportunities for severe traumatic reactions to war, which came to be called battle fatigue. The focal symptoms for battle fatigue were the same as previous wars. Direct witnesses to a soldier's traumatic responses were often medics, nurses and newspaper reporters in the field. Jones (2006) quotes one direct reporter, war correspondent Phillip Gibbs:

They (the soldiers) were subject to sudden moods, and queer tempers, fits of profound depression alternating with a restless desire for pleasure and unable to sleep for long periods. Many were easily moved to passion where they lost control of themselves, many were bitter in their speech, violent in opinion, frightening. (p. 544, para. 3)

Battle fatigue was considered a neurotic reaction to the experiences of war and treatment continued to be two weeks rest and a return to the battlefield.

As previously stated, PTSD has historically had many names for this type of military trauma (American Psychiatric Association, 2000; Berzoff, et al., 2008; Cockram & Drummond, 2010; Dittmar et al., 1996; Herman, 1992; Pivar & Field, 2004). PTSD has been getting increasing focus in the mental health profession since 1980 when it was entered into the American Psychiatric Association DSM III. The current American Psychiatric Association (DSM-IV-TR, 2000) defines PTSD as follows:

The essential feature of Post-traumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. (Criterion A1, p. 463, 2000)

The core issue with PTSD is a failure to integrate an upsetting experience into autobiographical memory (Berzoff, et al., 2008; Dittmar et al., 1996; Herman, 1992; van der Kolk, et al., 2002). The National Center for PTSD states:

Combatant stress reactions prior to 1980 were considered to be a result of weakness on the part of the individual or what was termed a "traumatic neuroses. In 1980, the definition of PTSD stipulated that the reaction was directly related to an outside event and, "The key to understanding the scientific basis and clinical expression of PTSD is the concept of 'trauma.'"(Overview, p. 1, para 3)

Though trauma takes many forms, trauma for the purposes of this study will be the trauma of combat related to war. While the parameters for PTSD were being defined,

clarification was important regarding what could be considered a traumatic event. The Center for PTSD currently defines this disorder as, “a traumatic event (that) was conceptualized as a catastrophic stressor that was outside the range of usual human experience” (National Center for PTSD, p. 1).

People experiencing trauma often have very different reactions and different thresholds of resistance and resilience. It remains unclear to mental health practitioners why some combatants develop more severe symptoms of PTSD, however, it is clear that nearly all military personnel experience severe military operations as traumatic. Everyone exposed to a traumatic event does not develop PTSD. Basham (2008) has noted:

In general, seven major factors determine the likelihood that an individual will develop post-traumatic stress disorder following traumatization. They are: (1) a higher degree and intensity of exposure to violence; (2) a higher degree of physical violation; (3) longer duration and greater frequency of abuse; (4) more heightened sense of unpredictability and uncontrollability (5) a closer, familial relationship with the offender (6) younger age; and (7) an unsupportive social environment that inflicts stigma, shame and guilt. (as cited in Berzoff, et al., 2008, p. 420)

The symptoms of PTSD vary. When considering reactions to a significant traumatic event Basham (2008) states, “Although individuals with PTSD experience nightmares, flashbacks, sleep problems, agitation, detachments, and numbness, these symptoms are not uncommon during an early adjustment to a traumatic event” (as cited in Berzoff et al., 2008, p. 420). These reactions coupled with any or all of the aforementioned seven major factors determine whether a person can or will develop PTSD.

Keeping in mind the seven factors predicting the likelihood of someone developing PTSD, the following treatments are currently being utilized to bring healing for people suffering with PTSD: Cognitive Behavioral Therapy (CBT), Exposure

Therapy, Eye movement desensitization and reprocessing (EMDR), medication, and group therapy.

History of Military Nursing

The theme of caring and dedication of military nurses in combat has been well documented. It is generally accepted that the United States has always been a patriarchal society. The roles of women were restricted during the beginning of our nation to the roles of wife and mother, as such; their place was in the home. Thus, in wartime, women's participation was from the home except in times of shortages of men during war.

As stated by Nguyen (n.d.):

Despite their low positions in society, women did participate. On the home front, they sewed uniforms and knitted stockings for the soldiers. With their husbands away fighting, some women had to take over as weavers, carpenters, blacksmiths, or shipbuilders. (p. 1, para. 2)

Although women have served in every war since the United States became a nation, literature documenting women's experiences outside the home in combat arenas is limited and most of this literature has focused mainly on the experiences of nurses (Biedermann, et al., 2001; Dittmar et al., 1996; Feczer & Bjorklund, 2009; Griffiths & Jasper, 2008; Nguyen, 2010; Scannell-Desch & Anderson, 2000; Scannell-Desch & Doherty, 2010). Throughout, history shows that women in the role of nurses were more readily accepted into the armed services than any other role. For example, there is a literature of women performing nursing duties on the battlefields of the Revolutionary War, 1775-1783, and aboard the ship, *United States* (American Revolution, 2010; Women's Memorial, 2010).

There is also evidence of women performing the role of spies. The contribution of women during the Revolutionary War freed men to actively participate in strategizing

and mobilizing the troops to win freedom from England. Once the Revolution was won in 1783, more girls were able to go to school, and through this educational process, women gained greater independence and a stronger voice for all women.

Though the War of 1812 was considered primarily a “sea war”, women worked as flag makers, water carriers, cooks and laundresses in the camps of American troops. However, two women worked aboard ship. As the Colonial Williamsburg Foundation (2008) states: “During the War of 1812, two women, Mary Marshall and Mary Allen served as nurses for several months aboard the United States at the request of Commodore Stephen Decatur” (p. 3).

During the Civil War the documentation becomes more prevalent regarding women in the military, though formal recognition is still many years away. Women begin to serve as hospital administrators while the men are serving in combat. Women also serve as the primary cooks and nurses in Union and Confederate field hospitals. Since the Revolutionary War women have also disguised themselves as men to serve in combat and continued to do so during the Civil War. Ancestry.com (n.d.) states, “Deborah Sampson donned men’s clothing enlisting as Robert Shirtliffe in the Army” (p. 1, para. 7). The women who dressed as men to serve, were flying in the face of nineteenth century gender classification and a society that relegated them to passive, frail and mis-perceived social status. Of particular note is that these women wanted to fight making them uncommon examples of bravery in a time when women were relegated to a lesser status mandated by a Victorian society. The women soldiers resorted to subterfuge as Blanton (1993) observes, “To achieve their goal of being soldiers, they faced not only the guns of the adversary but also the sexual prejudices of their society.” (p. 2)

The role of nurses serving in the Civil War is well documented for the Union and slightly less so for the Confederacy. Dorothea Dix, (1802-1887) a social reformer with solid administrative skills, volunteered and received the position of the Union's Superintendent of Female Nurses, creating the Army Medical Bureau, in 1861 and remained in the position throughout the war, never accepting pay for her efforts (LaVert, 2005, p. 1, para. 3). After convincing the skeptical Army commanders that women could be adequately trained for nursing duties, she assembled her nursing staff from area residents for Union hospitals. The ranks grew to over 3,000 Army nurses under the supervision of Dix. According to LaVert (2005), "Dix looked after the welfare of both the nurses, who labored in an often brutal environment, and the soldiers to whom they ministered, obtaining medical supplies from private sources when they were not forthcoming from the government." (p. 1, para. 6)

Clara Barton, (1821-1912), was also instrumental in bringing legitimacy to Civil War nursing. A Massachusetts schoolteacher, Barton moved to Washington D.C. in 1854 to work for the U.S. Patent Office. When the Civil War began, Barton volunteered to aid soldiers in the hospitals. As the war advanced, Barton began to expand her role for soldiers. As Faust (2007) has documented:

She also expanded her concept of soldier aid, traveling to Camp Parole, Md., to organize a program for locating men listed as missing in action. Through interviews with Federals returning from Southern prisons, she was often able to determine the status of some of the missing and notify families (p. 1).

During this period in our country's history, it is the wealthier people who are able to read and write and the first nurses were routinely from the upper class. It is from these women's diaries that most of the early history is derived. The nurses who were unable to read or write were often hired to work in the hospitals anyway and these nurses relied on

their oral history traditions to relate their experiences. The history of the early nurses is a combination of these diaries and oral traditions and these tools give us a way to follow their progress and measure their great sacrifice. Close to 2,000 women served without pay as nurses for both the Union and Confederacy while our nation waged war and little has been written about their commitment.

III. Notable Milestones and Formal Recognition of Military Nursing Training and the Spanish American War:

Between the Civil War and the Spanish American War (1898), the first formal training for nurses began. In the United States, nurses were trained at Bellevue Hospital School of Nursing in New York City beginning in 1873. This school was based on the principles of Florence Nightingale (1820-1910), the woman who established formal nursing training in England in 1860 at St. Thomas' Hospital, England. Florence Nightingale believed nurses could be taught sensitivity to patient's needs and broaden these skills to include skilled observation qualities. The success of Nightingale's principles in the United States began at Bellevue Hospital School of Nursing, followed by Johns Hopkins School of Nursing in Maryland, established in 1889. Florence Nightingale was involved in the curriculum planning and organization of both Bellevue and Johns Hopkins training programs, with many of the original practices still in use today.

It was not until the Spanish American War in Cuba (1898) that the Army Medical Department first proposed that professionally qualified nurses be recruited to serve under contract to the United States Army. This proposal originated with Clara Barton and was intended to meet the contingency of wounded soldiers sick with tropical diseases such as yellow fever, measles and dysentery that greatly taxed the available medical services

(Feller & Cox, 2001). Barton, arriving at the field hospitals in Cuba with her qualified nursing corps, was originally turned away by the Army field surgeons and then volunteered her nurse's skills to the Cuban hospital. Colonial Williamsburg Foundation (2008) states, "Once word reached the American hospital of the vastly improved conditions for the Cuban wounded, the American surgeons yielded to pressure for Barton's nurses to aid American wounded." (p. 2).

According to the Colonial Williamsburg Foundation (2008):

During the Spanish-American War, 1,500 civilian women served as nurses assigned to Army hospitals in the United States and twenty nurses die of disease. Hundreds more serve as support staff, spies, and a few disguise themselves as men to serve in the military. (p.1)

Additionally, during this time, the United States Army appoints Dr. Anita Newcomb McGee (1864-1940) Acting Assistant Surgeon General, the first woman to ever hold this position. She was instrumental in organizing the 1,600 nurses who served during the Spanish American War and wrote the Army Reorganization Act of 1901, which established the Army Nurse Corps as a permanent unit. As a result of Dr. McGee's creative legislative proposals, formal recognition of women nurses began. The following section is a discussion of the significant strides made by military nurses after women lobbied for the changes eventually made by the United States Congress.

IV: Notable Milestones for Military Nurses:

In terms of notable milestones in the formal recognition of women nurses, the story begins in 1901 and continues for the last 110 years. The following will address the accomplishments of formal nursing recognition since 1900 in the United States.

Clara Barton's tireless efforts for change during the Civil War reinforced the commitment of nurses then and in the future. Progress was slow to come but at the turn of

the century legitimacy began to appear in the creation of formal branches of military nursing corps and, as stated above The Army Nurse Corps (ANC) was created in 1901. As Feller and Cox (2001) state: “The Nurse Corps (female) became a permanent corps of the Medical Department under the Army Reorganization Act” (p. 3).

The Army Nurse Corps was followed by the Navy Nurse Corps in 1908. Twenty women were selected as the first women to serve formally as members of the Navy and they came to be known as “The Sacred Twenty”. Prior to the beginning of World War I (1917-1918), these early nurses, in addition to normal hospital duties, trained local nurses in the United States and overseas. During World War I, nurses continued to contribute to the war effort and the number grew to 21,480 Army nurses and 1,476 Navy nurses serving in military hospitals in the United States and overseas. Clerical positions were filled on the home front by female Marine reservists to “free men to fight” overseas. A highly contagious strain of influenza known as the “Spanish Flu” sweeps through military camps and hospitals, killing more than 400 military nurses in the line of duty during World War I.

During this time the Army begins to include African American Nurses. Many trained black nurses enrolled in the American Red Cross, hoping to gain employment into the Navy or Army Nurse Corps at the beginning of World War I. As the need for more trained nurses increased, the nation pressured the Army to accept black nurses. Eighteen African American Red Cross nurses were offered Army Nurse Corps placement after the Armistice in 1918. Stationed in Ohio and Illinois, and living in segregated quarters, these segregated nurses cared for POWs and black soldiers. When the nursing corps was reduced to peacetime numbers, all black nurses were released from service. The inclusion

of African American nurses opened the doors for future nurses and military women of color and broke barriers of racial inequality.

As the Women's Memorial states, "The Army Reorganization Act in 1920 granted women military nurses the status of officers though the act fell short of granting them the full 'rights and privileges 'of male officers'" (p. 6). In contrast, the Women's Army Auxiliary Corps (WAAC) and Women's Naval Reserves (WAVES) created in 1942 were the first women other than nurses to receive official recognition of their service within the ranks of the United States Army. The Women's Army Auxiliary Corps (WAAC) was converted to the Women's Army Corps (WAC) in 1943. The Marine Corps created the Marine Corps Women's Reserve in 1943. As Murdoch (2006) et al., state, "The Coast Guard establishes their Women's Reserve known as SPARs (after the motto Semper Paratus-Always Ready) in 1942" (p. S6). Over 150,000 women serve as WACs during World War II and thousands are sent to the Pacific and European theaters. The development of branches of the military specifically for women was a direct result of the growing shortage of men who were being called to combat duties, leaving personnel shortages in auxiliary postings such as clerical positions.

As stated in Murdoch et al., (2006), "The Nurse's Training Bill was amended in 1943 to impede racial bias in the Army and soon after 3,000 African American women were attending the Cadet Nurses Corps along with Native American and Japanese-American cadets." (p.S6). During both world wars there was a steady increase in the participation of women and by the end of World War II in 1945, there are nearly 400,000 women serving at home and overseas in most auxiliary branches of the military. Ongoing legislation increased the participation of military women in general and nurses in

particular. As stated in Women in Military Service for America Memorial (2010), “The Army-Navy Nurse Act of 1947 makes the Army Nurse Corps and Women’s Medical Specialist Corps part of the Regular Army and gives permanent commissioned officer status to Army and Navy nurses” (p. 1, para.10). The Women’s Memorial (2010) goes on to state, “The Women’s Armed Services Integration Act of 1948 grants women permanent status in the regular and reserve forces of the Army, Navy and Marine Corps as well as in the newly created Air Force” (p.1 para. 10).

The barriers broken by military women helped to create an environment of change. These new ideas paved the way for new legislation to desegregate the military and in 1948, President Truman signs Executive order 9981 ending racial segregation in the armed forces.

At the time of the Korean War (1950-1953), servicewomen on the reserves lists were drafted into active duty service during the war. More than 1,000 women are in this combat theatre and many nurses are assigned to hospitals in Japan. More than 500 Army nurses are serving in the Korean combat zone and many of these nurses are on the hospital ships in Korea. As military nurses make strides, the duty assignments continue to be dangerous and eleven Navy nurses and three Air Force nurses die when their plane crashes in the Marshall Islands.

During the Vietnam War (1963-1975), 7,000 of the 7,500 women serving in the armed forces were nurses serving in or near the combat zones and an Army nurse is the only military woman to die of enemy fire in Vietnam. However, in 1968, the Department of Defense continued to resist military equality for women. Murdoch (2006) et al., state:

The Department of Defense so resisted expanding women's roles, they authorized the enlistment of almost 300,000 men with low aptitude first.... Public Law 90-130 passed near the Vietnam Conflict's end, removed restrictions on rank attainment by women, eliminating the 2% cap on female troops, and slightly increased the allowable numbers of female mid-level officers. When conscription ended in 1973, women's participation in the military increased exponentially. (p. 6)

Murdoch (2006) et al., state, "In 1978, several grounds for military discharge were lifted such as pregnancy, marriage, or living with dependent children" (p. 6). By 1980, restrictions on women's occupations in the military, except combat roles, had been lifted. There are close to 214,000 women currently serving as active duty military and 1.74 million women veterans (Murdoch et al., 2006; Women's Memorial, 2010).

The notable milestones for military women and nurses in particular are peppered throughout our country's history however, the literature remains sparse and the progress continues to be slow in coming. In spite of the exemplary record of the participation of women in general and nurses in particular in the military, most of the literature continues to be about men.

CHAPTER III

METHODOLOGY

As indicated, most of the literature about the United States Armed Services personnel in combat has been about the experiences of men. The most prominent theme in this literature is about the evolution in our understanding and treatment of what was initially called soldier's heart or combat fatigue, to shell shock to post traumatic stress disorder (PTSD) in the present day. Although women have served in every war in this country since we became a nation, little has been written about their experiences in combat arenas. This qualitative study was designed to make a contribution to filling this gap by exploring what we could learn from the narratives of veteran women nurses who had served in World War II, Korea and Vietnam wars. As such, this study was a secondary analysis of narratives collected from twelve female veteran nurses who agreed to participate in the Veterans History Project at the Library of Congress Folklife Center and contribute their stories.

The Veterans History Project (VHP) of the Library of Congress American Folklife Center

The Veterans History Project (VHP) of the Library of Congress American Folklife Center is chiefly an oral history program that has created a narrative collection designed to preserve the original stories of the United State's wartime heroes. These stories, or narratives, are collected by volunteers, often themselves veterans, and contributed to the VHP free of charge. The VHP accepts narratives from veterans from World War I through our current war(s). The narratives can be hand written, transcribed, or on audiotape. VHP will also accept original photographs and historical documents such as letters or photographs.

The VHP was created by unanimous support in the United States Congress in 2000 by legislation sponsored by Representatives Ron Kind, Amos Houghton, and Steny Hoyer in the House of Representatives and in the United States Senate by Senators Max Cleland and Chuck Hagel. President Bill Clinton signed the legislation into law on October 27, 2000. All narratives collected are housed under the project, Veteran's History Project of the Library of Congress American Folklife Center. Researchers are supported by the Project staff and can contact staff to identify collections of interest. Searches for collections of interest can also be conducted online at the VHP online database: bohp@loc.gov. Isolated searches can be conducted by identifying branch of service or service locations.

The Process of Depositing a Narrative with VHP

The original volunteer interviewer is given a packet of instructions regarding interview techniques and suggested questions for the record. This packet includes an explanation of the Veterans History Project, guidelines for writing the memoirs including the suggested questions for interviews and all required forms for submission to the Veterans History Project Library of Congress American Folklife Center. Also included are instructions for how and where to submit memoirs and what happens to the submissions after entry.

Prior to submission, a cover sheet is created which includes the veteran's biographical data. Included in the interview packet are the veterans release form and interviewers release forms. This is necessary because veterans are allowing the Library of Congress to place the interview material in the public domain for viewing and research availability. No entries are accepted without releases entered into the record. Also

collected are any audio and video recording logs and DVD documentation when used. There is an option for a photograph log when submitting pictures and a manuscript data sheet if submitting letters, diaries or other like materials. A separate release is used when submitting pictures or voice data material. When the interview is filmed, a DVD of the interview is provided to the veteran.

Methodology

Participants were chosen by a computer search on the Veterans History Project website for all veteran nurses that served in the combat arenas of World War II, Korea and the Vietnam War. The search yielded approximately two hundred and thirty nurses. Of these, thirty nurses who had written transcripts were chosen to be downloaded directly from the Veteran's History Project website. Only transcribed narratives were considered for the final sample of twelve. A research schedule for the secondary analysis of this data was constructed based on questions asked in the original research schedule. The final twelve participants for this study were selected from the thirty narratives that met the overall criteria for this study and seemed to have the most complete answers to the research schedule, which was constructed for this study. A content analysis was subsequently conducted on this data.

The research schedule was comprised of the demographic background data that was asked for in the original questionnaire and five more open-ended narrative questions that attempted to probe the participants experience in combat arenas in their own voice. This data was subsequently analyzed for repetitive themes and grounded categories. It is to be noted that some latitude was exercised in selecting the narrative responses to each question. Specifically, if the respondent presented content anywhere in the interview that

related to the question (e.g., how did you adjust to combat?) it was included and analyzed with that question.

Since all data was already available in the public domain, it was not necessary to conduct a second Human Service Review. Permission was received by this writer from the director of the Veterans History Project, William Patrick, by phone on September 9, 2010. However, this was more a professional courtesy since the narratives studied were already available in the public domain.

An official letter of exemption from the School's Human Service Review process is included as APPENDIX A. Similarly, it was not necessary to take any of the usual extra precautions to safeguard confidentiality and identifiable information. In fact, this writer was surprised to learn that not only were these narratives available, but participants' names and addresses were also revealed as part of the public domain materials along with the narratives. Therefore this study was considered to have no additional risk for participant.

Some Additional Reflections on Study Process

As incomprehensible as this may seem, prior to 1982 no one kept records of the service of women in the military; not the military, nor the United States Veterans Administration, nor any historical society. Many of these women did not speak about their experience and many had married veterans who did not want to speak about their time in the war; silence was just part of their lives. As Monahan and Neidel-Greenlee (2003) state:

Congress created legislation in 1982 for mandating the establishment of a Women's Veteran Coordinator as well as a Women Veteran Advisory Committee to identify and recommend ways to meet the special needs of America's female veterans. (p. 3)

However, data about women in the military continues to be very hard to find. One problem is each branch of service keeps their own records, when they are kept for women, and they do not share this information with each other. There is also no central clearinghouse for this information, though there is for men. As a result, this writer spent many days trying to find simple data such as accurate numbers for female military nurse's in the wars for this study. The very motivated reference librarians at three local colleges could not find much information after trying for several days and what information was found was incomplete. This writer also read several books about the women of these periods and these authors had similar experiences with their research experiences.

As a result, what did surface was one website with the most information about women in the military: The Women in Military Service to America. This was by far the most productive cache of information, however, it was an Internet source and this reporter wanted to verify actual women's experiences. After several emails and phone calls with the director of this memorial, this writer decided to visit the foundation to see if additional verification could be obtained regarding women's service experiences.

During May 2011, this writer visited the Women's Memorial Foundation in Washington, D.C. This research trip was to facilitate the study of additional female military nurses narratives housed in this facility. A day was spent here researching with the curators of the Women's Memorial Foundation and meeting women veterans from World War II, Korea and the Vietnam War. A treasure trove of personal letters, diaries, books, photographs and additional narratives are located at the memorial, along with an extensive library about women in the military and their personal experiences. This trip

was especially important in that it was further documentation at a different government site of how many women had served in these wars and what their experiences were.

CHAPTER IV

FINDINGS

Demographic Data

The sample was comprised of twelve female military nurses, ranging in ages from 20-34 for a mean average of 23 at time of enlistment. At the time of the interview participant's ages ranged from 55-88 with a mean age of 76. Though race was asked for on the questionnaire, for 10 (10=83.3%) of the 12 interviews it was unspecified. In the 2 (2=16.6%) where race was specified, participants were listed as white.

Table 1

Participant Demographic Background: Age and Education

Participant	Age at Time of Enlistment	Age at Time of Interview	Education at time of Interview
A	20	55	RN
B	20	61	RN; MSW
C	34	69	RN; MA
D	21	73	RN; MA
E	26	74	RN; MA
F	21	74	RN; MA
G	24	79	RN
H	24	83	RN
I	22	83	RN
J	22	84	RN
K	20	86	RN
L	23	88	RN
	Mean 23years	Mean 76 years	

All (12=100%) had the equivalent of a four-year nursing degree and were registered nurses, (RN). Of these, four (4=33.3%) had master's degrees at the time of the interview and one (1=8.3%) had a master's in social work. In terms of the arena of conflict, eight (8=66.6%) served in one war, three (3=25.0%) in two wars and one

(1=8.3%) in all three wars. That means that in this cohort of twelve nurses, seven (7=58.3%) nurses served in World War II, four (4=33.3%) served in Korea, and six (6=50%) served in Vietnam.

Table 2

Demographic background continued: Race and War of Conflict

Participant	Race	War of Conflict
A	Unspecified	Vietnam
B	Unspecified	Vietnam
C	White	Vietnam
D	Unspecified	World War II; Korea; Vietnam
E	Unspecified	Korea; Vietnam
F	Unspecified	Korea; Vietnam
G	Unspecified	World War II; Korea
H	Unspecified	World War II
I	Unspecified	World War II
J	White	World War II
K	Unspecified	World War II
L	Unspecified	World War II

In terms of branch of service, the vast majority, eleven (11=91.6%), were Army Nurse Corps and the remaining nurse was Navy Nurse Corps. All were officers: five (5=41.6%) were Captains, four (4=33.3%) were Colonels, two (2=16.6%) were Lieutenants and one (1=8.3%) was a Rear Admiral.

Table 3
Demographic background continued: Military Rank and Service

Participant	Branch of Service	Location of Service	Highest Rank
A	Army Nurse Corps	Fort Hood, Texas; 95 th Evacuation Hospital, Da Nang, Vietnam; Fort Eustis, Virginia	Captain
B	Army Nurse Corps	Texas; Virginia; Georgia; Oklahoma; South Korea; Saigon, An Khe, and Qui Nhon, South Vietnam	Captain
C	Army Nurse Corps	Vietnam; Fort Leonard Wood, Missouri; Fort Meade, Virginia	Colonel
D	Army Nurse Corps	Fort Benjamin; India; Kandysalon; Fort Harrison; Fort Riley; Vietnam	Colonel
E	Army Nurse Corps	Fort Sam Houston, Texas; Seoul, Korea; Fort Lewis, Tacoma, Washington; Vietnam; Washington, D.C.; Denver, Colorado	Colonel
F	Navy Nurse Corps	Korea, Vietnam, Spain, Boston, Washington, D.C., San Diego, Portsmouth, Virginia	Rear Admiral
G	Army Nurse Corps	Seoul, Korea	Captain
H	Army Nurse Corps	Fort Lewis, Washington; Brigham, Utah; Camp White, Oregon; Liverpool, England; Nancy, France;	Captain
I	Army Nurse Corps	North Africa; Naples, Italy; Fort Dix, New Jersey.	Captain
J	Army Nurse Corps	Fort Sam Houston, Texas; Liverpool, England; Paris, France; Walter Reed, Washington, D.C.; Seoul, Korea;	Colonel
K	Army Nurse Corps	Oran, North Africa; Sardinia; Naples, Italy.	Lieutenant
L	Army Nurse Corps	Seattle, Washington; Honolulu, Hawaii; Okinawa, Japan	Lieutenant

Narrative Analysis

Question 1: “Why did you enlist in the service”?

All twelve (12=100%) participants answered this question and generated six responses that are listed below in descending order of frequency. It is to be noted; the military nurses whose narratives were analyzed for this report were all (12=100%) volunteers for this service. Similarly, although their reasons differed, they all conveyed a sense that given their life’s circumstances, this was a right next step for them.

1. Feelings of solidarity with others, e.g., a family tradition of military service or friends and family members enlisting at the same time. (5=41.5%).
2. Volunteering was more desirable than facing the possibility of being drafted (4=33.3%).
3. An adventurous/exciting thing to do (4=33.3%).
4. Pay for nursing education (2=16.6%).
5. Outside pressure to do one’s patriotic duty (1=8.3%).
6. No reason given but a clear desire to enlist as soon as education and certification requirements were met (1=8.3%).

Participants B, E, G, I, L all conveyed a feeling of solidarity with others they knew who were committed to military service. This might include a wish to continue a family tradition of military service or wanting to join with others they knew that had already signed up or were signing up at the same time.

Participant B

...my cousin was in the military; my high school chums were in the military. A number of them were in Vietnam. It just seemed that all the time we were bombarded with the idea of war. I figured that since I was to be a nurse, an operating room nurse, that would be the best place to use my skills.

Participant E

My younger brother was in the Air Force and on his way to Europe. I was single and thought it would be fun to go over there with him.

Participant G

...we were students the whole time the war was going on, and they were still talking about getting nurses for the Army. In fact, we'd had someone to talk to us from the state about going into the service. Well, there were three of my friends, and we talked about it, all going together. And this was in the fall or '43, I believe it was.

Participant I

...I went into nursing school in Toledo, Ohio, and graduated in 1940. I went back to Indiana to work and was at the Ball Memorial Hospital in Muncie, Indiana, at the time that the war began. Since I had two younger brothers, who I knew would be in the war, I decided that I should volunteer, and I joined the Red Cross and was signed up on December 7, 1942.

Participant L

I had two roommates from Michigan who became my friends and we were friends the rest of our lives...Some of my classmates joined the Army immediately and came back with wonderful tales, of course. Also friends that we were with, their brothers and the fellows we were dating, were being called into the service.

Participants B, D, F, G all seemed to indicate that if they were at risk of being drafted it was more desirable for them to volunteer. This was because their personal preferences regarding assignments were more likely to be taken into consideration as volunteers than draftees. At least this was the propaganda of military recruiters.

Participant B

Because although all of the branches were recruiting nurses the Army was the one that mostly guaranteed that you would go right to Vietnam...

Participant D

I was working for Dr. Whitlock in Mishawaka, and I was living there...my aunt and cousin took me...for lunch. He was older than I was...and he just loved to dance. So, he wanted to go...where you could dance on Sunday at the time. So, while we were there the band stopped and you could hear a pin drop, "All military personnel report to your base immediately." He looked across the table at me, and

I looked at him, and I guess we both decided we weren't going to be drafted, so that was the end of our lunch practically.

...and the next morning when I went to work. I said (to MD employer) I don't know whether you heard it or not, but World War II broke out yesterday. He said, yes. And I said, well, I said, I have been getting letters from the Indiana State Nurse Association, that if they didn't have enough volunteers for the military that they were going to draft nurses..He said, well, I'm glad you said that, because, he said, you know, I'm hot too...I'm ROTC...he was a big surgeon...he might go in as a lieutenant or a captain if he was drafted..but, if he volunteered, he could go in as a major.

Participant F

Actually, I graduated from college in June of 1950 and went to work in Manhattan in a medical center. And that was about the time—that was the time that the Korean War started, and they put on the bulletin board that there was a plan to draft nurses. They needed to draft 45, 000 nurses, and I made up my mind—and another nurse, that we were not going to be drafted. So we went down to the recruiting station down in Time Square. It happened to be at lunch time when the only people that were there were the Marines, and we asked the Marines—we told the Marines we were interested in joining the military as a nurse. And since the Navy nurses take care of the Marines, the Marines just told us to go down to the Navy recruiter—nurse recruiter. And that's how I ended up in the Navy. I didn't really have a plan...whether it was going to be the Army, the Air Force, or the Navy....

Participant G

...Anyway, one of my friends...and I signed up. And the lady said, "If you will sign up and give your preference as to where you'd like to go, you will have more of a chance getting there, rather than being drafted.

Participants C, E, H, L conveyed that they were motivated to enlist because it seemed like an exciting thing to do, or might be fun. For example:

Participant C

...just looking for more excitement, I decided that, after seeing a—an ad on TV one day about the Army needing nurses, I decided to myself, well, I could do that. But I went to the Air Force recruiter and asked for—if—they sent nurse to Vietnam, and he says, no, but I think the Army does. So I then went to the Army, and they asked me if I had ten friends who wanted to go with me.

Participant E

My brother was on his way to Europe and I thought it would be fun to spend some time there...our heritage is Scandinavian and I thought I could make my way there at some point.

Participant H

Well, I was working in Roseburg, Oregon, and just decided that it might be kind of fun to go in the service for one year. That was in 1941, before the war. I received orders to go to—leave for Fort Lewis on August the 1st, well, by train.

Participant L

And the bug gradually bit my two roommates and I, and a recruiter came out from Chicago and we decided we would sign up. So we enlisted at Camp Grant in Rockford.

Two respondents, Participants A and B, conveyed they were motivated to volunteer because it was one of the only ways open to them to finance their nursing education.

Participant A

Because they paid for me to go to school. It was one way that I could become a nurse.

Participant B

Well, a number of reasons: I needed my senior year tuition desperately...

Only one respondent, Participant K, conveyed a sense of being motivated by outside pressure to enlist, i.e., as an obligation to serve or doing her patriotic duty.

Participant K

That goes back to the Red Cross, and I joined while I was yet in nurse's training, because they had a big flood in Evansville and we found that they needed clothing and lots of help, so several of us nurses joined the American Red Cross. In the meantime the American Red Cross kept writing us letters and saying, "We need you to volunteer and come into the service." I thought, Well, this is my country,

I've got a duty, so I joined, with the provision that I only stay one year, and then they would let me out. This didn't happen, because it was either get married and get out or stay in and go crazy. I stayed in and went crazy, for almost five years.

Finally, Participant J was the only person that did not explicitly state her motivation for volunteering. However, her narrative conveyed a sense that this was something she was looking forward to doing as soon as she graduated from her nursing program and met the remaining requirement for her to enlist which was to pass her boards.

Participant J

Well, I had to wait to pass state boards, because we graduated before state boards. And I went home and I worked in an ENT hospital for I guess a month. And then I worked in the general hospital there for a couple weeks. And then I went into the Army. July 21st, 1943. And reported to Kennedy General Hospital. It was World War II.

Question 2: "How did you cope with military life?"

Twelve (12=100%) respondents answered this question and the responses to this question generated three responses again listed here in descending order.

1. Maintained a connection with home, e.g., wrote and received letters and packages; ordered from the Sears catalogue (6=50%).
2. Enjoyed learning about a new culture, e.g., traveled the surrounding area and learning the language (5=41.6%).
3. Created a military family, e.g. feelings of a shared experience of everyone "being in the same boat", played games during their slow periods (5=41.6%).

Participants A, D, F, G, I, L indicated they coped with military life by maintaining a connection with home. This included their writing letters as well as receiving letters and packages from home, etc.

Participant A

The Sears catalogue was great...You could order from Sears and they would ship it to you... Yeah, it was great. So you had to replace your underwear. You had to replace -- underwear a lot of times -- in fact, I remember this one -- it was an X-ray tech. He was telling me about the time that he -- you know, he'd been losing -- everybody lost their underwear over there. And he was X-raying this Vietnamese civilian, and, of course, you always had your name in them, and he had on his underwear.

Participant D

For me that was always exciting, getting letters...letter writing was how we stayed in touch...still in touch with some.

Participant F

..I wrote letters home..it was very good for my morale... my parents were very good about sending letters and things of that sort. But that's how I kept--but I never told them anything. Never...I mean, I'd find--no. There isn't--it's a very difficult thing to talk about, and I wasn't sure they'd understand, really..Understand what it was like to be in a slaughter house...people didn't want to listen either, you know.

Participant G

...we really appreciated our mail....We wrote a lot of letters...and got mail maybe once or twice a week.

Participant I

We'd write letters and wait for word from home..It was very hard sometimes ..we couldn't talk about what was going on... I never talked about it and nobody ever asked for years and years and I think that when I came home, I was so glad to be home, and my family was so glad to have me, and they have no knowledge of this because you wouldn't write where you were unless you were there at this time you were there three months, and we were hardly ever anywhere for three months at a time and mother kept writing where are you, where are you? It was all so hard at the time.

Participant L

Oh, yes. The day we got to our own hospital, there were two or three huge bags of mail which had been waiting for us since we left Hawaii. Among them was a package for me. It was from a tech sergeant that I had met at Percy Jones in the

fall before I left. We had seen each other at some parties for girls that were going overseas, and he had worked for this friend of mine and his home was in Battle Creek. So one day he brought me over, I met his mother, his aunt and uncle; and we managed to see each other quite often, although it was not allowed for an officer to be with an enlisted man. I didn't think -- not knowing what the future would bring, I didn't think we probably would see each other again, but I had continued to write to him; and here in the mail he sent me a diamond. It took me a few days before I wore that ring, because I just felt the future was too uncertain and he would certainly not be waiting for me because I expected to go on to Japan.

Participants A, B, C, E, H coped with military life by immersing themselves in learning about their new culture. Most frequently noted were learning about the new culture where they were stationed and traveling.

Participant A

We went to -- we could go to China Beach and Da Nang had a real great PX. Hong Kong was great, we took a real bath there; felt like a real woman there. There was no regular transportation or anything and you had to go find your own way there. We'd go down to the gate and just kind of hang around until a truck came by and was going somewhere, and we'd hitch a ride.

Participant B

I had never been in Asia. I had no clue about the Asian culture. Korea at that time was very primitive. The roads were dirt, there were oxen wandering around and little piles to step over (if you know what I mean). There were Buddhists in their orange robes and people who were obviously enjoying their opium pipes. The native Koreans at that time pretty much wore their traditional garb and displayed their customs. It was actually intriguing. I lived on a military compound, but I took a crash course in Korean and learned how to read the symbols and got around on my bicycle whenever I could.

Participant C

Went to Australia the first time....we caught a taxi. Well, as soon as we got in the taxi and started talking to the driver, he knew instantly that we were Americans. And he says, oh, R and R girls. He says, we're used to R and R boys, but we don't get R and R girls. And so he insisted, when we got back to the hotel, he turned the motor off and we sat there and talked for a good length of time, and then he insisted that his family take us sightseeing. And he and his wife and one or two children....came the next day and took us sightseeing up the coast, and went -- took us to the zoo. It was just unbelievable. And they kept wanting to do more and more for us, and they finally -- we were trying to get out, you know, and they

insisted, well, come have tea with us. Well, we thought tea and that would be it....Turned out tea was, of course, dinner.

Participant E

I got one week of R and R and went to Thailand and Australia when I was in Vietnam, that helped a lot. I learned a lot about death, dying and compassionate care in Australia....The U.S. had an exchanged program with Australia so you could spend time there, learn another culture and work in their hospitals.

Participant H

(With General George Patton in France, 1944)....when we did have free time, like waiting, and he knew that we wouldn't be going for maybe a day, he would give us trucks and we would go to see the things of interest within -- within one day's travel; quite a time to be in Europe....(later this participant discusses Weis Baden).....This is where the Luftwaffe was stationed -- we took over this hotel and this is where the Luftwaffe and the SS troopers went for their R & R, so you know we were living great, and at first we had -- they had sailboats. We could use those. They had bicycles.

Participants A, F, J, K, L coped with military life by creating a military family with coworkers and recreating activities families enjoy.

Participant A

My coworkers were wonderful...you form a family in the military...we did all the regular kind of things that happen in a family... I had a camera and we got pictures to send home...we had a huge water fight on Thanksgiving Day, I believe. I was working nights, of course, and I woke up in the middle of the day to go to the bathroom. And I walked out of my room, because you had to walk out of your room, and the bathroom was in the middle of the barracks, so you had to walk outside and go into the bathroom. And I'm still half asleep, and I'm not really paying much attention, and the next thing I know, I have a bucket of water poured over me...I also got picked up and put in a laundry hamper and wheeled down the hallway one time.

Participant F

I loved the people on the ship...They were wonderful...The work was very hard but everybody was very together... We played cards and made up games like talent nights. It was very good for morale.

Participant J

We all got pretty close, you know you do living in a pup tent...it's interesting because we'd get invited to these parties and we had some pretty big nurses in these units and probably, this is funny, but I used to get tickled because most of us could get dressed in the put tent, but they couldn't get their girdles on inside the tent...so they had to go outside the pup tent to put them on...it always tickled me..they felt like a sister.

Participant K

At Christmas time I said, "We're going to have a Christmas tree if I have to go cut it myself." So I stood in pretty good with the sergeant in charge of transportation, and I told him, I said, "Let's get one of these -- you dispatch one of these cars and you go with me, and we're going out here in the country and we'll cut a Christmas tree." And we did, we used airplane parts for ornaments. I made lots of friends in the military, they were my family and we celebrated holidays, had dances.

Participant L

The people I worked with became my family, they were great...were behaved just like a family too...you know.. Oh, yes. We had to keep up our morale. I'll tell one that -- one night the guards decided they were going to shoot the rats around our tents and they started firing. Well, somehow a couple of Japs had gotten into it and it became quite a skirmish right around our tent. Marge and I hid behind the main tent pole, which was maybe five, six inches in diameter, no protection at all, but we laughed and had a good time avoiding any bullets. Then we went -- after the island was secure, we were allowed to go to Buckner Bay...It was a nice swimming place and the sand was beautiful, and one day when I was there we picked up a skull. So I carefully took it back to the tent. Marge was off that night and I put it in her -- on her bed, on her pillow. She screamed, of course. And that skull, I don't know where it finally landed. She threw it. I also was not afraid of bugs like some of the girls were. So I would pick up walking sticks, which were very common there and very fascinating the way they walked, and praying mantis, and we'd catch them and then we'd put them on the girls' pillows, much to their chagrin. But we had a lot of laughs, too. We worked hard and we took our work seriously, but we also had time for fun and the pranks made us feel like a family.

Question 3: "If involved in combat, how did you cope with that?"

First, it should be noted that only ten (10=83.3%) of the twelve participants responded to this question and two (2=16.6%) did not because they were not asked this question. Collectively the ten participants that did respond generated two answers. The

vast majority described, usually in vivid detail, what they had to cope with but gave no indication of how they did it. Only one participant fully answered the question, i.e., described what she had to cope with and suggested how she did it. Her response suggests that learning to repress, i.e., the exclusion of painful experiences, impulses or fears from the conscious mind (American Heritage Dictionary) was an important part of her process.

In summary, the two responses generated to this question were:

1. Described in vivid detail what they had to cope with but did not describe how they coped (10=100%).
2. Described what she experienced and how she coped (1=10%).

Participants A, B, C, D, F, H, I, J, K, L were the respondents that described what they had to cope with but not how they coped:

Participant A

Yeah. I mean, for entertainment, we used to sit out at night and watch tracer bullets overhead. Um-hmm, yes, a couple of times....sometimes it was with grenades. They -- a couple of times they -- one landed right outside the unit I was working on....And you're crawling on the floor trying to take care of the patients. And inevitably they will seizure. Yeah. And that actually happened twice. Then they blew up the chapel one night. Which was next door to the hospital. Kind of took a piece -- chunk of it off. It was pretty bad. It was pretty scary.

Participant B

....we used to sit out at night and watch tracer bullets overhead. During surgery, at times, there would be an attack and you were on alert and crawling around on your hands and knees and getting patients on the floor. With your flack jacket and your helmet on, okay? And you're crawling on the floor trying to take care of the patients. And inevitably they will seizure. (I had) no weapon (if we were fired upon) I had a flack jacket and helmet. We were ordered to stay below the partial concrete wall in the hospital....it was hard, but you got through it.

Participant C

(entering the country of Vietnam) We were told to put on our helmets and to run single file to a site on the tarmac-the heat just kind of hit us in the face, it was close to one hundred thirty degrees. We were being fired at; there were snipers

there along the runway. We were just to run, so that we did. No more illusions, ... the smells were astounding and the only way to function was to somehow block out those sensory perceptions or you couldn't go on.... One -- one experience, going back to my early days in country, during Tet, one night I was -- I was on night duty and there came a great explosion, and it was -- just rocked everything, and it blew the -- the electrical outlets -- cords out of the outlets on -- in the wall, it was so tremendous. But we, of course, thought we were under attack. We later found out though it was -- somebody got into the ammunition dump and blew it up, so. And it was several miles away, but it was a horrendous -- Yes. And -- but I was so scared, I -- we had to throw thin mattresses under the beds. You know, we had those tall beds. We threw thin mattresses under the bed, and we put the patient under the bed for protection. I lifted a -- a Vietnamese lady -- pregnant lady. Of course, she wasn't a big lady, but I lifted her by myself. I went down on one knee and stuck her under the bed. I was -- my adrenaline was so high.

Participant D

I did have a hole in my tent...In Vietnam I went to the administrative officer, and I asked him if I could build a nurses' quarters, because I had already asked another question about an administrative building to put our footlockers and stuff in....the Green Berets put up a tent for me with a, what you call it over it... it was a parachute....and so they put a parachute over it. Well, do you know, of course I lived in that, and they built me a desk, a huge big desk and a place to put my clothes, to hang my clothes up. They were so good to me, and so on, but don't you know that one day when I got up in the morning I had a hole in my tent. A bullet, wow, but it was in the parachute, it wasn't in my tent, really. But I will never forget that as long as I live...We hired all those natives to work for us in the daytime....But I declared up and down that they shot at us at night. I'm sure that they did....The emergency room, I always thought that the helicopters would be - well, we had a helicopter pad, it was just a few seconds where they put the danger area, and there was a lot of times I used to help them carry those liters in...it was very scary to run up there and get those patients...the helicopters did get shot at a lot.

Participant F:

It is difficult to understand what it was like to be in a slaughterhouse...you just had to get through it.

Participant H

We were bombed several times in Luxembourg. The corner of our surgical unit was knocked off. We had a few casualties. The worst casualties were in the laundry tent; it was horrible and following Patton, we were close to many battles; was Normandy, Northern France, Ardennes, Rhineland, and Central Europe... We used to hear the German planes fly over us, and their engines do

sound different, it was very scary. The evac hospital was seven miles from the front lines, we followed Patton's army....it was very hard many times. You just got through as best you could.

Participant I

We had frequent air raids at night and he told us, he said when they start. I want you to sit in a corner on the ground and stay there until it's over. And you would sit there, folding your knees, shaking, but not aware of being afraid but getting though it none the less [Laughing]....the light was coming in our tent and I couldn't figure it out and I got up, walked to the center, and I found this piece of shrapnel which is about two and a half inches long sticking in the ground. It had come through the top of our tent. And by that time, after the second killing of patients, they had dug down all our tents four feet deep. They made internal walls of sandbags and our cot was between the sandbag and the dirt. We had -- at the top we had maybe about six inches of air space, the height of two of the small sandbags. Then they pull over that a two-inch thick board and sandbags on top of that. So I had come out of from where my cot was and discovered this piece of shrapnel which was very wicked looking...I was too scared to realize until later that I almost got killed.

Participant J

My ship left for France on August 10th and we had to sail in a zigzag pattern to avoid German subs. It was all pretty hard. I was scared.

Participant K

I was ordered to the Anzio beachhead. The LST (landing strip transport) took us into the shore our baggage was thrown in hurriedly on the truck -- we couldn't understand why they were rushing so, until they explained this truce between ten and two. We got about two blocks away and the shells started coming in and it was exactly two o'clock, it was terrifying.

Participant L

The Navy ships -- we saw all the Navy ships in the harbor there shelling the island and then, of course, the enemy was shooting back. We finally got to the beach where we were to land. The noise of the shelling was tremendous. You couldn't hear the person next to you, it was very frightening.

Participant C was the only respondent who was able to describe some experiences of what she had to cope with as well as suggest how she did it:

Participant C:

(entering the country of Vietnam) We were told to put on our helmets and to run single file to a site on the tarmac....the heat just kind of hit you in the face, it was close to one hundred thirty degrees. We were being fired at; there were snipers there along the runway. We were just to run, so that we did. No more illusions...the smells were astounding and the only way to function way to somehow block out those sensory perceptions or you couldn't go on.

Question 4: "How did your involvement in the military effect your life?"

Eleven participants responded to this question and one participant was asked and did not respond. The eleven respondents generated four responses listed in descending order:

1. Gained self-confidence and self-reliance e.g., able to do things they never thought they could do after the experience and discovered the strength of the human spirit (6=54.5%).
2. Were changed, e.g., became more questioning, became more aggressive, appreciative or tolerant (6=54.5%).
3. Felt they had to hide their association with their service in the Vietnam War (3=36.3%)

Of the eleven respondents, six (6=54.5%) participants, A, B, H, I, J, L stated their experience gave them confidence and self-reliance that they did not have prior to military nursing and they discovered the full strength of the human spirit.

Participant A

I was very unsure of my capabilities and what I could do. I felt like I -- I was just a nurse. But after being in the military and having so many different experiences, it gave me more confidence and assurance that I could ever dream about. I was very grateful for what it did for me.

Participant B

It has made me much more self-reliant, much more self-confident. Once you get over the initial shock. I can rely on myself.

Participant H

Well, actually for a long time I didn't know how to function because I'd been in the service for so long where all of your plans are made for you and you never had to worry about food or housing or anything else. You knew that your paycheck was going to be there, and so all of a sudden here you had to be responsible for all of that yourself. It was satisfying -- it was a great deal of satisfaction, but I have never felt that anybody owed me anything for having been in the service. It was just one of the things that needed to be done, and I did it and came home and that was the end.

Participant I

Well, you know you think it's bad, but I think what helps you, everyone is in the same boat. No one was getting preferential treatment. Well, you figure if they can take it then you, I can too and you just find the strength inside yourself.

Participant J

I guess they (the Army) didn't realize what nurses could contribute, because we had one commander when we started said that he did not need nurses, all he needed was doctors and corpsman. Later on, after receiving patients from D-Day and Battle of the Bulge and that sort of thing, he had a staff meeting and said he was wrong, nurses were essential and did a wonderful job. I guess I was honored to contribute, it made me very confident in my abilities.

Participant L

You can do things that you never thought you could do.... Well, I think you learn the strength of the human spirit is much stronger than you think. You're stronger than you think you are. You can do things that you never thought you could do. You see things that we'll never forget the rest of your life.

Of the eleven respondents to this question six (6=54.5%) participants A, B, C, E, G, K stated they had changed in some way i.e., became more questioning regarding their military experience or felt they had become more appreciative or tolerant of others.

Participant A

Before that, I was very hawkish on the whole thing. But once I saw the prisoners and, you know, found out they were just people like us. I became very disenchanted (with the war). We had freedom in nursing that we had in Vietnam and then -- I felt like that anything from there would just -- would just be a letdown.

Participant B

I was extremely high-strung, "take no prisoners", extremely high-energy and so goal-oriented that I think that my normal personality disappeared in that year. I became a real tyrannical kind of a driven person, simply to keep myself from dealing with all the stuff that was going on inside....I processed out of the military, eventually. I tried my hand at civilian nursing. I realized driving back and forth to work that if there was an ambulance or accident I would literally freeze and I would have to pull over, not to help the person but because I couldn't see straight to drive. I realized something had changed in me and I wasn't right and I really couldn't ethically do nursing because I could not render first aid. I would just stand there, stunned. Also, I had an incident. I had been married to a Vietnam vet. He had an accident. He fell off a ladder and he cut the bottom of his foot in our home. Somehow he managed to get down to an artery; I don't know how he did this but he had a gusher going. He was screaming....There was all this blood. I ran upstairs and got a clamp. I had my own little cabinet of surgical instruments by then...came down, dug around in the foot, clamped off the artery just like I had been doing for the last year. No big deal. Of course, since he was awake he felt the soft tissue that I also clamped and he shrieked like a banshee. Reacting to his screams, irrationally I took the clamp off, let him bleed and called 911. Now, this is so diametrically opposed to what I had been doing for a year and how I had functioned in crisis for a year that I realized: this is a different person, no longer a nurse. That was the end of nursing for me, I got out.

Participant C

I do remember being concerned, because I knew that I had changed as a person while I was over there, and I was concerned about coming back home a different person than I was when I left. And I -- I did write to my dad...he said, "it doesn't matter".

Participant E

(In Vietnam). I began to realize the importance of working with people who are dying, working around constant death, being present to guide people through their feelings around that. I don't think any of us was prepared for what happened when we got off the plane, people were so rude to us. That was 1971. It changed how I felt about my country for a long time.

Participant G

I appreciated America more, appreciated our freedom more.

Participant K

It made me realize that Putnam County isn't the only place in this world, and there's other people who have feelings and thoughts, just like I do. And I -- you should tolerate them. That doesn't mean you believe everything they do, but tolerate them, and go on about your business

Of the eleven respondents, three (3=27.2%) participants B, E, F, who served in Vietnam, stated they felt or were told directly they had to hide their association with the Vietnam War and gave the following responses:

Participant B

When I came back I was again the only woman on the plane. We came into Mc Cord [air base] in Washington State on a military flight and then we had to somehow get down to San Francisco to a civilian airport. In uniform now, we are. When I got to San Francisco, everybody was just yelling and looking mad and calling us names. Since I was a woman, I just ducked into a restroom and took off my uniform and threw it in the trash and "became" a civilian. I never told anybody and went across country to visit my Dad and his wife (my step mother was a nurse in the Korean conflict) thinking, "Oh this is safe haven, now I can just blab and yell and scream and get it all out of my system and they are going to understand." They didn't understand either. My Dad paced, he seemed embarrassed, he didn't say anything but he wasn't with me. My step mother actually yelled at me and told me that it couldn't possibly have been like that. [She said] "the news says this, you say that." She wanted me to keep my voice lowered and stop my ranting and raving because neighbors would be concerned. There was just no understanding or support in this place at all

Participant E

I don't think any of us was prepared for what happened when we got off the plane, people were so rude to us. I was scared. I was never so glad to get out of my uniform. I was the only woman on the plane and I couldn't believe how I was treated on U.S. soil.

Participant F

I felt, to be honest with you, and still feel, very bitter that the people did not support the troops over there. Very bitter. They had no idea, whether it was right or whether it was wrong. The troops were over there. And the treatment they got when they came back was unconscionable. And do I mind, yes. It was different for me. I was older. And believe me, I could handle myself. But, when you were

told not to wear your uniform to a nurses' convention, like the American Nurses Association or The National League for Nursing. I mean, what does that say?

Question 5: “Are there any memories that remain today?”

Twelve (12=100%) respondents answered this question and generated three answers that are listed below in descending order of frequency:

1. A sense of being haunted by the severe injuries of certain patients and in most instances not knowing what happened to them after they left their care (11=91.6%).
2. A feeling of being inadequately prepared and too inexperienced for the tasks they were assigned to do: as well as the very difficult working conditions in which they had to perform these duties (4=33.3%).
3. A sense of joy at being able to bear witness to some of the medical miracles that occurred as a result of the introduction of penicillin which was the wonder drug of the time (2=16.6%).

Participants A, B, C, D, E, F, G, H, I, J, L conveyed a sense of being haunted by certain patients, most with severe injuries, and not knowing what happened to them.

Participant A

There was a lot of young men waking up with lost limbs. It was pretty traumatic; I...it stays with you....that was one of the things that haunts me today is I don't know what happened to the patients. We would get them into surgery, and Da Nang, there were only two places in Vietnam that had neurosurgeons.....We would do the surgery on the patients. We would keep them until they were stable. And as soon as they were stable, a head wound was a ticket home. So they would be shipped either to Japan or to -- directly back to the United States depending on if they were able to make the trip. To the States, they were sent directly back to the States, and otherwise, they would go to Japan to be further stabilized. So you never knew if they got well, you never knew if they died, and you never knew if they were going to be in the same shape as when you sent them off. It was very hard.

Participant B

One of the things that still haunts me today is I don't know what happened to a lot of the patients, as a nurse you want to see people get better and go home, so I had no idea.

Participant C

And I never had to work in the emergency room. I don't know if I could have handled that very well or not. At least when I got the patients, they were -- they had gone through surgery. And -- and that was -- of course, that was traumatic, too. There was a lot of young men waking up with lost limbs. It was pretty traumatic. And things were quiet during that year. You know, it wasn't always real intense. We -- we would do what we called medcaps. We'd go out to the village and -- and just do like a sick call for any -- anybody who wanted to come in....but it was all very hard, you saw things you didn't forget.

Participant D

The main thing is you hear about the bombings, and that help is going immediately, you know. And I did go to a leprosy colony, the First Infantry Division, to find a helicopter and the doctor and technicians, but they needed a nurse, so I used to go along up to the leprosy colony and we examined patients and so on and so forth, and that was very interesting. I tell you. But they were so good about it, that if I couldn't go, one of my nurse's couldn't go, someone of us went, yeah. Which I could usually break myself away better than they could, yeah....but you wonder about patients...what happened to them.

Participant E:

_I worked in an area where we had civilian children, very bad situations with the kids...I have wondered about those children and how things turned out for them.

Participant F

Charles Perkins. "Nurse, am I going to make it?" And I said, "Piece of cake, Honey." He was a gunny sergeant. "No problem." Seventeen surgical procedures later, he died. And I never, ever, ever told another patient they'd make it. I'd tell them they were in a safe place and we were going to take care of them. Marines sent out 40, 30 or 40, other Marines to donate blood to him. He just bled out over time....We took care of the Vietnamese children who maybe had cleft pallets, and harelips and would be forever discriminated against in Vietnam and various other childhood anomalies. So we always had a ward full of children. It was all very hard and you do not forget it.

Participant G

We were in right after Nag....Nagasaki...it was terrible....the tree stumps were still burning...there were horrible things you don't forget.....the little children...so sad, very sad.

Participant H

There was one....I have forgotten his name but not his face.....(quiet).

Participant I

I would check the soldier's tag, which was a tag about four or five inches, saying whether they had tetanus and a toxin or anything of that sort. I was looking for patients that were unconscious, that were bleeding and if I found any they were immediately sent to the shock ward. I would check the patients for tetanus and toxin, I would ask them about pain. The men were just wonderful. Oftentimes they would say oh, nurse, don't bother about me; just take care of somebody that's worse (crying)...This -- then of course, then as soon as possible, they would transfer these patients back to Naples and some of them had to wait three days before being transferred. If I found a patient in pain, I gave him morphine; if they needed the tetanus and a toxin, I just gave them that....you don't forget how brave, how unselfish these men were..you don't forget.

Participant J

...you wonder how the patients are going to do when they get home. Like they come -- I was only in World War II. I'm sure we got patients at other hospitals that were in war. But these were frostbite. The people had feet that were really injured. We got people who lost arms and legs. People who -- prisoners of war we got back. And you just wondered how they're going to make it, and what kind of things -- how they would react when they got home.....concerned about your patients, realizing what they'd been through. Sometimes they'd be a little upset. I can remember having a patient, he was a paratrooper, and those people are always very proud of their shoes. They always shine; you can see yourselves in them. And they were sitting at the foot of the bed, and I happened to hit them. Well, he got very upset. And I thought, "Well, there's no sense of doing anything because he's really having problems."

Participant L

We were told there was a patient here with gas gangrene. And the doctors were sure we had never seen any in civilian life, so they wanted us all to take time to go over and see this patient. They were going to operate on his shoulder. I can still hear the awful sound of that scalpel -- scalpel opening that shoulder. I'm sorry to say the patient died the next day. Now I know that they even have decompression

oxygen chambers for this type of injury in the wars today, but we had nothing for them...I will never forget that poor man.

In contrast, four (4=33.3%) participants A, B, C, L indicated in one way or another that they were inadequately prepared for the situation and too inexperienced for triage.

Participant A

Well, when I first got there, I was assigned to a 50-bed unit. The 95th Evac was -- it was semi-mobile. It had concrete walls three feet up, and then it was the corrugated tin -- you can't see my hand movements, but it's rounded...There are a lot of men waking up without limbs and it's pretty traumatic. It stays with you... I think about how unprepared we were for any of it, you know, for anything that -- there is no way that you could prepare anybody for what you're going to see or for what you're going to experience.

Participant B

I go back to that word "scary" because -- you felt inadequate to do the job. Because I was only one year out of nurses training, nurses school, and here I am as the only nurse for all of these patients. And these people are real sick....We had a typhoon when I was there in Vietnam, and, Da Nang is right on the beach, it's right on the ocean. We had to evacuate the hospital. And we evacuated -- 350 beds there, we evacuated the entire hospital, it took eight hours.

Participant C

I remember one day the hall was just so filled with litters with fellows on them with decimated faces and skulls and other body parts. It was so filled that you had to kind of shimmy around to get down the hallway. That tent became our surgery. It was beyond primitive. The First Cav. put their people in that staging unit hoping that we could fix them and send them back into the war. So, we were [sigh] way above our heads. (triage): That was the very hardest part because there were certain rules about triage that logically make sense but when you are dealing with human beings it is very difficult to put them into practice. Those rules are that you have categories of wounded and those categories determine how you are going to treat them; there are three. Basically, the ones that are operable and can be fixed in one operation get the operating room tables first, because they have the best chance of survival. Those who have minor wounds (gun shot wounds are never minor, but relatively minor wounds) they just have to wait until there is time for them. My job was to say, "Let that one go, put that one on the table, this one can wait"; it was very hard.

Participant L

We had to work part-time in the triage tent. There was usually a doctor there, but sometimes they were so busy we had to accept the responsibility of deciding who would stay at our hospital because they could go back on duty, who would stay at our hospital because they were too bad to transport immediately, and then another tent where the men were not going to make it. They were hard decisions. And when you went into the triage tent, you can't imagine the looks on their faces when they saw a white woman. They could not believe that there were nurses there during the battle. Because Okinawa was a small island, really, and one of our artillery groups was located on a hill on the north end of our hospital area; and those guns were firing across to the enemy practically day and night for a long time. And every time a missile went over, your slacks or whatever kind of pants you had on would blow in the wind, and the men would know that and always were afraid that one of them would not get across. Then we had a new thing happen, the torrential rains. I can't tell you -- you may have seen heavy rains, but the rains on Okinawa were absolutely the hardest I have ever seen. All our passageways between the tents became mud, between the cots became mud, the sheets fell into the mud. We were issued combat boots and we walked in mud. And it rained and rained and rained. It was unbelievable and it made our jobs much, much harder.

On the other hand, medical miracles were witnessed often and two (2=16.6%)

participants added their experiences as follows:

Participant K:

You would worry so much when the wounds were not healing but penicillin changed all that...it was truly a miracle..it could heal.

Participant L:

Penicillin was the wonder drug of the time...it changed everything medically as far as wounds and how they were treated...I saw miraculous cures.

CHAPTER V

DISCUSSION

This qualitative study was designed to explore what we can learn from the experiences of the female military nurses who served in combat arenas during World War II, Korea and the Vietnam War. Most of the literature on this topic has been about the experiences of men in combat and the evolution in our understanding and treatment of what was initially called soldier's heart or combat fatigue, to shell shock to post-traumatic stress disorder (PTSD) in present day. This qualitative study was a secondary analysis of narratives collected from veteran female nurses that agreed to participate and contribute their stories to the Veterans History Project at the Library of Congress Folklife Center.

Limitations

This was a qualitative sample that employed a sample of convenience; the findings of this study cannot be generalized beyond this particular sample (Anastas, 1999; Padget, 1998). A second limitation is that this study is a secondary analysis of data collected as part of the Veterans History Project at the Library of Congress Folklife Center. Although there was some training of interviewers who were volunteers and often veterans themselves, we know little about any other demographic data on the interviewers. It is clear however, that there was a great deal of variation in terms of whether and when the interviewers asked the questions on the research schedule. Not all participants were asked all the questions on the original interview guide so there was a good deal of missing data. It is speculated that this was undoubtedly due to the participants mean age of 77 in this sample as well as any inexperience of the

interviewers. A third limitation is that of participants' mean age of seventy-seven years and being asked questions about retrospective data when their mean average age as a group was twenty-three years.

However, overall this was a well educated group of nurses, all of whom were licensed and officers at the time of their service in combat arenas.

Major Findings

1. Described in vivid detail what they had to cope with but did not describe how they coped (10=100%).
2. A sense of being haunted by the severe injuries of certain patients and in most instances not knowing what happened to them after they left their care (11=91.6%).
3. Gained self-confidence and self-reliance e.g., able to do things they never thought they could do after the experience and discovered the strength of the human spirit (6=54.5%).
4. Were changed, e.g., became more questioning, appreciative of being an American, more tolerant of others, more aggressive "take no prisoners" kind of person (6=54.5%).
5. Maintained a connection with home, e.g., wrote and received letters and packages; ordered from the Sears catalogue (6=50%).
6. Feelings of solidarity with others, e.g., a family tradition of military service or friends and family members enlisting at the same time (5=41.6%).
7. Enjoyed learning about a new culture, e.g., traveled the surrounding area and learning the language (5=41.6%).
8. Created a military family, e.g. feelings of a shared experience of everyone "being in the same boat", played games during their slow periods (5=41.6%)

As indicated, most of the literature on military service in combat has been about the experiences of men. While women have served in every war since we have been a nation, we know little about their experiences in combat. Most of the

literature on men has been problem focused and addresses the evolution in our thinking about what was initially called combat fatigue or soldiers' heart to PTSD. In this sample of women that served in World War II, Korea and the Vietnam War, we saw little evidence of PTSD symptoms. Instead, for the vast majority of these women, this seems to have been a very difficult but overall positive experience. Specifically, all those who answered this question describe in vivid detail what they had to cope with but were unable to say how they coped; and even into the then (time of the interview) present they conveyed a sense of being haunted by experiences with certain patients. Yet when asked how their involvement in the military affected their lives, they speak to having gained self-confidence and self-reliance and discovering the strength of the human spirit.

Although they were not able to articulate when asked how they coped with being in a combat arena, the suggestion from the major findings here is that maintaining a sense of family is important. This could be done by maintaining the connection with family at home, or creating a sense of family in the midst of the combat arena. Similarly, sharing a sense of solidarity with others that shared their commitment was the most frequently cited reason for volunteering to enlist. This solidarity and the sense of being a part of family while in the service both convey that the sense of connectedness with people that share the same goals is important to coping. They also suggest that being actively engaged with learning about their new culture is important to coping.

Only three military nurses in this sample indicated that they were in any way negatively affected by their service. For all three, this was connected with their

service in Vietnam and the reception Vietnam veterans received upon returning home. However it is to be noted that they felt negatively affected by this reception and not their service. It should also be noted that one of these three is the only nurse in this sample that we speculated would meet the criteria for PTSD with impairments in work and relationships. Fortunately we know the outcome in this one instance. She received good treatment and became a clinical social worker.

Recommendations for Future Study

Even though the documentation of the early service of women in the military is sparse and fragmented, this report suggests that it is clearly worth the effort to pursue further study. This was a sample of convenience comprised of military nurses. It would also be important to not only replicate this study to see if the findings are sustained, but to attempt it with a more diverse population of military women. As military nurses, this was a well educated and, it is speculated, all white sample. Furthermore, all participants were officers and the vast majority had had multiple promotions (one Rear Admiral, five Colonels, four Captains and two Lieutenants). Although we do not have information on their exact length of years of service, the mean average has to be high. As women in the military, theirs has to be a more privileged experience. Perhaps this is why there are so few negative sentiments.

However, that said, this was clearly a sample of resilient military women. They suggest that important to their resiliency was their sense of connectedness to others that shared the same goals. Clearly they had done this but when asked to articulate how they coped, they could not do it. This would suggest that maybe more needs to be done with

military women regarding raising consciousness about the importance of maintaining a sense of connectedness to others and coping.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.). Washington, DC.
- Ambrose, S. E. (2000). *Nothing like it in the world: the men who built the transcontinental railroad, 1863-1869*. New York: Simon & Schuster.
- Ancestry.com (n.d.) *Deborah Sampson: Soldier of the American Revolution*. Retrieved December 20, 2010, from <http://www.rootsweb.ancestry.com/~nwa/sampson.html>
- Barger, J. (1991). Coping behaviors of U.S. Army flight nurses in World War II: An oral history. *Aviation, Space, and Environmental Medicine*, 62(2), 153-157. Retrieved on December 20, 2010, from EBSCOhost.
- Berzoff, J. (Ed.), Flanagan, L. (Ed.), & Hertz, P. (Ed.). (2008). *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts (2nd ed.)*. Lanham, MD US: Jason Aronson.
- Biedermann, N., Usher, K., Williams, A., & Hayes, B. (2001). The wartime experience of Australian Army nurses in Vietnam, 1967–1971. *Journal of Advanced Nursing*, 35(4), 543-549. doi:10.1046/j.1365-2648.2001.01870.x.
- Blanton, D., (1993). Women soldiers of the Civil War. *U.S. National Archives. Prologue Magazine*. Spring 1993, Vol. 25, No.1. Retrieved on December 13, 2010 from <http://www.archives.gov/publications/prologue/1993/spring/women-in-the-civil-war-1.ht>
- Cockram, D. M., Drummond, P. D., & Lee, C. W. (2010). Role and treatment of early maladaptive schemas in Vietnam veterans with PTSD. *Clinical Psychology & Psychotherapy*, 17(3), 165-182. Retrieved on January 4, 2011 from EBSCOhost.
- Colonial Williamsburg Foundation (2008). Time line: Women in the U.S. Military (n.d.). Retrieved on December 20, 2010 from http://www.history.org/History/teaching/enewsletter/volume7/images/nov/womenmilitary_timeline.pdf
- Constable, G & Somerville, Bob (2003). *A Century of Innovation: Twenty Engineering Achievements That Transformed Our Lives* Washington, DC: Joseph Henry Press.
- Couric, K. (2009, March 17), *Sexual assault permeates U.S. armed forces*. CBS Evening News. Retrieved from <http://www.ebsnewscom/stories/2009/03/17/eveningnews/main4872713.shtml>
- Department of Defense: *Annual report on sexual assault in the military*. Sexual Assault and Prevention Response Office (SAPRO). Retrieved on March 30, 2011 from

- <http://servicewomen.org/2011/03/pentagon-releases-2011-report-on-military-sexual-assault/>.
- Dittmar, S., Stanton, M., Jezewski, M., & Dickerson, S. (1996). Images and sensations of war: A common theme in the history of military nursing. *Health Care for Women International*, 17(1), 69-80. doi:10.1080/07399339609516221.
- Faust, P.L. (2007). *Clara Harlowe Barton*. Historical Times Encyclopedia of the Civil War: Retrieved on December 11, 2010 from <http://www.civilwarhome.com/bartonbio.html>.
- Feczer, D., & Bjorklund, P. (2009). Forever changed: Posttraumatic stress disorder in female military veterans, a case report. *Perspectives in Psychiatric Care*, 45(4) 278-291. doi:10.1111/j.1744-6163.2009.00230.x.
- Fee, Robin. Director, Oral History Program, Women's Memorial Foundaton. Personal conversation, May 4, 2011.
- Feller, C.M., Cox, D.R., (2001). *Highlights in the history of the army nurse corps: Chronology*. U.S. Army Center of Military History, Washington, D.C.; Retrieved on December 12, 2010 from <http://www.history.army.mil/books/anc-highlights/highlights.html>.
- Fessler, D.B., (1996). *No time for fear: Voices of American military nurses in World War II*. East Lansing: Michigan State University Press.
- Frankl, V.E., (1959). *Man's search for meaning*. New York: Washington Square Press.
- Griffiths L. & Jasper M., (2008). Warrior nurse: Duality and complementarity of role in the operational environment. *Journal of Advanced Nursing* 61(1), 92-99 doi: 10.1111/j.1365-2648.207.04469.x
- Harman, Jane. (2008, March 31). *Rapists in the ranks*. The Los Angeles Times, p.B6
- Herman, J., (1992). *Trauma and recovery: The aftermath of violence form domestic abuse to political terror*. New York: Basic Books.
- Hounshell, D. A., (1984). *From the American System to Mass Production, 1800-1932: The Development of Manufacturing Technology in the United States*. Baltimore, Maryland: Johns Hopkins University Press
- Jones, E. (2006). Historical approaches to post-combat disorders. *Philosophical Transactions of the Royal Society of Biological Sciences*. April 2006 vol. 361 no. 1468 533-546 doi:10.1098/rstb.2006.1814.
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., and Nelson, C. B., (1995) Posttraumaticstress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52: 1048-1060.

- LaVert, S., (2005). *Encyclopedia of the Civil War: Dorthea Dix*. Retrieved on December 19, 2010 from: <http://www.civilwarhome.com/dixbio.html>.
- Monahan, E.M., Neidel-Greenlee, R. (2000). *All this hell: U.S. nurses imprisoned by the Japanese*. Lexington: University Press of Kentucky.
- Monahan, E.M., Neidel-Greenlee, R. (2004). *And if I perish: frontline U.S. army nurses in World War II*. New York: Anchor.
- Mott, F.W. (1919). *War neurosis and shell shock*. London: Oxford University Press.
- Murdoch, M., & Nichol, K. L. (1995). Women veterans' experiences with domestic violence and with sexual harassment while in the military. *Archives of Family Medicine* 1995;4:411-418.
- Murdoch, M., Bradley, A., Mather, S. H., Klein, R. E., Turner, C. L., & Yano, E. M. (2006). Women and war: What physicians should know. *Journal of General Internal Medicine*, 21(Suppl 3), S5-S10. doi:10.1111/j.1525-1497.2006.00368.x
- National Center for PTSD (2010, October). *Treatment for PTSD*. Retrieved on December 6, 2010 from <http://www.ptsd.va.gov>
- Nguyen, T.A., (n.d.). *Women in the revolution* (n.d.) Retrieved on December 19, 2010 from <http://www.americanrevolution.org/nguyen.html>
- North, C. S., Yutzy, S. H. (2010). *Goodwin & Guze's Psychiatric Diagnosis*, 6th. Ed. New York: Oxford University Press.
- Pereira, A. (2002). Combat trauma and the diagnosis of post-traumatic stress disorder in female and male veterans. *Military Medicine*, 167(1), 23-28
- Pivar, I., & Field, N. (2004). Unresolved grief in combat veterans with PTSD. *Journal of Anxiety Disorders*, 18(6), 745-755. doi:10.1016/j.janxdis.2003.
- Scannell-Desch, E., Anderson, M., (2000). Hardships and personal strategies of Vietnam War nurses. *Western Journal of Nursing Research*, 22(5), 526-550. doi:10.1177/01939450022044584.
- Scannell-Desch, E., & Doherty, M. (2010). Experiences of U.S. military nurses in the Iraq and Afghanistan wars, 2003-2009. *Journal of Nursing Scholarship*, 42(1), 3-12. doi:10.1111/j.1547-5069.2009.01329.x.
- Sheldon, K., (2008). *Women in military service: Brief history of black women in the military*. America Memorial Foundation, Inc. Retrieved on December 17, 2010 from <http://www.womensmemorial.org/Education/BBH1998.html#3>

- Shepard, B. (2001). *A war of nerves: Soldiers and psychiatrists in the twentieth century*. Cambridge, MA US: Harvard University Press. Retrieved on May 3, 2011 from EBSCOhost.
- Smil, Vaclav (2005). *Creating the twentieth century: Technical innovations of 1867–1914 and their lasting impact*. New York: Oxford University Press.
- Smith, D.H., (Director, Writer). (2006). *Vietnam nurses* [Motion picture]. United States: Creative Street Entertainment for WEBQ tv.
- van der Kolk, B., (1987). *Psychological trauma*. Washington, D.C.: American Psychiatric Press, Inc.
- Veterans History Project of the American Folklife Center. Retrieved on October 31, 2010 from <http://www.loc.gov/vets/researchinfo.html>.
- Whitman, W., (1898). *The wound dresser: A series of letters written from the hospitals of Washington during the war of the rebellion*. Boston: Small, Maynard & Company (p. 201).
- Author Unknown. (2010). *Highlights in the history of military women*. (p.1). Women in Military Service for America Memorial Foundation, Inc Retrieved on November 15, 2010 from <http://history@womensmemorial.org>.