A History of the U.S. Army Nurse Corps

Mary T. Sarnecky

DNSc, RN, CS, FNP,
Colonel, USA (Retired)

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Colonel Inez Haynes retired from the Army Nurse Corps on 31 August 1959. Following her retirement, she served in several capacities with the National League for Nursing and later joined the faculties of educational institutions in Texas and Oklahoma.146

Margaret Harper

Margaret Harper served as chief of the Army Nurse Corps from 1 September 1959 until 31 August 1963. Her assistant chief was Lieutenant Colonel Harriet A. Dawley.147

During Harper’s administration, the Army Nurse Corps frequently supported small mobilizations and humanitarian or disaster relief efforts. In 1958 just before Harper became chief, several hospital units, the 11th Field, the 58th Evacuation, and the 4th Surgical Hospitals from Europe, deployed to Lebanon.148 This, the first mobilization of male Army nurses, highlighted a few problems associated with the introduction of male nurses—for example, housing males in nurses’ quarters and male nurses treating female patients.149 Harper faced resistance from line commanders with the introduction of male nurses. She countered the objections with humor. On one occasion, she used a pancake story to illustrate that few differences existed between male and female nurses. She told a commander that male and female pancakes were “stirred up the same, but they come out just a little bit different in shape.”150

Another mobilization occurred with the May 1960 mission to Chile after that country was struck by an earthquake and tidal wave. Army nurses attached to the 7th Field Hospital from Fort Belvoir, Virginia, and the 15th Field Hospital of Fort Bragg, North Carolina, participated in the relief effort.151 In September 1962, twenty-one Army nurses from the 8th Evacuation Hospital in Landstuhl, Germany, participated in a disaster relief effort following a tragic earthquake in Iran.152 After World War II, Army medical involvement in domestic disasters decreased when a federal relief agency was created to deal with such events. However, the incidence of relief missions carried out by the Army Medical Department abroad in foreign countries increased.153

In October 1962, a number of active, reserve, and National Guard Army nurses mobilized with the 3rd, 12th, 15th, and 47th Field Hospitals from Fort Benning, Georgia; Fort Leonard Wood, Missouri; Fort Bragg, North Carolina; and Fort Sam Houston, Texas; and the 22nd and 23rd Hospital Trains to Florida as part of the defensive posture in response to the Cuban Missile Crisis—an attempt by Communist Cuba with U.S.S.R. support to establish strategic missile sites aimed at the United States.154 Because Army Nurse Corps officers never had been issued organizational clothing routinely, many of the aggregate embarrassingly arrived in an array of uniforms. The complaints emanating from the commanding general and the dismessed experienced by Harper when she inspected the Army Nurse Corps complement in Florida and noted the lack of uniformity indicated a need for change. As a result, Harper instructed Lieutenant Colonel Anna Mae Hays to establish a mandatory issue of organizational clothing. Hays successfully accomplished this task.155 When Army nurses assigned to the Strategic Army Corps (STRAC) units departed, their home hospitals were left with significant staff deficits. The hospital at Fort Leonard Wood, for instance, lost all their nurse anesthetists and operating room nurses and were forced to borrow assets from Fort Sill, Oklahoma, and Fort Hood, Texas.156 Operation Nightingale, a project to increase civilian nurses’ awareness of the opportunities in Army nursing resulted.157 Many similar operations followed and served to provide a modicum of field preparation for Army nurses who would participate in another war on the horizon in Southeast Asia. But before they were confronted with the Vietnam War, Army nurses served with distinction in the Korean conflict.

The Korean War

The arbitrary 1945 division of the Korean peninsula at the thirty-eighth parallel left Koreans in the north and south dissatisfied. Mounting frustrations motivated the North Korea People’s Army to attack south across the thirty-eighth parallel in June 1950 and invade the Republic of Korea. At the time of the invasion, the Republic of Korea’s Army was ill equipped, undermanned, and unprepared for large-scale conventional warfare. The United States maintained only a minimal presence in Korea with the Korean Military Advisory Group and could offer no immediate aid on the ground to the invaded country.158 On 27 June 1950, President Harry S. Truman approved U.S. military intervention below the level of the thirty-eighth parallel. That same day, Congress voted for a one-year extension to the draft, a measure that simultaneously authorized activation of the reserves on the call of the president. Within hours, the United Nations (UN) Security Council approved a resolution to support the Republic of Korea. Less than two weeks later on 7 July 1950, the UN Security Council recommended that all UN forces be under the command of the United States, and Truman named General Douglas MacArthur as commander in chief of the UN command with headquarters in Tokyo, Japan. On 14 July 1950 Syngman Rhee, the president of South Korea, placed Korean troops under the UN command as well.

The U.S. Army’s Task Force Smith, the Second Battalion of the Twenty-first Regiment, first came to the aid of the South Koreans. Task Force Smith sailed from Japan and came ashore in Korea on 5 July 1950. The four hundred-man vanguard’s orders were to stop the enemy where they found him. They found him in the hills near Osan, twenty-two miles south of Seoul. But they did not stop him. The North Koreans’ tanks quickly overrun
MacArthur immediately tasked Clark and the FEC Surgeon to form two Mobile Army Surgical Hospitals to deploy to Korea. The two units, composed entirely of volunteer physicians, nurses, and enlisted personnel, were the 8054 MASH and 8055 MASH. They had only a few hours to prepare, equip their units, and depart. During July and August 1950, eighty-seven Army nurses from Japan traveled with their units to Korea. The FEC chief surgeon, Major General Edgar E. Hume, extolled the virtues of the command’s nurses: “Almost without exception, these officers volunteered repeatedly, (including those on duty in Maribo and Rycom) for duty in Korea. They volunteered to leave more comfortable stations for the uncertainties and hardships in Korea; but all could not be accommodated since the hospitals in Japan were virtually as much as part of the Medical Service of Eighth Army as were those hospitals actually in Korea.”

Before the first Army nurses proceeded, Major Genevieve Smith volunteered to accompany the advance party and assume the responsibilities of chief nurse for the Eighth U.S. Army. Smith had been the chief nurse of the 155th Station Hospital in Yokohama, Japan. She was due to retire in 1951 and had “wonderful plans for the future.” She was admired by superiors and subordinates alike and perceived to be “the most capable person to organize the nursing services in Korea.” Unfortunately the aircraft on which her group was traveling exploded in a midair accident. There were no survivors. Smith was the only Army nurse to die during the Korean conflict. In her stead, Major Madeline Desmond, who was chief nurse of the 171st Station Hospital in Sendai, Japan, became the chief nurse of the Eighth Army.

The system of casualty evacuation during the Korean War was modeled after the protocol used in World War II. The company aidman served as the first line of treatment on the battlefield. He administered emergency treatment and then situated the casualty at a sheltered collecting point. Litter bearers subsequently carried the casualty from the collecting point to the battalion aid station where he was triaged by a medical officer and again given emergency treatment and then evacuated by surface ambulance or helicopter to the clearing stations and usually on to the surgical hospitals (the MASHs). Those requiring more extensive or lengthy treatment were transferred by air or rail to the evacuation hospitals and if indicated by ship to Army hospitals in Japan. Those units in Japan were taxed severely by the influx of casualties. In the most complex, long-term cases, the patient was transported back to the United States for long-term definitive care.

The Mobile Army Surgical Hospital was an outgrowth of the World War II portable surgical hospitals, that war’s one-hundred-bed field hospital platoons, and the auxiliary surgical teams. The first two of these unit configurations had no Army nurses on their table of organization. Originally, the MASH was intended to be a mobile treatment facility with a capacity of sixty patients. Its mission was to treat nontransportable patients from the division
Clearing station and evacuate them as soon as possible. Because of the large numbers of casualties in the early days of the Korean War, the MASH evolved into a two hundred-bed “half-scale” evacuation hospital. After 1952, the pace of the war diminished and there were fewer casualties. Consequently the MASH then reverted to a sixty-bed unit.  

The MASHs evacuated their patients by ground ambulance, air, or rail to the two hundred-bed evacuation hospitals. These units were referred to as “second level Army rear” treatment facilities. The evacuation hospitals transferred patients requiring more extensive or lengthy treatment farther to the south in Korea or even farther still to Japan. Certain disease or patient categories dictated the need for specialized treatment hospitals as well. One of these facilities dealt with epidemic hemorrhagic fever patients. During the bitterly frigid weather and tragic campaigns of the winter of 1952–1953, that same unit cared for the plentiful cold-injury patients. Another specialized hospital was dedicated to the treatment of neurosurgical patients. Moreover, four, four hundred-bed evacuation hospitals operated in the communications zone in the most southern region of Korea. The Swedish Red Cross also operated a hospital in the communications zone. Finally, the U.S. Army sponsored and staffed nine prisoner of war hospitals as well. 

The 8055 MASH was the first medical unit to arrive in Korea. The sixty-bed hospital came ashore in Pusan on 6 July 1950 under the cover of a drizzling rain. The unit’s twelve Army Nurse Corps officers traveled on a flea- and louse-ridden train to Taegon where they set up in support of the Twenty-fourth Infantry Division. During the month that Taegon fell, the hospital was retreating almost constantly to HongDong, to Taegu, and back to Pusan. The train the nurses took on their precipitious flight from Taegon to HongDong was so flea-infested that Captain Cecilia Kirschling remarked that the “train didn’t need an engine, the fleas could have pushed us.” The 8055 MASH settled briefly in barns, schoolhouses, rice mills, and churches. The members of the unit became so proficient at setting up that they were able to accomplish the feat in two hours. Captain Phyllis LaConte reported that it “seemed as though we were never safe, never settled. And all the while the casualties kept coming.”  

Captain Margaret Blake worked in the 8055’s preop or shock ward. She outlined the nursing care provided in the shock area: “To reduce shock and blood loss . . . we try to move our patients as little as possible. We leave them on their litters until after they reach ‘post-op’ following surgery—no sheets, no short-tailed gowns, no moving to straighten out the wrinkles.” Blake explained that when a casualty came in to the receiving area, the Army nurse took vital signs and recorded them on the soldier’s attached medical tag. The nurse did not remove the patient’s clothing but merely cut it away to expose his wounds. She independently started blood and administered penicillin to all patients with open wounds. The medical officer then arrived to triage. Following the physician’s assessment, the corpsmen subsequently moved the patient to preop or the operating areas, where the litters rested on blocks which served as operating tables. In the operating area, two nurse anesthetists and a medical officer maintained four patients undergoing emergency surgery for chest, abdominal, and extremity wounds, frequently on a twenty-four-hour-a-day basis. Colonel George Rumer, the commanding officer of the 8055, confirmed that each anesthetist cared for two patients who were simultaneously undergoing surgery. The anesthetist walked back and forth between tables, monitoring the patients while other staff members squeezed the gas bags. Four operating tables were clustered around a large central instrument table. The one nurse assigned to the large table parceled out instruments to four smaller instrument tables adjacent to the operating tables. The four smaller tables were presided over by a nurse or technician. That nurse or technician then provided the surgeon with the required instruments. To conserve scarce resources, gowns, gloves, masks, and caps were only worn for major cases. For simple procedures such
as wound debridements, medical officers were garbed in green suits or fatigues. Rumel disclosed that “many a belly incision was given its final stitches by the corpsmen or nurses, because the surgeons had to get somebody else ready or just take a short break.” Following surgery, the patient advanced to the recovery area where he was placed for the first time in a bed. As soon as he became conscious, plans were made to evacuate the casualty. Early discharge planning was of great importance.

Army nurses assigned to the 8055 MASH also had other responsibilities. They supervised, worked with, and taught the corpsmen, many of whom were completely untrained. The nurses monitored the supply chests and called for replacement supplies such as blood, oxygen, and water from the depot in Pusan and the local water points.

The 8076 MASH was another of the units formed in Japan. It arrived in Korea on 25 July 1950. The unit first traveled to Kumchon but because the “line was so fluid,” the hospital remained there for only a few hours and then retreated to Taegu. Eventually the MASH set up in a large Korean cotton mill at Miryang between Taegu and Pusan. Captain Elizabeth Johnson wrote that they were “anything but a 60 bed mobile surgical unit.” She corrected that misconception stating that “our holding wards alone have held 200 patients.” Staff were kept busy with gun shot wounds and kept all casualties that could be returned to the battle line in seven to ten days as, at that time, the evacuation hospital in Pusan was overwhelmed. The workload was heavy and hours were long. Nevertheless, morale was high. The unit lived its motto, “the spirit of 76 marches on!”

Another of the early units in Korea, the 8054 MASH, counted twenty-one Army Nurse Corps officers on its staff. One of those was Captain Anne Steele. Steele described how the unit settled in an abandoned school without water or electricity near Pusan. Classrooms served as hospital wards. The nurses appropriated tables, dishes, and cleaning equipment from nearby deserted military family living quarters and hastily cleaned the improvised hospital. They slept on beds in the school auditorium and later inhabited simple sheds. Rations served as their only meals. On 8 July 1950, the first casualties arrived. Although this MASH was staffed and equipped to care for 400 patients, over 750 appeared within the first twenty-four hours. In less than five months, they cared for 19,000 casualties. Of those, 16,000 were evacuated to Japan. Needless to say, the nurses worked sixteen-hour shifts for many weeks.

The thirteen Army nurses of the First MASH landed on the beach at Inchon on 15 September 1950 in support of X Corps. Thereafter, frequent moves became the hallmark of their service. The unit chief nurse, Major Eunice S. Coleman, explained that while in convoy, the nurses “play 20 questions, eat G-Rations, catch a nap[,] wonder about things back home and sing a familiar song.” To improve their ability to efficiently settle in at a new location, Coleman confided that the unit’s nurses occupied themselves by “always planning how we are going to avoid the mistakes we made last time we set up our hospital.”

At three o’clock one dark October morning when the First MASH contingent was en route from Inchon to Pusan on a one-lane road over a mountain pass, the enemy attacked. The nurses scurried out of their vehicles and sheltered in a nearby ditch for fourteen hours “while the battle flared all about them.” Coleman was vitally concerned for her subordinates’ well-being. Twice, she crawled along the ditch under the cover of a blanket and whispered each nurse’s name and was answered by all by one. In desperation, Coleman decided to account for every nurse by moving from one to another, physically touching each. She finally found the missing First Lieutenant Marie M. Smarz and asked are “you all right, . . . Why didn’t you answer?” Smarz meekly responded “I was afraid the Reds would hear me.”

The memory of this touch of humor probably brought a chuckle in times of trouble and doubtless bolstered the nurses’ flagging spirits.

By the end of 1950, Army nurses in Korea numbered 249. Their UN counterparts included thirty-two Swedish nurses and two Army nurses from Holland. Nurse strength in other areas of the Far East command was depleted drastically by the conditions of extreme need in Korea. By that time, the command had canceled all leaves except in case of emergency and all rotations to the States.

Most of the early volunteers in Korea did not want to be relieved to return to a safer, more comfortable environment. Typical of their spirit were the sentiments expressed by First Lieutenant Catharine H. Wilson. She affirmed that “Of course, if this should be a long war, I do not want to return to the States until it’s over. I have never been so happy in nursing as I am right here. There’s a satisfaction in taking care of these boys under such grave handicaps that thrills me to the marrow of my bones. . . . I believe most of the girls have caught the spirit of the realization that personal comfort and gain is unimportant in the face of the tragedy we are seeing here. We must necessarily all be better people for having had this experience.”

The original plan specified that Army nurses would go to Korea from Japan for a six-month tour. By October 1950, Army nurses were furnished the opportunity to rotate back to Japan after only three months’ service. This policy evolved from the office of the FEC surgeon who, despite the recent lessons of World War II, stated that “Experience has shown that women officers, because of their physical limitations, cannot be expected to undergo for prolonged periods of time the hardships and adverse environmental conditions on equal terms with men.” A total of ninety-five Army nurses took advantage of this chivalrous policy and requested a transfer. Almost all of the requests were granted. However, soon Army Nurse Corps officers arrived from the United States and a different rotation policy evolved probably because the short three-month tour, which resulted in too much turbulence and a lack of continuity, proved impractical.
Captain Anna Mae McCabe (Hays) was one of the Army Nurse Corps officers to deploy from the United States to Korea. Prior to her alert for Korea, McCabe was assigned to Fort Myers, Virginia, awaiting an assignment to go to school at Columbia University in New York City. She and Captain Katherine (Kitty) Jump received orders to report to Fort Benning, Georgia, a staging area for the 4th Field Hospital. The thirty-one Army nurses of the hospital participated in exercises there, tested their equipment, and forged relationships. They traveled as a unit by train to California and by ship to Japan. There they acquired more equipment and joined a convoy sailing to Korea. About two weeks later, they left their vessel at Inchon, a Yellow Sea port city in the northwestern sector of the peninsula, and spent their first few nights in the first available building, which unfortunately was “filled with excreta.” McCabe simply cleared a space with her shovel and retired to her canvas bedding roll. The 4th Field Hospital, like many other hospital units, subsequently settled in an old schoolhouse in the Inchon area.  
McCabe’s unit was operating in support of the U.S. X Corps which landed at Inchon on 15 September 1950. The North Koreans had pushed the Eighth U.S. Army into the Pusan perimeter, the southeast portion of the peninsula of Korea. MacArthur’s invasion at Inchon outflanked and isolated the enemy. He quickly retook the capital city of Seoul and later pushed north of the thirty-eighth parallel into North Korea—a decision that remains contentious to this day. The Republic of Korea forces and the American I Corps with attached British, Australian, and Philippine troops headed north in October 1950 toward the Yalu River, the border between North Korea and China. They were supported initially in North Korea by the 4th Field Hospital and before long by the 8055 MASH and later by the 171st and 121st Evacuation Hospitals and the First and 8063 MASH, all with their complements of Army nurses. In response to the invasion China’s Communist leader, Mao Tse-tung, ordered thirty-three Chinese divisions to attack the South Koreans, the Eighth Army and X Corps units and their backups, the forces of the United Nations Command. The Chinese intervention caught MacArthur off guard, forcing a retreat. Marine Corps General O. P. Smith refused to acknowledge the retreat quipping that “we are simply attacking in a different direction.” Nevertheless, retreat was the reality. By 1 December 1950, Lieutenant General Walton H. Walker, the Eighth Army commander, ordered that the nurses be transported by air to Ascom City in the South. Walker feared that the women would be captured by the advancing enemy. The Chinese routed the UN troops and recaptured Seoul on 4 January 1951. Throughout the advance above the thirty-eighth parallel and the subsequent retreat, Army nurses gave unstinting service. Colonel Chauncey E. Dewell, the Eighth Army surgeon reminisced: “I’ve seen those nurses giving anesthetics, and scrub nurses that would work . . . until they were practically gone. Somebody would hold up a cup of coffee [for them to drink]. . . And of course they had a bath last week sometime, I suppose  

16. An unidentified Army nurse garbed in rain gear cares for a patient in the frigid, austere conditions of a shock tent in a field hospital during the Korean War. (Courtesy of AFIP.)
McCabe disclosed her lasting impressions of Korea during this phase of the conflict: "its cold weather, odor, and its stark-nakedness. It had nothing. And, when I compare Korea with my experiences in World War II, I think of Korea as even worse than the [Leno] jungle in World War II, because of the lack of supplies, lack of warmth, etc., in the operating room. We had some evacuation of combat casualties to our hospital via helicopter but... Most patients arrived by ambulance or train."

After seven months of working eighteen-hour shifts in the operating room, enduring bitter cold, wearing men's uniforms, making do with scarce supplies and scant water, McCabe rotated back to Japan. To ensure fairness, the Army Nurse Corps and the FEC followed the World War II precedent and set up a numerical scale to regulate rotations. To achieve a transfer from the combat theater, an Army nurse had to accrue twenty-eight points. One assigned in a forward area earned four points a month. In a rear area, the Army nurse accumulated one point a month. The points required for rotation varied during different periods of the war. In fact, they changed so frequently that it was hard for individual nurses to keep track of the required number, and many had no idea when they would be relieved. Those in forward areas, however, always earned more points per month than those in the rear areas. First Lieutenant Mary C. Quinn was one of those Army Nurse Corps officers who arrived in the early spring of 1951 to relieve the weary nurses of the 8055 MASH. Korea served as Quinn's introduction to the Army Nurse Corps. She attended the Army Nurse Corps basic course at MFSS in October 1950, subsequently spent a few months working at Fitzsimons General Hospital in Denver, Colorado, and then transferred to the combat zone. Quinn's experiences in Korea led her to reflect upon the incongruities and ambivalence of war. She mused: "one of the things that most of us really couldn't quite understand, was why the patients were grateful to us... they're the ones who were suffering... we were the ones that should have been grateful to them. They were the ones who were out there. And, we had very mixed feelings... about combat nursing. When there's action going on, you're busy and you're glad to be busy. But, then people are getting killed. When there's nothing on, you're bored silly, but nobody's getting killed. So you know, you have to balance the two. That's a problem sometimes. Of course, boredom can be an awful drain on you."

Quinn later divulged how her Korean service was a source of personal growth:

"I learned different things about myself, where some of my weaknesses were, where some of my strengths were. I learned, I think, an awful lot more tolerance of other persons' points of view on items that would come up. At one time, I thought the way we did it in my hospital was right and you didn't do it any other way. But I learned that wasn't true. I learned a lot from other people. I think that is one of the things about being in the service, is that you are exposed to so many different people from so many different places. If you're wise, you can pick up a lot of good information from them. If you're not wise, then you become very regimented in your own thinking and you just never progress very far—tunnel vision... I grew from that experience, both as a nurse and as a person."

Quinn had a marvelous sense of humor, which lightened her days in Korea. When a directive was issued that ordered line-of-duty investigations for soldiers with frostbite to determine if carelessness or secondary gain was a factor, Quinn wondered if Army nurses who froze their fannies on the cold metal seats of the outdoor latrines would be subject to similar scrutiny. When her chief nurse had barbed wire erected around the nurses' compound for protection, Quinn and her tentmates asked their engineer friends to erect a sign that read "please do not feed the nurses." The nurses then stood behind the barricade with extended cups from the mess tent in their hands.

After returning to the States, Quinn noted that she had "grown in some way from my friends." Her acquaintances at home "didn't want to talk about the war." Additionally, there were many things that happened in Korea that Quinn could not discuss with her parents. The barriers to communication resulted from Quinn's exposure to significant perils and the momentous events of life such as death and birth in macabre surroundings, and the fact that what she "had seen in Korea was so different from anything they could conceive." Quinn's rich memories from Korea and later Viet Nam epitomize the experiences and insights of many combat nurses. They are a priceless bequest.

The Army Nurse Corps officers of the 11th Evacuation Hospital arrived in Korea on 3 May 1951. They eventually settled in Wonju, about eighty miles behind the then combat line. The nurses served on a unique team, a unit that pioneered the use of the artificial kidney in patients with hemorrhagic shock. Epidemic hemorrhagic fever struck the UN forces in Korea in 1951. Although not known at the time, the disease was caused by the Hantaan virus, which could be found in field or urban rodents. Initially, a soldier presented with a high fever, flushed face, headache, muscular aches, and eye and back pain. After several days, other symptoms appeared such as restlessness, hemorrhage from the lungs or the gastrointestinal tract, and renal failure. Recovery or death, usually from renal failure, ensued. The Army medical officers used the Kolff artificial kidney to treat patients with the renal failure of hemorrhagic shock. The device was composed of 120 feet of semipermeable cellophane tubing wound around a revolving drum. A surgeon did a cutdown (a dissection of a blood vessel through the
skin so that a needle could be inserted in the vessel) in the radial artery and another in the antecubital vein. As the drum rotated, the patient’s blood passed from the radial cutoff to the artificial kidney where waste products were removed. The bath was changed one time during every patient run. The cleansed blood returned to the patient via the antecubital cutoff. During the six-hour treatment, the patient’s blood passed through the artificial kidney twelve times.

The nurses on the team assisted with the cutoff procedure, ran electrocardiogram (EKG) readings, and drew specimens for laboratory evaluations. They monitored vital signs. They provided general care of the patient who received intravenous (IV) solutions, ice by mouth, a wet washcloth over the eyes, alcohol sponges, and sedation during the treatment. In addition, the nurses provided orientation and reassurance before and during the dialysis. A nurse anesthetist remained on standby as endotracheal intubation frequently was required. After the treatment run, the nurses devoted an average of two hours to cleaning and reassembling the artificial kidney and processing the sterile packs. Only thirty such rudimentary artificial kidneys existed in the United States at that time. The expenditure to purchase the then expensive equipment was a very costly three thousand dollars.200

The nurses of the 11th Evacuation Hospital who participated in the hemorrhagic shock–artificial kidney program were pioneers of the renal dialysis specialty. Their mastery of the basic technology integral to the artificial kidney qualified them, along with the nurses who worked the shock wards, for membership among the cadre of the first modern critical care nurses.

Army Nurse Corps officers also participated in other unprecedented ventures. The surgical repair of peripheral vascular injuries became practical and possible during the Korean War after an Army surgical research team devised a method for reconnecting damaged vessels.201 The effort was facilitated by the use of antibiotics, improved arterial clamps, and the helicopter’s ability to quickly deliver the newly wounded to a treatment facility. The nurses’ role in the saving of injured limbs was key during the postoperative period. They maintained an adequate blood flow to the extremity by administering oxygen; keeping the limb at the level of the heart; encouraging active or passive movement in the extremity; and observing dressings, distal skin temperature, and color; and assessing the patient for pain. In many cases, injuries to limbs that in the past would have dictated immediate amputation were remedied by the innovative peripheral vascular repair procedures.202

Some patients arrived at the MASHs with arms or legs so mangled that amputation was the only option. Many times the soldier subsequently underwent a cineplastic operative procedure to prepare the stump for the wearing of a prosthesis. In the preoperative period, the patient frequently was in traction. The nurses maintained skin integrity, changed dressings, and

wrapped the stump with elastic bandages. She encouraged independent activity and participation in physical therapy. Frequently, she involved the preoperative patient with another postoperative patient who was enjoying a positive convalescence. Care in the postoperative period also included encouragement and stump exercises.203

Cold injuries were a common cause for admission to combat hospitals particularly during the bitterly cold winter of 1952–53. The symptoms of frostbite, which ranged from redness, numbness, and swelling to the formation of skin vesicles to the loss of all layers of skin to the most advanced cases who sustained bony loss, resulted from the tactical situation and a neglect of preventive measures. Soldiers were surrounded and trapped by the enemy and thus immobilized. Ambient temperatures exceeded 20 degrees below zero. Wet feet, exhaustion, and inadequate clothing played a part in the progression of the injury as well. Rewarming of the affected body part and keeping the vesicles intact represented the first step of treatment. When the soldier arrived at the hospital, nursing care involved management of pain, bedrest, keeping bed covers from contact with the injured extremity, elevating the foot of the bed to reduce edema, and measures to control infection such as antibiotics and care of the macerated skin.204 To a somewhat lesser extent, the North Korean winter affected the Army nurses as well. To survive the elements, the women assigned to the First MASH when it was situated in Pukchong wore three pairs of socks to insulate their feet within their men’s size-eight boots.205

Lieutenant Marie T. Genest was assigned to the 171st Evacuation Hospital in Taegu. All of the hospital’s patients were North Korean POWs. The first step in the routine of admitting patients involved checking for weapons, spraying with DDT powder, and administering a dose of penicillin to each. Only then did the nurse examine the POWs’ wounds. Finally a medical officer checked the patients and made dispositions. Here again, Army nurses functioned on a level much greater than would be normally expected in a peacetime, civilian setting.

The 171st Army nurses faced many complexities in dealing with the captured North Koreans. All new admissions were either hysterical, defiant, or rigid with fear. A French missionary priest discovered that the captives had been told “that the Americans were vicious, sadistic people, who would amputate their arms and legs just for practice.”206 The nurses resolved the situation by integrating postoperative POW patients into the environment of the newly admitted. After rapid-fire questioning and a visual survey of a few of their fellow countrymen, the “poor, miserable, duped communists” became convinced “that they were about to get the best medical care that they have undoubtedly received in all of their lives.”

Cultural differences also created disputes. For instance, the POWs believed patients should be seen on a first come, first served basis no matter what. The nurses, on the other hand, had a system of priorities and treated
the most serious cases first. Another example of cultural conflict came about because the POWs had tremendous appetites for food. When they finished with their calorie-laden servings of C rations, they plundered food from their weaker comrades. The nurses therefore were forced into a role of “police action.” Finally, the POWs viewed bathing and clean, new clothing as repugnant. The Army nurses had to employ “constant beckoning, almost divine patience and often half threats” to improve their hygiene.\textsuperscript{207}

When hospitals were not dedicated exclusively to the care of POWs, other problems were encountered. The ill and wounded American and UN forces and the POW patients were prone to attack one another on the hospital wards. As a result, “constant vigilance on the part of the staff against physical violence was very necessary.”\textsuperscript{208} None of the Army nurses had been prepared to deal with POW care. As Major Catherine Boles put it, “mentally, it is a ‘High Hurdle’ to jump.”\textsuperscript{209}

Elizabeth Pagano was an Army health nurse assigned to a ten thousand-bed prisoner of war hospital that had a census that included 3,650 tuberculosis patients on 31 December 1951.\textsuperscript{210} Pagel’s primary mission was to teach the basics of nursing tuberculosis patients to the POW “aidmen” who cared for their fellow countrymen patients. The aidmen demonstrated a vital interest in learning despite the fact that language barriers, cultural differences, and poor facilities (an expedient in the war-torn, undeveloped country) were features of the project. Pagel observed that the magnitude of the problems associated with her assignment could potentially prove overwhelming. She decided, however, to focus on what she felt was “most important, and reserve the other problems for the future.” Soon Pagel added health education classes to her busy life. She taught Korean mothers, probably refugees, the rudiments of child care and again elicited an enthusiastic response from her students. Topics included the importance of immunizations, physical examinations, dental care, nutrition, prevention of accidents, mental health, how children learn, and sick and well care. These classes were an adjunct to a well-baby clinic.\textsuperscript{211}

In spite of all the disadvantages to working in a POW hospital, the Army Nurse Corps officers derived satisfaction from their labors. Marie Genest confessed “Despite the adverse conditions, the tremendous workload, and the responsibility of caring for these enemies, if called to perform the same duties again, we would do it most willingly. Not only did we benefit professionally from our contact with these prisoners, but also we felt we were showing democracy at work before these communists. They not only beheld and felt the force of excellent medical and nursing care, but witnessed the acts of mercy and humanity that democracy extends to its enemies as well as its citizens.”\textsuperscript{212}

The employment of local nationals as employees was attended by many challenges. The South Koreans were conditioned by centuries of austere living circumstances and some were prone to steal whatever they perceived as valuable. Major Marjorie Gillard recalled that “Any item had high barter value through the fence. Linen made excellent material for underwear, and they even knit socks out of bandage. Then some had the idea that we were being paid for what was used and so tried to help by using more.”\textsuperscript{213} When Koreans were given the responsibility for washing and ironing clothing and linens, problems also ensued. They laundered the nurses uniforms in such a manner that their rough treatment shortened the life of the uniforms.\textsuperscript{214} Additionally in one unit, an Army nurse or corpsman had “to stand guard over the natives to see that the job was done properly and that the linen didn’t disappear.”\textsuperscript{215}

As in every war, uniforms were problematic. The first units that mobilized from Japan were unable to obtain field clothing, the herringbone twill fatigue, from the quartermaster.\textsuperscript{216} Some used men’s issued clothing and felt these uniforms were warmer and more convenient. Others found the men’s sizes impossible with, as several reported, the crotch reaching down to the woman’s knees. The widely variant climate with its hot humid summers and bitter cold winters, the poor to nonexistent interior heating and cooling, and the inappropriate uniforms all fostered an uncomfortable existence.\textsuperscript{217}

The nurses who served in a combat role in Korea did not escape the usual psychic aftereffects of war. When asked to recount her experiences in the war as an exercise in lessons learned, an anesthetist, Captain Catherine Wilson, wrote: “I will attempt to recall some of the things I’ve tried to forget...I feel that it is a fine idea to make ourselves ready for the wars that seem to be with us to stay, but I should like to be excused from fighting another one.”\textsuperscript{218}

The art of combat nursing was refined again during the Korean War. An Army nurse reiterated the need to avoid taking heavy amounts of personal articles on a deployment as “she [the soldier nurse] rarely receives any assistance along the way” in carrying these items. Another observed that excessive belongings constituted a fire and safety hazard in the tight confines of a tent.\textsuperscript{219}

Major Philomena Pagano developed a class on field nursing. She advised her students “not to throw anything away while out in the field.” Items of potential utility might include old IV tubing and bottles, number ten cans, and old wooden or cardboard boxes. Pagano stated that no set time should be established to bathe patients but recommended that the best time is “between your other duties” and certainly not when the hospital is very busy with new admissions. Pagano cautioned that bath basins would be scarce and suggested using number ten cans instead. As a substitute for water pitchers, glasses, and drinking straws, she suggested utilizing old, washed IV bottles and tubing to force fluids. Wooden boxes could serve as bedside tables, arm boards, cradles “to keep the covers off the frostbite cases,” and as back rests. Pagano admonished her students to “save the [boxes] nails and you can reuse them.”\textsuperscript{220} Major Maude Benedict’s unit used old magazines
and newspapers to line bedpans. Since there was little water and limited facilities to clean the pans, the liners saved time and resources. 221

In the hectic, busy atmosphere of combat in Korea, especially during the first year of the war, opportunities for recreation were few. Time away from duty then was consumed largely by sleep and preparations for work. When duty responsibilities lightened and allowed for free time, the nurses pursued various pastimes. They collected rocks and built barbecue pits, shot photographs of the “rugged but beautiful” countryside, entertained the stray dogs who wandered by, watched movies, played bingo, or participated in an impromptu volleyball game. 222 Others indulged in reading, writing, playing card games, listening to the radio, and spending social evenings with neighboring units. 223 Still others window shopped in Pusan, watched the Consolation load patients, or bought brass souvenirs at a nearby shop. 224 In their spare time, Army nurses assigned in Pusan assisted at a combined orphanage, clinic, and mission run by American Catholic Maryknoll nuns. The Army Nurse Corps officers shared their rations and the contents of their care packages from home with the missionaries’ charges. They saved leftover drops of penicillin and vitamins from the vials used for soldiers and consolidated them into doses to administer to the ill children. They helped to care for refugee babies and children, many of whom were afflicted with tuberculosis. When the Army nurses rotated back to the States, many assembled provisions and mailed them along with money and gifts to the Maryknoll mission. 225 They formed a UN Nurses’ Association, which included nurses from thirteen countries. The nurses who were natives of Denmark, Sweden, Slam, Italy, Turkey, France, Holland, Belgium, and Greece and who were serving with their country’s armed forces as part of the UN contingent met to share experiences and participate in educational presentations. 226

In 1948, President Truman issued Executive Order No. 9981, which mandated “equality of treatment and opportunity for all persons in the armed services.” The directive effected racial integration in the military. 227 In accordance with this policy directive, the Army Nurse Corps became an integrated organization. 228 The Korean War thus was the first conflict in which black nurses participated not in segregated units but as integral members of the Army Nurse Corps. Only a few minor problems arose in connection with the integration effort in the combat setting of Korea. Captain Helen Dunne documented one such situation: “there were problems—especially when seven colored nurses with their colored friends gathered in one tent—many times only one white nurse being present. With the conversations, interests and customs so different, there was certainly nothing in common. This caused some embarrassment to both white and colored. Another MASH... had only one colored nurse assigned—needless to say, this nurse was not happy with her assignment. Both situations, I believe, indirectly affected the performance of the officers and consequently the nursing care rendered.” 229

The Korean War historian, T. R. Fehrenbach, explained that while Truman’s order improved the effectiveness of the force and in many cases enhanced minorities’ morale, it did not eliminate all the complications. He wrote that “The social problems, of course, were not solved. A solution to these can be anticipated only when all men look alike, hold the same views, or are so apathetic that it no longer matters.” 220

At the time of the outbreak of the Korean War, the Army operated thirteen hospitals in Japan. The available beds, while enough to support an occupation force, were unequal to the demands of a full-fledged war. As the first evacuated casualties arrived, inadequate bed space, dangerously low personnel levels, long hours, and improvisation were the dominant themes. With the passage of time, however, previously mothballed hospital annexes were opened and facilities were renovated. Fewer casualties had to be evacuated to the continental United States immediately. 231 The incursion of a significant number of Army nurses into Korea from Japan and the evacuation of many casualties from Korea into Japan created critical shortages of nurses, in particular in 1950. 232 To deal with the shortfall, the hospitals in Japan employed 155 Japanese and American civilian nurses. As the year wore on, more Army nurses arrived in Japan and nurses from other UN countries helped to fill the void. 233

The handful of Army nurses available also helped to supplement the efforts of the insufficient numbers of medical corps officers. The women assumed advanced practice responsibilities in Japan in the early days of the Korean conflict. The FEC chief nurse, Lieutenant Colonel Alice Griclock, included these comments in her correspondence with Colonel Mary G. Phillips, the chief of the corps: “You will be proud to know that nurses are not only performing the duties as nurses but also are undertaking the responsibilities of the doctor in this crisis. Colonel Hall, who at present is assigned to Tokyo Army Hospital and was formerly at Brooke Army Hospital informed me that his nurses were doing the technical work of the medical officer in addition to their duties and were doing a superior job. He is a difficult and thorough man to work with and when he makes a statement like this, one feels that our nurses are alert, intelligent and well informed.” 234

Captain Margaret Shea (Bond) served on a thoracic surgery unit at the 39th General Hospital in Tokyo during the early days of the Korean War. When the war broke out, the hospital immediately evacuated its existing patients to the States. It added an untold number of beds in locations such as hallways, the auditorium, the stage, and behind nurses’ stations. The tidal wave of casualties was so great that the nurses worked twelve- to sixteen-hour shifts. When going off duty from the night shift, the weary nurses soaked their aching feet in waste paper baskets, the only available con-
Duty on a hospital train was long, hard, and dangerous. Army nurses on the lengthy haul to the north and back to Pusan were on duty from the time of picking up the first to the departure of the last patient, without any break for sleep. Trains were slow and frequently took in excess of twelve hours on one leg of the journey. In the early days of the war before the American cars arrived, windows were removed to board patients with casts and splints that wouldn’t fit through the doors. Many times casts edged protruded out from the sides of the cars. Depending on the season of the year and the passing landscape, the trip could be exceedingly hot, cold, or even sooty when passing through the many tunnels. North Korean guerrillas ambushed the trains and bombed tunnels or track. Another element of danger was added when terror-stricken South Koreans would cling to any available surface on the outside of the train while fleeing from the Chinese Communist and North Korean invaders. Many fell and many others were ruthlessly pushed from the trains by their agitated compatriots.

Truce talks between the opposing forces began on 10 July 1951, but negotiations frequently stalled. Later they resumed. In the years of arbitration, a type of combat referred to as “twilight war” continued. The combatants fought fiercely for numerous small parcels of mountainous land such as Pork Chop Hill and Heartbreak Ridge. The truce talks progressed slowly for over two years until 27 July 1953 when the warring factions signed an armistice at Panmunjom. The agreement provided for a 2% mile-wide demilitarized zone along the length of the thirty-eighth parallel across the peninsula of Korea. A peace treaty never was signed.

After the war, the MASHs and evacuation hospitals became station hospitals. However, everyone remained in a constant state of alert “for what might happen and we hope doesn’t.” Army nurses continued to serve in Korea. They remained in place to support the residual troops and simultaneously assisted at the rebirth of Korean nursing.

After the truce was signed, Army Nurse Corps officers who served in Korea during the war were asked to respond to a survey. Of the seven hundred questionnaires sent, six hundred were returned. Tabulations indicated that seventy percent of these Army nurses served in MASHs, 10 percent in evacuation hospitals, 8 percent in field hospitals, 7 percent in station hospitals, and the remainder in evacuation roles on trains, planes, and ships. The survey respondents also identified problem areas. Those problems that emerged most frequently were the scarcity of supplies and resources, difficulties in dealing with POWs, and cultural differences.

No exact data are available to identify the number of Army nurses who served in Korea during the hostilities. One source states that roughly 540 Army nurses participated in the war. Another estimates that by April 1952, 1,502 had been on duty for various-length tours in Korea during the time of hostilities. Since individual awards were rarely given in that era, it is no surprise that few of that number received commendations for their ser-
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Awards presented to Army nurses for service in the Korean War included nine Legions of Merit, 120 Bronze Stars, and 173 Commendation Ribbons.245

The critical lack of adequate numbers had the serious potential to thwart the achievement of the Army Nurse Corps mission during the Korean War. The rapid and extensive demobilization after World War II, which in some cases involved the release of nurses from the service against their will, was the beginning of the problem. By 1950, many of these nurses were married or securely ensconced in key civilian positions and had no wish to return to Army nursing. In addition, the labeling of the Korean War as a conflict or police action minimized the severity of the situation and the need for nurses. Furthermore, the widely known fact that UN nurses from many nations were serving in Korea may have misled some into thinking that no additional nurses were required.246 Nonetheless, service in spite of persistent numerical deficiencies was the echoing refrain of both the interregnum and the Korean War. Army Nurse Corps officers volunteered for service in the combat arena and endured primitive conditions and the rigors of war. Their sisters in noncombat settings also worked harder in the face of severe staff shortages. They too contributed over and above the normal expectations of duty.

In the eventful decade after World War II, Army nurses achieved full commissioned status. They mastered new technology. They entered the mainstream of educational opportunities. They broke ground in new roles and refined their responsibilities. Extreme shortages and strenuous recruitment efforts were an inescapable reality during this era. Whether in the shadows of the Cold War or in the dire circumstances of the Korean War, progress was the watchword in the Army Nurse Corps.

Chapter Ten

The Era of the Vietnam War

The period from the early 1960s to the mid-1970s was an unsettling and challenging era. It was characterized on the one hand by growth, advances, improvements, and achievements. But on the other hand, it also was marked by longstanding, ubiquitous nursing shortages and a perplexing war. That the Army Nurse Corps survived and generally thrived in spite of prevalent difficulties was due in large part to the efforts of a number of Army Nurse Corps leaders, among them the twelfth chief of the Army Nurse Corps, Colonel Mildred Irene Clark, and her two assistants, Anna Mae Hays and Gladys E. Johnson.

The Pervasive National Nursing Shortage

The recurring refrain of scarce nursing resources persisted within the worlds of civilian and military nursing from the earliest days of World War I. The problem endured and was even exacerbated for several decades after World War II. The shortage resulted from a number of social forces. The genesis of some of those factors lay in the fact that nursing was predominantly women's work. The profession lost many nurses who elected to marry and raise families. At this time, society viewed marriage and a career as mutually exclusive options for women. Salaries not commensurate with job responsibilities and the level of required educational preparation contributed to the complex situation. Economic incentives were strong motivating factors. In addition by the 1970s, a sweeping tide of feminism encouraged women who were in the pool of potential nursing students to select other formerly male-dominated professional fields as their future careers. These choices opened male-dominated careers and promised better salaries, greater autonomy, and a less physically rigorous working environment.

Other factors contributing to the demand for more nurses and further amplifying the shortage included the proliferation of hospitals, the extension of average life expectancy, Medicare and other group health insurance plans,
150. Ibid., 33–34.
151. Mary Ellen Condon-Rall, “U.S. Army Medical Relief to Chile, 1960,” 1 August 1994, information paper, USA, CMH, WDC.
152. Iris J. West, “Earthquake in Iran 1962—Operation IDA (Iranian Disaster Assistance),” ANCA, USA, CMH, WDC.
155. Beginning in 1964, all Army nurses received an issue of three sets of summer and two sets of winter herringbone twill uniforms with a jacket, a cap, and one pair of the first combat boot developed for women. Anna Mae Hays, interview by Amelia J. Carson, transcript, 114–15, Project 83-10, 1983, Senior Officers Oral History Program, USA, MHI, CBPA.
156. Potter, 22.
160. Viola B. McConnell to Agnes A. Maley, 30 June 1950, typewritten letter, ANCR, USA, MHI, CBPA.
162. Viola B. McConnell to Agnes A. Maley, 30 June 1950, typewritten letter, ANCA, USA, CMH, WDC.
163. Eugene M. Landrum, “Citation for Bronze Star Medal,” n.d.; Leven C. Allen, “Citation for the First Oak Leaf Cluster to the Bronze Star Medal,” n.d.; ANCA, USA, CMH, WDC.
165. Ibid., 31; Clark, interview by Adams, 116–17; Cowdrey, *The Medics’ War*, 142.
167. Clark, “Stand by for Korea, 31; Clark, interview by Adams, 118; Elizabeth N. Johnson to Mary G. Phillips, 24 August 1950, typewritten copy of letter; all in ANCA, USA, CMH, WDC.
168. “Major Genevieve Smith (1905–1950),” unpublished manuscript, ANCA, USA, CMH, WDC.
169. Clark, “Stand by for Korea,” 31; Clark, interview by Adams, 118; Genevieve K. Comeau, “A Concise Biography of Major Genevieve Marion Smith,” April 1963, unpublished manuscript, ANCA, USA, CMH, WDC.
171. Walter Marsh, “Army Surgical Hospitals at Work in Korea,” *Army Information*.


208. Kay M. Reid to Ida Graham Price, 20 May 1954, typewritten letter, ANCA, USA, CMH, WDC.

209. Catherine G. Boles to Ida Graham Price, 16 May 1954, typewritten letter, ANCA, USA, CMH, WDC.

210. Tuberculosis was "arguably the chief plague of the Orient" and was a "common illness" among the POWs. Cowdrey, *The Medics’ War*, 306–07.

211. Elizabeth A. Pagels, "The Army Health Nurse at the Prisoner of War Hospitals," 1 August 1952, unpublished manuscript, ANCA, USA, CMH, WDC.

212. Genest, 12.


216. Houseknecht to Price.

217. Johnson to Price; Reid to Price; Ira F. Gunn to Ida Graham Price, 19 July 1954, handwritten letter; Captain C. Wilson to Ida Graham Price, 22 May 1954, handwritten letter; ANCA, USA, CMH, WDC.

218. Wilson to Price.

219. Ibid.; Philomena A. Pagano to Ida Graham Price, 7 June 1954, handwritten letter; both in ANCA, USA, CMH, WDC.

220. Philomena A. Pagano, "Preparation for Overseas Assignment, Field Medical Care in the Army," n.d., Pagano Collection, AMEDDM, FSHT.

221. Maude B. Benedict to Ida Graham Price, 31 May 1954, handwritten letter, ANCA, USA, CMH, WDC.

222. Mary Jane Mattern, "Combat Nurse," n.d., unpublished manuscript, ANCA, USA, CMH, WDC.

223. Cecilia L. Kirschling to Ida Graham Price, 31 May 1954, handwritten letter, ANCA, USA, CMH, WDC.

224. LaConce et al., 6.

225. Frances Register, "How We Learned to Smile Again in Korea," 21 October 1958, unpublished manuscript; Quinn, interview by Adams-Enders, 19–20; both in ANCA, USA, CMH, WDC; Edith A. Ayres, "Army Nurses among the Maryknoll Sisters in Korea," n.d., unpublished manuscript, Lyons Collection, AMEDDM, FSHT.

226. Clark, "Stand by for Korea"; Clark, "Talk with Reference to the Artificial Kidney."


229. Helen I. Dunne to Ida Graham Price, 21 May 1954, typewritten letter, ANCA, USA, CMH, WDC.

230. Fehrenbach, 520.

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3. Nelly Newell, “Presentation . . . at the DACOWITS Meeting, April 1968,” April 1968, ANCA, USA, CMH, WDC.


7. Schlofkeisfeld, a highly respected and influential leader, was dean of the Frances Payne Bolton School of Nursing at Case Western Reserve University at this time. Rozella M. Schlofkeisfeld, “Rozella M. Schlofkeisfeld” in *Making Choices, Taking Chances, Nurse Leaders Tell Their Stories*, ed. Thelma M. Schorr and Anne Zimmerman (St. Louis: C. V. Mosby, 1988), 299–310.


9. Hays, interview by Moore, Tape 1, Side 2.