

Commentary by
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Women at the Front: American Nurses

And If I Perish: Frontline U.S. Army Nurses in World War II,
Alfred A. Knopf, 2003.

Between the Heartbeats: Poetry and Prose by Nurses,
University of Iowa Press, 2002.

Intensive Care: More Poetry and Prose by Nurses,
University of Iowa Press, 2003.

As a young girl, well-meaning adults often asked me what I wanted to be when I grew up, “a teacher or a nurse?” Curiously, no other options appeared to be available. Women who worked as scientists, engineers, aviators, veterinarians, architects, and photographers were literally invisible to the adults who surrounded me.

Yet, even the generations of women who had worked as teachers and nurses, the most traditional of women’s careers, were strangely inaccessible as role models in the literature I read or the movies and television shows I watched. The nurses portrayed in adolescent literature were far less interesting than Nancy Drew, who was the heroine of her own narrative. And the best nurses, whether in literature, film, or television, appeared to excel at becoming and staying invisible—competent, but entirely subordinate to the real heroes of the story. Even today, if you ask an American on the street to name a famous or heroic nurse, you will probably hear the name Florence Nightingale, perhaps even Clara Barton. Who are the others? They remain nameless and invisible in the popular consciousness.

It has taken sixty years to build a memorial to the men who fought and died in WWII. It may take another sixty to acknowledge the sacrifices of the women, particularly the nurses, who served and died with them. Curiously, their stories remain eerily silent. Entire genres of literature, film, and art have grown up around the experiences of the men who fought. Their stories have been transcribed by

biographers and writers, immortalized in film, passed along to grandchildren. Literature and film, in particular, have chronicled their sacrifices, the pain, suffering, and loss of war. An entire generation of combat veterans survives in the memory of our culture's popular imagination.

Yet there is another generation of lives and stories that remains largely unexplored in the popular consciousness. In the case of World War II nurses, at least, Evelyn M. Monahan and Rosemary Neidel Greenlee have attempted to capture some of the remarkable personal stories of these women while there is still time. *And If I Perish: Frontline Army Nurses in World War II* chronicles their experiences as told by surviving nurses themselves.¹

Much of what the authors have uncovered has been lying in plain view for decades. But, as the nurses point out, no one asked them to tell their stories. It was no secret to the people involved, of course. But their experiences were quickly forgotten in the popular imagination after the war. For instance, who remembers today that Army nurses landed in North Africa on D-Day, with the assault troops, in order to treat the wounded on the beachhead. It was the first time in American history that military nurses went ashore with an assault force, and the results were so remarkable that the Army planned to repeat the performance in Italy and Normandy. It was only Eisenhower's concern about the reaction of the American public that caused him to decide, against the wishes of his commanders, to keep the women from landing until D+3, in order to ensure that a popular backlash did not prevent military nurses from serving on the front lines altogether.

The North African campaign was tough for the soldiers and the medical personnel who traveled close behind them. The hospitals were set up so close to the front lines that chief nurse Lt Archard missed a turn in the dark and ended up sleeping in her jeep in no-man's land. Medical personnel were constantly at risk of being over-run by the enemy during hasty retreats from the Kesserine Pass. Moreover, the supply lines were abysmal. After working 12-hour shifts, nurses and orderlies spent hours boiling used bandages, for they were too precious to waste, putting in 18-to 20-hour days. When surgeons ran out of sutures, nurses prepared long strands of their own hair. The pace of operations soon overcame traditional boundaries between doctors and nurses—nurses were co-opted as anesthesiologists and performed surgery on patients side by side with doctors.

The nurses worked themselves to exhaustion in North Africa, but the Italian campaign was to prove even more formidable, as the challenges of combat medicine were compounded by the horrors of Anzio, where the hospitals found themselves trapped between the bogged down front lines and the sea. Nurses and other personnel endured continuous strafing, mortar attacks, and artillery rounds that easily tore through the canvas hospital tents. The hospitals were so dangerously exposed to enemy fire that wounded patients frequently went

AWOL by slipping out of the hospital at night to return to the front lines where they felt significantly safer. As Menehan and Neidel-Greenlee write:

Approximately 5,500 US Army nurses served on the front lines in Italy. Many saw some of the roughest combat conditions of the war and earned themselves Purple Hearts, Silver Stars, and Bronze Stars for heroic action in the face of enemy fire. At Anzio—'Hell's Half Acre'—six army nurses were killed by enemy bombing and shelling. (147)

Lieutenants Elaine Roe, Rita Rourke, and Mary Louise Roberts became the first US Army nurses to earn Silver Stars in WWII, and the first women in American history to be awarded combat medals. They were not the last, as women landed on D+3 in Sicily and Normandy and continued to serve on the front lines until the end of the war. As the authors point out, approximately 1,600 Army nurses "won awards and decorations, including the Distinguished Service Medal, the Legion of Merit, the Silver Star, the Bronze Star, and the Purple Heart. More than two hundred died while in military service" (458).

It was during the North African and Italian campaigns that the nursing corps began to realize the physical toll that front line duty was taking on the bodies of these women. They rapidly lost weight, suffered from anemia, dysentery, and malaria. Their hair turned white. And they began to lose their teeth. As Lt Archard, a chief nurse in North Africa, wrote at the time, "Missing back teeth were one thing, but when the front ones started to go, it was time to do something" (168).

As medical noncombatants, the nurses were supposed to be protected from enemy attack by the Geneva Convention. This was hardly the case, however. Two hospital ships were deliberately sunk by the Germans, and nurses perished along with doctors, many of the ships' crew, and patients. The first to be attacked was the HMHS Newfoundland, en route to Salerno. Attacked in the middle of the night, the ship caught fire and quickly began to sink. Many of the nurses had been sleeping nude in the sweltering cabins, and their clothes were blown out with the bomb's concussion wave. They had to struggle through debris and flames to reach the top deck. When they arrived they discovered a terrible screaming:

The sound of screaming grew louder as they walked, and as they approached two British sisters [nurses] and the fourteen year old cabin boy, they saw the source of the awful sounds: a British sister was trapped in a burning cabin. The German bomb had . . . killed all of the officers on the bridge, the ship's doctors,

and six of the British sisters. The bomb that had killed the six British nurses outright had trapped one more in the same cabin. There was no hope of escape or rescue; the unfortunate victim was still alive. Each scream sounded less and less human, more and more tortured.

'Her head was sticking through the porthole, and her body was on fire,' Glidewell said. 'Her face was twisted with pain as she pleaded for help. The stench of burning skin was overpowering.' . . . Without a word, the young cabin boy stepped forward . . . He was crying softly as he bend and picked up a two-by-four from the debris-strewn deck. The boy brought the two-by-four down as hard as he could against the woman's head. The screaming stopped . . . (192)

All the officers were dead, and the enlisted men organized the evacuation. As Lt Sigman recalled, "Some of the girls would start down the ladders nude and sailors would pull them back and give them their pants. They were dressed in the strangest assortment of garments ever seen at sea" (192). Lt Ruth Hindman was fortunate enough to survive not only the sinking of the *HMHS Newfoundland*, but also the subsequent sinking of the *HMHS St. David*, a second hospital ship attacked by the Germans.

The Italian campaign was difficult and bloody, and the nurses showed the strain. Yet despite suffering from malaria along with their patients, they continued to work until they collapsed. In November, a C-54 medical evacuation flight veered off course and crashed behind enemy lines in Albania. Thirteen nurses and twelve corpsmen hiked 800 miles through the frigid Albanian mountains. For most it took two months, but for three Army nurses trapped in a German-occupied town, the journey took four months. The British OSE and the American OSS became involved in their escape. A year later, another medical evacuation flight was shot down outside of Aachen. The crew, including their nurse Lt Whittle, parachuted to safety but landed amidst German troops. It took nine days to transport them to their POW confinement area. Since Lt Whittle was the first female POW the Germans had seen, they didn't really know what to do with her. She was sent to Frankfurt, where she spent the rest of the war treating Allied POWs, and was eventually repatriated through the International Red Cross in February 1945.

By June 1944, seasoned Army nurses were preparing to land at Normandy. Medical personnel landed on D+1 and the nurses followed on D+3. Dressed in full combat gear, they boarded the *Pendleton* and joined the invasions forces en route to UTAH beach. They were fortunate to make it at all, for the ship wandered off course into a mine field parallel to OMAHA beach. When they finally

waded ashore, the nurses once again found themselves pushing past dead bodies floating in the water. This was only the beginning of the final campaign, of course, where they would frequently find themselves under enemy fire, including the Battle of the Bulge.

One of the most horrifying experiences were the concentration camps at Nordhausen and Dachau. Combat hardened veterans who liberated the camps continued to have nightmares about Dachau for decades. As the Allies advanced, the Germans massacred as many prisoners as possible, sometimes to hide their numbers, and sometimes simply to finish what they had started while there was still time. They were unwilling to allow any prisoners to survive if they could prevent it. At one of the camps, prisoners were locked into barracks which were doused with gasoline and set on fire. Those who tried to claw their way free were bayoneted. At Dachau, prison guards burned the corpses of prisoners killed before the Allies arrived. When the nurses arrived one or two days later, bodies were still smoldering as they entered the camp. For months, medical personnel worked to treat and save inmates, who were suffering from starvation, typhus, and other infections. The authors record that “Medical commanders believed that human beings could deal with the horrific conditions of the camp for no more than a few days at a time without acquiring psychological scars that would affect them far into the future” (451). Nevertheless, the nurses continued to work in the camp for weeks and months.

If the Army nurses working in the European theater performed heroically, the nurses in the Pacific had much to endure. Within a matter of weeks, 67 nurses working at the naval hospital in the Philippines were captured by the Japanese when Corrigedor fell. The head nurse, Lt Nash, made sure that every nurse was supplied with a lethal dose of morphine before they were captured—tablets which they hid in their hair during the years they spent at POWs.

And If I Perish: Frontline US Army Nurses in World War II is critically important in capturing and preserving some of the stories told by these combat nurses. Yet it also raises questions about why it has taken so long to hear their stories. Almost 30,000 nurses served in combat zones, in the front lines of every American battlefield of the war. Lt Glidewell recalls an incident shortly after the war that bridged the divide between men and women veterans: “Not quite six months after the war ended, I was talking to a man about repairing the well pump at our new home when lightning struck the corner of the house,” [she] recalled. “Without a word, the repairman and I hit the dirt. When we got up, the repairman said, ‘Well, ma’am, I can see you were in the army too’” (463). Combat nurses transcended gender barriers and prejudices in ways that appeared at the time to be permanent. The critical moment for Capt Rosenbaum happened during the invasion of North Africa:

When Captain Edward E. Rosenbaum, MC, starting down the cargo net into a landing barge for the invasion of North Africa on 8 November 1942, looked at his side and saw Lieutenant Vilma Vogler, an army nurse, descending the net with him, a paradigm shift occurred in his own mind and heart. "At that moment, she and the other nurses had ceased to be 'the women.' We were all comrades in equally dangerous footing, trying to survive the insanity of combat." (458-459)

Despite the revolutionary changes that took place on the front lines of WWII, the roles of women that had expanded during the war contracted sharply after the war. Lt Ruth Hindman later moved to Washington D.C., where her neighbors included Jesse Helms and his wife. As the authors relate, "During lunch one day, the subject of difficulty with hearing came up. 'The Senator told me how he lost some of his hearing,' Ruthie [Hindman] recalled. 'And I told him how mine was damaged when the Germans sank the second hospital ship I was on—the *St. David*. He hadn't realized before our conversation that US Army nurses had been aboard hospital ships attacked by the German air force'" (463). In the early 1970s, state Senator Jim Tysinger of Georgia replied to a woman's group "Why should women have equal rights? They never went to war for this country. They never got shot at by the enemy. I was on Guadalcanal and there were no women there" (461).

History shows us that the same dynamic has repeated itself many times, as women's involvement in war and combat is quickly forgotten with each generation, and traditional roles are assigned based upon ideology rather than reality. It appears that where gender and war are concerned, our culture's tendency is to project rather than remember, to recall what "should have been true" rather than what actually was true. Even during wartime, traditional projections about what women "should" need or desire interfered with the actual requirements of combat nurses. When chief nurse Lt Archard traveled from the front lines to the quartermaster's supply depot in North Africa, she was taken aback at the discrepancy between fantasy and reality.

Unfortunately, not one article of clothing that Archard needed for her nurses was available, but when the supply officer learned she was with the 48th Surgical Hospital, he opened up his store-rooms to her. Archard was allowed to take all the lipstick, face powder, deodorant, cold cream, and facial tissues she wanted. Archard marveled at the wisdom of a War Department that did not supply nurses with long underwear, overalls, or shoes, but did not stint in providing the women with such essentials for front-line duty as lipstick and face powder. (113)

But is it only the enormity of WWII that occasioned the forgetfulness of these women's contributions? Were the sacrifices of male soldiers so overwhelming that ignoring the nurses' roles was inevitable?

It is tempting to believe that these women's lives have been only temporarily overlooked, and that eventually they will be recovered and earn the respect they deserve as military veterans, professionals, and witnesses and survivors of war. But history suggests otherwise—that their stories risk sinking from popular view, available only to the most obscure academics. For centuries, women have been present and active on the front lines of combat, yet their contributions quickly disappear from official records. It is only through the detailed research of academics that oblique evidence of women's combat experience can sometimes be rediscovered. For instance, Dianne Dugaw researched the role of women in eighteenth-century combat, both on land and at sea.

Probably because military life in the early modern era was not the regulated profession it is today, women's service was taken for granted. In fact, their ongoing contributions on naval ships were recognized in official circles well into the nineteenth century. As late as 1847 Queen Victoria directed that the Navy General Service Medal be awarded 'without reservation to sex.' However, when two women actually stepped forward and claimed medals for their participation in the battles of the Nile and Trafalgar, the Medal Committee refused with embarrassed bureaucratic shuffling. Interestingly enough, the navy did not challenge the worthiness of the women claimants, but rather pleaded an obligation to forego the two medals in order to spare itself—and the army as well—a multitude of similar requests. In the Committee's words, 'there were many women in the fleet equally useful, and it [would] leave the Army exposed to *innumerable* applications.'²(8)

The only counterweight history has to projections of wishful thinking, therefore, appears to be the personal stories themselves, which rely not upon official records, popular awareness, or traditional assumptions.

If nurses are to appear as individuals, whether in combat situations or not, they must tell their stories, for they cannot rely upon others to remember them. The collective memory, despite the hard work of academic researchers, wants to forget. Fortunately, two recent publications have appeared in which nurses tell their own stories through the art of poetry and prose. *Between the Heartbeats: Poetry and Prose by Nurses* and *Intensive Care: More Poetry and Prose by Nurses* have provided a forum for nurses to add their own voices to the literary

conversation, and to become active in shaping their own literary genre.³

Like any new genre, these selections are various, imaginative, and uneven. Some of the poems and short stories are gripping, haunting, and powerful. Others appear to be attempts at working through trauma. However, the collection as a whole provides an important contribution to an emerging category of literature, a category that has the potential to bring the experiences of individual nurses into the popular consciousness in a way that the academic world has not yet succeeded in doing. For it is only through personal narratives that nurses will take control of their own stories, histories, and experiences. As Aeschylus wrote centuries ago, "Memory is the mother of all wisdom."⁴

Notes

1. Monahan, Evelyn M. And Rosemary Neidel-Greenlee. *And If I Perish: Frontline U.S. Army Nurses in World War II*. New York: Alfred A. Knopf, 2003.

2. Dianne Dugaw, "Balladry's Female Warriors: Women, Warfare, and Disguise in the Eighteenth Century." *Eighteenth Century Life*. January 1985 IX. n.s., 2, pp1-20.

3. *Between the Heartbeats: Poetry and Prose by Nurses*. Cortney Davis and Judy Shaefer, ed. Iowa City: U Iowa P, 2002. *Intensive Care: More Poetry and Prose by Nurses*. Cortney Davis and Judy Shaefer, ed. Iowa City: U Iowa P, 2003.

4. Also quoted at the end of *And If I Perish: Frontline U.S. Army Nurses in World War II*, p. 461.

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