

Advancements in the Professionalization of Women's Nursing, 1914-1945

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INTRODUCTION

Throughout history, women in workspaces faced gender-based prejudice, especially in all female industries. In the medical field, early nurses occupied the lowest status and often found the path to professionalization blocked by men. This discriminatory behavior was rampant in both the medical and military environments, which expounded and relied on projecting masculinity, especially during wartime. Despite this, the American nursing industry saw massive progression starting in 1914 and continuing onwards through the second World War. While previous historians concentrate on how the first half of 20th century affected early feminism, many have neglected the niche study of how new professionalism in nursing changed throughout this same period, and what effect it had on these women specifically. Using primary testimonies and analysis from scholarly authors, this essay argues that professionalization of American nursing occurred as a process over time, where each generation of women worked to challenge stereotypes about femininity and women's roles in the workplace. Changes to nursing in World War One came about as a result of individual women pushing against boundaries set by patriarchal standards. While their achievements on the front lines didn't systematically change how nursing worked, they set future precedents and inspired other women to push boundaries in the interwar period. More structural changes would occur during the interwar period between 1919-1938, where nurses felt more confident in speaking out against harassment and discomfort they faced while serving in WW1. The most important goals of this period surrounded advocating for nurse ranks in the military and expanding nurse education. Nurses experienced the sum of progressive changes made from 1914 to 1938 during World War Two, where rank and education increased their opportunities and prestige. The potential of the nurse took a dark turn however, when considering Nazi eugenics, which would forever change the way the medical industry worked. Throughout the periods this essay encompasses, women used different methods to navigate the patriarchal environments in hospitals and the military. While it would be easy to focus on the women who supported the professionalization and expansion of the nursing industry, it's important to consider the ways dissenting women navigated similar conditions.

This paper integrates the many differing opinions of women throughout WW1, the interwar period and WW2. The letters of Alice O'Brien are used sparingly as her volunteer time as a nurse was

very short. Other women's testimonials are used more widely, such as Julia Stimson, whose presence can be found in almost any source analyzing nurses during this time. Stimson's opinions provide a voice of dissent amongst other nurses who wished for the professionalization of the industry. Her beliefs in gender roles as a buffer against harassment during wartime bolstered military men in their similar beliefs that nurse rank was unnecessary. Others like Helen Hoy Greeley believed in similar gendered structures but used her perceived differences between the men and women to advocate for women's autonomy in the workspace. In order to publicize their views, many women submitted entries to either the *American* (AJN) or the *British Journal of Nursing* (BJN). Some of these entries, like an article by Lavina Dock, denounced war altogether and wished to separate women from male dominated and constructed conflicts. These ideas of pacifism are supported by numerous other primary sources, such as the long and anonymous manifesto *Militarism Versus Feminism*, which relates women to slaves during wartime. While these opinions might seem harsh, other anonymous sources such as "An Old Army Nurse," supply evidence for the subjugation of nurses in the military by speaking about their harassment and disrespect at the hands of men.

Historiography included an abundance of scholarly work concerning nurses during wartime. Christine E. Hallett, whose books *Veiled Warriors: Allied Nurses of the First World War* and *Nurse Writers of the Great War* provided a great amount of detail toward this essay, consistently argues that each war helped progress the nursing industry further. Scholars like Jo Ann Ashely argue that other nurses might have hindered this progress because of long endured acceptance of male domination within hospital environments. As a result, women like Stimson receive lots of focus when discussing nurse rank by authors such as Kimberley Jensen. Written history on nurses during WW2 includes analysis on the continued progress of women in the military, where authors like Kathi Jackson in her book *They Called Them Angels* provides examples of the soldierly-like training nurses received upon enlisting. At the same time evidence of genocide and mass killings at the hands of nurses during WW2 has also been written about. The article "Nurses Writing about Psychiatric Nurses' Involvement in Killings during the Nazi Era: A Preliminary Discourse Analysis." by Colin A. Holmes examines how female perpetrators saw their participation in the Nazi programs, and how they were viewed throughout the world. Holme's paper has

much in common with the book *Hitler's Furies* by Wendy Lower and Suasan Benedict, author of “Nurses’ Participation in the Euthanasia Programs of Nazi Germany.” These authors agree that Nazi Nurses had responsibility for their actions and created the same horror and pain as Nazi soldiers.

NURSING IN WW1 (1914-1918)

Wartime nursing during WW1 was surrounded by many different opinions on the role of women in the workplace. Many opinions matched the time period and discouraged female independence or connected femininity to non-violence. Declarations of pacifism were extremely popular and used by women themselves as a way to promote a certain type of feminism. A statement published in the *British Journal of Nursing* in August 1915 explained the “human ideals” of Lavina Dock, an American nurse and the head of the *American Journal of Nursing*’s Foreign Department.¹ Here she proclaimed that the AJN “[intended] to boycott this particular war” as she believed it was nothing but “a specimen of man’s stupidity” and “a colossal piece of atavism.” Dock was not alone in this type of thinking. The anonymous 1915 manifesto *Militarism Versus Feminism*, takes this belief even further by stating that militarism itself was the mechanism used to oppress women globally.² According to this piece, “War, and the fear of war, [has] kept women in perpetual subjugation,” only allowing her the knowledge and faculties to create more children for future soldiers. This very subjugation has stopped “the influence of women” and her “silly humanitarianism” which “alone could have prevented” war. According to Christine E. Hallett in her book *Nurse Writers of the Great War*, this type of pacifism was “rare” among nurses,³ though evidence does show that lack of professionalism and anti-women sentiment was prevalent in the workplace.

Organizations like the The American Army Nurse Corps and the British QAIMNS found themselves subordinated by powerful medical military corps who associated female work forces with disadvantages and low social status. This chauvinism could make the medical field dangerous with “some female senior nurses... [being] subject to bullying and harassment by male medical colleagues. One

¹ Christine E. Hallett. “American Nurses in Europe.” In *Nurse Writers of the Great War*, 124–170. Manchester University Press, 2016. 124-142

² *Militarism Versus Feminism : An Enquiry and a Policy, Demonstrating that Militarism Involves the Subjection of Women*. London: 1915. (4)

³ Christine E. Hallett. “American Nurses in Europe.” In *Nurse Writers of the Great War*, 124–170. Manchester University Press, 2016. 124-142 (125)

example of bullying comes from the anonymous letter of “An Old Army Nurse” to the editor of the *American Journal of Nursing* in August 1919.⁴ This letter is dedicated to the topic of army nurse rankings and how they were respected in their field. According to this anonymous source, the “status [of the nurse] [depended] upon the individual commanding officer.” During one incident, a nurse chose to sit at a different table than normal (for reasons of comfort) and was reprimanded by a soldier. For her defiance, “this nurse lived on crackers and sweets” for two days. When the chief nurse (a position chosen by the medical director to those who demonstrated leadership and prestige)⁵ spoke to one of the men responsible, she was “[taken] by the shoulders and pushed [...] from the room.” He later excused this dismissal by explaining how “he thought she was a casual and did not know she was the chief nurse.” The anonymous author exclaims her own vexation at these events, asking “How much longer will the Army nurses submit to such indignities?” Unfortunately this type of humiliating harassment and even worse was rampant in the workforce. According to Kimberly Jensen, nurses were seen as “hired extras” because they had no official rank.⁶ Their work was simply “women practicing the indispensable women's work of nurturing.” Unlike doctors or surgeons, their positions were dispensable and low management, which often encouraged harassment toward them. (This issue of nurses lacking official rank would be targeted more during the interwar period).

These discriminatory opinions were often supported by the lack of professionalism in nurse training compared to other medical professions. According to Hallett, women near the end of the 19th century could still “become” a nurse “by joining the staff of one of the lower-status hospitals...”⁷ Though this did come with training, achieving the title of “nurse” simply because one managed to join a lower status hospital exhibits how underdeveloped and underappreciated the profession was. Doctors and surgeons required years of training, while a future “nurse” could simply waltz into a hospital. Especially during the war period, recruiters didn’t have time to train professionals. Alice O’Brien, whose letters have

⁴ Julia C. Stimson John J. Pershing, and E. V. C. “Letters from Nurses in Service.” *The American Journal of Nursing* 19, no. 11 (1919): 880–82

⁵ Christine E. Hallett. “American Nurses in Europe.” In *Nurse Writers of the Great War*, 124–170. Manchester University Press, 2016. 124-142 (130) AND Kimberly Jensen. “A Base Hospital Is Not a Coney Island Dance Hall: American Women Nurses, Hostile Work Environment, and Military Rank in the First World War.” *Frontiers: A Journal of Women Studies* 26, no. 2 (2005): 206–35 (211)

⁶ Kimberly Jensen. “A Base Hospital Is Not a Coney Island Dance Hall: American Women Nurses, Hostile Work Environment, and Military Rank in the First World War.” *Frontiers: A Journal of Women Studies* 26, no. 2 (2005): 206–35 (209)

⁷ Christine E. Hallett. “The War Nurse as a Free Agent.” In *Nurse Writers of the Great War*, 124–170. Manchester University Press, 2016. 143-170 (152)

been collected in a volume titled *Alice in France*, worked as a nurse in France toward the end of the first World War.⁸ In a letter dated June 3rd 1918, she explained how “Girls are being taken from all sorts of work and put into hospitals” even though “Few of them have any hospital experience.” She recounts visibly watching standards of professionalism drop as she remembered that American qualifications would have required her to “have training and experience [...] before [she] would be allowed to do half of what [she] did [that day].” It was perhaps these types of gaps that associated female medical workforces with disadvantages.

In fact, these types of inadequacies were often prayed upon by senior women as well as men. A section of Krizztina Robert’s article “Gender, Class, and Patriotism: Women's Paramilitary Units in First World War Britain” claims that many American female VADs transferred *from* nursing to other services due to foul treatment. According to Robert, trained nurses could sometimes resent volunteers and purposely give them “the most menial [often demeaning] and soul-killing tasks.”⁹ This tension went further than just menial tasks however and was a genuine conflict throughout America even before the country officially joined the war. According to Elizabeth M. Stewart, education for wartime nursing was sparse and sparked animosity from fully trained nurses. Since 1912, hospital schools with low application rates began lowering their requirements to “dangerously low levels.”¹⁰ Age limitations lowered to 18 or sometimes 17, and previous experience lowered to just “one year of high school or below,” for 60% of schools. Despite these already low standards, The Committee on Nursing asked hospital schools “to graduate third-year nurses earlier,” which shortened nursing standards even more (808). These barely qualified nurses expanded the medical range of American support, but diluted the staff of professional nurses during WW1. These professionals fought against under-qualified nurses, often in similar ways to the demeaning tasks mentioned in Robert’s article. According to Stewart, they feared that acceptance of less than 3 years of education would demean the industry. The perception of nursing as an easy job already harmed professional nurses who were often being called “the over-trained nurse” or a woman who

⁸ Nancy O’Brien Wagner. *Alice in France*, (Minnesota: Minnesota Historical Society Press, 2017).

⁹ Krizztina Robert. “Gender, Class, and Patriotism: Women’s Paramilitary Units in First World War Britain.” *The International History Review* 19, no. 1 (1997): 52–65. (59)

¹⁰ Isabel M. Stewart. “Nursing Preparedness: Some Lessons from World War I.” *The American Journal of Nursing* 41, no. 7 (1941): 804–15. (808)

“interfered” too much.¹¹ Nurses were very much oppressed by the military and medical patriarchy, but it had an ironic and harmful way of turning women against each other as well.

Despite these setbacks, many wartime nurses navigated around the limits of patriarchal standards to find independence and power through their work. Nursing during the first World War went through a similar battle of ideology, between older medical officials who believed nurses should be stationary and obedient and newer nurses who strove for a more independent career.¹² Violetta Thurstan, who began training at The London Hospital, was said to have “very good” conduct and perform “satisfactory” work. Yet Thurstan’s drive for control over the specifics of her service came into conflict with the ideologies of Matron Eva Luckes, who openly campaigned for a nursing state register. Luckes’ reports on Thurstan reflect this battle, as she consistently insulted Thurstan by calling her a “little woman with very little strength of character” or “young and childish.” Luckes then recommended her for only “easy” job positions. Matron Luckes is another example of how women could also perpetuate oppression toward other women in the medical workplace in order to push their own idea of how female participation should be regulated. Similar to military men, Luckes looked down on Thurstan for her personality and drive for independence; things that had nothing to do with her effectiveness as a nurse. Despite this, Thurstan would go on to “practice when and where she wished,” even serving in Belgium, Russia, France and Macedonia. Violetta Thurstan, among many others such as Ethel Gordon Fenwick and Isla Stewart would go on to make “nursing an autonomous and independent profession,” representing the newfound control and independence nursing could offer women.

Other wartime nurses exacted a feeling of power from their service, even taking on more dangerous positions or establishing their own work facilities. One of the biggest battles for World War One nurses was getting to the front lines. This was a very dangerous location as it could easily be destroyed. Women as nurses were forbidden from conducting service in these locations, often because

¹¹ Isabel M. Stewart. “Nursing Preparedness: Some Lessons from World War I.” *The American Journal of Nursing* 41, no. 7 (1941): 804–15. (811)

¹² Christine E. Hallett. “The War Nurse as a Free Agent.” In *Nurse Writers of the Great War*, 124–170. Manchester University Press, 2016. 143–170 (151, 152, 151)

military medical personnel “took a dim view of women’s abilities.”¹³ Though many tried, the British and other allied forces had made a decision “en masse” to reject all such initiatives.¹⁴ Many women found this repudiation humiliating, as fully trained nurses and doctors were dismissed “Even as untrained and semi-trained volunteers were making their way to ‘the front.’” This however, caused some problems. Soldiers with dangerous injuries or threats of infection were often strapped into ambulances and driven over bumpy roads to base hospitals, “possibly as many as 30 miles away.”¹⁵ The muddy fields of the trenches could also contaminate wounds with anaerobic bacteria, which could cause serious conditions like gangrene.¹⁶ Trained nurses like Elsie Knocker and Mairi Chisholm realized this practice was “killing more casualties than it was saving” and that these wounds needed to be stabilized before soldiers could be transported.¹⁷ With great difficulty, Knocker convinced the Belgian authorities to allow her and Chisholm to open a dressing station directly at the front. This “cellar house” was located in the village of Pervyse, “directly behind the Belgian front-line trenches.” Here, Knocker and Chisholm made names for themselves as the “Heroines of Pervyse,” who traveled into no man’s land with stretchers, and received binoculars by the British in order to spot the movement of British planes.

The story of T’Serclaes and Chisholm is not unique, and it should be noted that some militaries welcomed women more than others. Elise Ingles faced crude rebuffing, famously being told by the British army to ‘go home and sit still.’”¹⁸ However, other countries were more welcoming to women’s participation, and Ingles’ offer was “gratefully [sic] and immediately accepted” by the French and Serbian Authorities. She would go on to establish a series of Scottish Women’s Hospitals, including the famous Abbaye de Rayaumont Hospital. (Ingles’ accomplishments and her prominence in the Scottish Federation of Women’s Suffrage Societies suggest she had a great deal of wealth. Though my sources fail

¹³ Christine E. Hallett. “A Call to Action: August-December 1914.” In *Veiled Warriors: Allied Nurses of the First World War*. Vol. First edition. Oxford, England: OUP Oxford, 2014. Pp. 31-66 (39)

¹⁴ Christine E. Hallett. “The War Nurse as a Free Agent.” In *Nurse Writers of the Great War*, 124–170. Manchester University Press, 2016. 143-170 (147)

¹⁵ Christine E. Hallett. “A Nursing Service on the Western Front.” In *Veiled Warriors: Allied Nurses of the First World War*. Vol. First edition. Oxford, England: OUP Oxford, 2014. Pp. 67-103 (87)

¹⁶ Christine E. Hallett. “The War Nurse as a Free Agent.” In *Nurse Writers of the Great War*, 124–170. Manchester University Press, 2016. 143-170 (148)

¹⁷ Christine E. Hallett. “The War Nurse as a Free Agent.” In *Nurse Writers of the Great War*, 124–170. Manchester University Press, 2016. 143-170 (145)

¹⁸ Christine E. Hallett. “A Call to Action: August-December 1914.” In *Veiled Warriors: Allied Nurses of the First World War*. Vol. First edition. Oxford, England: OUP Oxford, 2014. Pp. 31-66 (39)

to mention if she herself (a fully trained doctor) worked at the hospitals she established, Ingles' ability to offer "fully equipped" facilities in comparison to T'Serclaes and Chisholm's "cellar house," suggests that class heavily impacted the services women could provide, and perhaps how the male dominated industry saw them. The "Hôpital Auxiliaire 301" for example, was located in the Abbaye de Raymount, a building from the 13th century. Historians today describe it as a "gothic" building with an "austere grandeur," "set amidst beautiful countryside near the forest of Carnelle." I have little doubt that the military championed Ingles' wealth more than her feminism or courage). This exact facility is mentioned by Alice O'Brien in a letter dated August 15th, 1918.¹⁹ Though she doesn't mention Ingles by name, she commends the "Scottish women" for their "wonderful work." According to O'Brien, Ingles' hospital was staffed entirely by women: "There is not a man employed on the place, girl ambulance drivers, nurses, orderlies, cooks, and surgeons." One of the surgeons in fact, is considered "one of the finest operators in France." In fact, just to celebrate women's accomplishments just a bit more, the vaulted wards were named after famous women, such as Blanche de Castille and Jeane d'Arc.²⁰ It's clear that the determination and drive of a few individual women provided opportunities for other women. The warfront offered a challenge, made all the more difficult because of the sexism nurses faced. But the strength, will and determination they exhibited established a new precedent where nurses defied stereotypes about women's military abilities. In light of the positive impacts from their defiance, many military medical services were also forced to accept their presences on the front lines. Countries like Britain enlisting T'Serclaes and Chisholm to spot British planes was a sign of the begrudging respect. And the more immediate reception from authorities in places like France and Serbia exhibit the already growing respect toward nurses on the front lines. While their jobs still revolved around a feminine identity, they could no longer be separated from masculinity either. The determination of women like Elise Ingles also gave more opportunities to more women who wished to work on the front, multiplying the presence of nurses and demanding respect by numbers.

Nurses weren't as celebrated as soldiers and as a result, their injuries, emotional stress and trauma stayed less acknowledged in the public eye. The reality of these harsh conditions were instead highlighted

¹⁹ Nancy O'Brien Wagner. *Alice in France*, (Minnesota: Minnesota Historical Society Press, 2017).

²⁰ Christine E. Hallett. "A Call to Action: August-December 1914." In *Veiled Warriors: Allied Nurses of the First World War*. Vol. First edition. Oxford, England: OUP Oxford, 2014. Pp. 31-66 (40)

by other women. Elizabeth Haldane wrote a piece published in the *New York Times* in 1915 raising funds for nurses “who have suffered, or may suffer, from attendance upon the sick and wounded during the war.”²¹ She asked for the public to express “their gratitude” and acknowledge “their sacrificing themselves on the altar of patriotism.” In her statement, Haldane gives the example of a British nurse named Clementina Addison who died as a result of the war. According to the *British Journal of Nursing*, her death would be the first “recorded in the ranks of the French Flag Nursing Corps.” Addison’s name being recorded represents a new era for female participants in wartime service. Nursing was no longer simply “women practicing the indispensable women's work of nurturing,” but a sophisticated and honorable occupation worthy of acknowledgement. Other nurses would receive awards for their service, such as T’Serclaes and Chisholm who were made “Chevaliers of the Order of St Leopold,” and received the Order of St John of Jerusalem and the British Military Medal.²² Despite the setback of sexism and hostility in the workplace, both of these women forced their way into the male dominated front lines, where no other woman had before. Changes in nursing also came from the inside, such as Violetta Thurstan’s war of ideology that pushed for autonomy and independence in the industry. The changes made in this era came about from the resolve of individual women like T’Serclaes, Chisholm, Thurstan and Ingles, who would inspire and create spaces for more female participation. But despite these accomplishments, sexism and anti-women sentiment was still very prevalent, and many of these issues would move into the interwar period.

NURSING IN THE INTERWAR PERIOD (1919-1938)

Nursing during the interwar period was heavily impacted by the experiences and voices of those who served in WW1. Nurses during the great war made gains toward autonomy and respect, which were achieved from the work and precedents set by individuals like Violetta Thrustan and Elise T’Serclaes. During the interwar period, women would campaign for change concerning issues they had found during WW1, such as the lack of rank for nurses, the harassment they faced and the pull for polished education.

²¹ Christine E. Hallett. “A Nursing Service on the Western Front.” In *Veiled Warriors: Allied Nurses of the First World War*. Vol. First edition. Oxford, England: OUP Oxford, 2014. Pp. 67-103 (101)

²² Christine E. Hallett. “The War Nurse as a Free Agent.” In *Nurse Writers of the Great War*, 124–170. Manchester University Press, 2016. 143-170 (147)

The progressing feminist movement backed these efforts. It should be mentioned however, that changes to nursing during WW1 happened from the actions of individuals, not because of a lack of group advocacy but simply because war wasn't the time or place to unionize. Warfare was stressful and recruiters didn't even have time to fully train medical personnel, nevermind fight for equal treatment. Social change was much more approachable during a time of peace, when lives weren't constantly at stake. Women who faced harassment or denigration also felt a sense of shame, and often didn't speak out until they were discharged. Peace gave women courage and allowed them to speak more effectively, even if they still faced much of the same sexism and anti-women sentiment as during the war. However, postwar reforms were inspired by women's personal experiences and while a large majority advocated for rank and feminism, others disagreed. Though the effort for rank would succeed, the new professionalism of nursing marginalized the freelance industry.

The call for a nurse rank came from army nurses who saw or experienced harassment, humiliation or physical harm at the hands of men during their service. As a whole, nurses' involvement during the war was treated as less heroic because of their volunteer status and lack of rank. Kimberly Jensen describes nurse recruitment as the call to "assist [...] but not to be warriors."²³ In this way, the strict hierarchy of the military was unavailable to women, making their positions ambiguous but clearly unequal. Jensen emphasizes that the majority of harassment and disrespect came from the medical officers. Daisy Urch worked in Hospital #12 in Picardy, France.²⁴ Because of a technicality she was only a temporary chief nurse, which unbeknownst to her, meant she had no protection against removal by a commanding officer. When she came into conflict with Medical Director Dr. Besley, he testified that she was "'disloyal' and 'manifested 'antagonism to any directing or controlling authority.'" After a small period of recuperation, the Commanding Officer Collins agreed that she "could not serve in her capacity as temporary chief nurse and give me her loyal support and cooperation." He had her forcefully removed. A later investigation into this case was done *without consulting her*, leaving Urch "at the mercy of male supervisors." Urch's

²³ Kimberly Jensen. "A Base Hospital Is Not a Coney Island Dance Hall: American Women Nurses, Hostile Work Environment, and Military Rank in the First World War." *Frontiers: A Journal of Women Studies* 26, no. 2 (2005): 206–35 (209)

²⁴ Kimberly Jensen. "A Base Hospital Is Not a Coney Island Dance Hall: American Women Nurses, Hostile Work Environment, and Military Rank in the First World War." *Frontiers: A Journal of Women Studies* 26, no. 2 (2005): 206–35 (215)

experience was unfortunately not unique, others such as Jane Ransom, Emma Nichols and Anna Johnson had similar difficulties.

These humiliations became the motivation for nurses to advocate for rank after the war. The interwar period brought security for many women who had been silenced while in service or didn't feel safe enough to speak out. Many advocated for rank as a way to professionalize their positions and prevent harassment. Once home, Daisy Urch wrote a letter to the *American Journal of Nursing* arguing that rank would provide nurses with protection against the "petty jealousies and vagaries, peculiar to the temperament of some officers and corps men."²⁵ According to Jensen, Urch's main focus was recognizing their authority in relation to their peers, which would make hospitals more efficient. Other women such as Harriet Stanton Blatch argued that rank was well deserved in response to the sacrifices and hardships endured by nurses, which as discussed, were less acknowledged by the public. Other women took these arguments even further, such as Helen Hoy Greeley, who's paper "Rank for Nurses," published in the *American Journal of Nursing* illustrated how male and female volunteers did different jobs and therefore needed separate representation, support and supplies. She advocated for female representation on the staff of the Surgeon Generals and the United States War College.²⁶ Other women connected the issues of nurse treatment to regional perceptions of women's work. According to Grace E. Allison, women serving in Britain and France received better treatment, such as military escorts, prearranged dinners and transportation and provided resources. In America, Allison found her own transportation and was stopped by an officer, who, upon seeing her service strips, asked her to watch his suitcase (851). While these women differed on the origins of harassment and future solutions, they all agreed that rank was necessary in order to help women navigate the patriarchal standards of the military.

However, this opinion was not universal. According to Jensen, many nurses questioned whether rank would make a difference. A nurse from Maryland argued that commanding officers "would continue to treat us as dirt under their feet" whether they had rank or not.²⁷ Others argued that receiving the officer

²⁵ Kimberly Jensen. "A Base Hospital Is Not a Coney Island Dance Hall: American Women Nurses, Hostile Work Environment, and Military Rank in the First World War." *Frontiers: A Journal of Women Studies* 26, no. 2 (2005): 206–35 (218)

²⁶ Helen Hoy Greeley. "Rank for Nurses." *The American Journal of Nursing* 19, no. 11 (1919): 840–53. (840-41)

²⁷ Kimberly Jensen. "A Base Hospital Is Not a Coney Island Dance Hall: American Women Nurses, Hostile Work Environment, and Military Rank in the First World War." *Frontiers: A Journal of Women Studies* 26, no. 2 (2005): 206–35 (220)

title would separate them from the enlisted men they had gone to help. But the loudest opposition of all came from Julia Stimson, whose opinions were influenced by her perception of women and how they should behave in the workplace.²⁸ Stimson navigated the patriarchal military by enforcing it, rather than fighting against it. She believed that “proper social relations between men and women were central to professional roles...” In order to avoid harassment or foul treatment, a woman must regulate her own behavior. In her wards, Stimson strictly forbade unchaperoned social relations between nurses and enlisted men, and when confronted with reports of misconduct, would send lists to chief nurses outlining proper behavior. In an anachronistic sense, Stimson’s responses to harassment often seemed like victim blaming, though according to scholar Jo Ann Ashley, her anti-feminist beliefs were not unique among early nurses.²⁹ Ashley’s paper “Nurses in American History: Nursing and Early Feminism” argues that the pre-WWI feminist movement failed because nurses (among other women) failed to take part in “the fight for genuine equality and freedom.” Even before the fight for wartime rank, regular hospitals fed on male dominance. Male administrators and physicians opposed giving women equal status and felt the nursing industry had overstepped by trying to become “controlled by women nurses.” While these realities would be challenged by Violetta Thurstan and others during WWI, early nursing leaders who shared Stimson’s values made no attempt to change this. Instead, they worked with administrators and physicians, and sought their approval. Ashley concludes that this conservative inaction is the reason why medicine during this period was so male dominated. Unfortunately, Stimson’s conservative attitude had heavy consequences as she was possibly “the most powerful nurse in the military.” When asked by Surgeon General (of the AEF) Merritte Ireland about the legitimacy of harassment reports sent by nurses during the war, she would respond that there was none, and personally didn’t believe them. Ireland would go on to repeat this conversation during his testimony against rank for nurses at a Congressional hearing on September 4th, 1919, echoing Stimson’s belief in rectifying “nurses’ behavior rather than structural difficulties.” Though the patriarchy remains the defining issue, opinions are motivated by individual experiences. Julia Stimson, the most powerful nurse in the military, most likely did not face the same

²⁸ Kimberly Jensen. “A Base Hospital Is Not a Coney Island Dance Hall: American Women Nurses, Hostile Work Environment, and Military Rank in the First World War.” *Frontiers: A Journal of Women Studies* 26, no. 2 (2005): 206–35. Many pages

²⁹ Jo Ann Ashley. “Nurses in American History: Nursing and Early Feminism.” *The American Journal of Nursing* 75, no. 9 (1975): 1465, 1466

discrimination as her fellow nurses, and therefore failed to see the actual problem. Her influence is perhaps one of the reasons why military rank failed to pass in 1919.

According to Jensen, the Committee to Secure Rank for Nurses had to change their demands to “relative rank” to find results.³⁰ Rank was passed in the Jones Ranker Bill on June 4th, 1920 in section 10 of the Army Reorganization Act.³¹ *“Hereafter the members of the Army Nurse Corps shall have relative rank as follows: [...] chief nurses, the relative rank of first lieutenant; head nurses and nurses, the relative rank of second lieutenant; and as regards medical and sanitary matters and all other work within the line of their professional duties shall have authority in and about military hospitals next after the officers of the Medical Department.”* (This law specifically targeted army nurses and would be expanded to navy nurses in 1942)³² Ironically, Julia Stimson would be the first to receive a rank. Though rank couldn’t directly prevent harassment or disrespect, it represented progress for the nursing industry. Granting a (semi-defined) position in the military hierarchy took away the ambiguousness of their position and granted (some) authority over others. As mentioned in the section on WW1, ambiguity of rank had excused disrespect. The anonymous writer to the *American Journal of Nursing* had described a situation where a chief nurse was dismissed by soldiers under the impression that “she was a casual.” Chief nurses now wore the “official insignia from second lieutenant to major,” which would prevent future cases of so-called confusion. This also represents a new type of professionalism in nursing, as a person could no longer volunteer for the position, or simply join a low-status hospital and receive the title without proper experience. To prepare for future wars, higher standards of education and training would be expected. The passing of this bill also defeats Stimson’s idea that traditional femininity was a solution to harassment and outlines the beginning of discussion on gender-based harassment and discrimination within the medical workplace.

³⁰ Kimberly Jensen. “A Base Hospital Is Not a Coney Island Dance Hall: American Women Nurses, Hostile Work Environment, and Military Rank in the First World War.” *Frontiers: A Journal of Women Studies* 26, no. 2 (2005): 206–35 (225)

³¹ Houses of Congress. “The Statutes At Large Of The United States Of America From May, 1919, To March, 1921 Concurrent Resolutions Of The Two Houses Of Congress And Recent Treaties, Conventions, And Executive Proclamations Amendment To The Constitution.” (Congress, Secretary of State, 1920). pp 767-768

³² Bonnie Bullough. “Nurses in American History: The Lasting Impact of World War II on Nursing.” *The American Journal of Nursing* 76, no. 1 (1976): 118–20. (119)

Education for the nurse also became a large topic after WW1. As previously mentioned, education standards crumbled during the scramble to find nurses to serve. This led to the graduating of 3rd year medical students and ridicule toward the industry for being either unprofessional or too professional. After the war, many women rallied for more education to make nursing more polished. According to Barara Melosh in her book *The Physician's Hand: Nurses and Nursing in the Twentieth Century*, these progressive nurses wanted to abandon the apprenticeship system in favor of standardized schooling. They also criticized the concentration on ward hospital preparation instead of academics and stressed the importance of programs “based in colleges and universities,”³³ (though this would eventually have negative consequences for less qualified nurses). Another reason for the standardization of education was the mass oversaturation of the industry. According to Melosh, the number of hospital schools continued to expand, increasing the number of graduates. She claims that “Between 1920 and 1930, the total number of trained nurses doubled, while the United States' population increased only 16%. Especially during the Great Depression, this mass oversaturation of the market wasn't sustainable. By 1930, standards for education began to improve, raising expectations for prior experience, age limits and graduation times. Melosh cites a report made in 1934, which claimed that “Full high school education or its equivalent is now accepted as an almost universal requirement for entrance to the nursing profession.” While legal standards for licensing nurses remained under regulated and unenforced, all states had laws “that acknowledged [...] professional accrediting of nursing schools.” These laws would remain loosely maintained until after WW2. Nevertheless, the demand for more regulation of nurse education implies that the industry was important enough to require legal management. The switch from hospital ward-based teaching to university courses also signifies the importance of scientific knowledge alongside practical applications.

Though this professionalism of nursing positively impacted women in the military and hospital, it ultimately destroyed the freelance industry. Barbara Melosh argues that freelance nursing offered independence in alternative to strict hospital work. The freelance job stayed casual, and didn't require

³³ Barbara Melosh. “The Freelance Nurse: Private Duty from 1920 to World War II.” In *The Physician's Hand: Nurses and Nursing in the Twentieth Century*, 77–112. Temple University Press, 1982. (38, 37, 44, 39)

high standards of education.³⁴ Nurses chose patients to fit inside their schedules and preferences without the pressure of overseers. One survey referenced by Melosh claimed that “61 percent of nurses routinely refused certain types of cases” such as “Contagious, obstetrical, and mental cases, [...] night cases, twenty-four-hour duties, home cases, or male patients.” They also escaped the male dominated hierarchy of the hospital that crippled many female hospital workers. One private nurse even declared, “I am my own boss!” However, freelance nursing did come with obstacles. Nurses found patients by adding their names to a register.³⁵ If a doctor disliked her personality, methods or anything else, he could have her blacklisted. Some officials (male and female) also used favoritism, preferring nurses who graduated from their programs and schools over “outsiders.” It didn’t help that many hospital and superintendent nurses resented “special” workers or felt jealous of their independence. Freelance nurses also experienced extreme financial vulnerability, as they lacked a stabilized salary. Harassment was rampant, and much of it was a response to the idea of femininity that the freelance nursing industry based itself on. Unlike wartime nurses in WWI, freelance nursing was very personal and *relied* on informality and a lack of professionalism. This type of nursing came from a bygone era, where a woman providing medical aid was simply a “[woman] practicing the indispensable women's work of nurturing.” Unfortunately, this made it easy for many patients to cross boundaries and judge freelance nurses on a personal level instead of a professional one. She could be criticized for her table manners, personal habits such as clearing her throat, and even treated like a domestic servant by the patient's family.³⁶ They often worked alone in patients' houses, leaving them with no protection, and, on the off chance they worked alongside a doctor, they played a subservient role. Even if the doctor proved “unethical or incompetent,” a freelance nurse could not intervene without “considerable risk to [her] own [future].” The unprofessionalism of the original freelance nurse lay the foundation for the unprofessional hospital nurse; a position that didn’t require high levels of education and relied on stereotypes of femininity in the medical workspace. As a woman, her job

³⁴ Barbara Melosh. “The Freelance Nurse: Private Duty from 1920 to World War II.” In *The Physician's Hand: Nurses and Nursing in the Twentieth Century*, 77–112. Temple University Press, 1982. (80-81)

³⁵ Barbara Melosh. “The Freelance Nurse: Private Duty from 1920 to World War II.” In *The Physician's Hand: Nurses and Nursing in the Twentieth Century*, 77–112. Temple University Press, 1982. 82-109

³⁶ Barbara Melosh. “The Freelance Nurse: Private Duty from 1920 to World War II.” In *The Physician's Hand: Nurses and Nursing in the Twentieth Century*, 77–112. Temple University Press, 1982. (82-84)

had to stay sacrificial and buried in cultural ideals of femininity because, by receiving money for a service, she was already being too masculine. Male soldiers and medical officers during WW1 were accustomed to the freelance nurse who could be judged off her personality and disrespected without consequence. While rank improved this environment, the strive for new professionalism in the nursing industry worked against the very foundation of freelance nursing by taking away the informality and femininity associated with it. From the 1920's through the 1930s, increased education requirements as well as rising unemployment crippled the opportunities of women in this field.³⁷ According to Melosh, by 1921, most patients found treatment in hospitals instead of at home. In these surroundings, medical practices required technical skills outside of a laywoman's experience, which only highlighted the freelance nurses lack of education. This industry became known as a luxury with less credibility, and it slowly died out.

The interwar period represents a time where nurses fought for rationalization and respect for their trade. Veterans from WW1 did this by speaking about the gender-based harassment they faced during their wartime service and the need to protect women who serve. Many like Daisy Urch and Helen Greeley believed they could find this protection by achieving military rank. This would take away the ambiguity of their roles and solidify their authority. Other women, like Julia Stimson resisted rank and held on to the protection of well-defined gender roles. When relative rank was eventually achieved, it shifted requirements needed for the role. Part of these new requirements was the standardization of nursing education. Previously, nursing schools lessened qualifications in order to swell the ranks of wartime nurses. In the interwar period, this led to massive oversaturation of the industry, and the undereducation of medical personnel. To defeat these problems, progressive nurses championed high education standards and legal regulation of their statuses. While this positively impacted hospital and military nurses, it ultimately destroyed the freelance nursing industry. The separation of femininity from the industry and the reliance on education and standardized qualification marginalized this field until it was unnecessarily.

³⁷ Barbara Melosh. "The Freelance Nurse: Private Duty from 1920 to World War II." In *The Physician's Hand: Nurses and Nursing in the Twentieth Century*, 77–112. Temple University Press, 1982. (102-111)

Overall, the interwar period brought systematic changes to the nursing industry in an effort to professionalize women's work.

NURSING IN WW2 (1939-1945)

Despite rank, women who served in World War 2 had similar experiences of harassment and disrespect as those who served in World War 1. However, repeating this would be redundant and so this section on WW2 focuses on effects of progress that manifested in Nurses service. The increases in education and professionalization during the interwar period can be seen in the government's actions to encourage even more education in war nurses before recruitment. Rank also changed the recruitment and training of nurses with new physical requirements, making them more similar to soldiers. However, the continued progress of nursing in the west is juxtaposed with the violence of nationalism that inspired female participation in areas like Nazi Germany. Here, nurses took part in euthanasia programs and were encouraged to kill instead of heal those who were seen as unfit to live in society. Nursing as a vehicle of death completely changes the expected femininity around women in the medical field. Not only does it give these women extreme amounts of power, but it also masculinizes them.

The oversaturation of under qualified nurses and volunteers during WW1 impacted the recruitment of nurses during WW2. Though the United States implemented similar systems to quicken schooling and graduation, Isabel M. Stewart claims that officials received a lesson about the importance of nurse preparedness and capability. Wartime brought complications and difficulties incomparable to peacetime, which required nurses to uphold "professional qualifications" specifically for war. The interwar period had allowed colleges to expand their nursing fields which increased the professionalism and prestige surrounding it. When WW2 started, nursing volunteerism needed to be supplemented with these developments. The US government actively reinforced this transformation by supporting education, with legislation such as the Bolton Bill (or Public Law 146), "which allocated \$1,250,000 in 1941 and \$3,500,000 in 1942 for nursing education."³⁸ These funds bolstered "refresher courses for graduate nurses, assistance to schools of nursing [...], post graduate courses, preparation for instructors and other personnel and training in midwifery and other specialties." The same congresswoman (Frances Payne

³⁸ Kathi Jackson. *They Called Them Angels: American Military Nurses of World War II*. (Lincoln: University of Nebraska Press. 2006) (3)

Bolton), also sponsored the Bolton Act of 1943, creating the U.S. Cadet Nurse Corps, which set a minimum education standard³⁹ and provided “free tuition, money for books, uniforms, room and board, and a monthly allowance [...] in exchange for a promise to engage in [...] nursing for the duration of the war.” By 1945, the Cadet Nurse Corps “allocated funds to 1,125 schools and 170,000 students.”⁴⁰ These actions represent a significant change in comparison to WW1. Then, nursing was simply volunteer work and the *number* of women available to fill this role was more important than the amount of expertise they had. By 1941, credibility in this role was so important, that the government explicitly “concerned itself with their [academic] advancement” and for the first time, “recognized [them] as a group.”⁴¹ The increase of nursing education would continue after the war, with legislation such as the GI bill, which improved curriculums and supported the admission of minorities.⁴²

Nurses as a part of the military (now recognized with relative rank), also went through military training, though the amount and difficulty varied. Women like Juanita Hamilton and Ruth Shadewaldt who joined in 1942, reported receiving no special training.⁴³ According to Kathi Jackson, “The first mandatory basic training centers for Army nurses [...] didn’t open until July 1943.”⁴⁴ These programs lacked a codified system, (perhaps because they were so new), but usually lasted for 4 weeks, and focused on basic skills, and military law under the Treaty of Geneva. Nurses such as Ruth Claff endured extensive drills, while Alice Lofgren had to pass a swimming test. At Camp Edwards, Claff claimed they practiced “in 30 below weather,” and “exercised from morning to night.” Claff discovered new muscles and talents, and claimed she had “[become] a soldier.” One anonymous nurse who wrote to the “History-ANC” project (made by the U.S. Army Center of Military History), described climbing trees and “[crossing] a river on two ropes strung twenty feet above the water.” In contrast, WW1 volunteers like

³⁹ Bonnie Bullough. “Nurses in American History: The Lasting Impact of World War II on Nursing.” *The American Journal of Nursing* 76, no. 1 (1976): 118–20. (120)

⁴⁰ Bonnie Bullough. “Nurses in American History: The Lasting Impact of World War II on Nursing.” *The American Journal of Nursing* 76, no. 1 (1976): 118–20. (120)

⁴¹ Kathi Jackson. “Uncle Sam Wants YOU!” In *They Called Them Angels: American Military Nurses of World War II*. (Lincoln: University of Nebraska Press. 2006) (3), quote by Josephine A. Dolan

⁴² Kathi Jackson. “Leaving a Legacy.” In *They Called Them Angels: American Military Nurses of World War II*. (Lincoln: University of Nebraska Press. 2006) (156)

⁴³ Kathi Jackson. “From Whites to Fatigues.” *They Called Them Angels: American Military Nurses of World War II*. (Lincoln: University of Nebraska Press. 2006) (8)

⁴⁴ Kathi Jackson. “From Whites to Fatigues.” *They Called Them Angels: American Military Nurses of World War II*. (Lincoln: University of Nebraska Press. 2006) 7-16

Alice O'Brien, only needed approval from the War department by providing "recommendations, four "loyalty" letters [...], interviews, vaccinations, inoculations, proof of birth in the United States [...and] passports."⁴⁵ And while this documentation might have been difficult to obtain, early nurses never had to prove their physical capabilities because it was never considered important. By requiring physical muscularity and sport-like abilities, nursing left behind much of its previously expected femininity and prettiness. Sergeant Bob Ghio would describe this difference in 1943 by comparing how army nurses in America "[were] merely pretty [girls] on a poster with [...] a sweet and merciful [expressions] on [their faces]." But in reality, these women became soldiers without "the time nor the inclination to pretty [themselves]."⁴⁶ This soldier-like attitude often showed through in nurses' hospital work. According to Jackson, some male doctors and patients began complaining about the lack of "nurturant bedside manner" and interpersonal connection.⁴⁷ These men most likely wanted the freelance nurse, who's traditional femininity and humanitarian practices relied on creating personal connections. However, the new professional nurse relied on technology and superior training, and was less "willing to hold hands and empty bedpans."

In becoming soldiers, women's participation on the front lines no longer caused debate or negative reactions; in fact, front line surgical nurses were spoken about with pride. In 1944, the *American Journal of Nursing* quoted the War Department, who compared these "highly skilled" and "organized" nurses to firemen. This release from the War Department also credits these women for cutting down the number of hospital fatalities to "less than half the number in the first world war."⁴⁸ Compared to the sparse number of women who were able to force their way onto the front lines in WW1, the American government in 1944 now boasted about the presence of *hundreds* of women doing the same thing in WW2. Women's work in all types of hospitals would be recognized after the war for the responsibilities they undertook. In just the Battle of the Bulge, the First Army's Hospital "admitted more than 78,000"

⁴⁵ Nancy O'Brien Wagner. *Alice in France*, (Minnesota: Minnesota Historical Society Press, 2017. (4), Not from a letter.

⁴⁶ Kathi Jackson. "From Whites to Fatigues." *They Called Them Angels: American Military Nurses of World War II*. (Lincoln: University of Nebraska Press. 2006) 7-16

⁴⁷ Kathi Jackson. "Leaving a Legacy." In *They Called Them Angels: American Military Nurses of World War II*. (Lincoln: University of Nebraska Press. 2006) (156)

⁴⁸ Frederick Clayton. "Front-Line Surgical Nurses." *The American Journal of Nursing* 44, no. 3 (1944): 234-35.

between December and February, while the Third Army Hospital took 70,000 in just the months of December and January alone.⁴⁹ The 110 Evacuation Hospital “treated more than 5,000 patients a month,” but had a mortality rate of “little less than 1.5% among the over 2,000 admitted for surgery.” The responsibility and courage undertaken by nurses was rewarded after the war with more leadership positions. Along with doctors, they were now seen as medical team leaders, which had more administrative, supervisory and teaching functions.⁵⁰

The global environment surrounding women’s roles in political violence also shifted in the years slightly before WW2. While American and European women in WW1 battled between feminist pacifism and non-combat participation, women in places of WW2 conflict, like China and Germany, created new ideas of female nationalism by participating directly in the violence itself. Pacifism still dominated movements in Europe, but maternalistic language and non-violence stayed regionally isolated. In China, the Guomindang (GMD) used violence to oppress radicals (leftists and communists), yet at the same time, represented the only vehicle for progress. According to Mona L. Siegal, many Chinese nationalist women endorsed the GMD for its “plans to advance women’s education, protect female workers and suppress prostitution,” and took pride in female militarism as a way to serve their country and their mission.⁵¹ Violent action was “virtuous rather than villainous” and “provided a platform on which their claims to equal citizenship with men could be performed.”⁵² These ideas increased in China until the eruption of violence in 1931. The association of nationalist violence and women continued in other places of conflict during WW2, *especially in nursing*. Under the influence of Nazi ideology, German medical practices took the idea of the “angelic” “merciful” nurse and set it on fire. Wendy Lower’s book *Hitler’s Furies: German Women in the Nazi Killing Fields*, extensively details female perpetrators in concentration camps, settler homes, hospitals and psychiatric wards. Their violent acts were inspired and encouraged by nationalism for Germany, similar to how the Chinese nationalists endorsed female militarism for the

⁴⁹ Kathi Jackson. *They Called Them Angels: American Military Nurses of World War II*. (Lincoln: University of Nebraska Press. 2006) (77)

⁵⁰ Kathi Jackson. *They Called Them Angels: American Military Nurses of World War II*. (Lincoln: University of Nebraska Press. 2006) (156)

⁵¹ Mona L. Siegel. “Feminism, Pacifism and Political Violence in Europe and China in the Era of the World Wars.” *Gender & History*. Vol.28 No.3 November 2016, pp. 641–659 (649)

⁵² Mona L. Siegel. “Feminism, Pacifism and Political Violence in Europe and China in the Era of the World Wars.” *Gender & History*. Vol.28 No.3 November 2016, pp. 641–659. Quote in article by Edwards and Zhou, (652)

GMD. In order to champion Aryan perfection, social inequality was taken to its peak, where even sterilization and segregation wasn't enough. Even before the invasion of Poland, euthanasia programs targeted children and psychiatric patients "not [worthy of life]."⁵³ They recruited female "midwives, medical personnel, [...] doctors and nurses" to carry out these killings in secret.⁵⁴ During the war, euthanasia was also carried out on injured soldiers. Despite fighting for their country, their mental and physical disabilities failed to align with Aryan standards of perfection, and nurses like Pauline Knissler granted "mercy" killings to "relieve [their] suffering." By the end of the war, many women would go to trial for their actions, such as Luise Erdmann, (accused of killing 210), Martha W (accused of killing 150), and Erna Elfriede E., (accused of killing 200).⁵⁵ The role of nurses as machinations of death changed the perception of nursing overall. Its previous association with stereotypes of femininity and subservience no longer fit, as WW2 proved the industry's potential for war crimes. Like soldiers, they transformed into weapons of mass killing, held power over sick men and women, chose victims through social bias and willingly participated in or justified remorseless torture. The role of nationalism in motivating their horrific actions also destroys the idea of women as natural pacifists. While this era of German nurses left no positive impacts on the industry, it proved to the entire world that they could be dangerous.

The aftermath of the Nuremberg Trials raised questions about the ethics surrounding medical practices. One argument that protected many Nazi nurses depended on the stereotype of female ignorance. German courts starting in the late 1940's began declaring the innocence of Nazi nurses by arguing that "their lack of education rendered them incapable of recognizing the illegality of their actions."⁵⁶ According to these courts, the authority of supervisors, encouragement from Nazi euthanasia laws and the lack of police intervention combined with women's intellectual ignorance prevented nurses from being able to "exert their conscience." Instead, doctors who ordered euthanasia "were more likely to receive the

⁵³ Susan Benedict, and Jochen Kuhla. "Nurses' Participation in the Euthanasia Programs of Nazi Germany." *Western Journal of Nursing Research* 21, no. 2 (1999): 247

⁵⁴ Wendy Lower. "Perpetrators." In *Hitler's Furies: German Women in the Nazi Killing Fields*. (Chatto & Windus, 2013.) pp. 120-144 (121, 122)

⁵⁵ Susan Benedict, and Jochen Kuhla. "Nurses' Participation in the Euthanasia Programs of Nazi Germany." *Western Journal of Nursing Research* 21, no. 2 (1999): 255-258

⁵⁶ Michael S. Bryant. "Law and Power: The West German Euthanasia Trials." In *Confronting the "Good Death": Nazi Euthanasia on Trial, 1945-1953*, 177-226. University Press of Colorado, 2005. Pp. 177-216 (213)

death penalty than nurses who participated directly in the killings.”⁵⁷ Though this argument “has never been accepted in either international or domestic law,” it did allow many criminals to return to medical or civil service and reintegrate into German society.⁵⁸ Past historiography leaves a gaping hole on the impacts of the Nuremberg trials on American nursing. I struggled to find any information on WW2 allied nurses' opinions on the trials, punishments or the concluding Nuremberg Code. As a result, this essay cannot comment on how these trials directly affected the American nursing industry. However, the conclusion that nurses lack responsibility for actions taken under the superiority of others has been lightly contested. The American Nurses' Association Code for Nurses affirmed in 1950 that they “have the legal right to refuse to participate in the delivery of healthcare [...] because the procedure to be used, or the nature of the problem, is in direct opposition to the nurse's moral, ethical, religious, philosophical, or medical beliefs.”⁵⁹ This is a large change from WW1 and even the interwar period, where women faced the danger of losing their job or credibility if they challenged a doctor. By having the ability to refuse a procedure, women in medicine theoretically received more authority over their own actions.

WW2 represents a peak of progression in the nursing industry since 1914. Here, previous struggles such as getting to the front lines and the ambiguity of nurse military rank have been conquered. The government not only supported further education, but important government branches like the War Department boasted about the presence of surgical nurses in evacuation hospitals and credited them for heavily impacting the number of casualties. While the Nuremberg trials should have heavily impacted nursing, historiography lacks in this area of study. My surrounding research leads me to believe that women, despite their grotesque role in the Nazi genocide, were still overshadowed by their male counterparts. Just like in WW1, where nurses' grief, trauma and injuries were perceived as less worthy of honor, perhaps women's violence was also perceived as less worthy of punishment or structural changes. (Of course, this is speculation). WW2 proved the dangerous potential of nurses, but at the same time,

⁵⁷ Colin A. Holmes, and Margaret McAllister, and Andrew Crowther. “Nurses Writing about Psychiatric Nurses’ Involvement in Killings during the Nazi Era: A Preliminary Discourse Analysis.” *Health and History* 18, no. 2 (2016): 63–84 (70)

⁵⁸ Michael S. Bryant. “Conclusion.” In *Confronting the “Good Death”: Nazi Euthanasia on Trial, 1945-1953*, 177–226. University Press of Colorado, 2005. pp. 217-226. (218)

⁵⁹ Joann I. Miller “Code of Ethics: Fact or Fiction?” *The American Journal of Nursing* 85, no. 6 (1985): 651–651. Miller, Joann I. “Code of Ethics: Fact or Fiction?” *The American Journal of Nursing* 85, no. 6 (1985): 651–651.

excused them through assumptions of ignorance. Though the *American Journal of Nursing* gave its opinion criticizing this point in 1950, I believe this continuing of sexism represents that the professionalization of the nursing industry was still ongoing.

CONCLUSION

The freelance nurse came from a time where women's participation in medicine was simply an outreach of the feminine desire to nurture others. Because of these associations, this job lacked formality and relied on personal connections with patients. While this gave freelance workers some independence, their informality was challenged by the professional nurse, which emerged during World War One. These women were treated with much of the same informality and stereotypes of femininity as the freelance nurse, which hindered their work and limited their opportunities. Informality also impacted their education, which was sparse and gave the impression that they were replaceable volunteers. For women like Alice O'Brien, this might not have been a problem during her spree through France, but for others like Daisy Urch, it caused humiliation and removal from her position. These experiences inspired her desire for rank during the interwar period. Other WW1 rebels like Violetta Thurstan and Elise Ingles would push for autonomy and participation in more dangerous, warlike locations. And the successfulness of Ingles compared to other women also suggests a class advantage, where women with more money achieved more progress in male dominated industries, though less for their courage and more for their wealth. Pushing toward the front line offered no structural changes to the nursing industry but their actions set precedents for the interwar period, where women pushed even more boundaries.

However, much like in any other situation, dissenting opinions appear and it's important to consider their voices when studying the past. Julia Stimson opposed the fight for nurse rank because of her staunch belief in gender roles. While other scholars like Jo Ann Asheley attribute nurse anti-feminism to an acceptance of male domination, I would attribute Stimson's specific dissent to ignorance. As the most powerful nurse in the military, she simply didn't experience the same treatment as Urch did, which only strengthened her insistence that nurse behavior was the problem. While Stimson definitely suffered

from ingrained misogyny, she also had a role to play, and might have risked losing it if she stood against the military, or found herself under pressure from her superiors. (Though this is entirely speculation).

After rank, nurses fought for increased education based on university standards. These new requirements entirely destroyed the freeland industry, though not everything it stood for disappeared from nursing itself. While professionalization actively undermined the stereotype of femininity associated with the hospital nurse, (and the concomitant denial of authority and identity) it still wasn't extinguished by the end of WW2. In fact, women who served during Vietnam experienced or encouraged maternalism and ignored their own traumas in order to support the men they went to healed. Emily Strange, who served with the American Red Cross in the 9th Infantry Division-Dong Tam between 1968 and 1969 described her job as "[keeping] up the morale of the troops."⁶⁰ "In a world gone insane," she says, "I was a little bit of sanity."⁶¹ When leaving to fight, "[she] was the women left behind," and in times of tension she was "the mother who could put [her] arms around [the soldiers] and let them feel safe for a few moments," or the girlfriend "who could make them remember that love still existed." In taking on this role, Strange aligned with the sacrificial aspects of nursing, and often denied her own "feelings...fear...pain...hurt...[and her own] sense of grief [or] loss." Even more than two decades after WW2, the influences of gender in nursing still prevailed, encouraging women to become therapeutic rehabilitation centers for soldiers, until it eclipsed their actual medical functions. Perhaps the foundations of the freelance nurse are so deeply buried within society's view of women in medicine, that it can't fully be removed. However, I suspect that this association with gender affects every career, and always will until society forgets gender norms entirely.

Achievements gained during WW1 and the interwar period culminated in the experiences of nurses in WW2, where relative rank required physical training and the presence of nurses on the front lines belied pride for America. The progression of nursing however, wasn't concluded with WW2, as the Nuremberg Trials and subsequent excusing of criminal nurses opened questions on the responsibilities nurses hold over their actions. For the first time, the power of the nurse was acknowledged. Not only did

⁶⁰ Kelly Coffee. *Jungleland: The Women of Vietnam*. November 17, 2011. Excerpt of documentary, Eric Markley. (1:24)

⁶¹ Kelly Coffee. *Jungleland: The Women of Vietnam*. November 17, 2011. Excerpt of documentary, Eric Markley. (5:28-6:38)

she take care of sick, injured and disabled men, but her ability to obtain deadly drugs through her job shattered the image of the friendly, merciful caretaker. Unfortunately, while these new questions on ethics should have greatly affected the nursing industry, the blank canvas of historiography on this subject suggests that it didn't. I conclude from this observation that women as agents of violence are still not taken seriously. German courts who excused genocidal nurses from responsibility by claiming ignorance protected criminals by removing their agency. Not only does this allow murderers to walk free, I also believe it's a step back from progress in the nursing industry. Violetta Thurstan, Daisy Urch and even Julia Stimson in her own way, fought for nurses *to take responsibility for their actions* in the workplace. Denying women their autonomy to make decisions, and thus erasing them from fault completely destroys this notion and takes nurses back to a time of subordination. In this area, I believe the *lack* of female convictions during the Nuremberg trials represents the continuation of sexism in the medical industry.

While this essay covers a broad array of topics concerning nursing during and outside of wartime, it does not cover everything. These omitted sections of history include a more in depth study of the Nuremberg Trials, and a study of the segregation and eventual integration of the nursing industry.

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