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Red Cross Nursing in World War I: North Dakota Women's Response to the Call to Serve

Beverly Jensen

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RED CROSS NURSING IN WORLD WAR I:
NORTH DAKOTA WOMEN'S RESPONSE TO THE CALL TO SERVE

by

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A Thesis
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This Thesis, submitted by Beverly Jensen in partial fulfillment of the requirements for the Degree of Master of Arts from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

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Date 3 July 1991
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ABSTRACT

North Dakota women served in the United States Army and Navy Nurse Corps during World War I as Red Cross Reserve nurses. In 1935 the North Dakota American Legion Auxiliary collected and compiled, in manuscript form, brief biographies of these women and placed the manuscript at the North Dakota State Library in Bismarck. This paper is an attempt to describe the circumstances surrounding North Dakota nurses' participation in World War I.

The Red Cross Nursing Service Committee was the primary agency recruiting and training nurses. Numerous books, nursing journals, newspaper accounts, and magazine articles about Red Cross nursing were read. Research was undertaken in the North Dakota State Library to study the original manuscript, and at the National Archives in Washington, D.C., where all Red Cross records are stored. All files pertinent to World War I nursing were reviewed, as were records of the Surgeon General's Office. Additional research was done at the U.S. Army Center of Military History in Washington, D.C.; its records and an unpublished history of the Army Nurse Corps were reviewed.
It is apparent from this study that the Red Cross Nursing Service played a vital role in the development of medical services during World War I, from locating potential military nurses, through training, equipping, supervising, and assisting in their assimilation back to civilian nursing. The Red Cross Nursing Service also worked with the Surgeon General's Office and national nurses' associations to develop an Army School of Nursing which had a profound effect on elevating nursing education standards in the post-war years by requiring higher admission standards and increased academic study. The Red Cross insistence on professionally trained military nurses and its lobbying for military rank for nurses resulted in several Army reorganization acts which changed forever the role of women in the military.

The microcosm of North Dakota serves as a useful case study to illustrate the process by which nurses were recruited, trained, supervised, and demobilized in World War I. Further than that, war nursing experience gave North Dakota women the opportunity to learn, to develop their nursing and leadership skills, to see other parts of the world, and to increase their self-esteem and confidence by having succeeded in a very difficult job.
CHAPTER 1
INTRODUCTION

After fifteen years, France seems very far away. Blue capes with scarlet linings, gray chambrey uniforms, yellow shoes (often caked with mud) cold drafty barracks, the roll of drums, Old Glory whipping in the breeze, death always at one's elbow, and the thousand and one annoyances incidental to living so unnatural an existence, blur into an unreal picture. It is all like a dream that is past.¹

This reflection by one North Dakota woman, Gene Gunderson of Northwood, written in the mid-1930's, is representative of the experiences of nearly three hundred North Dakota women who served their country away from home during World War I. Thousands of North Dakota women participated in the war effort within their communities through enrollment and membership in Red Cross chapters and other welfare organizations. In fact, by 31 December 1917, Red Cross state membership within North Dakota stood at 166,151.² Women knitted sweaters and socks, met weekly to cut and roll bandages, attended classes in food conservation, hygiene and first aid, collected magazines and books for overseas, and recruited other women for war work away from home.
This paper is an effort to describe the circumstances surrounding North Dakota nurses' participation in World War I. To achieve this end, it is necessary, first, to identify the several hundred women who served their nation during time of war. In 1934 and 1935, the North Dakota American Legion Auxiliary, as a state-wide project, created a roster of North Dakota women who had worked overseas, in the cantonments, or in the War Department. The roster included nurses, civilian workers in war plants, YWCA canteen hostesses, signal operators, YWCA entertainers, dieticians, Reconstruction Aides, and office personnel.

Each woman on the roster, or her relatives, if deceased, was asked to write a brief history of her service during the war. Each history contained information about family background, nurse's training, work experience before and after the war, war nursing experience and duty stations, and some personal information about her life since the war. The histories ran in length from one half page (the committee provided basic information supplied by the Adjutant General's Office for those who did not respond or who could not be located) to very descriptive narratives of three or four pages. The histories were collected and compiled into a volume entitled, "The Historical Record--North Dakota Ex-Service Women of the World War."

This unpublished manuscript is preserved at the North Dakota
State Historical Society Library in Bismarck, North Dakota, and is also available on microfilm.

The American Legion Auxiliary made a concerted effort to obtain as complete a roster as possible. As the project chairman, Hazel Nielson, herself an overseas worker, said:

This volume was conceived as an appreciation of the unselfish and distinguished service rendered by the women who, in time of their country's need, left their homes and entered war service thru [sic] the various channels open to the womanhood of America . . . that posterity may realize the contribution made . . . and the patriotic manner in which they responded. 4

"The Historical Record—North Dakota Ex-Service Women of the World War" was used as the primary source for this paper, with concentration on the histories of women nurses.

The Red Cross was the agency through which the women entered service. In order to understand fully the circumstances and events in the lives of the North Dakota nurses, it was necessary to research official Red Cross files in Washington D.C., located at the National Archives. The Red Cross files were the other primary source used in this paper. These files explained the administrative and governmental activities which affected the nurses' daily lives.

In an effort to learn the Army's view of women nurses, records of the Surgeon General's Office at the National Archives, and information at the United States Army Center of Military History, in Washington D.C., were reviewed.
These files corroborated information obtained from Red Cross files.

By combining the nurses' comments with the reports from the Red Cross and the Army, this paper will attempt to provide a clear picture of the lives of North Dakota nurses as they found themselves participating in one of the major events of the twentieth century. The North Dakota nurses provide an excellent illustrative case study of nurses' experiences from World War I.

Opportunities for women to work and to serve were vastly different in the second decade of the twentieth century than in today's world. By 1900 a little over twenty percent of all wage earners were female. The largest single group were domestics, maids, cooks, laundresses, working in private homes for a wage plus room and board. Private duty nursing was considered part of domestic work. Nursing was one occupation considered appropriate for women, but male physicians and hospital administrators controlled the profession. Factory work was the second most common type of work for women. More than half the workers in twelve of the nation's leading eighty-eight industries were women. Without the vote and without representation in management or labor leadership, women took what they could get and took it gratefully.

Society's expectations for women, "the Cult of True Womanhood," strongly influenced how women viewed
themselves, their abilities, and their options. Women expected to marry and raise families. Any work done prior to marriage was simply to fill time until their really important work began, being a wife and mother. Volunteer work in social causes, an acceptable female pastime, was practical only for women with an income or a husband to support them.

As one nurse wrote, "There comes a time in every girl's life when she cannot decide whether to get married or become a trained nurse. Some of us, from lack of choice, decided to become nurses." This was a realistic appraisal of her options. When marriage was not possible or likely, women went to work. Even college educated women found themselves without real choices. "The hardest time . . . came after college. . . . Graduation was often a traumatic experience for these young women who had been educated to fill a place that did not yet exist. Their liberal education did not prepare them to do anything in particular, except perhaps teach. . . ." Teaching was the other profession most open to women.

Marriage was not always the answer to a girl's dreams. Increase in divorces through liberalization of divorce laws and the loosening of economic and religious bonds led more and more women to seek employment rather than stay in unhappy marriages.
For North Dakota women growing up in a rural setting, choices were more limited than for their city sisters. Not many factories existed in North Dakota. What remained was staying on the farm, domestic work, teaching, or nursing. The start of World War I helped many woman make that choice and provided a few unexpected options.

North Dakota women participated in the varied "channels open to the womanhood of America." North Dakota women served as civilian telephone operators in the Signal Corps. One, Marie Antoinette Gagnon, Grafton, was General Pershing's personal signal corps operator at Chaumont and received a personal citation from Pershing for "Exceptionally meritorious and conspicuous service." Two Devils Lake sisters, Inez and Pauline Serumgard, worked as civilians in Washington D.C., Inez in the Ordnance Division of the War Department and Pauline in the Adjutant General's office. Several women worked as civilian dietitians at cantonment hospitals.

Many others enrolled as Red Cross or YMCA canteen hostesses. Most served in Hostess Houses and canteens within this country, but some were assigned overseas. Agnes Orr, Bismarck, had the enviable job of Recreation Hut worker at a convalescent hospital and rest location at Cannes, France, arriving just after the armistice. Her job was to arrange picnics, sight-seeing tours, and other recreational activities for the recovering soldiers. She also made and
served snacks daily.\textsuperscript{13} Not all canteen workers were in pleasant and peaceful locations. Edith Veitch, Grand Forks, served at Toul, France. Her reminiscences involved endless food preparation, "of the 1,561,625 sandwiches of thick white bread filled with sardines, cheese, and jam, about one-twentieth was made and served by this inexperienced North Dakota daughter. (There were twenty canteen workers at Toul, therefore my means of computing my percentage.)"\textsuperscript{14} For some workers canteen service meant working in mud and rain, with daily bombardment, in mobile units constantly on the move.

Several were fortunate enough to be stationed in Paris. The only married North Dakotan mentioned in "The Historical Record--North Dakota Ex-Service Women of the World War," Laura Donahue Batcheller, Fingal, served as treasurer of the American Red Cross Bureau of Welfare and Recreation, having had financial experience with her husband in his bank. While she was overseas, Mr. Batcheller died; she returned a widow. Several other North Dakota widows served overseas, but Mrs. Batchelor was the only woman married at the time she entered service.\textsuperscript{15} Helen Sullivan, Langdon, served as the Directrix of the Etoile Service Club in Paris, a club sponsored by the National Catholic Welfare Council.\textsuperscript{16}

Two North Dakota women, Alma Kjelland, Valley City, and Ita McDonell, Devils Lake, had lengthy and fascinating experiences with war refugee work, traveling extensively in
Eastern Europe and the Near East in the years immediately following the armistice.\textsuperscript{17}

It was the American Red Cross, however, through its Nursing Service Committee, that provided the major channel for American women to serve during World War I. At the beginning of the war, nursing was considered a difficult and demanding occupation. North Dakota had several hospitals offering nurse's training, among them Deaconess and St. Michael's Hospitals, Grand Forks, St. John's Hospital, Fargo, Good Samaritan Hospital, Rugby, Bismarck Evangelical and St. Alexis Hospitals, Bismarck, Deaconess Hospital, Northwood, St. Joseph's Hospital, Minot, and Mercy Hospital, Devils Lake. Approximately 56 per cent of North Dakota's World War I nurses had received their training in North Dakota and a sizeable number had trained in Minnesota.\textsuperscript{18}

Student nurses in hospital training schools worked extremely long hours, had poor living quarters and food, little time off, and demanding instructors. A large part of their time was spent on the wards cleaning. Many hospitals would have been unable to operate without a training school to provide cheap labor. After graduation the work was much better, and a nurse had some choice as to whether she wanted institutional nursing or private duty nursing. Hard physical labor and periods of long and exhausting mental strain were a part of all nursing. Agnes Patterson, Cavalier, wrote about her expectations of nursing.
My ambition while growing up was to become a musician or a Red Cross nurse. I thought the most inspiring thing in the world was to see a nurse in uniform. After entering training in St. John's Hospital, Fargo, the romance was somewhat taken out of it, when I rolled into bed at night too tired to even think. I realized then it was a stern reality.

The women whose stories are told in this paper had completed this rigorous training and were working in their chosen occupation when war began. Their experience was typical of that of women from other states, and serves to inform us of the role of nurses in World War I and of how women responded to war conditions.
NOTES


2 N.C. Young, "The Work of the Red Cross," The Quarterly of the University of North Dakota 10, no. 1 (October 1919): 45.

3 "Historical Record," foreword.

4 Ibid.


6 Ibid.


9 Records of the American Red Cross Record Group 112, Box 9, Entry 103, Army Nurse Corps Historical Data File 1898-1947, National Archives, Washington, D.C., narrative of Florence J. Martin, "History of Base Hospital No. 32."


11 "Historical Record," Marie Antoinette Gagnon Moore.

12 "Historical Record," Inez Serumgard, Pauline Serumgard Budge.

13 "Historical Record," Agnes Orr Snure.

14 "Historical Record," Edith Veitch.
15 "Historical Record," Laura Donahue Batcheller.

16 "Historical Record," Helen Sullivan.
CHAPTER 2

RED CROSS ORGANIZATION AND NURSE ENROLLMENT

The American Red Cross functioned under a Constitutional Charter dated 5 January 1905, Chapter 23, 7 U.S. Compiled Statutes of 1916, Sec. 7697 to Sec. 7706. It was authorized "First: to furnish volunteer aid to the sick and wounded of armies in time of war. . . . Fourth: to act in matters of voluntary relief and in accord with the military and naval authorities as a medium of communication between the people of the United States of America and their Army and Navy. . . ." Numerous national committees were established to execute these responsibilities. The Red Cross Nursing Service Committee, established in 1909 and headed by Jane A. Delano, had as its main function the enrollment of nurses for war or disaster. In addition the committee was given the responsibility of keeping lists of qualified nurses available for service, training enrolled nurses for emergency work, preparing and teaching home nursing courses for laywomen, and lecturing on the American Red Cross to students.

In reality, the Red Cross Nursing Service saw itself as a reserve for the Army and Navy Nurse Corps, the Army Nurse
Corps having been created in 1901 under the Army Reorganization Act, 2 February 1901, Sec. 19, Vol. 31, U.S. Statutes at Large. By Presidential Executive Order of 22 August 1911, the Red Cross was acknowledged as the only volunteer organization authorized to provide aid to the military forces in time of war. In 1912 the Surgeon General stated in his annual report that, "The enrolled nurses of the American Red Cross Nursing Service now constitute the reserve of the Army Nurse Corps, and in time of war or other emergency may with their own consent be assigned to active duty in the military establishment." By Act of Congress on 24 April 1919 (An Act to provide for the use of the American Red Cross in aid of the land and naval forces in time of actual or threatened war), nursing service was recognized as an acceptable form of aid. As a result of these acts and because of the very good relationship between Delano, former Superintendent of Army Nurses, and the Surgeon General's Office, the Red Cross Nursing Service rapidly achieved obligations and prerogatives that were never explicitly stated in any legal document, notably the responsibility to act as a reserve for the Army and Navy Nurse Corps.

At its first meeting in early January 1910 the Red Cross Nursing Service Committee consisted of a chairman, Delano, and fourteen members, representing the Army, Navy,
the Red Cross, and various nursing federations. By June 1918, the committee had mushroomed to forty-seven individuals. Because of the logistical problems of getting so large a group together for meetings, an Advisory Committee of eight members, consisting of representatives of the three national nursing associations, the Army and Navy nurse corps, and the Department of Nursing of the American Red Cross, was authorized in August 1918.

Beginning with the Army Reorganization Act in 1901, the Red Cross maintained a file on enrolled nurses but made little effort to establish a large reserve force. In 1909, the Red Cross renewed its efforts to increase the number of enrolled nurses. During the months before the war, Red Cross Divisional Directors encouraged state chairmen to actively seek out, recruit, and enroll graduate nurses. By 1917, enrollment of Red Cross nurses was a major activity of the national Red Cross. Enrollment involved completion of an Application for Enrollment and an agreement to serve in war or disaster as either a volunteer or a paid worker. Requirements included a minimum age of 25, a maximum of 40, unmarried status, membership in a nurses' organization affiliated with the American Nurses' Association, a doctor's certificate of health, renewed every two years, and "a certificate of registration in states where registration was required and in other states graduation from a recognized school of nursing with a course of not less than two
years.\textsuperscript{14} Few North Dakota nurses mentioned their reasons for enrolling, but Minnie Hagen, Fargo, expressed what was probably uppermost in many women's minds: "I cannot say just what prompted my desire to enlist in nursing service except that I was anxious to do my bit."\textsuperscript{15} Ingeborg Dalbotten, Grand Forks, mentioned one other factor that may have influenced North Dakota women to enroll, "... a bit of the Viking spirit in me for I had a love for the strange and unheard of adventures in seeing foreign countries."\textsuperscript{16}

Married women could enroll as Red Cross nurses but were limited to nursing positions near their homes. When war began, no married woman was accepted as a member of the Army Nurse Corps. The stiff penalty for marrying while in the Army Nurse Corps was "dishonorable discharge upon discovery."\textsuperscript{17} During the war requests to resign for marriage were denied.\textsuperscript{18}

The Red Cross Nursing Service Committee provided the Application for Enrollment to local and state committees. Applicants completed the form in their own handwriting as required by the Red Cross. The application asked a variety of questions, both personal and professional. Age, marital status, and citizenship of the applicant and the applicant's father, were the first questions. The applicants were asked if they were "physically strong and healthy", and if they had any physical defects. They were questioned about their
training, previous occupations, experience, name and address of training school superintendent, nursing organizations they belonged to, and the name and address of the secretary of that organization. They were given options on the type of service they were willing to perform—War Service, Marine Hospitals, Public Health War Service, or Public Health Nursing in Town and Country Nursing Service. Their availability and willingness to take an oath of allegiance concluded the application. One question was particularly interesting. "Are you accustomed to driving? Running an automobile? Horseback riding?"19

Applications were filed first with the local committee, comprised of seven members, five nurses and two lay members representing the local Red Cross. Local committee members were nominated by a five member Red Cross Committee from the State Nurses' Association, which served as the state committee, and were formally appointed by the national Red Cross Nursing Service Committee.20 It was the local committee's responsibility to see that the applicant's health certificate was completed, obtain a copy of her training school credentials, verify her address and date of availability, and forward the papers to the state committee where her "moral character, professional standing and suitability"21 were judged. If the applicant passed, her papers were sent up the chain through a Division Director of Nursing and then to National Headquarters, where final
acceptance rested. If accepted, her name was placed on the list for future need. The Red Cross gave no financial consideration to enrolled nurses until they were called into active service.

Under the pressure of trying to maintain quotas, divisional directors often hurried applications to Washington without all the supporting documentation or with incomplete information. On 30 July 1918, the Red Cross wrote to all the Division Directors of Nursing reminding them to check carefully all applications to be sure all questions were answered, especially those pertaining to citizenship and willingness to take the oath of allegiance. Physical examination records, which had to accompany the application, presented some problems, as the directors were advised to see that all questions were answered before forwarding the examination report. The applicant's training school credentials, with an endorsement from the superintendent of nursing, accompanied the application.22

Acceptance was not automatic. The Red Cross Nursing Service intended to attract into the nursing profession only the best that America had to offer. In an article written for St. Nicholas magazine in August 1917, Delano wrote:

The difficulty will lie in finding women of the right sort to seize this wonderful opportunity to share in the history of the coming years. Because of that difficulty I am appealing now to girls of the best ideals and having the best educational advantages to consider the career now opening to properly qualified nurses. . . . We demand the best nurses, and our
regulations are such that only the best can wear our uniform.23

National headquarters received applications with unfavorable comments by local or divisional committees but without any explanation for the negative statements. An example of national headquarter's dilemma is shown in a 30 July 1918 letter to divisional directors:

For instance, I have in mind an applicant with an unqualified endorsement from her superintendent, forwarded to the Division office not approved by the Local Committee, and without any explanation as to their disapproval, and again forwarded to Red Cross Headquarters by the Division Director living in another state, with the bare statement that the nurse is immoral, no evidence however being submitted. . . . we are constantly besieged by various employers and others interested in individual nurses, asking for the reasons for their rejection. It is contrary, of course, to our policy to give such reasons, but it is essential that we should have sufficient information on file in the office to reassure ourselves that the decision could be defended in case of need.24

Over and over again the Red Cross and representatives of the nurses' associations stressed the importance of the suitability of the women who would be representing the Red Cross Nursing Service. Local and Divisional Committees, articles in magazines, newspapers, and professional journals, and public speeches by Red Cross representatives, were used to get this message before the public. "The rigid investigation of every applicant for admission to the Army precludes the possibility of the wrong type of woman, or of those who have failed to pass the state examination, being accepted."25 As of 1 July 1918, 459 had been rejected.26
During the early years of enrollment, the national nursing associations and the American Red Cross Nursing Service expressed concern over the issue of professional recognition for nurses. In an attempt to upgrade the educational level of nurses, the Red Cross enforced stricter enrollment requirements, including a 250 word essay and graduation from schools connected with hospitals with at least fifty beds.27

As the need for nurses increased drastically late in 1917, the Red Cross began waiving some requirements in order to achieve the quotas.28 Surgeon General W. C. Gorgas issued the following statement in December 1917:

In the course of the next year it is estimated that at least 20,000 nurses will be required in the army hospitals at home and abroad should the war continue, therefore, the applications of all graduate nurses who are professionally, physically and morally qualified for service will be given consideration by this office, certain of the requirements being waived for the period of the war emergency only. Nurses will be appointed for three years if they desire, or for the period of the emergency.29

Further changes occurred as the drastic need for nurses developed and a projected shortage loomed on the horizon. The upper age, previously forty years, was changed to "indefinite," a polite way to leave all options open. Ita McDonell, Devils Lake, benefited from this change. "Shortly after I was graduated the United States entered the World War. At that time the Red Cross had an age limit, fixing eligibility for enrollment of nurses which prohibited my
entering. . . . the age for eligibility was lowered . . .
and a group of us organized a small . . . unit in June, 1918.30

A Red Cross News Service release on 2 November 1917
indicated additional modification of earlier nursing
standards. "The principle change contemplated is to reduce
the lower age limit for specially qualified nurses and to
place on the eligible list training schools for nurses which
are 'recommended by state boards of registration,' even
though the schools have a daily average of somewhat less
than the required fifty patients."31 This lower age limit
was a reduction from twenty-five years to twenty-one years
of age.

When war was declared on 6 April 1917, there were 203
regular nurses in the Army Nurse Corps with 170 in
reserve.32 The Navy Nurse Corps numbered 165 women.33 By
war's end the Army Nurse Corps numbered 21,480 women, eighty
percent assigned by the Red Cross. The Navy Nurse Corps
numbered 1,500, sixty-six percent assigned by the Red
Cross.34

To engineer this dramatic metamorphosis, the Red Cross
swung into action. Local and state chapters organized
nationwide. North Dakota's state chapter organized July
1917 with headquarters in Fargo. Even before the North
Dakota state committee organized, a dozen Fargo nurses met
on 13 April 1917, one week after the declaration of war, to
form a nursing unit for war service. Under the leadership of Ethel Stanford, state president of the State Nurses' Association and later North Dakota's Red Cross Nursing Service Committee Chairman, this meeting was the first organized nurses' response to the war in North Dakota. Women at the meeting estimated that North Dakota had forty enrolled Red Cross nurses. The Fargo women, all enrolled nurses, anticipated a call to active service very soon.

The procedure for calling up an enrolled nurse began with a telegram from national headquarters asking for verification of address and date of availability. The applicant had to obtain a current physical examination. The Fargo Forum, on 13 April 1917, printed the following information. "The physical examinations, which are very strict, are not taken until a nurse is ready to report for active war or other emergency service." Upon completion of the physical and notification to national headquarters, papers were sent to the Superintendent of the Army Nurse Corps. The Surgeon General's office then issued travel orders.

Early in the war there were long delays between the time women were first alerted to a call-up and the time they actually enlisted. Ethel Stanford, Sondrine Norgaard, Norma Diesem, all of Fargo, and Lillian Hankey, Dickinson, were the first North Dakota women called into active war service, being ordered to report on 17 May 1917. Hankey actually
left on 1 June for Bremerton, Washington, as a Navy nurse; Stanford, also to Bremerton as a Navy nurse, left on 21 September; Diesem, assigned to Camp Lewis, Washington, as an Army nurse, left on 22 February 1918. There is no record that Norgaard ever did enter active service. Health conditions, marital status, or age requirements often changed between the time women enrolled and enlisted.

Delays were inevitable as the procedure for calling up and assigning nurses cranked into action. Nurses were eager to serve their country, and once alerted, many quit their jobs in anticipation of immediate call-up. Often many months elapsed before they received assignments. Jennie Mahoney, Langdon, was one of the eager nurses. "I was a Reserve Nurse, and had waited impatiently from the time war was declared, until March of the following year before receiving orders." The November 1917 issue of The American Journal of Nursing addressed this problem in the Editorial Comment section. "Many nurses write to the Red Cross stating they have been 'ready with trunk packed, for months.' Nurses are urged not to resign positions until orders are issued. We can only emphasize the need for patience under what may appear to the individual as unnecessary delay."

These delays resulted from the many and complicated responsibilities being performed at the national Red Cross
headquarters. In her book, The Red Cross Nurse in Action, Portia Kernodle described those responsibilities:

It was first of all, a nurse procurement agency for the Army and Navy Corps, under obligation to bend every effort to meet stated requirements which increased by alarming jumps. The task involved recruitment, investigation of the fitness of applicants, assignment of nurses to one of the several kinds of units, and keeping track of those eligible for the military until they received travel orders. In addition, the nurses going overseas must be equipped and given certain kinds of service to the point of embarkation.  

All this before the day of computers!

Confusion abounded over who had responsibility for and jurisdiction and authority over the nurses, the Red Cross or the military. Not until the nurses arrived at a mobilization site or cantonment did the military assume responsibility. Mary Ray mentioned this transition, "I joined the Red Cross but we were turned over to the Regular Army in New York City." Once assigned, the nurses came under military discipline. Delano often received complaints from nurses on this issue, and she stated again and again that the Red Cross could not interfere with military discipline.

Red Cross nurses when assigned to duty in a military hospital become temporarily members of the Army Nurse Corps, subject to all rules governing that service. . . . May I urge, however, that you keep the nurses from discussing this matter and ask them to accept without question any decision of the chief nurse?  

Red Cross nurses worked primarily in two areas, overseas nursing in army bases, evacuation and later convalescent hospitals, or in cantonments (training camps)
and naval hospitals scattered throughout the United States. Without exception North Dakota women mentioned their preference for overseas work, as did most Red Cross nurses nationally. Lena Schmidt, Wahpeton, wrote about her feelings while stationed at Fort Leavenworth, Kansas. "I soon began to get restless as my greatest ambition was to serve with the A.E.F. in France, the birthplace of my mother." Initially the Red Cross hurried nurses overseas to meet critical needs at the battlefront, but soon a shortage of nurses available for cantonment and naval hospital nursing developed. The *Fargo Forum* reported on this shortage on 6 December 1917.

An urgent call from the American Red Cross Nursing Service with headquarters at Washington DC for a large number of nurses to serve in this country in the various cantonments has been received at the state headquarters for the American Red Cross in Fargo. . . . It is within the power of the trained nurses of this land to meet this demand, the state headquarters advises, and it is their patriotic duty to come forward promptly and gladly enlist their services. . . . There will be little or no expense for equipment for this service and the pay will be substantially that now received in private service.

Monthly pay at the beginning of the war was fifty dollars a month for the first three years of stateside service and sixty dollars a month for overseas service. In addition nurses received fifty dollars a month for personal expenses plus allowances for quarters, subsistence and traveling expenses while traveling under orders. Nurses held no rank and were not commissioned. They earned thirty
days leave a year with pay. They also could apply for
insurance and disability under the War and Compensation
Act.47 By September 1918 The American Journal of Nursing
reported that salaries for nurses had been increased to
sixty dollars a month for stateside service and seventy
dollars a month for overseas service. Chief nurses did not
receive any increase in salary.48

To address the problem of shortages of cantonment
nurses, the Red Cross and the Surgeon General established a
new policy in the spring of 1918 whereby service in a
cantonment was a preliminary requirement for overseas
service. This prerequisite provided an adjustment period
for civilian nurses adapting to the military system and
temporarily solved the recruitment problem.49 The Fargo
Forum, on 2 April 1918, reported the comments of Clara Noyes
of national headquarters, as relayed by Edith Barber,
Director of the Red Cross Northern Division, to which North
Dakota belonged. "The units to be assigned with the American
Expeditionary Forces have been completed, so I do not think
any more graduate nurses need plan on foreign service unless
they go into the cantonment and earn it."50 Rena Olson,
Grand Forks, earned her way overseas when after nursing for
eight months at Camp Travis "orders came to proceed to
Mobilization Station. She left August 11, 1918 for New York
City, Holly Hotel, knowing that after almost a year on the
pneumonia wards of army camps in the U.S.A., working with
weak-lunged men, she would soon be hearing the roar of vigorous cannon lungs Over There."\(^{51}\)

In addition to altering the enlistment and assignment policies, the Surgeon General's office and the Red Cross, after much study, heated discussion, negotiation and compromise, decided to organize and implement an Army School of Nursing where student nurses, younger in age than previously accepted, would work and study in cantonment hospitals for a certain length of time and then transfer to major city civilian hospitals, affiliated with the Army School of Nurses, for several years of additional study. This plan would place workers in cantonment hospitals, releasing graduate nurses for overseas duty, and with the much larger teaching capacities of the cantonment and camp hospitals, provide an ongoing and adequate number of nurses yearly to meet the anticipated nursing shortages.\(^{52}\) The three year program was divided into four sections—\(^{53}\) a four month probationary period, eight months of work considered a junior year, an internship of twelve months, and a senior year of twelve months. Although reluctant to allow unskilled workers into military nursing, the professional nursing associations could offer no real alternative to meet the projected nursing shortages that loomed ahead. A North Dakota, nurse, Anna Nash, Fargo, stationed at Camp Lewis, one Army School of Nursing location, gave her opinion of how professional nurses viewed the student nurses, saying that
"the old army nurses looked on this influx of students as a
catastrophe second only to the flu epidemic."54

Candidates for the Army School of Nursing had to be
between twenty-one and thirty-five years of age, in good
physical condition, of good moral character, and graduates
of recognized high schools or have an educational
equivalent. No tuition fee was required. The Army School
of Nursing provided board, lodging, laundry, and text books
for the duration of the course and a monthly allowance of
fifteen dollars to meet school or personal expenses.55

Special consideration was given to women who had completed
the Red Cross courses in Elementary Hygiene and Home Care of
the Sick. The first class began about 1 July 1918.56

Amelia Lanxon, Fargo, was very happy to learn about the Army
School of Nursing.

A patriotic young woman . . . meditated as to how
she could best give of her services to help in the
gigantic world struggle. She studied her equipment . .
. . . . a degree in Home Economics . . . . had taught Home
Economics . . . . She was not a registered nurse but
she had taken many courses in bed-side care which
nurses took. She saw her opportunity to help win the
war and went at once, September 18, 1918, to the
enrollment officer at Fargo and enrolled as a civilian
employee in the Medical Department of the Army. She
was assigned immediately to the School of Nursing, Camp
Grant, Illinois.57

Other segments of society developed plans to speed the
recruitment and training of nurses. The Vassar Training
Camp was one such plan. The Vassar Alumnae Association
provided the recruiting, the American Red Cross the funding,
Vassar College the buildings and grounds, for a twelve week intensive training session, held during the summer of 1918, in the sciences, hygiene, sanitation, and related areas. Sample curriculum included sixty hours of Anatomy and Physiology, forty-eight hours of Chemistry, sixty hours of Nutrition and Cooking, and ten hours on the History of Nursing. Top names in all fields staffed the camp. Immediately following completion of the training camp, the student nurses transferred to "the best hospitals in the country" to complete training with two years of practical experience.

Over four hundred carefully screened and selected young women, ranging in age from nineteen to forty, attended that summer camp, including two North Dakota women—Birdie Adair, Lisbon, a graduate of the University of North Dakota, and Margaret Hutchinson, LaMoure, a graduate of the North Dakota Agricultural College. The four hundred young women came from forty one states and Canada. The Middle West had the largest representation of students. Adair completed her training at Boston City Hospital and Hutchinson at Presbyterian Hospital in New York, even though the war had ended and the need for nurses no longer existed.

North Dakota women responded well to their country's call. By April 1918 twenty per cent of North Dakota's registered nurses were in active service—two per cent higher than any other state. According to statistics
compiled by the American Nurses Association for the period July 1917 to March 1918, North Dakota had seven accredited schools of nursing, accounting for 388 registered nurses, with 113 enrolled as Red Cross nurses, and eight non-accredited schools. Between the accredited and non-accredited schools, almost 250 women enrolled in nurses training in North Dakota during early 1918.63 Nearly forty per cent of North Dakota women who served away from home were overseas, and seven died while in service.64

World War I caught the United States ill-prepared to meet the medical demands of modern warfare with the Army and Navy Medical Departments sadly understaffed. The Surgeon General called upon the Red Cross to fulfill its role as the nursing reserve for the military. Because the Red Cross had in place a national network of chapters with trained leadership at local, state, divisional, and national levels, and an established procedure for enrollment, it could respond rapidly to the national need. The Fargo nurse's organizational meeting one week after declaration of war illustrates the speed with which enrolled nurses responded and the thoroughness of the Red Cross preparations. The Red Cross, even though a large institutional body, was flexible enough to change its procedures as the war progressed which enhanced its effectiveness throughout the war. North Dakota women, through Red Cross channels, responded to the "call to serve."
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CHAPTER 3
MOBILIZATION

Upon receiving a telegram from national headquarters advising them of a date and place to report, North Dakota nurses, like those all over the country, said their farewells and made travel plans. The Fargo Forum reported that "The contingent of Red Cross nurses who expect to leave here . . . for government duty . . . were complimented Saturday evening with a pretty reception held by the Cass County Nurses' Association." Each woman took an oral oath of office at home and proceeded to her assignment. For many, as for Anna Vikan of Bottineau, "The feeling of regret at saying goodbye to my family and friends was mingled with anticipation of the coming adventure." Nearly all traveled by train to their assigned destinations. For some this was their first trip across country. Some had festive, community-sponsored farewells. Wanda Dreger, Bismarck, wrote, "We left on the Northern Pacific train at seven o'clock in the evening for New York City. Governor Frazier, a band, friends, ex-patients, and crowds of people were at the station to see us off. They showered us with rice which
Some encountered minor adventures enroute. Mary Ellen Thompson, Fargo, told the story of a fellow Red Cross traveler who almost missed the train while waiting for friends at one of the scheduled stops. Friends along the route often provided snacks for the travelers. Carrie Noben, Fargo, lingered too long at a station for friends to arrive with a roasted chicken:

While waiting for their arrival the brakeman called "All Aboard", and the train began moving . . . Carrie started running as fast as she could down the cinder path. She caught the railing at the rear of the observation car and hung on for dear life with her chicken. In that position she was dragged for several yards. Someone called the brakeman who stopped the train and as Carrie came breathlessly up the steps she gasped, "The toes of my shoe are gone but I have the chicken."4

One North Dakota nurse, Hazel Kneeshaw, assigned to Camp Lewis, Washington, received new orders for a mobilization station in New York. The rail trip east traveled across North Dakota. Her family took advantage of this fact and joined her on the train. "Judge and Mrs. Kneeshaw came to Valley City to meet their daughter and rode with her as far as Fargo. As they bade her farewell when her train pulled out of Fargo they knew not when, if ever, they would see her again."5

Nurses going overseas traveled to New York where they billeted in dormitories or hotels while being outfitted and
trained. In June 1917 the military addressed the need for a proper mobilization station for nurses awaiting overseas transportation. The Army selected Ellis Island as the most expedient location since it provided an easily controlled location and had empty buildings due to the reduction of immigration to the United States during the war. The Immigration Bureau released three former hospital buildings which the Army converted into dormitories, with sitting areas, for the women. The buildings were totally empty; all furniture, bedding, and kitchen equipment had to be provided and installed immediately since the first group of nurses arrived the day after the Army took over the buildings.\(^6\)

Within a few weeks the dormitories were as comfortable as possible, at Red Cross expense, although there was no closet space.

The major initial difficulty with Ellis Island was in providing food for the nurses, as no sizeable mess arrangement was at hand. The first nurses ate at the Immigration Bureau's employee's dining room, but soon arrangements were worked out for the nurses to take all their meals at the Immigration Bureau facilities for a nominal fee of twenty-five cents per meal.\(^7\)

The three buildings at Ellis Island accommodated 250 nurses. As the number of nurses awaiting transportation increased, a fourth building was added providing space for a total of 500 women. Even this proved inadequate as the
numbers continued to increase. A sub-station opened in December 1917 on Madison Avenue to handle the overflow from Ellis Island. By April 1918, mobilization headquarters for the nurses moved from Ellis Island to the Holley Hotel in New York City and in September 1918 to the Hotel Albert of New York City. The Holley Hotel Company, under contract with the Red Cross, provided lodging and meals for the nurses. It was often necessary to use from fifteen to twenty different hotels when large numbers of nurses were awaiting travel orders.8

Women arrived by train from all parts of the country, were met at the depot, and escorted to Ellis Island or, later in the war, to the Main Office at the Holley Hotel for further instructions.9 Margaret Christophersen, Fargo, was stationed at Camp Lewis when orders arrived to report to New York City. "There were twenty-five nurses who left Camp Lewis at that time, so we had a coach all to ourselves." 10 Assignment to hotels took place at this time. Army trucks followed with their belongings. Each unit had an assigned Chief Nurse, and it was her responsibility to oversee the transformation of these civilian women into militarily knowledgeable nurses. Susie Hunter remembered the confusion of those first days in New York. "When we arrived in New York we were assigned to the Nurses Mobilization Station at Hotel Albert. We hardly knew what to do at first for we
were in New York for the first time, but we finally found our hotel where we stayed for about three weeks."11

Immediately upon arrival the nurses presented their papers to the Chief Nurse. Required at that time were: 1) All travel orders, 2) Immunization certificates, 3) Expense accounts while enroute, 4) If transferred from another station, all their official papers, including appointments and War Risk Insurance Policies.12 During the mobilization process additional paperwork enlarged each nurse's file. Files included efficiency reports, allotment information, pay records, expense accounts, identification certificates, insurance applications, and equipment records.13

During the mobilization process, frequent delays occurred between the time nurses completed orientation and training and departed for overseas, usually due to a shortage of transports. Following orientation, nurses enjoyed leave time in New York City, unless their units were on standby for sailing orders, but no nurse could be absent overnight.14 Ferries ran regularly between Ellis Island and the city. Nurses shopped for "little things we did not realize we needed" such as hairpins, a collapsible rubber basin, or ink tablets.15

Other diversions occurred when organizations entertained the nurses. Mabel Burns, Fargo, attended a special ceremony on the day before she sailed for France.
"The service was held in the Judson Memorial Church in honor of Units Number 60 and 62. At this service United States and unit flags were presented with a great deal of ceremony." North Dakota nurses attended shows and concerts and toured the city. Hulda Larson, Grand Forks, told of "sight seeing trips" and "boat trips up the Hudson". Mary Ray, Fargo, recalled having "plenty of time to see the sights in New York City which we did." Some took advantage of the offer of French lessons by private citizens to prepare themselves for service in France. Hulda Larson mentioned that nurses "took intensive instruction in the French language to be ready for an emergency Over There." Jennie Mahoney, Langdon, participated in one of the most colorful mobilization activities of any North Dakota nurse, the March 1918 Red Cross Parade down Fifth Avenue.

We marched in the Red Cross Parade which was reviewed by President Wilson and Colonel Davidson. We were very proud of the fact that President Wilson walked with bared head, from upper Fifth Avenue to the reviewing stand at Madison Square Garden, refusing to ride in the auto which had been provided--saying he preferred to walk in the presence of 2,000 army nurses on their way to war.

The major responsibility of the mobilization station was to train and to equip the nurses for military life overseas. To this end numerous activities occupied the nurses' time. Instructions in military traditions, regulations and discipline, military paperwork methods, and
drilling, under the watchful eye of an Army Drill Sergeant, were provided. Military discipline began early with strict rules for conduct. Roll call started each morning, 9:00 am while on Ellis Island or 10:00 am in the hotels. No excuses were allowed for missing roll call. Nurses signed in and out so that their location was known at all times. They received instructions against giving information about their departures to anyone, even in letters home.22

The Red Cross paid all expenses while at the Mobilization Station, and provided all the uniforms and equipment. When war began, the Army Nurse Corps had no regulation outdoor uniform nor any funds for providing nurses' uniforms. As early as 26 September 1917, the Red Cross received notification from the Acting Surgeon General of the U.S. Army "... that the War Department had disapproved the recommendation of his office that an appropriation be made to cover clothing allowances for nurses ordered to Europe. ..."23 To address this urgent need, the Red Cross appointed a committee composed of superintendents from several nurses' training schools, along with Delano and other Red Cross leaders, to determine an appropriate outdoor uniform for the Army and Navy Nurse Corps and the Red Cross nurses joining those corps.24 One reason suggested for the failure of the military to have an outdoor uniform was "that a woman in a military uniform in public before World War I would have been unpleasantly
conspicuous,"25 an interesting observation about the social climate of the times.

An Act of Congress on 3 June 1916, authorized Red Cross nurses to wear a military uniform, as reported in official Red Cross files.

. . . the American National Red Cross is designated by the Secretary of War as an organization the members of which are permitted to wear their prescribed uniforms; in this case, the uniform of the United States Army, or such other uniform as may be recommended by the American National Red Cross and approved by the Secretary of War.26

The Red Cross issued the committee-designed uniform and other necessary equipment for nurses going overseas. Red Cross leaders felt that nurses, on their sixty dollar a month salaries, could not afford to equip themselves with the special heavy outdoor clothing needed in France. As Delano wrote on 15 August 1918,

In view of the fact that the majority of the nurses are making a distinct sacrifice in salary in order to accept service abroad, and that the equipment necessary for foreign service is far more expensive than they would ordinarily need . . . , it does not seem just to me that any additional burden should be placed upon the nurses themselves.27

At war's end the Red Cross estimated that three million dollars had been spent on equipping nurses for overseas service.28

Training and equipping took anywhere from three to six weeks at the Mobilization Station before the nurses were ready to board ships for France. Ethel Beyer, Bottineau, recalled that
The days were filled with drill practice, line up alphabetically and in squad formation, studying rules and regulations as well as military sanitation. A great deal of entertaining by a great many public organizations filled up the remaining time with concerts, teas, and various demonstrations to show their loyalty as well as to encourage those of us who were about to sail.29

The Red Cross estimated that it cost approximately two hundred dollars per nurse to provide the initial basic equipment.30 Each nurse assigned overseas traveled with one steamer trunk, not exceeding thirty-six inches in length, one suitcase, and one blanket roll inside which the nurse could roll up blankets, a heavy overcoat, cape, raincoat, sweater and rubber boots, but nothing else. No other baggage was allowed. Painted on the side of each piece of baggage was the name of the nurse, Army Nurse Corps, and the name of the base hospital to which she was assigned.31

Inside the one trunk and the one suitcase each nurse packed the following Red Cross issued items: 1 hold-all, 1 poncho, 1 Norfolk suit, 1 ulster, 2 white waists, 1 silk or flannel waist, 2 pairs of gloves, 1 hat, 1 sou'wester, 1 pair scuffs, 2 pair black tights, 3 pairs pajamas, 4 sets of underwear, heavy wool, 2 dozen pairs stockings, 4 pairs shoes, 1 pair woolen gloves or mittens, 4 gray crepe hospital uniforms, 12 sets white organdy collars and cuffs, 2 pairs cuff links, 4 caps, 8 aprons, 1 pair caducei and U.S. letters. The heavy outer wear was packed inside the bed roll as described above.32 The Red Cross strongly
advised against keeping any civilian clothing, but how could there have been room for much personal property after all the military items were packed?

Once a nurse received her Red Cross uniform, she shipped all civilian clothes home. She packed her baggage, as instructed, in readiness for a sudden departure, and lived out of the suitcase and trunk for the duration of her time in New York. Women in uniform on New York streets elicited some interesting experiences and comments. One nurse wrote, "It is quite evident that New York was not familiar with the regulation army uniform as the nurses were several times requested, by well-meaning people, to take care of some work of the Salvation Army and various other organizations."^33

The issuance of equipment was not as painless or impersonal as the above list may imply. Upon arrival at the Mobilization Station, a nurse reported with her unit to the Red Cross Atlantic Division Headquarters. In June 1917, shortly after war started, this division held the responsibility for equipping the nurses. It wasn't long before the division added the equipping of dietitians, clerical workers, and aides to their responsibilities. ^34 After a brief pep talk each nurse received a card with a list of articles to be issued. On this card she wrote her name, unit, badge number and sizes needed for each item. The Atlantic Division usually provided hats, shoes, and
rubber boots on the first visit. Another day they went en masse to a tailor to be fitted for suits and raincoats and to pick up ward uniforms.  

Many North Dakota nurses wrote amusing comments about their experiences with military clothing issuance. Ita McDonell, Devils Lake, remembered being fitted for "heavy serge suits" on a sweltering hot day and being issued "those yellow, yellow coward shoes which it took a vast amount of courage to wear. . . . Civilian clothes were packed and shipped back home." World War I problems with military clothing sizes produced reactions similar to those of later wars. Mary Ellen Thompson, Mapleton, wrote, tongue-in-cheek, about the trauma of being fitted for a velour hat. The nurses were "sent in droves" to a warehouse, lined up by the hundreds and marched in review by a huge table stacked with hats. "The fitter gimlet eyed and severe . . . gave us, or our heads, the once over--and it was once over--she grabbed a hat . . . and shoved it in place, sometimes over our ears, sometimes not. We passed on like lambs to the slaughter, regardless of the fit."  

Even the Red Cross acknowledged the difficulty associated with uniform hat distribution. In their files is a short statement entitled A History of the Bureau Nurses' Equipment where the following statement appears: "The task of fitting the nurses to hats fell to the assistant of the manager of the bureau and it required all her natural tact
to reassure the nurse that the hat which she pronounced 'a perfect fit' really was. Those hats were always a bone of contention."

From nurses' reminiscences written after the war, it appeared that all concerned kept a good sense of humor about the experience. Glenna Lindsley Bigelow, a nurse from Washington state, wrote,

A hurried lunch for us and then to the rubber man for Sou'westers. . . . we were rigged out with rubber coats and slickers which would fit us for any cod-liver oil advertisement. Then off to Coward's for boots. Is it not rather terrible that the American nurses must go to war with Coward imprinted on their soles?

Delivery of tailored or ordered equipment went to the nurse on Ellis Island or at her hotel, as the case may have been. As the number of nurses increased, so did the need for trucks to haul packages. The Atlantic Division women sought help from the private sector, and soon commercial vehicles hauled Red Cross packages between warehouses and hotels. "We found it necessary to secure more trucks," reported the Atlantic Division, and "The Peter Doelger Brewing Company came to the rescue and many were the smiles of amusement from by-standers when those bright yellow brewery wagons would begin to disgorge their Red Cross boxes."

After obtaining uniforms, the next order of business was identification cards. Early in the war passports were required of overseas nurses. Numerous problems and delays
occurred as nurses attempted to get birth certificates or affidavits as to the date and location of their birth. To simplify this, the State Department agreed to accept identification certificates issued by the War Department.41

Getting identification certificates, too, had a distinctly military style. Bigelow wrote of the trip to Hoboken where we all had to go for identification cards and finger prints. . . . We all filed into another room, small and stuffy, where were a glaring electric light and a huge camera. A "Fleisiger Berthe" (big Krupp gun) would not have been more formidable. However, each one in turn sat down before the dreadful object while two dozen companions uncompromisingly criticised [sic] her camera expression. . . . In exactly seven minutes the picture, dripping from its acid bath, was finished, developed and printed. And as the Scotch woman said when she saw her first photograph, "It was a humblin' sight."42

Safeguarding the identification certificate was heavily emphasized. Any nurse losing her certificate had to explain in writing the circumstances and could be called into the office of the commander for an accounting. If the nurse gave an unsatisfactory explanation, she could be reported to the Surgeon General for a determination of the case.43

To complete the preparations, each nurse received any inoculations not previously administered and obtained a certificate verifying that the inoculations had taken place. As one nurse wrote, "I proceeded to the War Building for my immunity papers, which will prove conclusively to the world that there is not a thing on earth I can catch."44
The Red Cross advised doctors and nurses going overseas to take gold with them—doctors, one hundred dollars in gold, and nurses, fifty dollars in gold. For some this amount of money was unobtainable. "One day a notice appeared on the bulletin board that each nurse should have $50 in gold when sailing. This seemed an almost impossible request to fulfil but our Local Chapter of the Red Cross came to the rescue and provided every nurse with the required $50. . . ." This statement, made by a nurse from Indianapolis, indicated the wonderful support nurses received from Red Cross organizations at home. The Red Cross did authorize each nurse to draw one month's salary in advance, and it is possible that some nurses used this advance to provide themselves with the emergency fund. No North Dakota nurse mentioned taking gold overseas.

As the days neared for departure, many thought of home. Mabel Muus, White Earth, wrote,

I had no time to think about how far from home I was going during those full days in New York, but when the uniform was bought and all the other necessary equipment packed and we relaxed before going on board ship, I was stricken with a terrible case of homesickness. In the rush of shopping and the joy of sight seeing trips in New York I had not realized how far away from the good old U.S.A. we were to be in a few days.

Delays in departure related directly to the number of ships available at any given time. Official records clearly stated the Red Cross position.
It is to be noted that the failure of nurses to arrive in France was not due to the fact that nurses were not available and ready but entirely to the lack of transportation for them. The need of bringing over combat troops put all other needs in the background.

Once a unit received overseas orders, no leaves were allowed, and no communication was allowed between the nurses and non-military individuals. Everyone was on standby for boarding ships. Units leaving from Ellis Island during the early months marched from their dormitories down the dock to tug boats, which transported them out to ships. Women writing after the war had very sentimental remembrances of departure day: "Not a tear was shed", said one, while another recalled that "the flag, furled . . . made me tremble with emotion. . . . But the silence was terrible; no fanfare of trumpets, no admiring friends, no flowers, only the grimness of parting."

Those departing from downtown hotels had a slightly different experience. When ready to embark, the nurses moved secretly, and often at night, in small groups. Jennie Mahoney, Langdon, wrote,

There were three hundred nurses in the Madison Square Hotel, but we left in groups of five so secretly that very few, if any, outside the management knew we were gone. We boarded . . . and remained at the pier for twenty-four hours. It was the time of the submarine activity on the Atlantic Coast, so there was more or less anxiety on board. We were all ordered below before starting, and as we steamed out of the harbor, we were to all appearances an empty vessel. . . .
For many, embarkation created much excitement, as Lillian Blackwell, Cooperstown, wrote in her diary on 4 June 1918:

Noon. All ordered off the deck. Most of us at lunch--and we're leaving port! Can it really be? After a whole year of anticipation and waiting are we really off to the battlefield? Sailing-sailing over the bounding deep! Would that I might set down the facts and thrills of this departure.  

Many North Dakota women commented on the Atlantic crossing— for most of them, their first time on a large body of water— and on the convoy and escort ships and the boat drills. Mahoney wrote, "While passing thru [sic] the zone where the submarines had been especially active, we were called each morning at three A.M. and remained at our boat stations with life belts adjusted until six A.M."  

The transports moved in convoys and took anywhere from ten days to two weeks to cross, depending on how much zigzagging the ships did to avoid submarines. Florence De Sautel, Grafton, gave this account:

There were 12 boats in the convoy besides the Baltic, each carrying troops. Sighting a submarine, they changed their course and were 13 days in crossing. During that time there was a burial at sea and it was an imposing sight to see the 13 ships lower their flags, the troops stand at attention as the flag covered casket slipped into the water and taps sounded gravely over the short distances between the transports. The entire convoy kept close together during that dangerous voyage. At night their sirens sounded constantly.  

For others, the crossing was as memorable, if not as pleasant. Gene Gunderson, Fargo, wrote:
When we were but six hours out, I was put to bed sick with the flu and remained there until I was carried off the boat when we docked at Southhampton, England. I was not expected to ever reach England alive. My only food was champagne and cracked ice. If nurses or soldiers became ill during the crossing, they spent time at quarantined rest camps in England before journeying to their assignments. Gunderson wrote a moving account of her experience at Hersley Park, one of the rest camps, which occurred during the time of the Spanish Flu epidemic.

Five of our nurses died there. I saw my first military funeral. Being weak and ill, it impressed me more perhaps than it otherwise would. The soldiers could not bury our girls in the rough boxes given the men, and it was touching to see them line the crude interiors with cheese cloth, even to making little pillows. They brought wild flowers and placed them in the dead hands that had meant to minister to them. Then covering the ugly box with the flag, they carried them to the newly made graves. As taps sounded it seemed the most melancholy but beautiful music I had ever heard.

Mobilization of enrolled nurses, including call-up, travel orders, training and outfitting, and transporting, was a complicated and involved procedure which the Red Cross improved as the war progressed. Most North Dakota nurses viewed the experience as a grand adventure and maintained a sense of humor about the paperwork, the clothing, the training, and the temporary housing. The mobilization period did provide the nurses with needed orientation from civilian to military status and prepared them for military discipline, and often inadequate facilities, once they were
assigned a duty station. North Dakota nurses viewed the preparations as necessary inconveniences in order to achieve their goal—the chance to serve overseas. Mabel Farr expressed the commonly held sentiment best when she said, "All the nurses looked forward to going overseas and sometimes the wait seemed very long."
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2"Historical Record," Anna Vikan Frandle.

3"Historical Record," Wanda Dreger Kurth.

4"Historical Record," Mary Ellen Thompson

5"Historical Record," Hazel Kneeshaw Pate.

6Records of the American Red Cross 1917-1934, Record Group 112, Box 10, File "Mobilization of Nurses At Ellis Island, New York Harbor."

7Ibid., Box 1286, File 181333, Office of the Surgeon General, Document File 1894-1917, Nos. 181325-181595.

8Ibid., Box 10, Entry 103, File "History Nurses' Mobilization Station June 15, 1917 to July 31, 1919."

9Ibid., Circular No. 33.

10"Historical Record," Margaret Christophersen Peterson.

11"Historical Record," Susie Hunter.

12Records of the American Red Cross 1917-1934, Record Group 112, Box 10, File "History Nurses' Mobilization Station June 15, 1917 to July 31, 1919,"Circular No. 33.

13Ibid., File "History Nurses' Mobilization Station June 15, 1917 to July 31, 1919."

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52


22. "Ellis Island from Three Points of View," The American Journal of Nursing, 18, no. 8 (May 1918).

23. Records of the American Red Cross 1917-1934, Record Group 200, Box 421, File 421.3 Uniforms and Insignia—Nurses, letter dated August 15, 1918, 2.

24. Ibid., Nurses—Bureau of Equipment, 5.


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CHAPTER 4
OVERSEAS NURSING

Transport ships landed at Southampton and Liverpool where the newly arriving troops and support personnel disembarked and spent several days resting before crossing the channel. As the new arrivals walked off, injured soldiers waited on the docks to board the transports for return to the United States. During free time in England, most nurses toured as much as possible. Ethel Beyer, Bottineau, recalled her first morning in England: "... we were taken in trucks to the station, bound for a daylight ride through England to Southampton. This ride was our first introduction to riding standing up in an army truck... At every stop of the train English men and women came and talked to us."¹ Lillian McKnight, Langdon, also spent time sight seeing.

To us London was a beautiful city and the English Y.M.C.A. provided us with guides. How we enjoyed Westminster Abbey, the Parliament Buildings, London Bridge, Buckingham Palace and many other places of interest! We were busy every minute of the three days we spent in London. Here we experienced our first air raids.²

Within days they were back on ships crossing the channel to Le Havre, Brest, and other ports and the
beginning of their overseas nursing experience. Even the channel crossing presented some perils. Regina Wahl, Fargo, vividly remembered her crossing. "We went to Southampton where we crossed the English Channel some time during the night and were told to remain fully clothed in case the boat was torpedoed."³

Medical personnel received allotments to cover travel expenses from their port of debarkation to their station assignment. This allotment covered such things as railroad travel, meals, tips, porterage. Travel across France was interesting for most of the nurses, few of whom had ever been to Europe before. Lillian Blackwell wrote in her diary:

At 10 P.M. we were loaded into a truck, and, standing in the downpour, jolted off to unknown parts, amid much mystery and speculation. We were unloaded under what seemed to be a train shed, though we could catch but occasional glimpses of people or our surroundings from the flicker of a shaded lantern in some soldier's hand. Fumbling our way, stumbling along, we were counted off and marshalled into the compartment of a waiting train—six nurses plus overcoats and hand baggage to each section.⁴

Some provided themselves with a combination of army rations and local delicacies for the trip, "'tinned Willie', jam, beans and tomatoes 'a la can', and long loaves of French bread in the coat racks overhead as the rations for the day."⁵ It often took several days traveling by rail before the nurses reached their assignments. Hazel Muus, Stanley, spent three days enroute to her hospital. "we were all
lined up, given two loaves of bread, two cans of meat, and put on a train. We rode for three days and two nights, sitting up straight as sticks, sleeping and resting best we could."

Battlefield medical facilities consisted of three main zones, each with a specific purpose. The first zone was on the front line or very close to it. Mobile units with ambulances and dressing station equipment were assigned here. Men received initial treatment for wounds and then were moved on to the second zone. The second zone contained the field hospitals, usually in tents. These hospitals carried operating equipment and kitchen outfits and could move, if necessary, should the front line shift toward them. Minnie Nyberg, Grand Forks, served in one of the field hospitals and from June through December 1918, her unit moved ten times, averaging fifteen days at each location. The third zone contained the evacuation hospitals, which were more or less permanent stations, housed in buildings. Evacuation hospitals were fully equipped to handle all medical situations. Jean Brown, Fargo, was assigned to Evacuation Hospital No. 3, housed in an abandoned parish. Ella Horst, Fargo, had a more spectacular assignment. Her evacuation hospital was formerly a Winter Palace, "but the gaming tables had been replaced with operating room equipment, X-ray paraphernalia and narrow white beds. The beautiful glassed-in verandas and luxuriously appointed
salons had been stripped of all nonessentials. From evacuation hospitals, trains or ambulances moved patients to base hospitals, usually huge complexes, or to convalescent hospitals in Paris or other secure areas in France. Nurses served in all zones except the front line mobile units.

Nurses' lodgings varied greatly, depending on their assignment and how early they arrived in France. Those assigned to evacuation hospitals billeted in permanent buildings, often converted hotels during the early months of the war, and later, barracks constructed with two or three cots per room. Early arrivals had few amenities for their creature comforts. Chairs, wash basins, and (if they were lucky) small stoves, completed the room's furnishings. One Red Cross report stated that "The hotels taken over were largely summer hotels without heating facilities, insufficient water and very limited plumbing."

As the number of Americans increased in Europe, newly constructed barracks for soldiers and medical personnel improved the situation. Later barracks offered the following features: brick or wood construction, a separate entrance for each four rooms, an indoor washroom and toilet with running water, and a stove in each hallway large enough to heat all four rooms. Each room housed two women. Even with these improvements, the cement floors were constantly wet and anything left on the floor was subject to immediate
mildew. Waterproofed muslin covered the windows. Water sources were unreliable, and frequent shortages occurred. North Dakota nurse Josephine Currie remembered this typical situation. "Our water system got rained out several times. I recall making one glass of water do three days for cleaning my teeth and washing my face." The lack of privacy in the bath and toilet huts was a continuing problem. A nurse stationed at Base Hospital #66 wrote about a discussion with the Major of Engineers.

Here he showed me with pride six shower baths in a row without a partition of any kind. I suggested, as tactfully as possible that I hardly thought the nurses would patronize the hut very often if no privacy was provided. . . . After much argument and entreaty he consented grudgingly to put up partitions but was quite firm when it came to doors and so we hung up curtains and let it go at that.

Those serving in the first and second zones, closer to the front, had considerably more primitive housing. "During our service at the Front," North Dakotan Jennie Mahoney wrote, "we lived mostly in tents, worked from twelve to twenty-four hours daily during the drives, and when drives were over, we packed, moved to a new location and set up for the next one." Tents usually had no floors or at best canvas for flooring. Each tent held as many as six nurses. Cots, personal belongings carried in duffel bags because trunks were not allowed, and sometimes small stoves, filled the space. More often than not there were no stoves. Mobile hospital nurses were under orders to take only what
they could carry themselves as moves, necessitated by changes in battle lines, occurred often, and soldiers packed and transported hospital equipment, not nurses' gear.\textsuperscript{16}

Toilet and bathing facilities were a major problem, even when placed in the nurses' area, and the Red Cross expressed concern over the crudeness of the arrangements. Julia Stimson mentioned this concern in her report on nursing activities.

It is very definitely believed that the conspicuousness of their location in many instances, and the lack of privacy in them will be found accountable for much discomfort, if not ill health, and the loss of previously well established habits. In a number of places, partitions and doors ensuring privacy, have been secured; but it was seldom possible to have the location changed or improved.\textsuperscript{17}

Cold and mud were constant problems. Nearly every nurse commented on the mud and the difficulties in getting from the lodging to the hospitals. Anna McCarthy, Kenmare, wrote about the mud. "Sand bags and planks were laid to form walks but these kept sinking from sight."\textsuperscript{18}

Another nurse wrote of her tent living,

One didn't mind the little field mice scurrying over ones cot; too sleepy and tired to mind--much. Packing cases made very good dressing tables; candles plenty of light; couldn't have had anything else. We filled our canteens with water and heated them under our pillows to use in the morning. A whole canteen of water had immense possibilities. We had a shower once or twice a week. Good hot water. In danger of being par-boiled if you didn't step quickly. We learned to dress, partly, at least in our sleeping bags.\textsuperscript{19}

Nurses most often had a separate mess, under the charge of one of their group. Early in the war it was discovered
that the nurses could cook and serve meals more economically and with better nutritional value than could be provided in the regular soldier's mess. Because the nurses were on call almost continually, hired French women or soldiers or a combination of both, handled the actual cooking, serving, and clean up.20 Alberta Dill, Fargo, had just such an arrangement. "The nurses' mess hall was in charge of a mess sergeant, who was also a nurse. The bare rough tables were clean and the long hard benches afforded a few minutes rest while food was being eaten."21 Generally the meals supplied a variety of fresh meat and fresh vegetables with plenty for everyone. At times, however, only ration food was available, as one nurse recalled, "when only real hunger and the keen appetite produced by hard work made it eatable at all."22

Mess near the front lines was a different matter.

The night was cold; it was raining, and the mud was the best of its kind. There were no lights to show us the way, and it was slightly up hill. When we had pulled our feet through the stickiness, and reached the cabin, it looked as if we had reached the lower region. The oil lanterns were tied to the tent stakes, casting a lurid light on the scene, dark figures flitted about with cups and plates in their hands, helping themselves to the bully beef and the awful coffee. It was a strange cafeteria. Officers and nurses sat around laughing away the discomfort and the wretched food.23

Laundry presented the greatest problem. Nurses assigned to larger base hospitals used the hospital laundry for their personal needs. In some cases nurses used regular laundry establishments in towns or hired local women to do
this work. For nurses living in tents, which presented the greatest mud problem, in mobile units with no steady source of water, it is not difficult to imagine how impossible it was to keep uniforms clean, even if they were gray. In the office of the Nurse Historian at the Center of Military History in Washington D.C. there are a number of photographs of nurses attempting to do laundry out of small basins perched on tables or the hoods of vehicles.

Problems with and about uniforms plagued the Red Cross throughout the war, and their files are full of reports, letters, discussions, decisions, changes in orders, etc. The first American nurses arrived overseas to join the British Expeditionary Forces in May 1917 before any decisions had been made about uniforms. At that time each nurse, more or less, was responsible for her own equipment. Nurses initially used the white uniforms they had worked in at home. Some of the earliest arrived with civilian clothing. It wasn't until summer 1918, months after the first American nurses arrived in Europe, that the Red Cross and the Army worked out procedures concerning uniforms and equipment, and the Red Cross began providing a few items, such as travel uniforms. It didn't take long before the inadequacy of the equipment became very obvious, especially when contrasted with the war-experienced British nurses' equipment.
One interesting letter about nurses' clothing was addressed to the Secretary of State from the American Ambassador to Great Britain, dated 12 July 1917, in which the Ambassador listed the problems: the underclothing was too thin for European winters, the white uniforms were too difficult to keep clean, the mud made rubber boots essential, and some type of identification was needed. This letter filtered down the chain of command through the Secretary of War to the Surgeon General and to the Red Cross. The Red Cross responded to the clothing problem as time and circumstances allowed, supplying woolen underwear, rain overcoats and mud boots almost immediately or as soon as a supply was located. The white ward uniform, the official uniform of the small original Army Nurse Corps, changed to a gray one covered with a large white apron, which made laundering much easier. All nurses, whether regular Army Nurse Corps or Red Cross Reserve nurses, wore the same uniform. Osa Oppedal, Fargo, humorously remembered being "issued grey wool jersey uniforms which were worn over woolen undergarments, woolen tights and fleece lined hose! Sometimes a sweater was needed as well. . . . The white cap perched aloft that animated grey mound was the only evidence that a nurse lurked somewhere inside."26

The gray ward uniform was never popular with the nurses. It did not launder well, the fabric shrank, and the color was dull. One nurse composed a poem about her gray
uniform expressing how she felt. "My Army dress, my army dress, of all my clothes I love you best. . . . We love your color that grave-yard grey. We'll bury you deep when you've passed away. . . . Your sleeves have shrunk like the rest of you. . . . But when I bury you, I'm here to say, Never again will I wear grey."27

The proximity to Paris, the style capital of the world, didn't help. "One nurse remarked that while all right for the hospitals at the front, no woman in Paris could be expected to appear in any such garb, regulations to the contrary notwithstanding. Our hats were the chief objects of ridicule."28 Not only were the hats a source of contention when originally supplied, they remained the least popular item of the outdoor uniform.

And then there was the cape problem. The Red Cross provided its reserve nurses, prior to enlistment in the Army or Navy Nurse Corps, with a "red-lined cape of dark blue," designed by Jane Delano, worn with the scarlet lining thrown over the shoulder.29 The capes cost fourteen dollars each and remained the property of the Red Cross to be returned upon completion of Red Cross service.30 When the Red Cross nurses, all of whom wore their cherished and highly identifiable capes, enlisted in the Army or Navy Nurse Corps, they were told by the military not to wear the capes since they were not regulation.31 This created an outcry
from Red Cross nurses everywhere. It was not until late summer 1918 that the military relented and allowed nurses to wear capes as part of the official uniform. The Red Cross proceeded to provide capes to the regular Army nurses so no differences existed between regular and reserve nurses' uniforms.32 There is no indication in the Surgeon General's records as to why the rules were changed.

When the Red Cross finally decided on the official uniform, guidelines regarding its wear were issued. This detailed list contained references to weights of material, size of buttons, how coats were to be worn, length of skirt from the ground, and colors of shoes. One interesting rule concerned waists, which were "to be worn buttoned close to neck at all times, except during summer months when with permission of Chief Nurse, it may be opened to one button below base of neck."33 Another interesting rule concerned skirts: "When riding horseback, the uniform coat or waist must be worn. A divided skirt may be used, however, which must be a modification of the regulation uniform skirt. This skirt must come at least six inches below top of boot."34

Replacing worn uniforms was another real problem for nurses in Europe. As stated earlier, the Army had no funds for women's uniforms and refused to provide them for nurses. The Red Cross provided each nurse a complete set of uniforms and necessary equipment, but initially made no provision for
replacing clothing once the nurses were on location. The Red Cross and the Surgeon General's Office exerted efforts throughout 1917 and 1918 to obtain government funding for nurses' equipment. Not until the end of December 1918 did Army sources begin receiving nurses' equipment from the Quartermaster. On 16 December 1918, the Director of Military Relief for the Red Cross received a brief letter from the War Department announcing the decision to begin supplying uniforms and necessary equipment.35

Replacement clothing was available through the Quartermaster at no charge for those nurses who made less than seventy-five dollars a month, which meant everyone except Chief Nurses. To order the replacement supplies, each nurses' unit consolidated its needs and submitted a requisition to the Commanding Officer.36 Requisitions were to be for actual need and required the approval of the Chief Nurse who had to verify that the need was real and not just a desire for something new and fresh. For women wanting something new and unable to show real need, clothing items could be purchased through the Quartermaster at the following cost: Shoes $6.31, Silk Waists $5.22, overcoats $27.86, Norfolk suits $30.00, rain coats $5.60, hats $3.17, gray ward uniforms $3.00, and cotton waists $.72.37

Prior to the issuance of nurses' clothing by the Quartermaster, the Red Cross Equipment Bureau took steps to meet this need. In October 1918 it opened an office in
Paris where nurses could shop. Often an individual nurse brought shopping lists for her whole unit. Prior to October, the head of this bureau, Marie B. Rhodes, made frequent trips to the front areas bringing badly needed clothing and equipment to nurses unable to leave their units.38 This bureau also provided supplies for new arrivals whose luggage had been lost.

Surprisingly, male nurses served overseas. Male graduate nurses were subject to the military rules applied to all men. They were not considered Army Nurse Corps members but did duty in base hospitals. Maxwell's unpublished manuscript referred to male nurses only once and Alberta Dill's article in the Fargo Forum were the only sources mentioning them. Maxwell described an incident where seven male nurses wrote to their congressmen complaining of "the inequity of pay and position" compared to the women of the nurse corps. Their complaint stated that "here we receive no recognition, whatever, are classed as orderlies and paid about half the salary of the female nurse, also we are under the direct jurisdiction and orders of said nurses when employed on wards." Nurse historians have not determined the number of male nurses who served.39

Nightly bombing raids were quite common, even in some base hospital locations, especially when battle lines moved. Many North Dakota women wrote detailed and descriptive accounts of their nursing experiences under enemy fire.
Mary Ray of Fargo remembered that "We worked on very little sleep until the drives were over. . . . We operated in tents, chateaus, and barracks. Always, we were under continual barraging. During the Chateau Thierry Drive, which was the heaviest, we had from 250-300 boys waiting to be operated on."\(^4^0\) Blackwell wrote in her diary on 29 July 1918,

Patients, patients—simply pouring in and lying all over the hillsides under the trees. They are so tired, many only slightly wounded, but how they sleep from sheer exhaustion! Over 1,100 were admitted to Evacuation VII last night; roads are lined with trucks. We had 8,100 in eight days for our 300 bed hospital, but 1,100 in one night!\(^4^1\)

About one field hospital Mahoney wrote, "We worked all night and the following day in a building with windows, doors, and shell holes covered with heavy dark blankets, lest the enemy see a glimmer of light from our candles, the noise of guns and exploding bombs striking terror in our hearts, our souls sick at sight of our boys."\(^4^2\)

One nurse wrote of her operating room experiences at an evacuation hospital.

Those who have never seen an operating room at the front cannot imagine how unreal it is. The tables are placed as close together as possible, down the center, each team having two tables. The tables are never empty, one patient waiting until the surgeon has finished with the other. The wounded man lies on the table never saying a word. The nurses are too busy to do more than give him a smile or an encouraging pat as they pass by.\(^4^3\)

Chief Nurse Sophie M. Burns, wrote an excellent description of the operations and procedures used in a mobile hospital:
Two Besaneau tents together formed the admission tent and pre-operative wards. In the admission tent a nurse, acting as dietitian served hot coffee to all the incoming patients, besides preparing special diets. This pre-operative ward contained fifty beds. Patients were carried on stretchers to the admission ward where dressings were cut down and put on again, to the X-ray room, and thence to the pre-operative ward where they were bathed, then to the operating table. After the operation, the patients were again lifted, still on the same stretchers, and carried to bed in any one of the six wards, which were connected by corridors.44

Another nurse wrote, "You forgot many things you had been taught. You only remembered to roll up your sleeves and dig in. . . . You forgot the days of the week; you thought only of how many you could keep from dying."45 North Dakota nurse, Anna Rockswold, Bismarck, mentioned that the worst thing about the hospital work on the front was the terrible air in which they had to work. Because of the terrible air raids everything had to be closed up so no light would be seen from the outside. The condition of the wounded, the anesthetics, and the number of people breathing the same air (which even from the outside was none too good) made the work almost unbearable at times.46

But all was not death and destruction. Many nurses mentioned happy, pleasant times on the wards, especially during holiday seasons. Christmas was celebrated with great fanfare. Osa Oppedal, Fargo, took matters into her own hands to make Christmas more festive for the men on her ward. "A soldier had to be pretty sick not to appreciate a nibble of homemade candy. The nurses bought all the sugar they could at the commissary but that was not enough. So at each meal they carried away a little under their blue capes and by the holiday season had a fair supply."47
Many nurses arranged to do some sightseeing during their rest leaves and most headed for Paris or the south of France. In both areas the Red Cross and the YWCA sponsored canteens where the women could stay in clean, inexpensive, and chaperoned quarters. In England the Red Cross established several convalescent homes for the use of Army, Navy, and Red Cross nurses and other American female workers. The Red Cross houses attempted to supply as many comforts of home as possible. Libraries, space to show movies and hold dances, small kitchens, fire-places, and places simply to sit and write letters were part of every house. They were always well heated and comfortably furnished and served as a club or meeting place for nurses. Friends could be entertained within these houses. England, also, contained a special retreat. Gladys Clayton visited the estate of Lady Cooper near Hersley Park. Clayton recalled that "Formal dinners and dances as well as other forms of entertainment were provided by that American born woman who gave so much of her time to war work."48

North Dakota nurses had their share of exciting recreational excursions on their own bases. Mabel Olson, Fargo, stationed at Bazoilles, described the following adventure.

... she and some other nurses went for a ride in a captured German plane. It was a Fokker and a seat had been made in the tail. After putting on goggles, cap and jackets, they were strapped in and told to keep their feet out of the wires which ran through the
center of the ship. They were glad to see the vast hospital area and battle front from the air and to know the thrill of sitting on the clouds upside down although they were "AWOL" and the chief nurse had an eagle eye. 49

While on leave, certain restrictions on their freedom of movement were in force, but a few figured out ways around the restrictions. Gene Gunderson wrote,

While there two of us were given a ten day leave to go to Nice. But we wanted to see Paris. By getting on the wrong train and not understanding the conductor we reached that enchanting city, but had the M.P.'s to reckon with there. They allowed twenty-four hours, but we got lost and stayed forty-eight. 50

Norma Diesem, LaMoure, had a rather relaxed attitude about her leaves. "While on leave, she saw much of France, Italy, and Spain. Sometimes she overstayed and on occasion was AWOL, but this seemed a trivial matter after months of grim struggle with death and disease."

Mary Hanson, Grand Forks, had an especially memorable excursion into Italy. "She was given a three weeks leave in the spring of 1919, and traveled through Italy and southern France. At Rome they had an audience with the pope, who thanked the nurses for their part in the war." 52

As they moved around France on leave, many mentioned the hastily erected military cemeteries. These symbols of death made a lasting impression on the women. One nurse wrote,

Even now when the subject of war is brought up, I do not picture the horrors or suffering or hear the sound of guns, but see those hazy patches of crosses where Americans were buried and those scattered graves on the
open hillsides, marked by a solitary cross showing where a French soldier had fallen.  

Mary Hanson, Grand Forks, remembered the cemetery at Bazoilles.

A never to be forgotten picture at Bazoilles was the cemetery on a side hill. The white crosses seemed to be marching up the steep slope toward distant mountains. Every morning there were burials and the sound of taps and the volleys from the firing squads were always a part of the forenoon's routine. Always it rained.

According to Red Cross records only 107 nurses were cited for "misconduct." One third of these were for serious offenses (the forty-four pregnancies fell into this category); two thirds were for minor misdemeanors, such as AWOL and refusing duty. Only one-fifth of one percent of those who served were released for serious misconduct. None received a dishonorable discharge. The most common minor misdemeanor was marriage without permission.

Chief nurses maintained a careful watch over the morals and behavior of Army nurses. While this often placed the chief nurses in difficult personnel situations with the nurses, at least one North Dakota nurse had very positive comments to make about her chief nurse. Mary Ellen Thompson, Fargo, wrote: "Her goodness, kindness, integrity of purpose, and perfect understanding were but a few of the attributes she possessed to make her a charming person. Her fine nature was a power and stimulus to the nurses..."
Maxwell explained that "One of the most difficult problems that faced chief nurses was that of keeping restrictions on personal freedom to a minimum while ensuring that social conventions and moral standards were maintained in the psychological climate of war in a foreign country." 57

As more and more nurses took advantage of leave time following the armistice and moved away from the immediate supervision of their chief nurses, the Red Cross increased its efforts to provide guidelines for acceptable behavior. Guidelines included the following: the regulation uniform must be worn at all times, drinking was "greatly disapproved of," no leave time should be taken alone, and an "older" nurse should accompany each group "unless the conduct of its members could 'be entirely relied upon.'" Failure to comply with these guidelines meant being reported. The concern was not only for the women but for the reputation of the nursing profession and American womanhood. Dora E. Thompson, Superintendent of the Army Nurse Corps, wrote the following in a letter to all chief nurses in France in November 1917.

May I urge you to impress upon the nurses of your unit the very grave necessity for dignity and discretion? The nurses . . . have the privilege of representing, not only the nursing profession, but the women of America, and they should do their utmost to maintain the high standard of American womanhood. 58

Interaction between nurses and officers or enlisted men was not allowed, except during work shifts, indeed, "even casual conversation must be avoided." Curfews were
enforced, and there were limitations on leaving the post or entertaining in quarters. Infractions of this rule were not uncommon. Gene Gunderson found an inventive way around the rule. "Her future husband went to see her and it took a bit of planning to get to Dijon. By riding inside a closed truck with the soiled linen until they were out of sight of watchful eyes, they managed her escape. In Dijon they dared not go on the street for both were in uniform."60

This policy changed in the spring of 1919 when nurses could see either officers or enlisted men with the following stipulation: "The association of nurses with men is to be governed by the needs of the service, by the rules and customs of polite society, and by constant consideration for the good name of the Nurse Corps." Florence DeSautel, Grafton, was surprised one evening by her chief nurse and commanding officer while dancing in a Red Cross hut with enlisted men from her home town. A joke in a soldier minstrel show reflected the earlier policy: "The nurses have eleven commandments, and the eleventh is Thou shalt not mingle."63

Not all North Dakota nurses serving overseas were assigned to the American Expeditionary Forces. Several who enlisted in 1917 received assignments to the British Expeditionary Forces and were members of what were called Casualty Units. Late in 1917 the British government
appealed to the Red Cross for doctors and nurses, and a unit of one hundred nurses, including five from North Dakota, Ingeborg Dalbotten, Minnie McCulloch, Loretta McDermott, Lillian McKnight, and Ruth Weir, gathered in New York and embarked in February 1918 for France and service in a British hospital. Later in the war additional Casualty units were sent overseas. Molly Macneese, Valley City, was assigned to one of the later B.E.F. units, a fact she found very interesting. "I was detailed at once to the British Expeditionary forces as an American nurse. It was rather a coincidence that I should be picked to go there so soon after having sworn away allegiance to King George." Macneese was one of several foreign born and trained nurses who enlisted as Army nurses from North Dakota. Casualty Units nursing experiences were very similar to that of A.E.F. nurses. Members of the Casualty Units received pay, uniforms, and equipment from American authorities. Once on staff at a British hospital, the British paid their field, washing, and boarding expenses.

By the armistice, the Medical Division of the A.E.F. had become nearly fully operational and had established 153 base hospitals, 67 68 camp hospitals, and 12 convalescent hospitals. Necessary equipment and supplies were being received on a regular basis, and the medical personnel had learned how to perform under adverse conditions, even while
under fire. Several North Dakota nurses distinguished themselves and received credit for being in battles when their second zone locations came under fire during enemy advances. One North Dakotan, Lillian McKnight, had such an experience with the British Expeditionary Forces. As a result of her "exhibition of valour in the Field," she was awarded the British Royal Red Cross, 2nd Class. Louise Frankhouser, Bismarck, was under fire during the Aisne-Marne and Meuse-Argonne offensives and was entitled to wear the Victory Medal and Service Ribbon with three bronze stars. She stated that she had been awarded the Purple Heart for meritorious service on 5 February 1933. Jennie Mahoney, also, was awarded a five battle clasp victory medal and received two citations for service.

Overseas nursing was the goal for every North Dakota nurse, but the actual experience was always a shock. The living and working conditions were often inadequate, especially at the beginning of the war. While North Dakota nurses believed themselves to be well-trained and experienced, no stateside nursing had prepared them for the hundreds of severely wounded patients arriving daily and needing attention. Work at mobile units and mobile hospitals was more stressful than at base hospitals because of emergency situations, the possibility of enemy fire, the frequent overload of patients when drives were on, and the somewhat limited equipment and care which could be provided
under mobile conditions. Those at base hospitals had the advantage of a secure location, well equipped operating rooms and wards, and a more regulated work flow. The goal of every nurse, however, was assignment to an evacuation or mobile unit where her skills were urgently needed. Overseas nursing was more stressful, more rushed, more demanding, and more emotionally difficult than they had expected. From the arrival overseas of the first North Dakota nurses in early 1918 through the occupation period into 1920, North Dakota women performed their duties responsibly and courageously.
NOTES

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3"Historical Record," Regina Wahl Barbour.
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11Ibid.
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13"Historical Record," Josephine Currie Willis.
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22Records of the American Red Cross 1917-1934, Record Group 200, Box 8, File History of Nursing Activities, AEF (Stimson), 13.

23Ibid., Appendix Personal Accounts of Conditions, 12.

24Ibid., Record Group 112, Box 8, Historical Data File 1898-1947, File History Nursing Activities AEF (Stimson), Appendix (i).

25Ibid., Box 10, Entry 103, File Letters—Red Cross.


28Ibid., 477.

29Dock, et al., History of American Red Cross Nursing, 358.

30Records of the American Red Cross 1917-1934, Record Group 200, Box 421, File 421.3 Uniforms and Insignia—Nurses and Record Group 112, Box 10, Entry 103, File Letters—Red Cross.

31Ibid.

32Ibid.
Records of the American Red Cross 1917-1934, Record Group 200, Box 421, File 421.3 Uniforms and Insignia—Nurses, "Instructions in regard to Outdoor Uniform."

34 Ibid.


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37 Ibid.

38 Ibid., 22.

39 Maxwell, "History of the Army Nurse Corps 1775-1948,”

40 "Historical Record," Mary Ray.

41 "Historical Record," Lillian Blackwell Dial.

42 "Historical Record," Jennie Mahoney.

43 Records of the American Red Cross 1917-1934, Record Group 200, Box 8, File History of Nursing Activities AEF (Stimson), Appendix "Personal Accounts of Conditions," 12.

44 Ibid., 15.


46 "Historical Record," Anna Rockswold Overby.


50 "Historical Record," Gene Gunderson Shaw.
56 "Historical Record," Mary Ellen Thompson.
58 Ibid., 509, 514.
59 Ibid., 521-522.
64 "Historical Record," Minnie McCulloch.
65 "Historical Record," Molly Macneese Reilly.
68 Ibid., 652.

70 Records of the American Red Cross 1917-1934, Record Group 200, Box 8, History Data File, 1898-1947, File "History Nursing Activities AEF", Appendix to Report January to July 1919, 8.

71 Ibid., Box 270, File 162.321 "Nurse Enrollment and Recruitment--Army," British list of Army Nurses decorated, 4.

72 "Historical Record," Louise Frankhauser Woodworth.

73 "Historical Record," Jennie Mahoney.

CHAPTER 5
CANTONMENT NURSING

Sixty per cent of North Dakota's service women remained in this country, working in the cantonments and naval hospitals. Upon declaration of war it became imperative that provision be made for training an army of nearly 1,000,000 men. To address this need, thirty-two cantonments, or training camps, were built, most becoming operational late in 1917. As the Fargo Forum reported on 26 July 1917, "Camp Dodge, the official title of the 13th Division Cantonment of the new national army, will be ready September 1 for the 40,000 or more men drafted from Minnesota, the Dakotas, Nebraska, and Iowa. . . ."¹ Each was equipped with a 1000 bed hospital and staffed with doctors, nurses and related personnel.²

A nursing shortage developed in the cantonments almost immediately, because first priority was given to providing nurses for overseas duty. As men began collecting in the cantonments, training injuries and contagious diseases created medical problems, and the immediate need for a larger nursing staff was evident. As already noted, most nurses sought overseas assignments, and, even after the
change in policy requiring cantonment nursing before receiving an overseas assignment, there was a shortage of nurses available for stateside nursing. During 1917 the War Department issued an urgent call for 25,000 nurses. Nurse's drives were organized and each Red Cross division sought to locate and to encourage registered nurses to enroll. Over fifty North Dakota nurses responded to this call during 1917.

By 1918 the Red Cross foresaw a critical shortage of graduate nurses and launched a massive publicity and promotional campaign, conducted from 3 June through 17 July 1918. The Red Cross estimated that military needs would soon require one-third of all graduate nurses, which would severely limit services available to civilians. This special publicity drive, conducted by 3885 Red Cross chapters, alerted the nation to the need for more nurses and prepared the civilian population for decreased services at home. Articles appeared in national magazines, such as "The Need for Nurses" in the 1 June 1918 issue of The Nation, and the 17 July 1918 issue of The Outlook, where an article, "Nurses Needed," appeared.

The campaign reaped impressive results. During fiscal year 1917-1918 an average of 817 nurses a month had been enrolled. In June 1918, 1571 nurses enrolled, July saw 2668 enroll, and August 1918 established the war record with 2680
broken bones, operating, nursing. . . .” She was responsible for a ward of 125, mostly Texans, and she had some interesting comments to make about her experiences with them.

When sick they acted like a bunch of small boys and we pampered them, nursed them, sewed on chevrons and buttons, read to them, wrote their letters, in short were mothers and sisters to them. The nurses were all nicknamed and no matter how bad a name was given you, you had to grin and bear it.

Interestingly, Louise Freeman is the only North Dakota nurse who claimed to have a military rank of First Lieutenant at the time of her discharge in March 1919. Julia Hippe, Wahpeton, was a naval nurse stationed at Bremerton. Naval nurses at that hospital helped train hospital corpsmen in surgical techniques and provided medical services for the hundreds of workers in the shipyards. Naval nurses, too, sought overseas assignment, but overseas openings were few and far between.

Military rank for nurses proved a sore point for the Red Cross throughout the war, and Red Cross leadership continually brought the matter to the attention of the War Department. On 1 May 1917, the American Nurses' Association sent a resolution to the War Department requesting military authorities to "confer upon her [nurses] the authority necessary to control the situation. . . ." In September 1918 a National Committee to Secure Rank for Nurses, with William Howard Taft serving as Honorary Chairman, lobbied
congress on this issue. In June 1918 Taft wrote some personal comments about the commissioning of nurses. "Trained nurses in the army should have military rank and commissions. They are as necessary in winning the war as the infantry and artillery." He expressed his opinion on why rank had not already been authorized. "Yet the movement encountered from the reactionaries of the medical fraternity a stiff resistance now hard to credit. The last stronghold of this narrow conservatism was in the medical bureau of the army."13

The Lewis-Raker bill was then before the Committee on Military Affairs in the House and also the Senate. State Nurses' Associations throughout the country kept a steady stream of letters going to congressmen. Nurses recently returned from Europe supplied letters and comments to papers across the country giving examples of existing problems. At numerous congressional hearings nurses testified to work problems and expressed their feelings about rank for nurses. Martha M. Russell, the first chief nurse for the Red Cross in France, testified,

Some officers who are themselves most kindly and courteous and gentle to the nurses have been a hindrance to developing any proper espirt de corps because they did not realize that nursing is a grown woman's job, and that the woman who undertakes it is not to be petted and pitied, but given a fair field to use her ability and training in her task . . . . The nurses should be relieved of the necessity of coaxing the orderlies and cajoling the officers, to get work done.14
The Red Cross sought military rank for their nurses for several reasons. Enlisted men working in hospitals often refused to comply with nurses' orders since, technically, they had no authority over military men. Taft had personal knowledge of this problem. "The writer knows by observation and experience how much it interfered with the work of the nurses and the comfort of the patients that the nurses could not give military orders to the orderlies." British nurses held military rank and were considered officers. American nurses assigned to the B.E.F. were barred from certain social privileges allowed their British sisters. British nurses received officers quarters and considerations; American nurses enjoyed no such prerequisites. One nurse wrote: "As it now stands, the nurse has a peculiar and unique, although not particularly enviable position. The buck is passed down to her from the officers, and up from the enlisted men; the result is she is responsible for everything and has control over nothing."

General Pershing, a major supporter for granting nurses military rank, testified before a joint committee on Military Affairs on 31 October 1919.

Whatever would give the nurses a position by which they could enforce compliance with their instructions is what should be done. . . . I am only interested in getting them a standing that will enable them to carry out their duties efficiently. . . .

Maxwell continued the story. "Reminded that the private's orders as sentry were obeyed by all ranks since death could
come from disobedience, General Pershing countered that that was why a sentry was armed, adding, 'If we would give the nurses guns we would not need to give them rank.'"\textsuperscript{19}

It was not until 4 June 1920, however, that President Wilson signed H.R. 12775 into law. This law provided for the following:

Hereafter the members of the Army Nurse Corps shall have relative rank as follows: The superintendent shall have the relative rank of major; the assistant superintendents, director and assistant directors, the relative rank of captain; chief nurses, the relative rank of first lieutenant; head nurses and nurses, the relative rank of second lieutenant. . . . The Secretary of War shall make the necessary regulations prescribing the rights and privileges conferred by such relative rank.\textsuperscript{20}

Relative rank meant that nurses lacked several elements of absolute rank: no commission, no equal pay with regular officers, and no power of command similar to line officers of similar rank. Nurses did achieve:

1. The dignity incident to the name of the rank.
2. The right to wear the insignia thereof.
3. The eligibility to exercise authority within the limits set forth in the law. . . . As regards medical and sanitary matters and all work in the line of their duties, they shall have and shall be regarded as having authority in and about military hospitals next after the medical officers of the Army. . . .\textsuperscript{21}

Cantonment nursing involved additional services, as Freeman reported. Sewing, letter writing, visiting, and food preparation for patients, were not uncommon. Wanda Dreger, nursing at General Hospital No. 1, Williamsbridge, New York, described a unique experience. She wrote:
I had my uniform sleeves rolled up and was preparing a large pudding pan of bread pudding for the patients' lunch that noon. One of the visitors stepped into the diet kitchen, the lady being a well-dressed woman wearing a wisteria-colored suit and hat to match—a very fine personality indeed. She asked me questions about my patients and ward. I realized she knew what she was talking about. (We had people ask us all kinds of questions). . . . She asked, "Are you allowed to prepare special food in the wards?" I said, "Yes, this ward has special permission and extra allowance of milk, eggs. . . ." She appeared to approve of that.

This visitor turned out to be the chairman of the Red Cross Nursing Service Committee on an inspection trip. Dreger concluded her story with this remark, "One thing I remember I did was to pull down the sleeve of my uniform when she said, 'I am Jane Delano from Washington D.C.'"  

Housing and accommodations for cantonment nursing were much more civilized than overseas nursing. Nurses lived primarily in dormitories near the hospitals, and most services were within accessible distances from their work. In a few cases nurses lived in rented houses just off base. They usually had their own mess at camp mess halls. On rare occasions they shared the officers' mess. The Red Cross developed numerous activities and services to make off-duty hours more pleasant. Red Cross cars drove nurses into town for shopping, tennis courts provided physical exercise, curtains on the windows softened the dormitory rooms, electric fans made dormitory life more comfortable, willow rockers, porch swings, rugs, linen, china, flowers, pianos and victrolas, ironing boards with irons, fly paper and
swatters, gave a semblance of home to their living conditions. Some camps held weekly dances for the nurses. At Fort McPherson, members of the local Red Cross chapter volunteered to do the nurses' mending. Some cantonments had Nurses' Recreation Houses, built to provide nurses with recreational activities. The Recreation House at Camp Devens even had a gymnasium with shower room. The atmosphere on cantonments must have been very different from overseas assignments if Mildred McCarthy's comments are any indication. Stationed at Fort Riley, she wrote, "We worked hard eight hours a day and received sixty dollars a month. I was always broke, but nobody cared and we had a good time." 

The Surgeon General approved construction of Nurses' Recreation Houses on 22 March 1918, and authorized the Red Cross to erect the buildings. By 30 June 1918, thirty-three houses had been erected or were under construction. These houses contained an assembly room, a library, a laundry, a small kitchen and a sewing room. Once constructed the Red Cross gave jurisdiction over the building to the Army, under the supervision of a head nurse. Estimated cost for thirty-three houses was $245,000.

Problems existed, even on cantonments. Few dormitories had heaters; when unseasonably cold weather appeared, nurses were uncomfortable. Not all posts had adequate laundry.
facilities. During the first winter at Camp Doniphan, laundry for personnel and the wards was hauled to a town 100 miles from the camp. When that laundry broke down for three weeks, major problems resulted. The Red Cross responded by sending an experienced laundryman to Chicago "to purchase a complete set of laundry machinery and a sterilization plant." It was shipped to Camp Doniphan within a few days after the Red Cross guaranteed payment.\textsuperscript{29} The Army received a bill for reimbursement at a later date. Red Cross and military personnel used this purchasing method frequently when equipment was needed. Instead of waiting for paper work to go through channels, in emergency situations, the Red Cross would purchase the needed item, guarantee payment, pay costs for installation or shipping, and then submit a bill later to the Army.\textsuperscript{30} Surprisingly this system seemed to work very well for the duration of the war.

Nurses in cantonment hospitals continued to wear white uniforms of a type and material adopted by the Surgeon General's Office.\textsuperscript{31} Not until near the end of the war were they required to purchase the outdoor uniform used by overseas nurses.

Because the nurse shortage was so severe in cantonment hospitals, few stateside nurses were granted leaves. They were entitled to reduced rates for railroad travel and
often, when given a change in assignment, they utilized the reduced travel rate to visit their homes enroute.\textsuperscript{32}

Nurses with cantonment duty had little to report about work conditions until September 1918 when Spanish Influenza struck the country. Every single nurse on duty during that period wrote at some length about her flu nursing experiences. It was the most outstanding event in their military careers.

Spanish Influenza started late in August on a Navy ship in Boston harbor. Red Cross headquarters received the first call for nurses from that city on 14 September 1918.\textsuperscript{33} The Fargo Forum first mentioned Spanish Influenza within the state in an article on 27 September 1918. By 8 October 1918, the Fargo Forum reported that influenza cases in all camps were epidemic and totalled 167,000 cases. From 14 September to 8 November, 316,089 influenza cases were reported among the camps, while cantonment hospital bed capacity was only 112,000 patients. To meet the increased need, barracks, empty buildings, and churches were converted into hospitals to care for the sick.\textsuperscript{34} As an example of the speed of the flu and the Red Cross response to this epidemic, Camp Dodge had 245 nurses on duty on 10 October; one week later, 598 nurses were on duty.\textsuperscript{35}

Many nurses' comments concerned the high number of deaths. "Patients were dying at the rate of two or three hundred a day during the second and third weeks of the
epidemic," wrote Mary Lynch, Havana, North Dakota, stationed at Camp Grant, Illinois. Birdie Adair, Lisbon, an Army School of Nursing student at Boston City Hospital for less than a week, wrote, "the superintendent of nurses called them in individually explaining that, due to the shortage of nurses because of so many seriously ill with the flu, they were to be 'capped' at once and to take their places as second year nurses." Esther Teichmann, Bismarck, at Camp Dodge, wrote:

Our camp was in quarantine for six weeks. I worked in the part of the camp known as "Siberia", where barracks were used as hospital wards, since the Base Hospitals were filled to capacity. My service in "Siberia" lasted six weeks. Part of the time I was in charge of the barracks where I had one hundred ninety-two patients under my care and I was the only nurse there at night.

Dorothy Blodgett, Minot, stationed at Camp Custer, Michigan, wrote the most poignant account:

I had not been in service many weeks when the Spanish flu epidemic started. This kept us all so busy we were unable to think of anything but work. If I remember rightly, we had eighty nurses in the hospital when the epidemic started. In a short time we had four hundred nurses and about eight thousand patients. Every available nurse was called into service, even student nurses from many training schools. We could not give the soldiers anywhere near the care they should have received for they came in so fast and many of them were so desperately sick. Every ward was filled to its capacity and the long corridors between were lined with cots on either side. Many of the patients lived only two or three days. I had charge of the tubercular ward a short distance from the morgue. It was indeed a depressing sight to look out and see the stretchers going by from morning till night. The highest death rate one day, as I remember, was nearly seventy.
A total of 282 nurses died during World War I, none of actual combat wounds. Over 300 died later of diseases contracted in the line of duty and 449 suffered total or partial disability. The Red Cross estimated that 3 out of every 100 nurses "either died or suffered temporary or permanent disability from war nursing service."\(^{40}\)

Seven North Dakota women died while serving their country. Spanish Influenza claimed five lives. Effie Larson died at Camp Dodge on 14 December 1918; Mable Christenson, Minot, died on 22 October 1918, at Camp Lewis; Sophia Morrison died on 10 February 1919; Florence Kimball, Lisbon, contracted flu and died of complications on 20 October 1918, at Base Hospital #22, Bordeaux, France.\(^{41}\) Sebra Hardy died on 4 October 1918, shortly after reaching France. She had a military funeral and was buried at St. Mihiel American Cemetery, in France.\(^{42}\) Nora Anderson, Grand Forks, died 16 January 1919, at Base Hospital #68 of Spinal Meningitis. The Lutheran Church Herald, December 1919, published a long article about her illness and death, written by Chaplain Gustar Stearns, who conducted Anderson's funeral service.\(^{43}\)

The seventh death was an accidental drowning. Irene Leimbacher, Fargo, entered civilian war work as an assistant for War Camp Community Service at West Point, Kentucky. She drowned in an attempt to rescue a friend caught in the Ohio River current.\(^{44}\)
A final death should be mentioned, even though it was not that of a North Dakota woman. Catherine Horgan, Grand Forks, was stationed at Base Hospital #113 at Savenay, France. Jane Delano, while on a trip to Europe to attend a conference, became ill and died on 15 April 1919, at Base Hospital #8, a short walk from Horgan's hospital. Horgan attended the Delano funeral and wrote a brief account of the service:

    Her funeral, which was an impressive military funeral, was held on Good Friday, April 18, 1919. It lasted from 9 A.M. to 11:30 A.M. All our nurses, about 500, marched behind the firing squad. The body of Jane Delano lay in state at Base Hospital #8 the day before the funeral. My roommate and I paid our respects to the dead late in the afternoon.45

One other North Dakota nurse had direct contact with Delano. Gladys Clayton, Fargo, stationed at Base Hospital No. 69 at Savenay, was one of the relief nurses who cared for Delano during her last illness. Clayton recalled that "Miss Delano realized even better than the surgeons or nurses that her illness was to prove fatal." Clayton, too, marched in her funeral procession.46

As previously mentioned, all the cantonment nurses commented on their flu nursing experiences. One other concern appeared in many of their histories. Diomah Yunker, Fargo, expressed it best when she stated, "Our big regret was that we never got overseas."47

Cantonment nursing did not provide the danger or excitement of overseas nursing. Stateside military nursing
more closely resembled civilian nursing, and except for the flu period, nurses did not have the all consuming commitment of their overseas sisters. Their lives were fairly normal; their hours fairly standard. Perhaps that is why so few had any significant comments to make about their cantonment nursing experience, with the exception of the flu epidemic period. Nevertheless, cantonment nurses provided a vital service to returning soldiers and to the communities surrounding the bases. It is important to note that World War I was the first war where combat accounted for more deaths than disease. Undoubtedly, the improvement in hygiene, the demand for higher standards in nurses' training, and the use of trained women nurses contributed to that statistic.
NOTES

1 Fargo Forum, 26 July 1917.
2 Kernodle, Red Cross Nurse, 130.
3 Ibid., 142.
4 Ibid.
5 "Historical Record," statistics compiled by author.
7 "Historical Record," Mary Sullivan.
8 "Historical Record," Louese Freeman Smith.
9 Ibid.
13 Ibid., 68.
15 Vivian, Taft: Collected Editorials, 68.
16 "Military Rank for Army Nurses," The Survey, September 21, 1918, 698.
18 Ibid., 695.
19 Ibid., 696.
20 Records of the American Red Cross 1917-1934, Record Group 200, Box 270, File 162.31, Nurse Enrollment, File 162.321 Nurse Enrollment and Recruitment-Army.
22 "Historical Record," Wanda Dreger Kurth.
23 Records of the American Red Cross 1917-1934, Record Group 200, Box 146, File 140.18 Department of Military Relief Annual Report 1917-1918, Vol. 1, 31.
24 Ibid., 32.
25 "Historical Record," Mildred McCarthy Chambers.
26 Records of the American Red Cross 1917-1934, Record Group 200, Box 146, File 140.18, Department of Military Relief Annual Report 1917-1918, Vol. 1, 35.
27 Ibid., 36.
28 Ibid., 37.
29 Ibid., 41.
30 Ibid., 47.
33 Kernodle, Red Cross Nurse, 145.
34 Ibid., 146.
35 Ibid.
36 "Historical Record," Mary Lynch Cole.
"Historical Record," Birdie Adair.

"Historical Record," Esther Teichmann.

"Historical Record," Dorothy Blodgett Brooks.


"Historical Record," Effie Larson, Mabel Christenson, Florence Kimball, Sophia Morrison.

"Historical Record," Sebra Hardy.

"Historical Record," Nora Anderson.

"Historical Record," Irene Leimbacher.

"Historical Record," Catherine Horgan Eagan.


"Historical Record," Diomah Yunker Wild.
As the Spanish Influenza epidemic ran its course, so, too, did World War I. By fall 1918 the Red Cross Nursing Service was beginning to reap the benefits of its summer nursing drive—the thousands of nurses had just begun their enlistments when the armistice was signed. Forty-six North Dakota nurses were among this group.\(^1\) The Army School of Nursing was just getting started. Thousands of students had applied, but only 221 students were actually involved in study at seven of the thirty-two cantonments.\(^2\) By December 1918, when the campaign to recruit student nurses formally closed, 13,881 student nurses had been recruited\(^3\) with 5,380 assigned to the Army School of Nursing, nearly one-third of all student nurses recruited during the summer campaign.\(^4\) North Dakota exceeded its recruitment quota of 370 student nurses. In actuality, 452 North Dakota women responded to the call to enter nurse’s training.\(^5\) Nearly fifty colleges had organized training camps on the Vassar model and were prepared to turn out college graduated nurses to fill the anticipated shortage.\(^6\) Red Cross chapter size and state
membership totals were at an all time high. War's end halted all these plans.

On Armistice Day 1,400 nurses in New York City awaited transportation to Europe. The Red Cross immediately reverted to its former peace-time requirements and released all but 400 nurses from their commitment. The thousand sent home were those who had entered service after requirements had been lowered. The acceptable 400 sailed for France to relieve overseas nursing shortages. Ita McDonell, Devils Lake, was one of the acceptable ones. She recalled that "We thought we would then be going home but replacements were still needed in France and we sailed on the La France November 15."

Despite the armistice, demands on the Red Cross Nursing Service remained at an all time high during the six months following war's end. In fact, European peak strength reached approximately 10,000 nurses in January 1919, eighty-eight of them from North Dakota. Returning wounded and injured soldiers placed huge burdens on stateside hospitals. American troops remained in Europe longer than anticipated; cantonments remained open to facilitate troop demobilization once home.

In Europe nurses remained on duty through the demobilization period as troops rotated home. As camps and hospitals closed down, women returned home and were
discharged. Nurses with a satisfactory service record, who
met the earlier Red Cross nursing requirements, were given
the opportunity to "volunteer for continued service in
Europe."\textsuperscript{12} McDonell was in a unit that was given the option
of going home or going to Germany with the Army of
Occupation. After nine months of duty in France, Ita and
her unit "chose to return to America."\textsuperscript{13}

During the early months following the armistice there
was still plenty of nursing work to be done. But once the
newly arriving nurses appeared and the injured men began
being transported home, the work load decreased dramatically
and with it morale. Nurses received orders to report to
departure ports, Brest, St. Nazaire, and Bordeaux being the
major ones. Once there, they found long delays,
overcrowding, and boredom. The average length of stay at a
departure port was ten to fifteen days, long days with
nothing to do.\textsuperscript{14} Mabel Farr had some unpleasant memories
of her demobilization experience. "At La Boule they were
quartered for two weeks in an unheated building. Miss Farr
rented a bicycle and rode for hours to keep warm."\textsuperscript{15}
Frequently nurses worked at the dock infirmaries, assisting
in the care of patients, until time to board the transport
ships.\textsuperscript{16} Efforts were made to provide transportation to
nurses for sightseeing while they waited.\textsuperscript{17} Martha Gravdal,
Fargo, was very honest in her comments concerning demobilization.

Then came the call to Vannes, where all was haste and confusion. The war was over. Everybody wanted to go home and resented the last details of finishing the work. There the nurses had to stand in line with their mess kits. They were served beans, canned tomatoes and tinned salmon. Vile food, they all agreed, but who cared? It was almost over. Finally they were ordered to Brest but it was two weeks before they could board ship.18

At least the nurses could finally find Quartermaster clothing to replace worn uniforms. Since the Army did not begin supplying nurses' clothing until December 1918 and had ordered a large supply in anticipation of the war continuing for at least another year, clothing, far in excess of need, was on hand as the nurses started going home. Quartermaster outlets were established at each major departure port "so that nurses might return to the United States properly clad."19

The shortage of ships to take troops home was more evident now than at any time during the war and accounted for the long delays. Only a limited number of women could be accommodated on each ship because of the need for separate facilities. Stimson wrote on 22 April 1919, "It seems to us that the return of the nurses is proceeding pretty slowly, as we have still over seven thousand left."20

On 12 July there were still 2,239 nurses in Europe. The last nurses did not leave Europe until December 1919, when the last two base hospitals closed.21
As part of their arrangement with the nurses, the Red Cross paid return expenses at an estimated cost of $226 per person. The return trip did not have the glamour and excitement of the initial trip across the ocean—no submarine dangers, and no eager anticipation for the unknown ahead. Extremely tired and anxious to get home, the women frequently objected to the accommodations on the transport ships. Even the most positive comments described the accommodations as "austere and occasionally ghastly."

Nurses complained that officers had better rooms with recreational areas while they had dormitories below the water line. Some nurses complained of being in "steerage" for the return trip. Bunks without mattresses was another complaint. The Red Cross received so many complaints that it held an investigation to determine the truth. Stimson concluded that

no nurse at any time has been given any other food . . . than was supplied to the highest ranking officer, nor was she restricted in any way from any part of the ship to which first class passengers had access. . . . There have been boats on which certain junior officers have had better accommodations than some of the nurses, but on the other hand there have been hundreds of passages when there were many nurses who had far better accommodations than many officers.

Many nurses stayed in Europe and traveled before returning home. When they actually did head home, they filled out an expense statement stating what moneys they had received while on duty in Europe, how much money they were advanced for travel expenses en route, estimated date of
arrival in the United States, and a statement that all Red Cross property had been returned to the area Red Cross Director. This form was signed by the Director.  

Mary Ray, Fargo, remembered her feelings as her transport neared the American coastline. "I shall never forget the sight coming into New York harbor. The Statue of Liberty was a sight no human being could look upon with a dry eye. The band came out to meet the incoming boat and played 'Home Sweet Home'." 

Returning nurses were virtually ignored by the press. Newspaper reports of ships' arrivals barely gave a line acknowledging that nurses were aboard. Maxwell wrote, "Practically all of these incoming transports had nurses aboard. Occasionally a newspaper mentioned, when summing up the personnel of officers and men, '5 or 20 or 50 women nurses,' but none of them by name. Nor did they recognize the distinguished service rendered by any of them." 

Senator Calder of New York raised the question of recognition for nurses on the Senate floor on 10 February 1919. 

A few days ago, we saw a group of our nurses come off a big transport, carrying their heavy suit cases, wraps and bags, go down the gang plank that looked to be at an angle of 45 degrees, and travel the whole length of the Hoboken pier, between rows of soldiers lined up on either side. What an impression to leave on the minds of these men; any one of whom, if not under military regulations, would have been glad to help carry the nurses' heavy luggage, out of simple courtesy. There was not the slightest attention paid to them by any of the official groups who were there to
welcome the men, or by the public in general. It would look as if, because they have served the government as nurses, these women are considered no better than, but below the status of the ordinary woman.27

The Red Cross, anticipating the adjustment in returning to civilian life, organized a Bureau of Information in New York City in February, 1918.28 Clara Noyes, Acting Director of the Red Cross Department of Nursing, wrote Julia Stimson, head of the Nursing Service for the American Expeditionary Forces, on 20 December 1918,

As a large number of the nurses have written to me from France stating that they are uncertain about their future plans, we thought it might give them a sense of security to know that we stand quite as ready to help them upon their return as we were to equip them and wish them a Bon Voyage! when they left this country.29

This bureau acted as an informational clearing house for nurses leaving the military and seeking work, assistance, or relocation in civilian nursing. It also provided information on war-risk insurance, federal re-education programs, and hospitalization information for sick nurses. Each unit received notice of this bureau at the time of the armistice so that returning nurses knew of a place to go for assistance. The bureau maintained a file on all possible "institutional, Public Health, and general nursing opportunities" open to graduate nurses. To create this file, the Red Cross wrote to all training schools, hospitals, nursing organizations, and agencies employing nurses, asking them to project their needs in the year ahead. In addition to assisting in the placement of
returning nurses, the bureau also sought to assist the transition of student nurses in the Army School of Nursing into regular training schools. For nurses leaving cantonment service, copies of these files were sent to each divisional office.  

According to Red Cross statistics, seven hundred hospitals and organizations used the Bureau of Information to recruit nurses, with 2,763 nurses applying for positions, and 2,334 actually being placed. In addition, another 214 received appointments to Public Health nursing positions. The Red Cross estimated that the numbers placed were probably higher but "great difficulty was experienced in getting nurses referred to positions to report to the Bureau whether they had accepted them."  

When the nurses arrived in the port city, a Red Cross sponsored "club-house" was available for rest and relaxation while they awaited discharge. To facilitate the speedy assimilation back into civilian life, nurses were released at their port of arrival at Hoboken, New Jersey, or Newport News, Virginia, without having to report to the Superintendent, Army Nurse Corps, for discharge. Newly arrived nurses could go home immediately and await discharge at home. The Secretary of War allowed each honorably discharged nurse to retain one suit of uniform clothing plus some other equipment.
Nurses ill at the time of their return remained in service and received treatment until they recovered. If they elected to return home for treatment, they signed a release form stating that "they desire to forego further treatment at government expense." The Bureau of Information assisted approximately 400 sick nurses in getting proper hospital care, re-education, and "compensation as given to the disabled soldiers." Red Cross money, in the amount of $16,000, established a convalescent home for sick nurses.

Nurses received one other consideration. Surgeon General Gorgas, in early 1918, recommended that space for deceased nurses be allocated at Arlington National Cemetery, retroactive to Army nurses who served in earlier conflicts. In November 1918, Congress approved this allocation.

Discharge for cantonment nurses followed a different procedure. Cantonment nurses, numbering over 2,000, were the first to be discharged following the Armistice. Hospital commanders complied with the notice to reduce their nursing strength and supplied the Surgeon General's Office with names of nurses recommended for discharge. Orders were cut for each nurse to "proceed to her home to await discharge." Upon receipt of her orders, the nurse began a long process, filled with paperwork. Before leaving camp each nurse had to: 1) have a physical examination, 2) update insurance information, 3) collect pay allotments, 4) record
the date of last pay, 5) record date of departure from her last station, and 6) obtain travel vouchers for the trip home. She then returned home and awaited her official discharge.39

One additional requirement had to be met. Once home each nurse wrote to the Surgeon General's Office and sent him: 1) a letter giving the date and hour of her arrival at home and her complete mailing address, both needed for the final distribution of papers and pay, 2) her letter of appointment, 3) her travel expense voucher verified by a notary public, 4) her travel orders in two copies, and 5) all other official papers.40 By the spring of 1919 this cumbersome procedure created a paperwork overload in the Surgeon General's Office that necessitated a change in policy. Thereafter, hospital commanders, responsible for final payment of wages, provided funds for travel expenses, and handled all discharge paper work. The Surgeon General's Office received copies of all their reports.

Several North Dakota nurses remained in military service for a time following the war. Two women made a career of military service—Ingeborg Dalbotten, Grand Forks, was still in the Army in 1935 when the histories were collected, and Lillian Hankey, Dickinson, a member of the first group of nurses to enlist, was retired from the Navy in 1934 for disability. Lena Schmidt, Wahpeton, served at Fort Leavenworth before transferring to Walter Reed Hospital
in anticipation of an overseas assignment. Her plans changed with the armistice. She stated that "Altho [sic] my enlistment 'for the duration of the war' was now ended, seeing the need for nurses in army service, I re-enlisted for another three year period. . . ."42

Most North Dakota nurses, however, elected to serve only for "the duration of the emergency" and requested discharge at the earliest possible moment. According to their histories, nearly all returned to North Dakota for a well deserved rest and time to reflect on the future. Several mentioned being ill, among them, Jean Brown, Fargo. "Coming home almost a nervous wreck, I left my home, family, and friends to fight back to health among strangers, for sympathy we did not crave."43 Ethel Stanford, one of North Dakota's first Red Cross nurses, returned home with her health permanently impaired. She suffered from tuberculosis and was in and out of hospitals until her death in 1927.44

Demobilization was a difficult time for many North Dakota nurses. After many weeks and months of working at a fever pitch, suddenly the war was over and a sense of let-down occurred. Eagerness to get home made many women impatient with the Army and morale was generally low. Few nurses mentioned having any definite plans for their immediate future, other than getting home. Once home, North Dakota nurses rested and visited with family and friends, trying to recapture, for a time, their pre-war lives. Only
a small percentage moved onto new challenges immediately. For most North Dakota nurses, job seeking, possible relocation, marriage, additional schooling, re-evaluation of goals could wait until they had rested and had begun recovering from the enormous energy drain caused by their war efforts. The mobilization process had taken some time; so, too, did the demobilization process, physically, mentally, and emotionally.
NOTES

1"Historical Record," statistics compiled by author.

2Kernodle, Red Cross Nurse, 146.


4Ibid., Report of the Committee on Nursing, 8.

5Ibid., 13.

6Kernodle, Red Cross Nurse, 144.

7Dock, et al., History of American Red Cross Nursing, 983.

8"Historical Record," Ita McDonell.

9Maxwell, "History of the Army Nurse Corps 1775-1948," Table 3 Army Nurse Corps Strength and Assignments for Selected Dates, April 1917 to June 1920.

10"Historical Record," statistics compiled by author.

11Records of the American Red Cross 1917-1934, Record Group 200, Box 146, File 140.18 Military Relief Annual Report for year Ended June 30, 1919, 2.


13"Historical Record," Ita McDonell.


16 Dock, et al., History of American Red Cross Nursing, 1011.


20 Ibid., 452.

21 Ibid., 454, 460.

22 Records of the American Red Cross 1917-1934, Record Group 200, Box 392, File 300.1 Nursing.


24 Ibid.

25 "Historical Record," Mary Ray.


27 Ibid.


29 Ibid., Record Group 112, Box 10, Entry 103, File Letters-Red Cross, letter dated December 20, 1918.

30 Ibid., Record Group 200, Box 148, File 140.1 Military Relief Medical Service "General Activities Temporary and Permanent Changes in Executive Personnel."

31 Ibid., Record Group 200, File 140.18 Nursing Service Reports of 1917-1929, "The Red Cross Nursing Service."

32 Ibid., Record Group 112, Box 10, Entry 103, File Letters-Red Cross, letter dated December 20, 1918.

34Ibid., Record Group 112, Box 10, Entry 103 File Letters-Red Cross.


37Ibid.


39Ibid., 627-28.

40Ibid., 619-20, 627-30.

41"Historical Record," Ingeborg Dalbotten, Lillian Hankey.

42"Historical Record," Lena Schmidt Reeder.

43"Historical Record," Jean Brown Akins.

44"Historical Record," Ethel Stanford Miles.
CHAPTER 7
CONCLUSION

As a nursing historian of the era wrote, "No one could look at the figures on nurses assigned by Red Cross Nursing Service during the war and deny that the achievement was remarkable: 17,986 nurses to the army, 1,058 to the navy, 284 to the United States Public Health Service, 6,034 to Red Cross activities at home and abroad—a total of 25,362.¹

Remarkable indeed! The work of the Red Cross in all areas, not just nursing, was of extreme value to the government. When war began, the Medical Department of the military was practically non-existent. Government priority was given to creating and training an army of soldiers. Little time, money, or effort was available for the support services. The government could afford to take this position because the Red Cross was willing and able to step in and organize the medical support services. In the years just before the war the Red Cross had established chapters throughout the states, so their communication network and their workers were in place to function smoothly when called upon. The 3,885 Red Cross chapters were very effective public relations agents and nurse recruiters and were able
to reach every part of the country. Successful war fund drives gave the Red Cross a substantial treasury with which to finance the enrolling and equipping of nurses and civilian workers in other support departments. Because it was not bound by government regulations and red tape, it could act swiftly when called upon. And the Surgeon General's Office, the Post Commanders, and foreign nations called frequently. The Red Cross goal to provide aid in time of crisis was achieved beyond even its own expectations. The Red Cross's efficiency gave the military time to create and organize the governmental agencies, regulations, and funds necessary to respond to the tremendous drain on resources and personnel caused by the war.

The cost of training, equipping, and transporting nurses and other support workers ran into the millions of dollars. After some time elapsed and proper records could be compiled, the Red Cross submitted a bill to Congress for reimbursement for its costs, and in 1922 Congress voted those funds.²

Stimson, head of the Nursing Service for the American Expeditionary Forces, had this to say:

If three years ago anyone had said that within two years the United States Government would send ten thousand of its finest young women from homes of comfort, and often of luxury, across three thousand miles of perilous sea; into a country devastated and depleted by war, to struggle with a climate of the most depressing nature; to live under conditions of the
crudest; to wear all the same sort of somber, unattractive clothing; to eat unappetizing (frequently) and unaccustomed food; to do work of the most heart-breaking and back-breaking sort under conditions that no imagination could have foreseen; to see sights that would make faint the stoutest heart; to endure privations—social, mental and physical,—but, after all, to accomplish what they went for and to return with ninety-nine per cent of their number intact and, on the whole, in better physical condition than they went over,—people would have said it could not be done. But it has been done!

What other achievements can be directly related to this mammoth utilization of women nurses during World War I?

Perhaps the most important achievement was the recognition of nursing as a profession and the reorganization of the whole nursing education formula. As Kalisch and Kalisch state in their book, *The Advance of American Nursing*,

Probably the greatest contribution of the war experience to nursing lies in the fact that the whole system of nursing education was shaken for a little while out of its well-worn ruts and brought out of its comparative seclusion into the light of public discussion and criticism.

The system of hospital training schools changed in the years following the war. The success of the student nurses in the Army School of Nursing prompted this change, as acknowledged in a Red Cross report. "The majority of the young women . . . sent into training schools are of an unusually high type and their entrance into the nursing profession has resulted in stimulating the interest in standards for hospital training." No longer were undereducated women accepted and trained as nurses by scrubbing on the wards or by working with an individual
physician. Colleges began offering nursing as a course of study, and the hospital training schools added a strict academic course load to their on-the-job training. Labor laws got into the picture and began controlling the number of hours and days a nurse could work, resulting in improved working conditions.6

Government recognized the service provided by the Red Cross Nurses by including them in numerous military benefit programs, such as vocational education for the disabled, veterans bonuses, and benefits.7 Signe Lee, Fargo, for example, received two years of schooling in laboratory work following her discharge because she had earlier incurred a war related illness.8 Nursing services became official sections of the Hospital Division of the U.S. Public Health Service, the Veterans Bureau, and the Indian Bureau.9

These achievements were all gains for the nursing profession. What, if anything, did the individual nurses gain, particularly those from North Dakota? Most notably, perhaps, nurses earned increased respect from the public, and the nursing profession offered individual women, as Dock stated in her book, A Short History of Nursing, "the first form of community or social service . . . providing a channel outside of conventional domestic relations, where women's energies might find expression and where their larger capacities for organization and administration might
be developed." This, in turn, meant better health care for all North Dakota residents.

North Dakota women responded to these new opportunities in primarily three ways: a return to their nursing careers, a return to schooling for additional training, or marriage. For many marriage was in their immediate plans. Hulda Larson, Grand Forks, rated "her experiences in France as happy ones because it was there she met her future husband. . . . Three months after Larson returned to the United States and was discharged from the army, she married Mr. Rehbehn. . . ." For women of that time, marriage meant staying at home with the family. Most North Dakota military nurses who married retired from nursing, as Annie Croot, Fargo, so clearly stated when she wrote, "I . . . gave up nursing when I married. . . ." Nearly two-thirds of North Dakota's war nurses married, retired from their careers, and became wives and mothers.

Women who returned to nursing did so in a variety of ways. Many provided leadership in community hospitals as superintendents of nurses. A number joined the Red Cross Public Health Nursing Service and worked in many different states. Some joined the staffs of Veterans Hospitals. Private duty nursing continued to provide work for some women. As an example, Sarah Sand, Bismarck, held a number of nursing positions throughout North Dakota prior to her marriage in 1926, including county home visitation nursing,
supervisor of Red Cross Health courses during the summers at the Agricultural College, school nurse for the city of Fargo, director of Nursing Service at Bismarck Hospital and served as president of the North Dakota State Nurses' Association. Sand wrote a small book about her war nursing experiences, *Lamp for a Soldier*, published in 1976 by the North Dakota State Nurses Association, and in 1987 she was named a charter member of the North Dakota Nurses Association Hall of Fame.

Sand was one of a number of North Dakota war nurses who became active in the State Nurses Association, providing leadership and experience at the state level for continued improvements in nursing education and professionalism. Governor Fraser appointed Jennie Mahoney a member of the Board of Nurses Examiners in 1919; she also acted as president for a time. She had served a term on this board prior to the war. She also served as State Inspector of Schools of Nursing for North Dakota. Esther Teichmann, Bismarck, held numerous leadership positions in the North Dakota State Nurses Association and served two five year terms as a member of the North Dakota Board of Nurse Examiners.

Several other North Dakota nurses provided leadership in nursing advancements in other states and around the world. Minnie Freise, Bismarck, established the only maternity home in Kern County, California, operated and
managed by registered nurses. Ita McDonell, Devils Lake, returned to Red Cross reconstruction work in Europe following the war. She organized and taught nurses' training classes for hospitals in Poznan and Warsaw, Poland, taught emergency nursing classes in cities all over that country, and established Child Welfare Centers throughout Poland.16

The women named above, who provided nursing leadership in North Dakota and elsewhere, were clearly women who were continuing an earlier interest in organizational work. Their histories indicate that each was involved in nursing leadership and education before the war. Their war experiences simply gave them a new dimension and confidence when they came home and returned to their earlier activities. Apparently none of the nurses were inspired to become involved with nursing leadership as a result of their war experiences. If they didn't have the interest before, the war did not create any new interest.

A number of women completed additional training to increase their nursing skills. Mildred McCarthy, Fargo, took a post-graduate course at a hospital in Chicago. Anna Wilbert studied laboratory work at Post Graduate Hospital, New York. Flora Barr took post graduate work at Cook County Hospital, Chicago.17 Women accepting positions in Public Health nursing often attended special training provided by the Red Cross.
Over three quarters of the military nurses eventually left North Dakota. Many followed husbands through their career moves. Some left immediately following their recuperation time at home. Others departed years later as career opportunities developed, usually on the west coast.

Annie Croot, Fargo, expressed a sentiment implied by some of the women. "I returned to Fargo and found that everything was at loose ends. So after doing some special nursing in and around Fargo, I packed my bag and turned west." Croot ended up in California doing Public Health nursing until her marriage. For some, nursing at home was unsatisfying and adjustment to civilian life difficult. The Red Cross Bureau of Information interviewed returning nurses and recorded these words from Laura Hartwell. "This attitude is, of course, to a great extent the reflection of the world's unrest, but the people who stayed at home have advanced along different lines from those who went overseas and they cannot see why the daily round cannot easily be taken up again."

It is impossible to determine how North Dakota nurses felt about feminist issues of that day, such as suffrage, paternalism, and equality. Not one woman made any comment on political or social issues, due in large part to the format used for the histories. The women were asked to provide factual information on specific subjects, their
family background, their training, their duty assignments, and their lives since the war. Clearly, the format excluded room for comments on their personal responses to political issues. Even if freedom had been given for personal comments, it is unlikely that the majority of North Dakota nurses would have expressed any radical thoughts. The statements about their lives reflect very traditional and accepting views of the world and the role of women therein. Nowhere does one read or sense any inner struggle with the socially acceptable position of women in American society in the 1920's and 1930's, when these women were at the peak of their work and family responsibilities. Acceptance of their roles in life was the norm. For many, war nursing was their one impetuous fling, their opportunity to see some of the world before settling down into comfortable and acceptable lives as wives and mothers.

North Dakota nurses expressed total support for the war effort and for the men who fought. No one commented negatively about American involvement with the war effort. Their only regrets concerned the loss of life witnessed on European battlefields and in the cantonments. Expressions of admiration for the American serviceman filled their histories. Jennie Mahoney wrote:

I feel I cannot close without a word of appreciation for the men of our Army, they were most manly, unselfish, and patient. It was a real privilege to be there, for perhaps in no other way could we have learned what splendid characters our American men had.
They made it easier for us to 'carry on' under difficulties. 20

For the North Dakota nurses who did not marry and retire, nursing provided an opportunity to develop careers and to utilize their talents for leadership and administration. It gave them greater self-esteem knowing they were successful in their chosen work and respected by those they served.

North Dakota nurses proved their courage and stamina under extremely adverse conditions, and they contributed greatly to the successful completion of the war. Their success in this historically all male event, war, proved that women could withstand stresses as well as men and helped open the door for future generations of women attempting to enter male dominated fields.

North Dakota women participated in all Red Cross activities—not in large numbers, perhaps, but with impressive percentages of those eligible to serve. North Dakota women responded in force and with great dedication to the call to serve. They experienced the pleasant—springtime in Paris—and the painful—the death of fellow Americans in battle. Overwhelmingly, North Dakota's women returned from service thankful that the war was over, happy to be home, shocked at the destruction to life and property they had witnessed, tired beyond human endurance, proud to have served their country, and optimistic for the future. Lillian McKnight wrote, "I shall always feel I have
to strive real hard to make my life as useful in the future as I did during those nineteen months, and I am truly thankful for the opportunity I had of being an army nurse."²¹

Mary Ellen Thompson best expressed the collective feelings of the North Dakota women when she wrote, "What wouldn't I give to live some of it over. It will always be an unforgettable experience, and one I wouldn't have missed for anything in the world."²²
NOTES

1Kernodle, Red Cross Nurse, 147.


3Ibid., 530-31.


5Records of the American Red Cross 1917-1934, Record Group 112, Box 10, Entry 103 "Report of the Committee on Nursing Exhibit B", 10.


7Maxwell, "History of the Army Nurse Corps 1775-1948," 646.

8"Historical Record," Signe Lee.


11"Historical Record," Hulda Larson Rehbhn.

12"Historical Record," Annie Croot Moore.

13"Historical Record," statistics compiled by author.

14"Historical Record," Sarah Sand Stevenson.

15"Historical Record," Jennie Mahoney, Esther Teichmann.

16"Historical Record," Minnie Freise, Ita McDonell.
17"Historical Record," Flora Barr, Mildred McCarthy Chambers, Anna Wilbert Bell.

18"Historical Record," Annie Croot Moore.


20"Historical Record," Jennie Mahoney.

21"Historical Record," Lillian McKnight Weir.

22"Historical Record," Mary Ellen Thompson.
APPENDIX A

LIST OF WORKERS IN "HISTORICAL RECORD"

* Died in service
+ Indicates sisters

1. Acheson, Georgiana
2. Ackerman, Magdalen, Jamestown,
3. Adair, Birdie, Lisbon
4. Anderson, Leona
5. Anderson, Nora*, Grand Forks
6. Anderson, Sophie
7. Axtell, Grace
8. Bain, Beatrice
9. Barr, Clara, Valley City
10. Barr, Flora, Valley City
11. Bartle, Elizabeth, Fargo
12. Baysinger, Mildred
13. Beck, Frances, Minot
14. Benson, Amanda
15. Berg, Charlotte
16. Beyer, Ethel, Bottineau
17. Beyer, Lucy
18. Bigelow, Myrtle, Mandan
20. Bjorneby, Ruth, Fargo
22. Blodgett, Dorothy, Minot
23. Brady, Mary
24. Brown, Jean, Fargo
25. Brown, Winnifred
26. Buchanan, Margaret
27. Buchanan, Stella
28. Bue, Borghild
29. Burtness, Emma, Fargo
30. Bye, Martha
31. Cale, Jessie
32. Canan, Muriel
33. Canning, Margaret, Valley City
34. Canon, Maude
35. Cathro, Frances
36. Chilson, Mabel
37. Christenson, Mabel*
38. Christophersen, Margaret, Fargo
39. Coleman, Kate

131
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98. Hardy, Sebra*, Mandan
99. Haugen, Sarah, Grand Forks
100. Healy, Gertrude, Grand Forks
101. Hegland, Tena
102. Hermunslie, Carrie
103. Hippe, Julia, Wahpeton
104. Hjelsand, Oliana, Bismarck
105. Hoff, Mathilda, Grand Forks
106. Horgan, Catherine, Grand Forks
107. Huffaker, Helen
108. Huggan, Ruth
109. Hunt, Harriet
110. Hunter, Susie, Bismarck
111. Hurley, Fanny, Jamestown
112. Hutcheson, Hazel
113. Hutchinson, Margaret, LaMoure
114. Jerde, Julia, Grand Forks
115. Jermdstad, Rena
116. Johnson, Ida, Fargo
117. Johnson, Inez, Mayville
118. Kellogg, Frances, Mandan
119. Kimball, Florence*
120. Kinney, Louise
121. Kippen, Janet
122. Kjelland, Alma
123. Klein, Edith
124. Kneeshaw, Hazel, Pembina
125. Knipe, Harriet+
126. Knipe, Mary+
127. Knox, Adda
128. Koenig, Amelia, Bismarck
129. Kolodzej, Julia, Grand Forks
130. Kraemer, Helen
131. Lanxon, Amelia, Fargo
132. Larson, Hulda, Grand Forks
133. Lauder, Frances, Wahpeton
134. Lee, Signe, Fargo
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172. Morgan, Catherine, Grand Forks
173. Morris, Maybelle, Minot
174. Morrison, Sophia*, Minot
175. Mutschelknaus, Winnifred, Fargo
176. Muus, Mabel, Stanley
177. Myhre, Henrietta, Grand Forks
178. Myhre, Rena
179. Nash, Anna
180. Naughton, Katherine, Bismarck
181. Nelsen, Louise
182. Nelson, Deborah, Cooperstown
183. Nelson, Marie, Belcourt
184. Nelson, Theola
185. Ness, Gerda
186. Nielson, Hazel
187. Nisbit, Margaret
188. Noben, Carrie, Fargo
189. Norton, Charlotte+, Mandan
190. Norton, Harriet+, Mandan
191. Nyberg, Minnie, Grand Forks
192. Nygaard, Helga, Houghton, S.D.
193. O'Brien, Marguerite
194. Odegard, Delia
195. O'Grady, Catherine+, Minot
196. O'Grady, Johanna+, Minot
197. Olsen, Anna
198. Olson, Mable, Fargo
199. Olson, Rena, Grand Forks
200. Olson, Stella
201. Onsager, Marie, Northwood
202. Opdahl, Marie
203. Opheim, Alma, Honeyford
204. Oppedal, Osa, Fargo
205. Orr, Agnes
206. Ouren, Christine, Cooperstown
207. Overlie, Ida
208. Patterson, Agnes, Cavalier
209. Paulson, Marie
210. Pelkey, Mary, Beach
211. Peterson, Jean
212. Poland, Eldora, Dickinson
213. Pollock, Christine
214. Purdy, Minetta, Grand Forks
215. Qualheim, Clara, Fargo
216. Ray, Mary, Fargo
217. Riordan, Frances, Devils Lake
218. Robb, Nora
219. Roberts, Anna, Minot
220. Robertson, Catherine, Wahpeton
221. Rockswold, Anna, Bismarck
222. Rohde, Else
223. Roller, Mary, Grand Forks
224. Sabo, Bergit
225. Sand, Sarah, Bismarck
226. Sand, Selma, Lakota
227. Schaub, Rose
228. Schmid, Ana
229. Schmitt, Lena, Wahpeton
230. Serumgard, Inez+, Devils Lake
231. Serumgard, Pauline+, Devils Lake
232. Shorey, Nettajud
233. Skorpen, Selma, Valley City
234. Smith, Clara
235. Smith, Gena, Minot
236. Smith, Vae
237. Sogaard, Gertrude
238. Spillane, Harriet
239. Springer, Mary, Langdon
240. Stanford, Ethel, Fargo
241. Steen, Alfhild
242. Stenseth, Marie, Fargo
243. Stensø, Alma, Fargo
244. Stenson, Elsie
245. Sullivan, Helen
246. Sullivan, Mary Edith, Fargo
247. Sullivan, Rose, Minot
248. Sundre, Haldis, Fargo
249. Sundquist, Ida
250. Sweeney, Marion
251. Swenson, Evelyn, Hillsboro
252. Teichmann, Esther, Bismarck
253. Thompson, Gertrude, Fargo
254. Thompson, Mahtilda, Grand Forks
255. Thompson, Mary Ellen, Fargo
256. Thomson, Mildred
257. Toussaint, Rose
258. Trageton, Amanda
259. Traynor, Minnie, Grand Forks
260. True, Blanch
261. Tweed, Dinah, Binford
262. Vangen, Sophie
263. Veitch, Edith, Grand Forks
264. Vikan, Anna, Bottineau
265. Wahl, Regina, Fargo
266. Weir, Ruth, Grand Forks
267. White, Jessie
268. White, Mabel
269. Wiemals, Veronica
270. Wilbert, Anna, LaMoure
271. Wright, Minnie
272. Yunker, Diomah, Fargo
APPENDIX B

LIST OF WORKERS FROM OTHER SOURCES

+ Indicates sisters

Fargo Forum
Name, home town, date mentioned

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Town</th>
<th>Date Mentioned</th>
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<tbody>
<tr>
<td>Borthwick</td>
<td></td>
<td>March 22, 1936</td>
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<tr>
<td>Clark</td>
<td>Fargo</td>
<td>August 18, 1935</td>
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<td>Clayton</td>
<td>Gladys</td>
<td>January 12, 1936</td>
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<td>Dill</td>
<td>Alberta</td>
<td>November 10, 1935</td>
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<tr>
<td>Draxton</td>
<td>Mabel</td>
<td>April 5, 1936</td>
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<tr>
<td>Freeberg</td>
<td>Hilma</td>
<td>Moorhead, August 26, 1918</td>
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<tr>
<td>Halverson</td>
<td>Leila</td>
<td>Grand Forks, March 28, 1919</td>
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<tr>
<td>Horst</td>
<td>Ella</td>
<td>Fargo, June 23, 1935</td>
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<td>Labbitt</td>
<td>Gertrude</td>
<td>October 19, 1917</td>
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<tr>
<td>Langley</td>
<td>Aida</td>
<td>Rolla, April 13, 1917</td>
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<tr>
<td>Lindahl</td>
<td>Louise</td>
<td>October 13, 1935</td>
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<tr>
<td>MacNamara</td>
<td>Florence</td>
<td>January 5, 1936</td>
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<tr>
<td>McCarthy</td>
<td>Anna</td>
<td>July 7, 1935</td>
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<td>Moen</td>
<td>Christine</td>
<td>Fertile, August 26, 1918</td>
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<td>Nielson</td>
<td>Marie</td>
<td>Belcourt, August 26, 1918</td>
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<td>Norgaard</td>
<td>Sordine</td>
<td>April 13, 1917</td>
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<tr>
<td>Olson</td>
<td>Ida Sophie</td>
<td>Hillsboro, August 26, 1918</td>
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<tr>
<td>Rasmussen</td>
<td>Dora</td>
<td>Detroit, March 29, 1936</td>
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<tr>
<td>Rasmussen</td>
<td>Julia</td>
<td>Detroit, March 29, 1936</td>
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<tr>
<td>Schroeder</td>
<td>Emma</td>
<td>Jamestown, August 26, 1918</td>
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<tr>
<td>Semling</td>
<td>Oline</td>
<td>January 19, 1936</td>
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<td>Sunberg</td>
<td>Malin</td>
<td>May 3, 1936</td>
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<td>Thompson</td>
<td>Mazie</td>
<td>September 15, 1935</td>
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<td>Torgrimson</td>
<td>Segríd</td>
<td>Grand Forks, August 26, 1918</td>
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<tr>
<td>Toban</td>
<td>Una</td>
<td>Monrovia, August 26, 1918</td>
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<tr>
<td>Walker</td>
<td>Miriam</td>
<td>Fargo, September 20, 1919</td>
</tr>
</tbody>
</table>

Listed in" Historical Record" as Undocumented
(May be North Dakota women who served with Canadian forces or were counted in other states)

Aldrich, Grace, Bismarck
Baird, Kathryn, Crystal
Best, Mae,+ Walhalla

137
Best, Tephi, + Walhalla
Bye, Ida Dahl, Thief River Falls, MN.
Calkins
Horgan, Elizabeth, Neche
Lovejoy, Johannah S. Wikoran
McCusker, Blanche Ledwich, St. Thomas
McIntosh, Kathryn Baird
Olson, Nelle A.
Ordahl, Olena, Grafton
Porter, Edna, Crystal
Rolstad, Oline Semling, Kelvin
Thompson, Juliana, Grafton
Tweten, Clara, Hoople
Wade, Julia Rasmussen, Detroit Lakes
Weber, Hilda Halfpap, Bismarck

Red Cross Official List of North Dakota Nurses Who Died In Service

Larson, Effie

Red Cross Headquarters Letter—List of N.D. Women in W.W. I

Coleman, Katherine, Dickinson
Kloman, Agnes, Fargo
Lawrence, Agnes, Grand Forks
Ritchie, Thoa, Silva
Sedahl, Emma, Sheyenne
Skeoch, Nell, Minot
 Swalstad, Ida, Hillsboro
Thorson, Ellen, Sheldon
Tyler, Jane, Fargo

The Quarterly Journal of the University of North Dakota
List

Bullick, Lillian
Davies, Mabel
Halcrow, Ethel
Hamel, Josephine
Hamilton, Helen
Kirk, Ida

Grand Forks Herald Listing

McCullough, Mae, May 12, 1917
Mehyer, Gina, May 12, 1917
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________, Box 10, Entry 103, "Circular No. 33,"


________, Box 1286, Office of the Surgeon General, 1894-1917, File 181333.


________, Box 8, "History Nursing Activities American Expeditionary Forces."

________, Box 77, File 101.4, "Enrollment of the American Red Cross--Army."

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Fargo Forum, 21 March 1917-30 November 1918.


"Mobilizing Women as Nurses." *The Literary Digest*, 57 (April 27, 1918): 33.


________. "Red Cross Notes." *The American Journal of Nursing* 18 (September 1918): 1164.

"Nurses Needed." *The Outlook*, 17 July 1918, 439.


Thompson, Dora E. "Nursing As It Relates to the War: The Army." The American Journal of Nursing 18 (August 1918): 1058.


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"What the Women Are Doing for Our Army and Navy." The Outlook, 23 January 1918. 149.