

Fall 12-18-2014

Crescent City Nightingales: Gender, Race, Class and the Professionalization of Nursing for Women in New Orleans, Louisiana, 1881-1950

Paula A. Fortier
University of New Orleans, pafortie@uno.edu

Follow this and additional works at: <https://scholarworks.uno.edu/td>



Part of the [Urban Studies and Planning Commons](#)

Recommended Citation

Fortier, Paula A., "Crescent City Nightingales: Gender, Race, Class and the Professionalization of Nursing for Women in New Orleans, Louisiana, 1881-1950" (2014). *University of New Orleans Theses and Dissertations*. 1916.

<https://scholarworks.uno.edu/td/1916>

This Dissertation is protected by copyright and/or related rights. It has been brought to you by ScholarWorks@UNO with permission from the rights-holder(s). You are free to use this Dissertation in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Dissertation has been accepted for inclusion in University of New Orleans Theses and Dissertations by an authorized administrator of ScholarWorks@UNO. For more information, please contact scholarworks@uno.edu.

Crescent City Nightingales: Gender, Race, Class and the Professionalization of Nursing for
Women in New Orleans, Louisiana, 1881-1950

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Urban Studies
Urban History

by

Paula Anne Fortier

B.A. University of New Orleans, 2004

M.A. University of New Orleans, 2010

M.S. University of New Orleans, 2014

December, 2014

Copyright 2014, Paula Anne Fortier

Dedication

This dissertation is dedicated to Amelia Greenwald, Eunice Broussard, Katherine Dent, Mae B. Kaufman, Frances “Fannie” R. Lindsey, and all the other brave nurses from New Orleans, Louisiana, who served in the Army and Navy Nurse Corps during World War I.

Acknowledgements

Throughout the process of researching and writing this dissertation, I have received exceptional guidance and assistance from many people who deserve my most heartfelt gratitude. They have willingly donated their precious time in order to help me transform the initial idea into a piece of respectable scholarship. For that, they deserve to be formally recognized for their professional and personal contributions.

My dissertation committee ranks at the top of the list. Dr. Robert L. Dupont, the chair and major professor, supervised the evolution of this dissertation. He provided valuable and constructive ideas during the planning and development stages that helped me focus on the historical context and significance of the research. Dr. Connie Z. Atkinson reviewed this dissertation with the experience of a professional editor. She suggested changes to clarify the information for the readership and corrected the grammar. Dr. Miki Pfeffer, who I consider a mentor, utilized her expertise on the history of women in New Orleans, Louisiana to guide me in defining the scope and purpose of this dissertation. I cannot thank my committee enough for their sound advice and leadership. They monitored my progress to the best of their abilities and kept me on schedule to completion.

Next, I want to extend my appreciation to the archivists of the many document repositories that provided primary source materials for this dissertation. On the national level, the staffs of the National Archives in College Park, Maryland, and the Naval Historical Center in Washington, DC, helped me decipher their finding aids to locate federal documents related to this research. On the municipal level, Michael Campbell at Special Collections and Archives, Will W. Alexander Library, Dillard University; Irene Wainwright at Louisiana Division Special

Collections, New Orleans Public Library; and Dr. Florence Jumonville at Louisiana Special Collections Department, Earl K. Long Library, University of New Orleans, provided a wealth of local information. As the former archivist of Touro Infirmary, I thank all of my fellow archivists for their time and assistance in navigating their unique collections.

The past and present staff of Touro Infirmary Archives deserve a special thanks. Catherine C. Kahn, the Archivist Emeritus, bestowed upon me the care of the archives and a thorough knowledge of Jewish history in New Orleans. The former assistant archivist, Linda S. Epstein, served as an informal reader, editor, and researcher. Her expert skills in Jewish genealogy uncovered valuable information about several women highlighted in this dissertation. Volunteers Harriet Stern, Jessica Travis, and Sarah Norman provided moral support and camaraderie.

I would also like to thank the staff of Touro Infirmary. Christine Albert, the Vice President of Marketing, and Shon Baker, the Director of the Touro Foundation, served as my supervisors. From the start of my employment, they supported me through the process and appreciated how much the research related to the history of the hospital. I thank them immensely for their patience and understanding. Lista Hank, a registered nurse at the Ambulatory Treatment Center, also happened to be the current president of the Charity Hospital School of Nursing Alumni Association. She put me in contact with past alumnae and their descendants who donated primary source materials from their personal collections. I cannot thank them enough for their precious contributions.

I want to thank a few of my former classmates from the History and Urban Studies departments at the University of New Orleans. Lynn Cowles, a graduate of the master's program

in history in 2012 and currently enrolled as a doctoral student of history at the University of Southern Mississippi, and Laurel “Lauri” Dorrance, a graduate of the master’s program in public history in 2011, provided unconditional friendship. We talked about writing history, socialized, and generally enjoyed the companionship. Renee Bourgogne, a fellow doctoral candidate of urban studies (urban history), and I started the program together in the fall of 2010 and have pushed each other through the process of coursework, comprehensive exams, researching, and writing our dissertations. I could not have completed the program without her constant friendship and moral support.

Last, but not in the very least, I want to thank my dear husband, Michael D. Fortier, Jr. He served as a research assistant, reader, and reviewer. His unwavering support and love motivated me to see this dissertation through to completion. I cannot thank him enough for being there when I needed him the most.

Thank you, everyone, and “Bravo Zulu” for a job well done!

Table of Contents

List of Figures	viii
List of Abbreviations and Nomenclature	x
Abstract	xi
Introduction.....	1
Chapter 1	18
Chapter 2	38
Chapter 3	78
Chapter 4	112
Chapter 5	148
Chapter 6	174
Chapter 7	198
Chapter 8	226
Conclusion	262
Bibliography	269
Vita	284

List of Figures

1.1. Florence Nightingale.....	23
1.2. Clara Barton.....	26
2.1. L. E. Rabouin Memorial School.....	45
2.2. Sister Stanislaus.....	50
2.3. Early graduates of the Charity Hospital School of Nursing.....	52
2.4. Touro Infirmary School of Nursing class of 1898.....	56
2.5. Frances Quaife.....	58
2.6. Quaife Building.....	61
2.7. Phyllis Wheatley Sanitarium and Training School for Negro Nurses class of 1898.....	64
2.8. Sarah Goodridge Hospital and Nurse Training School.....	66
2.9. Hotel Dieu School of Nursing class of 1902.....	70
2.10. Mercy Hospital School of Nursing class of 1929.....	75
2.11. Baptist Hospital School of Nursing class of 1931.....	76
3.1. Katherine Dent.....	84
3.2. Eleanor Bridges.....	86
3.3. First corporate seal of the American Nurses' Association.....	91
3.4. Louise J. Ross.....	100
3.5. Julie C. Tebo.....	102
3.6. Estelle A. Hubbard.....	107
4.1. Illustration of the Sisters from Charity Hospital aboard <i>Emma McSweeney</i>	119
4.2. Identification badge worn by American Red Cross nurses.....	124
4.3. Jane Arminda Delano.....	126
4.4. Laura Penrose.....	130
4.5. Sarah G. Brown.....	134
4.6. Mildred Berni, Dorothy Martin, and Alice Lang.....	142
5.1. Isabelle Vosburgh.....	151
5.2. Corinne Lehmann.....	159
5.3. Olga Maynard, Louise Solomon, and Mary Ogden.....	161
5.4. Katherine Buckner Avery.....	164
5.5. Mildred Ropke.....	171
6.1. Dr. Anita Newcomb McGee.....	178
6.2. Six nurses aboard the Army hospital ship <i>Relief</i>	181
6.3. Portrait sketch of Blanche Packard.....	185
7.1. American Red Cross nursing poster from World War I.....	202
7.2. Ethel A. Holmes.....	207
7.3. Nursing division of Base Hospital Unit 24.....	208
7.4. Mae B. Kaufman.....	210
7.5. Frances "Fannie" R. Lindsey.....	213
7.6. Amelia Greenwald.....	219
7.7. Eunice Broussard.....	220
7.8. Ninth Ward Memorial Arch for veterans of World War I.....	224

8.1. Louise Atkinson and Shirley Bond	235
8.2. Gertrude Shexnayder.....	240
8.3. Cadet nurses at Dillard University.....	243
8.4. Edna Gannon.....	245
8.5. Mary Brown.....	251
8.6. Mrs. Hardemann and Gladys Scanlan.....	255

List of Abbreviations and Nomenclature

ANA	American Nurses' Association
BHU	Base Hospital Unit
BSN	Baccalaureate of Science in Nursing
ICRC	International Committee of the Red Cross
LACGN	Louisiana Association of Colored Graduate Nurses
LCSNA	Louisiana Colored State Nurses' Association
LLNE.....	Louisiana League of Nursing Education
LNBE.....	Louisiana Nurses' Board of Examiners
LPN.....	Licensed Practical Nurse
LSBPNE	Louisiana State Board of Practical Nurse Examiners
LSNA	Louisiana State Nurses' Association
LSU	Louisiana State University
NACGN.....	National Association of Colored Graduate Nurses
NLNE.....	National League of Nursing Education
NOPHN	National Organization for Public Health Nursing
RN	Registered Nurse
VA	Veterans Administration

Second Lieutenant/O-1most junior commissioned officer's rank in the U.S. Army
First Lieutenant/O-2one rank above Second Lieutenant in the U.S. Army
Captain/O-3.....one rank above First Lieutenant in the U.S. Army
Major/O-4one rank above Captain in the U.S. Army

Ensign/O-1most junior commissioned officer's rank in the U.S. Navy
Lieutenant (junior grade)/O-2.....one rank above Ensign in the U.S. Navy
Lieutenant/O-3.....one rank above Lieutenant (junior grade) in the U.S. Navy
Lieutenant Commander/O-4one rank above Lieutenant in the U.S. Navy

Abstract

Through the examination of primary sources largely overlooked by historians, this dissertation traces the professionalization of nursing in New Orleans, Louisiana, from 1881 to 1950 while placing this localized history within the context of national trends. In the late nineteenth century, nursing developed into a middle class profession for women inspired by the careers of Florence Nightingale and Clara Barton. This dissertation investigates the process by which women became professional nurses while a complex intersection of issues related to gender, race, and class at times advanced, and at other times, hindered their progress towards professionalization. New Orleans serves as a useful case study to illustrate the progression of nursing in both location and time. The city's subtropical climate and position as a major port of immigration fostered an array of natural and public health disasters that offered an opportunity for the development of professional nursing. Partnerships among male hospital administrators, Catholic Sisters, and upper class clubwomen in New Orleans led to the establishment of seven professional schools, six for whites and one for blacks, that offered specialized nursing education to women of all social classes. When disasters struck New Orleans and elsewhere, nursing for the American Red Cross demanded biracial cooperation for relief work. After the American Red Cross shifted its national mission to war relief and entered into a tenuous partnership with the military, nurses from New Orleans served around the world and at home. Disasters and wars had created opportunities for nurses to earn public recognition and trust and expand control over their careers. Their service in the military particularly influenced federal legislation that raised their status and authority and lifted restrictions on gender and race.

Nurse, Nursing, Professionalization, Progressivism, Gender, Race, Class, Hospital,
School, Association, Public Health, American Red Cross, Military, War

Introduction

The history of professional nursing for women in New Orleans began with a seemingly innocuous announcement published in one of the local newspapers. In July 1881, the Board of Administrators at Charity Hospital released a statement to the press that it intended to establish a nursing school for women. On July 9, the announcement for the forthcoming school appeared in the Saturday edition of the *Daily Picayune*. The article, "School of Nurses, As Organized by the Administrators of the Charity Hospital," enraged some of the readers of the newspaper.

Concerned citizens simply did not want the respected religious order of the Sisters of Charity of Saint Vincent de Paul replaced at the hospital with laywomen trained as nurses. In an attempt to soothe the growing negative public opinion about the proposed school, another local newspaper, the *Times-Democrat*, published an article of support. Again, the newspaper staff received letters from angry readers. One disgruntled married man submitted a particularly scathing reply to the article. Published on May 3, 1882, he wrote, "Mothers and wives had gone off during the temperance crusades leaving their children at home ragged, unwashed and unkempt; their houses filthy, and their dinners uncooked. Young ladies would only fall in love, get married, and leave nursing for good."¹

Despite the rash of angry responses from the public, the Board of Administrators at Charity Hospital moved forward with its plan to open the school. Although the plan eventually failed due to legal trouble, its determination directly influenced the decisions of hospital governing boards in New Orleans to establish five nursing schools for women, including one for black women, during the Progressive era. Two more nursing schools added after World War I

¹ News/Opinion, "School of Nurses as Organized by the Administrators of the Charity Hospital," *Daily Picayune* (New Orleans), July 9, 1881; John Duffy, ed., *The Rudolph Matas History of Medicine in Louisiana* (Baton Rouge: Louisiana State University Press, 1962), 2: 503-505.

increased the availability for women to receive a professional education. The establishment of both public and private nursing schools in New Orleans provided the initial step towards public acceptance and recognition of nursing as a professional occupation for local women. Other steps in the professionalization process followed with opportunities for labor in private duty and public health, the organization of occupational associations on all political levels, enrollment in the American Red Cross, and service in the military. By the middle of the twentieth century, the people of New Orleans readily accepted women as professional nurses in a variety of roles.

The decision to establish a nursing school for women in New Orleans represented the first response on the local level to a national movement. After the Civil War, American women began to leave the security of the domestic sphere and enter the new professions as paid skilled laborers. Robert H. Wiebe and Michael McGerr, scholars of histories of American Victorianism and Progressivism, analyze the social restrictions for these women. They argue that the presence of women in professions that correlated with patriarchal ideals of females as caregivers and nurturers did not appear to threaten the social dominance of men. Women held a submissive place in society, yet their perceived maternal skills proved to be of worth during a time of great change in American history.²

The Victorian and Progressive eras encapsulated a period of expansive social reform and moral awareness. Women who wanted to contribute to the betterment of society and work outside the home faced the inevitable choices of work in professions best suited to their public image. Men felt safe with the entrance of women in the new professions of social service.

Nursing, with its public image of caring and compassionate women dressed in respectable

² Robert H. Wiebe, *The Search for Order, 1877-1920* (New York, NY: Hill and Wang, 1967), 122-123; Michael McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement in America* (London, England: Oxford University Press, 2003), 51-54.

uniforms, became one of the most abundantly populated new professions. Wiebe noted, “Women followed these paths...because they were women, both as they and as men defined them. Tacit, mutually accepted limits accounted for their remarkably smooth arrival into a professional middle class.”³

The new profession of nursing gave black women the ability to engage in racial uplift and fight discrimination. Darlene Clark Hine, a scholar of the history of black women, addresses the dual purpose of nursing within the scope of racial uplift. She argues that while black women entered nursing for personal reasons, such as to escape poverty and move up the social ladder to middle class, black communities had already placed intense pressure on them to become professional nurses. Black social reformers established nursing schools as institutions of racial uplift for women. Black nursing school graduates provided essential healthcare services and served as civic leaders and mentors for their communities. Black people expected nurses to act in ways that would not bring discredit to the new profession and popular notions of femininity. In addition, black nurses had to fight racial prejudice from their white peers, especially in the Jim Crow South. They used their new status as professionally trained women to eradicate institutional racism on all political levels of the white nursing community. These social obligations placed an almost unbearable burden on black nurses. Hine noted, “In exchange for the opportunity to become ‘trained’ nurses, they accepted the burden of racial obligation. Black nurses, more so than any other black health-care professional, were to bear the bulk of

³ Wiebe, *The Search for Order*, 122-123.

responsibility to provide health-care for, and to lift up from the bottom of the American social scale, the entire black race.”⁴

While the new profession of nursing opened opportunities for the advancement of women, men in nursing witnessed a significant decline in public support. Before the Civil War, women from religious orders and convalescent men performed the bulk of nursing in hospitals. As more women, including those from religious orders, entered the new profession, the population of male nurses dropped significantly in numbers. Chad O’Lynn and Russell Tranbarger, nurses and historians of male nursing, argue that after the Civil War, the arrival of women in the new profession of nursing coincided with a gendered division of labor in medicine. The majority of men who sought prestige and higher wages in the medical field trained as doctors and pharmacists in schools attached to some of the most respected universities in the nation. Women, on the other hand, enrolled in host hospital nursing schools that featured courses similar to skills acquired through domestic labor. Female nursing school graduates did not receive the same social recognition and high pay rates as men in the medical professions. The American social and labor class systems ensured nursing remained a middle class profession at best. Encouraged by the patriarchal acceptance of women in nursing, male nurses suffered downward social mobility in the new profession. After 1873, most nursing schools for women barred men from admission, and job opportunities for male nurses decreased throughout the

⁴ Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989), xv-xvii; Nikki Brown, *Private Politics and Public Voices: Black Women’s Activism from World War I to the New Deal* (Bloomington: Indiana University Press, 2006), 66-72. For a comprehensive history on black racial uplift, see Kenneth K. Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century* (Chapel Hill: University of North Carolina Press, 1996).

nation. Public support for male nurses declined to the point that the gendered domination of nursing as a profession for women continued for about a century.⁵

The actual process of professionalization for nursing began during the Victorian era. Wiebe discusses the rise of the new middle class relative to the appearance of the new professions. Middle class anxieties over issues related to rapid urbanization influenced an increase in occupational cohesiveness. The establishment of schools and the creation of standards of practice in these occupations led to more social recognition and better pay for the middle class. As the occupations transformed into professions, they became political vehicles for the middle class to stake their claim within the urban social order. Although Wiebe does not place nursing within this context, he identifies medicine as a new profession. Both medicine and nursing fall under the umbrella of public health occupations. Poor public health in cities led to many social reforms including those related to the professionalization of nursing.⁶

Wiebe also analyzes the process in which the new professions evolved over time. Specifically, he listed three elements that described the nature of a profession: “definition, professional associations, and specific academic training.”⁷ First, two women pioneered the practice of nursing. In 1860, Florence Nightingale established the first modern school of nursing in London, England, as a reaction to the inexperience of female volunteer nurses who served the British army during the Crimean War. Her school became the role model for the first American schools of nursing that opened during the Reconstruction. In the Civil War, Clara Barton, a

⁵ Chad E. O’Lynn and Russell E. Tranbarger, eds., *Men in Nursing: History, Challenges, and Opportunities* (New York, NY: Springer Publishing Company, 2007), 25-27; Chad O’Lynn, *A Man’s Guide to a Nursing Career* (New York, NY: Spring Publishing Company, 2013), 24-31.

⁶ Wiebe, *The Search for Order*, 111-113.

⁷ Wiebe, *The Search for Order*, 121.

former school teacher turned amateur nurse, organized groups of women to serve as volunteer nurses for the Union Army and developed the triage system for the prioritization for sick and wounded soldiers. After the war, Barton founded the American Red Cross, the largest humanitarian institution in the nation that incorporated nursing as a relief service.

Second, during the Progressive era, hospital governing boards, often in partnerships with socially prominent clubwomen, established the bulk of nursing schools for both black and white women to complement medical staffs with professionally trained nurses. Nursing schools served as institutions in which to teach the standardized practices of the occupation. Experienced nurses who graduated from some of the first schools often served as the directors for the later schools. Directors created the admission requirements and designed the core curricula. As time progressed, they made adjustments to the curricula to keep pace with swift innovations in medical technology. However, the main priority of the directors consisted of admitting only applicants who passed the strict requirements for their respective schools. The practice of nursing involved the application of a specific set of skills designed to help people during some of the most vulnerable situations in their lives. Poorly trained nurses posed a great risk to public health and the reputations of the school, staff, and its host hospital.

Third, both black and white nursing school graduates organized many professional associations. Segregation in Jim Crow America separated nursing associations along racial lines. In 1896, white nurses organized the American Nurses' Association, the oldest national nursing association that is still in existence. In 1908, black nurses organized the National Association of Colored Graduate Nurses to engage in racial uplift and fight racial discrimination within the new profession. The motivation behind the organization of nursing associations came from a desire

to elevate the profession to a level that sustained public trust and recognition. Nursing associations labored to create and enforce national standardized school curricula and processes for licensure, certification, and registration. They lobbied for the establishment of nurses as a permanent corps for professional women in the military and fought for recognition as equal members of the service after participation in two world wars. In addition, black nursing associations fought racism on all political levels within the national nursing community. By 1950, they had succeeded through a series of official mergers with white nursing associations.

Accordingly, scholars of nursing history continue to debate important questions about the purpose of the process of professionalization for nursing. Patricia D'Antonio, a nurse and historian of nursing, asks, "Has the professionalizing agenda devalued nursing's craft traditions, or has it been a vehicle of upward economic mobility and respected social status?"⁸ The new profession of nursing granted women opportunities not witnessed before in American history. Nursing offered women the ability to complete an advanced education for a specific skill set, ply their trade as middle class professionals, and earn steady wages in a stable economy. However, they often went unnoticed in the public sector until an emergency, disaster, or war warranted their assistance. Essential healthcare services provided by nurses during periodic crises helped to calm related anxieties and boost confidence in the profession. The public came to recognize and respect nurses for their competency and dedication to their craft.

Dissertation Scope and Purpose

This dissertation focuses on the professionalization of nursing for women in New Orleans, Louisiana, from 1881 to 1950. The dates of the dissertation span the years from the first

⁸ Patricia D'Antonio, "Revisiting and Rethinking the Writing of Nursing History," in *Enduring Issues in American Nursing*, ed. Ellen D. Baer et al. (New York, NY: Springer Publishing, 2002), 341.

events that occurred in the process of professionalization for nursing to the end of the post-World War II period when the public readily accepted women in the role of professional nurses. Over the course of 70 years, nursing transformed from a volunteer civic duty to a profession accompanied by a gender shift from men to women. The impetus of the transformation process occurred during the Victorian and Progressive eras, periods of great social, political, and economic change in American history. Upper and middle class reformers labored to improve conditions of urban social welfare. Education and public health became priorities for women in the social reform movement. The patriarchal image of women as docile and maternal individuals led to the entrance of women into the new group of social welfare professions that included nursing. The occupation of nursing gave women the ability to achieve higher levels of education, acquire a set of specific skills, and obtain jobs as paid middle class professionals. On a larger scale, nursing gave women the power to organize professional associations, work in the public sphere for a national humanitarian institution, influence occupational policy decisions on all levels, and lobby the federal government for permanent recognition and status in the military.

The dissertation analyzes women from New Orleans as a case study for the process of professionalization of nursing. Nursing in New Orleans followed trends set in place by occupational leaders and professional associations at the national level. Nursing schools established in New Orleans emulated the models of the earliest schools in the North that opened during Reconstruction. Nursing school graduates in New Orleans joined associations on all political levels, provided essential healthcare services for the population, volunteered to work for the American Red Cross during public health crises, and answered the call of duty when the

country went to war. Their professional paths and occupational accomplishments often mirrored those of nursing communities in other cities.

However, circumstances tended to be different in New Orleans than in other cities, particularly others in the South. This dissertation argues that the multiethnic and multi-religious nursing community in the city contributed significantly to the process of professionalization. Both black and white social reformers established several nursing schools for women. The white schools enrolled majority populations of students drawn along religious lines. New Orleans boasted separate schools that catered to Catholic, Jewish, Baptist, and secular women. White nursing school students often crossed the boundaries of religion to enroll as minorities in their respective schools. For example, the staff of the Touro Infirmary School of Nursing, a school founded on the principles of the Jewish faith, witnessed the graduation of many Catholic students throughout its history. For black women, New Orleans boasted one of oldest and most respected nursing schools in the South. The school gained national recognition when it transformed into one of the first accredited baccalaureate programs for black nurses. The nursing schools in New Orleans produced stellar graduates who worked in a variety of professional roles. Nurses labored in private duty and public health. In addition, they organized occupational associations, allotted spare time to work for the American Red Cross, and joined the national armed forces as members of a corps for only women. Nurses in New Orleans exercised full participation within the national nursing community and gained public recognition and trust as professional women.

This dissertation provides a history of a professional group of women that has been hitherto overlooked to the body of scholarship about women in New Orleans. Historical scholarship about New Orleans is especially sparse in the area of women who labored in the

professions. Historians have written extensively about the red-light district of Storyville, because of its association with the evolution of jazz. While some may argue that prostitution provided a means of economic stability for women, this dissertation argues that nursing for women in New Orleans included specifics that helped elevate the status of nurses far above unskilled workers. Other histories of women in New Orleans address activities within the singular scope of race and social class, (e.g., white upper class women who attended one of the most prestigious colleges for women in the South or white upper and middle class women who exercised political power through various forms of public participation). This dissertation argues that the profession of nursing crossed racial and social class lines. Women from different social classes and ethnic backgrounds graduated from nursing schools and joined a professional group that performed a variety of occupational roles in the private and public sectors.

Chapter Synopses

Eight chapters comprise the historical narrative of this dissertation. Each one address a different aspect of nursing in New Orleans, although the similarities between the final three may permit classification into one group. The individual chapter themes flow from the national to the state to the local level and back. As already stated, the nursing community in New Orleans followed trends set in place by occupational leaders and professional associations at the national level. These trends trickled down through the vehicles of the state associations and eventually reached the local nursing community for implementation. The professionalization of nursing for women in New Orleans cannot be complete without an analysis of what events occurred first within the upper echelons of the nursing community.

Chapter One identifies the social and political forces behind the start of the transformations in nursing from a volunteer civic duty to a profession and the gender shift from men to women. A brief history about men in nursing leads into the pioneering efforts of Florence Nightingale and Clara Barton to make nursing an occupation for women. The actions of Nightingale and Barton in two wars foreshadowed the path that other female nurses took during the Victorian and Progressive eras which led to the eventual decline of male nurses in the occupation. Abetted by the patriarchal images of women as caregivers and nurturers, they began to leave the security of the domestic sphere and enter the new professions as paid laborers. The new professions gave women the opportunity to engage in urban social reform in a variety of ways. Upper class women tended to organize social clubs as political vehicles that influenced the establishment of institutions for the improvement of education and public health. These institutions provided places of learning and employment for women in the new professions of teaching, social work, and nursing.

Chapter Two describes the histories of the institutions dedicated to the professional education and practical training of nurses. In 1873, the first American nursing schools established became the models for nursing schools in New Orleans. In 1881, a proposal to establish the first nursing school for women represented the start of the professionalization process for nursing in the city. Despite a subsequent backlash in public opinion, upper class reformers moved forward with their plan. The prospect of a Catholic nursing school for women in New Orleans inspired other ethnic groups of reformers to establish more schools along religious and racial lines. While plans for two of the schools suffered from a lack of public support, seven flourished during the twentieth century. The school buildings provided the

physical spaces in which to learn the intricacies of nursing while the host hospitals served as places for the practical application of acquired skills. Hospital governing boards appointed respected female graduates of nursing schools as directors that supervised the junior staff and student body. The main function of the school staff focused on the professional education and practical training of students within a structured environment. Students adhered to a strict schedule of classes and routines that prepared them for professional careers as nurses in the private and public sectors.

Chapter Three describes the histories of professional associations for nurses on all political levels. The narrative flows from the organization of the first national associations for nurses to those that appeared on the state and local levels. Nurses in New Orleans often exercised participation in several associations at the same time. Some associations focused on occupational specialities in nursing while others served the interests of the general nursing community. Memberships in associations afforded nurses opportunities to unite as a group of professional laborers. Associations served as political vehicles in which to influence occupational policy decisions and implement changes for the advancement of the profession. Nurses utilized the power of associations to standardize the profession. For black nurses, associations also provided professional platforms to engage in racial uplift and fight discrimination within the white nursing community. Black nurses eventually witnessed the unification of associations that served the interests of all nurses across racial lines.

Chapter Four begins the narrative on the occupational functions of nurses. Work for the American Red Cross, either as able volunteers or as paid professional laborers, thrust nurses into the public eye. Established in 1881, as a national charity and humanitarian organization, the

American Red Cross included volunteer nursing as a form of relief work for women from inception. Nurses who agreed to work for the American Red Cross in the early years often held no professional credentials which caused some problems for the organization. However, as more women graduated from nursing schools, the American Red Cross decided to permanently incorporate the occupation as a relief and healthcare service for the public. To provide for the public on the local and state levels, business executives established municipal chapters of the American Red Cross that housed departments for women volunteers and professionally trained nurses. American Red Cross nurses provided a variety of services to the public per the mission of the organization. When the mission redirected to meet the healthcare demands of combatants engaged in international wars, American Red Cross nurses answered the call for service. They became nationally recognized symbols of professional women who willingly engaged in humanitarian work.

Chapter Five describes the functions of nurses who labored in the private and public sectors of the civilian community. The scope of public health nursing often included support for the military institution while at war. Therefore, this chapter serves as a prelude for the next three chapters on military nursing. Private duty comprised the personalized care of sick and/or injured family members in hospitals or in homes. Families hired nurses under terms of a verbal or written contract and paid their wages at rates agreed upon by both parties. Contracts expired with either the health or death of the patients. On the other hand, public health involved nursing on a much larger scale. Nurses who labored in public health fought epidemics of disease, provided healthcare services for victims of natural and man-made disasters, and supported the mission of the armed forces during wartime. Nursing the general public in different situations

eventually fostered specialities within the occupation such as industrial nursing and certified public health nursing. Several nurses in New Orleans received advanced education and began productive careers in those specialities.

Chapter Six begins the narrative on military service as a new realm for the entrance of professional women. Publicly endorsed as a bastion of male dominance, the military proved to be a challenge for female nurses. The public perceived men in the armed forces as overtly masculine and aggressive in direct contrast to the image of women as docile, nurturing, and maternal. Popular perceptions of femininity had no place within the military institution until the nation went to war. After military leaders sought the help of professionally trained nurses to provide healthcare for servicemen, public opinion about women in the professions began to change. In 1898, Brigadier General George M. Sternberg, Surgeon General of the Army, received permission from the Secretary of War to contract male and female professionally trained nurses for work in the Spanish-American War. General Sternberg's inexperience with women in combat situations resulted in a partnership with Dr. Anita Newcomb McGee, whom he appointed as the first female Acting Assistant Surgeon in the Army. She organized an independent committee to recruit professionally trained female nurses. During the war, many nurses from New Orleans joined the larger group of over 1,500 nurses, both black and white, who agreed to work under the terms of the contract. However, the recruiting committee incurred the ire of the American Red Cross. The leaders of the American Red Cross demanded full recognition from the military as the provider of nursing services in war. Military leaders conceded to the agreement which effectively barred men from nursing in the armed forces for over half a century. The subsequent establishments of the Army Nurse Corps in 1901 and the Navy Nurse Corps in

1908 became turning points for women in the professions. The decisions on behalf of Congress and military leaders to make the nurse corps a specialty for only women helped to advance the public recognition of nursing as a profession.

Chapter Seven continues the narrative about professionally trained nurses in the military. The American Red Cross agreed to recruit and process all Army and Navy nurses for the war, which turned the organization into a quasi-federal agency. Nurses agreed to a status of dual enrollment in both the American Red Cross and the military nurse corps. However, the Departments of War and the Navy decided to appoint them as nurses rather than commission them as officers. Appointments for nurses left them hovering somewhere between enlisted and commissioned status that opened up possibilities for systematic abuses from military men. Regardless, nurses performed their duties to the best of their abilities in a wartime environment. More than 10,000 military nurses served overseas in Europe. Over 100 Army nurses from New Orleans sailed to France for work in a military medical facilities near the combat lines. A few of them received medals for acts of valor. The success of nursing in World War I inspired some of the American Red Cross staff and a few prominent suffragists to organize a committee and campaign for equal privileges for military nurses. Backed by the public support of many veteran nurses, the committee celebrated a small victory with the authorization of more privileges for Army nurses.

Chapter Eight concludes the narrative about professionally trained military nurses. The magnitude of World War II, in contrast to World War I, required the worldwide assignment of military nurses. World War II spread across five continents, and military nurses served on all of them. The global nature of World War II led to a few changes in nursing during the active years.

Barred from the military during World War I, the American Red Cross and the Secretaries of War and the Navy permitted black nurses to join the nurse corps in limited quotas. Congress authorized the enactment of a racially integrated student nursing program that served as a pipeline for the nurse corps. The American Red Cross also allowed male nurses to join the organization on the homefront in an attempt to fill some of the gaps from female nurses who left for military service. In addition, the nurse corps began to accept married nurses if childcare did not conflict with their military obligations. These changes allotted more professionally trained female nurses for the military. By the end of the war, over 70,000 nurses had served in the nurse corps including over 500 from New Orleans. Military nurses from the city received many awards for honorable service. The scope of military nursing in World War II led to sweeping changes within the institution that retained public support for women in the professions and military service. Postwar federal legislation altered the future of the nurse corps and redefined gender and race in the military.

Primary Source Materials

This dissertation relies heavily on primary sources. A wealth of primary sources culled from public and private collections provide the bulk of the research materials. These collections come from repositories at hospitals, archives, libraries, and military history centers. Some are in New Orleans while others are in Washington, DC. Sources include an assortment of nursing school records, military records, personal papers, books, scrapbooks and yearbooks, university catalogs, journal and newspaper articles, and photographs. Historians have not used some of these sources in New Orleans to their full extent. This dissertation will be the first academic work that brings them into public view. Other primary sources come from relevant nursing,

academic, and military history internet sites. Sources culled from these sites fill gaps in the research left by an absence of more tangible sources housed in brick-and-mortar repositories.

Research for this dissertation proved to be somewhat of a challenge in a city that still suffers from the aftermath of Hurricane Katrina in August 2005. The floodwaters that followed the levee breaks in the wake of the storm damaged some archival repositories beyond repair. Local archivists, librarians, and historians who attempted to restore some of these saturated collections soon labeled them unrecoverable and lost forever to the public. The local primary sources cited in this dissertation came from the collections that remained intact after the storm.

In closing, the author of this dissertation hopes to inspire future historians to research available primary sources and write about other groups of professional women in New Orleans. No doubt the history of this city contains pertinent information about the lives of female teachers, social workers, physicians, and lawyers who worked hard in their professions despite gender and race discrimination. Future historians may discover that these women also redefined attitudes about race, gender, and social class, assumed roles as political participants on all levels, influenced occupational policy decisions, and gained public recognition and trust.

Chapter 1

Changes in Gender and Direction: Origins of Professional Nursing for Women in New Orleans

“Every woman is a nurse,” wrote Florence Nightingale in the preface of her book, *Notes on Nursing: What It Is, and What It Is Not* (1859). Her words, written during a time when most women dared not to express such outspoken opinions, not only reinforced stereotypical ideas of women as nurturers, but at the same time foreshadowed radical changes in the occupational field of nursing. From the middle of the nineteenth through the early twentieth centuries, the urban social reform movement in the United States empowered women with the ability to engage in public service and embark on careers in new professions. Victorian and Progressive era ideas and actions stimulated a transformation in nursing from a volunteer civic duty to a profession for the benefit of thousands of American women. Public opinion began to aggressively shift from the general acceptance of men in the role of nurses to the approval of professionally trained women in the occupation. Career opportunities for men, who had traditionally labored as nurses since the beginning of western civilization, drastically reduced after the Progressive era.

Centuries before the gender and occupational shifts in nursing in the United States, men assumed the primary task of healing the sick and wounded throughout the western world. According to scholars of nursing history, some of the earliest accounts of men who had assumed the roles of nurses originated from Alexandria, Egypt in the second century AD. The Parabalani, a Christian brotherhood comprised of monks and laymen in the Roman Empire, assumed the responsibilities of both the care of the sick and the burial of the dead. From 253 to 268 AD, during the rule of Roman Emperor Gallienus, the Parabalani served under an order of bishops to care for the victims of a deadly bubonic plague. The public knew virtually nothing about the

scientific nature of disease during this time and regarded the work of the Parabalani as “undesirable and dangerous.”⁹

From the eleventh through the thirteenth centuries, the Crusades included several religious armies staffed with groups of men assigned to nursing duties. These military nursing orders provided care for wounded Christian soldiers and civilians displaced by the wars. The Knights Hospitallers of Saint John of Jerusalem that defended the holy city used male servants to erect hospitals and shelters for refugees and pilgrims. Some groups of knights, such as the Order of Saint Lazarus of Jerusalem (Knights of Saint Lazarus), the Knights Templar, and the Teutonic Knights, conscripted men of a lower social status into the military regime as sergeants who served as nurses for their respective armies.¹⁰

A couple of male religious orders also devoted considerable time to nursing. In 1095, the Brothers of Saint Anthony, a Roman Catholic order, organized for the specific purpose of treating victims of Saint Anthony’s Fire, a streptococcal bacterial infection of the skin. Founded in 1472 as an order originally comprised of unskilled laborers, the Alexian Brothers focused their attention on providing relief during the pandemic bubonic plague, otherwise known as the Black Death. After the last outbreaks of the plague in the western world, the Alexian Brothers shifted their nursing interests to patients with mental health problems. During the latter half of the nineteenth century, the Alexian Brothers supervised the construction of four chronic care

⁹ J. Frederick Painton, “The Outlook in Male Nursing,” *American Journal of Nursing* 37, no. 3 (March 1937): 281, <http://www.jstor.org/stable/3414156> (accessed July 27, 2013); O’Lynn and Tranbarger, eds., *Men in Nursing*, 11.

¹⁰ Joan Evans, “Men Nurses: A Historical and Feminist Perspective,” *Journal of Advanced Nursing* 47, no. 3 (August 2004): 321, <http://folk.uio.no/olegno/men%20in%20Nursing/Evans%20J%202004.pdf> (accessed July 27, 2013); O’Lynn and Tranbarger, eds., *Men in Nursing*, 13-18.

hospitals in the United States. These hospitals housed training schools exclusively for men interested in the new field of psychiatric nursing.¹¹

In the South, hospitals often utilized men for nursing duties. For example, the staffs of Charity Hospital and Touro Infirmary, established in 1736 and 1852 respectively in New Orleans, Louisiana, employed convalescent male patients as the first hospital nurses. Some of these patients earned a small stipend for their services. The house surgeons of these hospitals assumed that only men possessed the physical strength needed to move patients around the wards and assist with the daily routines for postoperative care. Alternatively, the roles of female employees in these hospitals usually had nothing to do with nursing. Women often performed duties related to domestic chores. In 1833, the Catholic religious order of the Sisters of Charity of Saint Vincent de Paul moved into Charity Hospital. While the nuns provided some nursing services, they assumed the roles of supervisors which left the bulk of the responsibilities of patient care to convalescent men. Women employed at Touro Infirmary labored as cooks, launderers, and housekeepers.¹²

Nineteenth century historical records suggested that men played an integral part in nursing and were generally accepted by the public as volunteer nurses. However, two events occurred in rapid succession that altered the face of nursing in the United States. First, the actions of two women in separate wars on each side of the Atlantic Ocean provided the catalyst for the shift in nursing from a volunteer civic duty to a new social welfare profession. These women initiated the definition of modern nursing as a new profession for women. Second, Victorian and Progressive era patriarchal notions of femininity authorized the entrance of women

¹¹ Joan Evans, "Men Nurses," 321; O'Lynn and Tranbarger, eds., *Men in Nursing*, 19-20.

¹² Catherine C. Kahn, "From the Archives: Not Just a Job-A Calling," *Tourovues*, Fall 1992, 24.

into the professions. The presence of women in professions that correlated with accepted feminine images of women as caregivers and nurturers did not threaten the social dominance of men. The roles of women in the new professions influenced upper and middle class reformers to establish a variety of supportive institutions.¹³

While the expansive period of social reform in the United States did not remove men from nursing as a whole, public support for male nurses waned with the entrance of women in the new profession. A correlated gendered division of labor occurred in the medical occupations. The majority of men who sought social prestige in the medical field trained as doctors and pharmacists. Affected by the patriarchal acceptance of women in nursing, men who elected to stay in the new profession suffered a downward social mobility. Most nursing schools for women banned men from enrollment, and job opportunities for male nurses decreased throughout the nation from a lack of public support. Out of almost 1,800 American nursing schools established by the end of World War I, only 70 permitted male students to matriculate in coeducational training programs. Men graduated from these schools at a ratio of one to about every six women.¹⁴

After the turn of twentieth century, progressive legislation enacted by several national institutions further solidified public opinion of nursing as a field of professional middle class labor for women. A series of reforms systematically excluded men from participation in various aspects of professional nursing and gave them little power for redress. Male nurses often faced public scrutiny and gender-based discrimination. The social correlation between women and

¹³ Wiebe, *The Search for Order*, 122-123; McGerr, *A Fierce Discontent*, 51-54.

¹⁴ O'Lynn and Tranbarger, eds., *Men in Nursing*, 24-31; LeRoy N. Craig, "Opportunities of Men Nurses," *American Journal of Nursing* 40, no. 6 (June 1940): 666, <http://www.jstor.org/stable/3414946> (accessed July 27, 2013).

professional nursing became so dominant that the public questioned the masculinity of men who wanted to embark on careers as professional nurses. The military refused to recognize men as nurses after the establishment of the nurse corps for only women. Nursing associations for women denied memberships to male nurses. These actions contributed to the transformation of nursing into a primarily female-gendered profession that stayed in place until the middle of the twentieth century.¹⁵

The simultaneous gender and professional transitions in nursing in the United States began on the battlefields of two wars: one foreign and one domestic. The Crimean War on a peninsula in the Ukraine pitted Imperial Russia against an alliance of France, England, and the Ottoman Empire. After reading about mass casualties in the newspapers, British socialite and volunteer nurse Florence Nightingale (see fig. 1.1) organized and trained a group of 38 female volunteer nurses. In November 1854, the group arrived at the main British camp in the war zone. While Nightingale left the duties of nursing to her volunteers, she devised ways to clean up and organize the filthy hospitals. Her innovative methods of sanitation and hygiene, such as increasing fresh air ventilation and scrubbing walls and floors, helped reduce incidents of infection and mortality. Frustrated with the lack of knowledge and experience of her volunteers, Nightingale returned to England after the war and founded the first modern nursing school exclusively for women. In 1860, the Nightingale Training School opened at Saint Thomas' Hospital in London.¹⁶

¹⁵ O'Lynn and Tranbarger, eds., *Men in Nursing*, 25-29.

¹⁶ M. Patricia Donahue, *Nursing: The Finest Art, an Illustrated History* (Maryland Heights, MO: Mosby Elsevier, 2011), 116-117; Portia B. Kernodle, *The Red Cross Nurse in Action, 1882-1948* (New York: Harper and Brothers, 1949), 5.



THE PERRY PICTURES.

FLORENCE NIGHTINGALE.

1870

Figure 1.1. Florence Nightingale, the founder of modern nursing in the western world.
Source: Miscellaneous Items in High Demand Collection, Prints and Photographs Division, Library of Congress, LC-USZ62-5877.

Florence Nightingale required her staff and students to follow a strict regimen of discipline that included the wearing of uniforms. Modeled after the uniforms of volunteer nurses in the Crimean War, the women at the school wore gray tweed dresses with white aprons. Small gathered caps made of organdy or another thin white fabric topped their heads. Uniform shoes consisted of simple black leather boots or oxfords. These uniforms with caps helped to distinguish nurses from domestic servants. The staff and students at the Nightingale Training School handmade their own uniforms.¹⁷

The idea for the school came from the Victorian patriarchal belief that women possessed maternal skills related to nursing. Middle and working class English women often nursed their families at home through episodes of illnesses and injuries, because they could not afford the expense of hospital care. Midwives supervised the common occurrence of childbirth in the home. Florence Nightingale wanted single women to leave the safety of the domestic sphere, enroll in public nursing schools, and receive an education. She designed methods to standardize the practice of nursing for women and wrote a book to serve as a guideline for instruction in her new school. Her book, *Notes on Nursing: What It Is, and What It Is Not*, published in 1859, became a staple at future nursing schools established in England and the United States.¹⁸

The war on American soil, the Civil War, began the year after Florence Nightingale founded the first modern nursing school in the western world. The widespread carnage of the war and the lack of administration in hospitals inspired a schoolteacher from Massachusetts to

¹⁷ Lynn Houweling, "Image, Function, and Style: A History of the Nursing Uniform," *American Journal of Nursing* 104, no. 4 (April 2004): 40-48, http://www.nursingcenter.com/Inc/JournalArticle?Article_ID=497854 (accessed August 6, 2014).

¹⁸ Florence Nightingale, preface to *Notes on Nursing: What It Is, and What It Is Not* (1859; repr., Philadelphia: Edward Stern and Company, 1946).

create an organized relief society for wars and disasters. Clarissa “Clara” Barton (see fig. 1.2) volunteered as a nurse for the war along with two thousand single and married women. She had witnessed several horrific battles in various Union Army campaigns throughout Virginia and Maryland. In the summer of 1864, Major General Benjamin Butler appointed Barton as the superintendent of nursing for the Army of the James. Although Barton possessed no formal training as a nurse, she demonstrated a natural ability to prioritize treatment for the sick and wounded that correlated with the readiness of the available medical staff. Her work in Union Army hospitals pioneered the modern system of triage for mass casualties.¹⁹

¹⁹ Kernodle, *The Red Cross Nurse in Action*, 6-7. Clara Barton witnessed several battles in the Civil War, including the Battle of Antietam on September 17, 1862.



Figure 1.2. Clara Barton, founder of the American Red Cross.

Source: Miscellaneous Items in High Demand Collection, Prints and Photographs Division, Library of Congress, LC-BH821-6803.

After the Civil War, Clara Barton revealed her real talent in the organization of relief work. In the 1870s, during the aftermath of the Franco-Prussian War, she volunteered as a nurse. While her nursing duties went without much notice to the public, her ability to organize and operate a network of relief organizations for the French Red Cross in Strasbourg, Paris, and other cities impressed French nationals and the founding members of the International Committee of the Red Cross (ICRC). The leaders of the ICRC concluded the organizational skills of Barton influenced conditions of the treaty between France and Germany and demonstrated to world leaders that a system of organized relief eased the suffering of unfortunate victims of war.²⁰

Before Clara Barton returned to the United States, Gustav Moynier, president of the ICRC, handed her a letter to give to President Rutherford B. Hayes. The letter included the following plea, “The International Committee of the Red Cross desires most earnestly that the United States should be associated with them in their work.”²¹ President Hayes gave no thought to the letter and handed it to Secretary of State William M. Evarts. Barton waited patiently until Hayes’ successor, President James A. Garfield, gave her permission to establish a national relief organization. On May 21, 1881, with the endorsement of Secretary of State James G. Blaine, Barton founded the American National Red Cross Association, a chartered affiliate of the ICRC, at a meeting in Washington, DC. Over a dozen male business executives and female socialites accompanied Barton and signed the constitution for the organization.²²

²⁰ Clara Barton, *The Red Cross in Peace and War* (Washington, DC: American Historical Press, 1899), 25. In 1863, the International Committee of the Red Cross organized as a network of European international relief societies.

²¹ Barton, *The Red Cross in Peace and War*, 35-40.

²² Barton, *The Red Cross in Peace and War*, 42-47. The organization is simply known as the American Red Cross. In 1900, the American Red Cross received a federal charter.

The actions on behalf of women like Florence Nightingale and Clara Barton contributed to an expansive period of social change and moral awareness. New ways of thought emerged among the upper and middle classes that changed the social, cultural, and physical landscapes of cities. The ideology of urban reform stressed the importance of upper and middle class responsibility for people at the bottom of the social ladder. From the Victorian through the Progressive eras, reformers expressed great concern for the morale and welfare of the “victims of industrialization” whom they viewed as helpless residents of crowded urban cores.²³ Urban squalor and perceived immoral behaviors among people in the working class appeared to pose significant threats to the greater public good. Reformers enacted a variety of systematic changes to mitigate problems associated with social issues related to rapid industrialization and urbanization. Social reform became an acceptable public activity for men and women of the privileged classes.²⁴

To meet some of these challenges, the club movement emerged as the most accessible method for upper and middle class women who wanted to engage in social reform. Clubs for women organized in various forms with different functions. Relief societies, church and synagogue affiliates, and literary and sewing groups represented only a few of the many club options available to socially aware women. Participation in clubs gave women ample opportunities to perform duties in public. Women solicited financial and moral support from their families and social circles to keep the clubs in existence. The variety of services offered by the clubs provided disadvantaged groups with some of the most basic social and cultural needs.

²³ Howard P. Chudacoff and Judith E. Smith, *The Evolution of American Urban Society*, 6th ed. (Upper Saddle River, NJ: Pearson Prentice Hall), 177.

²⁴ Chudacoff and Smith, *The Evolution of American Urban Society*, 180.

In 1890, the club movement peaked with the establishment of the National Federation of Women's Clubs. The organization served as the umbrella agency for the network of clubs for women across the nation.²⁵

Clubwomen used their political clout to influence the establishment of many municipal institutions for social reform. They spearheaded changes in public education, healthcare, labor regulations, and immigrant assimilation. New schools, hospitals, and immigrant settlement houses that reformers established employed women as the primary labor force. Working women earned steady wages and formed labor organizations related to their specific jobs. The new profession of social work emerged for women who wanted to help people marginalized by rapid urbanization. Social work culled ideas from charitable organizations, religious tenets, and academic disciplines to address problems related to poverty and overcrowding. Many of the early social workers practiced their trade at immigrant settlement institutions such as the Hull House established by Jane Addams in Chicago, Illinois.²⁶

Other career opportunities for women experienced considerable transformations during the late Victorian and Progressive eras. The establishment of colleges and schools to train women as nurses, teachers, and social workers contributed to the process of professionalization for those occupations. School staffs provided documentation for employers that attested to the competency of the graduates. Women wielded degrees and diplomas as symbols of professional power and personal achievement. Some women in the new professions wore uniforms that enhanced their authority and made them easily recognizable in public. The completion of higher education gave women the ability to embark on stable and upwardly mobile careers amongst

²⁵ McGerr, *A Fierce Discontent*, 51-52.

²⁶ McGerr, *A Fierce Discontent*, 52-54.

their peers and gendered opposites. Professional women earned the right to voice an opinion within the sphere of middle class labor.²⁷

A new image of American womanhood, abetted by the entrance of women into the new professions, provided tangible proof of the success of feminine social reform. At the turn of the twentieth century, thousands of women worked as professionally trained nurses, teachers, and social workers. Paid labor granted professional women some semblances of social independence and financial security. They earned wages outside the home in spaces isolated from the daily demands of family responsibilities. They formed professional labor organizations and championed causes to improve workplace conditions. At the end of the workday, they found time to participate in clubs and leisure activities often without the need of male chaperones.²⁸

While white women and men focused on the improvement of public welfare for urban communities, black professionals utilized the ideology of social reform for racial uplift. The definition of racial uplift originated from scholars who promoted ideas for a unified black community. Booker T. Washington and W. E. B. Dubois stressed the importance of self-help to achieve some semblance of equality comparable to the white bourgeoisie. They argued that if socially ambitious blacks wanted to be labeled as worthy of the same status as privileged whites, then certain behaviors had to be incorporated into daily life. Cultural values held over from the Victorian era gave aspiring black people a new direction to achieve respect and dignity amongst their white counterparts. Proponents of racial uplift tasked upper and middle class blacks with imposing these values on every citizen they came to know in their respective communities. The

²⁷ McGerr, *A Fierce Discontent*, 52. The traditional white-capped uniform of a nurse remains one of the most recognizable symbols of professional labor for women in the United States.

²⁸ David Blanke, *The 1910s, American Popular Culture through History* (Westport, CT: Greenwood Press, 2002), 10.

daunting task of racial uplift for all black Americans became a social burden on the emerging upper and middle classes.²⁹

Black people used higher education as one vehicle for racial uplift. Young black men and women left the safety of the home to attend private colleges with the moral obligation to return after graduation and employ their knowledge to help the community. For people whose families did not possess the financial resources to pay for a college education, black communities often held fundraising events to raise money which put even more pressure on the prospective students. Some black colleges made the offer of sponsorship for students that formally agreed to work there after graduation. While the racial uplift system of reciprocity sometimes paid off for the local sponsors, the black community as a whole seemed destined to reap the benefits. Graduates either opted to stay and take an active role in the neighborhood near the colleges or sought employment elsewhere in other black communities.³⁰

Racial uplift took on another direction for upper and middle class black women. After the disenfranchisement of black men through literacy tests, poll taxes, and other ways of voter dissuasion, women assumed the primary responsibility of political participation in the community. Upper and middle class black women joined clubs, church groups, and social organizations to exercise political influence with their white constituents. Black women hoped to align with white women and share ideas about equality and social awareness. The ideologies put forth through racial uplift instilled the importance of accepted social behaviors within black society to minimize race and class differences. However, the restrictions of segregation

²⁹ Kevin K. Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century* (Chapel Hill: University of North Carolina Press, 1996), 1-5.

³⁰ Stephanie J. Shaw, *What a Woman Ought to Be and to Do: Black Professional Women Workers during the Jim Crow Era* (Chicago, IL: University of Chicago Press, 1996), 5.

prevented most biracial organizations from becoming true partnerships in any sense of the word. White leaders of national organizations, such as the American Red Cross, often subjugated blacks to auxiliary positions, while others refused to admit any black people.³¹

The new profession of nursing appealed to many black women as a way to escape the confines of domestic servitude. While laywomen had nursed the sick and wounded for generations, enrollment in nursing schools opened opportunities for black women to become trained professionals and specialists within a medical occupation. Nursing gave working class black women a means in which to move up the social ladder. The prospect of becoming a professionally trained nurse affirmed an already embedded image of respect and prestige within the community. Similar to the ideas behind the establishment of black colleges, nursing schools fostered reciprocal relationships for racial uplift. After graduation, nurses either worked at the host hospital or found employment in private duty at home or in another black community.³²

The problem existed in finding nursing schools that admitted black students. Segregation separated blacks from whites in all aspects of higher education. The “separate but equal” doctrine for state laws that followed the landmark Supreme Court case *Plessy v. Ferguson* (1896) directly affected the availability of nursing schools for black women. Some hospital governing boards in northern states permitted a few quotas for the admission of black women in white nursing schools. On the other hand, most white southerners refused to entertain the idea of black and white students enrolled in the same school. By 1930, of the almost 1,900 nursing schools in existence in the United States, less than 40 admitted black women.³³

³¹ Deborah Gray White, *Too Heavy a Load: Black Women in Defense of Themselves, 1894-1994* (New York, NY: W.W. Norton and Company, 1999), 38-43.

³² Hine, *Black Women in White*, 6.

³³ Hine, *Black Women in White*, 6-7, tables 1 and 6.

As part of the larger realm of public health, nursing schools for both black and white women became one of the focal points for female reformers across the nation. Women utilized some of their social clubs as political vehicles to agitate for public health reform. Epidemics of disease, industrial accidents, and malnutrition posed serious threats to city survivability. Vulnerable populations of children and elderly suffered from abnormally high mortality rates. Cities needed nursing schools to produce professionally trained women who could cope with a myriad of public health problems. Hospital governing boards, often under substantial pressure from socially prominent clubwomen, agreed to establish nursing schools across the nation.³⁴

The social club movement that influenced the establishment of nursing schools in New Orleans peaked in the late nineteenth century. In 1898, an article in the *Daily Picayune* listed hundreds of local clubs for progressive women led by the Local Council of Women of New Orleans. The article described the council as a supervisory agency with an elected body of society women who served as the leaders for the network of clubs. The charter of the council set provisions for reform measures that included public health and sanitation, education, maintenance of public spaces, disaster preparedness, and home-based labor. The council aimed to centralize and organize club work for citywide progressive reform, yet not infringe on the identities and independent missions of the clubs.³⁵

A few of the social clubs in New Orleans redirected their focus to issues related to public health with an emphasis on nursing reform. Public health posed a major problem for the city. The wet climate and topography provided ideal conditions for mosquitoes and other pests that spread epidemics of tropical diseases, especially yellow fever that had plagued the population

³⁴ McGerr, *A Fierce Discontent*, 51-52.

³⁵ News/Opinion, "The Women Keeping Their Pledge to Aid," *Daily Picayune* (New Orleans), February 6, 1898.

since 1817. The presence of raw sewage from outdoor sanitary facilities encouraged beliefs in the miasma theory about the airborne spread of germs, and the main water supply from the Mississippi River hosted a variety of organisms and parasites. The population suffered from high mortality rates with infants and the elderly deemed as most susceptible to death from disease. Between 1830 and 1860, waves of European immigrants resulted in a population spike of over 300 percent that added to the public health crises in the port city.³⁶

Concerned with these conditions, three social clubs for women instituted nursing reforms to improve public health in New Orleans. Although the clubs existed independently and featured women from different social classes and religious and ethnic groups, they shared the common goal of a desire to create a body of professionally trained nurses for the city. The clubs often partnered with male organizations to raise money and public support for nursing schools. The actions on behalf of the clubwomen directly influenced the decisions of hospital governing boards to establish three distinct nursing schools in the city before the turn of the century.³⁷

In 1884, the Ladies' Unsectarian Aid Society organized as the female auxiliary component to the male Charity Organization Society. Caroline Muller, daughter of state Senator Robert Carter Nicholas, served as the auxiliary chair. Although founded on the traditions of the Protestant faith, the society focused on relief for the poor without the interference of religion.

The men of the society emphasized the value of labor and routinely tested indigent workers on

³⁶ Craig E. Colten, *An Unnatural Metropolis: Wrestling New Orleans from Nature* (Baton Rouge: Louisiana State University Press, 2005), 33-35; Elizabeth Fussell, "Constructing New Orleans, Constructing Race: A Population History of New Orleans," *Journal of American History* 94 (December 2007): 846-855, <http://www.journalofamericanhistory.org/projects/katrina/Fussell.html> (accessed October 12, 2014). Records from 1817 to 1905 show the population of New Orleans suffered from periodic epidemics of yellow fever.

³⁷ Elna C. Green, ed., *Before the New Deal: Social Welfare in the South, 1830-1930* (Athens: University of Georgia Press, 1999), 86-91; "Auxiliary of Touro Infirmary: A Tradition of Service, 1852-1952," Study File Touro Infirmary History, Folder Auxiliaries Histories, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA; Meg Anderson, "Phyllis Wheatley Women's Clubs, 1895-," *The Black Past: Remembered and Reclaimed*, <http://www.blackpast.org/?q=aah/phyllis-wheatley-womens-clubs-1895> (accessed January 14, 2010).

their work ethic through a system of manual tasks. If deemed willing and eligible to work, the society granted basic financial support until the worker secured steady employment. Women who sought charity from the society often worked for contributions in a sewing room. The auxiliary functioned as the fundraising arm of the society. In 1890, the auxiliary raised enough money to purchase two buildings on Saint Joseph Street in the Warehouse District for the establishment of the Women's and Children's Hospital and New Orleans Training School for Nurses. The hospital served two of the most vulnerable groups of the poor until financial trouble forced a sale to the male physicians who worked at the hospital and taught at the nursing school. In 1893, the physicians turned the buildings into the New Orleans Sanitarium and Training School for Nurses.³⁸

The second of the three clubs, the Ladies' Aid and Sewing Society for upper and middle class Jewish women, organized in 1875 as a complement to the male Hebrew Benevolent Association. Mrs. Henry Abraham served as the first president of the club. The women often visited Touro Infirmary, the city's traditionally Jewish hospital, to donate handmade items such as bedding and mosquito nets for patients and burial shrouds for the deceased.³⁹ After the hospital suffered a period of bonded indebtedness from the expansion of its facilities, the Hebrew Benevolent Association enlisted the help of the club to organize a fundraising fair. Held in the spring of 1896, the week-long Touro Fair raised over \$50,000 for the hospital to liquidate all the debts. The fair raised so much publicity that the *Daily Picayune* published a daily "Touro Fair Journal," and local musician Ludwig Newman composed a waltz dedicated to the spirit of the

³⁸ Green, ed., *Before the New Deal*, 86-91.

³⁹ "Auxiliary of Touro Infirmary," Touro Infirmary Archives, New Orleans, LA.

fair. In October 1896, the Board of Managers of Touro Infirmary established the Touro Infirmary School of Nursing funded by a portion of the proceeds raised from the fair.⁴⁰

The third club concerned about public health, the national Phyllis Wheatley Club stood as an independent organization with no male sponsorship. Founded in 1894 by upper and middle class black women in Chicago, Illinois, the club elected to affiliate with the National Association of Colored Women's Clubs the following year. Membership in the New Orleans branch of the club averaged 60 women at any given time. Sylvanie F. Williams served as the president and divided the club into 12 committees that provided an array of services for the black community. Women in these committees taught classes in various academic subjects to youth and adults, instructed young girls in the craft of sewing, and gave books to inmates in prison. The hospital committee of the club visited the ill and injured and helped with their care.⁴¹

In 1895, concerned with the lack of medical services available to the black community, the local branch of the club, led by the hospital committee, established the Phyllis Wheatley Sanitarium on the grounds of the New Orleans University at the corner of Saint Charles and Jefferson avenues. Although financial problems within the club forced a sale of the small hospital to the university soon after, the Board of Administrators opted to keep the name of the founding club. In October 1896, the board opened the Phyllis Wheatley Sanitarium and Training School for Negro Nurses.⁴²

⁴⁰ "Report of the Fair for the Benefit of Touro Infirmary, 1896," Touro Infirmary Archives, New Orleans, LA.

⁴¹ Sylvanie F. Williams, "Report: The Phyllis Wheatley Club," *The Woman's Era* 2, no. 7 (November 1895), http://womenwriters.library.emory.edu/advocacy/content.php?level=div&id=era2_07.17&document=era2 (accessed October 27, 2014). The site does not display the page numbers for the article.

⁴² "The History of Flint-Goodridge Hospital of Dillard University," *Journal of the National Medical Association* 61, no. 6 (November 1969): 533, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2611800> (accessed January 14, 2010).

These three groups of clubwomen played an integral role in the early stages of the process of professionalization for nursing for women in New Orleans. Their part in the process followed the actions of two determined women in war who defined professional nursing and instigated the gender shift at the national level. Patriarchal notions of femininity reinforced the gender shift through the relative ease in which women entered nursing and systematically excluded men from the profession. Additional complications that arose from the intersection of gender and race in nursing segregated white women from black women early in the process.

Chapter 2

From Laywomen to Professionals: The Development of Nursing Schools in New Orleans

The establishment of nursing schools for women in the United States became the next step in the process of professionalization for the occupation. The schools stood as physical representations of the reform movement that sought to improve the health and welfare of urban populations. Deplorable urban conditions of public health posed a constant threat to urban living, especially for the vulnerable populations of women, and children, and the elderly. Social reformers saw a need for nursing schools to produce professionally trained graduates who could effectively raise standards of public health and reduce high mortality rates. By the turn of the twentieth century, many cities boasted several nursing schools within their municipal boundaries. Schools established on the foundations of different religions and ethnicities gave women of all social classes an opportunity to learn a specific skill set that led to personal enrichment and a marked improvement in nursing services.

Regardless of race, social class, or religious affiliation, nursing students generally performed similar tasks while enrolled in the schools. The first year of nursing school contained a probationary period of supervision that often lasted for several weeks. This period served as a way to eliminate undesirable students. School staffs expelled probationers who demonstrated a lack of motivation for training or did not adhere to the school rules. After the probationary period, nursing school students began a curriculum of courses and practical applications. Courses in the nursing schools ranged from instruction in domestic chores to patient care to surgical instrument familiarization. The domestic courses provided training in sanitary

housekeeping and food preparation, because nursing school students served as a free domestic labor force for the host hospitals.⁴³

The probationary period gave many nursing school students their first experiences of wearing uniforms. Probationers usually wore solid-colored dresses with white aprons and no caps. After the school directors approved the transition from probationer to student status, students commonly wore the standard school uniform of blue and white dresses with white aprons and caps. The earliest version of the nurse's cap consisted of a circle of gathered white organdy that sat on top of the head like a nightcap. In the early 1900s, the iconic folded front and curved brim cap replaced the nightcap style. The new nurse's cap inspired the capping ceremony that often took place after the probationary period. The acquisition of the cap became the highlight of first-year students. The school directors presented the caps to the students at formal ceremonies that included recitals of the Nightingale Pledge, a modified version of the Hippocratic Oath affirmed by graduates of medical schools.⁴⁴

Nursing uniforms for students and staff reflected current styles of clothing for women. The early long-sleeved dresses and aprons reached the ankles and were worn with the requisite corset undergarment. Black shoes and stockings completed the uniform. By the 1930s, the hems of the uniforms had climbed to a few inches below the knees, sleeves shortened, and white shoes and stockings replaced the black. Petticoats and slippers replaced the old corsets. Students and staff quit wearing handmade uniforms after school directors began the issuance of factory made one-

⁴³ Donahue, *Nursing: The Finest Art*, 142-146.

⁴⁴ Donahue, *Nursing: The Finest Art*, 148; "The History of the Caps," Folder Touro Infirmary Nursing School-History-Uniforms-Caps, etc., Study File Touro Infirmary History, Touro Infirmary Archives, New Orleans, LA. Some all-female nursing schools discontinued the capping ceremonies after the acceptance of male students. In the 1980s, the wearing of caps became optional and disappeared altogether by the 1990s with the transition from white nursing uniforms to medical scrub suits.

piece garments that combined the dress and apron. Although similar in style, the color of the uniform marked the major difference between students and staff. Students usually wore uniforms of blue and white while staff wore solid white. However, a nursing uniform exception applied to nuns who wore the traditional white cornettes and black habits as either students or staff at the schools.⁴⁵

In 1873, the tradition of wearing uniforms at American nursing schools began when the first schools for women in the United States opened in the Northeast. Hospital governing boards established the schools as complements to three of the oldest teaching hospitals for physicians in the country (Massachusetts General Hospital in Boston, Bellevue Hospital in New York, New York, and State Hospital in New Haven, Connecticut). The “Nightingale plan” of the English foundation school at St. Thomas’ Hospital in London served as the model for the American schools. The schools admitted only single white women, and the curricula consisted of lessons taught from Florence Nightingale’s book, *Notes on Nursing: What It Is and What It Is Not* (1859). School directors enforced strict measures of discipline and required students to wear uniforms in the style of the Nightingale Training School. The school staffs awarded diplomas in nursing to students who successfully completed the two-year training programs.⁴⁶

After the establishment of the nursing schools in the Northeast, only eight years lapsed before plans developed for the first school in New Orleans. However, the plans for the nursing

⁴⁵ Donahue, *Nursing: The Finest Art*, 147; “The School Uniform,” Touro Infirmary Archives, New Orleans, LA; Virginia Taylor, “They’ve Streamlined Miss Nightingale,” *Times-Picayune* (New Orleans), October 12, 1947. Commonly, nursing school uniforms were either made of blue and white seersucker or gingham. Rationing during World War II resulted in a substitution of solid white cloth for school uniforms. The blue and white patterned cloths returned after the war. The Sisters of Charity of Saint Vincent de Paul wore the religious clothing items of white cornettes (headpieces) and black habits.

⁴⁶ Kernodle, *The Red Cross Nurse in Action*, 3. The three schools were the Boston Training School for Nursing in Massachusetts, Bellevue Hospital School of Nursing in New York, New York, and Connecticut Training School for Nurses in New Haven.

school never made it past the developmental phase. The shift in nursing labor from volunteerism and apprenticeship to organized professional education fueled a dispute between a hospital governing board and a religious order that led to the early demise of the proposed school. On July 9, 1881, the trouble began when the *Daily Picayune* featured an article about the plans for the school at Charity Hospital modeled after the nursing schools in the Northeast. The article ignited an editorial war between the *Daily Picayune*, whose readership did not support the idea of laywomen trained as nurses, and that of the *Times-Democrat*. Many people expressed concerns about the replacement of the Sisters of Charity with professionally trained nurses at the hospital and a general dissatisfaction towards the idea of women leaving their homes to attend nursing school.⁴⁷

Despite the discord in public opinion, the Board of Administrators of Charity Hospital moved forward with its plan to establish the New Orleans Training School for Nurses. Dr. Daniel C. Holliday, vice president of the board, appointed himself as the chair of the executive committee of the school. He wanted to create a nursing school for laywomen without intervention from the nuns and sought help outside the walls of the hospital.⁴⁸ Dr. Holliday met with a group of society women at the Grunewald Hotel on Baronne Street in the Central Business District. He asked for their patronage for the school and introduced Miss Williams, a graduate of the Bellevue Hospital School of Nursing in New York, New York, whom he selected as the first director. The selection of Miss Williams signaled the start of a trend in the establishment of nursing schools in New Orleans. The first directors of these schools graduated from the schools

⁴⁷ News/Opinion, "School of Nurses as Organized by the Administrators of the Charity Hospital," *Daily Picayune* (New Orleans), July 8, 1881; John Duffy, ed., *The Rudolph Matas History of Medicine in Louisiana* (Baton Rouge: Louisiana State University Press, 1962), 2:503-505.

⁴⁸ Eddie Doherty, *A Nun with a Gun: Sister Stanislaus, a Biography* (Milwaukee, WI: Bruce Publishing Company, 1960), 51-53. The unusual title refers to Sister Stanislaus' brief encounter with a man wanted for armed robbery.

in the Northeast. Local hospital governing boards often ignored secular differences for the sake of nursing schools that provided a professional education for women.⁴⁹

After the meeting with the society women, Dr. Holliday asked the Board of Managers of Touro Infirmary for permission to use the medical wards as a temporary school until he secured more suitable spaces at Charity Hospital. In May 1882, the board approved his request, because the prospect of a joint nursing school could provide professionally trained nurses for both hospitals. Touro Infirmary, a hospital based on the founding Jewish principles of care and compassion, received overwhelming public support for the nursing school. Many Jewish and Gentile patrons seemed unaffected by the partnership with the Catholic hospital.⁵⁰

Everything seemed to be in place for the nursing school at Charity Hospital until the nuns vetoed the plans. The Board of Administrators of Charity Hospital gave Dr. Holliday approval to establish the school on one condition: Sister Agnes, Sister Servant and the director of nursing, had to give her stamp of approval. She refused to do so after she discovered his intentions to replace the nuns with professionally trained nurses. When she complained to the board, they assured her the nuns would remain at the hospital as nursing administrators. Dr. Holliday claimed the situation was nothing more than a misunderstanding. The conflict between the nuns and Dr. Holliday escalated after he badgered the board for funds for the nursing school and

⁴⁹ News/Opinion, "The Ladies' Meeting: The Training School for Nurses-The Purpose of the Organization," *Daily Picayune* (New Orleans), January 24, 1882. The article does not reveal Miss Williams' first name.

⁵⁰ "Secretary's Report, New Orleans, May 1, 1882," Eighth Annual Report of the Touro Infirmary and Hebrew Benevolent Association of New Orleans, 1882, Annual Reports of the Touro Infirmary and Hebrew Benevolent Association, 1869-1887, Touro Infirmary Archives, New Orleans, LA.

acquired some hospital furniture without proper authorization from the board. His abrupt ways of doing business soured his reputation with the board and the nuns at Charity Hospital.⁵¹

The publicity surrounding the controversy between the Board of Administrators of Charity Hospital and Dr. Holliday over issues for the proposed school led to the termination of the partnership of Charity Hospital and Touro Infirmary. On December 9, 1882, an article published in the *Daily Picayune* reported some legal trouble between the board and Dr. Holliday. The board filed a complaint against Dr. Holliday for the return of hospital funds utilized to establish the school. Dr. Holliday agreed to relinquish possession of the furniture and pay a \$150 fee in restitution. The complaint also led to the resignations of Dr. Holliday and several board members. The publicity from the feud between the board and Dr. Holliday convinced the Board of Managers of Touro Infirmary and the affiliated Hebrew Benevolent Association not to risk the reputation of the hospital. The first effort to establish a nursing school in New Orleans failed for two reasons. First, the nuns at Charity Hospital refused to relinquish their established roles as primary caregivers to professionally trained nurses. Second, the Board of Administrators of Charity Hospital failed to maintain a supportive partnership with the Board of Managers of Touro Infirmary.⁵²

In 1890, eight years after the failure of the New Orleans Training School for Nurses, the Ladies' Unsectarian Aid Society established a school that bore the same name. Chaired by socialite Caroline Muller, the society acquired two buildings on St. Joseph Street in the Warehouse District to house the school and the Women's and Children's Hospital. The school

⁵¹ Doherty, *A Nun with a Gun*, 51-53. The Sister Servant was the supervisor for the nuns at Charity Hospital in New Orleans.

⁵² "Secretary's Report, New Orleans, May 5, 1883," Ninth Annual Report of the Touro Infirmary and Hebrew Benevolent Association of New Orleans, 1883, Touro Infirmary Archives, New Orleans, LA.

and hospital operated for a few years until financial trouble within the society forced a closure. However, in 1892, a group of physicians from the New Orleans Polyclinic who taught at the school assumed all responsibilities for the foreclosed facilities. Two years later, the physicians opened a new hospital and school, the New Orleans Sanitarium and Training School for Nurses, at 731 Carondelet Street (see fig. 2.1), also in the Warehouse District. Louisiana native Mary Forbes, a graduate of the Saint Luke's Hospital School of Nursing in Chicago, Illinois, served as the superintendent. The school gained a reputation as a small private institution proficient in the training of select groups of elite white students.⁵³

⁵³ Duffy, ed., *The Rudolph Matas History of Medicine in Louisiana*, 525-526. Mary Forbes, "The Small General Hospital: Its Advantages and Difficulties as a Field for Training," *American Journal of Nursing* 3, no. 5 (February 1903): 341. In 1885, the Saint Luke's Hospital School of Nursing established in Chicago, Illinois.



Figure 2.1. The L. E. Rabouin Memorial School built on the former site of the New Orleans Sanitarium and Training School for Nurses.

Source: Melissa Marie Dickey, “Bye Bye Rabouin,” Each Small Thing Blog, entry posted on June 19, 2010, <http://eachsmallthing.files.wordpress.com/2010/06/2010-05-09-0161.jpg> (accessed August 11, 2013).

The students and staff of the New Orleans Sanitarium and Training School for Nurses witnessed improvements to the building and the curriculum during the short existence of the school. In 1903, the Board of Administrators of the hospital appropriated \$39,000 for the construction of an addition.⁵⁴ The following year, Mary Forbes, the school director, implemented a curriculum reform for additional courses that extended the training program from

⁵⁴ “The Picayune’s Guide to New Orleans: Along the Coliseum Line,” www.storyvilledistrictnola.com/Picayune14_1904.html (accessed May 15, 2013).

two to three years. The extension gave the staff a competitive edge for admissions over other nursing schools with two-year programs in place.⁵⁵

On October 1, 1910, the physicians of the New Orleans Polyclinic sold the New Orleans Sanitarium and Training School for Nurses. The physicians vacated the hospital after the sale and merged with the faculty of the Tulane University School of Medicine. The Board of Managers of the Presbyterian Hospital in New Orleans paid \$180,000 for the building and the nursing school. They elected to turn the old sanitarium into a free clinic for the poor and kept the nursing school open for business without interruption. In June 1911, eight students graduated with diplomas as the first class of the Presbyterian Hospital and Training School for Nurses.⁵⁶

The school continued to graduate small classes of nurses until the Presbyterian Hospital closed for business. An article in the *Times-Picayune* described a patron fund drive that failed to raise \$250,000 for operational costs. The hospital staff moved the patients and the second and third-year nursing students to the Southern Baptist Hospital on Napoleon Avenue in the Uptown neighborhood. Although the physicians at the Southern Baptist Hospital agreed to finish training the advanced students, they instructed the first-years to transfer to other nursing schools. On December 9, 1929, the Presbyterian Hospital closed as one of the first institutions in the city victimized by the Wall Street Crash.⁵⁷

⁵⁵ “Commencement Exercises of New Orleans Sanitarium and Training School,” *New Orleans Medical and Surgical Journal* 56 (July 1903-June 1904): 49, books.google.com/books?id=OedDAQAAIAAJ (accessed May 15, 2013).

⁵⁶ “The Presbyterian Hospital of New Orleans,” *New Orleans Medical and Surgical Journal* 63 (July 1910-June 1911): 364-365, books.google.com/books?id=PNZDAQAAIAAJ (accessed May 15, 2013).

⁵⁷ News/Opinion, “Doors to Close at Presbyterian Hospital Today,” *Times-Picayune* (New Orleans), December 9, 1929; Advertisement, “The L. E. Rabouin Memorial School,” *Times-Picayune* (New Orleans), January 25, 1937. In 1936, the O. M. Gwin Construction Company tore down the Presbyterian Hospital and erected the L. E. Rabouin Vocational School on the site.

In May 1893, more than a decade after the failure of the first nursing school at Charity Hospital, a new Board of Administrators established the Charity Hospital School of Nursing. This time, the nuns at the hospital gladly assumed the roles of cosponsors and guidance counselors for the students. The school opened with eleven students (seven laywomen and four nuns) enrolled for a two-year course of instruction taught by resident physicians. Since the proposed curriculum mirrored that of the Bellevue Hospital School of Nursing in New York, New York, the board hired one of its recent graduates, Mary Agnes O'Donnell, as the director of the school. In January 1894, the hospital staff celebrated the official inauguration of the nursing school. The school appealed to white women from the predominantly Catholic population, and until 1899, was the only Catholic nursing school in the city.⁵⁸

Admissions requirements set by the school staff consisted of either application by letter or personal appearance, a completed questionnaire, a letter from the clergy that attested to the moral character of the applicant, and a statement from a physician for good health. In addition, the staff required applicants to be fluent in the English language. A nursing school education included lessons taught from medical books and the transcription of detailed notes during lectures. Sister Agnes stated, "It is indispensable that an applicant should have a fair English education," but the admissions process then did not require a prerequisite high school diploma.⁵⁹

The nursing school occupied the top floor of the Charity Hospital Annex Building on Gravier Street in the Tulane-Gravier neighborhood. The floor included dormitory rooms, a

⁵⁸ Sister Agnes, "Report of the Directress," December 11, 1895, Box Charity Hospital School of Nursing Coll. 220-6-14, Folder Charity Hospital School of Nursing Coll. 220-6, Charity Hospital School of Nursing Collection (MSS 220), Louisiana and Special Collections Department, Earl K. Long Library, University of New Orleans, New Orleans, LA. In 1893, Mary Agnes O'Donnell graduated from the Charity Hospital School of Nursing.

⁵⁹ Sister Agnes, "Regulations for Nurses Attached to Charity Hospital," December 11, 1895, Charity Hospital School of Nursing Collection (MS 220), Earl K. Long Library, New Orleans, LA.

dining hall, a reception room, lecture rooms, and a library. The Board of Administrators renamed the structure as the “White Female Department Building” solely for the use of the students and female patients who occupied the lower two floors.⁶⁰ However, the school ran out of space in a few short years. Increases in admissions led to the construction of the Josephine Hutchinson Memorial Home for Nurses on Tulane Avenue next to Charity Hospital. In 1901, Alexander Hutchinson, a local steamship and railroad magnate, donated \$50,000 to Charity Hospital to erect the building in memory of his wife. The nursing school and dormitory occupied the building until 1937.⁶¹

The charismatic Sister Stanislaus (Catherine Malone) (see fig. 2.2), a graduate of the first class of the Charity School of Nursing and assistant to Sister Agnes, the Sister Servant, proved to be an integral force in the establishment of the Charity Hospital School of Nursing. She respected the work of the French Sisters of Charity in the Crimean War who inspired Florence Nightingale to become a better nurse and administrator. Unlike Sister Agnes, she also believed that any laywoman, not just a member of the Catholic church, could train as a nurse, dedicate her life to helping people, and be revered by the Catholic community. Eddie Doherty, her biographer, described Sister Stanislaus as a nursing administrator who enjoyed training interns and residents and wanted pass on her vast medical knowledge to the students at the nursing school. He wrote about her cheerful demeanor and habit of bursting into an impromptu song and/or dance that lifted the spirits of many patients, although these behaviors did not endear her

⁶⁰ A. E. Fossier, *The Charity Hospital of Louisiana* (New Orleans, LA: American Printing Company, 1923), 45-46. The book is a compilation of reprinted articles from the *New Orleans Medical and Surgical Journal* for the period of May to October 1923.

⁶¹ A. E. Fossier, *The Charity Hospital of Louisiana*, 47; Obituary, “Alexander C. Hutchison Dies Yesterday Morning,” *Daily Picayune*, December 8, 1902.

to the more serious Sister Agnes. According to Doherty, the staff and nursing students at the hospital adored Sister Stanislaus.⁶²

⁶² Doherty, *A Nun with a Gun*, 26-57.



Figure 2.2. Sister Stanislaus, Assistant Sister Servant of Charity Hospital. She is wearing the traditional white cornette and black habit of the Sisters of Charity of Saint Vincent de Paul. *Source:* Charity Hospital School of Nursing, *Caps and Capes* 1940 yearbook, Louisiana Division Special Collections, New Orleans Public Library, New Orleans, LA.

In 1894, the only proposal ever to address the establishment of a nursing school for men in New Orleans came from Charity Hospital. Dr. Albert B. Miles, the chief surgeon at the hospital, discussed the idea with Sister Agnes before he submitted a proposal to the Board of Administrators of Charity Hospital. Sister Agnes agreed that male nurses were needed to work in wards designated for the care of sick and wounded men. Dr. Miles wrote in a letter to the board, "It is contemplated by Sister Agnes, as early as possible, to introduce trained nurses in all the wards of the Hospital. In this connection the advisability of a Training School for Male Nurses is being carefully considered."⁶³ William G. Vincent, vice president of the board, submitted the proposal via letter to Governor Murphy J. Foster, Sr., Ex-Officio President of the Board of Administrators. After the governor denied the request, Vincent decided not to pursue the matter further. As a result, the city never saw a nursing school for men.⁶⁴

From the first graduating class of students, the nuns and staff of the Charity Hospital School of Nursing boasted some of the largest classes enrolled in nursing schools in New Orleans. The staff reviewed at least twice the number of applications as permitted for admission to each class. In the 1920s, class sizes averaged about 100 students with at least a third completing the requirements for graduation. The number of admitted students increased considerably after the start World War II due to the high demand for military nurses. In 1948, a

⁶³ Fossier, *The Charity Hospital of Louisiana*, 46.

⁶⁴ "Annual Report of the Board of Administrators of the Charity Hospital, for year ending December 31st, 1894," Charity Hospital School of Nursing Collection (MSS 220), Earl K. Long Library, New Orleans, LA.

report issued by the Louisiana State Board of Nurse Examiners revealed over 400 students enrolled in the nursing school from 1945 to 1947.⁶⁵



Figure 2.3. Charity Hospital School of Nursing class of 1896. The graduates are wearing the original gathered style of the nurse's cap.

Source: Box Charity Hospital School of Nursing Coll. 220-230-232, Charity Hospital School of Nursing Collection (MSS 220), Louisiana and Special Collections Department, Earl K. Long Library, University of New Orleans, New Orleans, LA.

Several reasons can be attributed to the large class sizes at the Charity Hospital School of Nursing. The school offered some unusual opportunities in nursing education and boasted comfortable dormitories to house large numbers of students. In 1912, the Board of

⁶⁵ "Report of Official Visit to Charity Hospital School School of Nursing," Louisiana State Board of Examiners, New Orleans, LA, Box Charity Hospital School of Nursing Coll. 220-21, Folder Charity Hospital School of Nursing Coll. 220-212, Charity Hospital School of Nursing Collection (MSS 220), Earl K. Long Library, New Orleans, LA; "Reports of Directress of Nursing," 1892-1932; "Reports of the Board of Administrators of Charity Hospital," 1926-1932, Charity Hospital School of Nursing Collection (MSS 220), Earl K. Long Library, New Orleans, LA.

Administrators of Charity Hospital authorized a six-month extension to the curriculum as postgraduate work. In 1915, the extension became permanent as part of a three-year training program. In 1926, the school began an affiliate program that permitted students from other nursing schools, often located out of state, to take courses not offered at their host institutions. In 1931, a significant school reform enacted by the board involved a partnership with Louisiana State University to offer college courses for nursing school students. In 1937, the curriculum expanded to a five-year baccalaureate degree in nursing (BSN), the first in the city and the state. The degree program consisted of two years of general college courses followed by three years of nursing school. Courses for the program included instruction in the supervision of junior nurses and hospital ward maintenance. The ability to earn a BSN gave students from the Charity Hospital School of Nursing a competitive edge for employment over students from nursing schools that only offered diplomas at graduation.⁶⁶

In the 1930s, as part of the construction plans to rebuild Charity Hospital, the nursing students received a new school building and dormitory. In 1939, the Board of Administrators of Charity Hospital initially named the site for the nursing school. The building boasted living space for four hundred students along with rooms for the school and support functions (library, cafeteria, student lounge, etc.) In 1950, the board dedicated the building to the memory of Sister Stanislaus for her hard work of more than fifty years with the students and staff of Charity

⁶⁶ “Reports of Directress of Nursing,” 1892-1932; “Reports of the Board of Administrators of Charity Hospital,” 1932-1951, Charity Hospital School of Nursing Collection (MSS 220), Earl K. Long Library, New Orleans, LA; Louisiana State University Health Sciences Center, “LSU Health New Orleans, School of Nursing: History,” <http://nursing.lsuhscc.edu/aboutus/History.html> (accessed April 20, 2013). A four-year BSN program that began in 1955 replaced the five-year program.

Hospital School of Nursing. The Sister Stanislaus Memorial Building stands on South Claiborne Avenue in the Hospital District.⁶⁷

The establishment of the Charity Hospital School of Nursing made a direct impact on the future of professional nursing at Touro Infirmary. In 1892, plans to open the nursing school at Charity Hospital caught the immediate attention of the Board of Managers of Touro Infirmary. After the failure of the initial New Orleans Training School for Nurses in 1882, the board lost the chance to employ local professionally trained nurses to work at Touro Infirmary. The board knew the urgency of the situation. To incorporate the latest developments in medicine and keep patients loyal to Touro Infirmary, the board agreed they needed to attract professionally trained nurses and discussed plans for the establishment of a nursing school at the hospital. During a meeting in 1893, Gustave Lehmann, president of the board, stated to the members, “Can we allow ourselves to be passed in this race and competition; can we permit ourselves to lag behind? To stand still is retrograde. We cannot afford it. Hence, we too must have trained nurses.”⁶⁸

In the spring of 1896, the Board of Managers of Touro Infirmary and the Hebrew Benevolent Association sponsored a weeklong fundraising fair to raise money for a nursing school and a home for elderly Jews. Events at the fair included an auction, a formal dance for adult patrons, and booths for various forms of entertainment. One booth featured dancing gypsies clothed in traditional eastern European garb. The Ladies’ Aid and Sewing Society provided the fair with food and a singalong chorus. The board allocated \$1,000 from the fair profits of over \$50,000 to establish and equip the school and used the rest of the money to

⁶⁷ Stella O’Connor, “History of the School of Nursing, Charity Hospital of Louisiana at New Orleans,” 1962, Charity Hospital School of Nursing Alumni Association, New Orleans, LA.

⁶⁸ “Annual Report,” Nineteenth Annual Report of the Touro Infirmary and Hebrew Benevolent Association of New Orleans, 1893, Annual Reports of the Touro Infirmary and Hebrew Benevolent Association, 1888-1895, Touro Infirmary Archives, New Orleans, LA.

liquidate debts for the hospital. The official announcement for the nursing school came shortly after the week of the fair. “I beg to bring to your notice,” said the president, “that your Board has unanimously resolved to introduce a ‘TRAINING SCHOOL’ for nurses, under the direction of our medical staff.”⁶⁹

On October 1, 1896, the Touro Infirmary School of Nursing opened with fifteen student nurses enrolled in the school. While five students who already worked at the hospital before the school opened had to complete only one year of classes, the other ten who possessed no prior training in nursing attended the full two-year curriculum. The junior students (see fig. 2.4) served a month on probation for close observation by the staff. After the probationary period, the students signed an agreement to obey all the rules and regulations of the hospital and live on the premises during the two years of school. The Board of Managers of Touro Infirmary authorized an allowance of six dollars per month for the juniors and twelve dollars per month for the seniors to pay for books and cloth to make their uniforms. The nursing school and dormitory occupied a few rooms on the bottom floor of the hospital.⁷⁰

⁶⁹ “Training School for Nurses,” Twenty-Second Annual Report of the Touro Infirmary and Hebrew Benevolent Association of New Orleans, 1896, Annual Reports of the Touro Infirmary and Hebrew Benevolent Association, 1893-1901; Report of the Fair for the Benefit of Touro Infirmary, 1896, Touro Infirmary Archives, New Orleans, LA. The Ladies’ Aid and Sewing Society was the female counterpart of the Hebrew Benevolent Association.

⁷⁰ Frances Quaife, “Report of the Touro Infirmary Training School for Nurses, 1897,” Twenty-Third Annual Report of the Touro Infirmary and Hebrew Benevolent Association of New Orleans, 1897, Touro Infirmary Archives, New Orleans, LA.



Figure 2.4. Touro Infirmary School of Nursing class of 1898 in the courtyard behind the hospital. Frances Quaife, the first director of the school, sits in the back row *second from left*. She is wearing a white dress with no cap.

Source: Touro Infirmary School of Nursing Alumnae Association scrapbook, 1896-1919, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

The Board of Managers of Touro Infirmary appointed Frances Quaife (see fig. 2.5), a graduate of the New York Hospital Training School for Nurses in New York, New York, as the director of the school and superintendent of the hospital. After Quaife graduated from nursing school, she went to Montreal, Canada to work as the assistant superintendent of the Montreal General Hospital School of Nursing. She gained valuable experience in school administration that appealed to the Board of Managers of Touro Infirmary. They viewed her as a strict disciplinarian and efficient manager, admirable traits required by a leader of a nursing school.

She arrived in New Orleans just in time to approve the admissions requirements that copied those of the Charity Hospital School of Nursing, review all applications, and design the school uniform patterned after the style worn by students at her alma mater. Although the Touro Infirmary School of Nursing primarily catered to the community of white upper and middle class Jews, Quaife and her staff welcomed white women from any religious affiliation and social class to apply for admission.⁷¹

⁷¹ “Regulations for Nurses Attached to Touro Infirmary,” Touro Infirmary School of Nursing Alumnae Association scrapbook, 1896-1919, Touro Infirmary Archives, New Orleans, LA; Kahn, “From the Archives: Not Just a Job-A-Calling,” 24-25. In 1889, Frances Quaife graduated from the New York Hospital Training School for Nurses.



Figure 2.5. Frances Quaife, the first director of the Touro Infirmary School of Nursing. Her white dress indicates she holds the position of the director of the school. She wears a rose on the front of her dress as a fashion accessory.

Source: Touro Infirmary School of Nursing, *Ninety-Eight.Six* 1929 yearbook, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

In 1905, the Board of Managers of Touro Infirmary gave Frances Quaife permission to implement an internal reform of the nursing school. The reform coincided with an expansion of the hospital and an ever increasing patient load. She extended the curriculum to include an additional year of training. The extension gave New Orleans another nursing school with a three-year professional training program in place. While the extension meant the students in the class of 1906 faced one more year of school, it also kept Touro Infirmary School of Nursing in the competition for qualified applicants. The mission of the school focused on the achievement of a professional nursing education, not the use of students as “a source of cheap labor.”⁷²

In February 1906, Frances Quaife quit her positions with Touro Infirmary and the nursing school. Submitted in a sealed envelope and opened by the president, her resignation came as a bit of a shock to the Board of Managers of Touro Infirmary. The hospital staff and nursing school students submitted petitions and letters to the board in an attempt to gather support for her retention. Her quiet but firm style of leadership had proven instrumental for the development of the Touro Infirmary School of Nursing. Regardless of the undisclosed reasons that inspired her to leave, she made an indelible mark on the nursing community in New Orleans. On March 7, 1906, the board accepted her resignation to take effect on the first day of April. In June 1907, Quaife sailed to Europe for three months then returned to her home state of New York. She never came back to New Orleans.⁷³

⁷² Claudia Jung, “TISON: From Beginning to End,” 12, Study File Touro Infirmary History, Folder Touro Infirmary Nursing School-History-Uniforms-Caps-etc., Touro Infirmary Archives, New Orleans, LA. In 1905, a larger brick, and more fireproof, structure replaced the old wooden hospital building.

⁷³ “Board of Managers Minutes, 1902-1915,” March 7, 1906, 198-199, Touro Infirmary Archives, New Orleans, LA; “Official Reports,” *American Journal of Nursing* 7, no. 12 (September 1907): 986, <http://www.jstor.org/stable/3402779> (accessed May 1, 2013).

In 1915, a three-story building designated for the Touro Infirmary School of Nursing (see fig. 2.6) opened on Coliseum Street behind the hospital. As early as 1904, students had lived in a two-story house on the corner of Chestnut and Aline streets while attending classes at the hospital. The new school building consisted of classroom spaces on the first floor and dormitories on the upper floors complete with enclosed sleeping porches. The first floor also included a library and rooms for social activities. The Board of Managers of Touro Infirmary dedicated the building in honor of Frances Quaife, the first director of the school. In 1925, the Quaife Building expanded further with a three-story similar addition that provided more classrooms and dormitories to accommodate increasing numbers of enrolled students.⁷⁴

⁷⁴ “The History of Touro Infirmary School of Nursing,” Box Scrapbooks, Calendars, the Blue Band, Pamphlets, Flyers, Folder TISON the Blue Band, TISON Collection, Touro Infirmary Archives, New Orleans, LA. On December 5, 1912, Frances Quaife died at her home in Poughkeepsie, New York.

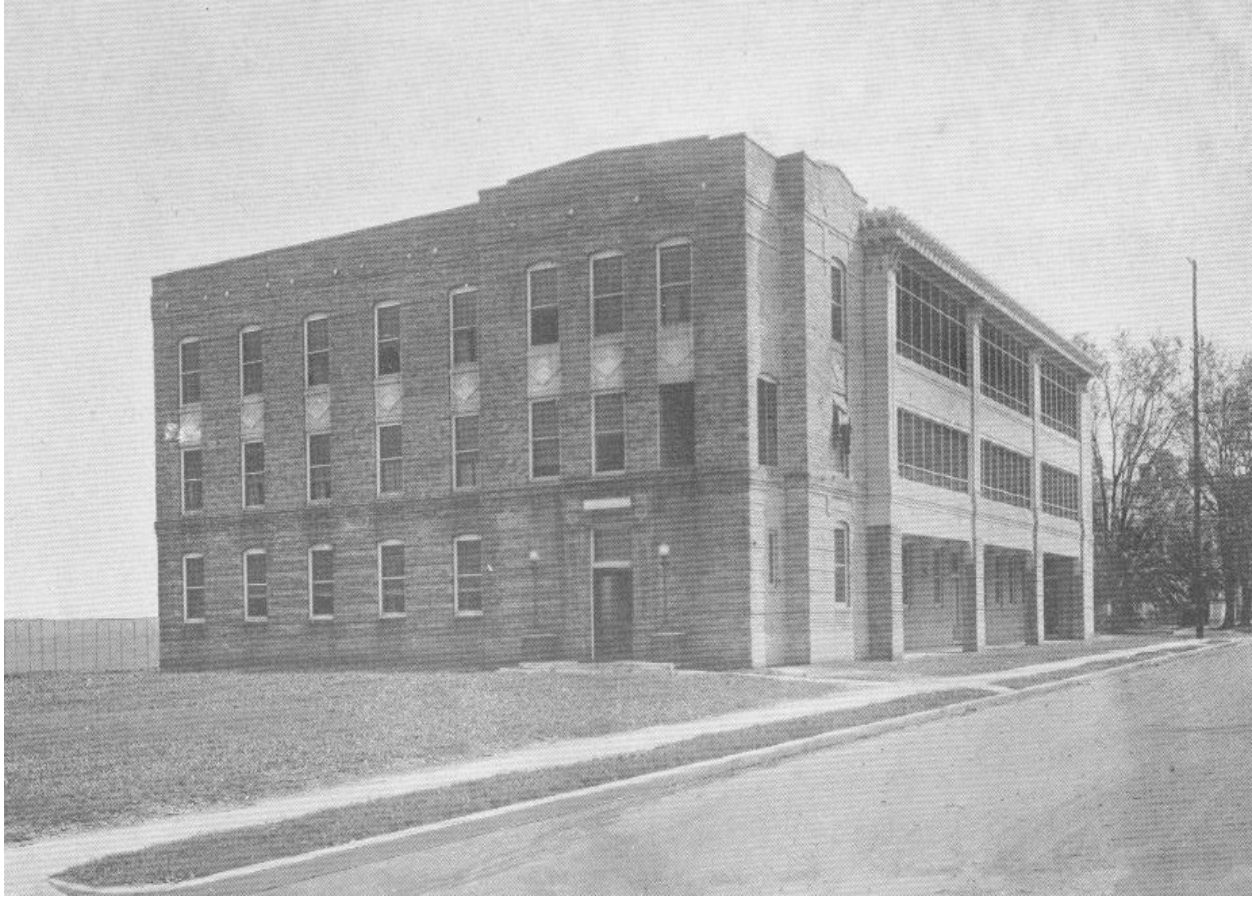


Figure 2.6. The Quai Building with enclosed sleeping porches on the second and third floors. *Source:* “Views of the New Nurses’ Home of the Touro Infirmary Opened on Saturday, January 30, 1915,” Annual Reports of the Touro Infirmary and Hebrew Benevolent Association, 1911-1916, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

In the 1940s, the students at Touro Infirmary School of Nursing witnessed two significant changes at the school. First, the school staff permitted two Chinese students, Doris Chinn Lai and Elizabeth King Wong, to enroll in 1942 and 1945 respectively. The staff decision to accept their applications for admission broke a racial barrier directed at non-white students enrolled in traditionally white southern nursing schools. According to the Board of Managers of Touro Infirmary, since China allied with the United States during World War II, the admission of two Chinese women appeared to pose no security threats to the hospital or the school.⁷⁵ The second

⁷⁵ “Touro Infirmary School of Nursing Application for Admission,” Doris Chinn Lai, September 1942, and Elizabeth King Wong, April 1945, Human Resources Department, Touro Infirmary, New Orleans, LA.

change came in 1944 when the school began a partnership with Tulane University that enabled the nursing students to earn college credits for part-time study. Students enrolled in courses either taught at Touro Infirmary or on the campus of Tulane University with visiting professors from the coordinate female Newcomb College. In contrast to the partnership between the Charity Hospital School of Nursing and Louisiana State University, the leadership of Tulane University elected not establish a BSN program for students enrolled in the Touro Infirmary School of Nursing.⁷⁶

Nevertheless, the establishment of three nursing schools for white women failed to make a difference in the quality of medical care for the black population in New Orleans. After Reconstruction, Charity Hospital served as the only medical facility for blacks who sought inpatient treatment. Since the hospital did not employ any black doctors or nurses, many black patients suffered indignation and discrimination from the white staff. Racial segregation prioritized the care of white patients before the treatment of blacks who were housed in a few cramped wards on the bottom floor of the hospital.⁷⁷

In November 1889, a feasible solution for some of the problems related to the availability of professional medical services for blacks appeared in the city. The Board of Trustees of the New Orleans University opened the Medical College to train male and female black physicians on the campus located on Saint Charles Avenue in the Uptown neighborhood. The staff of the medical school required applicants to be at least 18 years old, possess a good moral character,

⁷⁶ "300 Nurses Going to College," Touro Infirmary School of Nursing Alumnae Association scrapbook, 1940-1944, TISON Collection, Touro Infirmary Archives, New Orleans, LA. Newcomb College was the women's coordinate college of Tulane University. In the late 1960s, the partnership ended between Touro Infirmary School of Nursing and Tulane University.

⁷⁷ Thomas J. Ward, Jr. *Black Physicians in the Jim Crow South* (Fayetteville: University of Arkansas Press, 11), 2003.

and pass a battery of examinations in various academic subjects. The three-year curriculum of medical education offered courses in nursing for the female students. The school catalog advertised the first two years of courses as “nonprofessional” followed by a final year of “professional” nursing that included a special class in midwifery.⁷⁸

The few nursing courses offered at the Medical College inspired the upper and middle class women of the local Phyllis Wheatley Club to establish a school for black nurses on the campus of the New Orleans University. An endowment from the club financed the construction of the Phyllis Wheatley Sanitarium and Training School for Negro Nurses. In October 1896, the nursing school and a small hospital for women comprised of seven inpatient beds opened on the second floor of the Medical College. However, in October 1897, a lack of funds forced the club to turn over the entire facility to the Board of Trustees of the New Orleans University. The board kept the name of the school in honor of the founding club and appointed Dr. Avis Maria Keith, who completed her medical education in Vermont, as the superintendent of nurses at the hospital and director of the school. Dr. Keith created the admission requirements for women over the age of eighteen who possessed an education taught in English. In 1898, the five women (see fig. 2.7) who had enrolled in the two-year training program graduated as the first class of the nursing school. The school staff focused on the professional training of black women in nursing, regardless of social class or religious affiliation.⁷⁹

⁷⁸ “Medical Department,” Annual Catalogue for the Sixteenth Year of New Orleans University, 1888-1889, New Orleans University, Box 1 Annual Catalogue, Folder NOU Annual Catalog, Flint-Goodridge Hospital Collection, Special Collections and Archives, Dillard University, Will W. Alexander Library, New Orleans, LA. Established in 1873 by the Methodist Episcopal Church, the New Orleans University provided a higher education for black students.

⁷⁹ “The History of Flint-Goodridge Hospital of Dillard University,” 533 (accessed January 14, 2010); Desha P. Rhodes, *A History of Flint Medical College, 1889-1911* (Lincoln, NE: iUniverse Incorporated, 2007), 13-14.



Figure 2.7. The Phyllis Wheatley Sanitarium and Training School for Negro Nurses class of 1898. The students are wearing the original gathered style of the nurse's cap. The man in the photograph is not a student at the school.

Source: New Orleans University, Department of Medicine and Surgery Catalogue of 1896-97, Announcements for 97-98, New Orleans University, Box 1 Annual Catalogue, Folder NOU Annual Catalog, Flint-Goodridge Hospital Collection, Special Collections and Archives, Dillard University, Will W. Alexander Library, New Orleans, LA.

By 1900, financial problems related to the rising costs of hospital maintenance threatened the stability of the Medical College and the Phyllis Wheatley Sanitarium and Training School for Negro Nurses. The schools faced certain closure until two acts of philanthropy, coordinated by Bishop William Mallalieu of the Methodist Episcopal Church in Boston, Massachusetts, saved the institutions from bankruptcy. The efforts of Bishop Mallalieu to protect church interests affiliated with black professional medical services in New Orleans inspired John D. Flint, a white business executive from Fall River, Massachusetts, to give \$10,000 to the Board of Trustees of

the New Orleans University. In May 1901, the board used the endowment to purchase a three-story building on the corner of Canal and South Robertson streets in the Central Business District for the new Flint Medical College.⁸⁰

The second act of philanthropy came from a white woman. Caroline Mudge, the widow of a wealthy Methodist minister from Boston, Massachusetts, knew Bishop Mallalieu. She initially gave an undisclosed amount of money to the Board of Trustees of the New Orleans University. The board used the money to purchase a building on a lot adjacent to the Flint Medical College. Mudge increased the amount to a total endowment of \$25,000 which the board used to refurbish the building as a hospital for women and a nursing school. In 1901, the board dedicated the new hospital and school for nurses (see fig. 2.8) in honor of Sarah Goodridge, the mother of Caroline Mudge.⁸¹

⁸⁰ New Orleans University Flint Medical College Calendar, 1902-1903, Flint-Goodridge Hospital Collection, Will W. Alexander Library, New Orleans, LA.

⁸¹ “The History of Flint-Goodridge Hospital of Dillard University,” (accessed January 14, 2010).



Figure 2.8. Sarah Goodridge Hospital and Nurse Training School.

Source: New Orleans University Calendar, 1902-1903, New Orleans University, Box 1 Annual Catalogue, Folder NOU Annual Catalog, Flint-Goodridge Hospital Collection, Special Collections and Archives, Dillard University, Will W. Alexander Library, New Orleans, LA.

To complement the new school building, the staff of the Sarah Goodridge Hospital and Nurse Training School decided to revise the curriculum and increase the age of admission to 20 years. The regular professional two-year training program included students who opted to board at the school. They received a diploma in nursing upon graduation. However, the staff implemented a new program for students who did not reside on campus. This abbreviated program included courses in midwifery for students who demonstrated an interest in nursing, but

for whatever reason, decided not to enroll in the two-year program. Instead of a diploma, students graduated with a certificate in nursing after completion of one year of training.⁸²

The abbreviated training curriculum at the Sarah Goodridge Hospital and Nurse Training School gave New Orleans its first professionally trained practical nurses. Students who completed a shorter curriculum focused on specialization in just one field of nursing. For example, practical nurses trained as midwives specialized in prenatal care. Any additional medical needs outside the scope of pregnancy and childbirth required further assistance from either a regular trained nurse or a physician. This division in professional nursing education, exemplified by schools such as the Sarah Goodridge Hospital and Nurse Training School, eventually led to the separate designations and duties between Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) in the state of Louisiana.⁸³

In 1911, despite the medical services provided for the black community, the Flint Medical College closed for good due to a lack of financial support required to maintain an active medical school. The Board of Trustees of the New Orleans University merged the medical school building with the Sarah Goodridge Hospital and Nurse Training School to form the Flint-Goodridge Hospital. The nursing school retained its name until the cessation of medical services for women at the Sarah Goodridge Hospital. In December 1914, the board elected to convert the hospital building into dormitory spaces for the nursing school students. In 1916, the school

⁸² New Orleans University Flint Medical College Calendar, 1902-1903, Flint-Goodridge Hospital Collection, Will W. Alexander Library, New Orleans, LA.

⁸³ *Louisiana Administrative Code*, Title 46 Professional and Occupational Standards, Part XLVII. Nurses, Subpart 2. Registered Nurses, <http://www.lsbns.state.la.us/Portals/1/Documents/rules/fullrules.pdf> (accessed September 16, 2013); *Louisiana Administrative Code* Title 46 Professional and Occupational Standards, Part XLVII. Nurses, Subpart 1. Practical Nurses, <http://www.doa.louisiana.gov/osr/LAC/lac46.htm> (accessed September 23, 2013).

became the Flint-Goodridge Nurse Training School when it moved into the remodeled 50-bed Flint-Goodridge Hospital on Louisiana Avenue in the Central City neighborhood.⁸⁴

In 1930, the New Orleans University and Straight College merged to form Dillard University, a four-year liberal arts institution on Gentilly Boulevard in the Gentilly neighborhood. Grants totaling \$1.75 million from the Rockefeller Fund, the Julius Rosenwald Fund, the Congregational Church, and the Methodist Episcopal Church, along with an additional \$250,000 donated by the people of New Orleans, financed the construction of the new black university. In 1932, the Flint-Goodridge Hospital, minus the nursing school, moved to a building on the university campus. The Board of Trustees of Dillard University elected to keep the Flint-Goodridge Nurse Training School open in the old hospital building on Louisiana Avenue until the last class graduated in 1934.⁸⁵

The closure of the Flint-Goodridge Nurse Training School placed an undue burden on the black population already in dire need of more medical professionals. In 1942, the Board of Trustees at Dillard University remedied the situation with the establishment of a baccalaureate degree program in nursing (BSN), the first for black women in the state. Albert Dent, president of the board, appointed Rita Miller, a graduate of the Mercy Hospital School of Nursing in Philadelphia, Pennsylvania, to design the five-year curriculum. Dent said of the degree for

⁸⁴ "Flint-Goodridge Hospital Nurse Training School, Session 1916-1917," New Orleans University Catalogues Vol. 3, 1912-1922, 39-44, Flint-Goodridge Hospital Collection, Will W. Alexander Library, New Orleans, LA.

⁸⁵ "The Story of Flint-Goodridge Hospital and Why It Needs Your Support," Folder Brochures and Programs General File, Flint-Goodridge Hospital Collection, Will W. Alexander Library, New Orleans, LA.

nurses, “A nursing program in Dillard University should develop better persons as well as better nurses; persons who will provide leadership in an increasing important profession.”⁸⁶

After the establishment of nursing schools at Touro Infirmary and Flint-Goodridge Hospital, private nonprofit hospitals founded by Jews and blacks, another school opened at a private Catholic hospital. The Sisters of Charity of Saint Vincent de Paul, the same order of nuns who proved so instrumental in the founding of the Charity Hospital School of Nursing, owned and operated the Hotel Dieu hospital on Perdido Street in the Hospital District. In the spring of 1899, the nuns and the staff physicians at Hotel Dieu established the private Hotel Dieu School of Nursing as an alternative to the state-funded school at Charity Hospital. Sister Raphael assumed the positions of the first director of the school and superintendent of the hospital. She copied the admissions requirements from the Charity Hospital School of Nursing. Physicians from Hotel Dieu volunteered as instructors and worked with the nuns to design the first three-year curriculum for a nursing school in Louisiana at that time. In 1902, a class of seven students (see fig. 2.9) graduated from the school in a ceremony at the Tulane Theater on the campus of Tulane University. Hotel Dieu School of Nursing appealed to Catholic women from all social classes. The first graduating class included the daughter of a wealthy sugar planter, the granddaughter of a judge, and an Irish immigrant who was the niece of a priest.⁸⁷

⁸⁶ Dillard University School of Nursing, “History,” http://www.dillard.edu/index.php?option=com_content&view=article&id=600&Itemid=533 (accessed August 2, 2013). The degree program consisted of two years of general college courses followed by three years of nursing school. In 1945, four advanced students graduated from the BSN program at Dillard University.

⁸⁷ Sister Aloysius Williams, “The History of the Hotel Dieu School of Nursing, New Orleans, Louisiana, 1899-1953,” (Master’s thesis, Catholic University of America, 1953), 10-12. From 1946 to 1959, Sister Aloysius served as the director of the Hotel Dieu School of Nursing.



Figure 2.9. Hotel Dieu School of Nursing class of 1902. The graduates are wearing the original gathered style of the nurse's cap.

Source: Hotel Dieu School of Nursing, *The Jubilarian of the Hotel Dieu School of Nursing* 1927 yearbook, Louisiana Division Special Collections, New Orleans Public Library, New Orleans, LA.

The nursing students lived in a small building on the premises at the intersection of Tulane Avenue and South Johnson Street in the Hospital District. The building consisted of a dormitory and a reception room that served as the classroom. As the class sizes increased, the nuns at Hotel Dieu allotted a former patient room in the hospital for use as a larger classroom. After the classes grew too big for the modest spaces, the nuns approved the construction of a three-story building for the school. Completed in 1915, the building featured dormitories and a dining room for the students, classrooms for the school, the main hospital kitchen, and living

spaces for the Sisters. In 1921, a fourth-floor addition added a library and more dormitory spaces for the students.⁸⁸

The staff and students occupied the four-story building until they moved into the six-story Laboure Hall on South Prieur Street adjacent to the hospital. Erected in 1942, the new building boasted a modern laboratory, larger classrooms, and more square feet per room for dormitory spaces. The first floor of the building featured a large reception hall that doubled as a ballroom for student and staff social functions. The Sisters dedicated the building to Saint Catherine Laboure, a fellow Sister of Charity of Saint Vincent de Paul, who was canonized in 1947.⁸⁹

In the late 1940s, further changes came to the Hotel Dieu School of Nursing. An article in the *Times-Picayune* announced the accreditation of the school, and that of the Touro Infirmary School of Nursing, from the National League of Nursing Education. This achievement came after an inspection conducted by an appointed committee to ensure that schools met the current standards of nursing education. The following year, the Hotel Dieu School of Nursing set a class record with 67 students at the senior level. According to an article in the *Times-Picayune*, 14 students from New Orleans and 53 students from other locations in Louisiana, several southern states, and Puerto Rico comprised the senior class.⁹⁰

The nuns at Hotel Dieu celebrated the fiftieth anniversary of the school with the most significant reform to occur in nursing education in New Orleans up to that point. In May 1949, a series of articles published in the local newspapers announced the decision to turn the Hotel Dieu

⁸⁸ Williams, "The History of the Hotel Dieu School of Nursing," 13, 25-26.

⁸⁹ Williams, "The History of the Hotel Dieu School of Nursing," 39. Saint Catherine Laboure designed the Miraculous Medal of the Blessed Virgin worn by many Catholics.

⁹⁰ News/Opinion, "Hotel Dieu Nursing School Approved," *Times-Picayune* (New Orleans), June 20, 1948; News/Opinion, "Hotel Dieu Nurse Class Sets Record," *Times-Picayune* (New Orleans), January 29, 1949.

School of Nursing into the first co-educational nursing school in the city and the state. Sister Aloysius, the director of the school, told the press that applications from men would be accepted after August 1, 1949. When questioned about the professional training of male nurses at the school, she simply stated, “The men will follow the same curriculum as the women students, except for classes in gynecology and obstetrics. They will be assigned to duty in halls devoted to male patients.”⁹¹

During the Progressive era, five nursing schools successfully established for women in New Orleans. However, another attempt to open a second nursing school for black women in the city occurred during World War I. In 1908, Dr. James T. Newman, a respected physician from Flint Medical College, and a group of black Baptist ministers organized the Providence Sanitarium. In 1909, the hospital opened in a rented building on the corner of Canal and Howard streets in the Central Business District. In the nursing department of the hospital, the physicians trained small groups of black women to become professional nurses.⁹² An article in the *Times-Picayune* described a graduation ceremony for black nurses from the nursing department at the Providence Sanitarium. Dr. R. A. Vance from Charity Hospital served as the guest speaker for the ceremony conducted at the First Street United Methodist Church on the corner of Dryades and First streets in the Central City neighborhood.⁹³

⁹¹ News/Opinion, “Hotel Dieu Nursing School to Be Co-ed,” *State Times* (Baton Rouge), May 5, 1949; News/Opinion, “Hotel Dieu Nursing School to Open Doors to Men Students in August,” *Times-Picayune* (New Orleans), May 6, 1949.

⁹² News/Opinion, “Negro Hospitals; Medical Schools,” *Daily Picayune* (New Orleans), December 30, 1913. Not to be confused with Howard Avenue, Howard Street is now LaSalle Street.

⁹³ News/Opinion, “Negro Nurses Graduate,” *Times-Picayune* (New Orleans), June 4, 1915. Dryades Street is currently Oretha Castle Haley Boulevard.

In March 1917, members of the Moose Lodge purchased the building that had housed the Providence Sanitarium. Left without a hospital, Dr. Newman launched a campaign through the ministry of the Saint Mark's United Methodist Church to raise money to buy a lot on the corner of South Robertson and Delachaise streets in the Central City neighborhood. He needed \$10,000 to pay for the construction of a proposed new Providence Sanitarium and Training School for Negro Nurses. The ministry received a stream of donations after the *Times-Picayune* published the first article about the campaign. In November 1917, the newspaper staff volunteered to serve as the central point for contributions and agreed to publish names and dollar amounts after they received consent from the donors.⁹⁴

Construction on the Providence Sanitarium and Training School for Negro Nurses began after the receipt of \$5,000. Dr. Newman agreed to pay the balance to the builders before he opened the doors for both facilities on January 1, 1920. However, financial strain in the wake of the constant demand for donations to the American Red Cross and Liberty Bonds during World War I took a toll on his campaign. With the grand opening only six days away, the *Times-Picayune* published an article that pleaded for white business executives to contribute the remaining \$5,000. After the article failed to generate the required funds, Dr. Newman and the ministry of Saint Mark's United Methodist Church decided to abandon the plans for the Providence Sanitarium and Training School for Negro Nurses. Regardless of the public support, reasons that originated from wider financial problems in New Orleans led to the failure of the second attempt to establish a nursing school for black women.⁹⁵

⁹⁴ News/Opinion, "Need \$5000 for Sanitarium," *Times-Picayune* (New Orleans), April 4, 1917; News/Opinion, "Fund for Negro Hospital Here Receives Start," *Times-Picayune* (New Orleans), November 3, 1917.

⁹⁵ News/Opinion, "Negro Hospital Needs White Aid," *Times-Picayune* (New Orleans), December 26, 1919.

During the economic boom of the 1920s, two more nursing schools for white women appeared in New Orleans. In 1924, the Sisters of Mercy opened the private nonprofit Mercy Hospital on the corner of Annunciation and Thalia streets in the Lower Garden District. The hospital catered to the poor in the city. Leona (Saulet) Soniat, the wife of a wealthy sugar planter, had purchased the former school building of her alma mater, the Saint Simeon's Select Seminary for Young Ladies, and donated it to the Sisters of Mercy for use as a hospital. The following year, these nuns established the Mercy Hospital School of Nursing. Sister Evangelista served as the first director of the nursing school. She copied the admissions requirements and three-year curricula from other local Catholic nursing schools. After a one-year professional training program, the Sisters celebrated the graduation of the first class which consisted of one advanced student, Cora Biven Busey. She had completed two years of training at another school before she enrolled in the Mercy Hospital School of Nursing. By the late 1920s, graduating classes increased to more than ten students per class (see fig. 2.10). The Mercy Hospital School of Nursing became the third Catholic nursing school, after the Charity Hospital School of Nursing and the Hotel Dieu School of Nursing, to open for white women in New Orleans.⁹⁶

⁹⁶ Carolyn Kolb, "Acts of Mercy: A Hospital's Lifecycle," *New Orleans Magazine*, <http://www.myneworleans.com/New-Orleans-Magazine/July-2010/Acts-of-Mercy> (accessed August 30, 2014); News/Opinion, "St. Simeon's Girls Return to Old School to Sew," *Times-Picayune* (New Orleans), November 1, 1925; News/Opinion, "Big Graduation Program Slated for One Student," *Times-Picayune* (New Orleans), May 25, 1926. Leona Saulet married Leonce Soniat. The St. Simeon's Select Seminary for Young Ladies occupied the old Saulet plantation house that belonged to Leona Soniat's great-grandfather.



Figure 2.10. Mercy Hospital School of Nursing class of 1929. The graduates are wearing the revised style of the nurse's cap.

Source: Photograph, *Times-Picayune* (New Orleans), May 20, 1929, "America's Historical Newspapers," <http://infoweb.newsbank.com.ezproxy.uno.edu> (accessed August 14, 2014).

In 1926, the Baptist Community Ministries opened the Baptist Hospital on the corner of South Claiborne and Napoleon avenues in the Uptown neighborhood. The inspiration came from Clementine Kelly, a local Baptist missionary who introduced a plan for the hospital to the Baptist Community Ministries after World War I. In 1927, the Baptist Community Ministries established the Baptist Hospital School of Nursing with Harriet L. Mather, a graduate of Christ Hospital School of Nursing in Cincinnati, Ohio, appointed as the director of the school and superintendent of the hospital. She designed a three-year curriculum for the nursing school. In 1929, the school staff celebrated the graduation of 28 advanced students in the first class. They had worked at the hospital since the founding and needed only two years of professional training before graduation. The school appealed to white women of the Baptist faith.⁹⁷

⁹⁷ Baptist Community Ministries, "History of BCM," <http://www.bcm.org/history-0> (accessed August 14, 2014); News/Opinion, "28 Nurses Graduate at Baptist Hospital," *Times-Picayune* (New Orleans), May 29, 1929.



Figure 2.11. Baptist Hospital School of Nursing class of 1931. The graduates are wearing the revised style of the nurse's cap.

Source: Photograph, *Times-Picayune* (New Orleans), June 3, 1931, "America's Historical Newspapers," <http://infoweb.newsbank.com.ezproxy.uno.edu> (accessed August 14, 2014).

In 1943, the Baptist Community Ministries named the nursing school after the first director for her exceptional abilities in management and organization. The Harriet L. Mather School of Nursing at the Baptist Hospital continued to operate with Mather as the director. She held the honor of the only director to have a nursing school in the city named for her while still alive. In 1948, Mather authorized the affiliation of the school with the Louisiana College, a four-year liberal arts institution in Pineville. She allowed visiting students from the baccalaureate in nursing (BSN) program at the college to receive practical training at her namesake school in New Orleans after a failed affiliation with the Louisiana Baptist Hospital in Alexandria. The

reverse privilege to earn a BSN through the Louisiana College did not extend to the regular students enrolled in the nursing school.⁹⁸

The establishment of seven nursing schools in New Orleans contributed to the process of the professionalization of the occupation at the national and local levels. Enrollment in nursing schools gave both black and white women from different religious affiliations the opportunity to leave their homes, attend institutions of higher education, and learn a specific set of skills. After graduation, nurses entered the labor force as professionally trained women who were prepared to make a positive impact on the quality of medical services in the private and public sectors.

⁹⁸ News/Opinion, "These Women Are Winter Residents: Service Has Been Their By-Word," *St. Petersburg Times*, June 26, 1965; News/Opinion, "Pineville Nurses Shifted to Baptist," *Times-Picayune* (New Orleans), November 20, 1948. In 1958, Harriet L. Mather retired from nursing and moved to Florida with her sisters.

Chapter 3

National, State, and Local: Professional Associations for Nurses from New Orleans

After the establishment of several professional schools for women in the United States, nursing leaders discovered a host of problems related to an apparent lack of standardization. Gross disparities in the length of the curricula at the schools ranged from as short as six months to as long as three years. Admissions processes and course offerings varied significantly from school to school. No measures for state registration existed to certify and license nurses after graduation. Racial segregation in the national nursing community fostered perceptions of inferiority in the professional training of black nurses. To address and solve these issues, nursing leaders spearheaded the organization of local, state, and national associations. The impetus behind the associations came from the desire to standardize different aspects of nursing and elevate the status of the profession to a level that maintained the public trust.

In 1893, the American Society of Superintendents of Training Schools for Nurses organized as the first national nursing association in the United States. Eighteen nursing school superintendents met that year at the World's Fair and Columbian Exposition in Chicago, Illinois, as part of the International Congress of Charities, Correction, and Philanthropy. The conference featured several presentations from prominent nursing leaders who spoke about the current state of the occupation and issues related to nursing schools. The majority of their presentations detailed a lack of consistency in the professional training of nurses. They also talked about the need to establish a national uniform training program consistent throughout the schools.⁹⁹

⁹⁹ National League for Nursing, "About the NLN," <http://dev.nln.org/aboutnln/info-history.htm> (accessed September 9, 2013).

Another major concern voiced at the conference focused on the certification and licensure of nurses. Nursing leaders wanted to give hospital staffs a legal way to differentiate between nursing school graduates and untrained volunteers. Hospital staffs began to show a preference for nursing school graduates, since they generally exhibited a more thorough knowledge of patient care and treatment methods. Malpractice related to the inexperience of volunteer nurses posed a great threat to public health and the reputation of the hospitals. The American Society of Superintendents of Training Schools for Nurses urged its peers to encourage nurses to organize state associations to lobby for state legislation for the certification and licensure of nursing school graduates. Future state nursing associations would hold the responsibility of the registration process that included the administration of exams and issuance of licenses for professionally trained nurses to practice in their respective states.¹⁰⁰

On September 2, 1896, the Nurses' Associated Alumnae organized to supervise the progress of registration legislation for state nursing associations in North America. A contingent of fewer than twenty American and Canadian nursing alumnae from ten schools comprised the original group. They held the first meeting of the association at the Manhattan Beach Hotel in Brooklyn, New York. None of the attendees possessed the designation of a registered nurse (RN), because no laws existed at that time to certify and license nurses.¹⁰¹

Between February 11 and 12, 1897, the Nurses' Associated Alumnae wrote and adopted an official constitution and bylaws. Four years later, the association filed an application for incorporation to the state government of New York. Laws pertaining to the act of incorporation

¹⁰⁰ Karen J. Egenes, "History of Nursing," Jones and Bartlett Publishers, http://www.jblearning.com/samples/0763752258_CH01_ROUX.pdf (accessed September 7, 2013).

¹⁰¹ American Nurses' Association, "ANA History," <http://nursingworld.org/FunctionalMenuCategories/AboutANA/History?css=print> (accessed May 6, 2013). Nursing World is the official website of the ANA.

forced the association to drop their professional affiliation with the Canadian nurses. Further, the association restricted membership to white female nurses from the United States.¹⁰²

In October 1900, the Nurses' Associated Alumnae began the publication of the *American Journal of Nursing* as a permanent medium to disseminate information to the national nursing community. The journal gave the new profession a degree of credibility and complemented the variety of medical journals already in print. While such journals often featured articles about nursing, the association wanted a monthly periodical that specifically addressed the professional and personal needs of nurses. Nursing leaders wrote and edited all the material for publication in the journal. Editorials addressed a variety of topics related to professional nursing such as the latest advancements in healthcare and available courses for postgraduate education. The journal also included announcements for nursing conferences, articles about American Red Cross activities, and items of a more personal nature such as obituaries for respected nursing leaders.¹⁰³

On the local level, nurses organized alumnae associations attached to host nursing schools. These associations consisted of graduates who wanted to maintain social and business connections with the schools. Members scheduled meetings, elected officers, and enacted bylaws for standards of conduct. Graduates who joined the associations enjoyed opportunities to network with past and present classmates and faculty on a regular basis. The associations

¹⁰² American Nurses' Association, "In Review," <http://nursingworld.org/FunctionalMenuCategories/AboutANA/History/BasicHistoricalReview.pdf> (accessed May 6, 2013).

¹⁰³ "The Editor," *American Journal of Nursing* 1, no. 1 (October 1900): 64-66, <http://www.jstor.org/stable/3401659> (accessed June 3, 2013). The journal is the oldest continuous publication about the nursing profession in the United States. This chapter relies heavily on the journal as the primary source of information for professional nursing associations on all political levels.

fostered relationships for business and pleasure as alumnae also organized social events, published newsletters, and collected dues to raise money for the schools.¹⁰⁴

In New Orleans, both the Charity Hospital School of Nursing Alumnae Association and the Touro Infirmary School of Nursing Alumnae Association organized within a few years of the establishment of their respective schools. The directors of the schools led the associations as the first presidents and advisors. Alumnae associations initially served as registries for nurses who worked in private duty and wanted to maintain contacts with fellow alumnae at the local hospitals. For a short time, these associations filled the need of a professional nursing organization on the local level. However, as the national Nurses' Associated Alumnae pushed for the registration of nursing school graduates, the goals of the associations in New Orleans shifted more to the state level. The leaders and members of the local associations became an integral force in state organization and nursing registration.¹⁰⁵

In 1901, state registration for nurses remained the top priority for the Nurses' Associated Alumnae. Alumnae associations in five states had reached out to their fellow nurses in various hospitals and organized conventions to draft legislation for registration committees. The nurses in Kentucky became the first group to propose a bill to the state legislature, even though it suffered a unanimous defeat on the floor. The leaders of the Nurses' Associated Alumnae emphasized one critical point to the state associations that proposed any bills for registration:

¹⁰⁴ Frances L. A. Powell, "For Alumnae Associations: These Three Purposes," *American Journal of Nursing* 40, no. 10 (October 1940): 1102-1106, <http://www.jstor.org/stable/3414979> (accessed September 15, 2013).

¹⁰⁵ Sister Agnes, "Report of Directress," December 15, 1897, Box Charity Hospital School of Nursing Coll. 220-6-14, Folder Charity Hospital School of Nursing Coll. 220-6, Charity Hospital School of Nursing Collection (MSS 220), Earl K. Long Library, New Orleans, LA; Frances Quaife, "Alumnae Association Touro Infirmary Training School for Nurses," April 10, 1901, Box Alumnae Association Documents and Correspondence, Folder 1901-1926 Records Touro Infirmary Alumnae 1901, TISON Collection Series IV, Touro Infirmary Archives, New Orleans, LA.

eligible nurses had to be graduates of professional schools. An article in the *American Journal of Nursing* stated, “Our standard must be clearly defined before we can advance a step further, as ‘What do you mean by a trained nurse?’ will be the first question with which we shall be confronted when the bill for registration is presented to the Legislatures of the several States. A false step at this point in our history may mean many years lost to progress.”¹⁰⁶ The members of the state associations had to convince the state legislators that graduation from nursing schools justified the definition of professionally trained nurses.

On March 16, 1904, five prominent nurses in New Orleans met at the home of Ella Comford, a graduate of Charity Hospital School of Nursing, to organize a state nursing association. Frances Quaife, director of the Touro Infirmary School of Nursing; Katherine Dent (see fig. 3.1), a graduate of the New Orleans Sanitarium and Training School for Nurses; L. B. Walsch, another graduate of the Charity Hospital School of Nursing; L. May Bushey, a graduate of the Cleveland Training School for Nurses in Cleveland, Ohio; and M. Mackenzie, a graduate of the Hotel Dieu School of Nursing, formed the nucleus of the Louisiana State Nurses’ Association (LSNA). The new association marked the first official collaboration among nurses from the four schools for white women in New Orleans. The nurses elected Quaife as the president and Dent as the vice president. The LSNA proposed to advance the new profession through state registration, improved standards of patient care, and the development of relations with other nursing associations both foreign and domestic. Segregation prevented any black nurses in New Orleans, including those affiliated with the Sarah Goodridge Hospital and Nurse

¹⁰⁶ “State Registration,” *American Journal of Nursing* 2, no. 3 (December 1901): 238-240, <http://www.jstor.org/stable/3402530> (accessed August 20, 2013).

Training School, from joining the LSNA. Black nurses had to wait a few more years before a nursing association organized to meet their professional and personal needs.¹⁰⁷

¹⁰⁷ “Official Reports of Societies,” *American Journal of Nursing* 4, no. 8 (May 1904): 641-642, <http://www.jstor.org/stable/3401759> (accessed April 24, 2013); Louisiana State Nurses Association, “LSNA Background and History,” <http://www.lsna.org/history.html> (accessed April 10, 2013).



Figure 3.1. Katherine Dent, first vice president of the Louisiana State Nurses' Association. The photograph accompanied her obituary.

Source: Photograph, *Times-Picayune* (New Orleans), June 20, 1918, "America's Historical Newspapers," <http://infoweb.newsbank.com.ezproxy.uno.edu> (accessed June 1, 2013).

One of the first tasks executed by the LSNA turned out to be a failure. Soon after organization in March 1904, the LSNA submitted a bill to the Louisiana State Legislature for the establishment of a board of nursing examiners to certify and license nursing school graduates. The legislature promptly disapproved the bill, because the state constitution prohibited women from holding any positions classified as state offices. Although the LSNA sought legal advice before the submission of the bill, the ruling did not discourage the leaders of the fledgling association. The LSNA boasted support from some of the most respected people in the state, members of the Louisiana Medical Society, and prominent clubwomen. Surprisingly, some opposition to the bill came from fellow nurses whom the staff of the *American Journal of Nursing* labeled as “unworthy members of the great nursing body.”¹⁰⁸ Perhaps these dissenters believed all women who practiced nursing, graduates of professional schools and otherwise, should be permitted to register in the state.

¹⁰⁸ “Editorial Comment,” *American Journal of Nursing* 4, no. 11 (August 1904): 911, <http://www.jstor.org/stable/3401781> (accessed April 24, 2013).



Figure 3.2. Graduation portrait of Eleanor Bridges from the Touro Infirmary School of Nursing class of 1903. She was the second vice president of the Louisiana State Nurses' Association. *Source:* Box TISON Collection Historic Photographs, Folder Eleanor Bridges Brook TISON class of 1903, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

As more state nursing organizations fought with legislatures to form registration committees in the opening decade of the twentieth century, the Nurses' Associated Alumnae continued to demonstrate a devotion to improve the morale and welfare of the national nursing community. At the 1907 national convention in Richmond, Virginia, Mary E. P. Davis, one of the leaders of the association, proposed an idea for a relief fund for nurses who were incapacitated and unable to work. She began the discussion with remarks from several school directors who had said that some nurses received special rates from a life insurance company. The focus of the discussion soon turned to a proposal for nurses to receive a monetary benefit if they became injured or too sick to work. The proposed benefit would serve as the primary source of workers' compensation for nurses. The association voted Davis and two other nurses present at the convention as the committee for the new Nurses' Relief Fund. At the 1911 convention in Boston, Massachusetts, the nurses recognized the need for the fund and contributed \$1,657 before the end of the sessions. In the spring of 1915, with an impressive amount of almost \$12,000 in the fund, the committee received the first applications for relief. Separate relief payments of twenty dollars per month went to four ill and injured nurses. The Nurses' Associated Alumnae assumed the role of a benevolent association for incapacitated nurses. Monies disbursed from the Nurses' Relief Fund compensated for lost wages until injured and ill nurses were able to return to work.¹⁰⁹

Barred from receiving benefits from the Nurses' Associated Alumnae and disillusioned by the racism within the national nursing community, a group of 52 black nurses in New York, New York decided to create an independent association. On August 25, 1908, they organized the

¹⁰⁹ Elise Van Ness and Agnes G. Deans, "One Hundred Thousand and Up: The Story of the A.N.A. Nurses' Relief Fund," *American Journal of Nursing* 26, no. 12 (December 1926): 943-944, <http://www.jstor.org/stable/3409697> (accessed August 20, 2013).

National Association of Colored Graduate Nurses (NACGN) as the first professional association for black nursing school graduates. They elected Martha Franklin, a graduate of the Woman's Hospital of Philadelphia School of Nursing in Pennsylvania, as the president. The NACGN provided black nurses with an association similar to the Nurses' Alumnae Association for white women. Black nurses desired many of the same professional goals as white nurses, but with one major addition: eradicate the racism in the schools, nursing associations, and workplaces. Segregation in the South hindered the participation of black nurses in the national nursing community. Their white peers often labeled them as ineffective and unexperienced due to a perceived systematic weakness that began with the schools. The reputation of black nursing schools as substandard institutions hindered the possibility of memberships for southern black nurses in national and state organizations.¹¹⁰

Despite the racism within the Nurses' Associated Alumnae, the editors of the *American Journal of Nursing* began to publish articles about major events pertaining to the NACGN. The editors chose not to let institutional racism interfere with publishing items pertinent to the national nursing community and encouraged black nurses to subscribe to the journal. The November 1909 issue of the journal featured an article about the second convention of the NACGN in Boston, Massachusetts. During the convention, the NACGN gained fourteen new members and discussed ideas to generate interest in the association. The leaders of the NACGN decided to encourage black nursing school alumnae associations to form state associations to increase the membership across the nation. The organization of state associations redirected the

¹¹⁰ Mabel K. Staupers, "Story of the National Association of Colored Graduate Nurses," *American Journal of Nursing* 51, no. 4 (April 1951): 222-223, <http://www.jstor.org/stable/3458934> (accessed April 11, 2013); G. Estelle Massey, "The National Association of Colored Graduate Nurses," *American Journal of Nursing* 33, no. 6 (June 1933): 534-536, <http://www.jstor.org/stable/3412359> (accessed April 11, 2013).

focus of black nursing school alumnae associations towards the generation of publicity for membership in the NACGN.¹¹¹

In July 1911, two years after the convention of the NACGN, the two white national organizations, the American Society of Superintendents of Training Schools for Nurses and the Nurses' Associated Alumnae, also chose Boston as the site for their conventions. The superintendents discussed problems with the administration of nursing schools. The proposal of two solutions offered to fix some of the issues related to the promotion of higher educational standards at the schools. The first solution focused on how the associations might enlist the help of the popular press to portray professional nursing schools in a positive light. After all, nursing schools helped many women embark on careers in a new profession designed to improve standards of public health. Nurses also deserved some of the credit that had been previously given to physicians for their work in the medical field. The second solution proved to be a more painful choice to make, but one that was necessary if the superintendents hoped to regulate nursing education across the nation. They agreed to engage a third-party consultant outside the medical field to study a sample of nursing schools and make recommendations on how to standardize the curricula.¹¹²

At the same convention, the leaders of the Nurses' Associated Alumnae announced its reorganization with a different name and the incorporation of new bylaws and dues for members. The American Nurses' Association (ANA) (see fig. 3.3) agreed to consider any professional white nursing association in a state, county/parish, or city as eligible for membership. In

¹¹¹ "Nursing News and Announcements," *American Journal of Nursing* 10, no. 2 (November 1909): 125, <http://www.jstor.org/stable/3402850> (accessed May 15, 2013).

¹¹² "Meetings of the Two National Societies in Boston," *American Journal of Nursing* 11, no. 10 (July 1911): 769-770, <http://www.jstor.org/stable/3404191> (accessed August 20, 2013).

addition, white alumnae associations fell under eligibility status, provided the ANA recognized the validity of the nursing school. The ANA also extended an offer of membership to the American Society of Superintendents of Training Schools for Nurses should they decide to permanently affiliate in the future. As described in the bylaws, annual membership dues varied accordingly to composition of the state and local associations. State associations paid a flat rate of ten dollars. If a county/parish or city association totaled more than 50 members, it paid the same rate as a state association. If fewer than 50 members were accounted for by the annual meeting, the county/parish or city association paid five dollars. Additionally, the ANA charged individual members, regardless of affiliation with any association, fifteen cents for annual dues.¹¹³

¹¹³ “Meetings of the Two National Societies in Boston,” 769-775, (accessed August 2, 2013).

The American Nurses' Association



Figure 3.3. First corporate seal of the American Nurses' Association. The year 1873 represents the establishment of the first professional nursing schools for women in the United States.

Source: "Report on the Corporate Seal," *American Journal of Nursing* 12, no. 11 (August 1912): 968, <http://www.jstor.org/stable/3404031> (accessed August 20, 2013).

The ANA made a landmark decision when it agreed to consider black nursing school alumnae associations as eligible for membership, per the new bylaws. That decision made the

ANA one of the first integrated professional organizations for women in the United States. Since some northern state associations had previously admitted black nurses, the ANA automatically included them after the state associations applied for membership. For southern state associations that practiced segregation, the ANA agreed to admit black nursing school alumnae separately as constituent units. Yet, the ANA refused to consider memberships for independent black state nursing associations or extend an offer of affiliation to the NACGN. Institutional racism and southern segregation hindered the full integration of nursing associations on all political levels.¹¹⁴

In July 1912, the two white national nursing associations met up again for a double convention in Chicago, Illinois. The American Society of Superintendents of Training Schools for Nurses began its sessions with the announcement of a name change. In 1905, the initial proposal for a name change had come up at the annual meeting, but disagreements among the superintendents about which name to use always prevented a majority vote. After the debut of the renamed ANA at the double convention in Boston, the superintendents elected to follow suit and became the National League of Nursing Education (NLNE). The first order of business for the renamed NLNE established an affiliation with the ANA, thus unifying the two national associations for the purpose of the advancement of professional nursing education.¹¹⁵

The formation of a third national association, the National Organization for Public Health Nursing (NOPHN), marked the high point of the double convention. In 1910, Lillian Wald, a nursing school graduate and founder of the Henry Street Settlement in New York, New York,

¹¹⁴ Herman R. Northrup, "The ANA and the Negro Nurse," *American Journal of Nursing* 50, no. 4 (April 1950): 207, <http://www.jstor.org/stable/3467736> (accessed September 21, 2013). New York and Illinois were the first state associations to admit black nurses.

¹¹⁵ "The Chicago Conventions," *American Journal of Nursing* 12, no. 10 (July 1912): 770, <http://www.jstor.org/stable/3404755> (accessed August 20, 2013).

asked the Nurses' Associated Alumnae and the American Society of Superintendents of Training Schools for Nurses to conduct a study about nurses employed by various public health agencies. Wald felt public health nurses needed a national association to address issues related to ethics and standards in their specific field. The leaders of the Nurses' Associated Alumnae and superintendents agreed with Wald and mailed over a thousand letters to ask for support of a national association for public health nurses. In July 1912, after 69 municipal public health agencies sent nurses to the double convention, the ANA and the NLNE welcomed the debut of the NOPHN with Wald as the first president of the association.¹¹⁶

After the organization of the NACGN in 1908, the question of whether (or not) to continue membership privileges for black nursing school alumnae associations in the ANA continued to be a matter of debate at the annual conventions. In 1912, a tense session at the double convention in Chicago on the progress of professional nursing in the South addressed the status of black nurses within the national community. The nurse from Georgia who led the discussion about black nurses in the South stated, "Her position in the household is essentially different from that of the white nurse. Belonging as she does to the servant class, conventional society draws a dead line, beyond which no magical power of an R.N. title could enable her to pass."¹¹⁷ Although some northern members of the ANA agreed that black nurses earned a place of respect in the new profession, segregation erased most southern support for black nurses.

¹¹⁶ Mary S. Gardner, "Proceedings of the Fifteenth Annual Convention of the American Nurses' Association," *American Journal of Nursing* 12, no. 11 (August 1912): 982-983, <http://www.jstor.org/stable/3404031> (accessed August 20, 2013). In 1891, Lillian Wald graduated from the New York Hospital Training School for Nurses in New York City. In 1952, the NOHPN merged with the NLNE to form the National League of Nursing.

¹¹⁷ Agnes C. Hartridge, "Nursing Progress in the South," *American Journal of Nursing* 12, no. 11 (August 1912): 963-968, <http://www.jstor.org/stable/3404031> (accessed August 20, 2013).

Meanwhile, in New Orleans, the nurses of the LSNA celebrated a professional victory. Eight years had passed since the first attempt of the LSNA to submit a bill to the Louisiana State Legislature for nurse registration. In March 1912, Emma Wall, a graduate of the first class of Touro Infirmary School of Nursing, assumed the presidency of the LSNA. The following month, she and the membership of the LSNA resubmitted the bill for state registration, and their efforts proved successful this time. On July 10, Governor Luther E. Hall signed the bill into effect as Act 138 of the Louisiana Administrative Code. The act created the Louisiana Nurses' Board of Examiners (LNBE) to certify, license, and register nurses. However, the LSNA had to make a concession. As the Louisiana Constitution did not permit women to hold any position classified as a state office, the LSNA nominated and the governor appointed five male physicians to the board. In the September 1912 issue of the *American Journal of Nursing*, the editors published the full text of Act 138.¹¹⁸

The provisions of Act 138 required nurses to be at least 21 years of age, possess a good moral character, and be graduates from a high school and a nursing school of at least two years in length before state registration. The LNBE did not require nurses to take an examination to register if they graduated from an approved nursing school on or before June 30, 1915. For nurses who graduated from a school fewer than two years but had three years of prior experience in nursing, the LNBE required them to take an examination for state registration. The LNBE made examinations mandatory for all nurses who graduated after July 1, 1915. Nurses who

¹¹⁸ "Nursing News and Announcements," *American Journal of Nursing* 12, no. 7 (April 1912): 606, <http://www.jstor.org/stable/3404973> (accessed August 20, 2013); *Louisiana Administrative Code*, Title 46 Professional and Occupational Standards (accessed September 16, 2013); "Louisiana: The Bill for State Registration," *American Journal of Nursing* 12, no. 12 (September 1912): 1049-1052, <http://www.jstor.org/stable/3404351> (accessed August 20, 2013).

applied for registration paid a ten dollar fee for the examination (if applicable) and certificate and another dollar to be recorded with the State Board of Health.¹¹⁹

The provisions of Act 138 made registration for nurses mandatory in Louisiana. After July 1, 1915, nurses caught using the title of Registered Nurse (RN) without the proper certificate issued by the LNBE and recorded with the State Department of Health faced disciplinary actions in the forms of fines or prison sentences. The LNBE held the right to sue any unregistered nurse for punitive damages. Likewise, an RN convicted of a crime or found guilty of immoral conduct by the LNBE faced a suspension or revocation of the registration certificate. The LSNA and the LNBE established these provisions to maintain the image of professional nursing for the public trust.¹²⁰

Although the national and state nursing associations that lobbied for registration consisted entirely of female nurses, Act 138 in Louisiana did not discriminate along gender lines. Provisions of the act applied to both male and female nurses who wanted to register in the state. Several sections in the act referred to nurses with the pronouns “he” and “she” or through the usage of the possessives “his” and “her.” No exclusively male or co-educational nursing schools existed in New Orleans before the passage of the act. However, the assumption that male nurses practiced in the city or elsewhere in the state gave the LSNA enough foresight to consider them for registration under Act 138.¹²¹

In November 1914, the LSNA began the publication of a central directory for registered nurses. The initial directory consisted of an alphabetical list of over 800 names of nurses, their

¹¹⁹ “Louisiana: The Bill for State Registration,” 1049-1052 (accessed August 20, 2013).

¹²⁰ “Louisiana: The Bill for State Registration,” 1049-1052 (accessed August 20, 2013).

¹²¹ “Louisiana: The Bill for State Registration,” 1049-1052 (accessed August 20, 2013).

work and contact information, and their dates of state registration. The alumnae associations in New Orleans assisted the LSNA with the administration of the directory through periodic updates of personal and business information. The LSNA agreed to distribute revised directories to the alumnae associations, school staffs, and individual members at the annual meetings. The directory gave the members of the LSNA a convenient way to network and maintain social contacts with their fellow nurses.¹²²

Attendance at the national conventions gave the members of the LSNA another way to establish contacts with other nurses and leaders in the profession. Normally, only the officers of the LSNA went to the conventions as state delegates, but an opportunity arose for the attendance of all the members of the association. From April 27 to May 3, 1916, the LSNA hosted the nineteenth annual convention of the ANA at the Hotel Grunewald in the Central Business District in New Orleans. The ANA invited all the nurses from the LSNA to attend the convention as a gesture of gratitude for the use of the hotel facilities. The convention featured the introduction of the House of Delegates. The ANA created this new governing body for the association through an amendment to the bylaws.¹²³

In 1916, another amendment to the bylaws changed the ANA membership eligibility requirements from alumnae associations and other small groups to state associations. The decision to modify the rules in favor of state associations erased further chances for southern black nursing school alumnae associations to apply independently for membership in the ANA.

¹²² "Nursing News and Announcements," *American Journal of Nursing* 15, no. 5 (February 1915): 420, <http://www.jstor.org/stable/3404070> (accessed April 24, 2013); Louisiana State Nurses Association District IV, "The Louisiana State Nurses Association: An Abbreviated History," <https://www.districtivnurses.com> (accessed September 16, 2013).

¹²³ "Proceedings of the Nineteenth Annual Convention of the American Nurses' Association," *American Journal of Nursing* 16, no. 9 (June 1916): 787-957, <http://www.jstor.org/stable/3405475> (accessed April 30, 2013). The ANA replaced the House of Delegates with a Membership Assembly through the amended bylaws of June 29, 2013.

Southern state associations refused to admit black nurses due to segregation within the profession. With the doors to the ANA shut behind them, the NACGN stood as the only national association for black nurses in the South.¹²⁴

In 1917, the sister organization to the ANA, the NLNE, released the Standard Curriculum for Schools of Nursing. The NLNE never intended the curriculum to be implemented as a model program for nursing schools in the United States. Since nursing schools offered different courses and varied in lengths of training programs, the NLNE decided not to tackle the momentous task of an immediate reform for the standardization of the curricula. Instead, the Committee on Education of the NLNE designed the standard curriculum as a guideline for school staffs who wanted to update their training programs with new courses or try different teaching methods. The introduction of the curriculum stated, “The purpose is to arrive at some general agreement as to a desirable and workable standard whose main features could be accepted by training schools of good standing throughout the country.”¹²⁵

In 1918, while the Committee on Education of the NLNE responded to a litany of inquiries from school directors concerning the standard curriculum, the ANA initiated the first steps of a plan for national reorganization. At the convention in Cleveland, Ohio, the Committee on Revision of the ANA announced that 24 state associations had reorganized their members. The state association admission requirement deleted several duplicate memberships in the ANA. Nurses did not have to pay memberships for the smaller associations as well as additional dues for the state. After the state association collected dues, individual nurses held one membership in

¹²⁴ “Proceedings of the Nineteenth Annual Convention of the American Nurses’ Association,” 787-957 (accessed April 30, 2013).

¹²⁵ Committee on Education of the National League of Nursing Education, *Standard Curriculum for Schools of Nursing* (Baltimore, MD: Waverly Press, 1917), 5-8, <http://www.archive.org/details/standardcurricul00nati.pdf> (accessed September 21, 2013).

the ANA until resignation or criminal expulsion. The revised state requirement alleviated many of the administrative problems associated with multiple memberships in several associations.¹²⁶

In October 1919, the LSNA announced the completion of the reorganization of state membership as a result of the 1916 bylaws of the ANA. The revised constitution of the LSNA authorized the division of the association into six municipal districts: Shreveport, Alexandria, Monroe, Lake Charles, Baton Rouge, and New Orleans. The LSNA allocated the maintenance of the Louisiana section of the national Central Directory for Registered Nurses to the new districts. Organized in 1919, the New Orleans District Nurses' Association (NODNA) served as the central point of membership for nurses who lived in the seven parishes that comprised the metropolitan area.¹²⁷

A significant part of the reorganization process of the LSNA involved the inclusion of the Louisiana Colored State Nurses' Association (LCSNA) as an auxiliary unit. In the summer of 1918, the state association organized in New Orleans for local black nurses who wanted to join the American Red Cross Nursing Service in World War I. Racial prejudice within the Nursing Service kept black nurses out of the organization until the crisis of the influenza epidemic warranted a need for their immediate assistance. The Nursing Service enrolled nurses directly from state associations which required the LCSNA to affiliate first with the LSNA. The leaders of the LCSNA chose a few rooms at the Flint-Goodridge Hospital for their permanent headquarters. Many alumnae from the Sarah Goodridge Hospital and Nurse Training School

¹²⁶ "Proceedings of the Twenty-First Annual Convention of the American Nurses' Association," *American Journal of Nursing* 18, no. 11 (August 1918): 953-954, <http://www.jstor.org/stable/3405701> (accessed April 30, 2013).

¹²⁷ "Editorial Comment," *American Journal of Nursing* 20, no. 1 (October 1919): 667, books.google.com/books?id=t91AAAAAYAAJ (accessed September 22, 2013); New Orleans District Nurses' Association, "NODNA Bylaws," <http://www.nolanurses.org/mission-statement-bylaws.html> (accessed September 22, 2013). The seven parishes are Jefferson, St. Bernard, Plaquemines, St. Charles, St. James, St. John the Baptist, and Orleans. The NODNA, located in Metairie, is currently District 7 of the thirteen districts of the LSNA.

joined the LCSNA, including Louise J. Ross (see fig. 3.4), a graduate from 1903 who served a term as the third president. The status of the association as an auxiliary of the LSNA granted local black nurses the privilege of automatic membership in the ANA.¹²⁸

¹²⁸ “Proceedings of the Twenty-First Annual Convention of the American Nurses’ Association,” 956; (accessed April 30, 2013); Joyce Ann Elmore, “Nurses in American History: Black Nurses: Their Service and Their Struggle,” *American Journal of Nursing* 76, no. 3 (March 1976): 437, <http://www.jstor.org/stable/3423888> (accessed November 15, 2011).



Figure 3.4. Louise J. Ross, a graduate of the Sarah Goodridge Hospital and Nurse Training School in 1903 and third president of the Louisiana Colored State Nurses' Association. She is wearing the uniform of an American Red Cross volunteer.

Source: Emmett J. Scott, *Scott's Official History of the American Negro in the World War* (Chicago, IL: Homewood Press, 1919), fol. 7, 7r.

The LCSNA held its annual meetings at the Flint-Goodridge Hospital. The first meetings lasted for a day, but as membership increased and the association acquired more guest speakers for presentations and lectures, they expanded to three-day conventions by 1924. Regardless of the duration of the meetings, the purpose of the black state association remained the same during the early years. When questioned about it by a reporter from the *Times-Picayune*, president Louise J. Ross answered, “The object of the organization is to uplift the nursing profession.”¹²⁹ Her statement reflected the obligation black nurses felt towards racial uplift and the desire to achieve recognition as equal members of the LSNA and ANA.

The LSNA pressured the state government for an amendment to Act 138 after the ratification of the Nineteenth Amendment that gave women the right to vote. The LSNA wanted to have at least one female nurse as a member of the LNBE. Since the passage of Act 138 in July 1912, five male doctors comprised the LNBE for state registration. In 1922, Governor John M. Parker signed an amendment for the appointment of one nurse to the LNBE. In December 1923, New Orleans native Julie C. Tebo (see fig. 3.5) accepted the appointment after a long selection process. She served as the secretary of the LNBE for ten years. Further amendments to Act 138 in 1926 and 1942 authorized the appointments of three female nurses and two male physicians to the LNBE and a name change to the Louisiana State Board of Nurse Examiners.¹³⁰

¹²⁹ “Nursing News and Announcements,” *American Journal of Nursing* 21, no. 6 (March 1921): 419, <http://www.jstor.org/stable/3407711> (accessed June 3, 2013); “Nursing News and Announcements,” *American Journal of Nursing* 24, no. 11 (August 1924): 921-922, <http://www.jstor.org/stable/3407626> (accessed August 20, 2013); News/Opinion, “Negro Nurses Meet,” *Times-Picayune* (New Orleans), June 14, 1922.

¹³⁰ *Louisiana Administrative Code*, Title 46 Professional and Occupational Standards (accessed September 16, 2013); Sister Celestine, “The State and Nursing Education: Julie C. Tebo, R.N.,” *American Journal of Nursing* 34, no. 9 (September 1934): 887-888, <http://www.jstor.org/stable/3412281> (accessed August 20, 2013).



Figure 3.5. Julie C. Tebo, first woman appointed to the Louisiana Nurses' Board of Examiners. *Source:* Sister Celestine, "The State and Nursing Education: Julie C. Tebo, R.N.," *American Journal of Nursing* 34, no. 9 (September 1934): 887, <http://www.jstor.org/stable/3412281> (accessed August 20, 2013).

In 1925, in addition to her duties as the secretary of the LNBE, Julie C. Tebo spearheaded the creation of the Louisiana League of Nursing Education (LLNE). From 1925 to 1933, she served as the first chair of the Education Committee and as the president of the LLNE for two terms. She attended the annual conventions of the NLNE as the delegate from Louisiana and eventually served a term as the second vice president for that association. The LLNE assisted local nursing school staffs with affiliation processes at universities so student nurses could earn college credits. The partnerships between the schools and the universities eventually led to the conferment of the first baccalaureate degrees in nursing (BSNs) in New Orleans. The leaders of the LLNE also served as curricula advisors and inspectors for the nursing schools.¹³¹

Emulating the example set earlier by their national parent associations, the LLNE partnered with the LSNA for annual conventions. In 1925, at the first double convention in Alexandria that introduced the LLNE, Julie C. Tebo announced 2,345 nurses had registered through the LNBE since the passage of Act 138. The LNBE had accredited 19 nursing schools throughout the state for registration. At the October 1927 convention, the LLNE and LSNA held the business sessions at the state capital in Baton Rouge. Governor Oramel H. Simpson gave the welcome address for the nurses at the State House, home of the Louisiana State Legislature. Dr. Lester J. Williams from the East Baton Rouge Parish Medical Society and Mrs. A. L. Smith from the Baton Rouge District Nurses' Association greeted the attendees at the Hotel Heidelberg before the start of the sessions.¹³²

¹³¹ Sister Celestine, "The State and Nursing Education," 887-888 (accessed August 20, 2013).

¹³² "News," *American Journal of Nursing* 28, no. 1 (January 1928): 90, <http://www.jstor.org/stable/3409554> (accessed August 20, 2013). The former State House is the present Louisiana State Capitol.

In 1930, the LLNE persuaded the LNBE to change the education requirement for admission to nursing schools. The LLNE decided that prospective students needed a four-year high school education prior to the submission of their applications to the nursing schools. Although provisions for state registration required nursing students to complete only two years of high school, statistics for 1930 examined by the LLNE revealed all but two women who enrolled in nursing schools had earned high school diplomas prior to admission. The LNBE accepted the recommendation from the LLNE and made the prerequisite of high school diplomas mandatory for all nursing school students effective January 1, 1931.¹³³

In 1930, at the national level, two significant changes occurred in the organizational structure of the ANA. In June, the House of Delegates that governed the ANA voted to dissolve the Nurses' Relief Fund. Donations to the fund could not keep up with the amount of relief disbursements. Additionally, the delegates decided that state associations should assume financial responsibilities for their own incapacitated nurses. The ANA divided up all the monies in the existing fund and gave it to the state associations based on a proportionate ratio of enrolled nurses. Larger associations received more money than those with smaller memberships.¹³⁴

Another amendment to the ANA bylaws opened membership to male nurses. The inspiration for the amendment came from LeRoy Craig, director of the Pennsylvania Hospital School of Nursing for Men. During the 1920s, Craig, a respected male nurse, stated his argument for the inclusion of male nurses in the ANA through several articles published in the *American Journal of Nursing*. His persistence convinced the ANA House of Delegates to amend

¹³³ "Abstracts," *American Journal of Nursing* 30, no. 12 (December 1930): 1578, <http://www.jstor.org/stable/3409882> (accessed August 20, 2013).

¹³⁴ American Nurses' Association, "In Review," (accessed May 6, 2013); "News," *American Journal of Nursing* 30, no. 8 (August 1930): 1075, http://journals.lww.com/ajnonline/Citation/1930/08000/The_American_Nurses_Association_42.aspx (accessed October 17, 2014).

the bylaws. In 1940, after the ANA created the special membership section for male nurses, the Pennsylvania Hospital School of Nursing for Men Alumni Association had comprised the bulk of the members and elected Craig as their chair.¹³⁵

Four years after the admission of men into the ANA, the House of Delegates extended an invitation to the leaders of the black nursing community. In 1934, they asked G. Estelle Massey and Mabel Staupers, the president and executive director of the NACGN respectively, to attend the annual meeting of the delegates. The ANA had wanted to improve communications between the two national organizations for some time. In 1920, the ANA appointed a Committee on the Status of Colored Graduate Nurses to investigate professional issues affecting black nurses and the feasibility of integration. Although some black nurses had joined the ANA through several state associations, 16 southern states and the District of Columbia still barred them from membership. Massey and Staupers had fought for full membership in the ANA for black nurses for over a decade. A series of articles that described their struggles appeared in the *National News Bulletin*, the official publication of the NACGN that started in 1928. The annual meeting of the House of Delegates, with Massey and Staupers in attendance, represented another step towards the integration of professional nursing associations.¹³⁶

From August 11 to 17, 1935, the local affiliate of the NACGN, the Louisiana Association of Colored Graduate Nurses (LACGN), hosted a triple convention for three black national medical associations. Earlier, in the 1920s, the former Louisiana Colored State Nurses' Association had changed its name and affiliated with the NACGN. In August 1928, after the

¹³⁵ O'Lynn, *A Man's Guide to a Nursing Career*, 31-34.

¹³⁶ African American Registry, "National Association of Colored Graduate Nurses Founded!" http://www.aaregistry.com/historic_events/view/national-association-colored-graduate-nurses-founded.html (accessed April 11, 2013); Massey, "The National Association of Colored Graduate Nurses," 535 (accessed April 11, 2013). In 1951, the NACGN disestablished after the merger with the ANA.

LACGN hosted the annual conference for the NACGN in New Orleans, the parent association called on the hospitality of the subsidiary again. In 1935, the LACGN offered the use of their headquarters at Flint-Goodridge Hospital as meeting spaces for the convention of the National Medical Association, the NACGN, and the National Hospital Association. Black medical professionals from the Louisiana Medical, Dental, and Pharmaceutical Association cosponsored the convention with the LACGN. The leaders of the LSNA recognized Estelle A. Hubbard (see fig. 3.6), president of the LACGN, as the winner of the annual “Who’s Who Popularity Contest.” Hubbard’s photograph for the official souvenir program of the conventions bore the title, “The Most Esteemed Nurse.”¹³⁷

¹³⁷ “Forty-First Annual Session of the National Medical Association, Twenty-Eighth Annual Session of the National Association of Colored Graduate Nurses, Thirteenth Annual Session of the National Hospital Association, August 11-17, 1935, Dillard University, New Orleans, LA,” General Box 1 of 10, Folder Programs and Brochures General File, Flint-Goodridge Hospital Collection Souvenir Programs, Flint-Goodridge Hospital Collection, Will W. Alexander Library, New Orleans, LA.



THE MOST ESTEEMED NURSE
Mrs. Estelle A. Hubbard, R. N.,
WINNER OF THE
“Who’s Who Popularity Contest”
Sponsored By The
Louisiana State Nurses Association

Figure 3.6. Estelle A. Hubbard, president of the Louisiana Association of Colored Graduate Nurses in 1935.

Source: “Forty-First Annual Session of the National Medical Association, Twenty-Eighth Annual Session of the National Association of Colored Graduate Nurses, Thirteenth Annual Session of the National Hospital Association, August 11-17, 1935, Dillard University, New Orleans, LA,” General Box 1 of 10, Folder Programs and Brochures General File, Flint-Goodridge Hospital Collection Souvenir Programs, Flint-Goodridge Hospital Collection, Special Collections and Archives, Dillard University, Will W. Alexander Library, New Orleans, LA.

From April 24 to 28, 1939, the LSNA and LLNE hosted the annual convention of the NLNE in New Orleans. The first piece of publicity for the convention appeared in the *Pelican News*, the official publication of the LSNA that started in 1933. Julie C. Tebo, former secretary of the LNBE and two-term president of the LLNE, served as the chair of the Committee on Arrangements. Over 1,500 registered nurses and 520 nursing school students attended the convention. Of the 520 students in the audience, fewer than 100 came from outside the city. Several speakers lectured on subjects pertinent to the advancement of nursing education such as the national accreditation of nursing schools, achievement tests for teachers and graduates, and suggestions for revisions of postgraduate courses. The NLNE organized the convention without the cooperation of the ANA, because the ANA only held biennial conventions for even-numbered years starting in 1920.¹³⁸

After World War II, the ANA focused on the professional needs of veteran nurses. Thousands of nurses who had served in the Army and Navy Nurse Corps during the war suddenly found themselves without jobs after discharge from the military. Nurses with the Professional Counseling and Placement Service of the ANA contacted the state associations to secure counselors who could provide assistance with civilian employment. The LSNA appointed Miss Gillen, a graduate from the Hotel Dieu School of Nursing and former Navy nurse, to serve as the primary counselor and employment coordinator for veteran nurses who lived in Louisiana. Gillen also held the position of the executive secretary of the LSNA. Her personal experience

¹³⁸ “With the League in New Orleans,” *American Journal of Nursing* 39, no. 6 (June 1939): 678-689, <http://www.jstor.org/stable/3413518> (accessed August 20, 2013); American Nurses’ Association, “In Review,” (accessed May 6, 2013).

with the transitional process from military to civilian life prepared her to assist hundreds of veteran nurses with issues related to job placement.¹³⁹

While Miss Gillen continued to help veteran nurses from Louisiana find jobs after military service in World War II, another group of trained nurses in New Orleans decided to form an association independent of those for registered nurses (RNs). In October 1947, graduates of the two state vocational nursing programs organized the Practical Nurses' Association of Louisiana at a convention held at the Druids' Hall on Camp Street in the Central Business District. Practical nurses in Louisiana received their professional training from either the L. E. Rabouin Vocational School in New Orleans or the Vocational School of Nursing in Shreveport. Opened in 1937, the L. E. Rabouin Vocational School occupied the former site of the Presbyterian Hospital. The two-year vocational nursing programs consisted of basic courses that prepared women for careers under the supervision of either RNs or physicians.¹⁴⁰

In 1948, Governor Earl K. Long authorized the creation of the Louisiana State Board of Practical Nurse Examiners (LSBPNE) to certify graduates of the state vocational nursing programs as Licensed Practical Nurses (LPNs). He appointed five male physicians and four female registered nurses to serve on the LSBPNE headquartered in New Orleans. On January 12, 1949, at the first official meeting at Charity Hospital, the LSBPNE voted to delete the requirement of professional training for LPN candidates who possessed at least one year of legitimate practice in nursing. Before applying for LPN certification, these nurses had to submit letters of recommendations from four physicians who attested to their moral ethic and work

¹³⁹ "Sixteen States Appoint Counselors," *American Journal of Nursing* 46, no. 2 (February 1946): 138, <http://www.jstor.org/stable/3456860> (accessed September 24, 2013). The article does not reveal the first name of Miss Gillen.

¹⁴⁰ News/Opinion, "Practical Nurses to Organize Today," *Times-Picayune* (New Orleans), October 17, 1947.

standards. In 1949, Waiver Act 509 signed by Governor Long authorized the issuance of almost 3,000 licenses for LPNs who wanted to work in the state. The Louisiana Revised Statutes of 1950 contained the extensive rules and regulations for the administration of LPN vocational training programs and the continuation of the LSBPNE as the licensing authority.¹⁴¹

In 1950, both black and white registered nurses witnessed a victorious event. After years of struggle against racial prejudice, the NACGN finally merged with ANA. During the early years of the ANA, the acceptance of black nursing school alumnae helped clear the way for the integration of professional nursing associations on all political levels. Some of the white state associations, such as the LSNA, included black nursing associations as auxiliary units. However, in 1948, possibly related to the postwar desegregation of the American armed forces, the House of Delegates of the ANA took further action when it approved black nurses for membership and authorized an appointment for G. Estelle Massey, the president of the NACGN. The merger erased the institutional power to discriminate against black nurses, especially in southern state and local associations. In January 1951, the leaders of the NACGN voted unanimously to dissolve the association in place for almost half a century.¹⁴²

Nurses from New Orleans actively participated in professional associations on all political levels. The early goals of these associations focused on the standardization of nursing education, the process of state registration, and the ability to network within the nursing community. As time passed, the focus shifted towards the racial integration of all nursing

¹⁴¹ Louisiana State Board of Practical Nurse Examiners, "History of the Louisiana State Board of Practical Nurse Examiners," <http://www.lsbpne.com/history.phtml> (accessed September 23, 2013); *Louisiana Administrative Code* Title 46 Professional and Occupational Standards, Part XLVII. (accessed September 23, 2013). In 1954, an amendment to Waiver Act 509 required all LPN candidates to be graduates of accredited vocational nursing programs.

¹⁴² Hine, *Black Women in White*, 183-184.

associations. Black nurses organized to fight institutional racism on all levels within the profession. Segregation in the South barred many black nurses from joining white associations as equal members. However, the leaders of the ANA and the NACGN, the principle national nursing associations, realized these problems and made conscientious decisions to overcome them. Their merger created a sense of cohesion in the national nursing community and helped to propel the profession to new heights.

Chapter 4

Humanitarian Work: Nursing for the American Red Cross in New Orleans

The affiliation between nurses and the American Red Cross began soon after the inception of the national charity in 1881. The leaders of the American Red Cross depended on the capability of volunteer and professionally trained nurses to provide emergency medical services for populations victimized by disasters, wars, and national emergencies. The American Red Cross expected nurses to rapidly mobilize and practice their trade efficiently and effectively to restore tolerable conditions of public health. The mission requirements of the American Red Cross supported the establishment of a professional nursing service within the organization as a measure of relief for the public. The American Red Cross Nursing Service combined the benefits of professional knowledge and skills with patriotism and humanitarian service. Nurses became publicly recognized as local and national symbols of American Red Cross relief work.

On June 15, 1882, the first official American Red Cross affiliate in Louisiana organized in New Orleans. Reverend Hugh Hilton Thompson, a Presbyterian minister, held a meeting at his home on Chestnut Street in the Lower Garden District to charter the Louisiana State Branch of the American Red Cross Association. General Frederick Nash Ogden, Colonel Fred R. Southmayd, and several doctors, lawyers, and business executives attended the meeting. The men read and approved a constitution and appointed a committee to prepare a set of bylaws. A

month later, the men unanimously elected General Ogden as the president and Colonel Southmayd as the secretary and treasurer of the organization.¹⁴³

In February 1883, Clara Barton, founder and president of the American Red Cross, called on the fledgling Louisiana State Branch and other state associations to provide relief for victims of the Ohio Valley Flood. Floodwaters from the upper Ohio River had submerged Cincinnati and broken a dike on the riverbanks in Louisville, Kentucky. The Louisiana State Branch immediately enlisted the staffs of the *Daily Picayune*, *Times-Democrat*, and other local newspapers to advertise a campaign for relief donations. Money came in from all over the state including a \$125 donation from the citizens of Shreveport. On February 27, 1883, the Louisiana State Branch gave Clara Barton a bank draft for \$1,800 for relief funds drawn from the account at the Louisiana National Bank.¹⁴⁴

Two months later, another disaster struck in neighboring Mississippi that required the immediate assistance of the Louisiana State Branch. On April 22, 1883, a massive tornado devastated the towns of Beauregard and Wesson about fifty miles south of the capital city of Jackson. Colonel Southmayd called on the citizens of New Orleans to provide relief in the way of cash donations. On April 27, he and some members of the Louisiana State Branch traveled to Wesson and presented the local Society of the American Red Cross with a bank draft of \$1,300 for the victims of the storm. The Wesson Society of the American Red Cross agreed to divide the funds between the affected areas in Copiah and Lincoln counties. After a short tour of the

¹⁴³ "Early History of the Red Cross in New Orleans, Louisiana," Folder 161.1 Louisiana State Society of the Red Cross, Box 22, Records of the American National Red Cross, Group 1, 1881-1916, Record Group 200, National Archives at College Park, College Park, MD; News/Opinion, "Red Cross of Geneva. An Associate Society of the Order Established in this City," *Daily Picayune* (New Orleans), June 18, 1882. General Ogden Street in the Leonidas neighborhood was later named in honor of General Frederick Nash Ogden. General Ogden and Colonel Southmayd were Confederate veterans of the Civil War.

¹⁴⁴ News/Opinion, "Red Cross Society," *Daily Picayune* (New Orleans), March 4, 1883.

damage in Beauregard led by Judge Bridewell, Colonel Southmayd and company returned to New Orleans.¹⁴⁵

The successive relief actions for the Ohio Valley flood and the Mississippi tornado inspired the officers of the Louisiana State Branch to incorporate the organization under a new name: the Louisiana State Society of the American Red Cross. The process of incorporation took over a year to complete. The officers drafted and approved a revised constitution and bylaws. On January 26, 1885, Samuel Flower, Notary Public for New Orleans, filed the forms for incorporation to take effect on January 29. The legal terms of the Louisiana State Society of the American Red Cross set the corporate existence for 99 years with domicile in New Orleans. The constitution of the organization consisted of four separate articles. The first article established the registered name, and the second stated the organizational objectives. The third and fourth articles described the different officers and their duties. The second article mentioned a provision for nurses in the event of a disaster: “First, render aid in material, money, and furnish nurses and other assistance.”¹⁴⁶

The first assignment for the renamed Louisiana State Society of the American Red Cross came directly from Clara Barton. She requested that the organization partner with the Army Medical Corps from Jackson Barracks to provide emergency relief for the crowds at the World’s Industrial and Cotton Centennial Exposition held in New Orleans. The huge fair ran for six months from December 1884 to June 1885. Accidents and bouts of illness posed a significant

¹⁴⁵ News/Opinion, “The Cyclone: Measures of Relief that Follow the Great Disaster,” *Daily Picayune* (New Orleans), April 28, 1883; S. Barlow Holmes, “Copiah and Lincoln Co., MS: The Storm of 1883,” <http://www3.gendisasters.com/mississippi/8530/storm-1883-copiah-lincoln-co-ms> (accessed October 6, 2013).

¹⁴⁶ “Constitution and By-Laws of the State Society of the Red Cross of Louisiana, Organized January 29, 1885, New Orleans, Louisiana,” Folder 161.1 Louisiana State Society of the Red Cross, Box 22, Group 1, 1881-1916, RG 200, NACP.

threat to more than a million people who attended the fair. The officers of the Louisiana State Society erected relief stations under several Army medical tents staged at various points on the fairgrounds located at the current site of the Audubon Park and Zoo in the Uptown neighborhood. Major Harry E. Brown, the chief Army surgeon from Jackson Barracks, located on Saint Claude Avenue in the Lower Ninth Ward, authorized the use of the medical tents. Male volunteers from the Louisiana State Society provided first aid until victims stabilized enough for transport to either Charity Hospital or Touro Infirmiry. In April 1885, with permission from Clara Barton, the Louisiana State Society established its own American Red Cross hospital on the fairgrounds. The hospital consisted of two buildings located near the fair administration building. The smaller building held the offices of the hospital supervisor, Colonel Southmayd, and the surgeon, Dr. W. Wunderlich. The larger building consisted of two wards with six patient beds each, a washroom, a bathroom, and a room for Caroline Betz, a volunteer (untrained) nurse who served as the ward matron. Volunteer nurses held no credentials as graduates of professional schools of nursing, and in New Orleans, these schools did not exist before 1890.¹⁴⁷

In the late summer of 1888, a yellow fever epidemic struck Jacksonville, Florida, with an intensity that prompted the Louisiana State Society of the American Red Cross to organize as many volunteer nurses as possible to treat the victims. Clara Barton established a temporary American Red Cross hospital in Jacksonville and telegraphed Colonel Southmayd for assistance. She subscribed to the popular belief that nurses from New Orleans had either developed an immunity to yellow fever or had treated patients with the disease. Colonel Southmayd traveled to Florida by train accompanied by a group of almost 30 volunteer nurses, both black and white.

¹⁴⁷ News/Opinion, "Society of the Red Cross: How to Make a Practical Exhibit at the Exposition," *Daily Picayune* (New Orleans), January 27, 1885; News/Opinion "World's Exposition: The Red Cross Hospital," *Daily Picayune* (New Orleans), April 26, 1885.

Barton allowed only the white nurses to represent the American Red Cross and ignored the efforts of the black nurses. All the nurses worked for the Jacksonville Auxiliary Sanitary Association under the direction of Dr. Neil Mitchell, the president of the executive committee.¹⁴⁸

Bad publicity followed the experiences of Colonel Southmayd and the volunteer nurses from New Orleans. While in Jacksonville, Florida, some of the white nurses exhibited disgraceful behaviors that ranged from public intoxication to arrest for theft, and one of the black nurses refused to provide care for black patients. In addition, several nurses resisted taking orders from Dr. Mitchell. Embarrassed by the situation and the national press coverage, Colonel Southmayd left Jacksonville and headed to Washington, DC to answer inquiries at the headquarters of the American Red Cross. Clara Barton promptly rescinded the work orders for the nurses, and local authorities instructed them to leave Jacksonville. The conduct demonstrated by this group of nurses helped prove to the public that New Orleans needed professional schools to produce disciplined nurses for work delegated by the American Red Cross.¹⁴⁹

To further complicate matters for the nurses from New Orleans, Dr. Clement P. Wilkinson, the president of the Louisiana State Board of Health, refused to them grant permission to return home after their exposure to yellow fever in Jacksonville. Rear Admiral John B. Hamilton, the Surgeon General of the United States, assured Dr. Wilkinson the nurses had completed the required quarantine of at least ten days at Camp Perry outside of Jacksonville. The nurses stayed at the camp for 19 additional days without any incident of infection. On

¹⁴⁸ Charles S. Adams, ed., *Report of the Jacksonville Auxiliary Sanitary Association: Epidemic of 1888, Jacksonville, Fla.* (Jacksonville, FL: Times-Union Print, 1889), 35-36, books.google.com/books?id=h64QAQAAMAAJ (accessed September 21, 2013); Bob Arnebeck, "A Short History of Yellow Fever in the U.S.," <http://web.archive.org/web/20071107163908/http://www.geocities.com/bobarnebeck/history.html> (accessed September 12, 2014).

¹⁴⁹ Kernodle, *The Red Cross Nurse in Action*, 5. According to Kernodle, the drunk nurse consumed a bottle of whiskey prescribed for medicinal purposes.

October 12, 1888, Dr. Wilkinson issued a written apology to the families of the nurses by way of the *Daily Picayune*. In the article, he also explained how the population benefitted from an extended quarantine that posed no risk of epidemic to the city. Within a few days, the nurses boarded the steamboat *Lizzie Henderson* in Tampa, Florida, and sailed for home.¹⁵⁰

Five years later, a disaster struck that greatly affected people in New Orleans. On October 1, 1893, a monster hurricane with 135 mile-per-hour sustained winds destroyed the Jefferson Parish coastal ridge peninsula of Cheniere Caminada along with the fishing communities of Caminadaville, Oyster Bayou, and Fifi Island. Out of 1,531 recorded residents in Caminadaville, only 742 survived the storm. Newspapers in New Orleans later reported no survivors on Oyster Bayou and Fifi Island. After the hurricane passed over Cheniere Caminada, one damaged house stood as the only reminder of the once thriving fishing town of Caminadaville. The storm left the survivors with no immediate supplies of food, clothing, or shelter for sustenance on the peninsula. Neighboring Grand Isle also suffered catastrophic damage to several hotels and private residences. Many people in New Orleans grieved for extended family members who perished on Cheniere Caminada or mourned the loss of their beloved vacation resorts and homes on Grand Isle. The hurricane eventually claimed over 2,000 lives on the Gulf Coast.¹⁵¹

After word of the hurricane reached New Orleans by boat, the Louisiana State Society of the American Red Cross took swift action. On October 5, 1893, General John B. Vinet, president

¹⁵⁰ News/Opinion, "Under the Ban: Red Cross Nurses Forbidden to Return to Their Homes," *Daily Picayune* (New Orleans), October 11, 1888; News/Opinion, "Red Cross Nurses: Dr. Wilkinson Explains How They May Return to New Orleans," *Daily Picayune* (New Orleans), October 12, 1888.

¹⁵¹ Headline, "The Full Story of Cheniere Isle," *Daily Picayune* (New Orleans), October 6, 1893; NOLA.com, "Our Times: The Cheniere Isle Hurricane of 1893," http://www.nola.com/175years/index.ssf/2012/03/our_times_the_cheniere_isle_hu.html (accessed October 6, 2013). The "Isle" term in both headlines refers to the Cheniere Caminada peninsula.

of the organization, issued a call to the public in the *Daily Picayune* to provide relief for the victims. Many businesses in the city stood ready to respond with donations of clothing, food, and cash. The engineers of the Fort Jackson Railroad offered free transportation for all the donated items loaded at any station on the route. They had planned to run the train down to Buras, Louisiana, near the mouth of the Mississippi River, where volunteers waited to transfer the supplies onto boats for water transport to Cheniere Caminada.¹⁵²

On October 6, 1893, the staff of the *Daily Picayune* and the Louisiana State Society of the American Red Cross chartered the steamboat *Emma McSweeney* as a relief vessel for the disaster. They assumed correctly that the hurricane had washed away the train tracks in southeastern Louisiana, so any effort on behalf of the Fort Jackson Railroad to reach Buras proved futile for relief. Instead, volunteers loaded the boat with boxes of donated supplies at the Conti Street wharf in New Orleans. The boat set sail for Grand Isle and Cheniere Caminada before noon. Several Sisters of Charity from Charity Hospital (see fig. 4.1) boarded the boat to provide nursing services for the survivors of the storm. The boat returned at night full of sick and wounded people who were transported to Charity Hospital for further treatment. Reporters from the *Daily Picayune* issued a plea for physicians to sail on any subsequent voyages.¹⁵³

¹⁵² News/Opinion, "Relief Readily Volunteered by All: The Red Cross Society Issues a Call for Aid," *Daily Picayune* (New Orleans), October 5, 1893. General Vinet was a Confederate veteran of the Civil War.

¹⁵³ News/Opinion, "Calamity and Relief," *Daily Picayune* (New Orleans), October 6, 1893. In 1832, the Sisters of Charity (of Saint Vincent de Paul) began their work at Charity Hospital.

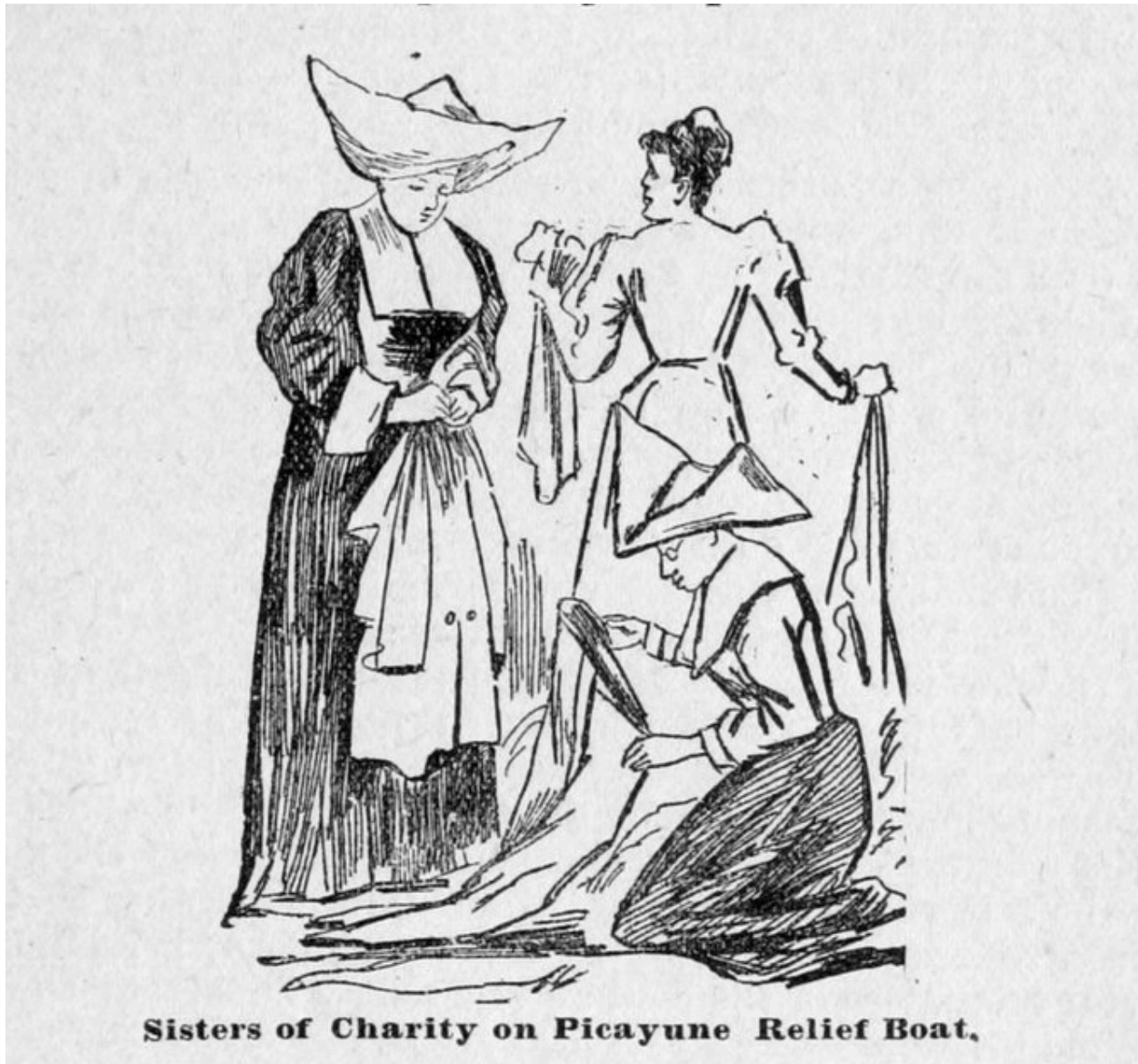


Figure 4.1. Illustration of the Sisters of Charity from Charity Hospital aboard the *Emma McSweeney*. Note the traditional habits and cornettes (headgear) worn by the Sisters. *Source:* NOLA.com, “Sisters of Charity,” http://photos.nola.com/tpphotos/2012/03/cheniery_11.html (accessed October 6, 2013).

On September 8, 1900, another huge hurricane destroyed Galveston, Texas. People in New Orleans found out about the storm two days later when John M. Parker, president of the Cotton Exchange, received an urgent message from the president of the Cotton Exchange in Houston, Texas. Parker pleaded with Mayor Paul Capdevielle to issue a statement in the *Daily Picayune* and to call the Louisiana State Society of the American Red Cross into action. The

organization held a meeting to immediately arrange relief by means of donated clothing, food, and cash. Executives from the Cotton Exchange and the Board of Trade coordinated with the Exporters' Association for the services of the tugboat *R. G. Wilmot* to transport donated items to Galveston. Since the people of Galveston had donated \$10,000 towards relief for the hurricane in Cheniere Caminada, Mayor Capdevielle thought it appropriate for the people of New Orleans to expeditiously return the favor. He telegraphed the following message to the mayor of Galveston: "I wish to express to you, and to the citizens of Galveston, the profound grief and sympathy felt by the people of New Orleans, and myself, over the dreadful calamity which has befallen your city. We desire to help the sufferers, and have started a subscription to that end."¹⁵⁴

On September 15, 1900, the *Daily Picayune* published a list of relief donations for the survivors in Galveston. Businesses and individuals had contributed almost \$9,000 during the week following the hurricane. Generous men from the Cotton Exchange, who answered the first call for help, donated \$7,000, while other business executives made individual donations upwards of \$50 to the relief fund. While the male business community focused on cash donations, the women of New Orleans decided to organize relief for more tangible items. Several prominent social clubs for women converged in the banquet hall at the St. Charles Hotel to solicit donations for the purchase of clothing, food, and medical supplies for the survivors. Emma Marie Capdevielle, the wife of the mayor, called the meeting to order and served as the guest speaker. The women agreed to work directly for Mayor Capdevielle and cooperated fully

¹⁵⁴ News/Opinion, "The Great Heart of New Orleans Answers to the Cry of Distress from Her Sister City," *Daily Picayune* (New Orleans), September 11, 1900,

with the relief efforts directed by men from the Louisiana State Society of the American Red Cross, the New Orleans Board of Trade, and the Cotton Exchange.¹⁵⁵

The relief work for the Galveston hurricane altered the composition of the Louisiana State Society of the American Red Cross and the role of women in relief work. Women formed a permanent auxiliary of the organization, and this group played an important role during the “watch meetings” (fundraisers) on New Year’s Eve, 1900. After the hurricane, the American Red Cross had contacted National Guard units across the nation to sponsor these fundraisers that would raise money for a permanent disaster fund. Colonel George M. Hodgdon, commander of the First Regiment Infantry of the Louisiana National Guard, delegated the responsibility of organizing the watch meeting to the Guardsmen from the armory. They enlisted the help of the newly organized Ladies’ Auxiliary of the Louisiana State Society of the American Red Cross to turn the watch meeting into a festival of entertainment. The grounds of the armory on Girod Street in the Garden District served as the location for the festival. The Ladies’ Auxiliary organized a vaudeville show that featured local talent, booths for food and refreshments, and a fireworks display. Donations collected at the booths and profits from the sale of admission tickets went into the disaster fund. The women who volunteered at the ticket booths wore uniforms borrowed from local American Red Cross nurses as costumes.¹⁵⁶

After the turn of the century, the roles of genuine American Red Cross nurses expanded significantly as a result of several internal reforms. On January 5, 1905, the American Red Cross received a second federal charter that mandated several steps for an institutional reorganization.

¹⁵⁵ News/Opinion, “The Ladies Join the Relief Work,” *Daily Picayune* (New Orleans), September 15, 1900.

¹⁵⁶ News/Opinion, “Military Watch Meeting to Usher in the New Year, Under Red Cross Auspices,” *Daily Picayune* (New Orleans), December 18, 1900.

First, the leadership changed from the Board of Incorporators to the Central Committee of the American Red Cross. The Incorporators would remain at the headquarters to serve as an advisory group for the Central Committee. Second, American Red Cross state boards had to gradually replace the network of societies scattered throughout the states. Authorized for organization only in the capital cities, these boards would help to streamline relief work at the state level. Third, the acquisition of nurses for the American Red Cross shifted from the responsibility of the former societies to that of the Central Committee. With these changes, the new leaders of the American Red Cross took important first steps to institutionalize nursing at the national level for future utilization in wars and disasters.¹⁵⁷

In December 1905, at the annual meeting of the American Red Cross, the Central Committee started an official list of nurses for future enrollment after a failed attempt at affiliation with the Nurses' Associated Alumnae. The reorganization of the American Red Cross took priority, thus the failure occurred due to a lack of coordination from the leaders of both organizations. Instead, the Central Committee moved forward and created its own eligibility requirements for nurses who wanted to work for the American Red Cross. The Nurses' Associated Alumnae and the Committee on Red Cross Affairs, a subsidiary of the Society of Superintendents of Training Schools for Nurses, opted to serve as informal advisory groups for nurse enrollment.¹⁵⁸

The Central Committee set the requirements for nurses who were a minimum age of 25, held a certificate of good health, and either proof of state registration or a diploma from a nursing

¹⁵⁷ American Red Cross Museum, "The Federal Charter of the American Red Cross," <http://www.redcross.org/museum/history/charter.asp> (accessed January 11, 2010).

¹⁵⁸ Kernodle, *The Red Cross Nurse in Action*, 41.

school that offered a minimum two-year training program, for states that did not have a registry. After the Central Committee approved a nurse for enrollment, it issued a metal badge (see fig. 4.2) to be worn on the uniform. The enrollment list consisted of the names of all American Red Cross nurses eligible to volunteer for disaster relief. However, the list did not include any names of black nurses. Institutional racism had reached even into the spaces of the “respectable” American Red Cross. The Central Committee barred black nurses from enrollment for American Red Cross relief work.¹⁵⁹

¹⁵⁹ “Nursing Services,” Folder 140.11 Nursing Service Creation, Functions, Organization, and Discontinuance, 1935-1943, Box 154, Group 3, 1935-1946, RG 200, NACP.



Figure 4.2. The badge that identified American Red Cross nurses. The design has remained relatively unchanged since the initial issuance in 1906.

Source: American Red Cross, “American Red Cross Nurse Badge Portal,” <http://www.redcrossnursingpinregistry.org/Default.aspx> (accessed October 7, 2013).

Once the list swelled to over several hundred names, the Central Committee decided to create a national organization for nurses within the American Red Cross. In December 1909, Mabel Boardman, the secretary of the American Red Cross, proposed the idea at the annual meeting attended by the Central Committee and the American Red Cross War Relief Board, an

advisory group of senior military officers. Both groups voted unanimously to approve the establishment of the National Committee on (American) Red Cross Nursing Service complete with a chair and 14 staff nurses to supervise the organization. The Central Committee assured the War Relief Board that the Nursing Service would act as the primary organization for military nurse recruitment in future wars. Jane Arminda Delano (see fig. 4.3), the superintendent of the Army Nurse Corps Reserve and president of the Nurses' Associated Alumnae, accepted an appointment as the chair. On January 20, 1910, she hosted the first meeting of the Nursing Service at the American Red Cross headquarters in Washington, DC.¹⁶⁰

¹⁶⁰ "Nursing Service," October 16, 1942, Folder 140.11 Nursing Service Creation, Functions, Organization, and Discontinuance of, 1935-1943, Box 154, Group 3, 1935-1946, RG 200, NACP.



Figure 4.3. Jane Arminda Delano, first chair of the National Committee on Red Cross Nursing Service and aunt to future President Franklin Delano Roosevelt, wearing the uniform of an American Red Cross nurse.

Source: Harris and Ewing Collection, Prints and Photographs Division, Library of Congress, LC-DIG-hec-17695.

Jane Delano and her staff devised an immediate plan to recruit and enroll nurses for the American Red Cross Nursing Service. The plan consisted of several steps. First, state nursing associations had to affiliate with the Nursing Service before they organized state committees for nurse enrollment. Second, nursing school graduates had to apply for enrollment through their respective state committees, not directly from the American Red Cross. Through her contacts in the Nurses' Associated Alumnae, Delano planned to furnish these committees with a list of approved nursing schools from which to recruit and enroll graduates. Third, if these committees approved their applications, then the names of the enrolled nurses went on a master list held by the Nursing Service. As the parent organizations of the future state committees, the state nursing associations would hold the power to decide which nurses qualified for enrollment, provided they were white. Persistent institutional racism within the American Red Cross prohibited the enrollment of black nurses in the Nursing Service.¹⁶¹

On December 5, 1910, Jane Delano proposed her plan to the Central Committee at the annual meeting of the American Red Cross. The Central Committee approved the establishment of State Committees on Red Cross Nursing Service under the supervision of state nursing associations. The plan essentially relieved all American Red Cross state societies and boards of the chore of nursing enrollment. Delano wanted nursing associations to recruit from within their own ranks and choose nurses worthy of service with a national organization. She trusted the leaders of the state associations to make sound decisions and enroll nurses of the highest caliber. To that end, as the last order of business at the annual meeting, Delano approved the affiliations of the Louisiana State Nurses' Association and 19 other state nursing associations with the

¹⁶¹ Kernodle, *The Red Cross Nurse in Action*, 43.

Nursing Service. Shortly thereafter, the leaders of the state associations organized Nursing Service committees to recruit and enroll nurses for relief work with the American Red Cross.¹⁶²

Stripped of its power to recruit nurses and under pressure from the Central Committee to follow a mandate in the second federal charter, the Louisiana State Society of the American Red Cross reorganized into the Louisiana State Board of the American Red Cross. In March 1910, Governor Jared Y. Sanders received a request from Ernest P. Bicknell, the national director of American Red Cross State Boards, to organize a board in the capital city of Baton Rouge. The letter also stated the provisions for such a board. The Central Committee required that state boards act as financial directors for relief drives conducted by city chapters of the American Red Cross. A state board served as the central point for the receipt of substantial donations collected by the city chapters. After receipt, the president of the board either promptly deposited the money into the American Red Cross account held by the federal Department of the Treasury or transferred it to a designated representative on scene at the disaster. A typical state board consisted of the governor and a group of business executives.¹⁶³

In March 1910, Ernest Bicknell appointed Governor Sanders as the president of the Louisiana State Board of the American Red Cross. Afterwards, he wrote a letter to Bicknell to ask for his approval on recommendations for board members. Bicknell replied with a letter of confirmation. In the spring of 1911, a group of wealthy and respected business executives from New Orleans, Lake Charles, and Shreveport accepted their appointments to the board. In a letter typed on New Year's Day 1912, Bicknell expressed his satisfaction with the organization. He

¹⁶² Jane A. Delano, "Red Cross Work," *American Journal of Nursing* 11, no. 4 (January 1911): 275, <http://www.jstor.org/stable/3404914> (accessed December 7, 2008).

¹⁶³ Ernest P. Bicknell, National Director of the American Red Cross, to Governor Sanders, March 16, 1910, Folder 161.1 Document 161.12 Letter to Governor Sanders from National Director, March 6, 1910, Request to Organize a State Board, Box 22, Group 1, 1881-1916, RG 200, NACP.

wrote to Governor Sanders, “In this connection we wish to thank you for your interest in the Red Cross and to express the hope that you will not hesitate to use the machinery of the State Board in the collection and disbursement of relief funds made necessary by the occurrence of great disasters within your own state or elsewhere.”¹⁶⁴ The board members had to wait a few years before a city chapter of the American Red Cross organized in Louisiana.

The initial plans for the chapter in New Orleans began at a convention in Washington, DC, for the Needlework Guild, a national volunteer organization for women that supported the work of the American Red Cross. In May 1914, socialite Laura (Maginnis) Penrose (see fig. 4.4), widow of former City Treasurer George Bright Biddle Penrose, attended the convention as the local delegate from the New Orleans branch of the Guild. Mabel Boardman, secretary of the American Red Cross and honorary chair of the Guild, served as the guest speaker. She talked about several international incidents, related to the Mexican Revolution, that had occurred along the southern Texas border. Boardman emphasized the need for American Red Cross relief to support Army and National Guard troops stationed near the troubled region. Motivated by the speech, Penrose left the convention and returned to New Orleans, full of inspiration to organize a city chapter of the American Red Cross.¹⁶⁵

¹⁶⁴ “Organization of the Louisiana State Board,” Folder 161.1 Document 161.11 Organization of Louisiana State Board American Red Cross, Box 22, Group 1, 1881-1916, RG 200, NACP; Ernest P. Bicknell, National Director of the American Red Cross, to Governor Sanders, January 1, 1912, Folder 161.1, Document 161.12, Letter to Governor Sanders of January 1, 1912 from National Director, Box 22, Group 1, 1881-1916, RG 200, NACP. The State Board members were William R. Irby, president of the American Tobacco Company, New Orleans; Charles Janvier, vice president of the Canal Bank and Trust Company, New Orleans and a former Senator; John J. Gannon, president of the Hibernia Bank and Trust Company, New Orleans; William A. Guillemet, cashier (comptroller) of the Lake Charles National Bank, Lake Charles; and Andrew C. Querbes, president of the First National Bank and the former mayor of Shreveport.

¹⁶⁵ Mrs. George B. Penrose, preface to *My Monograph: War Relief Work in Old Louisiana* (New York: Himebaugh and Browne, 1919).



Figure 4.4. Laura Penrose, founder of the New Orleans Chapter of the American Red Cross. She is wearing the uniform of an American Red Cross nurse's aide.

Source: Mrs. George B. Penrose, inside cover of *My Monograph: War Relief Work in Old Louisiana* (New York: Himebaugh and Browne, 1919).

Two years later, the opportunity arose for Laura Penrose to act on her ambitions for the New Orleans Chapter of the American Red Cross. She and Mabel Boardman had discussed the organization of a chapter in the city through a series of letters. In April 1916, Penrose took the next step at a national convention for the American Nurses' Association held at the Grunewald Hotel on Baronne Street in the Central Business District. Jane Delano, chair of the American Red Cross Nursing Service, made an appearance at the convention as the guest speaker. Acting on behalf of Boardman, Delano interviewed Penrose and requested that she establish an American Red Cross chapter in New Orleans to supply relief for Army troops stationed along the southern Texas border. The proximity of the city to the borderlands provided a strategic point for the transport of medical supplies through commercial shipping lanes. After the convention, Penrose contacted several business executives and their wives to discuss the plans for the New Orleans Chapter. She needed financial support from the business community to fund the New Orleans Chapter and a commitment for volunteer relief work from the women. On July 6, 1916, she received a letter from Charles J. O'Connor, the assistant director of civilian relief for the American Red Cross, that authorized her to officially organize the New Orleans Chapter of the American Red Cross. She chose a vacant building at 307 Carondelet Street in the Central Business District as the headquarters for the new chapter.¹⁶⁶

Laura Penrose and the female volunteers of the New Orleans Chapter of the American Red Cross immediately affiliated with the Louisiana State Committee on Red Cross Nursing Service to become trained and certified nurse's aides. In December 1915, as the nation inched closer to the war in Europe, the American Red Cross Nursing Service published a special training

¹⁶⁶ Emile V. Stier, *Report of the New Orleans Chapter of the American Red Cross: New Orleans, June 30, 1919* (Washington, DC: American Red Cross, 1919), 13; Penrose, *My Monograph*, 23. The Grunewald Hotel is currently the Roosevelt New Orleans Hotel.

course for chapter volunteers. The month-long course, an expanded version of “Elementary Hygiene and Home Care for the Sick,” consisted of lessons in basic first aid, home hygiene, hospital patient care, and infant care. American Red Cross nurses taught the course and certified volunteers as nurse’s aides after completion. The Nursing Service expected nurse’s aides to assume some of the basic functions required of nurses who worked in hospitals and private homes. The influx of nurse’s aides allowed hospital staffs to release more nurses from civilian work, so they could join the military nurse corps. By August 1916, nurses from Touro Infirmary had taught two classes of almost 40 female chapter volunteers and certified them as nurse’s aides. These women stood prepared and ready to assume important roles in relief work for the impending war.¹⁶⁷

After the congressional declaration of war against the German Empire on April 6, 1917, the mission of the New Orleans Chapter focused solely on relief for the international conflict. The New Orleans Chapter urged everyone to get involved in the war effort. The American Red Cross even created a Junior Red Cross so children could help with relief work, and New Orleans Chapter leaders supervised this work at schools throughout the city. American Red Cross nurses and nurse’s aides taught 150 boys at the Warren Easton High School how to roll 7,000 bandages for wounded soldiers. Girls at the Sophie B. Wright and Esplanade high schools knitted sweaters and other garments, became certified junior nurse’s aides, and wore volunteer uniforms to form live national and American Red Cross flags for publicity photographs. By the end of 1917, the

¹⁶⁷ News/Opinion, “Red Cross Forms Orleans Classes for War Service,” *Times-Picayune* (New Orleans), June 29, 1916, Microfilm 452, June 20-July 23, 1916, Multimedia Collections, Earl K. Long Library, New Orleans, LA; Kernodle, *The Red Cross Nurse in Action*, 111. In 1913, the Nursing Service developed the “Elementary Hygiene and Home Care for the Sick” course for home care providers. Nurse’s aides are not to be confused with American Red Cross volunteers, known as “Gray Ladies” for the color of their uniforms, who performed non-medical (hostess) tasks at hospitals.

Junior Red Cross in New Orleans encompassed 117 units at private and parochial schools for a total of 38,885 enrolled children.¹⁶⁸

In addition to children for the Junior Red Cross, the New Orleans Chapter of the American Red Cross encouraged the black community to get involved with war relief. Segregation within the American Red Cross volunteer network prohibited blacks from joining city chapters as equal members. However, the leaders of the chapter permitted black volunteers to charter auxiliary units for relief work. In the summer and fall of 1917, two black professionally trained nurses organized Auxiliary Branches 6 and 11 on the east and west banks of the Mississippi River. Louise J. Ross (see fig. 3.4), a graduate of the Sarah Goodridge Hospital and Nurse Training School, and Sarah G. Brown (see fig. 4.5), a graduate of the Providence Sanitarium Nursing Department, assumed the positions as chairs of the auxiliaries. Ross chose a room at the Pythian Temple on the corner of Gravier and Saratoga streets in the Central Business District as the headquarters for Auxiliary Branch 6, while Brown and the staff of Auxiliary Branch 11 worked in a building owned by the Ladies of Hope Benevolent Association in Algiers, a neighborhood of New Orleans on the West Bank. Ross and Brown also recruited several of their nursing school classmates to serve as officers and volunteers in their auxiliaries.¹⁶⁹

¹⁶⁸ Stier, *Report of the New Orleans Chapter of the American Red Cross*, 51-59.

¹⁶⁹ Stier, *Report of the New Orleans Chapter of the American Red Cross*, 145-146. The Mississippi River divides Orleans Parish into the east and west banks. The majority of Orleans Parish is on the east bank.



Figure 4.5. *Top*, Sarah G. Brown, graduate of the Providence Sanitarium Nursing Department and chair of Auxiliary Branch 11, in a nursing uniform and *bottom*, in evening wear. *Source*: Colored Civic League of New Orleans, "Colored New Orleans: High Point of Negro Endeavor, 1922-23," Louisiana Division Special Collections, New Orleans Public Library, New Orleans, LA.

In the fall of 1917, Auxiliary Branches 6 and 11 jointly sponsored Junior Red Cross units at Xavier University, a predominantly black Catholic institution, and at schools for black children throughout Orleans Parish. In the same manner as their white counterparts, black nurses taught the children how to roll bandages and encouraged the girls to knit clothing for soldiers in the war. The leaders of the New Orleans Chapter praised the carpentry students at Xavier University for the donation of dozens of handmade tableware chests designated for auction at relief fundraisers. More than 95 percent of black children citywide had enrolled in the Junior Red Cross, compared to 85 percent of white children. Recognized as female leaders in the black community, Ross and Brown experienced little resistance from parents and school administrators in their persuasion of children to join the Junior Red Cross.¹⁷⁰

Finally, on June 10, 1918, the American Red Cross Nursing Service opened enrollment for black nurses. The demand to increase the size of the military nurse corps coupled with the spread of the influenza pandemic resulted in a severe shortage of professionally trained nurses. Hospital staffs faced a public health crisis and turned to the American Red Cross to solve the problem. Jane Delano wrote an open letter to the division directors of the wartime Nursing Service that authorized the immediate enrollment of black nurses. Black nursing school graduates had waited patiently for over a decade to be called for duty with the Nursing Service. The National Association of Colored Graduate Nurses (NACGN) kept a master list of names ready, if the need ever arose for the Nursing Service. Delano contacted the leaders of the NACGN to begin the enrollment process at the level of the State Committees on Red Cross Nursing Service. Black American Red Cross nurses wore the same metal badges as whites, but

¹⁷⁰ Stier, *Report of the New Orleans Chapter of the American Red Cross*, 146.

an “A” after the issuance number on the back designated them as members of a segregated group in the Nursing Service.¹⁷¹

Both black and white American Red Cross nurses witnessed one of the worst pandemics to ever strike the nation. In the spring of 1918, a deadly strain of influenza originated in Haskell County, Kansas only a few miles from Camp Funston, one of the largest training bases for soldiers in the war. The airborne virus rapidly spread from the heartland to the coasts and swept around the world in two consecutive waves, with the second wave deadlier than the first. In September 1918, that second wave struck New Orleans. Efforts to fight the pandemic on the local level doubled the work of the New Orleans Chapter of the American Red Cross and its Auxiliary Branches 6 and 11. The leaders of the chapter quickly established a nursing department to coordinate the work of American Red Cross nurses and nurse’s aides who provided care for the victims. Over 54,000 people eventually succumbed to the disease as the virus spread throughout the city. Despite the good intentions of the chapter, American Red Cross nurses, and nurse’s aides, 3,489 people still died from influenza in New Orleans. The pandemic resulted in the deaths of almost 50 million people worldwide.¹⁷²

Once the influenza pandemic had passed, American Red Cross nurses in New Orleans resumed normal functions. The return of veteran nurses already enrolled in the Nursing Service

¹⁷¹ Jane A. Delano, Director of Department of Nursing, to Division Directors, June 10, 1918, Folder 300.1 Negro Nurses, Box 392, Group 2, 1917-1934, Record Group 200, NACP; Joyce Ann Elmore, “Nurses in American History: Black Nurses.” 437, (accessed November 15, 2011). Frances Reed Elliott Davis from the Freedmen’s Hospital in Washington, DC was the first black nurse enrolled in the Nursing Service. She wore a badge inscribed with “1-A” on the back.

¹⁷² John M. Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York: Penguin Books, 2004), 169-171; William H. Robin, “Biennial Report of the Board of Health for the Parish of Orleans and the City of New Orleans, 1918-1919,” 8, University of Michigan Center for the History of Medicine and Michigan Publishing, University of Michigan Library, <http://hdl.handle.net/2027/spo.4140flu.0012.414> (accessed March 31, 2014); Stier, *Report of the New Orleans Chapter of the American Red Cross*, 100-101. For a more detailed account of the influenza pandemic in New Orleans as a public health crisis, see Chapter 5.

helped to strengthen their public appeal. In the early 1920s, both black and white American Red Cross nurses made guest appearances at various Orleans Parish schools to teach children the benefits of first aid. Nurses taught the full course for high school and university students as an elective, whereas in primary schools an abbreviated first aid class became a part of either home economics or physical education. Adult students enrolled in annual summer school programs for home nursing. The New Orleans Chapter of the American Red Cross funded and equipped a building at 725 Common Street in the Central Business District as a health training center for nurses to conduct daytime and evening classes for teachers and mothers. Courses in home nursing and first aid had become the top priority of the peacetime Nursing Service.¹⁷³

American Red Cross nurses enjoyed several peaceful years in the city until a spring thaw and heavy rains caused a massive flood of the Mississippi River basin. During the summer of 1926, heavy rains pounded the central basin of the river. By December, the water levels of the tributaries in Iowa, Kansas, and Tennessee had reached top levels. On April 15, 1927, more rains that measured up to 15 inches in Louisiana added to the capacity of the already swollen river. The floodwaters eventually covered more than two million acres of land in seven states. The American Red Cross registered over half a million people for relief. The flood left 28,000 of them stranded along the interstate levee system.¹⁷⁴

¹⁷³ Kernodle, *The Red Cross Nurse in Action*, 306-319; News/Opinion, "Health and Prevention of Disease Discussed," *Times-Picayune* (New Orleans), April 6, 1921; "Nursing System in Schools Spreading Out," *Times-Picayune* (New Orleans), December 11, 1921; 1 "Classes Opened in Home Nursing," *Times-Picayune* (New Orleans), June 9, 1922; "Home Nursing Her Theme," *Times-Picayune* (New Orleans), October 24, 1922.

¹⁷⁴ News/Opinion, "Comprehensive Review of Mississippi River Flood Appears in Late Issue of 'The Lamp,' Standard Oil Publication," *State Times* (Baton Rouge), July 16, 1927; "Red Cross Nurses Brave Daily Hardship to Aid Flood Victims," *Times-Picayune* (New Orleans), July 10, 1927. For a comprehensive history of the Mississippi River flood of 1927, see John M. Barry, *Rising Tide: The Great Mississippi River Flood of 1927 and How It Changed America* (New York, NY: Simon and Schuster, 1997).

In New Orleans, city officials and business leaders met to discuss plans on how to save the majority of the city structures and people from the deluge. In early May, Governor Oramel H. Simpson authorized the Army Corps of Engineers to dynamite a levee in Caernarvon, Louisiana, a small town in St. Bernard Parish southeast of the city, to relieve the pressure of the river. The ensuing flood from the demolition destroyed a large portion of that parish and the east bank of Plaquemines Parish. Floodwaters left nearly everyone in the affected parishes homeless, unemployed, and in dire need of relief from the American Red Cross.¹⁷⁵

Volunteers with the American Red Cross erected and equipped 54 refugee camps along the levees throughout the flooded region. Over 300 American Red Cross nurses, including 55 black nurses for the segregated camps, provided healthcare services for the refugees. Nurses who specialized in obstetrics and pediatrics supervised the births of 800 babies in the camps and monitored the refugees for any signs of diseases. In late July 1927, after the New Orleans Chapter of the American Red Cross closed the last refugee camps in St. Bernard and Plaquemines parishes, the American Red Cross Nursing Service reported that no incidents of epidemic disease had occurred during the flood, a tribute to the professional training and quality of work on behalf of the nurses.¹⁷⁶

The Central Committee of the American Red Cross had designated the New Orleans Chapter as the local agency for flood relief. The chapter leaders liaised with members from local branches of national charitable groups to provide the basic needs of food and clothing for

¹⁷⁵ News/Opinion, "Comprehensive Review of Mississippi River Flood Appears in Late Issue of 'The Lamp,' Standard Oil Publication," *State Times* (Baton Rouge), July 16, 1927.

¹⁷⁶ News/Opinion, "Red Cross Nurses Brave Daily Hardship to Aid Flood Victims," *Times-Picayune* (New Orleans), July 10, 1927; Clara D. Noyes, "Department of Red Cross Nursing," *American Journal of Nursing* 27, no. 10 (October 1927): 857-860, <http://www.jstor.org/stable/34099105> (accessed December 7, 2008). By October 1927, four camps in Louisiana, upriver of New Orleans, still sheltered flood refugees.

the refugees and others who applied for aid. After the floodwaters receded, the New Orleans Chapter worked with the Louisiana Labor Commission to provide construction and site clearing jobs for thousands of unemployed people. Most importantly, the New Orleans Chapter raised money to fund national flood relief operations. On July 17, 1927, the *Times-Picayune* reported donations collected by the New Orleans Chapter exceeded the mandatory flood relief quota of \$200,000 by an additional \$75,000. From May to July, the American Red Cross had spent over \$15,000 a week in relief funds just for the people in St. Bernard and Plaquemines parishes.¹⁷⁷

Three years after the Mississippi River flood, the Great Depression struck the nation. Akin to many other federal agencies, the American Red Cross Nursing Service suffered from financial hardships and personnel reductions. The decrease in donations to the American Red Cross account at the National Treasury resulted in nationwide cuts to the total work hours and services for nurses. The financial burden placed on American Red Cross nurses happened during a time when people needed them most. Unemployment and poverty took a toll on public health and the professional capability of the Nursing Service. Nurses faced the difficult choice of either providing free care for families who could not afford to pay or quit working for the Nursing Service. The reduction in their paid labor forced many nurses to seek employment elsewhere, but finding jobs in the public sector proved to be a challenge. Hospital managers often released excess nurses to save on payroll. Even in hospitals, nurses suffered from wage cuts and decreased employment opportunities similar to other professional labor groups victimized by the Great Depression.¹⁷⁸

¹⁷⁷ News/Opinion, "Campaign Opens to Find Positions for Unemployed," "Relief Given 7138 Costs \$15,670 a Week," *Times-Picayune* (New Orleans), July 10, 1927; "Orleans Exceeds Red Cross Quota by 37 Percent," *Times-Picayune* (New Orleans), July 17, 1927.

¹⁷⁸ Kernodle, *The Red Cross Nurse in Action*, 362-364.

Eventually, the American Red Cross Nursing Service received some monetary relief from a few of the New Deal programs. In 1933, the Federal Emergency Relief Administration (FERA) paid the wages for American Red Cross nurses to reinstate the home nursing and first aid training programs that began after World War I. FERA allotted funds directly to the city chapters to reopen the American Red Cross health training centers and purchase textbooks and supplies for the courses for youth and adult students. In 1934, the Civil Works Administration (CWA) replaced the activities of FERA and distributed more funds to keep the training centers open for enrollment. Further government assistance from state emergency relief programs also helped to keep the Nursing Service in business. Nurses justified their personal need for financial assistance through the public demand for American Red Cross health courses provided by the city chapters. Enrollment in these courses, for the new purpose of home defense, increased significantly within the next decade.¹⁷⁹

In 1940, with the possibility of another world war on the horizon, the Central Committee of the American Red Cross fretted over the recent reductions in the Nursing Service caused by the Great Depression. Under intense pressure from the Secretaries of War and the Navy, the leaders of the Nursing Service joined with those from the four national nursing associations and the Army and Navy Nurse Corps to form the Nursing Council on National Defense. The council launched a recruiting campaign to increase the number of nurses in the Nursing Service for war and home defense. The initial response from nurses appeared to be slow because the nation was not yet engaged in war. However, interest in the Nursing Service gradually increased with assistance from the city chapters and a boost from the passage of the Selective Training and

¹⁷⁹ Kernodle, *The Red Cross Nurse in Action*, 365-366.

Service Act in September 1940. The Nursing Service assured the public that a state of operational readiness needed to exist with sufficient provisions available to fulfill civilian and military nursing requirements in the event of a war.¹⁸⁰

At the end of January 1941, a six-week campaign to recruit more nurses for the Nursing Service began in New Orleans. The Nursing Service Committee of the New Orleans Chapter of the American Red Cross conducted the campaign to enroll nurses for home defense. The chapter boasted over 200 enrolled nurses but aimed to recruit 500 more for civilian and military service. Chapter leaders met with the various hospital governing boards who agreed to set up recruiting stations at the hospitals for nurses who expressed an interest in the Nursing Service. By February 5, the end of the first week of the campaign, nine nurses had enrolled in the Nursing Service and further committed to serve in the Army Nurse Corps. The campaign appeared to be a step in the right direction for recruiting nurses in light of the impending war.¹⁸¹

In May 1941, after President Franklin Delano Roosevelt issued an unlimited state of national emergency and the Office of Civilian Defense organized in Washington, DC, the New Orleans Chapter of the American Red Cross started recruiting a reserve of hundreds of volunteers, nurse's aides, and Junior Red Cross nurse's aides (see fig. 4.6). The chapter organized summer classes for local American Red Cross nurses to certify volunteers as nurse's aides. Training for all the nurse's aides consisted of the same course and certification used during World War I. The American Red Cross Nursing Service saw no need for course revisions

¹⁸⁰ Kernodle, *The Red Cross Nurse in Action*, 385-391. In 1941, the Nursing Council on National Defense became the National Nursing Council for War Service. The four national nursing associations were the American Nurses' Association (ANA), National Organization for Public Health Nursing (NOPHN), National League of Nursing Education (NLNE), and the National Association of Colored Graduate Nurses (NACGN).

¹⁸¹ News/Opinion, "Campaign to Put Eligible Nurses in First Reserve," *Times-Picayune* (New Orleans), February 5, 1941; "Drive to Increase Nurse Reserve On," *Times-Picayune* (New Orleans), February 6, 1941.

under the current state of emergency. The Nursing Service expected nurse's aides to fill the same wartime gaps in hospital labor as before. The addition of Junior Red Cross nurse's aides provided more help with housekeeping work at hospitals and first aid for their classmates while at school.¹⁸²

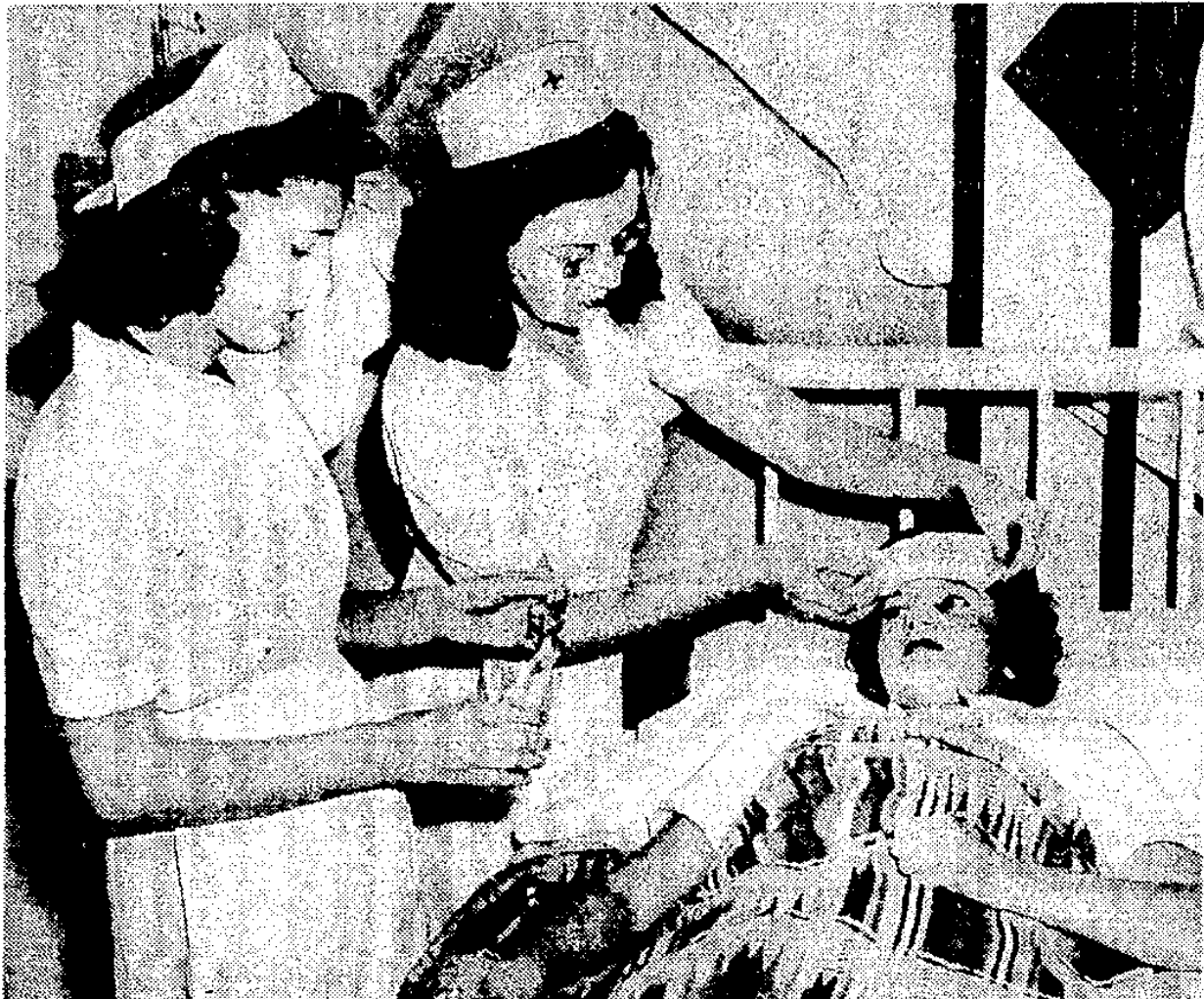


Figure 4.6. *Left*, Mildred Berni and *center*, Dorothy Martin, Junior Red Cross nurse's aides in uniforms, and *right*, Alice Lang, a classmate in the infirmary at the Francis T. Nicholls High School. Junior Red Cross nurse's aides earned course credits for their work at the school. *Source*: Photograph, *New Orleans Times-Picayune*, November 30, 1941, "America's Historical Newspapers," <http://infoweb.newsbank.com.ezproxy.uno.edu> (accessed October 19, 2013).

¹⁸² Kernodle, *The Red Cross Nurse in Action*, 396-397; News/Opinion, "Ten Authorized as Operators of Red Cross Units," *Times-Picayune* (New Orleans), July 20, 1941; "Junior Red Cross Members Training for Defense Work," *Times-Picayune* (New Orleans), August 26, 1941; "First Aid Treatment Course Forms Part of Defense Preparedness Move," *Times-Picayune* (New Orleans), November 30, 1941.

In the months after the bombing of the Naval Station in Pearl Harbor, Hawaii, and the declarations of war in December 1941, enrollment in the American Red Cross Nursing Service dramatically increased. The Nursing Service rode a wave of patriotism not seen since the early days of World War I. Thousands of nurses clamored for commissions into the Army and Navy Nurse Corps or elected to remain stateside for home defense. American Red Cross volunteers across the nation signed up for courses to certify as nurse's aides in case an emergency occurred on the mainland. The American Red Cross welcomed any woman who held a genuine interest in nursing to join the war effort.¹⁸³

In March 1942, at the national conference of the American Nurses' Association in Chicago, Illinois, Alma C. Haupt, executive secretary of the Subcommittee on Nursing for the national Office of Civilian Defense, issued a demand for 31,000 nurses by the end of the year. That total included 17,000 nurses for civilian hospitals and 3,000 for public health work with the rest slated for military service. The subcommittee vowed to liaison with the National Nursing Council for War Service to recruit nurses for the American Red Cross Nursing Service.¹⁸⁴

In New Orleans, the Nursing Service Committee of the local American Red Cross chapter responded immediately to the national demand for more nurses. On March 27, 1942, a recruiting station for the American Red Cross Nursing Service opened at the clubhouse of the New Orleans District Nurses' Association. Priscilla W. Halpert, an American Red Cross nurse and president of the Louisiana League of Nursing Education, volunteered to supervise the station. She kept the station open on Friday mornings and Monday afternoons to assist nurses with applications into

¹⁸³ Kernodle, *The Red Cross Nurse in Action*, 406.

¹⁸⁴ Alma C. Haupt, "The Government's Subcommittee on Nursing," *American Journal of Nursing* 42, no. 3 (March 1942): 257, <http://www.jstor.org/stable/3415771> (accessed October 26, 2013); News/Opinion, "Need for 31,000 More Nurses in Nation Stressed," *Times-Picayune* (New Orleans), March 25, 1942.

the Nursing Service and the Army and Navy Nurse Corps. When asked by reporters from the *Times-Picayune* about the purpose of the recruiting station, Judith Wallin, chair of the Nursing Service Committee of the chapter, replied, “The government is appealing to all to register now for service.”¹⁸⁵

In addition to the urgency for new members, the Nursing Service Committee of the New Orleans Chapter encouraged veteran nurses from World War I to continue their work with the American Red Cross. While ineligible for further military service due to age and possible marriage, the Nursing Service welcomed these veterans to work in home defense. Federal funds secured from the National Nursing Council for War Service and the Subcommittee on Nursing paid for their refresher courses. In May 1942, the local Nursing Service committee organized three such courses at Charity Hospital. Veteran nurses learned the latest methods in practical applications with additional supervised instruction on the wards. The courses averaged ten students per class and ended in August 1942. On June 30, 1942, nine veteran nurses completed the course, including Cidora O. (Tricon) Vaccaro, the only one in her class that had served overseas during World War I.¹⁸⁶

As the war progressed, the American Red Cross needed more nurse’s aides to fill a national quota for home defense. The Office of Civilian Defense, in cooperation with the American Red Cross, called for 100,000 nurse’s aides for the war effort. In September 1942, the local branch of the Office of Civilian Defense partnered with the New Orleans Chapter of the American Red Cross for a meeting at Charity Hospital to discuss recruiting more nurse’s aides,

¹⁸⁵ News/Opinion, “Nurses Recruiting Station Will Open,” *Times-Picayune* (New Orleans), March 25, 1942.

¹⁸⁶ Kernodle, *The Red Cross Nurse in Action*, 392; News/Opinion, “Overseas Nurse Is ‘Refresher,’” *Times-Picayune* (New Orleans), May 17, 1942. Cidora O. (Tricon) Vaccaro was an Army nurse at Base Hospital Unit 102 in Italy.

both black and white. Since January, the New Orleans Chapter had enrolled only 221 nurse's aides against a quota of 2,000. Several members from the chapter spoke at the meeting about the need for more nurse's aides to free nurses for the American Red Cross Nursing Service and the military. Mrs. Robert H. Beattie, director of the nurse's aides for the chapter, said to the audience, "You nurses' aides can tell your friends with profound conviction of sober truth that lack of aides caused by the lassitude and indifference of New Orleans women to undertake the work may prove a costly personal price to them in case their loved ones are hospitalized. The recruit you get may release a special nurse who might not otherwise be available."¹⁸⁷

While the struggle to recruit nurse's aides remained a problem for the New Orleans Chapter of the American Red Cross, the Louisiana State Committee on Red Cross Nursing Service boasted a surplus of nurses for the military nurse corps. In 1943, the American Red Cross Nursing Service gave the state committee a quota of 207 nurses. By the end of March 1944, Christine Causey, current chair of the local Nursing Service committee, told the members of the New Orleans District Nurses' Association that the state committee had exceeded that quota by 91 nurses. At the clubhouse meeting, Causey emphasized the fact that two-thirds of the nurses were active members of the local nursing association and residents of New Orleans.¹⁸⁸

For nurse's aides, the national Office of Civilian Defense elected to change their status from volunteers to paid laborers as a recruiting incentive. In May 1944, nurse's aides received a civil service rating, an annual salary of \$1,320, and special uniforms so they could work in Army hospitals. However, this incentive did little for the leaders of the New Orleans Chapter of the

¹⁸⁷ Kernodle, *The Red Cross Nurse in Action*, 399-400; News/Opinion, "'More Recruits' Is Appeal Made to Nurses' Aides: Action Is Urged to Avoid Shortage in Hospital Staffs," *Times-Picayune* (New Orleans), September 19, 1942.

¹⁸⁸ News/Opinion, "Program Honors Red Cross Month," *Times-Picayune* (New Orleans), March 31, 1944; "Quota for Nurses Topped in State," *Times-Picayune*, April 23, 1944.

American Red Cross who struggled to recruit 740 more nurse's aides to reach the quota of 2,000. To complicate matters further, the chapter received a letter from the chief surgeon of the Army Eighth Service Command in Dallas, Texas. He requested that some of the nurse's aides from New Orleans leave to work in Army hospitals at various bases in the Southwest. The leaders of the chapter agreed, if not reluctantly, to recruit for him. By the middle of November, eight nurse's aides, who had applied for this work with the Army, left the city.¹⁸⁹

By the end of World War II, the American Red Cross Nursing Service had enrolled 207,000 nurses and certified over 215,000 nurse's aides for the Office of Civilian Defense. Wartime recruitment had proven successful, but the goals of the Nursing Service changed significantly afterwards. The peacetime program involved a severance from military nurse recruitment. The federal government enacted separate legislation that provided military nurses for future service. Freed of further entanglements, the Central Committee of the American Red Cross adopted a revised plan for the postwar Nursing Service. The Nursing Service disestablished the state committees and directed city chapters to assume the responsibilities for nurse enrollment. Proof of state registration now satisfied the Nursing Service prerequisite of professional experience.¹⁹⁰

For nurse's aides, a national demand remained a top priority after the war. Although the military promised to discharge 25,000 nurses by January 1, 1946, a national survey of hospitals revealed a deficit of 30,000. The American Hospital Association reported a need for 40,000 nurses's aides to fill gaps until veteran nurses returned home to find work. In response, the New

¹⁸⁹ News/Opinion, "Work Full Time, Nurses Aids Urged," *Times-Picayune* (New Orleans), May 1, 1944; "Need for Nurses' Aids Is Stressed," *Times-Picayune* (New Orleans), November 15, 1944.

¹⁹⁰ Kernodle, *The Red Cross Nurse in Action*, 474-475.

Orleans Chapter of the American Red Cross used the *Times-Picayune* as a medium to recall nurse's aides. From November 1945 to August 1950, the newspaper published monthly Community Volunteer Service (CVS) announcements for these positions. All the hospitals in New Orleans justified a need for nurse's aides until the nursing staffs returned to prewar strength. Additional opportunities existed at the new Veterans Affairs Medical Center on the lakefront.¹⁹¹

American Red Cross nurses in New Orleans had helped people cope with an array of incredibly stressful situations. During periods of disasters, wars, and other hardships, the nurses moved quickly to provide urgent medical services and restore a semblance of normalcy to public health. They helped to heal the sick and wounded and certified thousands of American Red Cross volunteers as nurse's aides when the nation went to war. During times of relative peace, the presence of American Red Cross nurses ensured that a viable interest in relief work remained intact through their public appearances and by teaching readily available courses in home healthcare. At one time or another, nearly everyone in the city benefitted from the work of American Red Cross nurses. Their ability to rapidly mobilize in response to local and national emergencies earned the trust of the people in New Orleans.

¹⁹¹ News/Opinion, "Jobs for Service Nurses Foreseen," *Times-Picayune* (New Orleans), September 19, 1945; "ARC," *Times-Picayune* (New Orleans), November 4, 1945; "ARC," *Times-Picayune* (New Orleans), February 24, 1946; "Calling All Volunteers," *Times-Picayune* (New Orleans), September 22, 1946; "Calling All Volunteers," *Times-Picayune* (New Orleans), August 31, 1947; "Calling All Volunteers," *Times-Picayune* (New Orleans), March 20, 1949; "Calling All Volunteers," *Times-Picayune* (New Orleans), August 6, 1950; "First Nurses' Aides to See Duty at VA Hospital," *Times-Picayune* (New Orleans), August 20, 1950.

Chapter 5

Caring for the People of New Orleans: Nursing in Private Duty and Public Health

During the early years of the profession, nurses faced limited opportunities for career development. Nursing schools gave students enough professional competency to perform basic occupational skills. After graduation from these schools, nurses elected to work in either private duty or public health. In either choice, nursing generally consisted of bedside care in homes or hospitals for victims of accidents, diseases, and natural disasters. These workplaces required nurses to practice in hazardous environments, often with no physical measures in place to protect their health. One of the great dangers to the health and welfare of nurses came from exposure to epidemic diseases.

In New Orleans, yellow fever became a serious public health problem. From 1817 to 1905, recorded periodic epidemics of this tropical disease spread throughout the city and claimed more than 41,000 lives. Contracted through the bite of the female mosquito, yellow fever affected the liver and kidneys, usually causing the skin to acquire a telltale jaundiced hue. Absence of a known cure and a high mortality rate increased fear in the general population. Commerce in the city slowed down because of the exodus of thousands of residents and the decrease in tourism. Yellow fever usually struck during the hot and humid summer months, but eventually, the threat abated after the arrival of colder temperatures in the late fall.¹⁹²

In 1897, an epidemic of yellow fever reached the city through residents who inadvertently carried the mosquitoes from vacation sites in coastal Mississippi. The New

¹⁹² Jo Ann Carrigan, "Impact of Yellow Fever on Life in Louisiana," *Louisiana History: The Journal of the Louisiana Historical Association* 4, no. 1 (Winter 1963): 5-9, <http://www.jstor.org/stable/4230697> (accessed July 30, 2013); New Orleans Public Library Louisiana Division, "Yellow Fever Deaths in New Orleans, 1817-1905," <http://nutrias.org/facts/feverdeaths.htm> (accessed April 22, 2013).

Orleans Board of Health initially saw no need for alarm until September 6, when the death of a young boy from the disease led to the immediate enforcement of local quarantines. While the public had reported a few cases to the newspapers during the summer months, board officials assumed that yellow fever had already infected hundreds of people. In response, the board printed and distributed 50,000 flyers across Orleans Parish to warn people about the imminent threat of an epidemic. However, they proved fruitless to halt the spread of the disease. The board reported 298 deaths from yellow fever by the end of that year.¹⁹³

In early 1898, yellow fever appeared again in New Orleans. The mosquitoes that had survived the winter months started a new epidemic. The population experienced a few hundred mild cases during the summer, but the severity of the epidemic increased considerably in the fall. Between September 17 and October 22 (the date of the first frost in 1898), officials with the New Orleans Board of Health documented over 100 hospitalized cases of yellow fever with 57 related deaths. The Louisiana State Board of Health reported that the disease had infected people in 25 different parishes.¹⁹⁴

During this epidemic, the high demand for medical treatment for yellow fever patients left a lasting impression on both nurses and nursing school students in New Orleans. Isabelle Vosburgh (see fig. 5.1), who graduated from the Touro Infirmary School of Nursing in 1898, recalled extraordinarily long work days at the hospital. She said of the experience, “We worked twelve hours straight on normal days. But, during the yellow fever epidemic, we worked around the clock. They told us anyone afraid of catching the fever could drop out. Only one girl

¹⁹³ John Kendall, *History of New Orleans* (Chicago, IL: Lewis Publishing Company, 1922), 767-768, http://penelope.uchicago.edu/Thayer/E/Gazetteer/Places/America/United_States/Louisiana/New_Orleans/_Texts/KENHNO/47*.html (access August 11, 2013).

¹⁹⁴ Kendall, *History of New Orleans*, 769.

dropped out. I got a medal for fearlessness and devotion.” She earned a special gold medal from the nursing school staff for studious work in the yellow fever wards at Touro Infirmary.¹⁹⁵ Many nurses in New Orleans, like Vosburgh, placed their own lives at risk during these epidemics to provide quality care for patients, a tribute to their professional training.

¹⁹⁵ Obituary, “Oldest Touro Graduate Dies,” *Times-Picayune* (New Orleans), January 24, 1959. In 1901, Isabelle Vosburgh married John E. Haley and quit nursing temporarily to raise a family. After her husband died, she went back to work and became the president of the Louisiana State Nurses’ Association in 1921. Haley continued to work at Touro Infirmary until her retirement in May 1956. Dr. John Mackenzie, director of the medical staff at the hospital, gave her a gold pin inscribed with the phrase, “1896-1956: Sixty Years of Service,” for a retirement gift.



Figure 5.1. Graduation portrait of Isabelle Vosburgh from the Touro Infirmary School of Nursing class of 1898.

Source: Box TISON Collection Historic Photographs, Folder Isabelle Vosburgh TISON class of 1898, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

In 1905, the people of New Orleans witnessed the last major yellow fever epidemic in the nation. This time, the disease traveled on a cargo steamer that docked near the French Market. In May, the ship had sailed from Cuba, presumably contaminated with infected mosquitos and several sick passengers. Many Italians, who had recently immigrated to the city, worked on the docks offloading cargoes of fruit from anchored ships. Their lack of immunity to yellow fever made them easy victims, and they quickly succumbed to the disease. On July 22, ten days after the report of the first fatality, officials with the Louisiana State Board of Health issued a public announcement about the epidemic. Using evidence culled from the United States Army Yellow Fever Commission, they ordered all open cisterns to be covered with screens and gutters oiled to prevent the spread of mosquitoes. During the Spanish-American War, a group of Army physicians led by Dr. Walter Reed had discovered the link between mosquitoes and yellow fever transmission. Their report gave health officials in New Orleans the knowledge to fight the disease. However, public indifference to the threat still resulted in the deaths of 437 people.¹⁹⁶

This epidemic claimed the life of Margaret Allen, a nurse who had worked at Charity Hospital for over fifty years. Although she witnessed several epidemics of yellow fever in the past, she never developed an immunity. Allen worked in the laundry at the hospital for a few years she transferred to the nurses' quarters where she learned nursing skills through practical training and application. Physicians, nuns, and professionally trained nurses often sought her advice, even though she never attended nursing school. Her many years of experience and concern for the health and welfare of patients proved invaluable to Charity Hospital over the

¹⁹⁶ Jo Ann Carrigan, "Mass Communication and Public Health: The 1905 Campaign against Yellow Fever in New Orleans," *Louisiana History: The Journal of the Louisiana Historical Association* 29, no. 1 (Winter 1988): 5-20, <http://www.jstor.org/stable/4232631> (accessed July 30, 2013); Leonard V. Huber, *New Orleans: A Pictorial History* (New York, NY: Crown Publishers, 1971), 12.

years. The Sisters of Charity of Saint Vincent de Paul permitted Allen to be buried in their sacred tomb on consecrated ground.¹⁹⁷

Other nurses made a different choice when faced with periodic epidemics of yellow fever. In August 1901, Jessie Ligen Pettigrew, a graduate of the Touro Infirmary School of Nursing in 1899, left New Orleans for good. She traveled to China to begin missionary work as a nurse. She became the first graduate from the school to spend her entire career overseas. Pettigrew worked at a small dispensary and hospital sponsored by a Southern Baptist church in Hwanghsien, a small town on the northern coast of the Shandong Province. She lived there until her retirement in 1945.¹⁹⁸

Agnes Hartman, also a graduate in 1899 but from the Charity Hospital School of Nursing, chose a lifelong career as a private duty nurse. Upper and middle class families who could afford the luxury often hired nurses for private duty. These families found contact information for private duty nurses at local hospitals, such as Charity Hospital where Hartman registered her services. The responsibilities of private duty nurses consisted of personalized care for sick and/or injured family members either at the hospital or in the home. Families paid the salaries, often in cash, at predetermined hourly rates. Many nurses lived with their host families and left

¹⁹⁷ Obituary, "Margaret Allen's Death: For Over Fifty Years a Charity Hospital Nurse," *Times-Picayune* (New Orleans), September 12, 1905. As of 1905, Margaret Allen was one of two laywomen buried in the tomb of the Sisters of Charity of Saint Vincent de Paul. The other woman was Mrs. Green, also a nurse from Charity Hospital.

¹⁹⁸ Fact sheet for Jessie Ligen Pettigrew (Mrs. W. B. Glass), Touro Infirmary School of Nursing Alumnae Association scrapbook, 1896-1919, Touro Infirmary Archives, New Orleans, LA. The Shandong Province is located on the northern coast of China. In 1988, the Baptist Nursing Fellowship in Birmingham, Alabama, honored Jessie Ligen Pettigrew with a featured exhibit on her career as a missionary nurse.

when the patients needed no further care. Private duty nurses then sought work with other families, again through contacts made at the hospital registries.¹⁹⁹

Another private duty nurse made a notable contribution to the organization of these registries. Nellie Brown, a graduate of the New Orleans Training School for Nurses in 1892, quit that work to focus on the development of a central registry for nurses who worked in private duty and on hospital staffs. In 1913, Brown created the New Orleans Nurses' Central Directory for the Louisiana State Nurses' Association (LSNA). That directory became a valuable resource for nurses who wanted to advertise their services in private duty. Hospital administrators released the names of available private duty nurses for the directory which relieved them of the burden of maintaining current lists. If families wanted to hire nurses for private duty, the nurses on staff at the hospitals contacted the LSNA for further assistance. In this respect, the LSNA maintained organizational control over access to private duty nursing services.²⁰⁰

The central directory proved to be a valuable resource during one of the greatest public health crises to ever occur in New Orleans. On September 16, 1918, a deadly worldwide influenza pandemic, caused by an extremely contagious airborne virus, arrived on the SS *Harold Walker*, an oil tanker that had sailed from Mexico. Officials with the New Orleans and Louisiana State Boards of Health inspected the ship as customary, found 14 sick sailors aboard, and forbade the captain to dock at the pier. He complied with their orders and anchored the ship downriver. An ambulance transported four critically ill sailors to Charity Hospital for treatment. The

¹⁹⁹ Obituary, "Funeral Held for Miss A. Hartman," *Times-Picayune* (New Orleans), October 20, 1937; Jean C. Whelan, "Private Duty Nursing," University of Pennsylvania School of Nursing, Penn Nursing Service, <http://www.nursing.upenn.edu/nhhc/Pages/PrivateDutyNursing.aspx> (accessed March 30, 2014). Agnes Hartman retired after 37 years as a private duty nurse.

²⁰⁰ "News-Deaths," *American Journal of Nursing* 31, no. 6 (June 1931): 781, <http://www.jstor.org/stable/3410033> (accessed May 1, 2013). From 1913 to 1921, Nellie Brown served as the registrar for the New Orleans Nurses' Central Directory.

following day, the United Fruit Company steamer SS *Metaphan* arrived with 11 more cases of influenza amongst her crew. The New Orleans and the Louisiana State Boards of Health ordered the same quarantine measures as enacted for the crew of the *Harold Walker*.²⁰¹

On September 27, 1918, the New Orleans Board of Health issued the first public health advertisement about how to prevent the spread of influenza. Two days later, the New Orleans Chapter of the American Red Cross announced plans for emergency medical facilities. In October, more ships arrived at the port laden with sick sailors, passengers, and soldiers returning from the war in Europe. Influenza quickly spread from the docks to the outer boundaries of the city. The New Orleans Chapter cancelled regular Saturday night dances held in honor of war veterans. Dr. William H. Robin, the superintendent of the New Orleans Board of Health, and Dr. Oscar Dowling, the president of the Louisiana State Board of Health, suspected 7,000 cases of influenza already in the city. Both public health officials, with explicit permission from Mayor Martin Behrman, ordered all schools, churches, and public meeting spaces to be closed until the end of October.²⁰²

To fight the public health crisis, the leaders of the New Orleans Chapter of the American Red Cross utilized the Nurses' Central Directory to create an emergency department of nursing

²⁰¹ "Influenza," *Notes from Lectures Delivered before the Training School for Nurses of the Charity Hospital*, LOU R610.73L87, Louisiana Division Special Collections, New Orleans Public Library, New Orleans, LA; News/Opinion, "Mexican Steamer Comes into Port with Influenza," *Times-Picayune* (New Orleans), September 18, 1918; News/Opinion, "Fruit Steamer with Influenza Aboard Arrives," *Times-Picayune* (New Orleans), September 21, 1918. John J. L. Orthman, a local resident and sailor, died on the *Harold Walker* before the ship reached the city. He became the first influenza victim from New Orleans. For a comprehensive history of the great influenza pandemic, see John M. Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York, NY: Penguin Books, 2004).

²⁰² News/Opinion, "If You Don't Want It, Here Are Some 'Don'ts' on Spanish 'Flu'," *Times-Picayune* (New Orleans), September 27, 1918; News/Opinion, "Dances Discontinued," *Times-Picayune* (New Orleans), October 5, 1918; News/Opinion, "Schools Closed; Churches Also Will Suspend," *Times-Picayune* (New Orleans), October 9, 1918; News/Opinion, "All Shows, Churches Are Ordered Closed to Fight Epidemic," *Times-Picayune* (New Orleans), October 10, 1918.

for the five hospitals (one emergency and four convalescent) for influenza victims. The Sophie Gumbel Home, the main emergency hospital on the grounds of the Touro-Shakespeare Almshouse, catered to both white and black patients. Black nurses worked in a segregated wing for black patients in the hospital. For the four convalescent hospitals, the chapter designated the Providence Hospital for black patients while the other three catered only to whites. Over 100 local American Red Cross nurses and 800 nurse's aides worked around the clock at these hospitals to provide care for 5,110 families burdened with multiple victims of influenza. The nurses also made 500 house calls on private duty hours. Between October 1918 and April 1919, nurses at the Sophie Gumbel Home alone treated a total of 5,655 patients. At the end of the pandemic, the New Orleans Board of Health documented 54,089 cases of influenza with a total of 3,489 deaths. Periodically, from 1897 to 1919, nurses from New Orleans treated a variety of epidemics. These experiences gave nurses from this area a more thorough knowledge of public health for the application of practical skills in citywide emergencies.²⁰³

At the national level, the influenza public health crisis led to changes in professional nursing. In May 1918, after the start the of pandemic in the United States, the American Red Cross Nursing Service reorganized to fight the disease. The Nursing Service created the Bureau of Public Health Nursing, a specialized department to replace the former Rural and Town and Country nursing programs. The urgent need for primary care also motivated the Nursing Service to lift any restrictions on the size of towns and small cities that received services from American Red Cross certified public health nurses. In the spring of 1919, the Nursing Service appropriated \$100,000 for use as a public health nursing scholarship fund in an effort to entice veteran nurses

²⁰³ Emile Stier, *Report of the New Orleans Chapter of the American Red Cross*, 100-101, 148; Robin, "Biennial Report of the Board of Health for the Parish of Orleans and the City of New Orleans," (accessed March 31, 2014).

to embark on careers in public health. The Nursing Service hoped to expand the Bureau of Public Health Nursing from 6,000 nurses to 20,000 by the start of the new decade.²⁰⁴

The American Red Cross Nursing Service established strict qualifications for certified public health nurses. To become one of these nurses, the Nursing Service required either eight months of membership on the staff of a public health nursing association or completion of an approved postgraduate course of instruction. The public health nursing scholarship fund paid either \$600 for an eight-month course or \$300 for a four-month course. Candidates for the scholarships applied through the nursing departments of their local American Red Cross chapters. The application process included an examination administered by the Nursing Service. Candidates had to pass the examination before the chief nurse of the chapter endorsed the scholarship application.²⁰⁵

In October 1919, the American Red Cross Nursing Service authorized the award of ten public health nursing scholarships for nurses in Louisiana. Two of the nurses already worked for the New Orleans Chapter of the American Red Cross. Ella Leona Brand, a graduate of the Charity Hospital School of Nursing in 1916, chose to attend the School of Civics and Philanthropy in Chicago, Illinois. Founded in 1908 on the philosophy of settlement houses, the school combined principles of education with actual social work. Brand received specialized training in public health and social work for wayward youth. She returned to New Orleans to work as a certified public health nurse for the New Orleans Chapter. Corinne Lehmann (see fig.

²⁰⁴ Kernodle, *The Red Cross Nurse in Action*, 256-259; News/Opinion, "Red Cross Appropriation," *Times-Picayune* (New Orleans), March 23, 1919. The sheer size and population of New Orleans made it ineligible for services provided by the American Red Cross Nursing Service Rural and Town and Country nursing programs. In 1912, the Nursing Service started the Rural Nursing program and changed the name to Town and Country in 1913.

²⁰⁵ Kernodle, *The Red Cross Nurse in Action*, 256-259; News/Opinion, "Public Health Nursing Encouraged by Red Cross," *Times-Picayune* (New Orleans), March 10, 1919.

2.2), a graduate of the Touro Infirmary School of Nursing in 1903, went to the Cleveland City Hospital School of Nursing, established in 1896 in Ohio, for a four-month course at the Institute of Public Health. Lehmann returned to New Orleans and founded the school nursing program for the Orleans Parish School Board. She served as the superintendent of school nurses for 36 years until her retirement.²⁰⁶

²⁰⁶ News/Opinion, "Ten Nurses of Red Cross Are Awarded Scholarships," *Times-Picayune* (New Orleans), October 29, 1919; Stier, *Report of the New Orleans Chapter of the American Red Cross*, 133; News/Opinion, "To Devote Their Lives to Ministering to Sick and Suffering," *Times-Picayune* (New Orleans), June 19, 1921; University of Chicago Library, "Guide to the Chicago School of Civics and Philanthropy, 1903-1922," Special Collections Research Center, <http://www.lib.uchicago.edu/e/scrc/findingaids/view/.php?eadid=ICU.SPCL.CSCP> (accessed April 4, 2014); Short biography of Corinne Lehmann, Touro Infirmary School of Nursing Alumnae Association scrapbook, 1896-1919, Touro Infirmary Archives, New Orleans, LA; "A Half-Century of Nursing," *Tourovue*, Fall 1953, 4, 9. Corinne Lehmann was the daughter of Dr. Victor Lehmann, a former coroner of St. Charles Parish.



Figure 5.2. Graduation portrait of Corinne Lehmann from the Touro Infirmary School of Nursing class of 1903.

Source: Box TISON Collection Historic Photographs, Folder TISON class of 1903 Corinne Lehmann, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

Another specialized field of nursing developed during the World War I era. Originally started as a service of periodic health visitations in the 1890s, industrial nursing emerged as a common practice for factories and commercial businesses. Industrial nurses examined workers for contagious diseases, provided first aid for victims of workplace accidents, and maintained health records for all employees. By the spring of 1919, at least four American Red Cross nurses in New Orleans worked as industrial nurses. Maison Blanche, the department store on Canal Street in the Central Business District, employed Louise Solomon, while Olga Moynard and Mary Ogden (see fig. 5.3) worked at the Alden and Maginnis Cotton Mills. Rita Aycock, a graduate of the Hotel Dieu School of Nursing in 1918, operated a small emergency hospital for workers at the Jahncke Dry Dock and Shipbuilding Company on the riverfront.²⁰⁷

²⁰⁷ University of Maryland School of Nursing, "Industrial Nursing," <http://nursing.umaryland.edu/museum/virtual-tour/history-practice/industrial-nursing.html> (accessed March 30, 2014); News/Opinion, "Are Pioneers in New Field: Industrial Nurse Has Field of Widely Varied Activities," *Times-Picayune* (New Orleans), April 6, 1919; Obituary, "Services Held for Mrs. Rita Abribat," *Times-Picayune* (New Orleans), October 24, 1939.



Figure 5.3. Industrial nurses Olga Moynard *top*, Louise Solomon *right*, and Mary Ogden *bottom*. Source: Photograph, *Times-Picayune* (New Orleans), April 6, 1919, “America’s Historical Newspapers,” <http://infoweb.newsbank.com.ezproxy.uno.edu> (accessed April 17, 2013).

After the influenza pandemic crisis, nurses in New Orleans returned to their normal duties of providing general healthcare services for the public. Some nurses stayed at the host hospitals of their alma maters, such as Marion Smith, a graduate of the Touro Infirmary School of Nursing

in 1920, who worked at the hospital for 50 years as the operating room supervisor. Other nurses worked for municipal agencies. Clara McDonald, a graduate of the Hotel Dieu School of Nursing in 1915, worked as the supervisor of maternity service for the Child Welfare and Community Health Association after she left private duty. However, some nurses left the city for good after graduation from the nursing schools. Gussie Jamerson, a graduate of the Charity Hospital School of Nursing in 1923, returned to her home in Mississippi and served as the superintendent of nurses for several hospitals.²⁰⁸

One renowned public health nurse, who went to school in New Orleans, reached the peak of her profession during and soon after the Great Mississippi Flood of 1927. Socialite Katherine Buckner Avery (see fig. 5.4), of Avery Island, Louisiana, had left her wealthy family and enrolled in the Touro Infirmary School of Nursing. After graduation in 1921, she worked as a hospital, industrial, and school nurse. In 1927, she joined the Louisiana Public Health Service as an American Red Cross nurse. Avery supervised an emergency hospital in Cade, Louisiana, for flood refugees of the Atchafalaya River basin. She often used her own money to buy extra food and medicines for the refugees. In 1929, Avery also founded the Iberia Parish Tuberculosis Association for the treatment of tubercular patients and the Crippled Children's Association to help disabled children. Her efforts to expand public health services for poor people in southern

²⁰⁸ Obituary, "Marion Rives Services Are Thursday," Touro Infirmary School of Nursing Alumnae Association scrapbook, 1920-1929, Touro Infirmary Archives, New Orleans, LA; "Obituaries," *American Journal of Nursing* 42, no. 4 (April 1942): 481, <http://www.jstor.org/stable/3415491> (accessed April 24, 2013).

Louisiana prompted the Louisiana Tuberculosis and Respiratory Disease Association to name her the “Florence Nightingale of the Bayou Country.”²⁰⁹

²⁰⁹ Lily Jackson, “Miss Avery, R.N.: Doing Her Own Thing, Long Before It Was Fashionable,” *Times-Picayune* (New Orleans), November 4, 1981; “Ideals of Nursing Reflected in Graduate’s Life Work,” *Touroves*, Winter 1982, 1. Katherine Avery’s nickname was inscribed on the Louisiana Plaque given to her by the Louisiana Tuberculosis and Respiratory Disease Association. She won other awards from the Iberia Parish Chamber of Commerce, the American Red Cross, and Touro Infirmary for a 50-year celebrated career in public health nursing.



Katherine B. Avery R.N.

Figure 5.4. Katherine Buckner Avery, a graduate of the Touro Infirmary School of Nursing in 1921 and named the “Florence Nightingale of the Bayou Country.”

Source: Box TISON Collection Historic Photographs, Folder Training School for Nurses 1921 Avery, Katherine, R.N., Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

Three years after the flood disaster, the Great Depression struck the nation. In 1929, the stock market crash ushered in a decade full of hardships that permeated almost every facet of American life. During the Depression years, national concern for public health and the unemployment of thousands of nurses from hospital closures and staff reductions became the top priorities of the American Red Cross Nursing Service. While the demand for public health services increased, the city chapters of the American Red Cross often faced financial troubles paying wages for nurses. The philanthropic contributions to fund nursing services dwindled to the point where even the chapters were forced to release nurses from their work obligations.²¹⁰

In 1933, the American Red Cross Nursing Service received some monetary relief from the Federal Emergency Relief Act (FERA), one of the New Deal programs. Funds from FERA paid for public health nurses who cared for the indigent sick. The regulations of FERA stipulated that the Nursing Service use the funds to augment public health services already in place. However, the Nursing Service soon found a remedy for American Red Cross city chapters that did not offer public health services. In 1934, the American Red Cross received more money from the Civil Works Administration (CWA) to fund the continued expenditures of national public health nursing and home hygiene services. The CWA stipulated that American Red Cross nurses had to be unemployed and in dire financial need. This emergency fund ultimately paid the wages for 10,000 public health nurses. Many nurses chose to stay in these CWA jobs after the economic crisis ended at the outbreak of World War II.²¹¹

²¹⁰ M. Louise Fitzpatrick, "Nurses in American History: Nursing and the Great Depression," *American Journal of Nursing* 75, no. 12 (December 1975): 2188-2189, <http://www.jstor.org/stable/3423706> (accessed November 15, 2011).

²¹¹ Fitzpatrick, "Nurses in American History," 2189-2190; Vice Chairman to Staff Members, April 3, 1935, Folder 240.1 Public Health Nursing and Home Hygiene, Box 577, Group 3, 1935-1946, RG 200, NACP.

In the Depression years, some nurses left New Orleans to seek better employment opportunities in larger cities. Classmates Jeannette Moses and Nell Harper had graduated from the Touro Infirmary School of Nursing in 1927. They stayed in New Orleans for a few years before leaving for New York, New York to find jobs in public health. Moses, a New Orleans native, worked for the New York City Department of Public Health for five years before she returned home to a career as a staff nurse at Touro Infirmary. Harper, born in McComb, Mississippi, went to nursing school after the death of her husband. She left her two young children behind with family and took a job with the United States Public Health Service on Ellis Island. For six years, she worked 12-hour shifts at the Ellis Island Marine Hospital. Harper treated sick United States Navy and Coast Guard sailors, as well as immigrants from all over the world. She said of the experience, “It was a good job because there was never a dull moment. It was different all the time.”²¹² Despite the hardships of leaving home and working long days, Harper chose to keep her job in New York to support her family.

In contrast to their white sisters, black nurses experienced an expansion of employment opportunities in New Orleans. In March 1930, four national charitable foundations asked the local population for help with the construction of a new black hospital on the campus of the recently established Dillard University. The foundations agreed to contribute \$1.75 million if the people of New Orleans donated the remaining \$250,000. Dr. C. Jeff Miller, a respected obstetrician from the Tulane University School of Medicine, supervised the fundraising project. On May 15, 1930, he announced that donations had exceeded the proposed amount by a few thousand dollars. In 1932, the hospital, named Flint-Goodridge after the former medical and

²¹² Obituary for Jeannette Moses Connelly, Touro Infirmary School of Nursing Alumnae Association scrapbook, 1920-1929, Touro Infirmary Archives, New Orleans, LA; Sarah Pagonos, “Nurse Worked Beside Liberty, Giving Hope to Immigrants,” *Times-Picayune* (New Orleans), July 4, 1986.

nursing schools, opened for business staffed by black doctors and nurses. Black nursing school students, about 50 per class each year, enrolled in academic courses at the university and practical training classes at the hospital.²¹³

In 1930, Dr. Arthur Vidrine, the chief surgeon at Charity Hospital, conducted a survey of medical services provided by the hospital. In a report submitted to the Board of Administrators for review at the annual meeting after the first of the year, he announced the employment of black nursing school graduates for the segregated wards. However, Dr. Vidrine had directed some of the white nurses on staff to supervise their black coworkers. He said, “We are using, for the first time, colored graduate nurses to nurse colored patients. These nurses are well trained and work under the supervision of white graduate nurses. The wisdom of this arrangement is very obvious and needs no explanation.”²¹⁴ While Dr. Vidrine may have expressed confidence in the professional competency of black nurses, he did not allow them to work alone on the wards.

Two years later, Nina Gage, the director of the Hampton Training School for Nurses in Virginia, and Alma C. Haupt, the associate director of the National Organization of Public Health Nursing, arrived in New Orleans to study public health conditions for black people. The two women conducted a survey for the Julius Rosenwald Fund to determine if the black community warranted its own public health nursing program independent of any services provided by

²¹³ News/Opinion, “Orleans Urged to Aid Drive for Negro Hospital,” *Times-Picayune* (New Orleans), March 19, 1930; News/Opinion, “A Great Project Assured,” *Times-Picayune* (New Orleans), May 15, 1930; Dillard University, “A Brief History of Dillard University,” New Orleans, LA, http://dillard.edu/index.php?option=com_content&view=article&id=1660&Itemid=1374 (accessed April 8, 2014). The four charitable foundations were the Methodist Episcopal Church, Congregational Church, Rockefeller Fund, and the Julius Rosenwald Fund. Flint-Goodridge Hospital stayed open until 1983 when a lack of funding forced its closure.

²¹⁴ News/Opinion, “Student Training at Hospital Told in Vidrine Report: Improvements in Plant and Methods at Charity Institution Related,” *Times-Picayune* (New Orleans), February 28, 1931.

whites. The survey, part of a regional study of black public health in the South, determined that the poorest communities had the greatest need for public health services. However, five years passed before the proprietors of the fund allotted any money to create a program in response to the study in Louisiana. Finally, the fund paid for the advanced training of black nurses, their salaries and travel allowances, and provided cars for transportation. These nurses concentrated only on issues related to public health and worked in 19 parishes, including Orleans.²¹⁵

The Depression years often warranted an integrated response from nurses for disaster relief. In March 1934, both black and white nurses from the New Orleans Chapter of the American Red Cross assisted with recovery efforts from a devastating tornado in the St. Roch neighborhood. The tornado touched down in the early morning and destroyed homes along Franklin Avenue. The chapter organized a temporary relief office at 2041 Port Street near the afflicted area. Over a hundred families registered for aid. Nurses provided first aid to stabilize injured victims before transport to Charity Hospital. Of the more than \$6,000 spent by the New Orleans Chapter after the tornado, about \$200 went to pay the fees for the nurses. The majority of the money paid for the renovations for damaged houses and the construction of three new houses demolished by the tornado.²¹⁶

Although the tornado recovery operation provided an opportunity for short-term employment, nurses still faced challenges with finding local steady work after graduation from the schools. Some nurses moved to other parishes to seek jobs in public health. In 1936, Wilhelmina Wright graduated from the Touro Infirmary School of Nursing. She worked in

²¹⁵ News/Opinion, "Survey Planned on Negro Health," *Times-Picayune* (New Orleans), March 27, 1932; News/Opinion, "Local Hospitals Can Provide Beds for 4000 Patients," *Times-Picayune* (New Orleans), November 30, 1937.

²¹⁶ American Red Cross, "The New Orleans Tornado of March 26, 1934," Folder 494.1 ARC 935, Box 468, Group 2, 1917-1934, RG 200, NACP.

private duty at the hospital for a year until she moved to Avoyelles Parish for a job with the parish health unit in Marksville. A year later, she moved again to Tensas Parish for work as a parish public health nurse in St. Joseph. Wright resigned for a while for family reasons but returned to the same job in December 1942. In 1938, Delia DeLaune graduated from the Charity Hospital School of Nursing. She received training as a public health nurse at the St. Mary Parish Health Unit before she accepted a job with the Iberville Parish Health Unit. In 1939, Sadie M. Bailey also graduated from the Charity Hospital School of Nursing. She worked at the hospital briefly before enrollment in the same public health nursing program as DeLaune. Bailey moved to East Baton Rouge Parish for a job with the parish public health unit. In 1941, Kathleen L. Morere graduated from the Touro Infirmary School of Nursing. She completed the same course in public health nursing as the DeLaune and Bailey before she moved and joined Bailey at work in East Baton Rouge Parish.²¹⁷

The struggle for nurses to find employment effectively ended with the entry of the United States into World War II. Jobs in industrial nursing soared with the construction of new factories for war production. In May 1943, the Consolidated-Vultee Aircraft factory opened on the lakefront in New Orleans and employed 6,200 workers who built PBY Catalina gull-wing amphibious aircraft. Factory management supplied these workers with onsite healthcare from a physician and several industrial nurses. Mildred Ropke (see fig. 5.5), a graduate of the Charity Hospital School of Nursing in 1934, worked at the factory as the chief industrial nurse until it closed in September 1945. After the war, she continued her career in industrial nursing at

²¹⁷ Wilhelmina Wright Anding, "Summary of My Career Activities Since Graduation from Touro Infirmary School of Nursing, September 1936," Touro Infirmary School of Nursing Alumnae Association scrapbook, 1936-1939, Touro Infirmary Archives, New Orleans, LA; News/Opinion, "Delia DeLaune Named Iberville Parish Nurse," *Morning Advocate* (Baton Rouge), June 8, 1938; News/Opinion, "Two Nurses Named to Health Unit Staff," *Morning Advocate* (Baton Rouge), September 9, 1941.

Famous-Sternberg, a garment factory for lightweight suiting for men, at 950 Poeyfarre Street in the Warehouse District. Lois Smith, a graduate of the Touro Infirmary School of Nursing in 1936, moved to Texas to seek work as an industrial nurse after several years of experience as a surgical nurse and flight attendant. From 1942 to 1943, she worked in Amarillo at the Pantex Ordinance Plant, a factory that produced conventional bombs for the Army. Smith left the plant to join the Army Air Force as a flight nurse in the war.²¹⁸

²¹⁸ Lorre Lei Jackson, e-mail message to author, August 12, 2013; NOLA.com, "Our Times: 1943 Aircraft Factory on Lake Pontchartrain," http://impact.nola.com/175years/index.ssf/2012/02/our_times_1943_aircraft_factor.html (accessed April 10, 2014); Lois Smith Achee, "Lois Smith Achee, Touro Infirmary School of Nursing, Class 1936," Touro Infirmary School of Nursing Alumnae Association scrapbook, 1936-1939, Touro Infirmary Archives, New Orleans, LA. Lorre Lei Jackson is the daughter of Mildred (Ropke) Lanng. The former Consolidated-Vultee Aircraft factory currently houses the Orleans Levee Board.



Figure 5.5. Mildred Ropke, *center*, chief industrial nurse, at her birthday party in 1944 at the Consolidated-Vultee Aircraft factory. She is surrounded by six uniformed nurses and other coworkers. Photograph courtesy of her daughter, Lorre Lei Jackson.

Source: Lorre Lei Jackson, e-mail message to the author, August 12, 2013.

During the war, several public health nurses from New Orleans worked at military and veterans hospitals as civilian employees. The War and Navy Departments contracted civilian nurses to augment the military nursing staffs at the hospitals. The term of employment usually lasted until the end of the war when the military decreased its personnel strength back to its prewar allocation. Lillian Parker, a graduate of the Touro Infirmary School of Nursing in 1936, worked at the Army Air Force Hospital at Keesler Air Field in Biloxi, Mississippi. After the war,

she transferred to Wichita Falls, Texas for a job as a nurse with the private Episcopal School. Parker attended Midwestern University, also in Wichita Falls, for two years before she switched careers from nursing to parochial school administration. Jeannette Anchors, a classmate of Parker, worked at the Veterans Administration (VA) Hospital in Roanoke, Virginia. She left nursing at the end of the war to marry and raise a family. However, after a seven-year break, she returned to nursing at the VA Hospital in Hampton, Virginia.²¹⁹

Although industrial and military support nursing took priority during the war years, the demand for public health nursing remained the same. While some nurses from New Orleans chose careers in public health and stayed in those jobs long after the war ended, others worked in public health for only a few years before they quit to start families. Marion Tauzin, a graduate of the Charity Hospital School of Nursing in 1939, moved to Lafayette County, Mississippi, where she worked as an American Red Cross nurse in the rural black community. In 1942, she quit nursing to marry a soldier in the Army Air Force. Christine Alford, a graduate of the Touro Infirmary School of Nursing in 1941, worked for the East Baton Rouge Parish Health Unit. In 1944, she transferred to the district level and operated several clinics for disabled children from nine parishes until her retirement. Mildred S. Corona, also a graduate of the Touro Infirmary School of Nursing, but from the class of 1946, worked at the New Orleans Public Health Service Hospital, and then the Jefferson Parish Health Unit for several years before her death.²²⁰

²¹⁹ Lillian (Parker) Delzell to Mrs. Ladner, September 28, 1986, Touro Infirmary School of Nursing Alumnae Association scrapbook, 1936-1939; Jeannette Anchors Patton, "Summary of My Career Activities," Touro Infirmary School of Nursing Alumnae Association scrapbook, 1936-1939, Touro Infirmary Archives, New Orleans, LA. Lillian (Parker) Delzell worked for 15 years as the director for the Episcopal School. In 1972, Jeannette (Anchors) Patton retired from nursing at the VA Hospital in Bay Pines, Florida. She returned to Virginia and lived in Annandale, a beltway suburb southwest of Washington, DC.

²²⁰ Lanelle Hanke, e-mail message to author, June 15, 2013; News/Opinion, "Chris Knight Ends Career Working with Handicapped," *State-Times* (Baton Rouge), July 31, 1975; Obituary, "Mildred S. Corona," *Times-Picayune* (New Orleans), December 16, 2002. Lanelle Hanke is the daughter of Marion (Tauzin) Dunn. In 1981, the New Orleans Public Health Service Hospital (former Marine Hospital) at 210 State Street closed for business.

The scope of private duty and public health nursing encompassed a variety of occupational duties. During the early years of the profession, nurses generally practiced bedside care in homes and hospitals for victims of diseases, accidents, and natural disasters. Over time, the development of specialties in professional nursing, such as certified public health and industrial work, gave some nurses the ability to redirect the focus of their careers after advanced training. Emergency work with the American Red Cross Nursing Service also presented an option for nurses who wanted to expand their knowledge in public health in addition to their regular duties. As a result, many nurses experienced long and respected careers marked with periods of occupational flexibility. In private duty or in public health, nurses from New Orleans provided services for the people who needed them the most.

Chapter 6

From Contract Workers to Military Nurses: Nurses from New Orleans in the Spanish-American War and the Postwar Establishment of a Military Nurse Corps

From 1898 to 1947, the occupational specialty of military nursing combined two aspects of the profession: service with the American Red Cross and public health. The institution of the American military needed the services of professionally trained nurses to administer the public health needs of soldiers and sailors in the Army and Navy. The American Red Cross, in the role of a quasi-government agency authorized by federal charter to provide relief in a time of war, assisted the military with the procurement of nurses, first for contract work and then for permanent incorporation. The partnership between the American Red Cross and the military proved invaluable during wartime and shaped the future of military nursing in the United States for more than half a century. The concurrent actions of these two national institutions helped to systematically transform nursing from a male to a female-gendered military profession. From April to August 1898, the roles of professionally trained female nurses during the Spanish-American War strongly influenced developments that caused a gender shift in military nursing shortly after the turn of the twentieth century.

An American naval disaster became the catalyst for the Spanish-American War. In January 1898, President William McKinley ordered the battleship USS *Maine* to sail to Cuba to protect American interests on the island and calm the local rebellion against the Spanish sovereign. While docked in the harbor at Havana, the officers and crew on the ship experienced normal daily routines and reported the same to the Secretary of the Navy and President

McKinley. Historical records from the USS *Maine* described a calm feeling over the island that emanated from the presence of American naval sea power in Cuban waters.²²¹

On February 15, 1898, the calm came to an abrupt end when a massive explosion destroyed the forward third of the *Maine*. Over 200 American sailors died when the ship sank to bottom of the Havana harbor within minutes after the explosion. Naval officials in Havana immediately formed an inquiry that lasted for four weeks. The official report revealed the possibility that a mine had detonated under the forward magazine of the ship. After news of the report appeared in the daily newspapers in the United States, a public outrage followed that was directed against the Spanish government. On April 21, 1898, American diplomatic relations with Spain dissolved when President McKinley ordered a naval blockade of Cuba. Two days later, the Spanish-American War began retroactive to the date of the blockade.²²²

Almost immediately, American military forces needed nurses for the war. From April 21 to August 13, 1898, the combined efforts of the United States Army and Navy, the American Red Cross, and nurses aided the Cuban struggle for independence. President McKinley ordered 250,000 troops and several warships to Cuba and Puerto Rico to protect international trade relations and assist the Cuban rebels. However, a survey of the Army Hospital Corps conducted by the staff of the Army Medical Department revealed only about 800 men in various stages of training as medics for war preparedness. The need for a large number of people to provide nursing services for American troops and Cuban rebels greatly surpassed the manpower

²²¹ Naval History and Heritage Command, "The Destruction of USS *Maine*," <http://www.history.navy.mil/faqs/faq-71-1.htm> (accessed April 26, 2014).

²²² Naval History and Heritage Command, "The Destruction of USS *Maine*," (accessed April 26, 2014). Magazine spaces onboard ships store munitions and related supplies.

capability of the Army Hospital Corps. The Army Medical Department devised a bold plan of action: the inclusion of professionally trained female nurses for war support.²²³

In late April 1898, Congress authorized Brigadier General George M. Sternberg, Surgeon General of the Army, to hire civilian nurses for the war effort. The Secretary of War gave Sternberg specific directions to contract both male and female nurses for one year at a paid rate of \$50 per month for each nurse assigned to Cuba and \$40 for stateside work. While General Sternberg agreed to arrange contracts for the assignment of male nurses, he restricted the duties for female nurses to a few hospitals in the United States and Cuba. Over 600 male nurses, both professionally trained and volunteers, signed contracts for work with the Army.²²⁴

For the contract of female nurses, General Sternberg hired Dr. Anita Newcomb McGee (see fig. 6.1), a graduate of the Columbian University in 1892 and one of the few female licensed physicians in Washington, DC. The transfer of authority from General Sternberg to Dr. McGee suggested a lack of knowledge in the military about how to incorporate the professional services of women for war. Senior surgeons in the Army Medical Corps then had no prior military experiences with women except for the volunteer nurses who had served during the Civil War. In that war, the volunteers did not fall under the jurisdiction of the Union or Confederate armies and had the option to quit their duties at any time. General Sternberg may not have known how to proceed with the recruitment of women for military contract work, so he contacted Dr.

²²³ O'Lynn and Tranbarger, eds., *Men in Nursing*, 84; Anita Newcomb McGee, "Women Nurses in the American Army," The Spanish American War Centennial Website, <http://www.spanamwar.com/Nurses.htm> (accessed April 20, 2014). Army camps in Puerto Rico served as forward staging areas for troops. In 1887, the Army established the Hospital Corps for enlisted men to augment the physicians of the Medical Corps. Both corps made up the Army Medical Department.

²²⁴ McGee, "Women Nurses in the American Army," (accessed April 20, 2014). The Surgeon General of the Army is the commander of the Army Medical Department (currently Army Medical Command).

McGee, a medical expert who had worked with professionally trained female nurses during her brief career.²²⁵

²²⁵ U.S. Army Medical Department Office of Medical History, "Dr. Anita Newcomb McGee (1864-1940) - A Brief Biography," <http://history.amedd.army.mil/ANCWebsite/McGeeWHMSpecial/McGeeBriefBiography.html> (accessed October 23, 2014). Columbian University is currently George Washington University.



Figure 6.1. Dr. Anita Newcomb McGee, the first female Acting Assistant Surgeon of the Army.
Source: Prints and Photographs Division, Library of Congress, LC-USZ62-48331.

From her experiences as a physician, Dr. McGee knew the dangers posed by volunteers and began to standardize military nursing through the admission of professionally trained nurses. As the vice president of the Daughters of the American Revolution (DAR), she organized its Hospital Corps Committee to screen applicants for contract work. By April 30, 1898, more than 1,000 women who wanted to nurse for the Army had submitted applications to the committee. Dr. McGee directed her committee to approve only those applicants who had graduated from nursing schools. The committee chose more than 1,000 graduates from the almost 6,000 women who had applied for Army nursing in the war. General Sternberg appointed Dr. McGee as the first female Acting Assistant Surgeon of the Army and the director of nurses under contract for her efficiency in organizing Army nursing.²²⁶

Dr. McGee created innovative opportunities for select nurses. During the process of screening applicants, she personally chose six nurses to sail on the Army hospital ship *Relief* bound for Siboney, Cuba. Built in 1896 as the passenger steamer *John Inglis*, the Army had acquired the vessel for war service. The 300-foot long ship boasted the conveniences of modern utilities and medical equipment so the nurses could live and work in relative comfort. Their berthing spaces belowdecks offered privacy and physical separation from the men when not on duty. The male medical staff aboard consisted of nursing school graduates, medics from the Army Hospital Corps, civilian contract surgeons, and several Army surgeons. The confinement

²²⁶ McGee, "Women Nurses in the American Army," (accessed April 20, 2014); Mercedes Graf, "A *Very* Few Good Nurses," *Prologue: Quarterly of the National Archives and Records Administration* 42, no. 3 (Fall 2010): 29-30. The Acting Assistant Surgeons were the deputies of the Surgeon General of the Army.

of the ship presented one of the first opportunities for female nurses to work with their male counterparts in a hospital environment.²²⁷

Dr. McGee chose a native from New Orleans as one of the six nurses assigned to the *Relief*. Born in the city on December 2, 1867, Louise Jonas Block (see fig. 6.2) left to enroll in the Mount Sinai Training School for Nurses in New York, New York. After graduation in 1894, she transferred to the Orthopedic Hospital and Infirmary for Nervous Diseases in Philadelphia, Pennsylvania. In April 1898, she applied for contract work with the Army in the war. Dr. McGee selected her based on previous qualifications as a nurse who had worked at a large municipal hospital. From June 1 to October 14, 1898, Block served aboard *Relief* as an Army contract nurse. After the war, she resigned from nursing due to ill health, possibly from exposure to tropical disease while docked in Siboney, Cuba. Block might have been infected aboard the *Relief*, for she had nursed many soldiers there who were sick with yellow fever.²²⁸

²²⁷ Naval History and Heritage Command, “*Relief* (Hospital Ship, 1898-1902), <http://www.history.navy.mil/photos/sh-us-cs/army-sh/usash-mr/relief.htm> (accessed April 26, 2014); Graf, “A *Very* Few Good Nurses,” 29-30. Berthing spaces are bedrooms on ships.

²²⁸ Graf, “A *Very* Few Good Nurses,” 30-32; Obituary, *Nursing World* 1964-1965: 356, books.google.com/books?id-EncXAQAA1AAJ (accessed April 21, 2014). Mercedes Graf’s article contains a copy of the Army Personal Data (PD) card for Louise Jonas Block. On January 16, 1920, Block died at Mt. Sinai Hospital in New York, NY. She was buried in the plot for Spanish-American War nurses at Arlington National Cemetery in Washington, DC.



Figure 6.2. The six female contract nurses aboard the Army hospital ship *Relief*. The photograph does not identify the names of the individual nurses.

Source: U.S. Army Center of Military History, <http://history.army.mil/documents/spanam/WwS-Nrs7.jpg> (accessed April 20, 2014).

The menace of epidemic tropical disease in Cuba threatened the health of military personnel and contract nurses and warranted additional help from black nurses. As in New Orleans, the humid summer months fostered yellow fever, malaria, typhoid fever, and dysentery. One typhoid fever epidemic that swept through the Army camps on the island dealt a double blow to soldiers and Cuban rebels already weakened by yellow fever. Four female and two male nurses aboard *Relief* suffered from diseases to the point where they had to resign their contracts

before the end of the war. Worried that epidemics might decimate the number of Army contract nurses in Cuba, General Sternberg and Dr. McGee sought the help of black nurses immune to exposure to augment the hospital staffs.²²⁹

General Sternberg and Dr. McGee hired Namahyoke Curtis, a nurse and the wife of the chief surgeon at the Freedman's Hospital in Washington, DC, to recruit black nurses for the war. Curtis traveled to New Orleans and other cities in Alabama and Florida to find nurses from these southern areas who could work for the Army. Among 80 recruits, she managed to register 32 black nurses who claimed previous exposure to tropical disease. Many of these presumably immune black nurses sailed to Santiago, Cuba to work in Army hospitals during some of the worst periods of epidemic disease. General Sternberg had erroneously assumed that black women held a special immunity to tropical diseases because of their skin color. His theory proved wrong when several black nurses died after exposure to typhoid fever during the war. Immunity from one tropical disease failed to guarantee immunity against all maladies.²³⁰

May Williams, a black nurse from New Orleans, signed up for contract work in Cuba. In 1898, she graduated as a member of the first class of the Phyllis Wheatley Sanitarium and Training School for Negro Nurses (see fig. 2.7). Her previous experience to yellow fever as both a resident of New Orleans and a professionally trained nurse made her a likely candidate for the team that Namahyoke Curtis recruited for the Army. Williams arrived for work at an Army hospital in Santiago, Cuba during a severe epidemic of the disease, but survived the war. After

²²⁹ McGee, "Women Nurses in the American Army," (accessed April 20, 2014).

²³⁰ Kathryn Sheldon, "Brief History of Black Women in the Military," Women in Military Service for America Memorial Foundation, <http://www.womensmemorial.org/Education/BBH1998.html> (accessed September 29, 2010); M. Elizabeth Carnegie, "Black Nurses at the Front," *American Journal of Nursing* 84, no. 10 (October 1984): 1252, <http://www.jstor.org/stable/3463764> (accessed May 12, 2013). Namahyoke Curtis survived a bout of yellow fever.

the experience of caring for both black and white soldiers in Cuba, she returned to New Orleans to work in a segregated ward for black patients at Charity Hospital.²³¹

Along with the services of black nurses, nurses from American Red Cross auxiliary units also provided assistance for the continuing war effort. When Congress directed the American Red Cross to supply Army hospitals with nurses at the camps in Cuba and the United States, Clara Barton reacted quickly to the situation. She had already organized a relief hospital in Havana for Cuban rebels before the disaster of the USS *Maine*. After the explosion, Barton returned to Washington, DC, and contacted the New York Red Cross Hospital for assistance with a new project for war relief. The governing board of the hospital quickly organized a committee with Reverend Henry C. Potter, an Episcopalian bishop, in charge. This committee screened nursing applicants for Auxiliary 3 of the American Red Cross, one of many auxiliary units in the country assigned to war work. Auxiliary 3 nurses consisted of male and female nursing school graduates and many volunteers who would help the Army medical staff in Cuba and the United States. Unlike Dr. McGee's insistence on recruiting only professionally trained female nurses, Barton recognized the need for and encouraged the participation of volunteers and male nurses. She called forth from a wide swath of the population.²³²

Clara Barton often yielded to the demands of society women who wanted to participate in the war effort, and in some cases, solicited their patronage. One of these society women from New Orleans joined Auxiliary 3. Blanche Packard (see fig. 6.3), born in the city as the daughter of former Louisiana Governor Stephen B. Packard, volunteered as a nurse with the American Red Cross. She had made her debut in Marshallton, Iowa after the family moved there near the

²³¹ Carnegie, "Black Nurses at the Front," (accessed May 12, 2013).

²³² Kernodle, *The Red Cross Nurse in Action*, 16-17.

end of the gubernatorial term of her father. Packard used her social and political connections as a debutante, daughter of a former governor, and member of DAR to obtain a priority membership with Auxiliary 3. In June 1898, she traveled to New York, New York, for further assignment to an American Red Cross hospital in Santiago, Cuba. Reporters from the *Daily Picayune* in New Orleans praised her selfless and compassionate devotion to patients sick with yellow fever. Sometime after the war, Packard moved to Seattle, Washington, where she lived near her father and brother, Stephen B. Packard, Jr.²³³

²³³ News/Opinion, "Gov. Packard's Daughter Now a Red Cross Nurse in Cuban Hospitals," *Daily Picayune* (New Orleans), July 31, 1898; La-Cemeteries, "Louisiana Governors - Stephen Bennett Packard," <http://www.la-cemeteries.com/Governors/Packard,%20Stephen%20Bennett/Packard,StephenBennett.shtml> (accessed October 24, 2014). Blanche Packard was born at 415 Delaronde Street in the Algiers Point neighborhood of New Orleans.



MISS BLANCHE PACKARD.

Figure 6.3. Portrait sketch of Blanche Packard, daughter of former Louisiana Governor Stephen B. Packard.

Source: Illustration, *The Daily Picayune* (New Orleans), July 31, 1898, "America's Historical Newspapers," <http://infoweb.newsbank.com.ezproxy.uno.edu> (accessed April 16, 2013).

While some of the male nurses attached to Auxiliary 3 graduated from nursing schools, most of the men who joined the American Red Cross served as volunteers. The staff of Auxiliary 3 sent the nursing school graduates to the Army for contract work while the volunteers stayed with the unit in New York. At least one of these volunteers came from New Orleans. John Thomas Fitzgerald, a former drummer boy with the First Alabama Cadets in the Civil War, served as a volunteer nurse. A statement in his obituary noted that he was too old to join the infantry in the Spanish-American War, so he applied for membership with Auxiliary 3. After the war, he volunteered with Company No. 2 of the New Orleans Fire Department.²³⁴

Another group of volunteer nurses with Auxiliary 3 consisted of women from religious orders. The Sisters of Charity volunteered with the American Red Cross to provide nursing services for soldiers at Army training camps in the United States. Sister Avellina, one of these nuns from Charity Hospital in New Orleans, volunteered to work as a nurse at several of these camps. Moreover, she and some of the Charity Hospital staff organized a small mobile medical team that travelled to various camps throughout the South. After the war, Sister Avellina returned to Charity Hospital to continue her career as a nursing administrator.²³⁵

By June 1898, the American Red Cross had decided to reorganize the personnel assets of Auxiliary 3. Volunteers remained under the supervision of the staff of the unit, while nursing school graduates transferred to the Red Cross Society for Maintenance of Trained Nurses. The reorganization came after a decision to fund a nursing department onboard an Army transport ship bound for Puerto Rico. Instead of paying the nurses wages, the leaders of the American Red

²³⁴ Obituary, "John Fitzgerald's Death: Civil War Drummer and Spanish War Nurse," *Daily Picayune* (New Orleans), April 15, 1909.

²³⁵ Obituary, "Sister Avellina Answers the Call," *Times-Picayune* (New Orleans), July 19, 1918. Sister Avellina retired after 29 years of work as a nurse.

Cross assigned them to staff the nursing department on the ship for a simple maintenance cost of about \$25 per month for each nurse. The staff of Auxiliary 3 selected these nurses from a pool of applicants. From July 4 to August 12, 1898, the end of the war, 29 nurses served onboard the SS *Lampasas* without monetary compensation. The American Red Cross paid the bill for all living expenses from its own funds allocated for the monthly costs of the nurses. The ship sailed from the harbor in New York, stopped for supplies in Tampa, Florida, and continued on to Puerto Rico. There, unpaid nurses cared for American soldiers and sailors who suffered from epidemics of tropical diseases at various ports around the island.²³⁶

The assistance provided on behalf of the American Red Cross provoked a bitter dispute with the medical staff of the Army. General Sternberg and Dr. McGee expressed strong criticism towards Clara Barton and the American Red Cross. General Sternberg feared the American Red Cross would take over the services of the Army Medical Department. He wanted all professionally trained nurses to be under the direct supervision of the Army. Dr. McGee despised the idea of volunteer nurses stationed at Army camps. She felt that volunteers suffered from a lack of professional knowledge about nursing that placed the lives of patients at undue risk. Dr. McGee refused to associate with any members of the American Red Cross, and her actions likely influenced the opinions of General Sternberg.²³⁷

In May 1898, the leaders of the American Red Cross wrote a letter of complaint to President McKinley via Secretary of State William R. Day. Dissatisfied with the refusal of the Army to accept nursing services provided by the American Red Cross, Day requested that

²³⁶ American Red Cross, "Red Cross Society for Maintenance of Trained Nurses," Folder 900.2 Spanish-American War, Aux. 3, Box 65, Group 1, 1881-1916, RG 200, NACP; American Red Cross, "Report of the Red Cross Expedition Aboard the SS *Lampasas*," Folder 900.508 Spanish-American War, Aux. 3, S.S. *Lampasas*, Box 65, Group 1, 1881-1916, RG 200, NACP.

²³⁷ Kernodle, *The Red Cross Nurse in Action*, 18-20.

military leaders recognize the legitimacy of the institution. Their argument centered on the fact that the American Red Cross served as the national representative of the International Committee of the Red Cross (ICRC) and held a legal right to interfere in international affairs per ICRC doctrine. In June 1898, the Secretaries of War and Navy ceded to the authority of the American Red Cross but decided to leave the Army contract nurses in place until the end of the war. General Sternberg promptly agreed to cooperate with the American Red Cross in the future. This agreement became the first crucial step in the development of the partnership between the American Red Cross and the military for the recruitment of nurses in future wars.²³⁸

The contract work of professionally trained nurses during the short span of the Spanish-American War provided the catalyst for the creation of a United States Army Nurse Corps under military authority. Accordingly, tensions between the Army Medical Department and the American Red Cross during the fighting had led to a sharp division of personnel assets instead of a unification for the war effort. After the war, the medical departments of the Army and Navy agreed to work directly with the American Red Cross for the provision of nursing services. In return, the leaders of the American Red Cross promised to support all missions of the Army and Navy with the stipulation that nurses first apply for enrollment in the American Red Cross before beginning any obligations for military service. The terms of this agreement permitted the American Red Cross to retain some administrative control over the nurses while they served in the military. Future military nurses would fall under the jurisdiction of both institutions in a status of dual enrollment.²³⁹

²³⁸ Kernodle, *The Red Cross Nurse in Action*, 28-29.

²³⁹ Kernodle, *The Red Cross Nurse in Action*, 35-36.

In 1901, the military instituted a policy change that omitted men from nursing for the next 50 years and helped support public opinion that professional nursing was a field of labor only for women. Men had nursed for the military since the birth of the nation. Enlisted men had performed nursing duties for the Army in every American war until the end of the nineteenth century. However, the commanding staff of the Army decided to reorganize its medical department after the enthusiasm demonstrated by professionally trained female nurses during the Spanish-American War. General Sternberg and Dr. McGee had witnessed the usefulness of female nurses contracted for the Army. The lessons learned from the war inspired these leaders in Army medicine to create a corps of military nurses. An Army Nurse Corps comprised of all women would free more men for the infantry and other duties, and give the Army military authority over the nurses while in the service.²⁴⁰

General Sternberg again called on the services of Dr. McGee to help draft a bill for the establishment of the Army Nurse Corps. He entrusted her with the ability to create and organize a corps of nurses for the Army based on her stellar performance as a military nurse recruiter during the Spanish-American War. General Sternberg and Dr. McGee submitted the draft of Section 19 of the Army Reorganization Bill of 1900 to the Secretary of War. The bill also included a recommendation that Dr. McGee be appointed the first superintendent of the Army Nurse Corps. On January 19, 1900, Representative John Hull (Iowa) introduced Section 19 as House Bill 6879, and Senator Joseph Hawley (Connecticut) introduced Section 19 as Senate Bill 2699. Congress referred the bills to the Committee on Military Affairs.²⁴¹

²⁴⁰ U.S. Army Medical Department Office of Medical History, "Army Nurse Corps: More Than 100 Years of Service to Our Nation! Ready, Caring, and Proud," <http://history.amedd.army.mil/ancwebsite/about.html> (accessed September 29, 2010).

²⁴¹ *Section 19 of the Army Reorganization Bill of 1900*, HR 6879/S 2699, 56th Cong., 1st sess., Folder 500.002 Army Nurse Corps Legislative Bill for Establishment of, Box 39, Group 1, 1881-1916, RG 200, NACP.

A letter from General Sternberg addressed to the Secretary of War in favor of Section 19 reiterated his desire for a gender shift in professional nursing for the military. He declared that only female nursing school graduates should take care of sick and wounded soldiers. He claimed that in the past he had received expert treatment from professionally trained females nurses in the privacy of his home and wanted to ensure the same standards of nursing care went to the men on the battlefields. General Sternberg wrote, “Such care and attention as can only come from a woman nurse who is a graduate from a good hospital training school.” His conviction about the professionalism of female trained nurses likely influenced the relatively quick decision to establish the Army Nurse Corps as a military group for only women.²⁴²

Section 19 met little resistance in Congress. Just over a year after the initial submission of the bill, at a meeting of the Committee on Military Affairs, Secretary Margaret Livingston Chanler reported that President William McKinley had signed the final draft on February 2, 1901. The provisions of Section 19 gave the Secretary of War the personal authority to appoint the superintendent of the Army Nurse Corps while all other nurses received appointments from the Surgeon General of the Army. The Army set all nursing appointments for three years with an option to renew at the end of term. The endorsement for Section 19 from the Secretary of War included his appointment of Dita McKinney as the superintendent retroactive to December 1, 1900. McKinney, a graduate of the Massachusetts General Hospital Training School for Nurses

²⁴² George Sternberg, Surgeon General of the Army, to Secretary of War, February 15, 1900, Folder 500.002, Box 39, Group 1, 1881-1916, RG 200, NACP.

in Boston and former Army contract nurse in the Spanish-American War, accepted the appointment after the resignation of Dr. McGee.²⁴³

The exclusive privilege of women as military nurses also made them outsiders in a detrimental way. The decision on behalf of the Army to appoint nurses and not to commission them as officers in the same manner as male doctors in the Army Medical Corps questioned the legitimacy of women as service members. Nurses hovered somewhere between enlisted and commissioned status and, therefore, were not protected by any visible symbols of military rank or authority. Appointments without the benefit of commissioned rank left nurses vulnerable to systematic abuses from both enlisted men and male officers. Appointments also meant the Army did not have to allot nurses the same amount of monthly pay and allowances drawn by men, if the Army had authorized men to serve as nurses with commissioned rank.²⁴⁴

Despite lower pay and no promise of commissioned rank, the Army instituted large demands and minor accommodations for its nurses. Section 19 required prospective Army nurses to be graduates of professional training schools and pass a series of examinations before acceptance for military service. Paid benefits included travel and lodging allowances, medical care, subsistence for meals, and leaves of absence while on active duty. The Army established monthly pay rates for nurses at \$40 for duty within the boundaries of the United States and \$50 for duty overseas. Chief nurses in charge of military hospitals staffed with five or more subordinate nurses earned a monthly bonus of \$25 when authorized by the Secretary of War.

²⁴³ Committee on Military Affairs, *Final Report of the Committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States Army*, 56th Cong., 2nd sess., Folder 500.002, Box 39, Group 1, 1881-1916, RG 200, NACP. Dr. McGee resigned her post as Acting Assistant Surgeon to tend to the affairs of veterans from the Spanish-American War.

²⁴⁴ Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Chicago: University of Illinois Press, 2008), 116-141.

Nurses wore the traditional white shirtwaists and skirts covered with white aprons for their initial military uniforms. White nursing caps adorned their heads. If nurses needed additional uniforms, they had to pay for the materials with their own money and make them. The Army did not issue nursing uniforms or allot a separate allowance for their purchase.²⁴⁵

Section 19 also required the Surgeon General of the Army to maintain a roster of available nurses who wanted to serve during national emergencies or war. The list formed the basis of the reserve complement for the active duty Army Nurse Corps. General Sternberg also maintained lists of nursing school graduates who had contracted with the Army during the Spanish-American War. Per the postwar agreement with the American Red Cross, General Sternberg promised its leaders that he would substitute their roster if enough nurses enrolled to fill the needs of the reserve for the Army Nurse Corps. The leaders of the American Red Cross directed the members of its municipal societies to canvass neighborhoods for available nurses who might be interested in military service.²⁴⁶

The Army Nurse Corps apparently proved so successful that in 1902, the Navy gave the first indication that it planned a nurse corps for women that paralleled that of the Army. Rear Admiral Presley Rixey, Surgeon General of the Navy, recommended the establishment of such in his annual report to the Secretary of the Navy. Similar to the ideas from Surgeon General Sternberg that formed the basis for the establishment of the Army Nurse Corps, Rixey recalled the experiences of contract nurses during the Spanish-American War. He also wanted to execute

²⁴⁵ Committee on Military Affairs, *Final Report of the Committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States, Army*, Folder 500.002, Box 39, Group 1, 1881-1916, RG 200, NACP. During World War I, the Army and Navy Nurse Corps increased the pay rate for nurses by \$10 per month.

²⁴⁶ Kernodle, *The Red Cross Nurse in Action*, 42-43. The Army Nurse Corps Reserve was the first reserve unit for women in the military.

military authority over nurses while in the naval service. The proposed bill from Admiral Rixey to the Secretary of the Navy allotted for a corps of nurses that included a superintendent, eight chief nurses, and forty junior nurses. After public announcements about this new corps for the Navy appeared in several Army publications, Army nurse Julia Woods offered to be the first superintendent. Admiral Rixey replied to Woods and then shelved her letter pending congressional approval of the bill. Congress delayed passage of the bill for the next several years, possibly for reasons of annual budgetary constraints, but probably more related to the fact that male physicians and enlisted Hospital Corpsmen (some were former civilian male nurses) practiced medicine for the Navy aboard ships and at shore stations.²⁴⁷

On March 25, 1908, Representative Albert Dawson (Iowa), a member of the Committee on Naval Affairs introduced House Bill 15438 to Congress for the establishment of the Navy Nurse Corps. The bill included excerpts from the annual report of 1907 by Surgeon General Rixey who had drafted the original proposal. Several provisions in the bill mirrored many of the conditions set for the Army Nurse Corps: the same entrance exams, pay rate for nurses, and length of temporary appointments. However, Rixey made one general modification to the bill to compensate the military sea service. The Navy could assign nurses to hospital ships. The staff of the Navy Medical Department planned to allot room for female nurses aboard medical ships to

²⁴⁷ Of Ships and Surgeons: Notes on the History of Naval Medicine Sponsored by the Society for the History of Naval Medicine, "U.S. Navy Nurse Corps Established This Date 1908," <http://ofshipssurgeons.wordpress.com/2010/05/13/u-s-navy-nurse-corps-established-this-date-1908/> (accessed June 2, 2013); Julia Woods, Army nurse, to Presley Rixey, Surgeon General of the Navy, January 30, 1903, and Presley Rixey to Julia Woods, February 18, 1903, Folder Applications for Directorship, 1903-1908, Box 8, Records of the Bureau of Medicine and Surgery Nurse Corps, Operational Archives Branch, Naval Historical Center, Washington, DC.

augment the surgical teams of male physicians and Hospital Corpsmen while at war. On May 13, 1908, Congress ratified the bill for the establishment of the Navy Nurse Corps.²⁴⁸

Neither the Army nor the Navy mentioned the American Red Cross in their bills for the military nurse corps. However, In the spring of 1909, these two branches of the military and the American Red Cross officially began a partnership for the provision of female nurses in war. The American Red Cross War Relief Board, an advisory committee comprised of senior military officials, proposed to the Central Committee that a nursing department be established at the American Red Cross headquarters for all nurse enrollment and military recruitment. Before this proposal, the staffs of the Army and Navy Medical Departments depended on the availability of contract nurses for military service. The establishments of the Army and Navy Nurse Corps gave the military authority over nurses with permanent and temporary appointments, but nurse recruitment proved to be a huge challenge. Military leaders knew the appeal of the American Red Cross in the national nursing community and wanted to capitalize on the public reputation of the institution. The Central Committee of the American Red Cross agreed on the solution of a centralized nursing department that enrolled nurses in the American Red Cross first before any transfers to the Army and Navy Nurse Corps. In December 1909, the War Relief Board accepted the proposal of the Central Committee at the American Red Cross annual meeting. The proposal created the National Committee on (American) Red Cross Nursing Service with Jane Arminda Delano (see fig. 4.3), superintendent of the Army Nurse Corps, appointed as the chair of a committee of 14 nurses. From this point until the end of World War II, Army and Navy nurses

²⁴⁸ *For the Establishment and Organization of a Corps of Trained Women Nurses for the United States Navy*, HR 15438, 60th Congress, 1st sess., March 25, 1908, and *Establishment of Navy Nurse Corps*, 35th Statute, 60th Congress, 1st sess., May 13, 1908, Folder Establishment of the Navy Nurse Corps, 1900-1945, Box 10, Records of the Bureau of Medicine and Surgery Nurse Corps, Naval Historical Center, Washington, DC.

agreed to submit to the dual status of membership in the Nursing Service while simultaneously serving in the military.²⁴⁹

Jane Delano and her staff established an enrollment and military recruitment pipeline for the American Red Cross Nursing Service. Nursing school graduates applied to their respective State Committee on Red Cross Nursing Service for enrollment. Delano gave the state committees a list of approved nursing schools from which to recruit and enroll nursing school graduates. If the leaders of the state nursing committees accepted the applications, and the applicants complied with the additional requirements for military service, names of the approved nurses went on a list for future appointment into the nurse corps of their choice. The Surgeon Generals of the Army and Navy and Delano determined the dates for appointments into the military nurse corps. Most nurses opted to join the larger Army Nurse Corps. However, the American Red Nursing Service maintained the master roster of the names of all potential military nurses.²⁵⁰

Despite the role that black nurses had played under contract during the Spanish-American War, Jim Crow laws kept them out of the military. During the establishments of the nurse corps and the American Red Cross Nursing Service, black nurses suffered again from exclusion.

Institutional racism barred black nursing school graduates from joining the Army and Navy Nurse Corps. While the staff of the Nursing Service agreed to accept and file applications for

²⁴⁹ American Red Cross, *Beyond the Line of Duty: The Nursing Services*, (Washington, DC: American National Red Cross) 4-5, and *Jane A. Delano...A Biography*, ARC 781, (Washington, DC: American National Red Cross, 1952), 4-5, Folder American Red Cross 1647 Enroll Red Cross Nursing Service, Box 842, Group 4, 1947-1964, RG 200, NACP; American Red Cross Museum, "Red Cross Nursing," <http://www.redcross.org/museum/history/nursing.asp> (accessed September 29, 2010). The nursing department is more commonly known as the American Red Cross Nursing Service.

²⁵⁰ American Red Cross, *Jane A. Delano*, 4, and *American Red Cross Nursing Services*, ARC 1640A (Washington, DC: American National Red Cross), 3, Folder American Red Cross 1647, Box 842, Group 4, 1947-1964, RG 200, NACP. The American Red Cross Nursing Service maintained the master roster of all military nurses until the end of World War II.

enrollment from black nurses under pressure from the National Association of Colored Graduate Nurses, Jane Delano decided against the activation of any memberships for transfer to the military nurse corps. Apparently, in her role as the chair of the Nursing Service, she had no need to explain her position.²⁵¹

The only legal explanation about the partnership between the military and the American Red Cross Nursing Service came from a provision in the American Red Cross federal charter of 1905. This provision called for the American Red Cross to supply volunteer aid to the sick and wounded of combatant armies. However, neither the Nursing Service nor the military felt much obligation to define in clearer terms their arrangement regarding nurse enrollment and recruitment. In 1912, a brief statement in an annual report from the Surgeon General of the Army reiterated the fact that the Nursing Service served as a reserve for the Army Nurse Corps. In 1916, another mention appeared in an Army organization manual. On the other hand, the Navy made no formal mention of the partnership. The Surgeon General of the Navy preferred a more casual arrangement due to the allotted small size of 50 nurses for the Navy Nurse Corps. For the next 40 years, a mutual interpretation of the provision would turn the Nursing Service into a recruiting agency for the military nurse corps.²⁵²

The experiences of professionally trained female nurses in the Spanish-American War had provided the justification to warrant the establishment of two female gender-exclusive military nurse corps. Nurses from New Orleans had made positive contributions to the war effort through contract work for the Army, including shipboard duty, and volunteerism with the

²⁵¹ U.S. Army Medical Department Office of Medical History, "Black History Month, Proud to Serve: African American Army Nurse Corps Officers," <http://history.amedd.army.mil/ancwebsite/articles/blackhistory.html> (accessed May 12, 2013); Sheldon, "Brief History of Black Women in the Military," (accessed September 29, 2010).

²⁵² Kernodle, *The Red Cross Nurse in Action*, 52-53, 108-110; American Red Cross, "The Federal Charter of the American Red Cross," (accessed January 11, 2010).

American Red Cross. Additional assistance provided by black nurses from the city complemented the white hospital staffs and helped avert a public health crisis in the military. However, when the nurse corps did establish, military and civilian leaders opted for racism over merit and barred all black nurses from further service to the nation.

For future wars, the partnership between the American Red Cross Nursing Service and the military, although informal to the parties involved, appeared to operate in an efficient and effective manner for the recruitment of nurses into the Army and Navy Nurse Corps. The leaders of both institutions hoped if the United States went to war again, nurses would be prepared to fulfill any obligations that came with the responsibilities of the dual status in both the Nursing Service and the military nurse corps. Army and Navy nurses did not have to wait very long to prove their mettle in the crucible of war.

Chapter 7

From Appointees to Some Commissioned Officers: Nurses from New Orleans in World War I and the Postwar Committee to Secure Rank for Army Nurses

After the establishments of the Army and Navy Nurse Corps and the institutional partnership that followed, the American Red Cross Nursing Service and the American military enjoyed a few years of relative peace before being thrust into two sequential conflicts. The first battle merely tested the ability of military nurses to cope with an active wartime situation, while the second threatened to stretch their professional capacity to the point of failure. In ways that the public did not expect women to perform in war, military nurses ultimately proved to be one of the most valuable components of the forward deployed forces. For their devotion during the war, military nurses fought long and hard afterwards for equality under the protection of laws that governed the military establishment. Congress eventually granted them some privileges as members of an institution completely under the control of powerful men.

The summer of 1916 marked the first time that American military nurses served in an active conflict. Border trouble related to the Mexican Revolution had reached a critical point that threatened to erupt into war between Mexico and the United States. The Army ordered 200,000 regular and reserve troops to take up station along the southern borders of Texas, Arizona, and New Mexico. Eleven Army mobile hospital units to support the troops warranted a nursing need greater than the peacetime allotment for the Army Nurse Corps. With barely 150 nurses appointed into the Army Nurse Corps, the Army called on the American Red Cross Nursing Service to increase the allotment by 100 more nurses called to active duty. The Nursing Service contacted several state nursing associations to quickly recruit nurses whose names were on the master roster at the American Red Cross. Fourteen state associations, including

Louisiana, supplied about 150 additional nurses for the Army Nurse Corps. Over 250 Army nurses served on active duty at posts in the Southwest. Most of the nurses worked in shifts that rotated on a monthly basis. By the fall, the extra nurses called to active duty had returned home.²⁵³

The experience of active military service proved to be a physical and mental challenge for some of the Army nurses stationed along the southwestern border. Army commanders at the camps required nurses to follow orders and participate in military routines. Like the soldiers they served, nurses lived in wooden huts or tents and ate packaged rations. Army physicians reserved the available fresh water supply for patient care leaving little for bathing and laundry. The American Red Cross Nursing Service, inundated with letters from Army nurses full of complaints related to the stress of active military service, replied, “Once assigned to the Army, they were no longer under the direction of the Red Cross,” even though the nurses had obligated to both institutions.²⁵⁴

In spite of the temporary distraction of a pending conflict with Mexico on the border of the United States, public attention remained focused on the spread of war throughout Europe and Russia. From the start of World War I in August 1914, Congress promoted policies of neutrality and isolationism to the American public. In May 1915, public opinion about the war began to change after the sinking of the passenger steamer RMS *Lusitania* by a German U-boat that resulted in the loss of over 100 American civilian lives. Pressured by the public outrage over the disaster and U-boat attacks on other British ships, President Woodrow Wilson faced the

²⁵³ Kernodle, *The Red Cross Nurse in Action*, 110.

²⁵⁴ Kernodle, *The Red Cross Nurse in Action*, 110.

inevitability of American engagement in an international war. In 1916, he initiated a war preparedness campaign that swept the nation into a patriotic fervor.²⁵⁵

The Publicity Committee of the American Red Cross, in cooperation with the national Committee on Public Information, helped promote patriotic support for the war. A national poster and pamphlet campaign encouraged citizens to volunteer for service at a local American Red Cross chapter and for nurses to enroll in the American Red Cross Nursing Service. Volunteers and enrolled nurses tacked up posters and made pamphlets available to the public in all sorts of spaces including schools, post offices, and department stores. They also tacked posters onto street lamps and utility poles. Newspaper editors reserved free advertisement space for the American Red Cross campaign.²⁵⁶

Posters (see fig. 7.1) and pamphlet covers often featured young white nurses dressed in American Red Cross Nursing Service uniforms holding out their hands in gestures for help. The American Red Cross favored the images of nurses portrayed as quasi-religious saviors assigned to the unholy lands of war. Several poster and pamphlet series featured the labels of “Greatest Mothers” and “Angels of Mercy.” Motivational phrases such as “If You Fail, He Dies!” and “Humanity Calls You. What Is Your Answer?” served to motivate nurses to join the war effort. Illustrations of the national flag, wounded soldiers, and orphaned children often accompanied the

²⁵⁵ D. Clayton James and Anne Sharp Wells, *America and the Great War, 1914-1920*, The American History Series (Wheeling, IL: Harlan Davidson, 1998), 20.

²⁵⁶ John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Boulder, CO: Westview Press, 1996), 270.

images of compassionate American Red Cross nurses. The Nursing Service and an anxious public expected a large number of nurses to join the Army and Navy Nurse Corps.²⁵⁷

²⁵⁷ Hutchison, *Champions of Charity*, 270. The historic headquarters of the American Red Cross in Washington, DC features several of the original painted posters from World War I. For a comprehensive list of American Red Cross posters from World War I, see the Prints and Photographs Online Catalog on the Library of Congress web site.



Figure 7.1. American Red Cross nursing poster from World War I.
Source: World War I Posters, Prints and Photographs Division, Library of Congress, LC-USZ62-107226.

On April 6, 1917, Congress declared war on the German Empire. The United States went to war with only 403 nurses in the Army Nurse Corps and 160 nurses in the Navy Nurse Corps. The Army and Navy issued immediate demands for the American Red Cross Nursing Service to supply 10,000 military nurses for the war effort. The Nursing Service responded with the mobilization of 2,900 enrolled nurses as the first response for the Army Nurse Corps. Another 5,100 nurses awaited the call of duty for the Navy Nurse Corps.²⁵⁸

Immediately, the military nurses ran into problems with logistics regarding the acquisition of uniforms. The American Red Cross Nursing Service had to assume the responsibility of uniform supply for nurses. Jane Delano, the chair of the Nursing Service, received word from the Surgeon Generals of the Army and Navy that only congressional amendments to the bills that established the military nurse corps would allow for the issuance of uniforms. However, the Surgeon Generals still required the nurses to dress appropriately for military service. In May 1917, the Nursing Service quickly organized the Bureau of Nurses' Equipment in New York, New York. The bureau issued uniforms made of olive drab (Army) and navy blue (Navy) wool serge for official travel and duties. These Norfolk-style uniforms (see fig. 7.5) featured a wool felt wide-brimmed hat worn with a buttoned jacket, similar to the style issued to military men, and a long skirt. Military nurse corps insignia adorned the lapels of the jacket collar. Working uniforms (see fig. 7.4) consisted of either white or gray cotton dresses

²⁵⁸ Edith A. Aynes, "Army Nursing," *American Journal of Nursing* 40, no. 5 (May 1940): 540, <http://www.jstor.org/stable/3415295> (accessed December 7, 2008); Clara D. Noyes, "The Red Cross," *American Journal of Nursing* 17, no. 7 (April 1917): 624, <http://www.jstor.org/stable/3406285> (accessed December 7, 2008).

worn with white aprons and white caps embellished with red crosses. Nurses from New Orleans who wore these uniforms served with various American Red Cross medical units in the war.²⁵⁹

Assignments to the American Red Cross medical units in Europe placed nurses within the vicinity of the fighting forces. From late 1915 through 1916, base hospital units organized as large mobile medical facilities for the Army and Navy. Universities and medical schools across the nation agreed to cosponsor more than 200 of these hospitals with the American Red Cross. Army hospitals came equipped with supplies for at least 500 patients while Navy units accommodated half that number. The American Red Cross Nursing Service agreed to supply 100 nurses for each hospital. Military commanders positioned the hospitals several miles from the active combat lines for safety reasons. Other mobile medical units served closer to the action. Army nurses provided first aid for wounded and sick soldiers at medical evacuation units and emergency medical detachments located near the rear of the lines, while Navy nurses stationed aboard hospital ships treated sailors from battles at sea.²⁶⁰

In New Orleans, Base Hospital Unit 24 (Tulane Unit) organized as a group effort among several institutions. The New Orleans Chapter of the American Red Cross partnered with the Tulane University School of Medicine to equip and sponsor the hospital. Dr. Rudolph Matas, professor of surgery at the medical school and chief surgeon at Touro Infirmary, initially conceived the idea in 1915. After he spoke at a meeting of the chapter about the urgent need for

²⁵⁹ American Red Cross Department of Nursing, "Information for Nurses Called Upon for Active Service," Folder 494.1 ARC 702, Box 466, Group 2, 1917-1934, RG 200, NACP; U.S. Army Medical Department Office of Medical History, "Army Nurse Corps Uniforms: A Retrospective Exhibit," http://history.amedd.army.mil/ANCWebsite/uniformpres_files/uniformpres.html (accessed March 24, 2012); Naval History and Heritage Command, "U.S. Navy Nurses 1908-1917," <http://www.history.navy.mil/photos/prs-tpic/nurses/nrs-c.htm> (accessed March 24, 2012).

²⁶⁰ Kernodle, *The Red Cross Nurse in Action*, 108-110; American Red Cross Department of Nursing, "Emergency Detachments," Folder 494.1 ARC 701 Department of Nursing Emergency Detachments, Box 466, Group 2, 1917-1934, RG 200, NACP; Noyes, "The Red Cross," 624-625 (accessed December 7, 2008). The American Red Cross named the base hospital units in honor of the university sponsors (e.g., Tulane Unit).

the hospital, the Executive Committee agreed on the sponsorship through donations of cash and medical supplies. Professors and graduates from the Tulane University School of Medicine staffed the medical division, graduates from the local nursing schools staffed the nursing division, and 100 enlisted men from Orleans and the surrounding parishes filled the rest of the billets. On August 31, 1917, the hospital received orders to mobilize at Jackson Barracks after the commissioning ceremony of the physicians into the Army Medical Corps. On September 3, 1917, the physicians and enlisted men of Base Hospital Unit 24 departed for Camp Greenleaf in Georgia for five months of military training and instruction.²⁶¹

Three months later, the 65 nurses of Base Hospital Unit 24, including Ethel A. Holmes (see fig. 7.2), a graduate of the Johns Hopkins School of Nursing in Baltimore, Maryland, who would serve as the chief nurse, accepted their appointments into the Army Nurse Corps. On the morning of December 9, 1917, they stood in the lobby of Touro Infirmary on Prytania Street in the Garden District. The nurses came from 26 nursing schools throughout the South. Several of them represented the three largest schools in the city: Charity Hospital School of Nursing, Touro Infirmary School of Nursing, and Hotel Dieu School of Nursing. Frank B. Hayne, chair of the New Orleans Chapter of the American Red Cross, entered the hospital lobby, stood in front of the nurses, and ordered them to raise their right hand. Hayne read aloud the oath of allegiance for the Army Nurse Corps and paused intermittently for the nurses to repeat the words. At the end of the oath, all the nurses affirmed appointment into the Army Nurse Corps for duty with the base hospital. Hayne presented each nurse with a vacuum flask and \$50 for travel expenses to New

²⁶¹ Stier, *Report of the New Orleans Chapter of the American Red Cross*, 81-82; News/Opinion, "Hospital Unit 24 Has 100 Recruits," *Times-Picayune* (New Orleans), June 18, 1917, News/Opinion, "Hospital Unit 24 Ordered to Camp for War Training," *Times-Picayune* (New Orleans), September 4, 1917, News/Opinion, "Base Hospital 24 Has Equipment for 500 Patients," *Times-Picayune* (New Orleans), September 9, 1917.

York, New York. An observer noted, “The gathering was a historic event, attended by Red Cross leaders, prominent men and women, many physicians, and a number of nurses who were to remain at home to answer the calls of suffering humanity.”²⁶² The new military nurses boasted public support from civic leaders and their civilian peers for their commitment to the war effort.

²⁶² Stier, *Report of the New Orleans Chapter of the American Red Cross*, 81-82.



Figure 7.2. Army nurse Ethel A. Holmes, the chief nurse of Base Hospital Unit 24, wearing a working uniform.

Source: Emile V. Stier, *Report of the New Orleans Chapter of the American Red Cross, New Orleans, June 30, 1919* (Washington, DC: American Red Cross, 1919), 83.

The next day, the nursing division of Base Hospital Unit 24 (see fig. 7.3) left New Orleans by train for nine weeks of military instruction and occupational training in public health at Ellis Island in New York. On February 16, 1918, they left the port of New York aboard the British armed merchant cruiser SS *Carmania* and arrived in Liverpool, England, three weeks later. In early March 1918, after a short voyage to the northern coast of France aboard the Australian hospital ship SS *Warilda*, the nursing and medical divisions reunited at the base hospital unit camp housed in the former Haviland China factory in Limoges. The hospital staff lived in small rooms on gender-separated floors in the former employee barracks at the factory. Base Hospital Unit 24 gained local and national recognition as the first southern base hospital deployed to France.²⁶³

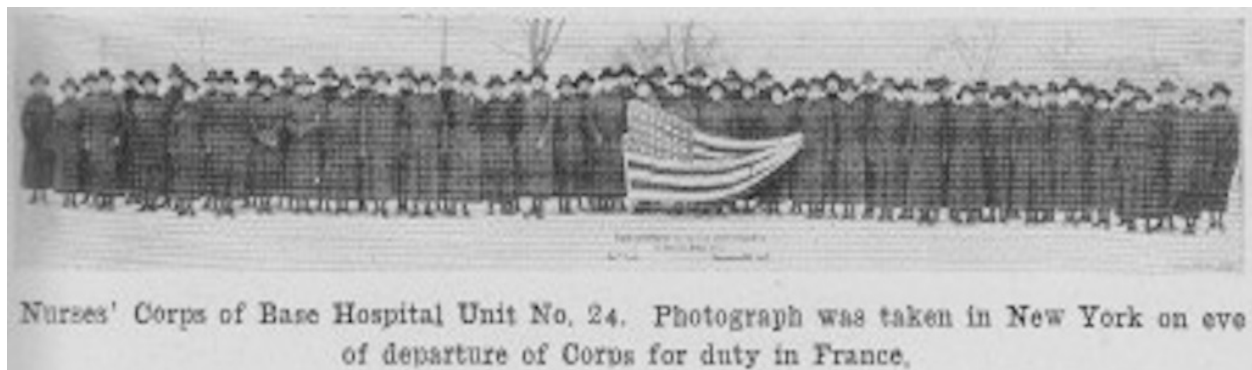


Figure 7.3. The nursing division of Base Hospital Unit 24 dressed in Norfolk-style uniforms. The nurses show their patriotic support for the war with a large American flag.

Source: Emile V. Stier, *Report of the New Orleans Chapter of the American Red Cross, New Orleans, June 30, 1919* (Washington, DC: American Red Cross, 1919), 85.

The overall mission of the Army Nurse Corps in the war required a high degree of flexibility. Many nurses assigned to Base Hospital Unit 24 did not remain at the camp in Limoges, France, for the duration of their assignments. The Army Nurse Corps headquarters in

²⁶³ Stier, *Report of the New Orleans Chapter of the American Red Cross*, 81-82, News/Opinion, "Hospital Unit 24 Ordered to Camp for War Training," *Times-Picayune* (New Orleans), September 4, 1917. Limoges is located in west-central region of France.

Washington, DC often ordered nurses to move temporarily to other base hospitals or to smaller military medical units closer to the battles. Some nurses attached to Base Hospital Unit 24 received orders to transfer to American Red Cross hospitals in Paris, France, while others embarked on temporary hazardous duty with emergency units, such as Evacuation Hospital 6 and Gas and Shock Team 20, located near the rear of the combat lines. From March 30 to July 16, 1918, Mae B. Kaufman (see fig. 7.4), a native of Lake Charles, Louisiana, and graduate of the Touro Infirmary School of Nursing in 1916, and 15 other nurses from Base Hospital Unit 24 served a period of temporary duty at American Red Cross Military Hospital 2 in Paris. The military nurse transfers in and out of Base Hospital Unit 24 resulted in an increase from 65 to 89 on staff by the end of the war.²⁶⁴

²⁶⁴ Stier, *Report of the New Orleans Chapter of the American Red Cross*, 84; Mae Kaufman scrapbook, Box Mae Kaufman, R.N. Collection, Touro Infirmary Archives, New Orleans, LA. The scrapbook details her service with the Army Nurse Corps and her tour of duty in France.



Figure 7.4. Army nurse Mae B. Kaufman, wearing a working uniform, on the grounds of Base Hospital Unit 24 in Limoges, France. She took a break from work with a magazine.

Source: Mae Kaufman scrapbook, Box Mae Kaufman, R.N. Collection, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

Along with nursing duties at Base Hospital Unit 24, a few nurses also became military ambassadors for the United States when they served with foreign allied forces. The Army Nurse Corps transferred specific nurses from Base Hospital Unit 24 to allied medical facilities. While these nurses often treated patients from foreign militaries within the walls of American base hospitals, opportunities to serve under the authority of the allied expeditionary forces transcended geographical and political boundaries. Two of the nurses from Base Hospital Unit 24, for example, received orders to work at a French Red Cross hospital, and one nurse transferred to General Hospital 1 for duty with the British Expeditionary Force.²⁶⁵

While the majority of Army nurses from New Orleans served with Base Hospital Unit 24, several nurses from the city received orders to other base hospitals. May Given, a graduate from the Charity Hospital School of Nursing in 1908, served with the Base Hospital Unit 4 (Lakeside Unit) from Cleveland, Ohio, the first base hospital ordered to France. Celeste Janvier, daughter of Postmaster Charles Janvier, graduated from the Johns Hopkins School of Nursing in Baltimore, Maryland, in 1916 and joined her classmates with Base Hospital Unit 18 (Johns Hopkins Unit) encamped five miles behind the combat lines in France. In March 1918, after Frances “Fannie” R. Lindsey (see fig. 7.5) graduated early from the Touro Infirmary School of Nursing, she also sailed to France and joined the staff of Base Hospital Unit 43 (Emory Unit). In August 1918, Base Hospital Unit 102 (Loyola Unit) left Baltimore for duty in Italy. The staff of Loyola University, a private Jesuit college in New Orleans, sponsored that base hospital. In addition, several nuns from Charity Hospital, Sister Florence from Hotel Dieu, and ten graduates from the Hotel Dieu School of Nursing worked at the 1000-bed hospital in Vicenza, Italy. The

²⁶⁵ Stier, *Report of the New Orleans Chapter of the American Red Cross*, 82.

staff of Base Hospital Unit 102, the largest mobile hospital in World War I, provided medical services for the Italian army. William C. Gorgas, Surgeon General of the Army, compromised on uniform regulations for military nurses when he authorized the nuns to wear the insignia of the Army Nurse Corps on the front of their habits.²⁶⁶

²⁶⁶ News/Opinion, "War Nurse Tells How Yanks Stood Off Hun Hordes," *Times-Picayune* (New Orleans), April 17, 1918; News/Opinion, "Miss Janvier to Nurse: Daughter of Postmaster Is Ordered Abroad for Red Cross Services," *Times-Picayune* (New Orleans), May 30, 1917; Louisiana Nurses Board of Examiners, Certificate of Registered Nurse for Fannie Ree Lindsey, December 11, 1917, Box II Documents, Folder 1917 Dec 11, Certificate of Nursing for Fannie (Ree) Lindsey, TISON Collection, Touro Infirmary Archives, New Orleans, LA; "Nursing News and Announcements," *American Journal of Nursing* 18, no. 12 (September 1918): 1197, <http://www.jstor.org/stable/3405811> (accessed April 30, 2013); News/Opinion, "Hotel Dieu Nurses Make Good Record," *Times-Picayune* (New Orleans), February 2, 1919.



Figure 7.5. Army nurse Frances “Fannie” R. Lindsey wearing the Norfolk-style uniform.
Source: Box VI-A Oversized Documents and Photographs, TISON Collection, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

During their daily routines at the base hospitals, Army nurses faced the same dangers as the soldiers and civilians placed in their care. They often worked 12 to 18-hour shifts. Food consisted of prepackaged military rations, and sources of germ-free water proved scarce on the grounds of the base hospitals. Nurses barely had enough water to bathe patients, let alone themselves. Replenishment supplies of clean linens, spare uniforms, and hospital disinfectants ranked low on the list of priorities for the Army. Nurses considered regular hygiene to be a luxury in war. Infestations of lice and disease spread through the combat lines and eventually reached into the medical units. Epidemic diseases coupled with the exhaustive routine of treating mass casualties in unsanitary spaces reduced the effectiveness and efficiency of military nurses and threatened their lives. By the end of the war, 296 Army nurses had died on active duty from injury or illness. The casualty list included Katherine Dent (see fig. 3.1), an Army nurse from New Orleans assigned to Base Hospital Unit 24.²⁶⁷

The small number of Navy nurses in the war fared no better than the Army nurses. In the summer of 1918, the Navy transferred a group of special surgical teams to the Army to support a series of major ground offensive campaigns executed by the allied expeditionary forces in France. The Navy teams focused on emergency medical treatment at the rear of the combat lines. A few Navy nurses worked closely with Army nurses assigned to these evacuation units “in difficult field conditions far removed from regular hospitals.”²⁶⁸

Along with the perils of war, military nurses faced dangers that came directly from their male coworkers. Several nurses suffered from physical, verbal, and sexual abuse while on active

²⁶⁷ Lettie Gavin, *American Women in World War I: They Also Served* (Boulder: University Press of Colorado, 1997), 43-76; Obituary, “Orleans Nurse Dies on Duty,” *Times-Picayune* (New Orleans), June 20, 1918.

²⁶⁸ Naval History and Heritage Command, “Nurses and the U.S. Navy, 1917-1919,” <http://www.history.navy.mil/photos/prs-tpic/nurses/nrs-e.htm> (accessed March 25, 2012).

duty, and they lacked recourse. Appointments into the Army and Navy Nurse Corps did not afford nurses the same military authority that came with the privilege of congressionally appointed commissioned rank held by male officers. Nurses traumatized by abuses from male officers and enlisted men had no system of redress within the military structure. Nurses either kept silent about abusive situations or sought solace in conversations with their fellow nurses. If a nurse dared to voice a complaint about abuse to her male superior, the chain of command often labeled her as difficult to work with and a source of trouble in the unit.²⁶⁹

According to scholars of military nursing, dangers notwithstanding, nurses had to ensure their physical presence did not conflict with paternalistic notions of traditional female gender roles. Healthy servicemen expected nurses to act a certain way in public as to not discredit either popular feminine ideals of the time or the high standards of professionalism required by the military nurse corps and the American Red Cross Nursing Service. Wounded and sick servicemen expected nurses to fulfill several traditionally feminine roles at once: primary caregiver, mother, secretary, launderer, cook, and tailor. Military nurses spent the majority of their time in servitude to the men of the allied expeditionary forces. Long working hours and little rest awaited nurses from one day to the next. As a result, many nurses suffered debilitating musculoskeletal injuries from the constant movement on their feet between the demands of too many patients in the hospital units and not enough nurses in the military. However, nurses rarely complained about their duties to their male coworkers and superiors. They wanted to prove their worth as legitimate members of the military institution.²⁷⁰

²⁶⁹ Jensen, *Mobilizing Minerva*, 133.

²⁷⁰ Susan Zeiger, *In Uncle Sam's Service: Women Workers with the American Expeditionary Force, 1917-1919* (Philadelphia: University of Pennsylvania Press, 2004), 104-136.

During the long course of World War I, the American Red Cross Nursing Service constantly faced a shortage of nurses to recruit for the military nurse corps. By March 1918, the Nursing Service had transferred 6,000 nurses to the military out of 18,000 active enrollments. Only 11 percent of these total enrolled nurses came from Louisiana. Even after Surgeon General Gorgas requested a total of 30,000 nurses for the Army by January 1919, the Nursing Service refused to address the recruitment of male nurses to augment the females. Provisions for the establishments of the Army and Navy Nurse Corps made clear the exclusion of men. Rumors persisted throughout the Army that many male nurses had enlisted as medics. In June 1918, when seven of these medics attached to Base Hospital Unit 23 in France came forward with a verbal request for transfer to the Army Nurse Corps, a colonel in the Army Medical Corps reminded them that only women nursed for the Army. Although the medics mailed a written complaint about the matter to Representative Charles B. Smith (New York), their grievance went no further than his desk. The exclusively female military nurse corps remained intact.²⁷¹

By the day of the Armistice, November 11, 1918, over 22,500 female nurses had served in the Army and Navy Nurse Corps. More than 10,000 of them saw duty in military and American Red Cross medical units stationed in Europe. Of the total number of nurses deployed overseas, over 100 of them came from New Orleans. While the majority of these nurses worked at Base Hospital Unit 24 in Limoges, others received orders to base hospitals in different locations throughout France and Italy. Some of the nurses stayed at the base hospitals for their

²⁷¹ Jane A. Delano, "The Red Cross," *American Journal of Nursing* 18, no. 7 (April 1918): 548, <http://www.jstor.org/stable/3405695> (accessed December 7, 2008); U.S. Army Medical Department Office of Medical History, "Proud to Serve: The Evolution of Male Army Nurse Corps Officers," <http://history.amedd.army.mil/ancwebsite/articles/malenurses.html> (accessed March 25, 2012); O'Lynn and Tranbarger, *Men in Nursing*, 85.

entire tours, and some transferred for temporary duty to other medical units. A select few of the nurses from New Orleans had the opportunity to serve with allied expeditionary forces.²⁷²

For their valiant and honorable service during the war, American military nurses became the first congressionally authorized uniformed women to receive esteemed awards from the armed forces. The United States Army and Navy awarded exceptional nurses the Distinguished Service Cross (3), the Navy Cross (4), and the Distinguished Service Medal (23). Allied governments also recognized heroic service with awards of the French *Croix de Guerre* (Cross of War) (28), the British Royal Red Cross (69), and the British Military Medal (2). Nurses received honorable mentions in written commendations and letters from both the American and British Expeditionary Forces. Two Army nurses from New Orleans received these awards.²⁷³

In 1922, Amelia Greenwald (see fig. 7.6), a graduate of the class of the Touro Infirmiry School of Nursing in 1908, held the honor as the first woman to receive the World War I Victory Medal from the United States Army. Although the Army had authorized the medal only for men, Greenwald insisted that she also receive it for her service in the war. In France, she had served as the chief nurse of an evacuation hospital in Verdun and as the supervisor of nightshift nurses at a base hospital unit in Savoy. After the Armistice, she elected to stay in Europe with the American Army of Occupation and helped to establish a hospital in Coblenz, Germany. For two years, Greenwald mailed several requests to the Secretary of War for the award of the medal

²⁷² Kernodle, *The Red Cross Nurse in Action*, 141-147; Stier, *Report of the New Orleans Chapter of the American Red Cross*, 81-86.

²⁷³ War Department Bureau of Public Relations, "The Army Nurse Corps," March 17, 1942, Folder 020.101 Nursing Service Nursing Enrollment, Box 6, Group 3, 1935-1946, RG 200, NACP; Naval History and Heritage Command, "Nurses and the U.S. Navy, 1917-1919," (accessed March 25, 2012). Dr. Mary E. Walker, a civilian surgeon and spy, had received the Congressional Medal of Honor for her contract work with the Union Army in the Civil War. See Women in Military Service for America Memorial Foundation History and Collections, "Resources-Historical Frequently Asked Questions," www.womensmemorial.org/H&C/Resources/hfaq.html (accessed October 26, 2014).

before he authorized the receipt. Eunice Broussard (see fig. 7.7), another graduate of the same school but from the class of 1915, served a temporary tour of duty as the head nurse of Evacuation Hospital 6 at Chateau-Thierry northeast of Paris. The French government awarded her the *Croix de Guerre* for courage and bravery while at the hospital under enemy artillery fire during the Second Battle of the Marne. After the war, Broussard returned to New Orleans and accepted the position of the assistant director of the Touro Infirmary School of Nursing.²⁷⁴

²⁷⁴ Obituary, "Death of Amelia Greenwald Recalls Illustrious Career," January 4, 1966, *The Eunice News* (Eunice, LA); News/Opinion, "Croix de Guerre Given to Nurse from This City: Eunice Broussard Awarded High Honor for Bravery and Devotion," *Times-Picayune* (New Orleans), August 8, 1919; "TISON: From Beginning to End," 60, Box II, TISON Collection Documents, Touro Infirmary Archives, New Orleans, LA. Amelia Greenwald stayed in Europe and established the first Jewish school of nursing in Poland. She is arguably the most celebrated Jewish nurse in American history.



Figure 7.6. Army nurse Amelia Greenwald wearing the Norfolk-style uniform.
Source: Folder Greenwald, Amelia R.N. Photographs, Box Amelia Greenwald Collection, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.



Figure 7.7. Veteran (Army) nurse Eunice Broussard as the assistant director of the Touro Infirmary School of Nursing. She is wearing an alumnae pin on the front of her dress.
Source: Touro Infirmary School of Nursing, *Ninety-Eight.Six* 1929 yearbook, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

In January 1919, Army Surgeon General Gorgas issued orders for the base hospital units in Europe to demobilize for transportation back to the United States. Dora Thompson, the superintendent of the Army Nurse Corps, initiated the process to discharge and reorganize most of the nurses who had served on active duty. This process occurred at the ports of debarkation for military transport ships. The harbor of New York, New York, served as the main port for the return of these ships. After debarking, Army nurses slated for discharge reported to the nearest American Red Cross nursing station to surrender their military appointments and undergo exit physical examinations. The American Red Cross Nursing Service contracted spaces in the lobby of the Hotel Albert in New York, New York, to serve as the main station for the discharge of military nurses. On March 3, 1919, the Army nurses of Base Hospital Unit 24 arrived in the port of New York aboard the USS *Great Northern* to begin the process of military discharge and receive transportation back to New Orleans. By 1920, the demobilization had left only 1,551 nurses in the postwar Army Nurse Corps.²⁷⁵

In New York, Jane Delano, the chair of the American Red Cross Nursing Service, and her assistant, Clara Noyes, quickly established the Red Cross Bureau of Information for Nurses to assist military nurses with their transition to civilian life. Three senior nurses, one each from the American Nurses' Association, the National League of Nursing Education, and the National Organization of Public Health Nursing, comprised the committee that supervised the transition staff. They provided professional services for job placement and more informal counseling for nurses afflicted with postwar traumatic stress from the exhaustive routine of constant care for

²⁷⁵ Mary T. Sarnecky, *A History of the Army Nurse Corps* (Philadelphia: University of Pennsylvania Press, 1999), 134-136; Stier, *Report of the New Orleans Chapter of the American Red Cross*, 85-86.

injured and ill soldiers. The staff of the bureau sought to remedy some of the problems related to stress through the placement of nurses in stable jobs.²⁷⁶

After nurses processed through the Red Cross Bureau of Information in New York and returned to the city, the New Orleans Chapter of the American Red Cross celebrated the homecoming of the staff of Base Hospital Unit 24 with a luncheon at the Grunewald Hotel. On April 28, 1919, the event followed a morning parade that culminated in a keynote address from Mayor Martin Behrman on the steps of Gallier Hall at Lafayette Square in the Central Business District. Mayor Behrman congratulated Frank B. Hayne, the former chair of the chapter, for his expeditious organization of the base hospital and thanked the unit staff for their support of the allied expeditionary forces in France. Similar words of gratitude came from St. Clair Adams, the postwar chair of the chapter. At the luncheon, he said, “The hand of the people of New Orleans stretched overseas to minister to the fighters for liberty.”²⁷⁷ The staff of the base hospital had earned public recognition and gratitude for their meritorious service in the war.

Frances R. Fabing, a nurse with Base Hospital Unit 24, received a special honor when the people of New Orleans erected the first permanent World War I memorial in the United States. After the war, Dr. E. S. Kelly, a prominent physician and resident of the Ninth Ward, organized a committee that raised almost \$8,000 for the construction of a commemorative arch (see fig. 7.8) in McCarty Square on the corner of Burgundy and Pauline streets in the Bywater neighborhood. Over a period of several months, the committee canvassed the neighborhood for donations and

²⁷⁶ Clara D. Noyes, “The Red Cross,” *American Journal of Nursing* 19, no. 5 (February 1919): 372; <http://www.jstor.org/stable/3405572> (accessed May 7, 2014); “The Red Cross,” *American Journal of Nursing* 19, no. 10 (July 1919): 779-780, <http://www.jstor.org/stable/3405637> (accessed May 7, 2014); “The Red Cross,” *American Journal of Nursing* 20, no. 3 (December 1919): 223-229, <http://www.jstor.org/stable/3405121> (accessed May 7, 2014).

²⁷⁷ News/Opinion, “Base Hospital 24 Members at Feast,” *Times-Picayune* (New Orleans), April 29, 1919. St. Clair Adams was a prominent lawyer in New Orleans. In 1951, his son founded the Adams and Reese law firm.

held community fundraisers to pay for the solid granite monument that measured over 28 feet high. Four bronze memorial tablets adorned the arch, inscribed with the names of 1,300 veterans from the Ninth Ward who had served in the war. Fabing held the honor of the only woman to have her name inscribed on one of the tablets. On March 14, 1920, the unveiling ceremony featured an Army squad from Jackson Barracks performing full military honors to memorialize the 28 soldiers and sailors, both black and white, from the area who lost their lives in the war.²⁷⁸

²⁷⁸ News/Opinion, "To Commemorate Services of Men Who Served in War," *Time-Picayune* (New Orleans), November 9, 1919; News/Opinion, "First Permanent War Arch in U.S. Dedicated Here," *Times-Picayune* (New Orleans), March 15, 1920. The Army squad performed three twenty-one gun salutes and two buglers played "Taps."



Figure 7.8. Ninth Ward Memorial Arch for veterans of World War I. Two additional bronze tablets adorn the back of the arch.

Source: Ancestry.com, “The Victory Arch in Macarty Square, New Orleans, Louisiana,” <http://freepages.military.rootsweb.ancestry.com/~neworleans/> (accessed May 8, 2014).

Despite the rash of postwar honors, nursing leaders still had political work to do to gain parity on behalf of all the nurses who had served in the war. As early as 1917, some of the American Red Cross Nursing Service staff and more than a few prominent suffragists formed the Committee to Secure Rank for Army Nurses in New York, New York. Suffragist Harriet Stanton Blatch supervised the main office of the committee. She recruited several other activists to petition the Army to grant nurses the privilege of equal rank and pay as junior commissioned officers. Jane Delano and her assistant, Clara Noyes, served on an advisory board to this committee. However, the Secretary of War and the commanding staff of the Army steadfastly refused to listen to any demands from the committee while at war with Germany.²⁷⁹

After the Armistice and with the support of several members from Congress, the petitioning body expanded into the National Committee to Secure Rank for Army Nurses. The committee chose former President William H. Taft to serve as the honorary chair and secured the legal talents of suffragist Helen Hoy Greeley for counsel. Several hundred veteran nurses submitted sworn statements to Congress about the hardships they had endured in the war from the lack of military authority that came with commissioned rank. In May 1920, Congress ratified the Jones-Raker Bill initiated by Senator Andrieus A. Jones (New Mexico) and Representative John E. Raker (California). On June 4, 1920, President Woodrow Wilson signed the bill into law that granted commissioned relative rank (the privilege to wear commissioned rank without the equal pay of male officers or the ability to assume positions of command) for Army nurses.²⁸⁰

²⁷⁹ Jensen, *Mobilizing Minerva*, 121-123. Blatch was the daughter of early suffragist Elizabeth Cady Stanton.

²⁸⁰ Sarnecky, *A History of the U.S. Army Nurse Corps*, 142-148; Carolyn M. Feller and Debora R. Cox, eds., "Highlights in the History of the Army Nurse Corps," U.S. Army Center of Military History, <http://www.history.army.mil/books/anc-highlights/chrono.htm> (accessed September 29, 2010). The Navy did not authorize commissioned relative rank for nurses until World War II.

During World War I, military nurses, including those from New Orleans, had worked exceptionally hard to overcome hostile conditions and the occupational specialty of military nursing expanded beyond expectations. At the least, they learned to quickly adapt their skills to suit the world of combat. In the process, they endured systematic abuses as members of an institution unaccustomed to the presence of women, and they fought for equality after the war ended. Army and Navy nurses pioneered careers for women in the military and proved beyond a doubt their invaluable worth as members of a predominantly male institution. After the war, they began to make strides to assure that a measure of equality existed in the military for women. Additional legislative changes following their participation in the next war would permanently alter the future status of military women and the career path of military nursing.

Chapter 8

More Commissions and Privileges: Nurses from New Orleans in World War II and the Postwar Legislation for Women in the Military

After the end of World War I, the American Red Cross Nursing Service and the Army and Navy Nurse Corps enjoyed two decades of relative peace before they were called again into active service. In 1939, peace abruptly ended when Nazi militarized forces invaded neighboring sovereign states. The international acts of war elicited a response from the United States federal government that thrust the nation into a state of national emergency. Yet, the United States did not declare unfettered war until the Japanese military bombed an American island territory in the Pacific in late 1941. The Nursing Service quickly responded to the call of war and recruited thousands of nurses for the Army and Navy Nurse Corps. The honorable service of military nurses during this second war prompted the enactment of several pieces of postwar legislation that changed the roles of women in the military, redefined constructs of gender and race within the institution, and retained public opinion of nursing as a respected profession.

Changes came at critical junctures as the nation inched closer to war. On September 8, 1939, President Franklin Delano Roosevelt issued a proclamation that declared a state of limited emergency for the United States. The sudden outbreak of war in Europe prompted the executive branch of the federal government to adopt a position of diplomatic neutrality towards the combatants. The Secretaries of War and Navy responded immediately to the proclamation with an increase in the peacetime armed forces for war preparation. Major Julia O. Flikke, superintendent of the Army Nurse Corps, activated over 300 relative rank commissions from the reserve list which placed the total number of nurses on active duty at over 900 by the end of the

year. Likewise, Sue S. Dauser, superintendent of the Navy Nurse Corps, added about 200 appointments for a total of more than 500 nurses on active duty.²⁸¹

The American Red Cross Nursing Service, as the First Reserve for the military nurse corps, estimated a need for 60,000 nurses for the Army alone if the nation went to war again. As war spread throughout Europe, the Nursing Service issued a call for mobilization to increase the First Reserve to 25,000 from a prewar low of a little over 15,000 nurses. On September 23, 1940, the Central Committee of the American Red Cross released a statement to the press that noted the scheduled transfer of 4,000 nurses from the Nursing Service to the Army Nurse Corps before July 1941. Nurses eligible for the First Reserve and future military service met the following requirements: single, younger than 35 years of age, a graduate of an approved school of nursing, registered with the state nursing board of examiners, affiliated with the American Nurses' Association, and an American citizen. The Nursing Service also accepted divorced and widowed nurses for the First Reserve as long as they did not have dependent children.²⁸²

Along with provisions for white female nurses, the American Red Cross Nursing Service finally invited previously excluded groups to apply for service. The last item in the press release concerning the enrollment of nurses into the First Reserve described the status of male nurses. In the spring of 1940, the leaders of the Nursing Service decided to accept applications from male nursing school graduates for enrollment and compiled a list of their names. The Surgeon

²⁸¹ Franklin D. Roosevelt, "Proclamation 2352 - Proclaiming a National Emergency in Connection with the Observance, Safeguarding, and Enforcement of Neutrality and the Strengthening of the National Defense within the Limits of Peace-Time Authorizations," September 8, 1939, online by Gerhard Peters and John T. Woolley, *The American Presidency Project*, <http://www.presidency.ucsb.edu/ws/?pid=15806> (accessed May 13, 2014); Carolyn M. Feller and Debora A. Cox, eds., "Highlights in the History of the Army Nurse Corps," (accessed September 29, 2010); Naval History and Heritage Command, "Nurses and the U.S. Navy, 1919-1941," <http://www.history.navy.mil/photos/prs-topic/nurses/nrs-g.htm> (accessed March 25, 2012).

²⁸² Kernodle, *The Red Cross Nurse in Action*, 385-387; American Red Cross News Service, "U.S. Army to Call 4,000 Red Cross Nurses to Active Service before July of Next Year," September 23, 1940, Folder 020.101 Nursing Service Nurse Enrollment, Box 6, Group 3, 1935-1946, RG 200, NACP.

Generals of the Army and Navy utilized this list as a recruiting tool to increase the number of men in the Hospital Corps. While the military nurse corps remained gender-exclusive groups for women, the acceptance of male nurses into the Nursing Service opened a few more opportunities for men in the profession. Membership in the Nursing Service also provided political leverage when prominent male nursing leaders later campaigned for the acceptance of men into the military nurse corps.²⁸³

Black nurses, the other disenfranchised group in the profession, also saw more available opportunities in military service. In January 1941, the Army Nurse Corps opened a limited quota of just over 50 relative rank commissions for black nurses. Within three months, the Army Nurse Corps had filled most of the quotas with 48 black nurses on active duty at military hospitals on the bases of Camp Livingston in Rapides Parish, Louisiana, and Fort Bragg in Fayetteville, North Carolina. Most of the nurses held entry level relative rank commissions as Second Lieutenants. On June 25, 1941, President Roosevelt issued Executive Order 8802 that prohibited discrimination based on race, creed, color, or national origin within the civilian defense industry. The order persuaded military leaders to open more commissions for black nurses in the Army Nurse Corps and eventual appointments in the Navy Nurse Corps.²⁸⁴

On May 27, 1941, less than a month before the release of Executive Order 8802, President Roosevelt had issued another proclamation that placed the United States in an

²⁸³ American Red Cross, "U.S. Army to Call 4,000 Red Cross Nurses to Active Service before July of Next Year," September 23, 1940, Folder 020.101 Nursing Service Nursing Enrollment, Box 6, Group 3, 1935-1946, RG 200, NACP.

²⁸⁴ U.S. Army Medical Department Office of Medical History, "Black History Month Proud to Serve: African American Army Nurse Corps Officers," (accessed May 12, 2013); Franklin D. Roosevelt, "Executive Order 8802 - Reaffirming Policy of Full Participation in the Defense Program by All Persons, Regardless of Race, Creed, Color, or National Origin, and Directing Certain Action in Furtherance of Said Policy," June 25, 1941, online by Gerhard Peters and John T. Woolley, *The American Presidency Project*, <http://www.presidency.ucsb.edu/ws/?pid=16134> (accessed May 13, 2014). Over 500 black nurses served in the Army and Navy Nurse Corps during World War II.

unlimited state of emergency. He asked for the cooperation between government officials and the defense industry to monitor internal security within national boundaries. He also asked for the civilian population to support national defense measures and, if the need arose, to volunteer to mobilize for war. By the date of the release of the proclamation, the American Red Cross Nursing Service had enrolled 21,000 nurses in the First Reserve. Of that number, 238 nurses came from southern Louisiana. Nine of the nurses accepted immediate commissions into the Army Nurse Corps. Over half of the nine commissions went to nurses from New Orleans.²⁸⁵

During this call to service, the nursing institutions for war clarified the partnership they had previously left tenuous in terms. On June 30, 1941, the American Red Cross published excerpts from the Army and Navy regulations manuals as recruiting tools for the Nursing Service. The select passages reiterated the partnership between the Nursing Service and the military nurse corps for nurses who had accepted commissions and appointments. The American Red Cross explained the status of dual enrollment for nurses in the Nursing Service and the military and the reasons for the existence of the partnership. While some of the excerpts dated from before World War I, the Surgeon Generals of the Army and Navy modified a few regulations that coincided with the current national defense goals.²⁸⁶

If the preparedness of the Nursing Service came into question, its leaders sought to assure the President and the American public that swift and efficient actions would be taken in war. On

²⁸⁵ Franklin D. Roosevelt, "Proclamation 2487 - Proclaiming That an Unlimited National Emergency Confronts This Country, Which Requires That Its Military, Naval Air and Civilian Defenses Be Put on the Basis of Readiness to Repel Any and All Acts or Threats of Aggression Directed Toward Any Part of the Western Hemisphere," May 27, 1941, online by Gerhard Peters and John T. Woolley, *The American Presidency Project*, <http://www.presidency.ucsb.edu/ws/?pid=16121> (accessed May 14, 2014); News/Opinion, "Campaign to Put Eligible Nurses in First Reserve," *Times-Picayune* (New Orleans), February 5, 1941.

²⁸⁶ American Red Cross, "Excerpts from Army and Navy Regulations," June 30, 1941, Folder 020.101 Nursing Service Nursing Enrollment, Box 6, Group 3, 1935-1946, RG 200, NACP.

October 7, 1941, Norman H. Davis, chair of the Central Committee of the American Red Cross, wrote to President Roosevelt. He described the efforts of the American Red Cross Nursing Service to fill the Army and Navy Nurse Corps with qualified nurses. For example, in 1940, the Nursing Service had already reached the goal of 5,000 nurses commissioned and appointed into the military nurse corps. Davis assured the President that, as of the date of the letter, the total number of nurses in the military had doubled. He also told of the plan to recruit an additional 11,000 nurses for the military by the end of the following year. Davis assured the President that the Nursing Service was capable and ready to fulfill its obligation to the Army and Navy Nurse Corps should the nation go to war.²⁸⁷

Three weeks later, the American Red Cross released a press statement about the current state of nursing in the United States. The statement assured the public that the widespread recruitment of nurses for the military nurse corps posed no risk to national healthcare. The American Red Cross Nursing Service had enrolled 28,000 nurses who did not qualify for military duty and had placed them in the Second Reserve for permanent assignment to municipal chapters of the American Red Cross. Nurses in the Second Reserve would assist state and local public health officers with epidemics and other problems that threatened the overall health of the population. To support the nurses in the Second Reserve, the Nursing Service planned to train 100,000 nurse's aides and teach half a million American Red Cross chapter volunteers the fundamentals of home healthcare. With such a statement, the American Red Cross might allay any fears the public held about the loss of thousands of nurses to military service. In truth, the Nursing Service needed public support for the nurse recruitment campaign to fill the escalating

²⁸⁷ Norman H. Davis to President Franklin D. Roosevelt, October 7, 1941, Folder 140.18 Nursing Service Reports-General, Box 156, Group 3, 1935-1946, RG 200, NACP.

quotas for the Army and Navy Nurse Corps. Six short weeks into the future, a national tragedy would give the Nursing Service all the support it needed for the following year.²⁸⁸

On the morning of December 7, 1941, imperial Japanese armed forces attacked the American naval station at Pearl Harbor, Hawaii. Bombs dropped from over 300 planes and launched from six Japanese aircraft carriers caused extensive damage to eight battleships and several other smaller vessels moored in the harbor. Some of the Japanese aircraft strafed Hickam Field, the Army Air Force base not far from the naval station. The loss of life reached more than 2,400 American sailors, soldiers, airmen, and Marines. President Roosevelt declared the tragic day as “a date which will live in infamy.” The next day, Congress responded to the attack with a declaration of war against Japan. On December 11, 1941, the Tripartite Pact nations of Germany and Italy declared war on the United States. Congress responded with another declaration of war against Germany and Italy later in the day. The people of the United States reacted with predictable outrage towards the attack on Pearl Harbor that brought the nation into a second world war.²⁸⁹

Once again, nurses answered the call to military service. A little over a month after the Japanese attack, Mary Beard, chair of the American Red Cross Nursing Service, published a report about the status of enrollment for nurses in the First and Second Reserves. The First Reserve consisted of 25,700 nurses slated for active duty with the Army and Navy Nurse Corps.

²⁸⁸ American Red Cross News Service, “Nursing Shortage Seen as Acute Threat to U.S. Health by Red Cross Officials,” October 27, 1941, Folder 020.101 Nursing Service Nursing Enrollment, Box 6, Group 3, 1935-1946, RG 200, NACP.

²⁸⁹ The tragedy and immediate aftermath of the events that occurred on December 7, 1941 are common public knowledge in American history. A myriad of published sources exist that analyze the Japanese attack on Pearl Harbor, Hawaii, and subsequent American declarations of war. For a selection, see Harry A. Gailey, *The War in the Pacific: From Pearl Harbor to Tokyo Bay* (Novato, CA: Presidio Press, 1995); John B. Lundstrom, *The First Team: Pacific Naval Air Combat from Pearl Harbor to Midway* (Annapolis, MD: Naval Institute Press, 2005); and Williamson Murray and Allan R. Millett, *A War to Be Won: Fighting the Second World War* (Cambridge, MA: Harvard University Press, 2000).

The Second Reserve included 43,500 nurses assigned to municipal American Red Cross chapters. Since the declarations of war in early December, thousands of nurses had visited recruiting stations across the nation to volunteer for war work. Beard noted, “Five times as many nurses enrolled each week as had been doing so before.”²⁹⁰ While many nurses viewed military service as a patriotic duty, others saw an opportunity for steady employment as a relief from the hardships of the Great Depression in the previous years.

To help meet the need of the American Red Cross Nursing Service, nurses in New Orleans staged a nursing rally for the public and invited all to the opening of a new recruiting station. On February 12, 1942, Judith Wallin, chair of the local committee of the Nursing Service, hosted the event at the Jung Hotel on Canal Street in the Central Business District. The rally included presentations from nurses in the Army and Navy Nurse Corps as well as representatives from the Marine Corps and the American Legion. Veteran Army nurses from World War I talked about the importance of nursing soldiers in combat. On March 27, 1942, the recruiting station opened at the New Orleans District Nurses’ Association clubhouse at 2605 Prytania Street in the Garden District. Nurses interested in military service with the Army and Navy Nurse Corps filled out applications at the station during the two business days of weekly operation. By June 1942, the rally and the recruiting station had led to the commissioning of over 200 nurses from New Orleans into the military nurse corps.²⁹¹

²⁹⁰ Mary Beard, “Red Cross Nursing Service,” January 17, 1942, Folder 140.11 Nursing Service Creation, Functions, Organization and Discontinuance of, 1935-1943, Box 154, Group 3, 1935-1946, RG 200, NACP.

²⁹¹ News/Opinion, “Red Cross Nursing Rally Scheduled,” *Times-Picayune* (New Orleans), February 10, 1942; News/Opinion, “Nurses Recruiting Station Will Open,” *Times-Picayune* (New Orleans), March 25, 1942. In September 2005, floodwaters from the levee breaks after Hurricane Katrina destroyed the Park Plaza Hotel (formerly the Jung Hotel). In 2006, city officials approved the demolition of the building.

Various sources came together to meet the state quota of nurses recruited for the American Red Cross Nursing Service First Reserve. In July 1942, Louisiana Governor Sam H. Jones issued a proclamation that declared the days from July 6 to 11 as “Red Cross Nurse Enrollment Week.” The decree coincided with a demand for 532 nurses from Louisiana to be enrolled in the First Reserve as part of the national quota of an additional 35,000 nurses for the Army Nurse Corps and 2,000 nurses for the Navy Nurse Corps. Because of the immediate need, Mary Stuart, chair of the state committee for the American Red Cross Nursing Service, partnered with General Allison Owen, the chair of the New Orleans Chapter of the American Red Cross, to arrange displays in hospitals and other public spaces to raise awareness. All nurses accepted into the First Reserve received orders for active duty with the Army and Navy Nurse Corps. On July 7, 1942, Louise Atkinson (see fig. 8.1), a nurse recruiter at the station within the New Orleans District Nurses’ Association clubhouse, reported the rapid influx of nurses from New Orleans into the First Reserve was “very gratifying.”²⁹²

²⁹² News/Opinion, “Enrollment Week for First Reserve Nurses Announced,” *Times-Picayune* (New Orleans), July 5, 1942; News/Opinion, “Red Cross Nurse Recruiting Drive Brings Response,” *Times-Picayune* (New Orleans), July 8, 1942.



Figure 8.1. Louise Atkinson, *right*, enrolls Shirley Bond, *left*, assistant head nurse at Charity Hospital, into the American Red Cross Nursing Service First Reserve for active duty with the Army Nurse Corps.

Source: Photograph, *Times-Picayune* (New Orleans), July 8, 1942, “America’s Historical Newspapers,” <http://infoweb.newsbank.com.ezproxy.uno.edu> (accessed October 19, 2013).

While local recruiting events proved successful around the nation, only the federal government had the power to strengthen the real benefits of military service. Between June and July 1942, the 77th Congress passed two important pieces of legislation. On June 16, the Pay Readjustment Act of 1942 increased the monthly basic pay rate for all military personnel. Nurses in the Army and Navy Nurse Corps would receive a raise of \$20 that raised their pay from \$70 to \$90 per month. On July 3, 1942, Congress enacted Public Law 654 that authorized relative rank (the privilege to wear commissioned rank without the equal pay of male officers or the ability to assume positions of command) for Navy nurses. The law copied the provisions of the Jones-Raker Bill in 1920 that authorized relative rank for Army nurses. Public Law 654 permitted the superintendent of the Navy Nurse Corps to wear the insignia of a Lieutenant Commander, assistant superintendents to wear the insignia of Lieutenant, chief nurses aboard ships and in naval hospitals to wear the insignia of Lieutenant (junior grade), and all other Navy nurses to wear the insignia of Ensign, the most junior commissioned rank in the Navy. The law also permitted the Secretary of the Navy to begin issuing military uniforms to Navy nurses which relieved the American Red Cross Nursing Service of the burden of uniform supply.²⁹³

A month after the enactment of Public Law 654, the Surgeon Generals of the Army and Navy simultaneously released public statements through the American Red Cross News Service. Dated August 5, 1942, Major General James C. Magee (Army) and Rear Admiral Ross T. McIntire (Navy) described the monthly recruiting goals of 2,500 nurses for the Army and 500 nurses for the Navy. Both of the Surgeon Generals issued pleas for nurses to join the Army and

²⁹³ *Pay Readjustment Act of 1942*, 77th Cong., 2d sess. (June 16, 1942), Folder Establishment of the Navy Nurse Corps, 1900-1945, Box 10, Records of the Bureau of Medicine and Surgery Nurse Corps, Naval Historical Center, Washington, DC; *To Prescribe the Relative Rank of Members of the Navy Nurse Corps in Relation to Commissioned Officers of the Navy, and for Other Purposes*, Public Law 654, 77th Cong., 2d sess. (July 3, 1942), Folder Establishment of the Navy Nurse Corps, 1900-1945, Box 10, Records of the Bureau of Medicine and Surgery Nurse Corps, Naval Historical Center, Washington, DC.

Navy Nurse Corps and gave specifics about why their particular branches of service needed civilian nurses for the war effort. Major General Magee wrote, “The efficiency of the Army lies not alone in its officers and men but in the proficiency of the nursing service as well. Efficient nurses are necessary. Their loyal assistance is fundamental to the attainment of victory.” In a similar statement, Rear Admiral McIntire wrote, “Naval engagements are not won or lost entirely at sea. The final reckoning may come in the operating room and hospital wards of our land bases. It often lies in the hands of Navy doctors and nurses.”²⁹⁴ These statements encouraged civilian nurses to consider the overall mission of each branch before making a final decision on which one to join for military service.

Throughout the war, the Army and Navy Nurse Corps competed to recruit nurses. The sheer size and scope of the Army Nurse Corps warranted the demand for more nurses than the Navy Nurse Corps. The fact that nurses in the Army received the privilege of commissioned relative rank shortly after the end of World War I, as compared to the enactment of Public Law 654 for Navy nurses several months after the United States entered World War II, gave civilian nurses more incentive to join the larger Army Nurse Corps. The outright demand for nurses coupled with the early authorization for commissioned relative rank most likely influenced more nurses from New Orleans to join the Army Nurse Corps than the Navy Nurse Corps during World War II.²⁹⁵

Echoing the past world war, universities and hospitals in Louisiana volunteered to arrange base hospitals for overseas duty. In June 1942, two Army 2000-bed mobile general

²⁹⁴ American Red Cross News Service, “Statement by Major General James C. Magee, Surgeon General, U.S. Army,” and “Statement by Rear Admiral Ross T. McIntire, Surgeon General, U.S. Navy,” August 5, 1942, Folder Nursing Service, Box 5, Group 3, 1935-1946, RG 200, NACP.

²⁹⁵ Sarnecky, *A History of the U.S. Army Nurse Corps*, 142-148; Doris M. Sterner, *In and Out of Harm's Way: A History of the Navy Nurse Corps* (Seattle, WA: Peanut Butter Publishing, 1996), 123-124.

hospital units organized in New Orleans. Tulane University sponsored General Hospital Unit 24 (reminiscent of Base Hospital Unit 24 in World War I), and Louisiana State University (LSU) sponsored General Hospital Unit 64. The Army assigned over 100 nurses to complement the staff of Army physicians, specialists, medical technicians, and general medics. In July 1942, the unit personnel received orders for activation. All the medical staff for each unit, including the nurses, traveled to one location for military training. The Tulane Unit went to Fort Benning, Georgia, and the LSU Unit went to Fort Jackson, South Carolina. The Army set the nursing quota at 200 nurses per unit, but at the end of July 1942, only 100 nurses each departed for training. The units eventually received orders to destinations in the North African and European theaters of war.²⁹⁶

Many of the Army nurses attached to the Tulane and LSU units came from hospitals and nursing schools in New Orleans. Second Lieutenant Audrae Anne Quintini, a graduate of the Charity Hospital School of Nursing in 1942, received orders to the Tulane Unit. Second Lieutenant Margaret L. Nuber, a graduate of the Hotel Dieu School of Nursing in 1942, received orders to the LSU Unit. Second Lieutenant Susan B. Cain, another graduate of the Charity Hospital School of Nursing, joined Nuber at Fort Jackson with the rest of the LSU Unit. At least two dozen Army nurses, formerly at Touro Infirmary, joined Quintini, Nuber, and Cain at camps at Fort Benning and Fort Jackson for training. The chief nurses of both units, Lieutenant Colonels Myrtle Miller (Tulane) and Mary Yarborough (LSU), graduated from the Charity

²⁹⁶ News/Opinion, "Tulane, LSU Units Seek to Recruit Nurses," *Times-Picayune* (New Orleans), July 15, 1942; News/Opinion, "LSU Nurse Unit Head Is Ordered to Active Duty," *Times-Picayune* (New Orleans), July 23, 1942.

Hospital School of Nursing. As the war progressed, more Army nurses from New Orleans joined their former classmates and coworkers at the units stationed in Europe and North Africa.²⁹⁷

While the Army nurses of the Tulane and LSU units spent their time in training at Fort Benning and Fort Jackson, the Army and Navy Nurse Corps ordered other nurses from New Orleans to various destinations around the globe. In contrast to the majority of military nurses in World War I who had deployed overseas to locations in Europe, Army and Navy nurses in World War II performed their duties on several continents. From the middle of 1942 to early 1943, many military nurses, all from Touro Infirmary, received orders to different locations in the United States and overseas. Second Lieutenant Leila Chester worked at the Army Hospital in Fort Worth, Texas. Second Lieutenants Kitty Driskell and Gertrude Shexnayder (see fig. 8.2) went to Army Air Force bases in Selma, Alabama and San Antonio, Texas respectively. Lieutenant Ethel Schmidt worked at the Naval Hospital in Corpus Christi, Texas. Lieutenant Mary Anna MacIntosh flew to the South Pacific for assignment to Naval Mobile Hospital 6 in New Zealand, and Ensign Jane Bradley went to the naval station in Adak, Alaska. Of all the hospitals in New Orleans, Touro Infirmary boasted the largest number of staff members serving in the military. American Red Cross certified nurse's aides filled some of the gaps after the nurses left to join the military. A note in the first in-house "Tourogram" wartime newsletter stated, "Our board, staff, nurse, and employee members with the armed forces now number more than 350."²⁹⁸

²⁹⁷ News/Opinion, "Commissioned," *Times-Picayune* (New Orleans), November 1, 1942; News/Opinion, "Army Nurse," *Times-Picayune* (New Orleans), December 16, 1942; News/Opinion, "Nurse Veterans Back at Charity," *Times-Picayune* (New Orleans), June 22, 1946; *Tourogram* no. 5 (March 1943) and *Tourogram* no. 6 (April 1943), Box Public Relations "Tourogram" Wartime Letter to Service Men and Women, 1942-1945, Touro Infirmary Archives, New Orleans, LA.

²⁹⁸ *Tourogram* no. 1 (November 1942), *Tourogram* no. 2 (December 1942), *Tourogram* no. 3 (January 1943), and *Tourogram* no. 4 (February 1943), Touro Infirmary Archives, New Orleans, LA.



Figure 8.2. Second Lieutenant Gertrude Shexnayder, a graduate of the Mercy Hospital School of Nursing and the former nursing supervisor at Touro Infirmary. She served at the Army Air Force base in San Antonio, Texas.

Source: Photograph, *Times-Picayune* (New Orleans), December 12, 1943, "America's Historical Newspapers," <http://infoweb.newsbank.com.ezproxy.uno.edu> (accessed August 12, 2014).

Despite the enthusiasm for military service displayed by the nurses from Touro Infirmary, they made little impact on the national quota of 35,000 nurses for the Army Nurse Corps. In an attempt to meet it, the Secretary of War drastically modified the admission requirements for Army nurses. In November 1942, the Army Nurse Corps began to accept applications from married women under the age of 40. If the marriages included dependent children, the nurses had to arrange for childcare until the end of the war plus an additional six months required for postwar demobilization. Another new provision of these requirements prohibited the assignment of married nurses to the same military installations as their husbands if they also served on active duty. The acceptance of married women into the Army Nurse Corps immediately transferred about 16,000 nurses from the American Red Cross Nursing Service Second Reserve to the First Reserve for further processing into the military.²⁹⁹

Despite the relaxation in rules for recruiting Army nurses, the American Red Cross Nursing Service still could not meet the quota. In early 1943, the Army Nurse Corps repeated the demand from the prior year for 35,000 nurses by the end of December. The shortage of nurses for the war effort motivated Representative Frances Payne Bolton (Ohio) to introduce a bill to Congress that provided for the training of nurses for military and civilian health agencies. On June 15, 1943, the 78th Congress passed the Nurse Training Act, commonly known as the Bolton Act. Two weeks later, the act became Public Law 74. The law established the United States Cadet Nurse Corps under the guidance of the United States Public Health Service at nursing schools across the nation. Congress allocated \$3.5 million to the Public Health Service for subsidized nursing education, small monthly allowances for nursing students, and

²⁹⁹ News/Opinion, "Army Will Accept Married Nurses," *Times-Picayune* (New Orleans), November 13, 1942. While the condition of marriage did not pose a problem for the Army Nurse Corps, pregnancy warranted an immediate discharge from the service.

postgraduate specialized courses. Provisions of the act permitted the acceleration of the standard course of instruction from 36 to 30 months and required the distribution of funds to all participating state-accredited nursing schools. As a condition of graduation, cadet nurses slated for the military agreed to serve on active duty in the Army or Navy Nurse Corps.³⁰⁰

The most remarkable aspect of the Bolton Act came from an amendment that refused to discriminate along racial lines. Representative Frances Payne Bolton, an advocate for equal rights, encouraged all nursing students in accredited schools, regardless of color, to participate in the Cadet Nurse Corps. The ability to enroll as cadet nurses, with the prospect of future entrance into the Army Nurse Corps, opened opportunities for black students to learn valuable skills and serve as future leaders within their communities. In 1943, ten black nursing schools received federal funds from the Bolton Act. By the end of 1944, that number had more than doubled to 22 schools. In New Orleans, black students in the baccalaureate of nursing (BSN) program at Dillard University (see fig. 8.3) received federal funds from the act and enrolled as cadet nurses.³⁰¹

³⁰⁰ *Nurse Training Act of 1943*, Public Law 74, 78th Cong., 1st sess. (July 1, 1943), Shirley Harrow and Elsie M. Szeccy, "A Salute to the U.S. Cadet Nurse Corps: Commemorating Fifty Years of Service," uscadetnurse.org/sites/default/files/50anniv-salute.pdf (accessed October 19, 2013). The Nurse Training Act (Bolton Act) required Cadet nurses to remain single while in nursing school.

³⁰¹ "Negro Students in the U.S. Cadet Nurse Corps," *American Journal of Nursing* 44, no. 9 (September 1944): 887, <http://www.jstor.org/stable/3416708> (accessed November 15, 2011).



Figure 8.3. Uniformed cadet nurses enrolled in the baccalaureate of nursing (BSN) program at Dillard University in New Orleans.

Source: New Orleans University, Box 8 of 10 Flint-Goodridge Photo Collection (Staff), Folder Staff/Admin-General-Groups, Flint-Goodridge Hospital Collection, Special Collections and Archives, Dillard University, Will W. Alexander Library, New Orleans, LA.

All but one of the white nursing schools in New Orleans participated in the Cadet Nurse Corps. Students at the Charity Hospital, Touro Infirmary, Hotel Dieu, and Mercy Hospital schools of nursing received federal funds from the Bolton Act and enrolled as cadet nurses. However, students at the Harriet L. Mather School of Nursing at Baptist Hospital did not and had to rely on money allotted from the hospital budget to supplement their nursing education. A total of 14 nursing schools in Louisiana participated in the Cadet Nurse Corps. By October 1943, 542 students, both black and white, had enrolled as cadet nurses throughout the state.³⁰²

³⁰² News/Opinion, "14 Schools of Nursing Join Cadet Setup," *Times-Picayune* (New Orleans), October 24, 1943.

One of the students in the Cadet Nurse Corps, Edna Gannon (see fig. 8.4), enrolled in the first class at the Charity Hospital School of Nursing. The students completed accelerated coursework and practical training in an attempt to graduate with the class that had enrolled in September 1942. By the summer of 1945, Gannon and her classmates should have graduated, but the military training portion of the program kept them at school until early 1946. Cadet nurses slated for the Army and Navy Nurse Corps had to serve a period of six months at a hospital or clinic on the nearest military base before graduation. The war ended before Gannon had the opportunity to serve in the military, so she elected to stay at Charity Hospital and worked as a ward nurse in the premature infant nursery. Half a century later, Gannon recalled her experiences as a young cadet nurse and said, “I loved every minute of it.”³⁰³

³⁰³ Charity Hospital School of Nursing Alumni Association, “Remembering the Cadet Nurse Corps,” *The White Cap* (2005): 4; Edna (Gannon) Treuting, Curriculum Vitae, Private Collection. Dr. Edna Treuting became one of the most celebrated nurses in New Orleans with a career that spanned 50 years. She graduated with a baccalaureate degree in nursing from Louisiana State University and a master’s degree in public health from Tulane University School of Public Health and Tropical Medicine. In 1978, she was one of the first female nurses to graduate with a Ph.D. from Tulane University School of Public Health and Tropical Medicine. In 1983, she founded the nursing program at Our Lady of Holy Cross College in New Orleans and served as the dean until 1986. From 1987 to 1994, Dr. Treuting held the position of the chief nurse for the Louisiana Department of Health and Hospitals, Office of Public Health. In 1994, she retired from the nursing profession.



Figure 8.4. Edna Gannon, a student at the Charity Hospital School of Nursing, in her Cadet Nurse Corps uniform.

Source: Edna Gannon Treuting, Private Collection.

While the Cadet Nurse Corps enrolled students at the nursing schools in New Orleans, the Army Nurse Corps continued to assign nurses to LaGarde General Hospital on the southern shore of Lake Pontchartrain. Opened in the spring of 1941, the hospital served as an overflow facility for regional Army hospitals at Camp Beauregard in Pineville, Louisiana, and Camp Shelby in Hattiesburg, Mississippi. The hospital housed 1,650 beds for postoperative patients and those who suffered from acute or chronic medical conditions. The Army medical staff at the hospital consisted of 73 physicians, 120 nurses, and 500 enlisted men and women. A hundred civilian employees also worked at the hospital. From June to July 1941, Second Lieutenant Judith Chambliss, a graduate of the Touro Infirmary School of Nursing in 1939, worked at LaGarde General Hospital before she received a medical discharge. In February 1943, Second Lieutenant Marie Pembo, a graduate of the Charity Hospital School of Nursing in 1942, also received orders for local duty at LaGarde General Hospital. Assignment at the hospital granted military nurses from New Orleans the privilege of remaining close to their families and friends.³⁰⁴

In northern Africa far from home, the Army medical staffs of the Tulane and LSU general hospital units adjusted to life in Tunisia. The rocky desert locale proved to be a challenge for the medical staffs who soon learned to live with basic necessities. Hospital structures consisted of large canvas tents, wooden huts, and some prefabricated buildings. The physicians and enlisted men in the units quickly learned how to build partitions and shelves within the temporary structures in a collective effort to organize the mobile hospitals. Many of the canvas tents served

³⁰⁴ News/Opinion, "Head of Hospital Here Returns to Native Louisiana," *Times-Picayune* (New Orleans), February 9, 1941; News/Opinion, "Army Nurse," *Times-Picayune* (New Orleans), February 6, 1943; Box Judith Chambliss Hartwell, R.N. Collection, Folder Hartwell Nursing Collection Army Nurse Corps Documents, Touro Infirmary Archives, New Orleans, LA.

as the living quarters for the staffs. Separated by gender and rank (officers and enlisted), the tents had dirt floors and canvas cots for beds. The food preparation staff of the hospital units usually reserved prepared meals for patients, so the medical staffs had to subsist on prepackaged military rations. Potable water proved scarce in the desert with supplies from water tanks again reserved for patients. Bathing for the medical staffs often consisted of military helmets full of rationed water to use as wash basins. The same amounts also had to serve as small laundries.³⁰⁵

The Army nurses of the Tulane and LSU units faced the same hazards as the physicians and enlisted men. Physical and mental exhaustion came quickly after 16-hour work days. Infestations of parasites, poisonous pests, and diseases compromised the sanitation of the hospital surgical and convalescent spaces. However, the greatest threats to life and sanity came from enemy aircraft. Second Lieutenant Mary Gill of the Tulane Unit wrote to the staff of Touro Infirmary about her experiences with enemy bombings. “Have experienced air raids, how many I can’t say; but bombs have not only dropped but exploded within 100 yards of my domicile! I was more aggravated than scared by the bombing, since my rest had been disturbed and all I could think of was five o’clock was coming too soon.”³⁰⁶ For nurses exhausted by long days of constant patient care, a little extra time often proved to be more valuable than physical safety.

In the midst of the war in North Africa, the Army nurses of the Tulane and LSU units found time for social activities and group bonding. They wrote letters home that described the picturesque countryside full of palaces and mosques and Arabs who tended flocks of camels and goats. Some of the nurses learned to speak French, the universal language in the territory. They

³⁰⁵ *Tourogram* no. 13 (November 1943), Touro Infirmary Archives, New Orleans, LA; Rosemary Neidel-Greenlee and Evelyn M. Monahan, *And If I Perish: Frontline U.S. Army Nurses in World War II* (New York, NY: Anchor Books, 2004), 56-69.

³⁰⁶ *Tourogram* no. 10 (August 1943), Touro Infirmary Archives, New Orleans, LA.

often shared private gossip about the physical attractiveness of certain physicians and enlisted men. Friends and families at home sent care packages to nurses who could then read new books and magazines and peer over new photographs. On national holidays, they observed distinctly American traditions with the rest of the medical staff. On Thanksgiving Day in 1943, Army nurses witnessed a makeshift football game played between the physicians and enlisted men of the units. The Tulane Unit won the game with a score of 30-13 over the LSU Unit. Back in New Orleans, football teams from the same rival universities repeated that result with a 27-0 victory for the Tulane Green Wave.³⁰⁷

While the nurses of the Tulane and LSU hospital units endured a rough military life at camps in North Africa, some Army nurses from New Orleans lived in decidedly different conditions in Australia. Allied bases in Australia served as forward deployment stations for the war in the Pacific theater. Second Lieutenants Carrie Gammel and Mary Murphy wrote about their experiences at the 87th General Hospital Unit, a modern Army hospital on an Allied military base in Brisbane. Gammel and Murphy participated in social functions at the base officers' club patronized by American and Australian Army and Navy officers. Gammel described the hospital as equipped with clean operating rooms and an X-ray department. She recalled eating hot meals served in the hospital dining room which stood as a marked contrast to the prepackaged rations consumed by her fellow nurses at the camps in Tunisia.³⁰⁸

Soon, even the nurses in Tunisia would enjoy a more comfortable assignment. In 1944, Allied objectives shifted from campaigns in North Africa to Europe. The Tulane and LSU

³⁰⁷ *Tourogram* no. 14 (December 1943) and *Tourogram* no. 16 (February 1944), Touro Infirmary Archives, New Orleans, LA. The LSU Unit won a rematch against the Tulane Unit with a score of 32-6.

³⁰⁸ *Tourogram* no. 11 (September 1943) and *Tourogram* no. 13 (November 1943), Touro Infirmary Archives, New Orleans, LA.

general hospital units received orders to move to Italy as part of the Fifth Army commanded by General Mark W. Clark. In March 1944, the LSU Unit arrived in the small town of Maddaloni, Italy. In August 1944, the unit transferred to Livorno and occupied a series of buildings at a former Italian paratrooper school. In July 1944, the Tulane Unit arrived in Grosseto, but transferred in September to the Army headquarters near Florence. Until the end of the war in Europe, both units served the rest of their active duty assignments in Italy.³⁰⁹

The Army nurses of the Tulane and LSU units enjoyed their new brick and mortar accommodations in Italy compared to the temporary wooden buildings and canvas tents at the camps in Tunisia. Large buildings with modern conveniences housed the hospitals. Sanitation and hygiene improved because hospital doors could be closed during episodes of bad weather and pests. The nurses lived in small groups in vacant houses scattered throughout the towns. Many of the houses featured functional kitchens and bedrooms with fireplaces for cool nights. Nurses prepared their own meals in the kitchens, a stark contrast to the prepackaged rations consumed at the camps in Tunisia. Comments from a couple of Army nurses in letters to Touro Infirmary expressed their appreciation for the change of orders to Italy. Second Lieutenants Pat Watson and Sheba Warden described the scenery of the LSU Unit on the grounds of a former Italian paratrooper school in Livorno. They wrote, “The 64th is in beautiful buildings. We are in a grape vineyard at the foot of a very high mountain.”³¹⁰

³⁰⁹ Louisiana State University Health Sciences Center Library, “U.S. Army 64th General Hospital, Organized by the LSU Medical School,” <http://www.louisianadigitallibrary.org/cdm/search/collection/p15140coll50> (accessed June 30, 2014); Tulane University Howard-Tilton Memorial Library, “24th General Hospital in World War II,” <http://digitallibrary.tulane.edu/collection/id/100> (accessed June 30, 2014).

³¹⁰ *Tourogram* no. 19 (May 1944) and *Tourogram* no. 24 (October 1944), Touro Infirmary Archives, New Orleans, LA.

While the Army nurses of the Tulane and LSU units provided care for wounded and ill soldiers of the Fifth Army in Italy, a couple of Army nurses from New Orleans participated in campaigns in northern France after the Allied D-Day invasion. Second Lieutenant Lois Smith, a graduate of the Touro Infirmary School of Nursing in 1936, served as an evacuation unit flight nurse with the Army Air Force. In July 1943, the Army Air Force began training flight nurses for work in air evacuation units. Smith trained at Bowman Field, an airport southeast of Louisville, Kentucky, that became the training base for all Army Air Force flight nurses. With other nurses there, she received training in aviation physiology and learned the proper procedures for loading and unloading cots inside the cargo transport planes. The unit planes carried between 12 and 40 patients in canvas cots attached to the inner walls of the aircraft. Before the D-Day invasion, Smith prepared with the 185th Medical Air Evacuation Squadron. After her arrival in Normandy, she transferred to the 830th Medical Air Evacuation Squadron that flew patients from the combat areas on the coast to Army hospitals in England and the United States. Serving on the ground, Second Lieutenant Mary Brown (see fig. 8.5), a graduate of the Hotel Dieu School of Nursing in 1938, stayed with the Army in northern France after the D-Day invasion. From July to September 1944, she worked at an Army hospital on the outskirts of Paris. On September 15, 1944, she received orders to treat injured and ill soldiers in the Rhineland Campaign, a series of

Allied counteroffensive attacks in the Ardennes Forest that stretched from France to Germany.

Brown remained in Europe until the end of the war.³¹¹



Figure 8.5. Second Lieutenant Mary Brown, a graduate of the Hotel Dieu School of Nursing. She served in France after the Allied D-Day invasion.

Source: Hotel Dieu School of Nursing Alumni Association, www.facebook.com/pages/Hotel-Dieu-School-of-Nursing-Alumni-Association/189080757802725 (accessed April 20, 2013).

On the other side of the world, Army nurses from New Orleans participated in campaigns in the Pacific theater of war. Captain Olivia Miller, a graduate of the Touro Infirmary School of

³¹¹ Ruth Y. White, "Army Nurses-In the Air," July 21, 1943, American Red Cross, Folder 020.32 Nursing Service Correspondence, Box 36, Records of the American National Red Cross Group 3, 1935-1946, Record Group 200, National Archives at College Park, College Park, MD; Lois (Smith) Achee to Ms. Ladner, October 7, 1986, Touro Infirmary School of Nursing Alumnae Association scrapbook, 1936-1939, Touro Infirmary Archives, New Orleans, LA; Hotel Dieu School of Nursing Alumni Association, "Life and Dates of Mary (Cazale) Brown," <http://www.facebook.com/pages/Hotel-Dieu-School-of-Nursing-Alumni-Association/189080757802725> (accessed April 20, 2013). Lois Smith received several decorations for her service as an Army Air Corps flight evacuation nurse: Army Air Medal, Europe-Africa-Middle East Campaign Medal with four battle stars, American Campaign Medal, and the Presidential Meritorious Service Unit Plaque that was presented to the staff of the 830th Medical Air Evacuation Squadron.

Nursing in 1934, served as the chief nurse in charge of 30 junior nurses onboard the USAHS *Thistle*, a 500-bed Army hospital ship recycled from an old passenger liner built in 1921 in Camden, New Jersey. The *Thistle* sailed to and from Noumea, New Caledonia, the capital of the French territorial archipelago that served as the Pacific headquarters for the United States Army and Navy. The ship functioned as a floating hospital for soldiers and sailors wounded during several major battles with Japanese forces in the South Pacific. First Lieutenant Janice McArthur, a graduate of the Touro Infirmary School of Nursing in 1941, worked at an Army hospital in the Philippine capital of Manila when General Douglas MacArthur returned with the Army Forces Far East to liberate the island nation from the Japanese. First Lieutenant Katherine Wilson, a nurse from Touro Infirmary, worked at the 27th General Hospital Unit in New Guinea. That hospital facility consisted of a group of wooden huts and canvas tents reminiscent of the Army camps in Tunisia.³¹²

Navy nurses, the counterparts to their sisters in the Army, received orders to care for sailors transported to various naval medical facilities in the United States. While the Navy Nurse Corps assigned some nurses from New Orleans to naval medical units in locales as far away as New Zealand and Adak, Alaska, others joined the majority of nurses serving across the nation. During World War II, sailors and Marines in combat received primary care from male physicians and enlisted Hospital Corpsmen (some were former civilian male nurses) aboard ships at sea and in mobile hospitals. If the patients required further treatment, these medical staffs evacuated them to naval hospitals in the United States where Navy nurses took over their care. In 1944,

³¹² Obituary, "In Loving Memory Major Olivia (Miller) Victor," Touro Infirmary School of Nursing Alumnae Association scrapbook, 1930-1935, Touro Infirmary Archives, New Orleans; Obituary, "Janice (McArthur) Ferguson Rites Are Today," Touro Infirmary School of Nursing Alumnae Association scrapbook, 1940-1944, Touro Infirmary Archives, New Orleans, LA; *Tourogram* no. 10 (August 1943) and *Tourogram* no. 30 (April 1945), Touro Infirmary Archives, New Orleans.

Navy nurses served at 40 naval hospitals and over 100 naval dispensaries throughout the nation. Former Touro Infirmary nurses Lieutenant (junior grade) Nancy Roussel worked at the naval hospital in Oceanside, California, Lieutenant Marion Waltzer worked as the operating room supervisory nurse at the naval hospital in Pensacola, Florida, and Lieutenant Ethel Schmidt transferred from the naval hospital in Corpus Christi, Texas, to the one in Chelsea, Massachusetts.³¹³

The Navy needed more nurses to solve problems related to the large influx of patients at naval hospitals who were evacuated from battles at sea in the Pacific theater of war. As the Army had done, the Navy needed to make adjustments to attract more nurses. In January 1945, the Secretary of the Navy modified the admissions requirements to permit applications from married nurses. The Navy Nurse Corps followed the same stipulations that the Army Nurse Corps had enacted in November 1942. On February 15, 1945, Rear Admiral William John Clarke Agnew, the acting chief of the Navy Bureau of Medicine and Surgery, wrote to the Secretary of the Navy, "It appears desirable to further modify the requirements for appointment in the Navy Nurse Corps, so that the Navy may avail itself of the trained and indoctrinated group of former members of the Navy Nurse Corps whose resignations recently have been accepted because of marriage."³¹⁴ The needs of the Navy Nurse Corps in war took precedence over the occasional personal actions of its nurses.

³¹³ Sterner, *In and Out of Harm's Way*, 162; *Tourogram* no. 13 (November 1943), *Tourogram* no. 17 (March 1944), and *Tourogram* no. 26 (December 1944), Touro Infirmary Archives, New Orleans, LA.

³¹⁴ Navy Bureau of Medicine and Surgery, "Navy Nurse Corps; Marriage of Officers of," January 23, 1945, and Rear Admiral William John Clarke Agnew, Medical Corps, to Secretary of the Navy, February 15, 1945, Folder Marriage Policies, 1942-1945, Box 13, Records of the Bureau of Medicine and Surgery Nurse Corps, Naval Historical Center, Washington, DC. The Navy Nurse Corps did discharge nurses for pregnancy.

Regardless of marital status, no matter where Army and Navy nurses from New Orleans served for duty, some managed to bring the culture of the city with them. In March 1945 at the Army headquarters near Florence, Italy, a group of physicians and nurses with the Tulane Unit hosted a Mardi Gras (Fat Tuesday) party for the staff and patients of the hospital. The celebration of Mardi Gras, the last day of feasting and revelry before the Catholic Lenten season, on foreign soil represented an important social connection between New Orleans and World War II. The people of New Orleans had celebrated Mardi Gras for over a century with parades, costumes, and masquerade balls. However, city officials cancelled the festivities on Mardi Gras day for political reasons during the four active years of World War II. The physicians and nurses of the Tulane Unit encouraged the staff and patients of the hospital to take a short break from the rigors of war and enjoy the observance of a fun New Orleans tradition. Several of the physicians and nurses donned costumes and acted in skits that provided entertainment for the captive audience of medical staff and patients. A few Army physicians and nurses from the LSU Unit came to the party and spent the night. In one skit, Second Lieutenant Gladys Scanlan dressed up as Madam Chiang and accompanied an American Red Cross civilian nurse, Mrs. Hardemann, dressed as Eleanor Roosevelt (see fig. 8.6). “Madam Chiang was included in the cast just because there was a beautiful Chinese costume on hand. Eleanor popped out thru the middle of the (global) map and called the M.P. (military police) to chase the Axis boys away.”³¹⁵ The celebration of Mardi Gras on an Army base in Italy demonstrated a small social resistance to the politics of war. The physicians and nurses of the Tulane Unit decided to go forth with their plans and observe this quintessential New Orleans tradition.

³¹⁵ *Tourogram* no. 29 (March 1945), Touro Infirmary Archives, New Orleans, LA; Arthur Hardy, “The History of Mardi Gras,” *Arthur Hardy’s Mardi Gras Guide*, 2013, 32.



Figure 8.6. American Red Cross civilian nurse Mrs. Hardemann, *left*, and Second Lieutenant Gladys Scanlan, *right*, in costumes for Mardi Gras in Italy in 1945.
Source: *Tourogram* no. 29 (March 1945), Box Public Relations "Tourogram" Wartime Letter to Service Men and Women, 1942-1945, Touro Infirmary Archives, Touro Infirmary, New Orleans, LA.

A few months later, the medical staffs of the Tulane and LSU units had real reason to celebrate when the Nazi party officials surrendered to Allied forces on May 8, 1945 (Victory in Europe Day). The defeat of the Axis powers in Europe shifted the remainder of the war objectives to the Pacific theater. In early August 1945, under explicit authorization from President Harry S. Truman, the Army Air Force conducted a secret mission that dropped two atomic bombs on the Japanese cities of Hiroshima and Nagasaki. On September 2, 1945, stunned by the widespread physical and human devastation, Japanese officials officially surrendered to Allied forces aboard the battleship USS *Missouri*. Victory in Japan Day marked the end of World War II.³¹⁶

Afterwards, Henry L. Stimson, Secretary of War, awarded the medical staff of the Tulane Unit with the Fifth Army Plaque and Clasp for meritorious service. He also awarded the Army Bronze Star for participation in the Rome-Arno Campaign in 1944 and an Army Unit Citation for service in 1945 to the medical staff of the LSU Unit. The Army nurses from New Orleans who served in these units took great pleasure in displaying these wearable decorations on their uniforms. They joined the larger group of over 1,600 military nurses who received medals and citations for meritorious service performed during various campaigns in the war.³¹⁷

Then, the time came to go home. In June 1945, the American Red Cross Nursing Service and the American Nurses' Association partnered to implement a demobilization process for

³¹⁶ The surrenders of Nazi Germany and Imperial Japan that marked the official end of World War II in the European and Pacific theaters are common knowledge in American history. A myriad of sources exist that analyze the public surrenders of the Axis powers to the Allied forces. For a selection, see Rick Atkinson, *The Guns at Last Light: The War in Western Europe, 1944-1945* (New York, NY: Picador, 2013); Steven Casey, *Cautious Crusade: Franklin D. Roosevelt, American Public Opinion, and the War against Nazi Germany* (London: Oxford University Press, 2001); and Tsuyoshi Hasegawa, *Racing the Enemy: Stalin, Truman, and the Surrender of Japan* (Cambridge, MA: Harvard University Press, 2005);

³¹⁷ Tulane University Howard-Tilton Memorial Library, "24th General Hospital in World War II," (accessed June 30, 2014); Louisiana State University Health Sciences Center Library, "The U.S. Army 64th General Hospital, Organized by the LSU Medical School," (accessed June 30, 2014);

military nurses discharged from the service. Representatives from the Nursing Service offered hospitality and counseling services to the nurse veterans at over a hundred military discharge centers, while local members of state nursing associations gave information about professional guidance and employment opportunities after the veterans returned to their homes. Nurses assigned to American Red Cross municipal chapters and state nursing associations welcomed the nurse veterans with personal visits and offered means of assistance to ease the transition from military to civilian life. By the end of June 1946, the Army and Navy Nurse Corps had discharged over 55,000 military nurses who had served more than 14 months of active duty and who had expressed a desire for separation from the service.³¹⁸

The demobilization of the military nurse corps included the cadet nurses. In October 1945, President Truman ordered Thomas Parran, Jr., Surgeon General of the United States Public Health Service to discontinue the Cadet Nurse Corps program. No further need existed at the end of the war for cadet nurses to join the military after graduation from nursing schools. From 1943 to 1945, over 200,000 nursing school students had enrolled in the program including 3,000 black students. The last classes to be admitted as cadet nurses started in the spring of 1945 and graduated in 1948. The Public Health Service and its branch of the uniformed Commissioned Corps offered jobs to students in these final classes.³¹⁹

During the postwar period, the federal government and the military enacted several pieces of legislation that altered the future of military nursing. The size of the Army and Navy

³¹⁸ Administrator, Nursing Services, "Nurse Veterans," June 6, 1945; American Red Cross Nursing Services, "New Instructions-Nurse Veteran Program," October 1945, and F. A. Winfrey, "Discontinuance of Nurse Veteran Program," July 2, 1946, American Red Cross National Headquarters, Folder 610.1 Nurse Veterans, Service to, Box 958, Group 3, 1935-1946, RG 200, NACP.

³¹⁹ Shirley Harrow and Elsie M. Szecsy, "50th Anniversary of the Cadet Nurse Corps," [uscadetnurse.org/sites/default/files/50anniv/USCNS50anniv\(p9-15\).pdf](http://uscadetnurse.org/sites/default/files/50anniv/USCNS50anniv(p9-15).pdf) (accessed October 19, 2013).

Nurse Corps drastically decreased after demobilization but not to the point of the prewar era. Military hospitals needed nurses to continue caring for servicemen who had suffered debilitating injuries during the war. Postwar occupation armed forces in the liberated regions of Europe and the South Pacific also needed nurses on the staffs of the mobile hospitals stationed throughout those areas. The determination expressed by military leaders to retain nurses after the war directly contributed to the passage of legislative acts that redefined the purpose of military nurses and, in a more general sense, women in the military.³²⁰

On April 16, 1947, President Truman signed H.R. 1943, a legislative bill approved by the 80th Congress, into effect. The bill, commonly known as the Army-Navy Nurses Act of 1947, represented the long struggle of military nurses for recognition as permanent members of the armed forces. The act authorized military nurses the right of full commissioned status with pay and allowances as members of an established staff corps of officers in the regular Army and Navy. Freed from any inequalities related to wartime temporary relative rank, nurses had the choice to join either the regular active duty components of the Army and Navy Nurse Corps or the reserves as permanent commissioned officers with pay and allowance commensurate to male officers of the same grade. If nurses transferred to the reserves after periods of service with the regular active duty Army and Navy Nurse Corps, they did not lose any privileges associated with permanent commissioned rank.³²¹

³²⁰ Sarnecky, *A History of the U.S. Army Nurse Corps*, 282-285; Sterner, *In and Out of Harm's Way*, 208-212. The term "regular" in the military refers to commissions or enlistments for predetermined years of active duty with no intermittent periods of reserve duty.

³²¹ *Army-Navy Nurses Act of 1947*, Public Law 36, 80th Cong., 1st sess. (April 16, 1947), "President Signs Army-Navy Nurse Corps Bill" and "Utilization of Women in Department of Defense Nurse Corps, U.S. Navy and U.S. Naval Reserve," Folder Army-Navy Nurse Corps Bill, Box 8, Records of the Bureau of Medicine and Surgery Nurse Corps, Naval Historical Center, Washington, DC. Staff corps officers are only assigned to commands and departments that support their specialized occupations. They cannot assume command of ships and shore stations designated as combatant (line) units for the military.

The Army-Navy Nurses Act of 1947 also effectively relieved the American Red Cross Nursing Service of recruiting duties for the military. Sighs of relief must have echoed through the halls of the American Red Cross headquarters in Washington, DC after the leaders of the Nursing Service received news of the passage of the act. The recruitment of almost 100,000 military nurses for two world wars nearly depleted the available supply of civilian nurses in the United States and exhausted the staff of the Nursing Service. On May 5, 1947, the Central Committee of the American Red Cross approved a reorganization plan that focused on the recruitment of nurses explicitly for the Nursing Service. The organizational goals of the Nursing Service reverted to home care, civil defense, and public health. In October 1947, the Nursing Service officially disestablished all military nurse recruiting committees attached to the municipal chapters of the American Red Cross.³²²

In the summer of 1948, another act and an executive order effectively integrated the military. The individual pieces of legislation addressed specific issues related to gender and race. On June 12, 1948, President Truman signed Senate bill S. 1641, the Women's Armed Services Integration Act of 1948, into effect. The act established a permanent Women's Army Corps in the regular and reserve components of the Army and authorized commissions and enlistments for women in the regular and reserve components of the Air Force, Navy, and Marine Corps. After the passage of the act, women in the military received the same pay and benefits as their male

³²² F. A. Winfrey, "New Plan for Nurse Enrollment," October 2, 1947, American Red Cross National Headquarters, Washington, DC, Folder 140.11 Nursing Service, Enrollment-Creation, Functions, Organization, etc.; and "Discontinuance of Chapter Nurse Recruitment Committee," October 30, 1947, American Red Cross National Headquarters, Folder 140.18 Nursing Service, Nursing Enrollment, 1947-1949, Box 315, Group 4, 1947-1964, RG 200, NACP.

counterparts. The act also gave women the ability to accumulate enough service for military retirement. At last, women had achieved the equality they had long desired in the military.³²³

On July 26, 1948, President Truman signed Executive Order 9981 that desegregated the military. The order established the Committee on Equality of Treatment and Opportunity in the Armed Forces which served as an advisory board to the executive branch of the federal government. President Truman, aware of the fragility of race relations and the emerging civil rights movement in the postwar United States, sought to stay abreast of any issues that affected the racial integration of the armed forces. Executive Order 9981 virtually eliminated the restrictive quotas and assignments for black men and women who wanted to serve in the military. For black female nursing school graduates, the order gave them the freedom to apply for commissions as regular and reserve officers in the Army and Navy Nurse Corps.³²⁴

The last piece of federal legislation that affected military nursing in the postwar era established a new branch of the nurse corps. The United States Air Force organized from the remnants of the Army Air Force still on active duty after World War II. In June 1949, Department of the Air Force General Order 35 established the Air Force Medical Service and the position of the Surgeon General of the Air Force. On July 1, 1949, the Air Force Nurse Corps organized as an integral part of the Medical Service. The Surgeon Generals of the Army and Air Force authorized the involuntary transfer of over 1,000 Army Air Force nurses on active duty and

³²³ *Women's Armed Services Integration Act of 1948*, Public Law 625, 80th Cong., 2nd sess. (June 12, 1948), United States Marine Corps History Division, "Historical Documents, Orders and Speeches," <http://www.mcu.usmc.mil/historydivision/Pages/Speeches/PublicLaw625.aspx> (accessed July 5, 2014).

³²⁴ Harry S. Truman, "Executive Order 9981 - Establishing the President's Committee on Equality of Treatment and Opportunity in the Armed Forces," July 26, 1948, online by Gerhard Peters and John T. Woolley, *The American Presidency Project*, <http://www.presidency.ucsb.edu/ws/?pid=60737> (accessed March 29, 2010).

in the reserves to the Air Force Nurse Corps. This included all black nurses in the Army Air Force which made the Air Force Nurse Corps an integrated organization from its inception.³²⁵

During World War II, the public witnessed the service of over 70,000 nurses in the military. Over 500 of these nurses came from New Orleans. They joined the Army and Navy Nurse Corps as alumnae of the local nursing schools and as former employees at hospitals located throughout the city. Military nurses from New Orleans received orders to serve at various medical facilities stationed all over the world. They endured the physical and mental hardships that came with the stress of war and returned home as heroes for saving the lives of thousands of servicemen. While many of the military nurses from New Orleans opted to leave the service after the war ended, the few that elected to remain in the Army and Navy Nurse Corps witnessed the passage of several important pieces of legislation that changed their career paths for the better. Freed from the federal restrictions of gender and race in the postwar United States, military nurses from New Orleans continued to serve the nation with honor.

³²⁵ James S. Nanney, Donald G. Smith, Jr., and Mary C. Smolenski, *A Fit Fighting Force: The Air Force Nursing Services Chronology* (Washington, DC: Office of the Air Force Surgeon General, 2005), 11-12, <http://www.afhso.af.mil/shared/media/document/AFD-100924-039.pdf> (accessed November 29, 2010).

Conclusion

By the middle of the twentieth century, nursing had become a respected profession for women in New Orleans. The long and arduous process in which nursing had developed into a profession had occurred over the course of several decades. From 1881 to 1950, the process had incurred difficulties along the way related to gender and race that divided the local nursing community. The issues related to gender and race in nursing often proved problematic for women and men disenfranchised during the process. Black women who wanted to become professional nurses faced racial discrimination from whites, especially in the Jim Crow South. They used nursing as a vehicle for racial uplift to eradicate inequality within the profession. For men, the lone attempt to incorporate them into the process met stiff resistance from the start. Men who wanted to begin their career path to professional nursing in New Orleans did not have the opportunity do so until post World War II.

The development of a professional nursing community for women in New Orleans became a collaborative effort. A network of powerful people within pertinent state and local organizations and institutions had assisted female nurses in ways that helped to advance the profession. Leaders of social clubs, hospitals, nursing schools, universities, American Red Cross organizations, and government officials contributed their share to the process. However, the growing confidence that nurses gained from their services provided to ill and injured patients and disaster victims arguably made the greatest impact on professional nursing. Nurses strove to earn public recognition and trust for their occupational work so they could stake their claims as professional women.

The professionalization of nursing for women in New Orleans had followed trends set in place at the national and state levels. These trends began with two Victorian era women, Florence Nightingale and Clara Barton, who defined modern nursing during the crucible of war. They had initiated a process that included a gender shift from men to women. Their subsequent actions to propel the development of nursing as a new profession foreshadowed an urban social reform movement. One of primary concerns of this movement focused on public health reforms, one of which was nursing. Reforms intent on turning nursing into a profession had led to the widespread establishment of nursing schools to address issues related to urban squalor. Subsequently, nursing school graduates organized associations in attempts to standardize the profession to maintain livable conditions of public health. The early schools and associations became models for the new nursing community in the city.

The establishment of nursing schools in New Orleans had progressed through a series of starts and stops. The first experiment resulted in a failed attempt. The next five attempts at schools produced one secular, two Catholic, one Jewish, and a separate one for black women. A second school for black women failed near the end of World War I. During the prosperous 1920s, two more religiously affiliated schools established: one for Catholics and one for Baptists. A separate school for men had also failed early in the planning stage, but after World War II, one of the schools for women had started to admit them. In total, six out of the nine attempted schools survived beyond 1950.

Two of the schools, one for black women and one for whites, suffered institutional failures related to economic instability. Social clubwomen had initially assumed the responsibilities for the operation and maintenance of these schools, but they quickly ran out of

funds. Subsequent sales of the buildings to powerful men in the medical field kept the schools open until the Great Depression erased them for good. However, the school for black women returned in a new way as a baccalaureate program at a university. Charitable acts of white philanthropy at the national level had ensured the black community still had an active nursing school. The second attempt to establish a black school also failed for economic reasons, but these were related more to financial obligations in war. Bond drives and relief donations to fund American forces in World War I had depleted a substantial portion of available private money in New Orleans. The population could not support the construction of a new school built so soon after the war.

After graduation from these schools, nurses in New Orleans had organized professional associations as subsidiaries of those at the national level. The white local association advanced general nursing interests for the state by initiating the processes for state registration and affiliation with local colleges for advanced education. These processes had become a priority at the national level to assure the public that only competent and trained individuals would provide professional nursing services. Black nurses also organized a local subsidiary of the national black association. They further used this association as a political vehicle to fight discrimination within the new profession. During World War I, both the black and the white associations joined in a biracial arrangement that granted black nurses membership in the white national association. Segregation in the city had kept them separate until the leaders of both national associations took important steps to unify the nursing community on all levels.

To further advance the profession, other trends in nursing relative to occupational functions expanded the roles of nurses in public. The American Red Cross, as the national

organization for humanitarian work, had incorporated nursing as a civilian relief service almost from its inception in 1881. American Red Cross nurses provided essential healthcare services during periodic public health crises and disasters. However, when the military decided to incorporate the work of female nurses in war, the American Red Cross asserted its authority as also the national organization for war relief. After the military ceded to the American Red Cross, they engaged in a partnership to manage the new female-only military nurse corps. The tenuous terms of this partnership often ignited power struggles over which one exercised more organizational control of the dual-enrolled nurses. In addition, segregation within the military had influenced racism in the American Red Cross. Both severely restricted service opportunities for black nurses. Despite this rash of controversial conditions, the scope of nursing in two international wars motivated sweeping legislative changes that terminated the partnership with the American Red Cross and redefined gender and race within the postwar military.

In New Orleans, the American Red Cross had maintained a constant presence since 1882. Leaders of the local subsidiaries of the organization commonly called for nurses to provide relief during epidemics and natural disasters. Yellow fever and other epidemic diseases had periodically plagued the population. Both black and white nurses labored continuously to stop the spread of disease and sometimes suffered from the effects themselves. Waterborne disasters such as hurricanes and floods often proved catastrophic for people who lived in a city built below sea level. Nurses provided essential healthcare services for victims of these disasters often left jobless and homeless in their wake.

When the healthcare mission of the American Red Cross expanded after 1900, nurses trained and certified in two related occupational specialties. Certified public health and

industrial nurses initiated onsite programs for schoolchildren and factory workers. For poor children, school nurses often provided the only means of professional healthcare during their young lives. Furthermore, industrial nurses specialized in caring for victims of job-related accidents, a service needed to support the array of commercial activities in the city.

When the American Red Cross redirected its mission to the provision of wartime relief, the local organization incorporated nurses who trained hundreds of volunteers as nurse's aides to fill vacancies left by other nurses who joined the military. Black nurses also organized two auxiliaries of the local organization and enlisted the help of the black community. Although the American Red Cross remained segregated on all levels, the biracial cooperation between black nurses and white nurses in the city provided an effective network of relief services for the public during two world wars.

For military nursing, nurses from New Orleans had responded with enthusiasm to the call of duty. They had served as contract workers with the Army in the short Spanish-American War. During the partnership between the military and the American Red Cross, over 100 dual-enrolled Army nurses had deployed to Europe in support of the American Expeditionary Force. About 25 years later, over 500 dual-enrolled Army and Navy nurses served at locations around the world caring for soldiers, sailors, airmen, and Marines in World War II. After the wars, foreign and American militaries awarded the nurses many medals and decorations for their honorable and faithful service. The population welcomed them home as heroines.

From 1881 to 1950, a thriving multiethnic and multi-religious female nursing community had developed in New Orleans that contributed significantly to the process of professionalization for the occupation. This development had followed trends set in place at the national and state

levels. The urban social reform movement led to the establishment of several nursing schools in the city. Graduates from these schools organized associations, labored to maintain standards of public health, volunteered to work for the American Red Cross, and answered the call of duty when the nation went to war. Along the way, they had gained public recognition and trust for their work as professional women.

What did the future hold for professional nursing in New Orleans? Some aspects experienced significant changes, while others retained many of their original functions. The nursing schools incurred the greatest degree of change. After the Civil Rights Movement ended in the late 1960s, the white ones finally admitted black students, and more men matriculated into the schools. Four of the six schools that had survived after World War II eventually closed in part due to hospital mergers, hospital closures, and failures to make the switch from diplomas in nursing to baccalaureate degrees.

The American Red Cross still maintains a public presence in New Orleans. American Red Cross nurses who volunteer with the organization continue to conduct blood donor programs and provide assistance for victims of man-made and natural disasters. They proved to be a crucial source of needed healthcare in the wake of Hurricane Katrina in August 2005. General public health nursing also remains a top priority. Nurses work for various health agencies, hospitals, and clinics dispersed throughout the city. While the days of yellow fever loomed large in the past, other epidemic diseases still pose a public health risk to the population.

Finally, careers in military nursing continued to remain an option for graduates of nursing schools in New Orleans. After the military restructured the nurse corps in the early 1950s, male nursing school graduates began to receive the same commissions and recognition that women

had already gained in the service. Currently, both male and female military nurses serve at medical facilities around the world on land and at sea. As they have done over the past century, military nurses continue the tradition of service to the nation with honor and dignity. Their legacy of service reflects how far the professionalization of nursing has come in the city.

Bibliography

Books

- Adams, Charles S., ed. *Report of the Jacksonville Auxiliary Sanitary Association: Epidemic of 1888, Jacksonville, MS*. Jacksonville, FL: Times-Union Print, 1889. books.google.com/books?id=h64QAQAAMAAJ (accessed September 21, 2013).
- Baer, Ellen D., Patricia D'Antonio, Sylvia Rinker, and Joan E. Lynaugh. *Enduring Issues in American Nursing*. New York, NY: Springer Publishing, 2002.
- Barton, Clara. *The Red Cross in Peace and War*. Washington, DC: American Historical Press, 1899.
- Barry, John M. *The Great Influenza: The Story of the Deadliest Pandemic in History*. New York, NY: Penguin Books, 2004.
- Blanke, David. *The 1910s, American Popular Culture through History*. Westport, CT: Greenwood Press, 2002.
- Brown, Niki. *Private Politics and Public Voices: Black Women's Activism from World War I to the New Deal*. Bloomington: Indiana University Press, 2006.
- Colten, Craig E. *An Unnatural Metropolis: Wresting New Orleans from Nature*. Baton Rouge: Louisiana State University Press, 2005.
- Committee on Education of the National League of Nursing Education. *Standard Curriculum for Schools of Nursing*. Baltimore, MD: Waverly Press, 1917. <http://www.archive.org/details/standardcurricul00nati.pdf> (accessed September 21, 2013).
- Chudacoff, Howard P., and Judith E. Smith. *The Evolution of American Urban Society*. 6th ed. Upper Saddle River, NJ: Pearson Prentice Hall, 2005.
- Doherty, Eddie. *A Nun with a Gun: Sister Stanislaus, a Biography*. Milwaukee, WI: Bruce Publishing Company, 1960.
- Donahue, M. Patricia. *Nursing: The Finest Art, an Illustrated History*. Maryland Heights, MO: Mosby Elsevier, 2011.
- Duffy, John, ed. *The Rudolph Matas History of Medicine in Louisiana*. Vol. 2. Baton Rouge: Louisiana State University Press, 1962.

- Fossier, A. E. *The Charity Hospital of Louisiana*. New Orleans: American Printing Company, 1923.
- Gaines, Kevin K. *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century*. Chapel Hill: University of North Carolina Press, 1996.
- Gavin, Lettie. *American Women in World War I: They Also Served*. Boulder: University Press of Colorado, 1997.
- Green, Elna C., ed. *Before the New Deal: Social Welfare in the South, 1830-1930*. Athens: University of Georgia Press, 1999.
- Hine, Darlene Clark. *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*. Bloomington: Indiana University Press, 1989.
- Huber, Leonard V. *New Orleans: A Pictorial History*. New York: NY: Crown Publishers, 1971.
- Hutchinson, John F. *Champions of Charity: War and the Rise of the Red Cross*. Boulder, CO: Westview Press, 1996.
- James, D. Clayton, and Anne Sharp Wells. *America and the Great War, 1914-1920*. The American History Series. Wheeling, IL: Harlan Davidson, 1998.
- Jensen, Kimberly. *Mobilizing Minerva: American Women in the First World War*. Chicago: University of Illinois Press, 2008.
- Kendall, John. *History of New Orleans*. Chicago, IL: Lewis Publishing Company, 1922. http://penelope.uchicago.edu/Thayer/E/Gazetteer/Places/America/United_States/Louisiana/New_Orleans/Texts/KENHO/47*.html (accessed August 11, 2013).
- Kernodle, Portia B. *The Red Cross Nurse in Action, 1882-1948*. New York: Harper and Brothers, 1949.
- McGerr, Michael. *A Fierce Discontent: The Rise and Fall of the Progressive Movement in America, 1870-1920*. London: Oxford University Press, 2003.
- Nanney, James S., Donald G. Smith, and Mary C. Smolenski. *A Fit Fighting Force: The Air Force Nursing Services Chronology*. Washington, DC: Office of the Air Force Surgeon General, 2005. <http://www.afhso.af.mil/shared/media/document/AFD-100924-039.pdf> (accessed November 29, 2010).
- Neidel-Greenlee, Rosemary, and Evelyn M. Monahan. *And If I Perish: Frontline U.S. Army Nurses in World War II*. New York, NY: Anchor Books, 2004.

- Nightingale, Florence. *Notes on Nursing: What It Is, and What It Is Not*. 1859. Reprint, Edward Stern and Company, 1946.
- O'Lynn, Chad E. *A Man's Guide to a Nursing Career*. New York, NY: Springer Publishing, 2013.
- O'Lynn, Chad E., and Russell E. Tranbarger, eds. *Men in Nursing: History, Challenges, and Opportunities*. New York, NY: Springer Publishing, 2007.
- Penrose, Mrs. George B. *My Monograph: War Relief Work in Old Louisiana*. New York, NY: Himebaugh and Browne, 1919.
- Rhodes, Desha P. *A History of Flint Medical College, 1889-1911*. Lincoln, NE: iUniverse Incorporated, 2007.
- Sarnecky, Mary T. *A History of the Army Nurse Corps*. Philadelphia: University of Pennsylvania Press, 1999.
- Scott, Emmett J. *Scott's Official History of the American Negro in the World War*. Chicago, IL: Homewood Press, 1919.
- Shaw, Stephanie J. *What a Woman Ought to Be and to Do: Black Professional Women Workers during the Jim Crow Era*. Chicago, IL: University of Chicago Press, 1996.
- Stier, Emile V. *Report of the New Orleans Chapter of the American Red Cross, New Orleans, June 30, 1919*. Washington, DC: American Red Cross, 1919.
- Sterner, Doris M. *In and Out of Harm's Way: A History of the Navy Nurse Corps*. Seattle, WA: Peanut Butter Publishing, 1996.
- Ward, Thomas J., Jr. *Black Physicians in the Jim Crow South*. Fayetteville: University of Arkansas Press, 2003.
- Wiebe, Robert H. *The Search for Order*. New York, NY: Hill and Wang, 1967.
- White, Deborah Gray. *Too Heavy a Load: Black Women in Defense of Themselves, 1894-1994*. New York, NY: W.W. Norton and Company, 1999.
- Zeiger, Susan. *In Uncle Sam's Service: Women Workers with the American Expeditionary Force, 1917-1919*. Philadelphia: University of Pennsylvania Press, 2004.

Journal Articles

- “Abstracts.” *American Journal of Nursing* 30, no. 12 (December 1930): 1578. <http://www.jstor.org/stable/3409882> (accessed August 20, 2013).
- Aynes, Edith A. “Army Nursing.” *American Journal of Nursing* 40, no. 5 (May 1940): 540. <http://www.jstor.org/stable/3415295> (accessed December 7, 2008).
- Carnegie, M. Elizabeth. “Black Nurses at the Front.” *American Journal of Nursing* 84, no. 10 (October 1984): 1252. <http://www.jstor.org/stable/3463764> (accessed May 12, 2013).
- Carrigan, Jo Ann. “The Impact of Yellow Fever on Life in Louisiana.” *Louisiana History: The Journal of the Louisiana Historical Association* 4, no. 1 (Winter 1963): 5-9. <http://www.jstor.org/stable/4230687> (accessed July 30, 2013).
- _____. “Mass Communication and Public Health: The 1905 Campaign against Yellow Fever in New Orleans.” *Louisiana History: The Journal of the Louisiana Historical Association* 29, no. 1 (Winter 1988): 5-20. <http://www.jstor.org/stable/4232631> (accessed July 30, 2013).
- Celestine, Sister. “The State and Nursing Education: Julie C. Tebo, R.N.” *American Journal of Nursing* 34, no. 9 (September 1934): 887-888. <http://www.jstor.org/stable/3412281> (accessed August 20, 2013).
- “The Chicago Conventions.” *American Journal of Nursing* 12, no. 10 (July 1912): 770. <http://www.jstor.org/stable/3404755> (accessed August 20, 2013).
- “Commencement Exercises of New Orleans Sanitarium and Training School.” *New Orleans Medical and Surgical Journal* 56 (July 1903-June 1904): 49. books.google.com/books?id=OedDAQAAIAAJ (accessed May 15, 2013).
- Craig, LeRoy N. “Opportunities of Men Nurses.” *American Journal of Nursing* 40, no. 6 (June 1940): 666. <http://www.jstor.org/stable/3414946> (accessed July 27, 2013).
- Delano, Jane. “The Red Cross.” *American Journal of Nursing* 18, no. 7 (April 1918): 548. <http://www.jstor.org/stable/3405695> (accessed December 7, 2008).
- _____. “Red Cross Work.” *American Journal of Nursing* 11, no. 4 (January 1911): 275. <http://www.jstor.org/stable/3404914> (accessed December 7, 2008).
- “The Editor.” *American Journal of Nursing* 1, no. 1 (October 1900): 64-66. <http://www.jstor.org/stable/3401659> (accessed June 3, 2013).

- “Editorial Comment.” *American Journal of Nursing* 4, no. 11 (August 1904): 911. <http://www.jstor.org/stable/3401781> (accessed April 24, 2013).
- _____. *American Journal of Nursing* 20, no. 1 (October 1919): 667. books.google.com/books?id=t91AAAAAYAAJ (accessed September 22, 2013).
- Elmore, Joyce Ann. “Nurses in American History: Black Nurses: Their Service and Their Struggle.” *American Journal of Nursing* 76, no. 3 (March 1976): 437. <http://www.jstor.org/stable/342388> (accessed November 15, 2011).
- Evans, Joan. “Men Nurses: A Historical and Feminist Perspective.” *Journal of Advanced Nursing* 47, no. 3 (August 2004): 322. <http://folk.uio.no/olegno/men%20in%20Nursing/Evans%20J%202004.pdf> (accessed July 27, 2013).
- Fitzpatrick, M. Louise. “Nurses in American History: Nursing and the Great Depression.” *American Journal of Nursing* 75, no. 12 (December 1975): 2188-2189. <http://www.jstor.org/stable/3423706> (accessed November 15, 2011).
- Forbes, Mary. “The Small General Hospital: Its Advantages and Difficulties as a Field for Training.” *American Journal of Nursing* 3, no. 5 (February 1903), 341. <http://www.jstor.org/stable/3402564> (accessed May 6, 2013).
- Fussell, Elizabeth. “Constructing New Orleans, Constructing Race: A Population History of New Orleans.” *Journal of American History* 94 (December 2000): 846-855. <http://www.journalofamericanhistory.org/projects/katrina/Fussell.html> (accessed October 12, 2014).
- Gardner, Mary S. “Proceedings of the Fifteenth Annual Convention of the American Nurses’ Association.” *American Journal of Nursing* 12, no. 11 (August 1912): 982-983. <http://www.jstor.org/stable/3404031> (accessed August 20, 2013).
- Hartridge, Agnes C. “Nursing Progress in the South.” *American Journal of Nursing* 12, no. 11 (August 1912): 963-968. <http://www.jstor.org/stable/3404031> (accessed August 20, 2013).
- Haupt, Alma C. “The Government’s Subcommittee on Nursing.” *American Journal of Nursing* 42, no. 3 (March 1942): 257. <http://www.jstor.org/stable/3415771> (accessed October 26, 2013).
- “The History of Flint-Goodridge Hospital of Dillard University.” *Journal of the National Medical Association* 61, no. 6 (November 1969): 533. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2611800/> (accessed January 14, 2010).

- Houweling, Lynn. "Image, Function, and Style: A History of the Nursing Uniform." *American Journal of Nursing* 104, no. 4 (April 2004): 40-48. http://www.nursingcenter.com/Inc/JournalArticle?Article_ID=497854 (accessed August 6, 2014).
- "Louisiana: The Bill for State Registration." *American Journal of Nursing* 12, no. 12 (September 1912): 1049-1052. <http://www.jstor.org/stable/3404351> (accessed August 20, 2013).
- Massey, G. Estelle. "The National Association of Colored Graduate Nurses." *American Journal of Nursing* 33, no. 6 (June 1933): 534-536. <http://www.jstor.org/stable/3412359> (accessed April 11, 2013).
- "Meetings of the Two National Societies in Boston." *American Journal of Nursing* 11, no. 10 (July 1911): 769-775. <http://www.jstor.org/stable/3404191> (accessed August 20, 2013).
- "Negro Students in the U.S. Cadet Corps." *American Journal of Nursing* 44, no. 9 (September 1944): 887. <http://www.jstor.org/stable/3416708> (accessed November 15, 2011).
- "News." *American Journal of Nursing* 28, no. 1 (January 1928): 90. <http://www.jstor.org/stable/3409554> (accessed August 20, 2013).
- _____. *American Journal of Nursing* 30, no. 8 (August 1930): 1075. http://journals.lww.com/ajnonline/Citation/1930/08000/The_American_Nurses_Association_42.aspx (accessed October 17, 2014).
- "News-Deaths." *American Journal of Nursing* 31, no. 6 (June 1931): 781. <http://www.jstor.org/stable/3410033> (accessed May 1, 2013).
- Northrup, Herman R. "The ANA and the Negro Nurse." *American Journal of Nursing* 50, no. 4 (April 1950): 207. <http://www.jstor.org/stable/3467736> (accessed September 21, 2013).
- Noyes, Clara D. "The Red Cross." *American Journal of Nursing* 17, no. 7 (April 1917): 624. <http://www.jstor.org/stable/3406285> (accessed December 7, 2008).
- _____. "The Red Cross." *American Journal of Nursing* 19, no. 5 (February 1919): 372. <http://www.jstor.org/stable/3405572> (accessed May 7, 2014).
- _____. "The Red Cross." *American Journal of Nursing* 19, no. 10 (July 1919): 779-780. <http://www.jstor.org/stable/3405637> (accessed May 7, 2014).
- _____. "The Red Cross." *American Journal of Nursing* 20, no. 3 (December 1919): 223-229. <http://www.jstor.org/stable/3405121> (accessed May 7, 2014).

- _____. "Department of Red Cross Nursing." *American Journal of Nursing* 27, no. 10 (October 1927): 857-860. <http://www.jstor.org/stable/3409105> (accessed December 7, 2008).
- "Nursing News and Announcements." *American Journal of Nursing* 10, no. 2 (November 1909): 125. <http://www.jstor.org/stable/3402850> (accessed May 15, 2013).
- _____. *American Journal of Nursing* 12, no. 7 (April 1912): 606. <http://www.jstor.org/stable/3404973> (accessed August 20, 2013).
- _____. *American Journal of Nursing* 15, no. 5 (February 1915): 420. <http://www.jstor.org/stable/3404070> (accessed April 24, 2013).
- _____. *American Journal of Nursing* 18, no. 12 (September 1918): 1197. <http://www.jstor.org/stable/3405811> (accessed April 30, 2013).
- _____. *American Journal of Nursing* 21, no. 6 (March 1921): 419. <http://www.jstor.org/stable/3407711> (accessed June 3, 2013).
- _____. *American Journal of Nursing* 24, no. 11 (August 1924): 921-922. <http://www.jstor.org/stable/3407626> (accessed August 20, 2013).
- "Obituaries." *American Journal of Nursing* 42, no. 4 (April 1942): 481. <http://www.jstor.org/stable/3415491> (accessed April 24, 2013).
- "Obituary." *Nursing World* 1964-1965: 356. books.google.com/books?id=EncXAQAA1AAJ (accessed April 21, 2014).
- "Official Reports." *American Journal of Nursing* 7, no. 12 (September 1907): 986. <http://www.jstor.org/stable/3402779> (accessed May 1, 2013).
- "Official Reports of Societies." *American Journal of Nursing* 4, no. 8 (May 1904): 641-642. <http://www.jstor.org/stable/3401759> (accessed April 24, 2013).
- Painton, J. Frederick. "The Outlook in Male Nursing." *American Journal of Nursing* 37, no. 3 (March 1937): 281. <http://www.jstor.org/stable/3414156> (accessed July 27, 2013).
- Powell, Frances L. A. "For Alumnae Associations: These Three Purposes." *American Journal of Nursing* 40, no. 10 (October 1940): 1102-1106. <http://www.jstor.org/stable/3414979> (accessed September 15, 2013).
- "Proceedings of the Nineteenth Annual Convention of the American Nurses' Association." *American Journal of Nursing* 16, no. 9 (June 1916): 787-957. <http://www.jstor.org/stable/3405475> (accessed April 30, 2013).

- “Proceedings of the Twenty-First Annual Convention of the American Nurses’ Association.” *American Journal of Nursing* 18, no. 11 (August 1918): 953-954. <http://www.jstor.org/stable/3405701> (accessed April 30, 2013).
- “The Presbyterian Hospital of New Orleans.” *New Orleans Medical and Surgical Journal* 63 (July 1910-June 1911): 364-365. books.google.com/books?id=PNZDAQAAIAAJ (accessed May 5, 2013).
- “Report on the Corporate Seal.” *American Journal of Nursing* 12, no. 11 (August 1912): 968. <http://www.jstor.org/stable/3404031> (accessed August 20, 2013).
- “Sixteen States Appoint Counselors.” *American Journal of Nursing* 46, no. 2 (February 1946): 138. <http://www.jstor.org/stable/3456860> (accessed September 24, 2013).
- “State Registration.” *American Journal of Nursing* 2, no. 3 (December 1901): 238-240. <http://www.jstor.org/stable/3402530> (accessed August 20, 2013).
- Staupers, Mabel K. “Story of the National Association of Colored Graduate Nurses.” *American Journal of Nursing* 51, no. 4 (April 1951): 222-223. <http://www.jstor.org/stable/3458934> (accessed April 11, 2013).
- Williams, Sylvania F. “Report: The Phyllis Wheatley Club.” *The Woman’s Era* 2, no. 7 (November 1895). http://womenwriters.library.emory.edu/advocacy/content.php?level=div&id=era2_07.17&document=era2 (accessed October 27, 2014).
- “With the League in New Orleans.” *American Journal of Nursing* 39, no. 6 (June 1939): 678-679. <http://www.jstor.org/stable/3413518> (accessed August 20, 2013).
- Van Ness, Elise, and Agnes G. Deans. “One Hundred Thousand and Up: The Story of the A.N.A. Nurses’ Relief Fund.” *American Journal of Nursing* 26, no. 12 (December 1926): 943-944. <http://www.jstor.org/stable/3409697> (accessed August 20, 2013).

Magazine Articles

- “A Half-Century of Nursing.” *Tourovue*, Fall 1953.
- Graf, Mercedes. “A Very Few Good Nurses.” *Prologue: Quarterly of the National Archives and Records Administration*, Fall 2010.
- Hardy, Arthur. “The History of Mardi Gras.” *Arthur Hardy’s Mardi Gras Guide*, 2013.
- “Ideals of Nursing Reflected in Graduate’s Life Work.” *Tourovues*, Winter 1982.

Kahn, Catherine C. "From the Archives: Not Just a Job-A Calling." *Tourovues*, Fall 1992.

Manuscript Collections

Amelia Greenwald Collection. Touro Infirmary Archives. Touro Infirmary, New Orleans, LA.

Annual Reports of the Touro Infirmary and Hebrew Benevolent Association of New Orleans.
Touro Infirmary Archives. Touro Infirmary, New Orleans, LA.

Board of Managers Minutes. Touro Infirmary Archives. Touro Infirmary, New Orleans, LA.

Charity Hospital School of Nursing Alumni Association, New Orleans, LA.

Charity Hospital School of Nursing Collection. Louisiana and Special Collections Department.
Earl K. Long Library. University of New Orleans, New Orleans, LA.

Dr. Edna Gannon Treuting. Private Collection.

Flint-Goodridge Hospital Collection. Special Collections and Archives. Dillard University.
Will W. Alexander Library, New Orleans, LA.

Judith Chambliss Hartwell, R.N. Collection. Touro Infirmary Archives. Touro Infirmary, New Orleans, LA.

Louisiana Division Special Collections. New Orleans Public Library, New Orleans, LA.

Mae Kaufman, R.N. Collection. Touro Infirmary Archives. Touro Infirmary, New Orleans, LA.

Multimedia Collections. Earl K. Long Library. University of New Orleans, New Orleans, LA.

Prints and Photographs Division. Library of Congress, Washington, DC.

Records of the American National Red Cross. Record Group 200. National Archives at College Park, College Park, MD.

Records of the Bureau of Medicine and Surgery Nurse Corps. Operational Archives Branch.
Naval Historical Center, Washington, DC.

Report of the Fair for the Benefit of Touro Infirmary, 1896. Touro Infirmary Archives. Touro Infirmary, New Orleans, LA.

Study Files. Touro Infirmary History. Touro Infirmary Archives. Touro Infirmary,
New Orleans, LA.

Tourogram Wartime Newsletter to Service Men and Women. Touro Infirmary Archives. Touro Infirmary, New Orleans, LA.

Touro Infirmary School of Nursing Application for Admission. Human Resources Department. Touro Infirmary, New Orleans, LA.

Touro Infirmary School of Nursing (TISON) Collection. Touro Infirmary Archives. Touro Infirmary, New Orleans, LA.

Presidential Publications

Roosevelt, Franklin D. "Executive Order 8802 - Reaffirming Policy Of Full Participation In The Defense Program By All Persons, Regardless Of Race, Creed, Color, Or National Origin, And Directing Certain Action In Furtherance Of Said Policy." June 25, 1941. Online by Gerhard Peters and John T. Woolley. *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=16134>. (accessed May 13, 2014).

_____. "Proclamation 2352 - Proclaiming a National Emergency in Connection with the Observance, Safeguarding, and Enforcement of Neutrality and the Strengthening of the National Defense Within the Limits of Peace-Time Authorizations." September 8, 1939. Online by Gerhard Peters and John T. Woolley. *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=15806>. (accessed May 13, 2014).

_____. "Proclamation 2487 - Proclaiming That an Unlimited National Emergency Confronts This Country, Which Requires That Its Military, Naval, Air and Civilian Defenses Be Put on the Basis of Readiness to Repel Any and All Acts or Threats of Aggression Directed Toward Any Part of the Western Hemisphere." May 27, 1941. Online by Gerhard Peters and John T. Woolley. *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=16121>. (accessed May 14, 2014).

Truman, Harry S. "Executive Order 9981 - Establishing the President's Committee on Equality of Treatment and Opportunity in the Armed Services." July 26, 1948. Online by Gerhard Peters and John T. Woolley. *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=60737> (accessed March 29, 2010).

State and Local Government Documents

Louisiana Administrative Code. Title 46 Professional and Occupational Standards. Part XLVII. Nurses, Subpart 2. Registered Nurses. <http://www.lsb.state.la/us/portals/1/documents/rules/fullrules.pdf> (accessed September 16, 2013).

_____. Title 46 Professional and Occupational Standards. Part XLVII. Nurses: Practical Nurses and Registered Nurses, Subpart 1. Practical Nurses. <http://www.doa.louisiana.gov/osr/LAC/lac46.htm> (accessed September 23, 2013).

Theses and Dissertations

Williams, Sister Aloysius. "The History of the Hotel Dieu School of Nursing, New Orleans, Louisiana, 1899-1953." Master's thesis, Catholic University of America, 1953.

Web Sites

African American Registry. "National Association of Colored Graduates Nurses Founded!" http://www.aaregistry.com/historic_events/view/national-association-colored-graduate-nurses-founded.html (accessed April 11, 2013).

American Nurses' Association. "ANA History." <http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/History?css=print> (accessed May 6, 2013).

_____. "In Review." <http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/History/BasicHistoricalReview.pdf> (accessed May 6, 2013).

American Red Cross. "American Red Cross Nurse Badge Portal." <http://www.redcrossnursingpinregistry.org/Default.aspx> (accessed October 7, 2013).

American Red Cross Museum. "The Federal Charter of the American Red Cross." <http://www.redcross.org/museum/history/charter.asp> (accessed January 11, 2010).

_____. "Red Cross Nursing." <http://www.redcross.org/museum/history/nursing.asp> (accessed September 29, 2010).

Ancestry.com. "The Victory Arch in Macarty Square, New Orleans, LA." <http://freepages.military.rootsweb.ancestry.com/~neworleans/> (accessed May 8, 2014).

Anderson, Meg. "Phyllis Wheatley Women's Clubs, 1895-." *The Black Past Remembered and Reclaimed*. <http://www.blackpast.org/?q=aah/phyllis-wheatley-womens-clubs-1895> (accessed January 14, 2010).

Arnebeck, Bob. "A Short History of Yellow Fever in the U.S." <http://web.archive.org/web/20071107163908/http://www.geocities.com/bobarnebeck/history.html> (accessed September 12, 2014)

Baptist Community Ministries. "History of BCM." <http://www.bcm.org/history-0> (accessed August 14, 2014).

- Dillard University. "A Brief History of Dillard University." http://www.dillard.edu/index.php?option=com_content&view=article&id=1660&Itemid=1374 (accessed April 8, 2014).
- Dillard University School of Nursing. "History." http://www.dillard.edu/index.php?option=com_content&view=article&id=600&Itemid=533 (accessed August 2, 2013).
- Egenes, Karen J. "History of Nursing." Jones and Bartlett Publishers. http://www.jblearning.com/samples/0763752258_CH01_ROUX.pdf (accessed September 7, 2013).
- Feller, Carolyn M., and Debora A. Cox, eds. "Highlights in the History of the Army Nurse Corps." U.S. Army Center of Military History. <http://www.history.army.mil/books/anc-highlights/chrono.htm> (accessed September 29, 2010).
- Harrow, Shirley, and Elsie M. Szecsy. "A Salute to the U.S. Cadet Nurse Corps: Commemorating Fifty Years of Service." uscadetnurse.org/sites/default/files/50anniv-salute.pdf (accessed October 19, 2013).
- _____. "50th Anniversary of the Cadet Nurse Corps." [uscadetnurse.org/sites/default/files/50anniv/USCNS50anniv\(p9-15\).pdf](http://uscadetnurse.org/sites/default/files/50anniv/USCNS50anniv(p9-15).pdf) (accessed October 19, 2013).
- Holmes, S. Barlow. "Copiah and Lincoln Co., MS: The Storm of 1883." <http://www3.gendisasters.com/mississippi/8530/storm-1883-copiah-lincoln-co-ms> (accessed October 6, 2013).
- Hotel Dieu School of Nursing Alumni Association. "Life and Dates of Mary Brown." <http://www.facebook.com/pages/Hotel-Dieu-School-of-Nursing-Alumni-Association/189080757802725> (accessed April 20, 2013).
- Kolb, Carolyn. "Acts of Mercy: A Hospital's Lifecycle." New Orleans Magazine. <http://www.myneworleans.com/New-Orleans-Magazine/July-2010/Acts-of-Mercy/> (accessed August 30, 2014).
- La-Cemeteries. "Louisiana Governors - Stephen Bennett Packard." <http://www.la-cemeteries.com/Governors/Packard,%20Stephen%20Bennett/Packard,StephenBennett.shtml> (accessed October 24, 2014).
- Louisiana State Board of Nurse Examiners. "History of the Louisiana State Board of Practical Nurse Examiners." <http://www.lsbpne.com/history.phtml> (accessed September 23, 2013).
- Louisiana State Nurses' Association. "LSNA Background and History." <http://www.lsna.org/history.html> (access April 10, 2013).

Louisiana State Nurses' Association District IV, "The Louisiana State Nurses Association: An Abbreviated History." <http://www.districtivnurses.com> (accessed September 16, 2013).

Louisiana State University Health Sciences Center. "LSU Health New Orleans, School of Nursing: History." <http://www.nursing.lsuhscc.edu/aboutus/History.html> (accessed April 30, 2013).

Louisiana State University Health Sciences Center Library. "U.S. Army 64th General Hospital, Organized by the LSU Medical School." <http://www.louisianadigitallibrary.org/cmd/search/collection/p15140coll50> (accessed June 30, 2014).

McGee, Anita Newcomb. "Women Nurses in the American Army." The Spanish American War Centennial Website. <http://www.spanamwar.com/Nurses.htm> (accessed April 20, 2014).

National League for Nursing. "About the NLN." <http://dev.nln.org/aboutnln/info-history.htm> (accessed September 9, 2013).

Naval History and Heritage Command. "The Destruction of the USS *Maine*." <http://www.history.navy.mil/faqs/faq-71-1.htm> (accessed April 26, 2014).

_____. "Relief (Hospital Ship, 1898-1902)." <http://history.navy.mil/photos/sh-us-cs/army-sh/usash-mr/relief.htm> (accessed April 26, 2014).

_____. "Nurses and the U.S. Navy, 1917-1919." <http://www.history.navy.mil/photos/prs-tpic/nurses/nrs-e.htm> (accessed March 25, 2012).

_____. "Nurses and the U.S. Navy, 1919-1941." <http://www.history.navy.mil/photos/prs-topic/nurses/nrs-g.htm> (accessed March 25, 2012).

_____. "U.S. Navy Nurses 1908-1917." <http://www.history.navy.mil/photos/prs-tpic/nurses/nrs-c.htm> (accessed March 24, 2012).

New Orleans District Nurses' Association. "NODNA Bylaws." <http://www.nolanurses.org/mission-statement-bylaws.html> (accessed September 22, 2013).

New Orleans Public Library Louisiana Division. "Yellow Fever Deaths in New Orleans, 1817-1905." <http://nutrias.org/facts/feverdeaths.htm> (accessed April 22, 2013).

NOLA.com. "Our Times: The Cheniere Isle Hurricane of 1893." http://www.nola.com/175years/index.ssf/2012/03/our_times_the_cheniere_isle_hu.html (accessed October 6, 2013).

- _____. "Our Times: 1943 Aircraft Factory on Lake Ponchartrain." http://impact.nola.com/175years/index.ssf/2012/02/our_times_1943_aircraft_factor.html (accessed April 10, 2014).
- Of Ships and Surgeons: Notes on the History of Naval Medicine Sponsored by the Society for the History of Naval Medicine, "U.S. Navy Nurse Corps Established This Date 1908." <http://ofshipssurgeons.wordpress.com/2010/05/13/u-s-navy-nurse-corps-established-this-date-1908> (accessed June 2, 2013).
- "The Picayune's Guide to New Orleans: Along the Coliseum Line." http://www.storyvilledistrictnola.com/Picayune14_1904.html (accessed May 15, 2013).
- Robin, William H. "Biennial Report of the Board of Health for the Parish of Orleans and the City of New Orleans, 1918-1919." University of Michigan Center for the History of Medicine and Michigan Publishing. University of Michigan Library. <http://hdl.handle.net/2027/spo.4140flu.0012.414> (accessed March 31, 2014)
- Sheldon, Kathryn. "Brief History of Black Women in the Military." Women in Military Service for America Memorial Foundation. <http://www.womensmemorial.org/Education/BBH1998.html> (accessed September 29, 2010).
- Tulane University Howard-Tilton Memorial Library. "24th General Hospital in World War II." <http://digitallibrary.tulane.edu/collection/id/100> (accessed June 30, 2014).
- University of Chicago Library. "Guide to the Chicago School of Civics and Philanthropy, 1903-1922." Special Collections Research Center. <http://www.lib.uchicago.edu/e/src/findingaids/view/.php?eadid=ICU.SPCL.CSCP> (accessed April 4, 2014).
- University of Maryland School of Nursing. "Industrial Nursing." <http://nursing.umaryland.edu/museum/virtual-tour/history-practice/industrial-nursing.html> (accessed March 30, 2014).
- U. S. Army Medical Department Office of Medical History. "Army Nurse Corps: More than 100 Years of Service to Our Nation! Ready, Caring, and Proud." <http://history.amedd.army.mil/ancwebsite/about.html> (accessed September 29, 2010).
- _____. "Army Nurse Corps Uniforms: A Retrospective Exhibit." http://history.amedd.army.mil/ANCWebsite/uniformpres_files/uniformpres.html (accessed March 24, 2012).
- _____. "Black History Month, Proud to Serve: African American Army Nurse Corps Officers." <http://history.amedd.army.mil/ancwebsite/articles/blackhistory.html> (accessed May 12, 2013).

_____. "Dr. Anita Newcomb McGee (1864-1940) - A Brief Biography." <http://history.amedd.army.mil/ANCWebsite/McGeeWHMSpecial/McGeeBriefBiography.html> (accessed October 23, 2014).

_____. "Proud to Serve: The Evolution of Male Army Nurse Corps Officers." <http://amedd.army.mil/ancwebsite/articles/malenurses.html> (accessed March 25, 2012).

United States Marine Corps History Division. "Women's Armed Services Integration Act of 1948." Historical Documents, Orders and Speeches. <http://www.mcu.usmc.mil/historydivision/Pages/Speeches/PublicLaw625.aspx> (accessed July 5, 2014).

Whelan, Jean C. "Private Duty Nursing." University of Pennsylvania School of Nursing. Penn Nursing Service. <http://www.nursing.upenn.edu/nhhc/Pages/PrivateDutyNursing.aspx> (accessed March 30, 2014).

Vita

Paula Anne Fortier was born in a suburb of Pittsburgh, Pennsylvania. In 2004, she retired after 20 years of active service in the United States Navy. She obtained the following degrees from the University of New Orleans: Baccalaureate of Arts in political science (2004), Master of Arts in history (2010), and Master of Science in urban studies (2014). Her pursuit of a Doctor of Philosophy in urban studies (urban history) represents a student experience at the university that has lasted more than a decade.