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## An officer and a lady

Kathleen Marie Scott

*College of William & Mary - Arts & Sciences*

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AN OFFICER AND A LADY

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A Thesis

Presented to

The Faculty of the American Studies Program

The College of William and Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree of

Master of Arts

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by

Kathleen Scott

2001

APPROVAL SHEET

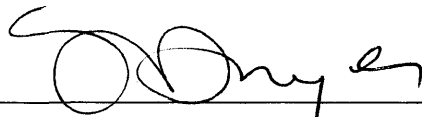
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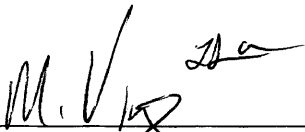


Kathleen M. Scott

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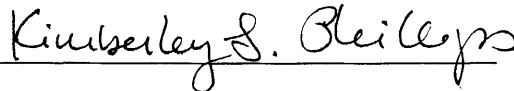


Leisa Meyer



Margaret Vining

National Museum of American History, Smithsonian Institution



Kimberley Phillips

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## ABSTRACT

In this thesis I analyze the nexus between Army nursing and femininity through the biographical narrative of the first woman in the history of the United States Army to be promoted to the rank of brigadier general. As an Army nurse, Anna Mae McCabe Hays ascended through the military hierarchy without disrupting contemporary social constructs of gender. Hays's military nursing career offers an unparalleled view of the interplay between Army nursing and femininity between 1942 and 1971.

## INTRODUCTION

### LADIES FIRST!

In June of 1970, the *NBC Today Show* featured a Barbara Walters interview with the first two women in the history of the United States Army to attain the rank of brigadier general. Before commercial break, Walters muttered in a confused but jovial tone, “Generals? It sounds so funny to look at two very attractive women and say ‘*Generals!*’ I keep wanting to say ‘*Ladies!*’” Without a moment of hesitation, General Anna Mae Hays, Chief of the Army Nurse Corps (ANC), and General Elizabeth Hoisington, Chief of the Women’s Army Corps (WAC), immediately responded in unison, “No! Ladies *first*, you know? *Lady* Generals! [Original emphasis].”<sup>1</sup>

Hays’s biography provides the opportunity to examine the particular relationship between femininity and Army nursing from 1942 to 1971. Her service in three major wars (World War II, Korean Conflict, and Vietnam) and her leadership as Chief of the ANC chronicles a major facet of women’s participation in twentieth-century United States military nursing history. Her early years illuminate the struggles of a white, Protestant, working woman in the military nursing arena, while her experience as Chief of the ANC speaks directly to nursing leadership and administration.<sup>2</sup>

Through government records, personal interviews, newspapers, medical journals, oral histories, Army policies and popular culture, I analyze the particular relationship

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<sup>1</sup>Walters, Barbara. *NBC Today Show*. Interview with Anna Mae McCabe Hays, June 1970.

<sup>2</sup>I am not arguing that General Hays’ professional experience is representative of *all* Army nurses. I am arguing that factors such as race, class, gender, sexuality, marital status and age are critical to educational access, economic resources, and promotion opportunities in the Army. The rhetoric Hays employs to discuss the Army promotion policies reveals her conviction that the Army operates as a meritocracy. However, the Army’s selection process remained “a function of educational background and class status in civilian society.” For more detail on Army selection processes, see Leisa Meyer, *G.I. Jane: Sexuality and Power in the Women’s Army Corps During World War II* (New York: Columbia University Press, 1996).

between femininity and Army nursing which allowed Hays to excel in the military hierarchy. As an Army nurse, Hays advanced in the military hierarchy without disrupting social constructs of gender.<sup>3</sup> Nursing did not threaten prescribed gender roles. Military nurses experienced more success than any other female corps because they did not work in masculine job categories. On June 11, 1970, General William C. Westmoreland promoted Hays to brigadier general; she became the first woman in the 196-year history of the United States Army to achieve this rank. The publicity surrounding the promotion of two women brigadier generals captured national attention. Hays appeared on the *Dick Cavett Show*, the *NBC Today Show*, and received recognition in a number of articles in national (and international) newspapers and popular magazines.

The promotions of two women to the rank of brigadier general, however, did not signal equality for women in the military. Cynthia Enloe argues that the militarization of women does not equal the liberation of women. In other words, the promotion did not mean that women achieved full social, political and economic equality in the Army. In the context of Enloe's argument, Hays's promotion signaled the *militarization*, not *liberation*, of women in the Army.<sup>4</sup> Linking the fields of women's history, nursing history and military history,<sup>5</sup> I analyze the military nursing career of General Hays, who

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<sup>3</sup> "Gender" and "sex" are not used interchangeably in this thesis. I employ Stephanie Shaw's definition of "sex" as a biological category of females and "gender" as a reference to the social content or meaning of womanhood (in this case) for Army nurses. See Stephanie Shaw, *What a Woman Ought to Be and Do: Black Professional Women Workers during the Jim Crow Era* (Chicago: University of Chicago Press, 1996) 270.

<sup>4</sup>For more information on the militarization of women see Cynthia Enloe, *Does Khaki Become You? The Militarization of Women's Lives* (Boston: South End Press, 1983).

<sup>5</sup>Suzanne Teepe Gaskins argues that Army nursing has fallen through the cracks of medical history, women's history and military history. She argues that medical history generally fails to address nursing because nurses occupy subordinate status in the medical hierarchy and because nursing does not have the reputation credited to male physicians. Gaskins also contends that women's history typically marginalizes the experience of Army nurses because the study of Army nursing does not necessarily promote a 'feminist' political agenda. Finally, military historians treat nurses as accessories to war because of the masculinized nature of the Armed Forces. Despite the absence of nursing



considers herself -- first and foremost -- a *lady*.

Though not formally recognized as part of the United States Army, nurses served throughout the Revolutionary War, Civil War and the Spanish American War. During the Civil War, women in the North and South became active as nurses on an unprecedented scale.<sup>6</sup> The medical conditions of the Civil War had several impacts on the status of nursing. First, reformers began to seriously evaluate the sanitary conditions of medical facilities. Second, officials were forced to consider formal training for nurses. And, by the end of the Civil War, untrained volunteer nurses urged social activists to consider education essential for nurses.<sup>7</sup> The need for nurses led many to question the lack of trained nurses and adequate health care in America.<sup>8</sup> The Civil War marked a transformation in wartime nursing. The experience of the Civil War allowed women the opportunity to “repudiate older notions of female benevolence” and “truly elevated nurses’ status in the form of pay and government authorization.”<sup>9</sup>

Reform efforts to elevate the status of nursing and the need for nurses during the Spanish American War contributed to the official 1901 establishment of the ANC. Throughout the progressive era, white, middle-class nursing leaders attempted to “elevate and standardize professional education and requirements, to obtain control over the national market for their specialized skills, and to gain status, prestige, and profit through collective social mobility.”<sup>10</sup> In an increasingly secular culture, however, nursing

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in the military historiography, nursing is intimately connected to war. In short, very few scholars have specifically analyzed the history of Army nursing. See Suzanne Teepe Gaskins, “G.I. Nurses at War: Gender and Professionalization in the Army Nurse Corps during World War II” (Ph.D. diss, University of California at Riverside, 1994).

<sup>6</sup>Jeanne M. Holm, *Women In the Military: An Unfinished Revolution* (Novato, CA: Presido Press, 1992) 5.

<sup>7</sup>Sandra Beth Lewenson, *Taking Charge: Nursing, Suffrage and Feminism in America, 1873 - 1920* (New York: Garland Publishing, Inc., 1993) 20.

<sup>8</sup>Ibid, 3.

<sup>9</sup> Lori Ginzberg, *Women and the Work of Benevolence: Morality, Politics and Class in the Nineteenth Century United States* (New Haven: Yale University Press, 1990) 143.

<sup>10</sup>Ibid, xiii.

leaders could not justify professionalization on a platform based entirely on female benevolence.<sup>11</sup>

The ANC was one of several national nursing organizations to emerge during this period. The American Society of Superintendents of Training Schools for Nurses, for example, was established in 1893.<sup>12</sup> In 1896, the Nurses' Alumna Association (later renamed the American Nurses Association) convened just one week prior to the United States declaration of war on Spain. Established in 1908, the National Association of Colored Graduate Nurses (NACGN), convened to dismantle racial prejudice and foster career equity for African American nurses until 1952 when it merged with the American Nurses' Association.

A week prior to the declaration of the Spanish American War, the Nurses Alumna Association met in their first convention and voted to offer their services to the war effort. In the first three months of the Cuban campaign, typhoid fever killed nearly 800 men and the hospital corps realized its inability to adequately handle such epidemics.<sup>13</sup> On May 10, 1898, the Army Surgeon General George Sternberg accepted approximately one thousand applications from the civilian nurses of the Daughters of the American Revolution (DAR).<sup>14</sup> Sternberg called upon Washington socialite Anita Newcomb McGee, M.D., (1864-1940) of the National Society of the Daughters of the American Revolution to choose graduate nurses for military service and place them under Army

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<sup>11</sup>Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850 – 1945* (New York: Cambridge University Press, 1987) 122.

<sup>12</sup>The American Society of Superintendents of Training Schools for Nurses was renamed the National League of Nursing Education (NLNE) in 1912 and later renamed the National League for Nursing (NLN) in 1952.

<sup>13</sup>Julia O'Flikke, *Nurses In Action: The Story of the Army Nurse Corps* (Philadelphia, J.B. Lippincott Company, 1943) 31.

<sup>14</sup>Susan Armeny, "Organized Nurses, Women Philanthropists, and the Intellectual Bases for Cooperation Among Women, 1898-1920" in *Nursing History: New Perspectives, New Possibilities* (New York: Teacher's College Press, 1983) 18.

contract at a salary of \$30 a month.<sup>15</sup> Officially established on February 2, 1901, admittance to the ANC required “good health,” “excellent character” and graduation from a “training school for nurses.”<sup>16</sup>

ANC officials and civilian nursing leaders embraced professionalism in order to elevate the status of nursing. They standardized educational requirements and established criteria based on gender, class, race, marital status and age. Nevertheless, nursing did not receive the same recognition as male dominated professions because of the cultural connections between nursing and female benevolence. Leaders walked a fine line in their attempts to reform the occupation. In order to establish nursing as an appropriate wage-earning occupation (that required education and training) for young, single, middle class, Protestant, white women, they had to be careful not to appear unladylike by demanding professional autonomy.<sup>17</sup> Consequently, they continued to emphasize the feminine character and benevolent service ethic of nursing as a natural extension of women’s domestic and maternal duties. In order to redefine the status of nursing, leaders also had to contend with the cultural identification of nursing with the virtuous woman and the older domestic servant.<sup>18</sup> For African American women, the battle for occupational prestige was even more difficult. In their pursuit to gain acceptance and access to nursing education, African American women had to contend with the stereotype of the black

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<sup>15</sup>Barbara Brooks Tomblin, *G.I. Nightingales: The Army Nurse Corps in World War II* (Lexington: University Press of Kentucky, 1996) 2.

<sup>16</sup>O’Flikke, 30.

<sup>17</sup>Sandra Beth Lewenson argues that the efforts to professionalize nursing epitomize the meaning of woman’s suffrage. She concludes that the formation of national nursing organizations facilitated the professionalization of nursing and that nursing leaders evidenced a strong commitment to women’s right to vote. Lewenson asserts that nursing leaders believed access to political control over the profession depended on female suffrage. For more information see Sandra Beth Lewenson, *Taking Charge: Nursing, Suffrage and Feminism in America, 1873 - 1920* (New York: Garland Publishing, Inc., 1993)

<sup>18</sup>Reverby, 21.

nurse as a devoted domestic servant rather than a qualified professional.<sup>19</sup>

Nursing reformers justified nurse training and education programs on the premise that just as education prepares teachers to save souls, education for nurses prepares them to save lives.<sup>20</sup> From the early days of hospital training schools, nursing required academic (and other) tests for admission.<sup>21</sup> The emergence of nurse training schools altered the public perception of nursing from a woman's natural role to an occupation that required training and education. At the same time, leaders justified nursing education and training by associating it with women's work. By the turn of the century, white, middle-class nursing leaders advocated formal nurse training and nursing practice as an attractive employment outlet for native-born, white, Protestant, middle-class women.<sup>22</sup>

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<sup>19</sup> For more information on historical images of black nurses see Darlene Clark Hine, "They Shall Mount Up With Wings as Eagles: Historical Images of Black Nurses, 1890 – 1950" in Anne Hudson Jones, ed., *Images of Nurses: Perspectives from History, Art and Literature* (Philadelphia: University of Pennsylvania Press, 1988) 177-195.

<sup>20</sup> Armenia, 16.

<sup>21</sup> Other requirements included (but were not limited to) a post-secondary training, instruction in theoretical science and the practical application of skills, a code of ethics and a certification test. For more information on nursing education in the northeast see Jane Mottus, *New York Nightingales: The Emergence of the Nursing Profession at Bellevue and New York Hospital, 1850-1920* (Ann Arbor: UMI Research Press, 1981). I would be remiss not to note the cooperation between nursing education and the ANC. Several Bellevue graduates constituted members of the first committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States Army. Louisa Lee Schuyler (Civil War nurse) was a sponsor of the Bellevue Training School. Irene Sutcliffe, director of nurses at New York Hospital also served on the committee. Finally, Jane Delano, a Bellevue graduate and superintendent of the Bellevue Hospital training school, served as the second superintendent of the ANC in 1909. For general information on these women see Colonel Mary Sarnecky's *A History of The Army Nurse Corps* (Philadelphia: University of Pennsylvania Press, 1999), 49. I draw attention to the cooperation between national nursing education programs and the ANC for two reasons: 1) mobilization for war generally fosters greater opportunities in national nursing education and training, and 2) not only did the Army draw recruits from national nursing schools, but many of the leaders in nursing education programs volunteered their skills and services to the ANC.

<sup>22</sup> Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: University of Indiana Press, 1989), xviii.

Racism handicapped the professional development of black nurses and hindered their access to nursing education.<sup>23</sup> Racial discrimination was most visible in the health care arena and in the absence of educational and career opportunities for African American men and women in the medical profession and nursing.<sup>24</sup> African American nursing leaders faced hostility, restricted access to organizational membership and educational opportunities in nursing. As a result, African American nursing leaders launched their own training programs in the 1890's and created their own nursing organizations to facilitate professional change. By the 1920's, national networks of black hospitals and nurse training schools reached their zenith. Over 6,000 trained black nurses and physicians established new hospital and nurse training schools, new organizations and journals.<sup>25</sup> Organizations such as the National Negro Health Movement, the 1908 establishment of the National Association of Colored Graduate Nurses (NACGN), and the Blue Circle Nurses of the Circle for Negro Relief fortified the advancement of black women in nursing.<sup>26</sup>

Almost three months before the ratification of the Nineteenth Amendment, the Army authorized relative rank for Army nurses in recognition for the service of thousands of Army nurses in World War I.<sup>27</sup> The 1920 Army Reorganization Act did not prescribe full rights and privileges (such as base pay) for nurses equal to that of an officer of comparable grade. Relative rank applied to white nurses in the early years of World War II; it accorded them the status of officers and the potential to rise to major, yet they were still not given the full rights, privileges, and pay of commissioned officer status.<sup>28</sup> The concept of relative rank underscores the relationship between dominant gender

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<sup>23</sup> Ibid, xix.

<sup>24</sup> Ibid, 3.

<sup>25</sup> Ibid, 89.

<sup>26</sup> Ibid, xix.

<sup>27</sup> Tomblin, 6.

<sup>28</sup> Ibid

ideologies, military service and citizenship.<sup>29</sup> Relative rank guaranteed that women could not outrank or deliver orders to male counterparts. It also prevented women from having any power over men and excluded them from the military hierarchy.<sup>30</sup>

The concept of relative rank reveals the importance of dominant gender ideologies in the military hierarchy. Dominant gender ideologies function as a mode of subordination. Femininity does not embody a singular definition; like masculinity, it is a socio-historical construction that fluctuates over time and place.<sup>31</sup> Femininity is defined in contrast to its polar opposite: masculinity.<sup>32</sup> It is particularly relevant to note that military service is the ultimate venue in which masculinity is pursued; Karst observes, “[I]t becomes second nature to see those people not as persons but as abstractions we have projected upon them. Each abstraction is a mask, and it bears a label: blackness, for example, or femininity, or homosexuality...No specter is more terrifying than our own ‘negative identity’.”<sup>33</sup> For women such as Hays, the specter of being unfeminine in a masculine military environment prompted the constant assertion of her femininity.

In the words of Cynthia Enloe, “Military nursing sustains a particular conventional notion of femininity.”<sup>34</sup> The conventional notion of femininity embodied in military nursing is linked to several issues. First, nursing is culturally connected to the assumption that nursing is women’s work or a natural extension of women’s domestic and maternal responsibilities. Second, popular perceptions of military nurses were infused with conventional ideals of femininity. The reality of military nursing is

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<sup>29</sup>Linda Kerber, *No Constitutional Right to be Ladies: Women and the Obligations of Citizenship* (New York: Hill and Wang, 1998) 264.

<sup>30</sup>Meyer, 201, f14.

<sup>31</sup>Marilyn Lake, “Female Desires in World War II,” in *Feminism and History: Oxford Readings of Feminism* (Oxford: Oxford University Press, 1996) 430.

<sup>32</sup> Kenneth L. Karst, *Law’s Promise, Law’s Expression: Visions of Power in the Politics of Race, Gender and Religion* (New Haven: Yale University Press, 1993) 32.

<sup>33</sup>Ibid, 35.

<sup>34</sup>Cynthia Enloe, *Maneuvers: The International Politics of Militarizing Women’s Lives* (Berkeley: University of California Press, 2000) 199.

contradictory to the myth of the highly femininized, ideological construction deployed by Army recruiters and advertised within American popular culture. As I will show, the mythical images of military nurses in American popular culture points to the incongruity between the work experience and the popular perception of the military nurse.<sup>35</sup>

Dominant gender ideologies are also visible in Army recruiting tactics. Appeals to manhood are central to all enlistment campaigns. Political scientist Judith Stiehm writes, “All militaries have additionally and regularly been rooted in the psychological coercion of young men through appeals to their (uncertain) manliness.”<sup>36</sup> Army recruiters also targeted nurses with appeals to femininity. As late as 1970, amidst overwhelming opposition to the war in Vietnam, recruiters appealed to women’s feminine sensibilities; one recruiting advertisement in the February 1970 issue of *RN Magazine* stated, “You’re needed for your woman’s touch. Your cheerfulness. Your reassuring smile in the middle of a long night. Be all the nurse you can be. Be an Army nurse.”<sup>37</sup>

This 1970 advertisement captures the essence of military nursing as women’s work. The demand for nurses during wartime set military nursing apart from all other female organizations in the Armed Forces. Military nursing did not challenge traditional gender roles because of its association with women’s work. Moreover, nurses were not viewed as soldiers; in fact, they represented the antithesis of masculine military culture.

The presumption that the ANC would remain an all-female organization was challenged when male nurses were granted commissions to the Regular Army in 1966. In the late 1950’s, high vacancy rates, fears of nuclear attack and increasing anxiety about

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<sup>35</sup>Philip A. Kalisch and Margaret Scobey, “Female Nurses in American Wars: Helplessness Suspended for the Duration,” *Armed Forces and Society* (Vol. 9, no. 2, 1983) 221.

<sup>36</sup>Judith Stiehm, *Arms and the Enlisted Woman* (Philadelphia: Temple University Press, 1989) 226.

<sup>37</sup>Army Recruiting Advertisement. *RN Magazine*, February 1970.

the Cold War prompted ANC officials to manipulate their admission policies; as a result, men officially entered the Corps in 1955, but they did not receive commissions in the Regular Army until 1966 under Hays's term as Assistant Chief. It is clear that protecting female nurses from uncompromisingly dangerous situations in the Vietnam War trumped the historic connection between nursing and women's work. The commissioning of male nurses in the Regular Army is ultimately a reflection of the aversion towards female nurses' exposure to danger in a war with no front lines. By 1971, one in five Army nurses was male, yet the ANC continued to target women in recruiting campaigns during the Vietnam War. A 1971 recruiting poster depicted a close-up shot of an attractive, pensive, young, white woman in fatigues; the caption read, "The most beautiful girl in the world is a U.S. Army nurse."<sup>38</sup>

Dominant gender ideologies also played a critical role in the subordination of racial and ethnic groups. Being a "lady" meant that a woman had to be white, associated with middle-class status, feminine in appearance and sexually moral. Army officials and white nursing leaders excluded black nurses from the status of "lady" through the rhetoric of class, feminine appearance and sexual morality. Army leaders also scrutinized the hygiene or cleanliness of the African American nurse. The sexual morality of African American nurses came under attack, especially during World War II, through charges of fraternization. Such accusations and presumptions about the appearance, morality and class status of African American women by nursing and military leaders masked deeper currents of racism. In short, racism motivated nursing and military leaders in the construction and promotion of negative stereotypes of black nurses.

The ANC did not become a racially integrated organization until 1948 with President Truman's Executive Order No. 9981. Until 1948, the ANC strictly adhered to

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<sup>38</sup>Army Nurse Corps Recruiting Poster, RPI 538 March 1967 GPO: 1967 0-247-058. National Museum of American History, Armed Forces Collection.



policies of racial segregation. Except, that is, when military officials exhausted their “preferred” workforce. Only during acute nursing shortages did the ANC compromise their racial, ethnic and sex recruiting practices. For example, of the 33,000 nurses who served in the World War I effort, the Red Cross called approximately thirty black nurses to duty in the last month of the war. African American nurses attempted to formally join the ANC as early as 1927 but were denied admission.<sup>39</sup> The Surgeon General, especially during World War II, worked diligently to keep black nurses to a minimum. The admission of black female and white male nurses jeopardized the reputation of the ANC. Despite the critical postwar national nursing shortage, the Surgeon General remained cautious with the employment of black medical personnel.

Military service functions as a signifier of citizenship. As such, African American nursing leaders related military service to the larger struggle for civil rights through the rhetoric of citizenship. The most prominent spokeswoman on this line of reasoning was the executive director of the National Association of Colored Graduate Nurses and founder of the National Defense Committee; Mabel Staupers took advantage of the World War II crisis to lobby for equal citizenship rights. Focusing on the Army and Navy Nurse Corps because of their high public visibility, Staupers used the rhetoric of citizenship to fight for the educational, economic, and social equality of black nurses.<sup>40</sup>

So as not to conflate citizenship with patriotism, it is important to clarify that the latter is a dominant discourse in the military. Patriotism is never neutral; it creates, reflects, and reproduces structures of cultural power.<sup>41</sup> Surges of American patriotism parallel currents in American gender ideologies. Throughout World War II, nurses were depicted as beautiful as they were brave and heroic. Allied victory ushered an intense

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<sup>39</sup>Hine, 103.

<sup>40</sup>Ibid, 170.

<sup>41</sup>Cecilia Elizabeth O’Leary, *To Die For: The Paradox of American Patriotism* (Princeton: Princeton University Press, 1999) 4.

brand of gendered patriotism. During this time, Army nursing was dramatically romanticized. Nurse romance novels, for example, were the single most popular occupationally linked fiction. In contrast, the Vietnam War ushered a period of intense anti-war sentiment and the popularized image of Army nurses dwindled from one of obedient and altruistic sweetheart to the objects of sexual desire in major motion pictures, television series, and sexploitation films.

It is important to consider patriotism as a contributing factor to the public perception of the Army nurse because patriotism justified women's presence in war. Through the dominant discourse of patriotism, Army nurses articulated their loyalty to the Army and experienced a relative degree of occupational solidarity. Patriotism offered Army nurses an incredible level of occupational unity, despite the divisions created by a burgeoning health industry and the emergence of a nursing hierarchy after World War II. Army nurses experienced unity on the job not because of their identities as women or nurses, but because of their identities as *patriots*. "We don't talk about it or wear it on our shoulder all the time and say, 'I'm a patriot!'" said Hays, "But, in the civilian community, I don't think they have that patriotism to bind them together, you see? We have it... We think of ourselves as a family."<sup>42</sup>

Patriotism fosters citizen unity and loyalty to existing structures of power.<sup>43</sup> Thus, it is significant that Hays identifies first as a nationalist, then as a nurse. "This is a life," said Hays, "This is a dedication you are going to give to the Army and then to your patients."<sup>44</sup> A patriot is one who subsumes loyalty to church, family, and place under national allegiance based on the idea that it is in the best interest of every citizen to

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<sup>42</sup>BG Anna Mae Hays, personal interview by the author, 30 March 2001.

<sup>43</sup>Stuart McConnell, "Reading the Flag: A Reconsideration of the Patriotic Cults of the 1890's" in *Bonds of Affection: Americans Define Their Patriotism* (Princeton: Princeton University Press, 1996) 116.

<sup>44</sup>BG Anna Mae Hays, personal interview by the author, 30 March 2001.

preserve and expand the nation-state.<sup>45</sup>

Equally certain, patriotism functioned as a recruiting device. Army recruiters summoned nurses to military service by appealing to women's patriotic sense of duty.<sup>46</sup> The conditions of their service, however, were very different from male soldiers. Since its inception in 1901, the ANC has functioned as a voluntary organization. Hays reflected, "I would like to say that all the nurses in the ANC are volunteers, and of course, a nurse *always* wants to be of service to someone else...to mankind. So, if we had another war, I'm sure we would have all the nurses that we would need."<sup>47</sup>

This thesis analyzes the interplay between nursing and femininity from World War II to the Vietnam War. Patriotism constituted a powerful force in the construction of ANC femininity. Patriotic discourse simultaneously functioned as a mode of subordination and justified women's participation in a masculine workplace. In order to uphold their feminine appearance and sexual respectability, Army nurses carved their own identities as ladies by infusing American (civilian) femininity with the mask of patriotism. During the Civil War, nurses were required to be very "plain looking women." They had to wear "brown or black dresses," with "no bows, no curls, or jewelry, and no hoopskirts."<sup>48</sup> A hospital was "no place for a lady" during the Civil War. After the attack on Pearl Harbor, it was.

Anna Mae McCabe was born on February 16, 1920 in Buffalo, New York. Her parents, Joseph and Mattie McCabe raised Anna Mae and her two siblings in Allentown, Pennsylvania. Her parents were officers in the Salvation Army of Irish and Welsh

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<sup>45</sup>O'Leary, 7. It is also important to distinguish patriotism as simply a stated *motive* to join the ANC from patriotism as a dominant *discourse* within the military.

<sup>46</sup>Patriotism also served as a stated motive for women who may have joined the ANC for other reasons including, but not limited to adventure, escape and economic opportunity.

<sup>47</sup>BG Anna Mae Hays, interview by Barbara Walters. *NBC Today Show*, June 1970.

<sup>48</sup>Lucy Greenbaum, "This is No Place for a Lady," review of *Nurses in Action*, by Julia O'Flieke. *New York Times Book Review*, 11 April 1943, 6.

descent. Growing up in an atmosphere of profound religiosity, patriotism, self-sacrifice and very little material wealth, Hays followed in her parents footsteps on a career path devoted to helping others.

Upon graduation from Allentown High School in 1937, Hays enrolled in the Allentown Hospital School of Nursing. She graduated with honors in 1941 at the age of 20. The circumstances in the China Burma India Theater of war began to heat up while Hays served on active duty in the First Reserve of the American Red Cross Nursing Service, the vehicle through which nurses were recruited into the Army.

On May 15, 1942, Hays recited the ANC oath in the Allentown police office and committed to service for the duration of the war and six months thereafter. Her personal photographs reveal a pretty, polite, dainty, innocent, self-effacing, well-groomed, young woman. As such, Hays represented the quintessential stereotype of middle-class, white, Protestant, American womanhood.



Anna Mae McCabe, ca. 1940.  
Allentown Hospital School of Nursing.  
Photograph courtesy of the National  
Museum of American History.



Anna Mae McCabe, ca. 1940. Photograph  
courtesy of the National Museum of  
American History.

## CHAPTER I

## THE LADIES OF ASSAM: 1942 - 1945

Hays joined the 20th General Hospital (U.S. Army Reserve Hospital Unit) affiliated with the University of Pennsylvania. At her first duty station, Camp Claiborne, Louisiana, nurses did not receive basic training; Hays commented, “It was thought that Army nurses had the same duties in a military hospital as in a civilian hospital. It was certainly an erroneous assumption.”<sup>49</sup> In addition to work in the station hospital, the nurses gathered in the afternoons to learn how to “march, salute, and wear gas masks.”<sup>50</sup> After a brief stint on the psychiatric ward, Hays worked as an operating room nurse from May through December of 1942.

The 20th General Hospital unit set sail from Long Beach, California on a convoy with 7,000 other troops for the China Burma India Theater of Operations to provide service to the soldiers constructing a passage to China.<sup>51</sup> In December 1942, the U.S. Army took over responsibility from the British to finish the Ledo Road. Altogether, the construction of Ledo Road required the employment of approximately 50,000 personnel. After a 43 day Pacific crossing, the 20th General Hospital staff arrived near Calcutta in the spring of 1943. The hospital later moved to Ledo-Assam, India on the Burma border in late March under the command of University of Pennsylvania’s Colonel Isidore Ravdin. The 20th General Hospital housed approximately 800 beds. Medical officials

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<sup>49</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 13.

<sup>50</sup>*Ibid*, 14.

<sup>51</sup>In late April of 1942, the Japanese defeated “Vinegar” Joe Stilwell’s attempts to lead Chinese armies fighting beside the British in defense of neighboring Burma. The Japanese conquest of Burma cut the CBI Theater into two separate strategic packages supplied by a single air transport line. The transport line stretched from the bases in northeastern (Assam) India to western China. For a concise historical account on the construction of the Ledo Road and CBI military operations see Leslie Anders, *The Ledo Road: General Joseph W. Stilwell’s Highway to China* (Norman: University of Oklahoma Press, 1965), 13-14.

evacuated patients from Burma to the 20th General because they had a fair amount of equipment and supplies.

Environmental factors posed serious challenges to nurses stationed in remote areas. Wild animals, insects and floods, for example, complicated the efforts of Army nurses. At 20th General, the operating room of the hospital had cement floors and bamboo closures for doors, the rest of the hospital had mud floors and openings instead of doors. Hays exclaimed, "It was quite an experience when a scared cow or jackal would run through a ward or the nurses' quarters."<sup>52</sup> In addition, the monsoons of 1943 were particularly troublesome in the early months. The buildings were made of bamboo with palm frond roofs. Heavy rains pouring up to 7-8 inches in 24 hours during monsoon season, coupled with the hospital's mud floors, posed a recipe for disaster. Other serious danger stemmed from the prevalence of diseases such as malaria, typhus, and amoebic dysentery. According to government records, the malaria rate in 1943 was a "staggering 84 percent of total manpower."<sup>53</sup> Hays recalled the first summer as one of constant illness:

As far as illnesses with the staff, it seemed that most everyone had bacillary or amoebic dysentery, dengue fever or malaria...Ledo, Assam was probably one of the worst, if not the worst malaria district in the whole world. Most of our staff suffered from malaria and, of course, there were hundreds of patients with malaria.<sup>54</sup>

Fortunately, Hays did not suffer any critical illnesses, but studies confirmed that for every Allied soldier wounded in the struggle for Burma in 1943, 120 fell sick.<sup>55</sup>

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<sup>52</sup>Ibid, 25.

<sup>53</sup>U.S. Army Center for Military History, *The Army Nurse Corps: A Commemoration of World War II Service* (Washington, D.C., 1996) 30.

<sup>54</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 24.

<sup>55</sup>U.S. Army Center for Military History, *The Army Nurse Corps: A Commemoration of World War II Service* (Washington, D.C., 1996) 30.

Despite the employment of DDT and the distribution of protective clothing, scrub typhus (a disease spread by mites) had a 30 percent fatality rate.<sup>56</sup> Combat casualties from Burma also posed medical challenges unique to Army nursing. Hays recalled the second year of war,

The famous General Merrill's Marauders presented many medical problems to the physicians...I can vividly remember the many amputations of extremities due to gas gangrene. That, of course, couldn't be treated in those days. There was no chamber in which to put the patient, and it was just very heart rendering. I know that I, a 22-23 year old girl, was very upset because of the many amputations but, of course, there was nothing else that could be done.<sup>57</sup>

Despite the masculine conditions of war, Army recruitment tactics and popular newspapers glorified military nursing as a natural extension of womanhood and emphasized the femininity of the Army nurse. Films, posters, and pamphlets advocated nursing as an appropriate role *and* responsibility for unmarried, white, middle-class, educated women in good physical condition under the age of thirty-five. In June of 1942, one author in the *Journal of the Medical Society* reflected upon Army nursing as a natural extension of womanhood:

“she never loses that human touch which has kept her essentially ‘feminine’ and ‘motherly’ in the finest sense of the word.”<sup>58</sup> Appeals to femininity in Army recruiting



World War II ANC Recruiting Poster. Courtesy of the National Library of Medicine.

<sup>56</sup>Ibid.

<sup>57</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 23.

<sup>58</sup>Clark Robinson, “Colonel Julia O’Flikke, Chief of the U.S. Army Nurse Corps,” *The Journal of the Medical Society of Cape May County, New Jersey* 4, no. 6 (1942).

tactics served to simultaneously encourage women's participation in the war effort and combat public anxiety over women's participation in the military. In so doing, Army officials downplayed the importance of the actual work of Army nurses.<sup>59</sup> Through the popularized image of the patriotic, brave and pretty military nurse, Army recruiters during World War II assuaged public fears that women's service in the Army would jeopardize their femininity.

The image of the World War II Army nurse depicted in recruitment pamphlets, posters, and popular culture appeared noble, committed, caring, and dignified, but she also appeared beautiful and even somewhat glamorous according to standards of middle-class, white, Protestant womanhood. The Army prioritized feminine appearance by outfitting nurses with fashionable (however impractical) uniforms in order to deflect public concerns about women's potential loss of femininity. Army officials walked a fine line between advocating a feminine appearance and protecting against accusations of sexual promiscuity.<sup>60</sup> Consequently, nursing leaders sought to place nurses above the suspicion that sexual interest motivated their desire to care for soldiers. In order to avert accusations of sexual promiscuity, recruiters used religious imagery by depicting heroic, brave and patriotic images of attractive Army nurses.

Uniforms played a significant role in the public perception of the feminized Army nurse and Army officials used them as recruiting devices by appealing to women's sense

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<sup>59</sup>Commercial advertisers also took advantage of the impending war crisis by promoting beauty products for busy, hard-working, white, middle-class women involved in the war effort. In a 1943 issue of *Vogue Magazine*, for example, one advertisement used an Army nurse to promote the "Barbara Gould Skin Regime;" the advertisement depicted an Army nurse with a smooth, porcelain complexion in full military regalia gazing at the sky. The caption read, "Take a Beauty Short-Cut...For Your New Way of Life. *Vogue*, March 1943, 101.



of fashion. On May 31, 1942 the *Boston Sunday Post* described the ANC uniform as consisting of a “fashionable length” skirt, “a choice white or periwinkle blue blouse”, “black oxford shoes”, “grey suede gloves,” and an “overseas cap.”<sup>61</sup> The author remarked, “There is no finer brand of women in creation than the ones who wear it.”<sup>62</sup> However fashionable, the uniform depicted above did not equip nurses with the appropriate attire for harsh environmental conditions. Army nurses had to contend with inappropriate footwear and inadequate clothing in the face of enemy attack and harsh climates.



World War II ANC Recruiting Poster. Courtesy of the National Library of Medicine.

Throughout World War II, the ANC functioned as an exclusively female and overwhelmingly white organization. Army officials believed the presence of minorities

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<sup>60</sup>Meyer, 52.

<sup>61</sup>Clark Robinson, “Only Woman Colonel in Army of United States,” *Boston Sunday Post Your World*, 31 May 1942.

would jeopardize the reputation and respectability of the Corps. Gender, race and class constituted the most important admission prerequisites for the ANC.

President Roosevelt issued Executive Order No. 8802 in 1941 affirming “full participation in the defense program by all persons regardless of race, creed, color or national origin”; the intimate (physical and emotional) contact in nursing practice made the Army Medical Department immune from the order.<sup>63</sup> Florence Blanchfield wrote, “Historically, the Surgeon General’s ‘uncooperative attitude’ was apparently the first serious charge of racial discrimination directed at the Medical Department by the NACGH and other non-military agencies during World War II.”<sup>64</sup>

Throughout the war, the Army deployed black nurses to poorly equipped, segregated hospitals and training centers. For example, while at Fort Huachuca, Arizona, black Army nurses faced “unsympathetic command.”<sup>65</sup> ANC physical examinations also hindered the admission of black women to the Corps. “In the normal course of events,” wrote Blanchfield, “Army physical examinations would eliminate an additional 30%.”<sup>66</sup> In the effort to accommodate the NACGN, the Army ensconced black nurses in remote, isolated, and disappointing oversea ventures. In 1942, for instance, the Army assigned a group of black nurses to the 25th Station Hospital Unit in Liberia, West Africa, to protect American airfields and American rubber plantations. The establishment of the 25th Station Hospital, the first African American medical unit, ignited a heated controversy.

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<sup>62</sup>Ibid

<sup>63</sup>Hine, 166.

<sup>64</sup>Unpublished manuscript, [Mary W. Standlee and Colonel Florence Blanchfield], “The History of the Army Nurse Corps,” [21 February 1946, 161], 6-7 in RG 112, Entry 31(ZI), Box 313, National Archives College Park, 165.

<sup>65</sup>Ibid

<sup>66</sup>Ibid, 168.

The controversy caught the attention of national press and the NACGN. The NACGN demanded more information about the medical unit from the Surgeon General, but the Army refused to cooperate and gave them “a non-committal explanation.”<sup>67</sup>

Army officials also attacked the alleged sexual immorality of black nurses. As a means of social control over the black troops in Liberia, Army officials regulated the recreational hours of black nurses. The Army medical unit historian observed,

The Commanding Officer was obliged to curb the recreational hours, and to restrict the every-night visiting of the Officers on the Base...[black] nurses make poor soldiers. They do not like, even resent discipline. They feel that they have immunities from regulations because they are females. Perhaps the greatest difficulty was getting them to conduct themselves as officers. There is no question that their lax attitude toward enlisted men was definitely detrimental to morale and discipline.<sup>68</sup>

This passage highlights the ANC’s use of class to criticize the respectability of black nurses. Accusations of fraternization masked deeply entrenched racism. As officers, nurses’ fraternization with enlisted soldiers and patients constituted a cardinal sin. Accusations of fraternization between the officers and the enlisted questioned the essence of their respectability as ladies and their devotion as patriots. Regardless of their devotion or appearance, black nurses battled with negative stereotypes directed toward the alleged immorality of black women in general. Military and nursing leaders used the rhetorical platform of class, sexual morality and feminine appearance to handicap the professional advancement of black nurses. In order to uphold the public perception of the Army nurse, former Chief of the ANC, Colonel Julia O’Flikke cautioned in 1943,

The status of the Army nurse is that of an Officer...The close and intimate contacts inherent in garrison life make it important that all the rules recognized in polite society be scrupulously

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<sup>67</sup>Ibid, 172.

<sup>68</sup>Ibid, 173.

observed...The enlisted men of the Medical Department and the patients in hospital are subordinate to the nurse. That 'familiarity breeds contempt' may be trite, but it is also true.

In order to maintain the respectability of the Corps according to standards of white womanhood, the ANC adamantly opposed the admission of male nurses and worked diligently to keep the admission of minorities to a minimum.<sup>69</sup> In October of 1941, enrollment of First Reserve nurses was one thousand short of its goal.<sup>70</sup> Recruiting African American nurses and male nurses, the ANC would have reached their goal. "In planning for the general induction of Negroes," wrote Colonel Florence Blanchfield, "the War Department followed the custom of racial segregation, a policy used by the Army since the Civil War."<sup>71</sup> According to Blanchfield, "The policy was reaffirmed in 1940 and if plans to use the service of Negro doctors and nurses were considered seriously, it was obvious that the general military pattern would not be distributed."<sup>72</sup>

The ANC's refusal to accept male nurses also underscores the relationship between ideal, white womanhood and nursing. The Selective Service Act provided for the drafting of male nurses during World War II, but the ANC denied their admittance. Male nurses in World War II served in the Regular Army without officer status and often beside corpsmen with very little medical training.<sup>73</sup> The exclusion of men from the Corps safeguarded the social status and respectability of white, female Army nurses. Moreover, the potential placement of men in the ANC presented several problems with the reputation of the ANC. For example, the admission of men in situations where they would potentially receive orders from women threatened the established gender hierarchy. It also imperiled the ANC's tradition of immunity from charges of

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<sup>69</sup>Gaskins, 147.

<sup>70</sup>Tomblin, 12.

<sup>71</sup>Blanchfield, 165.

<sup>72</sup>Ibid

<sup>73</sup>Tomblin, 12.

promiscuity.<sup>74</sup> Because of the sexual overtones bound to popular perceptions of nursing service and the intimate, physical care of men in military nursing, the inclusion of male nurses in the ANC raised concern over the possibility of intimate homosexual relationships between male nurses and male soldiers. After World War II, one medical corps general officer commented to Colonel Ruby Bryant (former ANC Chief), “Ruby, when I get sick I want a nurse that will bring a woman’s touch, and if it’s a male nurse that brings a woman’s touch, I don’t want him.”<sup>75</sup>

Despite the acute nursing shortage at the end of the war, gendered and racial politics handicapped the admission of black nurses and men to the Corps. When the shortage of nurses was discussed in December 1944, there were “302 Negro nurses wearing the ANC uniform, and the Surgeon General was uneasy over this ability to assign others.”<sup>76</sup>

“There exists a desperate need for Army nurses!” exclaimed one writer for *The New York Times*.<sup>77</sup> By the summer of 1944, ANC recruitment reached an all-time low and officials found themselves confronted by a public discussion of the female draft. On January 6, 1945 Secretary of War Henry L. Stimson recommended to President Franklin D. Roosevelt that women nurses be drafted for the armed forces. The President proposed the legislation in his State of the Union address. The House of Representatives passed a draft bill on March 7, 1945, but victory in Europe on May 8, 1945 tabled the issue in the

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<sup>74</sup> Enloe, 102.

<sup>75</sup> Sarnecky, 293 f83. Allan Berube argues that male nurses during World War II were often stigmatized as “sissies” because of their attraction to women’s work. Berube differentiates between Navy and Army Nurse Corps policies by arguing that the Navy attempted to dismantle the queer stereotype of the military nurse. The Army, in contrast, strongly reinforced the stigma against male nurses by appointing them to duties other than nursing and by assigning them to the “bottom of a two tier nursing system based on gender.” For an account of gay men and women during World War II, see Allan Berube’s *Coming Out Under Fire* (New York: The Free Press, 1990) 62, 63, 65.

<sup>76</sup> Blanchfield, 180.

<sup>77</sup> Lucy Greenbaum, “This is No Place for a Lady,” review of *Nurses in Action*, by Julia O’Flikke. *New York Times Book Review*, 11 April 1943, 6.

Senate. The War Department notified the Senate on May 24, 1945, legislation would no longer be necessary.

No further action was taken, but the discussion over drafting nurses offers a unique view of the relationship between femininity and patriotism. Drafting women posed a threat to the established gender hierarchy and to social constructions of femininity. Subordination is legitimized by voluntary service.<sup>78</sup> A potential female draft complicated the conditions of military subordination by conceding that their service was absolutely critical to the war operation. It also shattered the image of the selfless, volunteer nurse. A female draft not only questioned women's devotion as patriots, but it questioned the very essence of their womanhood and their commitment to a nation in need.<sup>79</sup>



World War II Cadet Nurse Corps Recruiting Poster. Courtesy of the National Library of Medicine.

The ANC also responded to the nursing shortage through the creation of the Cadet Nurse Corps. On June 15, 1943, the U.S. Public Health Service subsidized the educational expenses of enrolled student nurses. In return, nurses promised to serve in the military or civilian roles for the duration of the war.<sup>80</sup>

The conditions of service in the Cadet Nurse Corps reflected a different set of rules for female nurses in contrast to male soldiers. The terms of the educational subsidy did not

<sup>78</sup> According to James C. Scott, "Voluntary servitude for a specified time or voluntary enlistment in the military is less clear-cut. Entry may not be experienced as voluntary, if say, few other economic opportunities exist and one may not escape subordination until the term of enlistment or servitude expires. In principle, however, the greater freedom of choice in entry and the greater ease of withdrawal, the more legitimate the subordination." See Scott, *Domination and the Arts of Resistance: Hidden Transcripts*, New Haven: Yale University Press, 1990) 82 f33.

<sup>79</sup> Gaskins, 147.

<sup>80</sup> Mary T. Sarnecky, *A History of the Army Nurse Corps* (Philadelphia: University of Pennsylvania Press, 1999) 270.

legally mandate nurses to return the favor of military service.<sup>81</sup> If they so desired, they could leave the Corps with honor in tact. On June 22 1944, Franklin Roosevelt signed the G.I. Bill of Rights into law and veteran Army nurses became eligible for loans, medical, disability and death benefits, education at government expense and preferential treatment in hiring for post war jobs. It is not clear how many nurses joined the ANC to take advantage of the G.I. Bill of Rights, but it is clear that it offered an incentive to join the Corps.

Even though the number of black nurses during World War II was small, the Cadet Nurse Corps catapulted African American women in the military nursing arena. The 1943 Bolton Bill, that established the Cadet Nurse Corps, included an anti discrimination clause.<sup>82</sup> Several black nursing institutions took advantage of the Cadet Nurse Corps program and predominantly white nurse training schools granted consideration to black applicants in order to qualify for funds.

Commissioning Japanese-American nurses was even more problematic.<sup>83</sup> According to Blanchfield, the Surgeon General's office had "no preconceived ideas on the use of these nurses, whose numbers were self-limiting, and had not considered them as a racial category to be integrated until after the bombing of Pearl Harbor suddenly

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<sup>81</sup>Between 1943 and 1948 the Cadet Nurse Corps spent \$161 million to educate 125,000 nurses. However, the war ended before most of the nurses were able to graduate. For more discussion on the Cadet Nurse Corps program see D'Ann Campbell, *Women at War with America: Private Lives in a Patriotic Era* (Cambridge: Harvard University Press, 1984) 54.

<sup>82</sup> Ibid

<sup>83</sup>Susan Smith argues the Japanese 'wartime relocation' centers offer a microcosmic view of what government officials considered the ideal American health-care system at mid-twentieth century. She contends that relocation centers expanded employment opportunities for Nisei women and white women, while limiting opportunities for Issei women and African American women. According to Smith, the relocation centers were modeled after U.S. Army Hospitals. See Susan Smith, "Women Health Workers and the Color Line in the Japanese American 'Relocation Centers' of World War II," *Bulletin of the History of Medicine* 73.4 (1999) 585-601.

made American citizens oriental conscious.”<sup>84</sup> The Surgeon General believed the employment of Japanese-American nurses in Army hospitals would antagonize soldiers injured in a war of aggression.<sup>85</sup>

The nursing shortage catalyzed the creation of more promotion opportunities for select Army nurses. The passage of Public Law 350 on June 22, 1944 granted Army nurses *temporary* commissions from second lieutenant to colonel, commissions, full retirement privileges, dependents’ allowances and equal pay.<sup>86</sup> The passage of Public Law 350 signaled the eradication of the system of relative rank that had been in effect since 1920. Public Law 350 introduced a “spectacular role reversal quite remarkable in the annals of male-female relationships” because nurses could now outrank and deliver orders to men.<sup>87</sup> In theory, however, women still did not have any power over men or any significant place in the military hierarchy because nurses remained under the ultimate and separate control of (mostly male) doctors and medical administrators.<sup>88</sup>

Agnes Maley received her assignment as Chief of the ANC shortly after the passage of Public Law 350. She brought attention to the nursing personnel problems in the CBI Theater. Hays remembered some of Maley’s primary concerns:

Paucity of promotions was one. Another was low morale due to the length of duty in the CBI Theater. She helped to get the nurses, who had been in India for 2 and a half to 3 years, returned to the United States. She thought a two-year tour should be the absolute maximum for anyone working under such conditions in the jungle.<sup>89</sup>

Even with the new opportunities for promotion, the enforcement of Public Law

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<sup>84</sup>Blanchfield, 192.

<sup>85</sup>Ibid, 193.

<sup>86</sup>U.S. Army Center for Military History, *Highlights of the Army Nurse Corps* (Washington, D.C., 1996) 16.

<sup>87</sup>Campbell, 56.

<sup>88</sup>Meyer, 201, f14.

<sup>89</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 35.



350 depended on leadership from within the Corps. Hays certainly saw it that way. She recalled the influence of Maley on the nursing staff at 20th General:

The newly arrived Chief Nurse, Lieutenant Agnes Maley (who later became one of the first female colonels in the Regular Army) assigned to the Theater Surgeon's office made certain that we received our promotions. As I said previously, we had been neglected, and I really feel that we were.<sup>90</sup>

Six months after Colonel Maley's visit and after almost two years in the isolated jungle, Hays traveled by air to Hamilton Air Force Base near New York where she boarded a train for her next assignment at Tilton General Hospital located in Fort Dix, New Jersey.

World War II set the stage for several critical changes that would take place throughout the following decade. The war drove issues of race, class, and gender to a busy intersection. The work of Mabel Staupers and other African American nursing leaders, combined with the imminent nursing shortage at the end of World War II propelled African American women into the military nursing arena. Discussion of a female draft in 1945 threatened long cultural connection between nursing and womanhood. A potential draft complicated the perception of Army nursing as an act of selfless service thereby threatening the image of the highly feminized and heroic Army nurse. The eradication of relative rank in 1944 signaled yet another significant step for women in the Armed Forces. The eradication of relative rank meant that women could now outrank and deliver orders to their male counterparts. The inclusion of women in the military hierarchy contributed to the subsequent reinforcement of dominant gender ideologies. Idealized notions of femininity continued to function as a mode of subordination. Popular depictions of glamorous and brave Army nurses advertised in recruiting campaigns and American popular culture concealed the grim and

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<sup>90</sup>Ibid, 34.

multidimensional realities of Army nursing during World War II. Such images downplayed the significance of their work. For women such as Hays, however, behaving as a “lady” in accordance with social norms worked in her benefit. Hays combined hard work and dedication in nursing practice with a firm subscription to her culturally sanctioned role as a woman and a nurse. This formula would later prove successful in the acquisition of rank and responsibility throughout the Cold War.

## CHAPTER II

## WARM HANDS, COLD WAR

Hays's service between 1945 and 1960 highlights the emergence of a nursing hierarchy and the changing composition of the ANC. Dramatic policy changes regarding race, gender, education and promotions occurred during this period. Hays's service between 1945 and 1960 also illustrates several important dynamics in Army nursing. Hays's experience at Inchon, Korea (1950-1951) underscores the issue of female protection and revisits the incongruities between wartime nursing and the myth of the Army nurse within the context of the Cold War. Hays's service at Tokyo Army Hospital as a management nurse (1951-1952) provides the opportunity to analyze the emergence of middle management nursing roles in large postwar hospitals. Finally, Hays's service as a private duty nurse to President Eisenhower in 1956 at Walter Reed General Hospital illustrates the doctor/nurse dynamic and provides the opportunity to analyze the romantic portrayal of Army nurses in popular culture and prescriptive literature and the social relations between soldiers, doctors and nurses.

In a climate of postwar victory, a robust brand of patriotism emerged with an emphasis on domestic ideology and more rigid gender roles. "After the war," writes Wendy Kozol, "the nuclear family captured the essence of patriotism as a unified national ideal."<sup>91</sup> Patriotism in the wake of World War II was characterized as much by "social conventions and cultural ideals as by militaristic actions."<sup>92</sup> Patriotism also played a significant role in the structure of Cold War ideology. Cold War nationalist rhetoric associated dominant ideals about social behavior with political objectives; the nuclear family symbolized an imagined national community that denied diversity and regulated

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<sup>91</sup>Wendy Kozol, "'Good Americans': Nationalism and Domesticity in Life Magazine, 1945-1960" in *Bonds of Affection: Americans Define Their Patriotism*. Ed. John Bodnar, (Princeton: Princeton University Press, 1996) 231.

<sup>92</sup>*Ibid*, 234.

gender relations.<sup>93</sup> The family epitomized American superiority and stood as a bulwark against communist aggression.

The Cold War rhetoric of patriotism promoted the nuclear family and advocated female domesticity, but it was also used to recruit nurses.<sup>94</sup> In 1955, for example, Ruth Sleeper (President of the National League for Nursing) asserted, “It is a career that prepares her as nothing else can for success as a mother...Today we have 390,000 active registered nurses. We need 50,000 more to fill current needs.”<sup>95</sup> The advocacy of nursing as a career that enhanced motherhood and domestic duties concealed the more pressing demands of a burgeoning hospital industry and the development of medical technology requiring more nurses in the civilian service sector. As a result, the relationship between femininity and nursing intensified in the postwar ideological climate of distinctive gender roles and masculine heroism.

Immediately following World War II, public health officials on the home front expressed serious concern over the critical nursing shortage. Katharine J. Densford, president of the ANA, called for 220,000 more nurses at the 1946 Atlantic City ANA convention; while the editor of the American Journal of Nursing, called the shortage “most critical period in the history of nursing since Scutari”(a reference to the nursing

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<sup>93</sup>Ibid. The Federal Civil Defense Administration (FCDA) targeted the nuclear family as the primary vehicle for home front militarization. See Laura McEnaney, *Civil Defense Begins at Home: Militarization Meets Everyday Life in the Fifties* (Princeton: Princeton University Press, 2000) 152. Elaine May also situates the nuclear family at the center of Cold War ideology. See Elaine May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, Inc.,1988).

<sup>94</sup>Joanne Meyerowitz, for example, argues that female authors of popular magazines used the Cold War to advocate American freedom from Soviet oppression and in so doing advocated the freedom of women from patriarchal oppression. See Joanne Meyerowitz, “Beyond the Feminine Mystique,” in *Not June Cleaver: Women and Gender in Postwar America, 1945-1960*. (Philadelphia: Temple University Press, 1994) 241.

<sup>95</sup>Ruth Sleeper, “Should Your Child Be A Nurse?” *The Saturday Evening Post* 227:12 February 26, 1955, 8.

shortage articulated by Florence Nightingale during the Crimean War).<sup>96</sup>

As an operating room supervisor at Fort Dix after the war, Hays labored (on average) 12 hours a day, six days a week.<sup>97</sup> In addition to the normal workload, Fort Dix received patients from the European theatre who required corrective orthopedic surgery and plastic surgery from extensive war injuries. At Fort Dix (and in many other nursing venues) the heavy workloads and long hours created tension between the socially prescribed postwar priorities of family and marriage.

Between 1946 and 1947, marriages and birthrates reached a national all-time high. The Army's commitment to the reduction of infant mortality rates reflected the ideological revival of domesticity and motherhood. In April of 1949, Hays evaluated the newly renovated obstetrical service at the University of Pennsylvania Hospital as the obstetrical supervisor. After observing the department for a period of four weeks, she recalled, "I remember spending most of my time in the nursery because the Army at that time was very much interested in reducing the mortality rates of infants."<sup>98</sup> The Army's attention to infant mortality rates not only reflects the expanding demands during the unprecedented baby boom, but it also reveals national concern for motherhood.

Several drastic changes also occurred in terms of race and gender. On paper, the racial composition of the ANC was officially changed with President Harry Truman's

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<sup>96</sup>Susan Rimby Leighow, "An 'Obligation to Participate:' Married Nurses' Labor Force Participation in the 1950's," in *Not June Cleaver: Women and Gender in Post War America, 1945-1960* (Philadelphia: Temple University Press, 1994), 41.

<sup>97</sup>Between August of 1945 and March of 1949, Hays worked in Tilton General Hospital at Fort Dix, New Jersey. Hays held three different positions at Fort Dix; she supervised the operating room (August 1945 - December 1945) and subsequently served as the head nurse of the orthopedic ward (January 1946 - May 1948) and the medical-surgical ward (June 1948 - March 1949). In April of 1949, Hays transferred to Valley Forge General Hospital in Phoenixville, Pennsylvania where she worked as an obstetrical supervisor. The following year, Hays worked as head nurse of the outpatient clinic in the US Army Dispensary at Fort Myer, Virginia until she transferred to the 4th Field Hospital (Far East Command) in Korea. She remained in Korea until March of 1951.

<sup>98</sup>Leighow, 51.

1948 executive orders requiring equality of treatment and equal opportunity in the federal civil service and armed forces.<sup>99</sup> Despite the formal policy change, integration was a slow process especially in health care arenas. The first time the Medical Department had any black regular officers was in August of 1949; four in the Medical Corps, two in the Women's Medical Specialist Corps, and three in the Army Nurse Corps.<sup>100</sup> Initially, black nurses were only allowed to nurse black patients. Despite several policy changes, the ANC continued to adhere to the long tradition of segregation and the medical department, as a whole, remained cautious with the employment of black personnel.<sup>101</sup>

Another significant change took place in August of 1955 when Congress passed Public Law 84-294 (an amendment to the Army-Navy Nurse Act of 1947), which authorized men to serve in the Corps.<sup>102</sup> The ANC ceased to function as an all-female organization. The cultural connections between femininity and nursing, however, created social pressures for men in the military nursing arena. One man, included in the first group of men to be admitted to the Corps, surrendered to overwhelming social pressure and committed suicide.<sup>103</sup> Despite the admission of men to the Corps, the cultural connection between nursing and femininity remained strong.

The shortage also altered the admission standards pertaining to the age and

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<sup>99</sup>Karst, 115. Karst writes, "The Air Force and the Navy quickly accepted integration...but much of the Army's officer corps was still 'traditionally white, Southern, and deeply resistant to change.' Actual integration beyond the level of tokenism had to await the Korean War. Even then it came about not through orders from Washington, but unofficially, as Army field commanders recognized the inefficiency of segregation and quietly integrated black troops into white units. By the end of 1953 the Army was 95 percent integrated." See Kenneth L. Karst, *Law's Promise, Law's Expression: Visions of Power in the Politics of Race, Gender and Religion* (New Haven: Yale University Press, 1993) 115-116.

<sup>100</sup>Albert E. Cowdrey, *The Medics' War: United States Army in the Korean War* (Washington, D.C.: Center for U.S. Military History, 1987), 11.

<sup>101</sup>Sarnecky, 316.

<sup>102</sup>U.S. Army Center for Military History, *Highlights of the Army Nurse Corps* (Washington, D.C., 1996), 27.

<sup>103</sup>Sarnecky, 484 f120.

marital status of the Army nurse. Nursing leaders encouraged the return of inactive, married nurses' to the labor force in order to alleviate the pressures of the high vacancy rates.<sup>104</sup> Administrators believed that "older" workers constituted a more stable labor force because they assumed older nurses would be less likely to marry and get pregnant.<sup>105</sup>

Between 1945 and 1960, the ideological revival of domesticity that dominated popular culture and prescriptive literature, the fear of nuclear attack, and high vacancy rates sparked more opportunities in nursing education and fostered promotions to higher ranks.<sup>106</sup> Moreover, the health industry was rapidly expanding. New divisions of labor, such as Licensed Practical Nurses (LPNs), emerged and nurses began to specialize in fields such as cardiac, obstetric, and intensive care nursing. These changes contributed to the formation of a defined nursing hierarchy. Nurses with more education had wider access to higher ranks, and were consequently placed at the top of the hierarchy with more responsibility and recognition.<sup>107</sup>

Hays was promoted twice during her tenure at Fort Dix. On January 22, 1947, Hays received her promotion to (temporary) captain. In April of 1947 both houses of Congress passed the Army Navy Nurses' Act and Hays was one of 894 ANC officers integrated into the Regular Army.<sup>108</sup> The promotions were made possible by the passage of the Army Navy Nurse Act of 1947 introduced by Congresswoman Edith Nourse

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<sup>104</sup>Leighow, 43.

<sup>105</sup>Ibid

<sup>106</sup>Ibid

<sup>107</sup> Barbara Melosh, "Work and Gender in the Postwar Hospital," in Nursing History: New Perspectives, New Possibilities (New York: Teachers College Press, 1983) 167.

<sup>108</sup>U.S. Army Center for Military History, *Highlights of the Army Nurse Corps* (Washington, D.C., 1996), 19. According to Mary Sarnecky, admission to the Regular Army was contingent upon a rigorous application process. In addition to a physical examination, the candidate was tested on a technical proficiency test (a 150 item questionnaire on general nursing knowledge), a biographical test that revealed personality characteristics and attitudes and she had to appear before a board of five officers.

Rogers from Massachusetts. The act extended *permanent* commissioned officer status for members of the ANC in the grades of second lieutenant through lieutenant colonel, and for the Chief of the ANC to serve in the temporary grade of colonel; it also established an ANC Section of the Officers' Reserve Corps. Nurses with regular rank now could have superiority over medical corpsmen and the enlisted men who were their patients. They could also enjoy the privileges of officers.<sup>109</sup>



Captain Anna Mae McCabe, ca. 1949. Photograph courtesy of the National Museum of American History.

Finally, the nursing shortage opened up educational opportunities for select Army nurses. Until 1950, Army nurses were not included in the requirement that all commissioned officers hold a baccalaureate degree. In August of 1950, the Army established the goal for ANC officers to complete an accredited program leading to an undergraduate degree, preferably in nursing.<sup>110</sup> This was an important step towards equal

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<sup>109</sup> Melosh, 164.

<sup>110</sup>U.S. Army Center for Military History, *Highlights of the Army Nurse Corps* (Washington, D.C., 1996), 25. Army policies regarding baccalaureate degree education



education requirements for male and female officers. It marked a critical shift in Army nursing history and the beginning of a surge of changes in ANC educational opportunities. Due to the high vacancy rates, personnel in the Office of the Surgeon General considered the necessity of trained nurses as an incentive to join the Corps and embarked upon studies for the career progression for Army nurses.<sup>111</sup> Reserve nurses on either active or inactive status and qualified for Regular Army appointment were given the opportunity to apply. In 1952, the Army instituted a career guidance program for ANC officers. In 1953, the Army established a recruiting program called the Registered Nurse Student Program (RNSP). A year later, Colonel Ruby Bryant (9th Chief of the ANC) instituted a program that financed education at the bachelor and master's level for 250 nurses under the Registered Nurse Student Program.<sup>112</sup>

In the fall of 1950, Hays was selected as a candidate for the long-term education program and slated to enroll at Columbia University, New York City. Unfortunately, the Korean Conflict postponed her plans for further education.

### *Inchon*

On June 27, 1950 President Truman ordered U.S. air and naval forces into the Republic of Korea to fight against North Korea. On July 6, 57 Army nurses arrived in Pusan, Korea.<sup>113</sup> Within less than a month, more than one hundred Army nurses were on

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for Army nurses may have been influenced by a 1948 report commissioned by the National Nursing Council entitled *Nursing for the Future*. The report (written by Esther Lucille Brown of the Russell Sage Foundation) marked a critical shift in nursing history. The baccalaureate education requirement introduced a new nursing hierarchy that placed nurses with baccalaureate degrees superior to technical nurses and graduate nurses. For more information see Barbara Melosh, *The Physician's Hand* (Philadelphia: Temple University Press, 1982) 47.

<sup>111</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 47.

<sup>112</sup>Sarnecky, 296.

<sup>113</sup>U.S. Army Center for Military History, *Highlights of the Army Nurse Corps* (Washington, D.C., 1996) 23.

duty in South Korea in support of the United Nations troops.<sup>114</sup> Altogether, ground, air and sea forces numbered approximately 148,000 by August of 1950.<sup>115</sup>

As a young Regular Army Captain, Hays left Fort Myer for her new assignment at the 4th Field Hospital in Korea.<sup>116</sup> For seven long months, Hays worked as an operating room supervisor at one of the first hospitals to set up in the combat zone around Inchon. Staffed with thirty-one nurses, the 4th Field Hospital housed 400 beds and provided service to over 25,000 patients between July 1950 and September of 1951.<sup>117</sup> Between September 15 and September 28, approximately 233,000 people engaged in horrendous fighting in the air, on land and sea in the effort to conquer Seoul.<sup>118</sup> The 7th Fleet naval forces including the battleship *Missouri*, conducted coastal shellings along the east coast to distract the enemy from Inchon.<sup>119</sup> The battle for Seoul restored the Rhee government to South Korea, but not without tragic consequences. The X Corps casualties numbered over 3,500 in the first two weeks of battle and over 14,000 North Koreans died in the bloodbath; this number does not include the 7,000 North Koreans taken captive in the Inchon-Seoul area.<sup>120</sup> Hays lamented:

Looking back at it now, it was not only a period of hardships, but it was also a little scary. When we were up in Inchon, the *Missouri* was still firing over us into Seoul. And, of course, we were close to Seoul when the US troops marched in. We were close to the Kimpo Air Base when it was bombed; abandoned tanks were nearby; and we used mess gear and ate rations. My primary thoughts about Korea remain its cold weather, the many, many patients who were severely wounded and those patients who

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<sup>114</sup>Jeanne Holm, *Women in the Military: An Unfinished Revolution* (Novato, CA: Presido Press, 1992) 149.

<sup>115</sup>D. Clayton James, *Refighting the Last War: Command and Crisis in Korea, 1950-1953* (New York: The Free Press, 1993) 163.

<sup>116</sup>Hays received her promotion to Regular Army Captain in May of 1949.

<sup>117</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 66.

<sup>118</sup>James, 163.

<sup>119</sup>*Ibid*, 170.

<sup>120</sup>*Ibid*.

were so acutely ill from hemorrhagic fever.<sup>121</sup>

War complicated the availability of medical supplies and the administration of care to the soldiers. Not only did Army nurses work arduously under pressure in dangerous situations, they provided medical care in appalling conditions with very little resources. Hays recalled some of the most difficult moments:

The operating room was open 24 hours...for many, many nights we had only three or four hours of sleep. I can remember one night in 1951 -- because it was my birthday -- that we had wounded men on litters covering the entire area of the floor, with hardly an inch of pathway, waiting to be operated upon. That was not unusual. The building itself was very dimly lit and had no heat, except an occasional gust of hot air from an electrical conveyor, which we had scrounged from the Air Force. The windows were covered with tarpaper...It was the cold weather...that probably affected us more than anything. When an abdomen would be opened, steam would rise from the body. We were operating under very, very difficult circumstances. Water was scarce and to scrub our hands for surgery, the water would drip, one drop at a time, from a handmade tank. We all had deep cuts in our fingers from scrubbing our hands...We had to save every little bit of water. We would carefully boil the instruments and then, at the end of the day, we would carry the remaining water back to our quarters so that we could use it to wash clothes or for some other purpose. We would heat the water over a fire, if firewood could be found. That was a most difficult task since wood was also scarce.<sup>122</sup>

Hays's experience in a combat zone at Inchon with the 4th Field Hospital serves as a clear example of the issue of protection.<sup>123</sup> Despite the danger of enemy attack and exposure to combat fire, the Army did not issue nurses at the 4th Field Hospital side arms, instead nurses relied on the protection of the 1st Marine Division who guarded their

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<sup>121</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 68.

<sup>122</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 61-62.

<sup>123</sup>Judith Stiehm notes the Army's difficulty in defining the term "combat." She cites the 1978 Army report, *Evaluation of Women in the Army* (EWITA) that states that combat status is based on organizational units and their relationship to the "forward edge of battle." For more information see Judith Stiehm, *Arms and the Enlisted Woman* (Philadelphia: Temple University Press, 1989) 142.

living compound. Hays remembered:

Since we were in a combat area, our quarters were guarded by the 1st Marines.<sup>124</sup> We couldn't go far. We didn't know the North Korean from the South Korean...It just wasn't safe, and then one had to be with someone who had a gun. In Taegu, no one left the hospital area.<sup>125</sup>

The concept of female protection is absolutely critical to the maintenance of a military gender hierarchy. Femininity is contingent upon women's culturally defined role as the protected. This role is inseparable from the ideologies of femininity that emphasize domesticity, self-abnegation and passivity.<sup>126</sup> In contrast, one of the most obvious characteristics of masculinity is the ability to protect women from (both real and imaginary) danger. The failure to do so leads to the assumption that men are failing in their duties as men and therefore no longer perceived as masculine. Nurses were not provided with weaponry because if the Army provided women with the means to protect themselves, they compromised men's image as warriors. Upholding this dichotomy between the male protector and the female protectee was so important that women were not even allowed to be photographed either in "poses which reflect lack of feminine dignity and decorum" or included in pictures "with posed with hand-fired weapons or showing artillery or missiles."<sup>127</sup> Despite the extreme conditions of service in the Korean War, the Army instructed military women to uphold a feminine appearance and act like ladies.

The lack of functionality and durability in ANC uniforms during the Korean

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<sup>124</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 65.

<sup>125</sup>Ibid, 66.

<sup>126</sup>Karst, 120. Other concerns about women's presence in combat include, but are not limited to, harassment, fraternization and pregnancy. For a detailed analysis of these issues see Judith Stiehm, *Arms and the Enlisted Woman* (Philadelphia: Temple University Press) 205.

<sup>127</sup>Citation of Army Regulation 360-5 in Margaret Eastman, "The Woman in Uniform: How Liberated Can She Be?" *Family*, April, 1972.

Conflict reflected the Army's concern for the maintenance of a feminine appearance. Over the twentieth-century, hats, pumps, dress styles, and hem-lengths of the ANC uniform mirrored styles in American fashion and changing constructions of American womanhood. The uniform was critical to the public perception of the ANC. Implicitly, the uniform functioned as a tool that enhanced morale, signaled solidarity and fostered a deep sense of patriotism. It also played a critical role in the promotion of a caste system that distinguished enlisted personnel from officers.<sup>128</sup> Without tailored uniforms, the morale of Army nurses suffered. Hays lamented:

We wore woolen underwear, fatigues, and a pile-lined jacket under a white scrub dress. It wasn't a dress. It was a patient's gown. We always kept our hats on our heads and then the hat was covered with some gauze covering. And of course, we always wore men's woolen socks, but even with that, we were cold.<sup>129</sup> We didn't have the proper uniforms. We wore men's clothing -- underwear, fatigues, coats, hats, socks, boots, etc. We dressed warmly. Nothing really fit, but we got along all right.<sup>130</sup>

The ANC uniform represented a site of confusion and conflict over the inclusion of women in the Army. In every war, uniforms for Army nurses were problematic. The impracticality of the ANC uniform signaled the cultural difficulties of reconciling womanhood and war. Officials experienced difficulty outfitting women and providing nurses with specialized clothing for extreme climates.

### *Tokyo Army Hospital*

From April of 1951 to March of 1952, Hays served at Tokyo Army Hospital. Soldiers critically injured, or too wounded to return, remained at Tokyo, a permanent structure with nearly 800 beds, to undergo surgical treatment.<sup>131</sup> Hays worked long, hard

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<sup>128</sup>Meyer, 77.

<sup>129</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 62.

<sup>130</sup>Ibid, 64.

<sup>131</sup>Ibid, 69.

hours; she recalled:

After working in Korea where we were often busy 18-20 hours of the day, I thought that Tokyo would be just a lark. But, we were working 12 hours or more each day.<sup>132</sup>

Hays's experience in Tokyo highlights the social dynamics between nurses and soldiers and provides the opportunity to analyze the expanding role of the nurse in the post-war hospital industry.

Army officials frequently called upon nurses to provide entertainment to visitors and officers. Requests to entertain revealed the unofficial role of Army nurses as more than just morale boosters, but social (and potentially sexual) partners for men. With Army nurses' quarters conveniently located adjacent to the most popular military club in Tokyo, officials facilitated fraternization between Army nurses and soldiers.<sup>133</sup> Hays recalled:

Everyone wanted to go to that club. Steaks cost a dollar or a dollar and a half...delicious Kobe beef steaks. So, when entertainers would come to town, officers at Headquarters would ask us nurses, 'Well, can you entertain them tonight?' Of course, it was always, 'Yes.' I remember entertaining the group with Jack Benny...dancing with him...Billy Martin was also there...he visited with Joe DiMaggio. Danny Kaye also visited us.<sup>134</sup>

Despite her busy schedule, the nearby Tokyo Army Hospital Club provided an exciting nightlife and visits from several Hollywood personalities. Hays's Tokyo experience signals military women's ability to be socially autonomous from traditional networks of



Katherine Jump and Anna Mae McCabe at Tokyo Army Hospital, ca., 1951. Photograph courtesy of the National Museum of American History.

<sup>132</sup>Ibid.

<sup>133</sup>Ibid, 73.

<sup>134</sup>Ibid.

control and protection.<sup>135</sup>

Networks of control and protection in social settings paralleled the diffusion of medical authority in large postwar hospitals such as Tokyo. In other words, the broad range of hospital work lessened doctor's immediate control over nurses. Regular rank and educational requirements in Army nursing created what Barbara Melosh calls the most dramatic model of a "rationalized workforce." Rationalization created middle management positions for nurses who worked as mediators between the bureaucratic demands of hospital administration and the needs of the nurses on the wards. The high influx of patients, immense scope and size of Tokyo Army hospital compelled commander Colonel Kenneth Brewer to solicit Hays's administrative leadership. Hays's remarkable service was rewarded through a series of promotions during her tenure at Tokyo Army Hospital. First, she was selected for assistant management nurse, and later she became the management nurse in the comptroller's office. As management nurse, Hays earned her the nicknames "Miss Efficiency" and "The Whip."<sup>136</sup> Busy days, long hours and an exciting nightlife, however, did not interrupt Hays' determination to further her education. While at Tokyo, she applied for undergraduate study in hospital administration through the Tokyo campus of University of Southern California. Hays remembered:

Even though I worked 12 hours almost every day...including weekends...I would also go to school four nights a week. I definitely remember taking

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<sup>135</sup>I adopt this line of reasoning from Leisa Meyer's argument for WACs during World War II. Meyer writes, "These women did have greater opportunities for such [heterosexual] activity away from their home communities and families, despite WAC leaders' attempts to assign the Army and the WAC as guardians/controllers of their decisions and behaviors." See Leisa Meyer, *Creating G.I. Jane: Sexuality and Power in the Women's Army Corps During World War II*, (New York: Columbia University Press, 1996) 122.

<sup>136</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 71.

courses through the University of Southern California, in downtown Tokyo, across from the Imperial Palace.<sup>137</sup>

After almost two years in the Far East, Hays reported to the U.S. Army Hospital at Indiantown Gap, Pennsylvania. In 1952, she became the supervisor of the obstetrical and pediatric ward. She recalled, “Although it was an experience to travel and be assigned in Korea and Japan, it was nice to be home and be near my mother.”<sup>138</sup>

After a year and a half at Indiantown Gap, Hays attended a twenty-seven week Nursing Administration course at Fort Sam Houston, Texas. There she studied principles of nursing administration, supervision, teaching, hospital organization, and personnel administration. These facets of study attest to the rationalization of the military nursing workforce. Hays graduated as *the* honor student (number one out of fifty) and began preparation for the National League for Nursing (NLN) qualifying examination.

During wartime, nurses evidenced an incredible level of professional autonomy. The high numbers of trauma patients in wartime forced nurses to make quick, autonomous, professional and medical decisions in the treatment of their patients. Upon return from war, however nurses received assignments of less responsibility and negligible authority. The transition from wartime to peacetime nursing often proved difficult and disappointing. In triage and in treatment while stationed in Korea, Hays made critical decisions over life and death. With combat experience in two wars, management experience in Tokyo and special training in the Nursing Service Administration Course, Hays returned to Walter Reed as the assistant head nurse. After the war, some nurses had ‘attitude problems’ when they returned to positions that allowed for little professional autonomy.<sup>139</sup> Hays recalled,

I thought I was pretty smart. I remember my initial interview with the

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<sup>137</sup>Ibid, 72.

<sup>138</sup>Ibid, 74.

<sup>139</sup>Carol Lynn Mithers, “Missing In Action: Women Warriors in Vietnam,” *The Vietnam War and American Culture* (New York: Columbia University Press, 1986), 78.



Chief Nurse, Colonel Tib Barrett. She looked at my record and said, ‘Well, I think that you could qualify as an assistant head nurse.’ Well, my ego was deflated, because I thought I, at the very least, was qualified to be a head nurse.<sup>140</sup>

From July of 1954 to April of 1956, Hays served at Walter Reed General Hospital as an operating room nurse and as the Head Nurse for the Ear, Nose and Throat Clinic where she maintained responsibility for the nursing staff. She also participated in operating room procedures. In May of 1956, Hays was reassigned at Walter Reed as head nurse of the emergency room. This position provided Hays the opportunity to work with Commanding General Leonard D. Heaton, the Surgeon General during Hays tenures as Assistant Chief and Chief of the ANC. She recalled:

The emergency room was located right around the corner from the Commanding General’s office. He often visited the emergency room to see how we took care of patients who needed emergency care, or to show some visitor his emergency room. So, at that time, I got to know General Heaton who later became the Surgeon General. I served under him both as Assistant Chief and Chief of the Army Nurse Corps. Working in the emergency room was also a very interesting experience. We ran a very tight ship.<sup>141</sup>

*“Miss” McCabe*<sup>142</sup>

Early one morning in June of 1956, Walter Reed General Hospital admitted President Dwight Eisenhower in an emergency. Hays recalled, “The chief nurse [Colonel Ruth B. Taylor] immediately ran over the emergency room and said, ‘Change your uniform and go to Ward 8!’ Of course, I had a nicely starched white uniform on hand. Before long, I was on Ward 8, preparing the presidential unit for all kinds of

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<sup>140</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 79.

<sup>141</sup>Ibid, 80.

<sup>142</sup> Anna Mae McCabe married William Hays in July of 1956. The couple was “happily married” until his death in 1962. See BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 86.

emergencies because we didn't know what we were going to face."<sup>143</sup> Hays's experience as one of three private nurses to President Eisenhower captures the essence of two distinct realities. First, it offers a first-hand account of the systematic attention doctors and patients gave to the "innate" female qualities in nursing. Hays recalled one conversation, for example, where President Eisenhower whispered,

'Do you mind if I call you Miss McCabe? I don't like to call you Captain. I used to call the nurses 'Miss' when I was a cadet at West Point. Do you mind if I call you 'Miss' since I like you?'<sup>144</sup>

It is significant that the President referred to Hays as "Miss." Eisenhower's 1915 graduation from West Point coincided with the height of the reform efforts to professionalize nursing. During this time, nursing leaders differentiated between black and white nurses by calling white nurses "Miss" and referring to black nurses as "Nurse." Such references "underscored the inferior status of black nurses and the low esteem in which they were held by white co-workers."<sup>145</sup> It is not clear whether Eisenhower was conscious of this distinction, but it is clear that this practice endured for decades. Moreover, it is doubtful a black nurse at this time would have been called "Miss" let alone be in a position to care for the President.

As Ike's private nurse, Hays administered medical treatment and physical care, but she also provided emotional bedside care. For Hays, the cultivation of personal relationships during the administration of medical treatment did not undermine her expertise as a nurse. According to Hays, a professional nurse provided an equal amount of medical expertise *and* tender, loving care. In other words, education, skill and empathy constituted Hays' definition of a professional Army nurse. From Hays'

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<sup>143</sup>Ibid, 81.

<sup>144</sup>Ibid, 82.

<sup>145</sup>Hine, "'They Shall Mount Up With Wings as Eagles:' Historical Images of Black Nurses, 1890 – 1950" in Anne Hudson Jones, ed., *Images of Nurses: Perspectives from History, Art and Literature* (Philadelphia: University of Pennsylvania Press, 1988) 178.

perspective, friendship (a byproduct of tender-loving care) constituted one of the greatest rewards of nursing practice. Another clear example of the importance of “TLC” in nursing is highlighted by Hays’s 1958 assignment as head nurse at Walter Reed in the Radioisotope Clinic, Department of Nuclear Medicine and Chemistry where she participated in several pioneering medical research projects.<sup>146</sup> Despite the exciting medical and technological breakthroughs, the experience left Hays with something to be desired. She remembered,

I can recall that I was not unhappy because I have never been unhappy in any of my assignments, but I felt that what I was doing did not require a professional nurse. I thought that the nurse should be assigned to the Therapy service of the Radiological Department where she could give the tender, loving care that was needed by the patient, who had the diagnosis of carcinoma and was receiving radiation, rather than the patient who was just being tested for the possibility of having such a diagnosis.”<sup>147</sup>

Competence and altruism in nursing created the perfect formula for paperback romance novels made popular by major publishers during the 1950’s and early 1960’s. During this time, romance novels about nurses and nursing constituted the single largest occupationally linked category of mass-market paperback fiction.<sup>148</sup> Younger audiences read about the adventures of Cherry Ames and Sue Barton, while older audiences read about thrilling romances between nurses and doctors or patients. The sentimental rhetoric Hays uses to describe her private care for President Eisenhower is reminiscent of

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<sup>146</sup>Hays was one of the first registered nurses to conduct research in thyroid studies and the first scans of the brain and liver. She was also one of the first Army nurses to work with radioisotopes.

<sup>147</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 90.

<sup>148</sup>In *The Changing Image of the Nurse* (Melno Park, CA: Addison Wesley Publishing Company, 1987) Philip and Beatrice Klaisch cite Dell (“Candlelight” series), Ace (“Ace Nurse Romance Series”), Harlequin, Arcadia House (“Valentine Series”), Bantam (“Red Rose Series”), New American Library (Signet Books), Pocket Books, Magnum, MacFadden, and many others as major publishers of nurse romance paperback fiction. See Klaisch, 142.

the language used in nurse romance novels. Hays recalled one difficult night,

I stayed with him that evening and night, through the tempest and the storm, until he returned from the operating room for intestinal surgery. I therefore became what we used to call in those days, 'the shift nurse,' -- on duty from 3 to 11 p.m. That time of day seemed to be the time when the President's naso-gastric tube would become plugged, or when he had severe pain, so we shared many trying moments.<sup>149</sup>

The doctor/nurse dynamic of command and obedience epitomized the "perfect" husband and wife relationship. Philip and Beatrice Klaisch argue that nurses in romance novels were portrayed as ultimately submissive women who rarely questioned the authority of doctors. Despite the female-headed hierarchy within the ANC, nurses operate under the ultimate control of doctors and hospital administrators. Preoccupied with medical or research concerns, high-ranking medical officials rarely engage in the daily care for patients. Surgeon General Heaton, for example, sought a tutorial from Hays when he was asked to return to Gettysburg with President Eisenhower. Hays remembered:

The night before they left, General Heaton gave me a doctor's bag and said, 'Please put everything in there that I'm going to need.' I said to General Heaton, 'You haven't given a shot in a long time.' He said, 'Oh, no, teach me.' So, I remember that we went into the kitchen and practiced on an orange or apple. After all, a Commanding General doesn't routinely give injections to patients.<sup>150</sup>

Nursing was also romanticized because nurses worked in close concert with the patients. Doctors, in contrast, had more opportunities to focus on medical and research issues because they were not as psychologically responsible as nurses for the comfort and care of the patients. Historians Nancy Tomes and Joan Brumburg assert, "High status professions do not maintain close contact with their clients; philosophical abstraction and

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<sup>149</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 82.

<sup>150</sup>*Ibid*, 83.

distance from human complications characterize their elite cadres.”<sup>151</sup> Unlike doctors or administrators, nurses are involved with the most human contact.

Clearly, Hays’s experience with President Eisenhower is exceptional. Few Army nurses had the honor to care for the Commander in Chief. The President’s misfortune marked a turning point in Hays’ career; his illness afforded her the opportunity to work closely with some of the most qualified male medical professionals at Walter Reed including her former World War II Commanding Officer, Dr. Isidore Ravdin, from the University of Pennsylvania who served as a surgical consultant throughout President Eisenhower’s illness. Not only did Hays kindle professional relationships through Eisenhower’s illness, but she also established friendships with the President and his wife, Mamie Eisenhower. She remembered:

The President and the members of his family remained my friends for many years. The President never forgot to send a letter or flowers when I was promoted, ill, et cetera. After his death, Mrs. Eisenhower attended my promotion to Brigadier General and my retirement ceremonies. Just before she died, while separating the President’s memorabilia, she came across some of his stars. She sent me the first stars he wore as a general officer, heavy weighted silver stars...It was a tremendous experience, a very exciting professional experience for me. Of course, I was just a captain -- about 36.<sup>152</sup>

Following her service to the President, Hays resumed her position as Head Nurse in the Emergency Room until she was selected to attend Teachers College, Columbia University in New York City to complete her undergraduate degree. Hays began her studies at Columbia in September of 1957. After two full semesters and one summer, she received her baccalaureate degree. She recalled, “I then had enough credits, in addition to my NLN qualifying examination, and credits from the University of California and

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<sup>151</sup>Joan Jacobs Brumberg and Nancy Tomes, “Women In the Professions: A Research Agenda for American Historians,” *Reviews In American History*, Volume 10, Issue 2 (June 1982), 288.

<sup>152</sup>Ibid

Pennsylvania State University to obtain my degree in Nursing Education.”<sup>153</sup> In addition to her 4.0 average, Columbia University inducted Hays into two National Honor Societies in Education: Kappa Delta Pi and Pi Lambda Theta.

Another important change for Army nurses occurred shortly after Ike’s hospitalization. On August 13, 1957, President Eisenhower signed Public Law 85-155. This bill provided more career opportunities for Army nurses and authorized Army nurses to serve in the grade of major. It also changed the age and grade restrictions for appointment in the Regular Army.<sup>154</sup> Hays received promotion to Regular Army major in the spring of 1958. She remembered,

I was one of those fortunate enough to be selected. I don’t think you realize that at one time if one became major, that was the highest grade one could expect in the Army Nurse Corps. So, at that period in my life, I thought that I had really reached the very top.<sup>155</sup>

In October of 1960, Hays returned to a tranquil Korea where she served as Chief Nurse for the 11th Evacuation Hospital in Pusan. Hays recalled,

I enjoyed it very much. It was not too busy a hospital. We were located in Quonset huts on a nice post. It was a fairly good professional assignment for me. Instead of seeing destruction and horror, it was peaceful and absolutely delightful.<sup>156</sup>

Stationed in Korea, Hays received news of her mother’s death in February of 1962 and returned to the States where she joined Walter Reed General Hospital as one of three nursing service supervisors until she was selected to attend the three week U.S. Army Management School at Fort Belvoir. This was one of the first times an Army nurse had been sent to any Army school outside the medical arena. Hays received her

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<sup>153</sup>Ibid, 87.

<sup>154</sup>U.S. Army Center for Military History, *Highlights of the Army Nurse Corps* (Washington, D.C., 1996), 30.

<sup>155</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 88.

<sup>156</sup>Ibid, 96-97.

promotion to lieutenant colonel at Fort Belvoir, “It came as a surprise,” recalled Hays.<sup>157</sup> In 1963, Hays was sworn in as Assistant Chief under the leadership of Colonel Mildred Irene Clark.

Cold War rhetoric, the language of protection, prescriptive literature and popular culture strengthened cultural connections between femininity and nursing between 1945 and 1960. Romantic and sentimental images of nurses in romance novels, magazines, television and major motion pictures reflected cultural assumptions about women’s maternal and domestic roles in the home. Popular images of Army nurses between 1945 and 1960 depicted nurses as obedient wives, sweethearts to physicians and soldiers, altruistic mothers in (foreign and domestic) postwar hospitals. As these images swirled throughout American popular culture and prescriptive literature, a series of dynamic developments occurred in Army nursing. A surge of policy changes, including more access to education and promotion opportunities, facilitated a clearly defined nursing hierarchy in the postwar years.<sup>158</sup> The climate of the postwar hospital and new developments in medical technology granted the Army nurse more autonomy in the workplace than previously experienced. Gender and race continued to factor into the nursing hierarchy as Army officials advocated feminized appearances and ladylike behavior on the job more than ever before.

Throughout the Cold War, the Army vigorously recruited nurses to join the Army medical workforce. Upon their inclusion in the Regular Army, their roles were sensationalized and romanticized. The feminized stereotypes of the Army nurse were critical to the maintenance of traditional gender distinctions within the military. As Army nurses acquired more education and more clout on the military hierarchy, the need to label them as ladies became even more crucial. As ladies, they did not pose a threat. As

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<sup>157</sup>Ibid, 100.

<sup>158</sup>Melosh, 163.

officers with regular rank, they did.



CHAPTER III  
TRADITION IN TRANSITION: 1960 - 1971



General Hays on tour in Vietnam. Photograph courtesy of the National Museum of American

Throughout Hays's entire tour as Chief, the Vietnam War was in full force. Between 1962 and 1973 over 265,000 women served in the Armed Forces.<sup>159</sup> Altogether, over 5,000 Army nurses served in Vietnam. By 1967, the year Hays took over as Chief, over 600 nurses in six field hospitals, one convalescent center, eight evacuation hospitals and five mobile army surgical hospital units committed their service to the Vietnam Conflict. As Hays worked on behalf of the Army Medical Department, Americans actively lobbied and protested for peace.

Patriotic sentiment of the Vietnam era differed dramatically from the attitudes toward World War II and the Korean Conflict. As the United States became more deeply involved in the undeclared war in Vietnam, nationwide anti-war sentiment made recruiting tactics more difficult than ever before. From 1963 to 1965, Clark and Hays

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<sup>159</sup>Ron Steinman, *Women in Vietnam* (New York: TV Books, 2000), 18.

focused their efforts on an intensive recruiting campaign to increase the strength of the corps. “In 1963,” Hays recalled, “we had less than 3,000 but our requirement was 5,000.”<sup>160</sup> On February 28, 1963, the Department of the Army initiated “Operation Nightingales,” an intensive nationwide recruitment plan to heighten public awareness of the role of the Army nurse and to explain the Army’s need for over 2,000 more nurses.<sup>161</sup> Responding to anti-war criticism in a 1970 speech to ANC officers, Hays stated:

The established traditions and tenets of our very culture are being shaken as the frank criticisms and hostility expressed by our young people dismay us. The actions and angry vocalizations of radical activists and minority groups horrify and frighten us.<sup>162</sup>

This passage captures the essence of Hays’s consciousness and political position on several issues. First, she did not affiliate with the women’s or civil rights movements. Hays’s was clearly appalled by the anti-war sentiments of “radical activists” over U.S. participation in Vietnam. In another speech she alluded to the women’s movement when she asserted that recent prescriptions made by the Department of Nursing did not “represent a grab for status and power or a desire to divorce nursing and nursing personnel from the support of the physician in his unchanged and unalterable role as a captain of the health care team.”<sup>163</sup>

As a patriot, subsuming all loyalties to the nation, she encouraged her nurses to work as a team with the Army Medical Department and strictly focus their attention on excellence in nursing practice (care and management), nursing education, and nursing

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<sup>160</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 102.

<sup>161</sup>U.S. Army Center for Military History, *Highlights of the Army Nurse Corps* (Washington, D.C., 1996), 36.

<sup>162</sup>BG Anna Mae Hays, Speech delivered to the Second Annual Surgeon General’s Conference for Chief Nurses, Office of the Surgeon General, Washington D.C. November 3-6, 1970.

<sup>163</sup>*Ibid*

research. Commemorating the 70th Anniversary of the ANC at the Brooke Army Medical Center (Fort Sam Houston, Texas) Hays asserted that the ANC was a “tradition in transition.” She stated that this theme was, “a very apt description of the forces which buffet not only the ANC by the entire U.S. Army as well.”<sup>164</sup>

The image of the nurse was not publicized during Vietnam. “No one saw her as a heroine,” write feminist scholars Joan Roberts and Thetis Group, “and she did not necessarily see herself as a patriot.”<sup>165</sup> Anti-war sentiment compounded by men’s inability to protect nurses from dangerous situations (such as exposure to unfamiliar infectious diseases, ferocious chemical warfare, and enemy attack) shifted the perception of the Army nurse during the Vietnam War from that of obedient mother, sweetheart or wife to the object of sexual desires. This image, epitomized by Margaret “Hot Lips” Houlihan in the 1968 novel *M\*A\*S\*H\** and subsequent 1970 motion picture by the same name, portrayed Army nurses as “sensual, hedonistic, frivolous, irresponsible and promiscuous.”<sup>166</sup> Army nurses’ sex lives swirled throughout American popular culture (including sexploitation films) throughout the Vietnam War. Consequently, film and television depictions advanced the public image of the nurse as a sex object rather than a professional.<sup>167</sup>

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<sup>164</sup>BG Anna Mae Hays, Speech delivered to the Army Nurse Corps Officers of the Brooke Army Medical Center, Fort Sam Houston, Texas, on the 70th Anniversary of the Founding of the ANC, 1 February 1971.

<sup>165</sup>Joan Roberts and Thetis Group, *Feminism and Nursing: A Historical Perspective on Power, Status, and Political Activism in the Nursing Profession* (Westport: Praeger Press, 1995) 136.

<sup>166</sup>Philip A. Klaisch and Beatrice J. Klaisch, *The Changing Image of the Nurse* (Menlo Park: Addison Wesley Publishing Company, 1987) 161. Characterizations of Margaret “Hot Lips” Houlihan changed on the later years of the television series, but her debut image in the movie remained fixed in the memory of the American public.

<sup>167</sup>Nurses as the objects of sexploitation films reached a zenith between 1966 and 1984. Twenty-one percent of all R- and X- rated films were occupationally linked to nursing. The most popular nurse sexploitation films were *I, A Woman* (Audubon Films, 1965; Chevron Pictures, 1968, 1970) and the most popular X-rated movie in history, *Deep Throat* (Aquarius, 1972; Bryanson, 1974), the original *Deep Throat* was reviewed as

Army nurses' concerns about their appearance may have also contributed to the image of Army nurses as sex objects. They took their appearances seriously and made efforts to stay as "orderly and well-groomed as possible." Despite the androgynous fatigue uniforms, they reported to work with their "hair brushed and make-up in place." Many Army nurses believed their appearances were important because nurses represented a "refuge" from the horrors of war.<sup>168</sup>

Variables of race, class and gender also contributed to the changing image of the Army nurse. The middle class evasion from participation in Vietnam and the unprecedented number of minority men and women involved in the conflict further complicated the highly feminized image of the Army nurse. Rick Berg and John Carlos Rowe argue, "The Vietnam War revealed explicitly the fiction of the middle-class, nuclear family as fundamental to American ideals and values. In fact, the working classes, the unemployed, and oppressed minorities were drafted in much greater proportion and saw more combat than the sons of the middle class."<sup>169</sup> The conflict not only exposed the fiction of the middle-class nuclear family, but it also exposed the image of the altruistic and obedient nurse.

Throughout the 1960s and 1970s, the debate continued over whether or not military nursing was a gender specific occupation. In 1966, the issue of protection emerged as the rationale for the inclusion of men in the ANC. Eleven years after their admission to the Corps, men were given the opportunity to apply for Regular Army

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"they very best porn film ever made, so superior to others that it defies comparison." For more information on nurse sexploitation films see Klaisch and Klaisch, *The Changing Image of the Nurse* (Melno Park: Addison-Wesley Publishing Company, 1987) 166-171.

<sup>168</sup>Elizabeth M. Norman, *Women at War : The Story of Fifty Military Nurses Who Served in Vietnam* (Philadelphia: University of Pennsylvania Press, 1990) 70.

<sup>169</sup>Rick Berg and John Carlos Rowe, *The Vietnam War and American Culture* (New York: Columbia University Press, 1991) 5.

commissions.<sup>170</sup> The inclusion of male Army nurses in the Regular Army ultimately reflects the anxiety about female nurses working close to the battle lines.

The inability to protect women from dangerous situations in Vietnam threatened social constructions of masculinity. If war is central to the construction of masculinity then combat is the venue by which men are able to prove their superiority. Through combat, men are able to justify their dominance in the social order.<sup>171</sup> Hence, the inability to protect women during Vietnam rattled the tenets of patriarchy and endangered male superiority in the social order. This line of reason, however was well outside Hays's realm of concern. The rhetoric she used to describe her service and responsibilities suggest that Hays believed issues of protection during Vietnam fell far beyond her professional domain. As Chief, she strictly adhered to concerns about recruiting, nursing practice, education and research. Nevertheless, nurses understood the unwritten rule of the Vietnam War. "Men protected women; women, in turn, comforted the men."<sup>172</sup>

The Army primed Hays for her position as Chief of the ANC. By 1966, it was clear to her superiors that Hays demonstrated exceptional professional dedication, phenomenal leadership skills (in administration and nursing practice), intelligence and, perhaps most importantly, loyalty to the structures of the medical and military hierarchy. As Assistant Chief, Hays toured Vietnam to examine the nursing staff and medical installations. Upon return, she prepared an in depth report on the conditions of the hospitals in Vietnam and addressed the Washington Press Corps in the Pentagon. Hays reported on the effectiveness of personnel, not only the ANC officers, but also other officers of the Army Medical team, the evacuation procedures; medical supplies, the dire

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<sup>170</sup>Sarnecky, 395.

<sup>171</sup>Enloe, 15.

<sup>172</sup>Norman, 67.

need of dietitians, physical therapists and psychiatrists to be assigned in Vietnam.<sup>173</sup> “I suddenly became ‘the’ expert on Vietnam,” recalled Hays.<sup>174</sup>

In 1966, Hays attended Catholic University of America in Washington D.C. to obtain her Master’s Degree in Nursing. Her thesis addressed nursing behaviors of warrant officer, nurses and their supervisors. She completed the two-year program in one year while maintaining a 3.80 grade point average. In July of 1967, as a student at Catholic, Hays received her promotion to full colonel.<sup>175</sup> She reflected, “I was extremely proud. It is true that there weren’t many colonels, because there had been only five colonels in the ANC as late as 1966.”<sup>176</sup> Two months later, Army officials informed Hays that she had been selected for the position of 13th Chief of the ANC.

In addition to her responsibilities in Vietnam, Hays led several initiatives to increase the visibility and equality of opportunity for Army nurses. As Chief, she facilitated the creation of nursing boards and programs. Nursing education proved to be one of her paramount concerns. She worked to increase educational opportunities for nurses under Army auspices and in civilian institutions. She initiated the establishment of the Military Nurse Consultant Program, an Army Nurse Corps Structure Analysis and Program Planning Studies, a Department of Nursing within the Army Hospital structure, the Army Nursing Contemporary Practice Program and a Federal Nursing Board. She also contributed to the establishment of the Warrant Officer Program, and was a guiding force in the planning and curriculum formation of the Walter Reed Army Institute of Nursing (WRAIN). Echoing the ideology behind the formation of the Cadet Nurse Corps, the notion of the “all volunteer Army” superseded the WRAIN regulation that

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<sup>173</sup>BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 113.

<sup>174</sup>*Ibid*, 112.

<sup>175</sup>*Ibid*, 120.

<sup>176</sup>*Ibid*

required a certain pay back or obligation to serve.<sup>177</sup> The fate of WRAIN ultimately mirrored the fate of the Army School of Nursing. As the Army tightened its belt, plans were made in 1976 for its closure. Twelve years after its creation, the 1978 graduating class was the final group to complete the WRAIN program.<sup>178</sup>

Hays also initiated the official mandatory issue of organization clothing for Army nurses. She remembered, “This took many hours...Mandatory issue for nurses was something that was unheard of.”<sup>179</sup> In 1964, the Department of Army approved the mandatory issue of organizational clothing for Army nurses. “It was a red letter day for the Army Nurse Corps,” exclaimed Hays. Yet and still, the same theme surfaced in Vietnam that emerged in World War II and Korea. Outfitting Army nurses continued to be a problem for nurses stationed in Southeast Asia. She was also instrumental in reversing the policy that prohibited spouses of Army nurses from PX and commissary privileges. Hays exclaimed in reflection, “Let’s face it! I fought for a lot of things! The Surgeon General used to say, ‘Now throw her the crying towel,’ and he’d laugh because I would always go in there and ask for this or that to make it equal.”<sup>180</sup>

Beginning in 1963 the Equal Pay Act, followed shortly thereafter by the Civil Rights Act of 1964 and 1968, diffused the rhetoric of equal rights. In 1970, the ERA was the “most prominent cause” of the feminist movement and had received support from the Senate Judiciary Committee and Congress.<sup>181</sup> Without a doubt, this torrent of activity and publicity prompted President Lyndon B. Johnson on November 8, 1967 to sign Public Law 90-130 authorizing promotion consideration of ANC, Army Medical

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<sup>177</sup> Sarnecky, 325.

<sup>178</sup> Ibid, 328.

<sup>179</sup> BG Anna Mae Hays, interview by Colonel Amelia Carson, *Senior Army Officers Oral History Program, U.S. Army Military History Institute Project 83-10*, 28 October 1983: 115.

<sup>180</sup> BG Anna Mae Hays, personal interview by the author, 13 March 2000.

<sup>181</sup> Nancy Woloch, *Women and the American Experience* (New York: McGraw-Hill, 1994) 525.

Specialist Corps and the WAC officers under the same promotion procedures applicable to men in the Regular Army.<sup>182</sup> Public Law 90-130 was also necessary for more practical purposes. The lower officer ranks were experiencing serious problems; “As the World War II ‘hump’ of officers rose to meet artificial grade restrictions,” writes Jeanne Holm, “the top of the grade pyramids bulged.”<sup>183</sup> This forced senior ranking women into early retirement and denied them promotions strictly on the basis of their sex without regard for their experience or competence.

Federal courts voided protective laws as sexually discriminatory in 1970, and swept away historic objections to the ERA. That same year, the ERA earned the advocacy of President Richard Nixon, and though not formally passed until 1972, it received overwhelming support from the House in 1970 and 1971.<sup>184</sup> As the Army witnessed the legislative and judicial changes regarding women’s status and equal opportunity, Army officials anticipated the passage of the ERA. To avoid being legally bound to promote women to the higher ranks of general officer, the Army responded by selecting the two women who posed the *least* amount of danger to the established gender hierarchy in the military.

Nearly two and a half years after the passage of Public Law 90-130 consideration was given to the first woman brigadier general. As a loyal patriot, traditionalist and a nurse, Hays did not pose a threat to the established gender hierarchy. While some military men voiced concern over the potential of receiving orders from a woman, the rhetoric Hays used to discuss her promotion suggests that she was sympathetic to the concerns of those who believed the prospect of female generals posed a threat to national security. By claiming that women potentially threatened national security, critics were

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<sup>182</sup>U.S. Army Center for Military History, *Highlights of the Army Nurse Corps* (Washington, D.C., 1996) 41.

<sup>183</sup>Holm, 193.

<sup>184</sup>Woloch, 525.



able to mask deeper concerns over the disruption of social order. “National security,” writes Cynthia Enloe, “can come to mean not only the protection of the state and its citizens from external foes, but perhaps even primarily, the maintenance of social order. The social order includes in its turn those gender definitions which bolster ideological militarism.”<sup>185</sup> Hays recognized male concerns and responded by presenting herself not as a soldier or a nurse, but as a lady.

At her promotion ceremony on June 11, 1970, General William C. Westmoreland proclaimed, “I hereby establish a new protocol for congratulating lady generals!” Following this statement, he leaned over and sealed the promotion with a peck on Hays’s lips. The kiss served as a public declaration of Hays’ femininity despite her promotion to a historically masculine position.<sup>186</sup> Newspaper articles, television spots and radio announcements about the promotion generally focused more on the kiss as a “new protocol for congratulating lady generals,” than the actual services and achievements of the officers.



General William C. Westmoreland congratulates General Hays on her June 11, 1970 promotion. Photograph courtesy of the National Museum of American History.

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<sup>185</sup>Enloe, 11.

<sup>186</sup>I believe Westmoreland’s kiss also soothed public anxiety over the potential loss of femininity from women’s entrance into the higher ranks. The media placed greater emphasis on the kiss, than the Hays’s military service. For example, on June 12, 1971 a Chicago Tribune headline declared, “Kiss Becomes U.S. Protocol in Promotions.”

Others humorized her promotion. For example, in a 1970 televised appearance on the *Dick Cavett Show*, Cavett bantered, “What besides a kiss do you get when you are promoted to general?” Hays responded, “Well, is there anything else?” Cavett replied, “Well, I wonder about that.” “Yes, we have stars on our shoulders!” chimed Hays. As audience members laughed hysterically, Hays continued, “We also have more money for our apartment and now I have a parking space!” According to historian Leisa Meyer, “A woman with status and power was by definition ‘unfeminine,’ and represented a threat to male authority.”<sup>187</sup> By representing herself as a lady and separating herself from military concerns, Hays assured the audience and her colleagues that she posed no such threat to male authority. Unarticulated yet crystal clear, the Cavett monologue ultimately attests to the fact that despite the recent promotion, women had not yet achieved equal respect or liberation in the Army.



Surgeon General Leonard D. Heaton awards Hays with the Distinguished Service Medal. Photograph courtesy of the National Museum of American History.

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<sup>187</sup>Meyer, 27.

Despite the comedy, Hays earned quite serious and impressive military decorations. They included: one battle star on her Asiatic Pacific Ribbon, three on her Korea Ribbon, the Army Commendation Medal, Legion of Merit with an Oak Leaf Cluster, and the Distinguished Service Medal, the highest medal awarded for non-combatant service. Due to the four year term limit on her service as Chief, Hays retired from active duty on September 1, 1971.

Selfless, honest, and dignified in her personal life and professional career, Hays represented the quintessential Army nurse. She also possessed exceptional leadership qualities. She demonstrated consistent loyalty to the Army Medical Department and she professional dedication in nursing practice, education and research.

Hays paid scrupulous attention to issues in the Army nursing service, and did not dignify the changing perception of the Army nurse with any form of response. Hays did not have any tolerance for those who challenged the system. The passage below reveals Hays' belief that Army nursing requires selfless service,

When war is going on...then comes out that patriotism...And then you do everything you possibly can to be sure that isn't lost. And even -- no matter what you do -- there are still some individuals who lose that. Then they become very bitter. And it seems to me, that I can't even watch these programs that would appear on TV. I hear about them, and the one is a group of nurses and they are all complaining about this and that and it just breaks my heart so I am not even going to look at them. Because, that's just a very, very few and they are the ones that want to be heard.<sup>188</sup>

Throughout the 20th Century, gender ideologies paralleled shifts in American patriotism. The popular image of the Army nurse transformed from dutiful citizen to sweetheart to sex object in tune with currents of patriotism. The rhetoric of patriotism sutured the ideological contradictions between women and war. The public coped with the concept of women in war by depicting nurses as the antithesis of soldiers. Throughout World War II, Army nurses were recruited through the rhetoric that nursing

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<sup>188</sup>BG Anna Mae Hays, personal interview by the author, 13 March 2000.

was not only fashionable, but also that it was their duty. American popular culture depicted nurses as brave as male soldiers. Throughout the Cold War, Army recruiters, public health officials and authors of prescriptive literature and romance novels sentimentalized the Army nurse with an emphasis on romance. And finally, as patriotism waned with the escalation of the Vietnam Conflict, the popular perception of the Army nurse transformed. Instead of being perceived as a romantic sweetheart, she represented the object of sexual desires.

Hays's self-presentation as a lady allowed her to excel in the military hierarchy. In an environment of masculinity, Hays constantly reasserted her femininity and took her appearance, attitude and demeanor very seriously. While at CBI, Hays washed her long hair in a helmet and used a sink from a downed plane appropriated by the Air Force pilots they were dating; she remembered, "We put little curtains around [the basha]...and tried to make a nice little house there." In Korea, despite the rugged living conditions and the scarcity of water, Hays assured, "We certainly were not dirty. We tried to keep ourselves as clean as possible."<sup>189</sup> During Vietnam, General Hays reified the feminine qualities of a nurse from an administrative position. She lamented, "I think there is nothing that can replace the kind smile and the warm hands and the compassion shown by a *pretty* Army nurse [original emphasis]."<sup>190</sup>

Hays's exerted a relative degree of power in the confines of a predominantly sex segregated workforce. Army nursing afforded Hays a unique space in which to exercise nursing practice, increase opportunities and equity in Army nursing and serve her country. Hays equates patriotism with pride, but from a theoretical standpoint it is also important to consider patriotism as a coercive ideology. It facilitated Hays' loyalty to existing structures of power. She did not question the patriarchal structure of the medical

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<sup>189</sup>BG Anna Mae Hays, personal interview by the author, 30 March 2001.

<sup>190</sup>BG Anna Mae Hays, interview by Barbara Walters, *NBC Today Show*, June 1970.

or military hierarchy. She remained obedient, dedicated, and committed, with the belief that the nursing profession was a “finger” on the hand of the Army Medical Department. Hays’s loyalty as a patriot, combined with her intelligence and exceptional leadership skills, allowed her to excel in the medical and military hierarchies without disturbing ideological constructions of gender.

As an Army nurse and a significant historical actor, Hays yielded power through her dual roles as an officer and a lady. In our final interview at her Arlington home overlooking the Washington Mall and the Iwo Jima Memorial, eighty-one year old Hays looked me square in the eyes and asked, “Would I do it again? Absolutely. I wish I could go right now.”<sup>191</sup>

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<sup>191</sup>BG Anna Mae Hays, personal interview by the author, 30 March 2001.

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#### DISSERTATIONS

Linda Noreen Bianchi, "United States Army Nurses in the China Burma India Theatre of World War II" (Ph.D. diss, University of Illinois at Chicago, 1990)

Suzanne Teepe Gaskins, "G.I. Nurses at War: Gender and Professionalization in the Army Nurse Corps during World War II" (Ph.D. diss, University of California at Riverside, 1994)

## VITA

Kathleen Marie Scott

Born in Des Moines, Iowa, April 24, 1975. Graduated from Spencer High School in May 1993. B.A., Smith College, 1997. M.A. candidate, College of William and Mary 1998-2001, with a concentration in American Studies. The course requirements for this degree have been completed, but not the thesis: An Officer and a Lady: Status and Gender in the Army Nurse Corps, 1942-1971.