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Nursing in a Time and Place of Peril: Five North Carolina Nurses

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Abstract: Nurses are all around us. They attend our births and deaths, administer healing treatments when we are ill and help us promote well-being through public health and mental health programs. Almost every family can identify a nurse or two on its family tree. Nurses are members of and care for members of every racial, religious and cultural group. For over a century, nurses have worked in rural and urban areas, provided care in chrome trimmed surgical suites and tumble down cabins and have navigated legal, political and economic currents to improve the health of the public while continuously upgrading the profession. While much nursing history has been chronicled by scholars, the record of North Carolina military nurses is virtually unknown. Illuminating the stories of a select group of nurses who have cared for soldiers from the Civil War through the current war on terror can offer insights and increase understanding of development of professional nursing and the evolving role of women in our society. Historical inquiry involves studying primary and secondary sources to increase our understanding of the past. Evidenced based source material may include written documents, oral histories, artifacts, photographs and new media such as websites and even "tweets". Nurse historians use all of these forms of evidence to discover and analyze our collective professional heritage. Historical findings may be disseminated through oral, written, audio-visual and electronic means. The best method to report historical findings depends on the subject of inquiry. Prosopography, frequently referred to as collective biography, is a useful historical tool to chronicle a group of individuals with shared characteristics and/or experiences. While biographies and case studies focus on the uniqueness of a single person, prosopography allows the researcher to analyze the changing roles and status of a cluster of individuals. Using a prosopographic approach, this article analyzes the progress of professional nursing through the contributions of five North Carolina military nurses over the course of one hundred and fifty years.

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Nursing in a time and place of Peril: Five heroic North Carolina nurses

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Introduction

Throughout time and around the globe men have fought and died for kings and causes in which they believed. Thousands of pages have been written and countless hours have been spent examining military tactics, battlefield strategies, troop movements, and heroes and villains in all United States' wars. North Carolina's warriors and military leaders have made their mark and many are well recognized historical figures.

However, the heroic women who voluntarily nursed the men who fell in battle or became ill in the soldiers camps, have received scant attention. Their names are unknown, their deeds are mostly forgotten. In the United States, until the Civil War, these nurses were usually individual volunteers, often nursing their own kinsmen and neighbors. Modern, professional nursing began as a response to the overwhelming casualties inflicted during the Civil War. Volunteer nurses, primarily white and female, on both sides of the struggle, organized themselves to provide their skills, time, and caring spirits to minimize distress and suffering among wounded and ailing soldiers. Due to their efforts thousands of lives were saved. The value of organized nursing along the lines described by Florence Nightingale in her *Notes on Nursing* became apparent. In 1901 the US Army established the US Army Nurse Corps to insure that a cadre of properly educated nurses would always be available to aid the troops. The US Navy launched its Nurse Corps in 1908, and in 1947 the US Air Force Nurse Corps was established.

North Carolina nurses have contributed mightily to this cause. It is beyond the scope of this article to do justice to all of their stories of heroism, bravery, and compassion. However, by highlighting five North Carolina nurses who volunteered to serve the nation at times of war and peril, a sense of their collective courage and sacrifice emerges. On this year's Veteran's Day and Memorial Day remember the nurses who quietly gave of themselves in service to our country.

Jane Renwick Smedburg Wilkes – Civil War Nurse 1861-1865

When the American Civil War began there were no professional nursing schools, organized nursing associations, or laws pertaining to the practice of nursing in the United States. Outside of a few religious organizations, including some orders of Catholic nuns and a few Moravian, Amish, and Mormon settlements, nursing the sick was a common female domestic responsibility like cooking and child rearing. Responding to the enormous number of war related casualties (more than 600,000 soldiers died in battle, or from disease), women banded together to form ad hoc nursing corps to help the wounded and ailing men. One of these women was Jane Renwick Smedburg Wilkes.

The seventh of thirteen children, Wilkes was born on November 22, 1827 in New York City. In 1854, she married her first cousin, John Wilkes. Together they moved to Charlotte, NC, a small rural community, quite different from metropolitan New York City^[1]. Wilkes must have been conflicted about the Civil War. She was raised in the North, but chose to live in the South. Her brothers fought for the Union, her husband and sons fought for the Confederacy. She was raised in a free state, yet was the wife of a slave owner. Knowing she would want compassionate care for any of her family members fighting on either side of the conflict, she in turn, provided care to those she could reach in Charlotte.

Although there were no battlefields in Charlotte, because of its relative safety and railroad junction, Charlotte was home to two types of hospitals during the Civil War. In 1862 a "Wayside Hospital" was launched by female volunteers and a year later the 500 bed Confederate Hospital # 11 was built at the Charlotte fairgrounds by the Confederate Government ^[2]. Wayside hospitals were a combination of an infirmary and aid station for wounded soldiers traveling home from the battle front ^[3]. These hospitals were described as "...hurriedly constructed along the line of the railroads ...usually maintained by volunteer contributions. They were hastily equipped with medical supplies and crude operating tables ^[4]." Wilkes and other Charlotte area women formed the Ladies Hospital Association. This organization was dedicated to "ministering to the comforts and necessities of those who have gone to defend our rights on the tented fields ^[2]." While taking care of her own family, Wilkes spent considerable time nursing sick and wounded soldiers at both hospitals ^[1].

The conditions and mortality rates in Confederate hospitals was appalling. Poor sanitation, overcrowding, and shortages of food, medicine, blankets, and supplies caused undue suffering and death. In the days before antibiotics, modern surgical techniques, and even an understanding of the germ theory of disease, the volunteer nurses used Florence Nightingale's *Notes on Nursing*, and their own experiences to guide them. Common foods and herbs were used as medicines. For instance, coffee was given to stimulate the heart, white willow bark was used to reduce fevers, and spider webs were used to clot the blood ^[4]. Wilkes and her compatriots bathed the men, changed their bandages, prepared available foods, kept the hospital as clean as possible and provided therapeutic company to the men. Although Wilkes' was "discouraged but undaunted" by the level of care provided in Civil War hospitals, she understood the benefits that a well-equipped, well-staffed hospital could offer to Charlotte area residents after the War.^[5] In 1903, in the brief autobiography she wrote for her children, she recalled her Civil War days with pride and humility:

"All through the years 1861-1865 the war went on. Friends and neighbors were involved, death and disasters were frequent. All this time too, the women at home worked in Aid Societies, Hospital Associations, and every way women could help-knitting, sewing, feeding the hungry, nursing the sick- and in all I bore a part ... in all the records of those days I find my name was entered ^[1]."

A decade after the Civil War, with Wilkes serving as its President, the St. Peter's Episcopal Church Aid Society established one of the first civilian hospitals in North Carolina. By law and custom, this hospital would only admit white patients. After an initial reluctance by area residents to use this new type of facility, St. Peter's Hospital became a welcome addition to the community ^[5]. As Wilkes recalled in 1898, "Calls for trained nurses have become so frequent that the hospital must try to fill the requirement" ^[6]. Wilkes and other Civil War era nurses determined the next generation of nurses and their patients should benefit from a comprehensive nursing education program. After dedicating their time, talent and energy to this cause, the first regional nursing education program, the St. Peter's Hospital School of Nursing opened in Charlotte in October 1899 with ten students ^[6].

Although Wilkes and her husband had owned slaves and supported the ideals of the Confederacy, her heart went out to the sick, poor African Americans in Charlotte and surrounding areas. After St. Peter's Hospital was on firm footing, Wilkes spearheaded the effort to establish a hospital for African Americans. By 1888, enough money was raised to purchase property, and in December of that year, Good Samaritan Hospital opened its doors. A nursing school for African American female students began at Good Samaritan Hospital in 1901 ^[7].

Wilkes died in her adopted home of Charlotte in 1913. Her tireless work as a nurse, and her contributions to the establishment of two hospitals, and two schools of nursing, assured her a place in the hearts of many local citizens. A portion of her obituary in the Charlotte Evening Times reads "Never in the history of the church and seldom in the history of the city has there been such a gathering. The rich and the poor, white and black, came together to pay the tribute of appreciation, or gratitude as the case may be, to this great woman" ^[8].

Madelon "Glory" Battle Hancock World War One Nurse- 1914-1918

"Mrs. Hancock was ... close behind the Allied lines of battle until the last moment of the war; never being beyond the sound of the guns and frequently within the zone of fire. She was gassed, was repeatedly in the midst of

shrapnel fire but always escaped without serious injury."^[9]

Madelon "Glory" Battle Hancock of Asheville, North Carolina was the most decorated nurse who served with the Allied Forces in World War One (WWI). As a British Red Cross nurse she joined the first detachment of British soldiers deployed to the Belgium battlefield in August, 1914 (the United States did not enter the war until 1917) and remained with the troops until the Armistice was signed on November 11, 1918. For her services to the wounded and sick and her conspicuous bravery under fire on numerous occasions, she received 12 medals: five from Great Britain, five from Belgium, and two from France ^[11].

Hancock was born in Pensacola, Florida to Alice Maude Belknap and Dr. Samuel Westray Battle on August 30, 1881. Soon thereafter, Dr. Battle, a prominent pulmonologist, moved the family to Asheville, NC where the altitude, climate, and clean air were thought to provide an optimal environment for curing tuberculosis ^[12]. Madelon probably developed her desire to become a nurse by helping her father with his patients. After her high school graduation from St. Mary's School in Raleigh, in 1889, Madelon enrolled in the Presbyterian Hospital School of Nursing in New York City; earning her diploma in 1905 ^[12]. She married Major Mortimer Hancock a British Army officer, on July 2, 1904, and after graduating from nursing school in 1905, moved to England with her new husband. They had one son, Westray Battle Hancock and lived a quiet life until World War I began ^[9].

On August 13, 1914, fifteen days after war was declared, Hancock went with the first British Hospital Unit into the midst of fighting near Antwerp, Belgium. British soldiers soon renamed her "Glory" for her enthusiastic support of the Allied cause. Glory's time in Antwerp was brief due to the Allies retreat ^[9]. Hancock's next assignment was to the hospital at Fermes, Belgium where she nursed until the hospital was shelled by the Germans and had to be evacuated. Hancock then worked in temporary, mobile evacuation hospitals; called Advanced Dressing Stations, close behind Allied battle lines. Advanced Dressing Stations moved with the troops from battlefield to battlefield providing emergency care until soldiers were stable enough to be transported to hospitals. According to a 1917 British Medical Journal report: "the advanced dressing station is always exposed to artillery fire, though sometimes the crypt or cellar of a still standing but more or less wrecked building, such as a church or large schools may be available ^[13]."

In early 1918, Anna Maxwell, Superintendent of Nurses at the Presbyterian Hospital in New York City toured the battlefields of WWI and wrote a report for the American Journal of Nursing. She found Hancock acting as Head Nurse at a base hospital in Flanders managing a

"Large ward filled with the wounded suffering from gas gangrene, with few facilities for treatment – no hot water bags, no rubber sheets, etc. Ingenuity and resourcefulness have to supply substitutes in time of war ..."^[14]

Hancock sent frequent letters home describing her experiences. Her early enthusiasm for the war was gradually replaced with increasing despondency as seen in the excerpts below.

September 10, 1918,

"I am on Night Duty again and alone...The Staff is so small and they keep filling up with wounded instead of keeping to a number we can cope with without killing ourselves. 4 years of this has about finished me in every way"^[15].

October 7, 1918

"Ambulances for miles almost touching each other. A continual stream....I've never seen such wounds & so many deaths. Dying on the stretchers before they can be attended to."^[16]

October 26, 1918

“...It was pitiful coming all through the trenches—such wasted country. All the trees skeletons, corpses & overturned guns & motors every where & miles & miles of inundated country.”^[17]

November, 1918

“We are very busy & I’m on night duty & I’m just hanging on from day to day trying to hold out as long as the war does. Guess by Xmas if the war isn’t finished Glory is ...”^[18]

The trauma and separation caused by the war took its toll on the Hancock marriage. Soon after the war Madelon and Mortimer Hancock divorced. Madelon Hancock returned to Asheville for a much needed period of rest and recuperation^[19]. In 1920, she returned to Europe, this time to France, to care for children orphaned by the war. She began using the title Countess von Hellencourt, an honor bestowed on her by the King of Belgium, Albert I, for her heroism as a Red Cross nurse during the war. Hancock died in 1930 in Nice, France after a series of operations, with her step-mother by her side^[20]. Her passing was noted in newspapers around the world. While she lived most of her life away from the Tar Heel state, her courage, benevolence and nursing skills make us proud to claim her as an outstanding and heroic North Carolina nurse.

Mildred Irene Clark (Woodman), World War II Nurse and 12th Chief of the US Army Nurse Corps

Hear my prayer in silence before Thee as I ask for courage each day. Grant that I may be worthy of the sacred pledge of my profession and the lives of those entrusted to my care. Help me to offer hope and cheer in the hearts of men and my country, for their faith inspires me to give the world and nursing my best. Instill in me the understanding and compassion of those who led the way, for I am thankful to you for giving me this life to live^[21]. “Prayer for an Army Nurse” written by Clark in 1956.

Mildred Irene Clark was born on January 30, 1915 in Elkton, North Carolina, a crossroads community in rural Bladen County in the Coastal Plains section of the state. She was the youngest of five children born to Martha and William James Clark. Her mother was a housewife and her father was a farmer and Methodist minister. In 1936, Clark earned her Diploma in Nursing from the Baker Sanatorium Training School for Nurses in nearby Lumberton^[22]. Clark enlisted in the Army in March, 1938, at Fort Bragg, and was sent to anesthesia school at the Jewish Hospital in Philadelphia, Pennsylvania. After graduating as a nurse anesthetist in 1940, 2nd LT Clark was ordered to Pearl Harbor, Hawaii for service at the Army Hospital at Schofield Barracks^[23]. Clark arrived in February of 1941. Just ten months later, on December 7, 1941 the Japanese attacked US Forces at Pearl Harbor. After the bombs started falling, Clark ran from her barracks to the hospital and did not leave for almost three weeks. During that time she delivered anesthesia to hundreds of men prior to their surgeries and nursed the wounded postoperatively. Clark recalled the attack on Pearl Harbor this way:

“Loud explosions awakened me and I heard the planes overhead ... they flew so close I could hear the radio communications between the pilots. In one minute I dressed and ran to the hospital. The hospital was hit even though the hospital building had a large red cross painted on the roof ... casualties were arriving on stretchers as I reported to the operating room, with ambulance sirens wailing in the background. In a short time the nine operating rooms were extremely busy while patients waited for care in the corridors... All day and into the evening I went from one patient to another without sitting down or having a cup of coffee ... Patients had arms and legs amputated, severe chest and spinal wounds, abdominal and cranial wounds ...”^[21]

The attack on Pearl Harbor that Clark witnessed firsthand launched the U.S. into World War II. Clark was assigned to set up a nurse anesthetist training program in Hawaii for nurses being deployed in the Pacific theater of war. Her administrative abilities were noted and she was rotated stateside during the war to serve as assistant chief nurse or chief nurse at a variety of postings^[23].

After World War II, Clark was promoted and assigned to Korea as the Director of Nursing in the Army of Occupation. She

initiated a training program for Korean nurses who later formed the nucleus of the Republic of Korea Army Nurse Corps. Within a year she was again promoted to Chief Nurse of the Far East Command in Tokyo, Japan. In 1950 when the Korean War broke out, Clark, along with Major Edgar Hume established the 8054 and 8055 Mobile Army Surgical Hospitals (MASH) which were the first military medical units sent into Korea to aid the soldiers ^[22].

In 1955, after the Korean War, Clark was assigned as the Procurement Officer in the Surgeon General's Office. At that time there was a nationwide shortage of nurses in both military and civilian hospitals. Clark is credited with initiating creative recruiting projects including radio shows, short films, and brochures and working to establish the US Army Student Nurse Corps program that gave financial assistance to students in return for an active duty commitment ^[22].

Clark was appointed as Chief of the Army Nurse Corps in 1963 ^[24]. The escalation of the Vietnam War in the mid-1960s created a 2,000- nurse shortfall for the Army ^[23]. Clark's highest priority was to recruit qualified nurses to send to the field of battle. During her four year term as Chief she initiated and upgraded several programs. Clark established the corps' requirement that all nurses earn bachelor's degrees. Under Clark's leadership, male nurses received commissions in the Regular Army for the first time. During her career, she achieved the highest military rank open to women, the rank of Colonel ^[25]. Working to end this gender discrimination, Clark was instrumental in securing the rank of General for future Chiefs of the Army Nurses Corps.

After her retirement in 1967, she married Ernest Woodman, a retired US Army Colonel and settled in Ann Arbor, Michigan. She remained active in professional nursing and retired military personnel organizations. Clark received many honors and awards for her years of service to the military and the country before her death in 1994. Clark's decorations and awards included: the Distinguished Service Medal and the Army Commendation with Oak Leaf Cluster, an award of excellence from Sigma Theta Tau, the national nursing honor society, the University of Minnesota's Outstanding Achievement Award, being inducted into both the Michigan Women's Hall of fame in 1993, and the Michigan ROTC Hall of Fame in 1994 ^[22]. She was honored by her hometown in the nearby county seat of Clarkton, North Carolina, on Irene Clark Day. However, perhaps her highest honor came after her death when, in 1999, the US Army dedicated the Mildred I. Clark Health Clinic, the first building named in honor of a woman at Fort Bragg, NC ^[25].

Annie Ruth Graham, Vietnam War 1966-1967

The Vietnam's Veterans Memorial, also known as "The Wall" in Washington, D.C. serves as a stark reminder of the approximate 58,000 Americans who lost their lives serving in Vietnam. Each of their names is etched into the dark gabbro rock. The names of eight nurses are included in this memorable list. Lieutenant Colonel Annie Ruth Graham of Efland, North Carolina is one of the eight nurses who lost their lives while serving our country in Vietnam ^[27]. Graham was decorated eight times for her service in the Army Nurse Corps (ANC) during World War II, the Korean War, and the Vietnam conflict.

One of six children, Annie Ruth was born November 7, 1916, to J.D. and Tiny Graham. After attending local schools in rural Orange County, North Carolina, Graham graduated from nearby Watts Hospital School of Nursing in 1940 ^[28]. Graham worked at Watts until she volunteered for service in the Army Nurse Corps during World War II. In March, 1942 Nurse Graham enlisted as a 2nd Lieutenant at Fort Bragg, North Carolina ^[28]. She was assigned to the European theater of war and worked in both the 57th Station Hospital and the 171st Evacuation Hospital. In April, 1944, Graham was promoted to First Lieutenant. For her service in World War II, Graham was awarded the American Campaign Medal, European African – Middle Eastern Campaign Medal with two Bronze Service Stars, and the World War II Victory Medal ^[28]. After the war, Graham was promoted to Captain and joined the U.S. Army Reserve as an officer. Returning home to Efland, she began a career as a public health nurse with the Alamance County Health Department and returned to school at the University of North Carolina at Chapel Hill School of Public Health, earning a bachelor of science degree in public health nursing in 1949 ^[29].

Her time back in North Carolina was short. When the United States entered the Korean War in 1950, Graham was called back to active duty. She was assigned to care for wounded soldiers in the U.S. Army Hospital at Camp Yokohama Osaka

Army Hospital in Japan. Between 1950 and 1953 over 5,800 casualties from the Korean War was treated at this hospital^[30]. While serving in Japan, Graham was promoted to the rank of Major and earned the Army of Occupation Medal (Japan), the Korean Service Medal and the United Nations Service Medal^[27].

After the Korean War Graham spent the next 13 years on assignments in US Army Hospitals in Europe, Africa and the United States. While serving as Assistant Chief Nurse at Womack Army Hospital at Fort Bragg, NC, Graham was promoted to Lieutenant Colonel.

The fighting in Vietnam escalated through the 1960s. Nurses were needed inside the country to help with the increasing number of casualties. In November, 1967, Graham was assigned as Chief Nurse at the 91st Evacuation hospital in Tuy Hoa, Vietnam. A month later she sent a Christmas letter to her family which read:

"This Christmas finds me a long, long way from North Carolina. I arrived in Saigon on 18 November and almost immediately departed for Tuy Hoa (pronounced Too-ey Wah) where our hospital (400 bed) is located directly on the beach of the South China Sea which is perfectly beautiful but quite treacherous ... Getting used to my new outfit (tropical fatigues, jungle boots, and "baseball cap") is not as "exciting" as in World War II but I'm quite sure I'll manage to survive it all! Our nursing staff consists of 59 nurses (12 male) who of our enlisted personnel seem very well trained and apparently have been doing an excellent job. The tour of duty here is 12 months so I plan to be home for Christmas next year. I hope you have had a good year and that your Christmas is filled with joy and the New Year with more happiness than you could possibly wish for. Hope, too, that everyone will pray for peace. Love, Ruth"^[28].

Graham spent many off-duty hours in Vietnam caring for civilian land mine victims. On August 8, 1968, Graham suffered a stroke. Due to the seriousness of her condition she was evacuated to U.S. Air Force Hospital at Tachakawa Air Force Base, Japan, where she died on August 14, 1968. Graham was buried with full military honors in Arlington National Cemetery in Washington, DC^[27]. Graham was posthumously awarded a Legion of Merit. The citation accompanying this award reads:

Lieutenant Colonel Graham distinguished herself by exceptionally meritorious conduct in the performance of outstanding service during the period November 1967 to August 1968 while serving as Chief, Nursing Service, 91st Evacuation Hospital, 43rd Medical Group, 44th Medical Brigade in the Republic of Viet Nam.

In this position Colonel Graham was responsible for the entire nursing service for an active four hundred bed inpatient and outpatient medical complex. She personally controlled and coordinated all nursing care, and through her diligence and close supervision, the admission, treatment and disposition of patients were handled in an expeditious and efficient manner.

During the enemy's Tet Offensive and other mass casualty situations, she was continually present and worked tirelessly in organizing and directing all nursing activities. Her meticulous attention to detail and astute planning ensured the smooth functioning of her staff during these critical periods.

Colonel Graham developed and implemented a comprehensive and intensive training program of instruction for ward personnel, which significantly enhanced the technical ability of her staff. Displaying a sincere interest in the welfare of the Viet Nameese civilians, she often spent her off duty hours visiting the nationals who, as innocent victims, suffered the consequences of the war.

Through her forceful leadership, keen foresight and unrelenting determination, Lieutenant Colonel Graham contributed immeasurably to the medical support mission in the Republic of Viet Nam. Her professional competence and outstanding achievements were in keeping with the highest traditions of the military service and reflect great credit upon herself, her unit and the United States Army^[30].

Patricia Horoho Pentagon Nurse on 9/11/2001, 23rd Chief of the Army Nurse Corps

“Coming in that morning, I was reading the book God Is My CEO I thought this is a wonderful way to start the day and that this is going to be a great day... As I was working, a couple of people in the hallway said that the World Trade Center had been hit. At that time, it (a television) showed the second plane attacking. I watched and this calm feeling came over me and I said, “There’s going to be a series of attacks across the United States ... We’re going to be next.” I could just feel in my heart that that was exactly what was going to happen.” Horoho describing the attack on the Pentagon on September 11, 2001 ^[31].

Major General Patricia Horoho is a nurse, a wife, a mother and the 43rd Surgeon General and the Commanding General of the United States Army Medical Command. She is the first woman and the first nurse to hold this prestigious position. Perhaps predestined for a military career, Horoho was born in 1960, in Womack Army Hospital, Fort Bragg, NC, one of three children of retired Army Officer Frank Dallas and Josephine Dallas. After attending local parochial schools and graduating from E.E. Smith High School in 1978, Horoho entered the nursing program at the University of North Carolina at Chapel Hill ^[32]. While there, she decided to join the US Army with the intention of serving only three years to see the world.

Army assignments took her around the globe and she soon decided to make military nursing her career. Horoho earned two Masters Degrees, one in nursing care of trauma victims from the University of Pittsburg in 1992 and another in national resource strategy from the Army's Command and General Staff College. Her education served her well as she ascended the ranks in the US Army ^[33].

In 1994 Horoho was on duty as head nurse in the emergency room at Womack Army Hospital, Fort Bragg when an incident known as the Green Ramp Disaster occurred. Two aircraft from nearby Pope Air Force Base collided near a landing field where 500 paratroopers were training. Twenty-four soldiers died and over one hundred others were injured mostly from burning debris ^[34]. Casualties were rushed to the emergency room at Womack Army Hospital. Horoho remembered: “We tried to reassure... [them] and asked them to hold on ^[34].” Because the emergency room could not hold the great number of injured Horoho set up a triage unit on the hospital grounds. She remembered: “Right after about the third scream, this hush just kind of came across the whole area and people just were clicking and doing exactly what they needed to do ^[34].”

Horoho drew on her experiences from the Green Ramp Disaster almost a decade later, when on another clear, warm day she took care for victims of another unexpected air disaster, the terrorist attacks on the Pentagon on September 11th, 2001. Horoho was working in the Pentagon as the US Army Assistant Deputy for Personnel and Health Management. She was just beginning her day when there was a loud booming noise, and she could feel the building shake. She recalled thinking:

“We’ve been hit. This is it.” Everybody felt the same reaction and immediately started evacuating the building.... As soon as I got out, I knew that there were going to be victims coming out of the impact site and I knew that’s where I needed to be ... When I arrived at the impact site there was a huge gaping hole in the middle of the building where the plane had hit ... I was able to step into the building where it actually occurred, and saw people starting to come down who were injured, burned, with smoke inhalation, or dazed and cut.”^[31]

Horoho continued:

“This is minutes after the explosion. As I was triaging, people assisted in ripping clothes off the burns [of the victims] so that it wasn’t constricting as well as to provide access to areas that we could start an IV ... As this was all occurring, the FBI were monitoring the air threats and directed us to evacuate the area and find cover.”^[31]

After 9/11, Horoho continued her career in the US Army Nurse Corps assuming leadership positions at numerous bases around the country. In 2008 she became the 23rd Chief of the US Army Nurse Corps overseeing over 9,000 nurses in active duty and the reserves ^[35]. In 2010, she added the title and responsibilities of Deputy Surgeon General of the U.S. Army to her already busy schedule ^[35]. Horoho has been recognized with many military awards including the Distinguished Service Medal, the Order of Military Medical Merit medallion, Legion of Merit (2 OLC), Meritorious Service Medal (6 OLC) Army Commendation Medal (3OLC), and the Army Achievement Medal (1 OLC), the Afghanistan Campaign Medal, the Armed Forces Expeditionary Medal. Her many civilian nursing honors include being named the University of North Carolina Chapel Hill's School of Nursing Alumna of the Year in 2011 and a Distinguished Alumna Fellow at the University of Pittsburgh ^[36]. In September 2002, she was honored as one of 15 nurses selected by the American Red Cross and Nursing Spectrum to receive national recognition as a "nurse hero" ^[33]. She is a Fellow of the American Academy of Nursing and in April 2013, she was presented with the Society of Trauma Nurses Leadership Award ^[36].

In 2011, Horoho deployed with I Corps, as the Special Assistant to the Commander, International Security Assistance Force Joint Command to Kabul Afghanistan. In a speech delivered while she was in Afghanistan on the 10th anniversary of the 9/11 terrorist attacks, Horoho inspired her listeners when she said:

“Seeing so many young men and women fighting the hard fight to make a difference in the world is, for me, a very humbling opportunity ... We could not be more proud of our medical team – reserves, guardsmen and civilians – who have shown such dedication to supporting our war fighters and their families. My hope is that this 9/11 we celebrate being Americans and our strength as a nation” ^[37].

Conclusions

The military reflects the society it serves. This collective biography of North Carolina military nurses illustrates how women in general and nurses in particular had to carve out a place for themselves within the military and within society at large. From the Civil War through World War I, nurses, often at great personal peril, volunteered to care for sick and ailing soldiers. Jane Wilkes and Glory Hancock volunteered their time, talent and fortunes to provide nursing services to wounded soldiers far from home. They did this without the rank or benefits of their male counterparts in similar postings. Only after tens of thousands of nurses demonstrated their worth during the Civil War, Spanish American War and WWI did a provision in the Army Reorganization Act of 1920 grant military nurses the status of officers with "relative rank" from second lieutenant to major. However, the military continued to withhold the full rights and privileges male officers enjoyed. During this time and until the Viet Nam era, less than one percent of nurses serving in the military were African American, again mirroring the racist attitudes common in the country in the early twentieth century.

Between WWI and WWII, pay, benefits and their place in the official chain of command had improved for military nurses. However, discrimination based on gender was still strongly entrenched. In 1963, when Nurse Mildred Clark, a decorated WWII nurse, became the highest ranking nurse in the US Army, the Chief of the Army Nurse Corps, she served as a colonel, not a general. Nurse Clark joined other women in the United States in the 1960s to fight for gender equality. She and many others worked to ensure future Chiefs of the Army Nurse Corps served at the rank of General.

Nurse Patricia Hohoro's actions on the Pentagon lawn on September 11, 2001 continue the demonstration of courage and unselfish sacrifice shown by all of the earlier military nurses in this study. She gave little thought to her own safety as she provided skilled nursing care to those in need. Her story also demonstrates the accumulated successes of the earlier nurses in fighting for equal rights, equal pay and unlimited opportunities, without regard to gender or ethnicity for nurses who serve their country in times of war and peril.

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