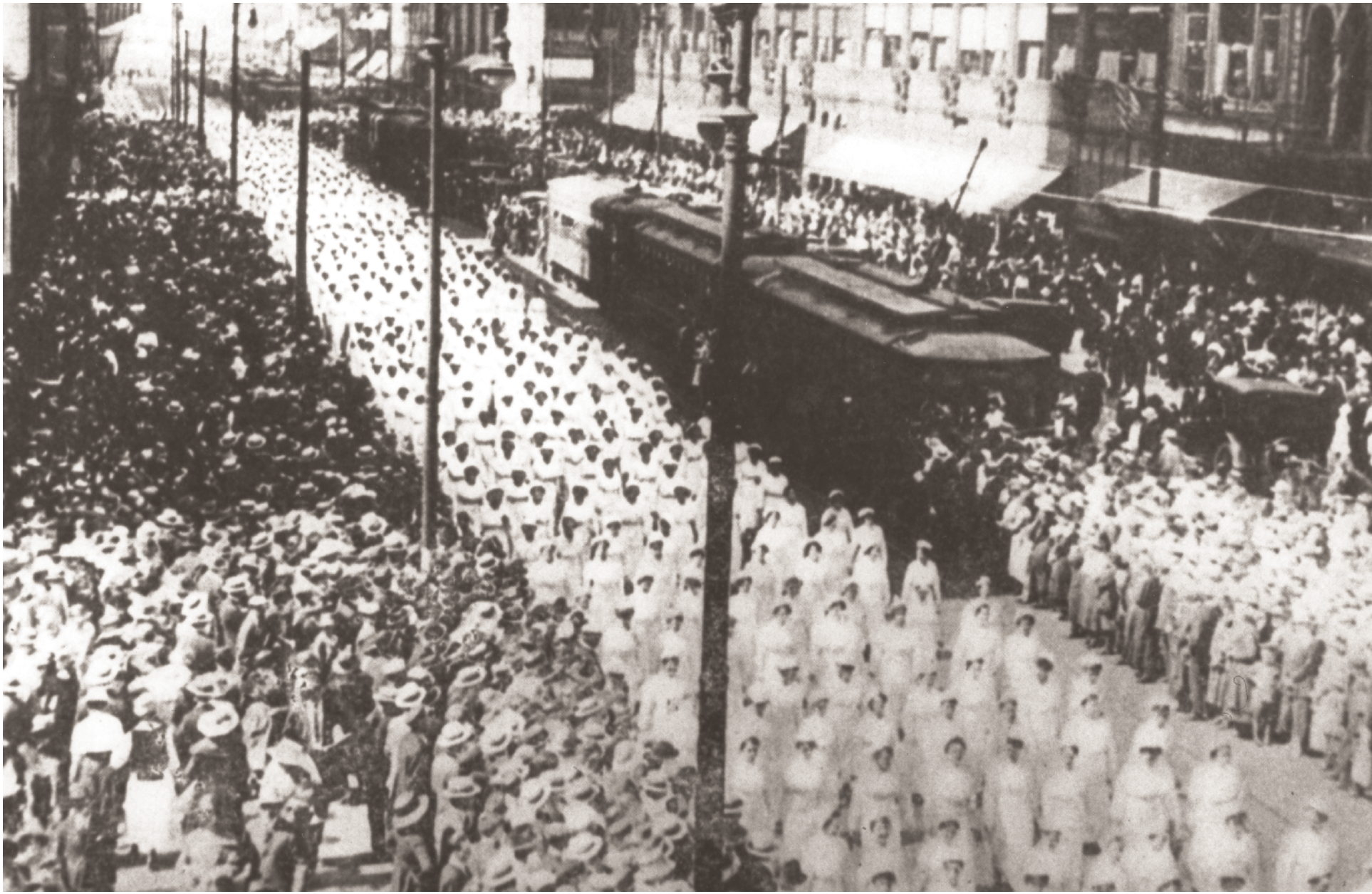
Stateside Nursing



The Army School of Nursing

Upon the recommendation of The Surgeon General of the Army, Secretary of War Newton Baker approved the establishment of the Army School of Nursing on May 25, 1918, during the height of World War I.

As soon as the plan was accepted, the Women's Committee of the Council of National Defense, the Red Cross, and the Nursing Committee of the General Medical Board, plunged into a recruiting campaign. Within five months of the school's establishment, 11,000 applications were filed. Between July 24, 1918, and February of the following year, the school offered courses of instruction at 31 U.S. base hospitals.

The Army School of Nursing was unique and highly respected. By the time of the armistice in November 1918, the school had accepted 5,267 of the 10,689 women who applied for admission. During its entire existence, from 1918 until 1933, the school graduated 937 trained nurses, 28% of whom joined the Army Nurse Corps. *(Sarnecky, pp. 86–87)*

Annie Warburton Goodrich (1866–1954), the first Dean of the Army School of Nursing, was born in New Brunswick, New Jersey, in 1866. She graduated from New Hospital School of Nursing in 1892, and served as superintendent of nursing at New York Post-Graduate Hospital, at St. Luke's Hospital, and at New York Hospital. In 1914 she was appointed assistant professor of nursing and health at Teachers College, Columbia University. In 1918 she became Dean of the Army School of Nursing, a position she held for 18 months.

Thanks to Goodrich's efforts, the sole use of trained graduate nurses overseas, rather than trained aides, became a matter of formal policy during World War I.

(Opposite) *Army and Navy nurses marching for recruitment on State Street, Chicago, Illinois, 1918.*

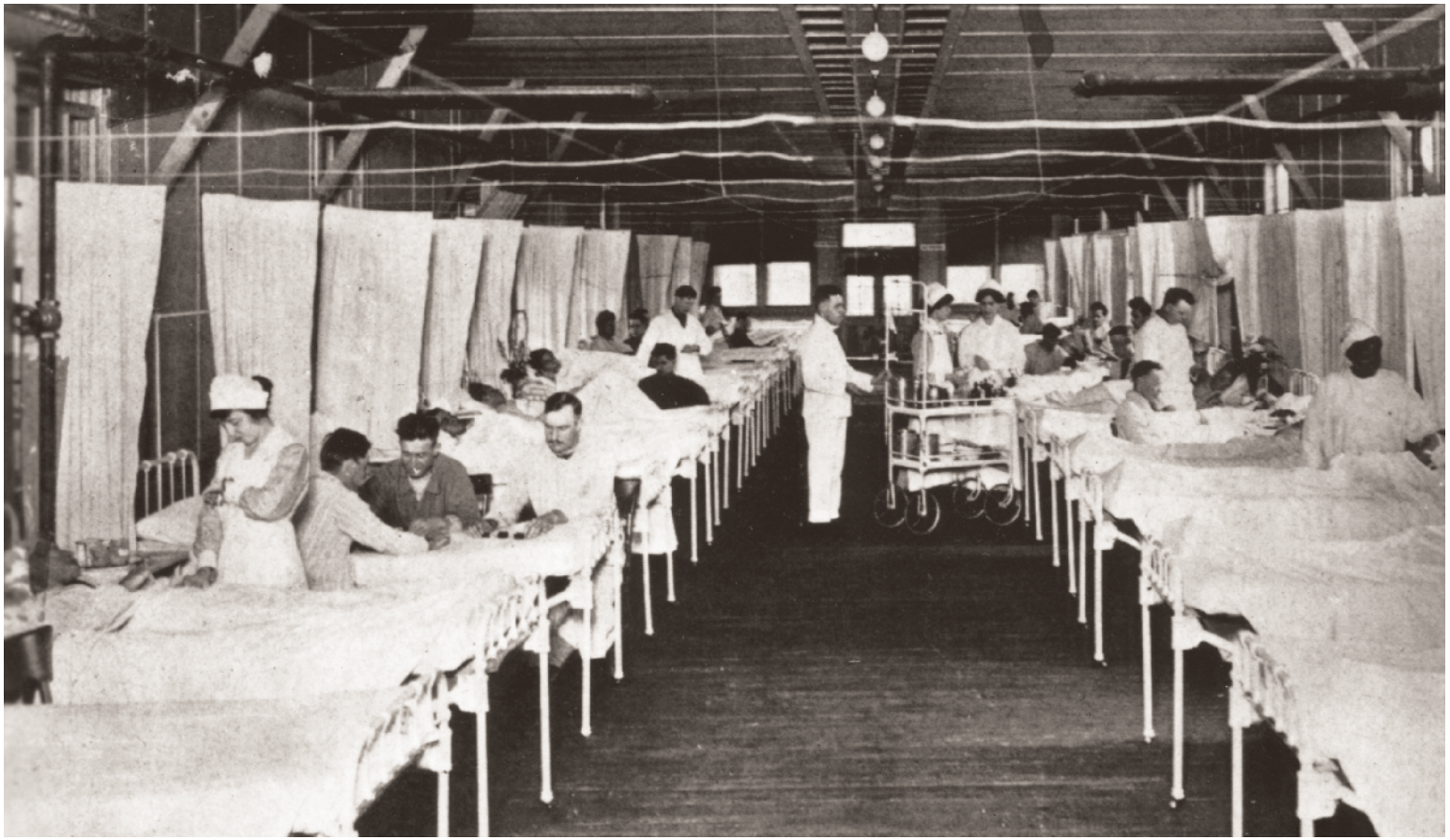
"During World War I, 21,480 women served as Army nurses. Most volunteered to go to France but only 10,245 or slightly less than half, realized their ambition. The others . . . did not serve with units on the field of combat. Many of the remainder served in the post hospitals, the cantonment hospitals, the general hospitals, hospitals at the coast artillery posts, the ports of embarkation and debarkation, the aviation stations, the arsenals and the recruit camps, on the hospital trains, in the nurses' mobilization stations, and in the surgeon generals' office within the United States. In short, they were the vital infrastructure of military nursing in the Zone of the Interior." *(Sarnecky, p. 122)*

The hospital structure in the continental United States burgeoned enormously to support the vastly expanded Army. By November 1918, the Medical Department managed 92 large hospitals (89 of them newly built) with 120,916 beds.

"Early in 1917, builders hastily erected cantonment or base hospitals according to a standard plan at the mobilization camps where the Army processed [and trained] masses of recruits. Most cantonment hospitals were one thousand-bed pavilion hospitals with corridors connecting the far flung buildings. Each building houses open wards for fourteen to one hundred patients with a private room near the nurses' station for those patients who required closer supervision." *(Sarnecky, p. 123)*

"A typical day in a cantonment hospital included certain set routines. At 0700 hours, nurses took patients' vital signs, bathed them, got convalescent patients out of bed, changed dressings, and gave necessary treatments. Then they prepared for the ward officer's 0900 inspection. Ward staff straightened beds and cleaned floors, utility rooms, latrines, diet kitchens, and refrigerators. Additionally, they collected and counted soiled linen, swept, dusted, mopped, and tended stoves by shovelling coal and removing ashes. After officers completed their rigid morning inspection, the staff provided nourishments. After dinner, those still seriously ill rested, the convalescent patients found some recreations, visitors came, and the nurses did their paperwork." *(Sarnecky, pp. 123–124)*

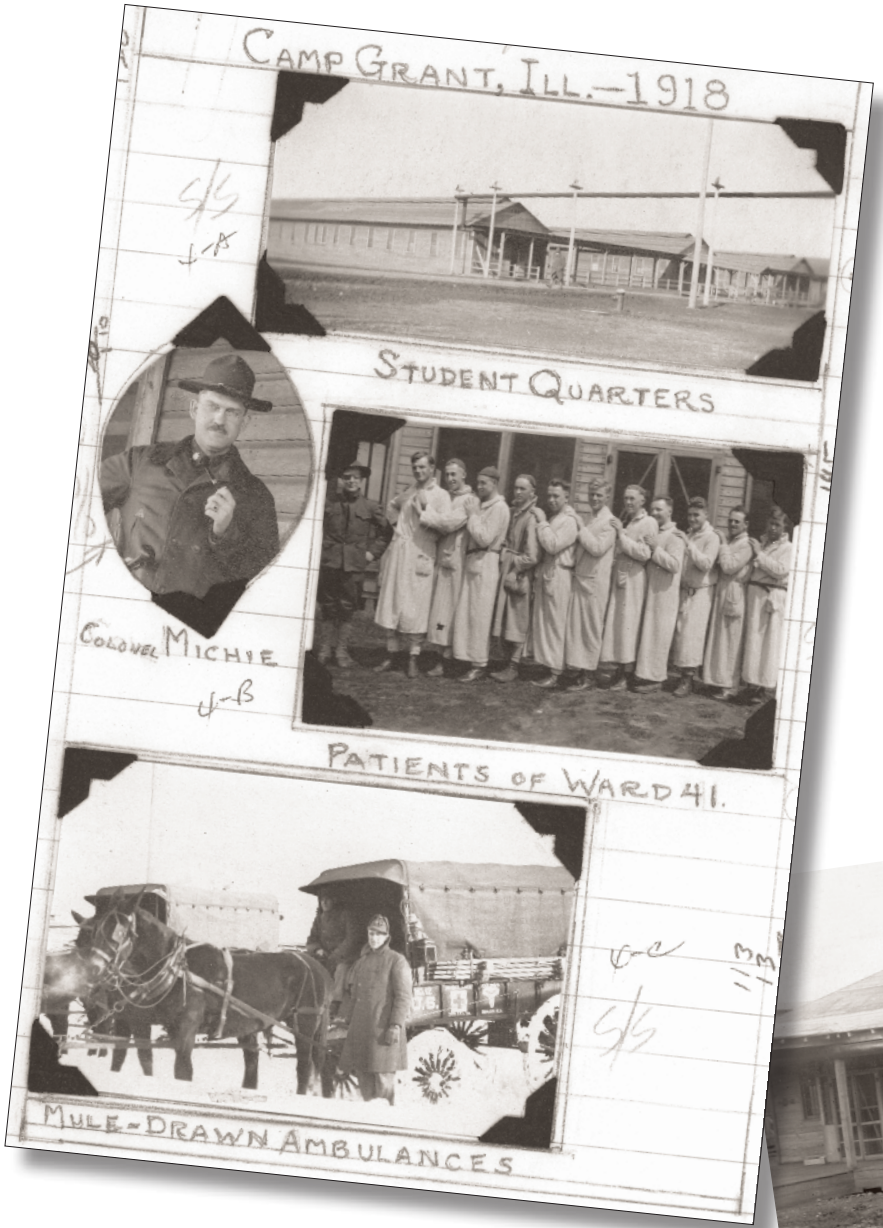
"Bill Bessie with unidentified nurses wearing blue velour hats." Bessie was formerly chief nurse at Walter Reed General Hospital. These nurses are at Eberts Field, Arkansas, which ranked second among aviation training fields maintained by the U.S. Government. About 1,500 enlisted men and officers were stationed at the field. (Note the half-inch black band on each sleeve of the outdoor uniform designating chief nurse status.)



(Opposite) *Autopsy room, laboratory building, Base Hospital, Camp Mills, Long Island, NY. Camp Mills was situated near Mineola, Long Island, and because it was a tent camp, it was unusable during the winter of 1917–1918. During 1918 construction was started to provide barrack space for 50,000 troops.*

(Above) *"My boys not very sick. Have a great time with them. 62 patients admitted. Mostly measles. 750 pts in hospital, 5 more nurses arrived. Storms awfully hard and very cold. Went to town. Froze my ears and got back at 2* PM. *Never again. Not much sleep. Got a coat and muff from Ma."* (JANUARY 11, 1918, JOCOBINA R. RIECKE,CAMP GRANT, ILL.)

Nursing students from Company B, Camp Grant, Illinois, 1918. Cantonment hospitals in the north had heating plants but those in the south had no means of warmth; both staff and patients suffered from the intensely cold weather during the winter of 1917–1918.



Shortly after the United States entered World War I, the War Department ordered the establishment of 32 divisional training camps, 16 tent camps for the National Guard, and 16 camps with wooden buildings for the Army. Since the south Texas climate was favorable to uninterrupted training, and since Camp Wilson could easily be prepared to handle a division, San Antonio was chosen as one of the sites. Camp Wilson was five miles northeast of downtown San Antonio on the northeastern adjacent boundary of Fort Sam Houston. It was renamed Camp Travis in honor of Alamo hero William B. Travis on August 25, 1917. Camp Travis comprised 18,290 acres, of which 5,730 were on the main campsite adjoining Fort Sam Houston. During the summer of 1918 Camp Travis served as an induction and replacement center, with an average strength in July of about 34,000 white and black troops. *(Photograph below of single ward at Camp Travis courtesy of Fort Sam Houston Museum, Texas)*

"The vast number of communicable diseases present in the fall of 1917 and the following winter prevented any great activity among the orthopaedic surgeons [at Camp Travis] until about February, 1918. The division surgeon . . . had obtained the incorporation of three excellent foot exercises in the prescribed setting-up exercises [for new recruits]. The three orthopaedists were assigned to the work of foot measurement and shoe fitting, in addition to their other duties, without being given any enlisted assistants. This resulted in the neglect of their other work, in the unsuccessful attempt to avoid interference with the progress of military training, until the work was reorganized by the division surgeon. Company supply sergeants were required to issue shoes of the sizes called for by actual foot measurements." *(The Medical Dept in the World War, Vol. IV, p. 139)*

(Left) *The book cart at Camp Travis, Texas.*

(Opposite) *The orthopedic ward at Camp Travis, Texas.*

Camp Pike, located on a high, timbered, rolling plateau seven miles from Little Rock, Arkansas, received its first increment of drafted soldiers in September 1917. The men were quartered in frame barrack buildings. The incoming draft of July and August, 1918, filled the barracks to their capacity, thus necessitating the use of tents and sheds for the overflow.

(Opposite) *Patients on C-2 Ward, Camp Travis, Texas, February 20, 1918.*

(Right) *About 250 graduate nurses used these quarters and club at Camp Pike, Arkansas, during the war.*

Training

Established July 18, 1917, Camp Kearny was located in southern California, 11 miles north of San Diego and 5 miles from the Pacific Ocean. It was one of 32 new camps created in May 1917, each designed to house 40,000 troops with 1,200 buildings and tents on 10,000 acres. Most of Camp Kearny's soldiers lived in tents, and more than 65,000 men passed through the camp on their way to World War I battlegrounds.

Some nurses received instruction in field operations before being sent to France. These photographs show nurses undergoing gas chamber training exercises at Camp Kearney, CA, March 30, 1918.

(Top) *Massage class and* (Bottom) *Riding class at Camp Sherman, Ohio, 1918.*

(Opposite) *Army and Red Cross nurses doing physical training in their white uniforms.*

African American Nurses

BEFORE THE WAR, "NO COLORED NURSES had ever served in the Army Nurse Corps. Many of them, however, were anxious to join the corps if arrangements could be made, because of the relatively large number of colored troops in the Army…. In the fall of 1918 a few colored nurses were employed locally for emergencies at Camp Pike, Arkansas, and Camp Sevier, S.C." *(The Medical Dept in the World War, Vol. XIII, p. 292)*

African American nurses served in the ANC on a limited basis during the war after Jane Delano conferred with Superintendent Dora Thompson about accepting blacks into the organization. Thompson took the matter to the Surgeon General. He decided to enroll black nurses in the Red Cross reserve, but cautioned them not to expect a call to duty. The Army, which was segregated, cited the unavailability of the necessary quarters for black women as the rationale for their decision. In July 1918, plans to send groups of 20 black nurses to stations in the United States with large concentrations of black soldiers faltered due to delays in construction of separate quarters and mess facilities. Finally, the crisis of the influenza epidemic during the fall of 1918 precipitated the black nurses' entry into the Army Nurse Corps. However, it was not until after the armistice in December 1918 that these nurses actually came to serve. Nine nurses each cared for both black and white patients at Camp Sherman, Ohio, and Camp Grant, Illinois. *(Sarnecky, pp. 127–128)*