

IF I FAIL, HE DIES: MILITARY NURSING IN THE 1918-1919 INFLUENZA PANDEMIC

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by

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INTRODUCTION

In the summer and fall of 1918, during World War I, reports about a deadly strain of influenza began to circulate in newspapers in Spain and then across the globe.¹ These reports were some of the first articles written about what would come to be known as “The Spanish Flu.” They were harbingers of the many articles that would follow, country by country, as the virus made its way across the world. Influenza outbreaks were not new to the early twentieth century, but the 1918 outbreak was notable for two key reasons. It was deadlier than most influenza outbreaks, killing an estimated 50-100 million people around the world, and it affected healthy young adults at a rate that medical professionals had never seen before. The death toll was so severe that the pandemic is remembered as one of the deadliest disease outbreaks in recorded human history.²

The 1918 influenza pandemic is particularly pertinent considering current events in 2020. Right now, the world is amidst a new pandemic. In late 2019, a new coronavirus (SARS-CoV-2,

¹ The pandemic was first widely reported about in Spain, which was a neutral country during World War I. Spain was not where it originated, but it is widely known as the “Spanish flu” because of this.

² The strain of influenza seen in 1918 prompted a cytokine response from immune systems, so people who had the strongest immune systems were the most likely to fall ill because of their own body’s response to the disease. Because of this, young and middle-aged adults were much more susceptible to the pandemic than they would have been during more normal influenza outbreaks. For more on the subject, see G. Dennis Shanks, and John F Brundage, “Pathogenic Responses among Young Adults during the 1918 Influenza Pandemic,” *Emerging Infectious Diseases* 18, no. 2 (February 2012): 201, <https://dx.doi.org/10.3201/eid1802.102042>; Robert S. Katz, “Influenza 1918-1919: A Study in Mortality,” *Bulletin of the History of Medicine* 48, no. 3 (1974): 416-22; United States Department of War, Office of the Surgeon General, *Communicable and Other Diseases: Medical Department of the United States Army in the World War* vol. 9 by Joseph Siler (Washington: U.S. Government Printing Office, 1928); J.K. Taubenberger, and D.M. Morens, “1918 Influenza: the Mother of All Pandemics,” *Emerging Infectious Diseases* 12, no. 1 (January 2006): 15, <http://doi.org/10.3201/eid1201.050979>.

otherwise referred to as Covid-19) appeared in China. Within months, it had spread across the globe.³ Many pandemics have occurred in the century between the Spanish Flu and Covid-19, but nothing that combines the virulence and high case fatality rate of Covid-19. Research on Covid-19 is preliminary, and the outbreak is ongoing. It is hard to know what the true death toll of the disease will be, but scientists and the media still compare it to the 1918 pandemic.

Despite the century between the “Spanish flu” and Covid-19, the two diseases have similarities, as do the role of nurses in the two disease outbreaks. Covid-19 is hitting medical professionals, particularly nurses, hard; this was also seen in the 1918 influenza pandemic when nurses died at a higher rate than any other group of medical professionals.⁴ Americans readily applaud healthcare workers’ bravery, but they do not translate that into practical institutional support.⁵ If the 1918 influenza pandemic proves an apt comparison, this praise will lessen as soon as the outbreak is over. Because we have not grappled with what nurses did during the 1918 outbreak, history is repeating itself: nurses, lacking adequate Personal Protective Equipment (PPE), are repeatedly exposed to an extremely contagious disease. Onlookers call nurses heroes, or even angels, but many of these people also partake in anti-science sentiment. They circulate unsubstantiated conspiracy theories about the origins of the disease and clamor

³ As of June 2020, it seems to be unclear when the virus emerged in the human population. Chinese media first reported on it on December 31st, 2019, and scientists believe it was spreading among people for several weeks prior to these first reports. It is likely that scientists will not know for some time where and when it originated in China, but its origin point is less important right now while the pandemic is raging across the world.

⁴ Gavin Shanks, Alison MacKenzie, Michael Waller, and John Brundage, “Low but Highly Variable Mortality among Nurses and Physicians During the Influenza Pandemic of 1918-1919,” *Influenza and Other Respiratory Viruses* 5, no. 1 (February 2011): 215, <https://dx.doi.org/10.1111%2Fj.1750-2659.2010.00195.x>; Ariana Eunjung Cha, “More Than 9000 Healthcare Workers Have Been Infected With the Coronavirus,” *The Washington Post*, April 14 2020, <https://www.washingtonpost.com/health/2020/04/14/coronavirus-healthcareworkers-infections/>.

⁵ Dan Mangan, “Trump Contradicts Nurse in Testy Oval Office Exchange Over Coronavirus Protective Gear,” *CNBC*, May 6, 2020, <https://www.cnbc.com/2020/05/06/coronavirus-equipment-trump-rebukes-nurse-in-white-house-exchange.html>.

against regulations, such as the prohibition of hair salons and bars, that were made to help prevent the disease from spreading. The 1918 influenza pandemic generated documentation that helps us understand moments of medical crisis such as Covid-19. It provides a snapshot of nursing at a time when it was still in the process of professionalizing, demonstrating some still-relevant truths about society and nursing. Society in normal times often underappreciates nurses. When a pandemic pushes nurses onto the “front lines” of the disease, people notice their contributions, but do not adequately protect or compensate them. The recognition nurses received during the 1918 pandemic, and are receiving during Covid-19, is admirable, but it is also just words. In 1918, these words were strong, as nurses were showered with praise, but they did not last long.

The 1918 influenza pandemic took place when nursing was professionalizing. Physicians had professionalized in the mid-nineteenth century, following what Paul Starr argued were the three main tenets of professionalization: “collegial, cognitive, and moral” aspects were all important. First, more medical schools were established, which led to increased awareness of medical science as well as defined techniques for treating various complaints. Although medical schools had existed prior to the 1850s, the standards of these schools were lax and faculty, themselves irregularly trained, passed most students. This did not change until in the second half of the nineteenth century when negative stereotypes about medical schools led to a revamp of medical schools. At the same time, physicians began to articulate a moral obligation to their patients to do what was right for them. They declared that there was an implicit contract between them and society, one where they needed to do good and not harm. Finally, there was the collegial aspect of professionalization, which manifested as the increased uniformity and better communication between doctors in the second half of the nineteenth

century.⁶ They relied on each other and began to conceive of 'doctor' as a position, and themselves as part of a group, rather than as sole actors.

Because most nurses were women, they found professionalization rockier, but it followed the same path. Florence Nightingale's *Notes on Nursing* (1859) helped establish the importance of knowledge and scientific learning, as did the nursing schools that were established in the second half of the nineteenth century. Nurses also became aware of the social contract between them and patients. Finally, in the beginning of the twentieth century, nurses began to establish a public, social identity based on nursing. The first nursing periodical, *The American Journal of Nursing*, was established in 1900, and in the following decades nurses developed more of a voice. The Influenza epidemic played an important role in allowing nurses to consolidate their professional status because it helped solidify the relationship between nurses; they were all part of the battle against influenza and on the front lines of the war against it, regardless of whether they were in Europe or in America.

It is striking that, in the historiography of the 1918 influenza pandemic, scholars have paid relatively little attention to the gendered dynamics of nursing during this crucial moment of its professionalization. This thesis remedies that by examining perceptions of gender during the outbreak *vis-a-viz* the American military nurses who served during the pandemic. Red Cross and Army nurses were integral to the Army's response to the influenza outbreak, and the outbreak led to soldiers viewing them differently, if only for a short period of time. Soldiers recognized that nurses were fighting their own battle against the pandemic, mirroring the

⁶ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1984), 15, 104, 18, 81.

battle that soldiers were fighting in Europe. Their respect, accordingly, grew, and instead of lauding the angelic behavior of nurses or their pretty faces, soldiers began to use different terminology that was coded as masculine during this period. In the aftermath of the outbreak, nurses used this shift in perceptions to argue that they deserved military rank and professional recognition.

Afterwards, the outbreak faded from historical memory as it became what historian Alfred Crosby termed “the forgotten pandemic.”⁷ This corresponded with a larger shift in World War I discourse; people were eager to forget everything associated with the war, not just the pandemic. Scientists, not historians, were the first to study the outbreak. Scholarship was confined to scientific articles and epidemiological investigation, as scientists had a vested interest in understanding the disease and why it was so deadly. One of the first books written about the pandemic, Edwin O. Jordan’s 1927 *Epidemic Influenza*, falls into this category.⁸ Jordan’s book focuses tightly on the disease, interrogating its origin, its causes, and other topics primarily of interest to epidemiologists. It set the tone of influenza scholarship for the next two decades; scientists published large amounts of material about the pandemic, but historians very little.⁹

For most of the twentieth century, interest in the pandemic ebbed and peaked, with the peaks usually following disease outbreaks. Adolph A. Hoechling published *The Great Epidemic* in

⁷ Alfred W. Crosby, *Epidemic and Peace, 1918* (Westport: Greenwood Press, 1976). This was later republished as *America’s Forgotten Pandemic: The Influenza of 1918* by Cambridge University Press in 1989 and then again in 2003.

⁸ Edwin Oakes Jordan, *Epidemic Influenza: A Survey* (Chicago: American Medical Association, 1927).

⁹ John Dill Robertson, *A Report of an Epidemic of influenza in Chicago Occurring During the Fall of 1918* (Chicago: Department of Health, 1919); Warren Taylor Vaughan, *Influenza: An Epidemiological Study* (Baltimore: The American Journal of Hygiene, 1921); Frank M. Bumet and Ellen Oark, *Influenza. A Survey of the Last 50 Years in the Light of Modern Work on the Virus of Epidemic Influenza* (Melbourne: Macmillan, 1942).

1961, in the wake of the 1957-1958 influenza pandemic.¹⁰ His book is one of the first historical monographs about the 1918 outbreak, examining both the disease itself and its effects on American society. In 1976, Alfred Crosby's influential *Epidemic and Peace: 1918* started to fill in the gaps left by Hoechling, with Crosby theorizing that the true impact of the flu was the effect it had on individuals, not on communities or generations.¹¹ Crosby's use of personal accounts stands out in stark contrast to what came before him, which mostly consisted of sweeping generalizations and the use of newspapers and magazines in place of letters and memoirs.

In the 1990s and 2000s, pandemics like AIDS, SARS, avian flu, and the H1N1 pandemic of 2009 renewed the interest of scholars in the origins and nature of the 1918 outbreak. Gina Kolata, a scientific journalist, wrote in 1999 about the history of the pandemic and the work that modern day scientists were doing in trying to isolate and determine what strain of influenza had caused the outbreak.¹² Approaches like Kolata's coupled science and history, particularly as dueling theories emerged regarding where the outbreak began. John Barry, Carol R. Byerly, and others began to speculate that it began in Kansas, near one of the army training camps during World War I. They cited reports of a particularly virulent flu strain affecting Camp Funston and nearby towns in the spring of 1918 as evidence for this theory.¹³

The theory that the pandemic originated in Kansas and initially spread by troop movement was central to the next wave of pandemic scholarship, which interrogated how

¹⁰ Adolph Hoechling, *The Great Epidemic* (New York: Little Brown, 1961).

¹¹ Crosby.

¹² Gina Bari Kolata, *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus That Caused It* (New York: Farrar, Straus and Giroux, 1999).

¹³ John Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York: Viking Press, 2004), 95-96.

World War I and the epidemic intersected and affected each other. Historians focused on the pandemic have long acknowledged the impact the outbreak had on the military, but in the early 2000s, they began to focus on the war as a specific area of influenza studies. In the 2005 book *Fever of War*, Carol Byerly examines how the U.S. Army dealt with the pandemic, emphasizing that it was “not merely a catastrophe at the margins on the war ... [but] rather collaborated with the war.”¹⁴ By using the war to explain the pandemic, rather than using the pandemic to enhance understanding of the war, she demonstrated the symbiotic relationship between the two.

In the past two decades, historians have filled in the gaps in the scholarship on the pandemic rather than taking fundamentally new approaches. Work on the outbreak has lagged behind trends in history as a field, as evidenced by the lack of gender, race, and class-centered histories in the twentieth century. This is changing, with historians such as Nancy Bristow and Marion Moser Jones studying social aspects of the pandemic. Nancy Bristow, in her 2012 *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic*, takes a more concentrated look of the pandemic than prior historians.¹⁵ Bristow focuses on the social history of the outbreak, including how it affected medical professionals, poor people, and people of color. She is one of the first historians to grapple with the role of gender when it comes to nursing during the pandemic; she devotes a chapter to nurses, and makes the striking claim that nurses in some ways welcomed the challenge of nursing through the outbreak because it

¹⁴ Carol R. Byerly, *Fever of War: The Influenza Epidemic in the U.S. Army During World War I* (New York: New York University Press, 2005), 8.

¹⁵ Nancy K. Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic* (Oxford: Oxford University Press, 2012).

validated their jobs.¹⁶ Moser Jones and Matilda Saines explore the experiences of nurses of color during the pandemic in their 2019 article “The Eighteen of 1918-1919: Black Nurses and the Great Flu Pandemic of the United States.”¹⁷ They argue that the work of Black nurses during the pandemic led to “lasting gains” not just for the eighteen nurses who served in the military but for other Black nurses as well; however, this change took a generation to manifest. The eighteen nurses who served at Camp Sherman in Ohio and Camp Grant in Illinois, with the support of the Black community behind them, were able to campaign for more inclusivity among nurses in the jobs they had afterwards – jobs they earned in part because of their work during the pandemic. They also set a precedent for future generations of Black nurses because they were enrolled in the Army Nurse Corps (ANC). Black nurses in World War II could point to them as a reason that Black nurses should not be excluded from the ANC any longer.

If the outbreak has been neglected in historical literature and memory in general, then the role of nurses has been even more ignored. Works prior to the 1990s rarely mentioned nurses, and when they did, they only brought up what nurses did in a cursory manner, rather than examining how the pandemic affected them or how the outbreak changed nursing. Nor did earlier historians acknowledge that military nursing had different dimensions and difficulties than private nursing.

The first books to study the history of nursing were written by nurses. From 1907 to 1912, M. Adelaide Nutting and Lavinia Dock, two influential nursing leaders in the early

¹⁶ Ibid, 159.

¹⁷ Marian Moser Jones and Matilda Saines, “The Eighteen of 1918-1919: Black Nurses and the Great Flu Pandemic in the United States,” *American Journal of Public Health* 109, no. 6 (June 1 2019), <https://doi.org/10.2105/AJPH.2019.305003>.

twentieth century, published four volumes of *A History of Nursing: the Evolution of Nursing Systems from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses*.¹⁸ It accurately reflects its name: the first volume alone focuses on nursing from the prehistoric period to the end of the eighteenth century. The straightforward, chronological narrative of nursing in the first two volumes become disconnected in the third and fourth, as Dock and Nutting look at pre-professional nursing, nursing in Asia, and the rise of nursing in the United States. Light on analysis, the books are most valuable as a glimpse into how nurses viewed nursing in the early twentieth century, and how they wrote about their profession as if they were justifying it – which of course they were.

In the mid-twentieth century, nurses continued to write about the history of nursing approach by taking a general approach. Mary M. Roberts' *American Nursing: History and Interpretation* (1955) and Josephine Dolan's *History of Nursing* (1969), are two such examples.¹⁹ These books were also straightforward, emphasizing facts over analysis. Historians had not yet taken an interest in the history of nursing, and it was left to nurses to write their own histories. Likewise, it was left to Black nurses to write their own histories. In 1929, Adah Thoms published *Pathfinders: A History of the Progress of Colored Graduate Students*, which traces the history of Black nurses from the pre-professional period to the formation of the National Association of Colored Graduate Nurses, which she helped organize.²⁰ If Dock and Nutting wrote their book to convince people that nursing was a valid field, Thoms' book lays out the evidence that Black

¹⁸ M. Adelaide Nutting, and Lavinia Dock, *A History of Nursing: The Evolution of Nursing Systems from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses* (New York & London: G.P. Putnam's Sons, 1907-1912).

¹⁹ Mary Roberts, *American Nursing: History and Interpretation* (New York: Macmillan Company, 1955); Josephine Dolan, *History of Nursing* (Philadelphia: Saunders, 1969).

²⁰ Adah B. Thoms, *A History of the Progress of Colored Graduate Nurses* (New York: Kay Printing House, Inc, 1929).

nurses were just as intelligent, capable, and professional as white nurses, and that they should be included in future histories of nursing. They could make “a real contribution to racial progress through [their] teaching and [their] personal example” if given the opportunity to do so.²¹

In the 1980s, historians began to discover the field of nursing, as the new emphasis in history on gender and race led to the realization that nursing was largely unexplored by historians. Unlike the history of the 1918 influenza pandemic, there was no in-between time when historians wrote about nursing without examining race, gender, and class. Nursing, still seen as a feminine field, was both gendered and racialized. Its history spoke volumes. Susan Reverby was one of the first historians to analyze the gendered dimensions of nursing in her 1987 *Ordered to Care: The Dilemma of American Nursing, 1850-1945*.²² In it, she explores the eternal question of nursing – how nurses, in a female-dominated profession, could achieve formal recognition and authority in a world that undervalues both women and feminine-coded traits like empathy and caring. Historians also began to explore questions of race in nursing. Darlene Clark Hine published *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*, in 1989.²³ Hine analyzes the history of Black nurses from an institutional perspective, largely in context with their relationships to Black hospitals, colleges, and nursing organizations. Forbidden from working at white hospitals and excluded from organizations such as the American Nursing Association until the mid-twentieth century, Black

²¹ Ibid, 231.

²² Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge: Cambridge University Press, 1987).

²³ Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington, IN: University of Indiana Press, 1989).

nurses worked within a segregated system. Hine shows how Black nurses attempted to remedy that, seeking the professional recognition that white nurses already had in their quest to professionalize the field of Black nursing.

In recent years, themes of gender and race are still prevalent in nursing history, but historians have narrowed their focus to look at specific groups. Rather than examining the entire history of Black nurses, Charissa Threat's 2015 *Nursing Civil Rights: Gender and Race in the Army Nurse Corps* focuses on two specific groups who sought recognition and inclusion in the ANC: men and Black women.²⁴ In the 1960s, both of these groups used gendered concepts to try to convince the ANC they would be suitable as nurses. Black women argued that, because they were women, they were naturally predisposed to nursing. White men took the opposite approach, arguing that women were too weak to nurse on the front lines during wartime, and that men should be allowed to join the organization as nurses to do so instead. Forty years after World War I, nursing was still coded as female, and nurses had to argue their suitability to join the Army Nurse Corps by appealing to gendered stereotypes.

Nurses, not historians, were also the first to examine nursing during the pandemic. Articles in the *American Journal of Nursing* looked back on the pandemic at certain points, particularly after other notable influenza outbreaks in the twentieth century.²⁵ Nurses also examined the pandemic in more detail in scholarly articles. Karen Robinson, in her 1990 article "The Role of Nursing in the Influenza Pandemic of 1918-1919," looks at how public health

²⁴ Charissa J. Threat, *Nursing Civil Rights: Gender and Race in the Army Nurse Corps* (Chicago, Illinois: University of Illinois Press, 2015).

²⁵ Dorothy Deming, "Influenza 1918," *The American Journal of Nursing* 57, no. 10 (October 1957): 1308-1310; Aileen Cole Stewart, "Ready to Serve," *The American Journal of Nursing* 63, no. 9 (September 1963): 85-87.

nurses were affected by the disease and how they responded to it.²⁶ She considers the epidemic in the context of both women's history and nursing history and made it evident that there were gaps in the historical narrative. In 2000, Rhonda Keen-Payne published her article "We Must Have Nurses: Spanish Influenza in America, 1918-1919."²⁷ She examines the role of public health nurses during the outbreak and how they responded to the lack of nurses across America. Most nurses at this time had joined the Red Cross and were either overseas or stationed at Army camps; the nurses who remained in public health nursing were quickly overwhelmed during the pandemic.

Arlene Keeling put nursing during the pandemic into the context of everything else nurses were doing in 1918 in her 2010 article "Alert to the Necessities."²⁸ Although she retraces Robinson's steps in some areas, Keeling focuses more on the nursing infrastructure that was in place at the onset of the pandemic. She also brings to light two topics that before this had received very little attention: the Black women who helped nurse patients during the outbreak and the socioeconomic responses to the epidemic and how they differed, both topics that historians have more recently begun to examine in more detail.

I build upon these scholarships by looking at the role of military nursing and the pandemic in tandem. Nancy Bristow, in *American Pandemic*, does excellent work regarding gender and the outbreak. I am taking her work a step further by looking at not just the gendered dynamics of nursing during the pandemic, but also how the discourse regarding

²⁶ Karen Robinson, "The Role of Nursing in the Influenza Pandemic of 1918-1919," *Nursing Forum* 25, no. 2 (1990), <http://dx.doi.org/10.1111/j.1744-6198.1990.tb00845.x>.

²⁷ Rhonda Keen-Payne, "We Must Have Nurses: Spanish Influenza in America 1918-1919," *Nursing History Review* 8 (2000): 143-156.

²⁸ Arlene Keeling, "Alert to the Necessities: U.S. Nursing During the 1918 Influenza Pandemic," *Public Health Reports* 125, suppl. 3 (2010), <http://dx.doi.org/10.1177/00333549101250S313>.

nurses changed before, during, and after the influenza outbreak. I focus on how the experiences of ANC nurses and the discourse surrounding them affected the field of nursing permanently.

This thesis makes five interrelated contributions to the history of military nursing, and nursing more generally, during the pandemic. First, it argues that the 1918 influenza pandemic changed nursing in ways more profound than did the war itself. There was a clear delineation between the impacts of war and of the pandemic on the emerging profession. Nurses were forbidden from the front lines of the war in Europe; although some did eventually witness the fighting, most were removed from it. It was a war for men to fight, not women. Nursing during the pandemic, however, was also likened to a war – but this war was considered the domain of women. The pandemic was more overwhelming and all-encompassing than general war nursing; Army nurses both overseas and on American soil were face-to-face with it, and as such their experiences during the pandemic was more universal.

Nursing in World War I was important, but it was nursing during the pandemic that changed perceptions of nurses and led to lasting institutional change. The Army's need for nurses in huge quantities during the pandemic, as well as the visible work they did during it, led to soldiers, journalists, and government officials viewing nurses more favorably. They saw nurses as more capable and as heroic. The shift in perceptions did not last, but as my subsequent arguments demonstrate, some of the results of this change in perceptions continued after the outbreak had subsided.

Secondly, the act of military nursing during the pandemic was particularly influential for Black nurses. Black nurses were not permitted to join the Army Nurse Corps during World War

I, even though the military continually pleaded for white nurses to enlist in the organization. This came to a head during the 1918 influenza pandemic. Because most trained American nurses were overseas in Europe, there were not enough non-Black nurses left in the United States to handle the massive amount of influenza cases on home soil. The flu continued to worsen in the late fall, the Army finally accepted that their need for nurses outweighed their racist beliefs that Black nurses should not be permitted to join the organization. In December 1918, eighteen Black nurses enlisted in the ANC and were sent to two Army training camps, Camp Sherman in Ohio and Camp Grant in Illinois, to take care of flu-stricken soldiers.

The change in how people perceived nurses also occurred during the time of the women's suffrage movement and Army Nurse Corps' nurses quest for rank. Suffragists supported nurses in their quest for rank, and nurses argued that women deserved the vote. Although these two events occurred in concert with and influenced each other, they were ultimately different. Nurses directly cited their experiences during the pandemic as a reason they needed rank; the situations they dealt with regarding orderlies and patients not listening to them during the outbreak led to their desire to make sure such a situation never happened again. For this to occur, they needed the authority that rank provided. They did not win full rank, only relative rank, but this shift in authority was enough for them at the time.

My fourth claim goes together with my second and third arguments. The change in how military men and government authorities perceived nursing did not last, but the shift, brief as it was, did lead to the transformation of nursing because of the institutional changes it brought about. The eighteen Black nurses who joined the Army Nurse Corps in 1918 set a precedent; Black nurses in World War II were able to point to their enlistment then and argue that the

Army had no right to restrict them from joining the ANC during this new conflict. Likewise, the nurses who had won relative rank in 1920 had a new authority in the eyes of the military hierarchy. They were immediately treated with more respect by enlisted men, and in the aftermath of World War II, argued their success in that war proved they deserved even more than relative rank: they deserved full rank.

Finally, I argue that the nurses themselves had agency during these events. Although my focus is on how perceptions of nurses changed because of the pandemic, nurses used this shift in discourse to grasp at changes for the profession. They did not sit idly by and let change happen to them, as Chapter Three particularly demonstrates; they were active participants in urging the Army to enlist Black nurses and urging the War Department to give nurses rank. They used the shift in how they were perceived to agitate for progress for their profession.

In researching for this thesis, I consulted archives at the University of Akron, the Ohio History Connection archives, the Library of Congress, the National Archives in College Park, Maryland, and the National Archives in St. Louis. I read through roughly twenty unpublished memoirs written by nurses and enlisted men in the war at the University of Akron and the Ohio History Connection. At the Library of Congress, I read several unpublished sets of letters written by nurses during the war. At the National Archives, I read Red Cross and United States Army records. These materials consisted of Red Cross records about the influenza pandemic and how the Red Cross responded to it, as well as United States Army records consisting of monthly nurse returns, health records of nurses, and letters written by Julia Stimson pertaining to nurses during the war. I also read roughly sixty published memoirs, most written within a decade of the war, by both nurses and enlisted men. Many of these memoirs were from nurses and

soldiers overseas, perhaps because they were considered more interesting by publishers, but that is speculation on my part.

Chapter One uses newspapers, journals, and popular media like films and music to examine the rapid development of and public perceptions of professional nursing in the United States, from the establishment of the earliest American nursing schools to stereotypes regarding nurses in the months leading up to the fall of 1918. Nursing was highly gendered in the beginning of the twentieth century, considered appropriate for women but not men due to the assumed nurturing capacities of women. They were underestimated by military officers and enlisted men; their education and experiences were minimized as soldiers fantasized about their pretty faces and officers fretted about whether nurses would prove vulnerable to romance.

Stereotypes about nurses as only pretty faces were put to the test in 1918, as Chapter Two demonstrates. The 1918 influenza pandemic was bloody, deadly, and, as shown in memoirs, letters, newspapers, and official Red Cross records, often compared to as a war. Gendered perceptions of nurses changed during the outbreak. Their role in combating the pandemic contributed to shifts in the ways servicemen, doctors, and the nurses themselves viewed the nursing profession. Doctors viewed nurses' work as necessary but had concerns about their work ethics and professionalism. They worried that nurses had signed up to serve in the Red Cross and the ANC because they wanted to find husbands and romance, not to serve their country. Doctors also feared that nurses were too delicate to handle the work that the pandemic demanded, likening it to a war and something that women were innately unable to fight. Enlisted men shifted from viewing nurses as romantic objects to seeing them as mother

figures or heroes, depending on where they were stationed and how virulent the pandemic was at the time.

Chapter Three uses Army records, newspapers, and letters to examine what happened to military nursing, and perceptions of military nurses after the pandemic. When the outbreak ended and nurses sought more professional recognition, some military officials and doctors opposed their efforts, arguing that they had only done what they were biologically predisposed to do. Others agreed that the work that nurses did during the war, specifically during the influenza outbreak, demonstrated that ANC nurses deserved to be given rank by the Army. For a brief period, peoples' perceptions of nurses had shifted. This change helped the women of the Army Nurse Corps gain relative rank and redefine what nursing was to members of the military: both lent credence to the notion of nurses as professionals.

Ultimately, although gendered perceptions of nurses shifted during the pandemic, they did not disappear. Military men began to view nurses as mother figures or stand-ins for masculinity at a point during the pandemic when they were too ill to be masculine themselves. During the outbreak, soldiers stopped viewing nurses as objects of desire and romance, instead viewing them as stand-ins for their mothers or as heroes. When doctors and military officials praised their bravery, they did so by using masculine terms and comparing them to soldiers while at the same time emphasizing their femininity and innate tendency towards caretaking. After the outbreak, these perceptions of nurses reverted to how it was prior to the pandemic, but a brief window had been opened. Nurses used their work to fight for gains for nursing as a profession and were able to create lasting institutional change when they did so. The

experiences of nurses, and the gendered changes in discourse about them, ultimately reshaped and restructured the field of nursing in the early twentieth century.

CHAPTER ONE: NURSING PRIOR TO THE PANDEMIC

Nursing has always been gendered female, but public perceptions of nurses and of women in general began to profoundly transform in the years leading up to United States' entry into World War I. The changes in perceptions of nurses during the American Civil War and then, again, in the Progressive era accelerated during World War I and created an environment that the 1918-1919 influenza outbreak would catalyze. This chapter demonstrates how Americans came to understand and talk about nurses from the American Civil War until the eve of the pandemic. It also introduces an important aspect of this thesis: that of the racial disparity in perceptions of, and the lived experiences of, nurses.

The act of nursing has been present in one form or another for the entirety of recorded human history, but it did not become a formalized, trained, and specialized job until the nineteenth century. The fact that women largely did nursing work was taken for granted in the eighteenth century. Women were expected, as females in a world that gendered almost every aspect of behavior, to take care of their loved ones. They were to sit by the beds of their ill sons and teach their daughters how to do the same. American women were expected to conduct themselves as patriots and raise children to be good American citizens, but not outside the home.¹ This work was not considered to be “work” at all, but something that women should

¹ This is, of course, not to say that women did not work outside the home. As Joan Scott points out in *Gender and the Politics of History* (New York: Columbia University Press, 1988), women had always worked outside of their homes. It was easy for historians to overlook or minimize their role as workers, however, until the advent of gender studies.

happily, and naturally, do. Susan Reverby, a scholar of nursing history, succinctly wrote that nursing “was a duty, not a job.”¹ The training women did receive for nursing was informal, often passed from mother to daughter, and focused on taking care of immediate family or neighbors.

One partial exception to this was religious women, who lived outside of conventional families. One of the largest groups to work as nurses were nuns, who in many cases were associated with Catholic hospitals and would take care of a large variety of illnesses and injuries.² Nuns, who were wedded to Christ and had less to worry about when it came the preservation of their moral reputation, were less at risk when it came to nursing outside of the home. People did not expect them to become “fallen women,” nor did they worry that men would take advantage of them.³

Wartime often required a shift in roles, and this was true of nursing as well. Women during the Revolutionary War helped establish the association between nursing and war on an informal basis.⁴ Camp followers, usually women who followed their husbands or fathers to war because they could not afford to support themselves at home, were expected to do a variety of domestic jobs.⁵ These tasks were not limited to laundry and cooking; they also involved taking care of the ill and infirm after battles and during epidemics of smallpox that plagued the

¹Reverby, 12.

² Sioban Nelson, *Say Little, Do Much: Nursing, Nuns, and Hospitals In the Nineteenth Century* (Philadelphia: University of Pennsylvania Press, 2001), 3.

³ *Ibid*, 78.

⁴ Ida Cohen Selavan, “Nurses in American History: The Revolution,” *The American Journal of Nursing* 45, no. 4 (April 1975): 592.

⁵ Walter Hart Blumenthal, *Women Camp Followers of the American Revolution* (New York: Arno Press, 1974), 39.

American army during the 1770s.⁶ There were no formal lectures for American women on nursing until the turn of the century; nursing education at that time was centered around the notion that most women learning about nursing would be utilizing the information informally, likely at home. It was not until 1798 that Valentine Seaman, an American physician, taught a series of lectures to women at the New York City Hospital about basic nursing.⁷ Scholars widely acknowledge this as the first example in America of nursing education and an important part of the development of nursing as a profession. Seaman's lectures focused on physiology, anatomy, and childcare: information which was important to medical professionals, including early nurses.⁸

In the late eighteenth and early nineteenth centuries, public perceptions of nurses were low. The nurses who worked in hospitals were considered slothful, unclean, and selfish. Only a few secular hospitals existed in America, and the nurses who staffed them were assumed to be drunkards or ex-prostitutes.⁹ Few fictional American depictions of nurses exist for this time period, but Charles Dickens, whose work was wildly popular in the United States, in *Martin Chuzzlewit* (1843) depicted the character of Sairey Gamp in this way: she was slovenly, drunk, and self-centered.¹⁰ Not all representations of nurses were so negative: American newspapers published between 1800 and 1850 that referred to nurses largely described them as we would

⁶ Anne M. Becker, "Smallpox in Washington's Army: Strategic Implications of the Disease During the American Revolutionary War," *The Journal of Military History* 68, no. 2 (April 2004): 395, <https://doi.org/10.1353/jmh.2004.0012>.

⁷ Sandra Beth Lewenson, *Taking Charge: Nursing, Suffrage, and Feminism in America 1873-1920* (New York: National League for Nursing Press, 1996), 23.

⁸ Lavinia Dock and Isabel Stewart, *A Short History of Nursing* (New York: G.P. Putnam's Sons, 1938), 339.

⁹ Philip Kalisch and Beatrice Kalisch, *The Changing Image of the Nurse* (Boston: Addison-Wesley, 1987), 12-16.

¹⁰ Annette Summers, "Sairey Gamp: Generating Fact from Fiction," *Nursing Inquiry* 4, no. 1 (March 1997): 15-16, <https://doi.org/10.1111/j.1440-1800.1997.tb00132.x>

now think of nannies: elderly women, providing company and education to young children as they grew up.¹¹

These public representations of nurses began to shift in the middle of the nineteenth century. Part of this was due to a transnational process as the United States absorbed European innovations in nursing: this was most pronounced in the enormous popularity of Florence Nightingale, a British nurse who served in the Crimean War, in the United States. She articulated that nursing needed to become more structured if it were to be effective.¹² Nightingale's ideas would foster a profound shift from informal passing-of-knowledge to the more structured methods of training and practice, but also a transformation in how people understood and represented nurses.

Ironically, Nightingale struggled to understand nursing as a profession, and preferred that nurses be understood in domestic terms. She disavowed any similarity between nurses and doctors and insisted that educating women to the level of doctors would in fact “diminish the doctor’s work.” Her views were like those of many other women at the time, who believed that nursing should continue to be something that women did informally. At the same time, she believed that women should “bring the best she has, whatever that is, to the work of God’s world.”¹³ To Florence Nightingale, nursing had a religious component as well as a gendered

¹¹ “Domestic Doctoring of Children,” *The Evening Post*, December 17 1829, 2; “Nursery Diseases,” *The Charleston Daily Courier*, April 12 1829, 2.

¹² Elizabeth Goodrick and Trish Reay, “Florence Nightingale Endures: Legitimizing a New Professional Identity,” *Journal of Management Studies* 47, no. 1 (Jan 2010): 79. <https://doi.org/10.1111/j.1467-6486.2009.00860.x>.

¹³ *Ibid*, 75.

component, and to ignore either was to do the idea of nursing a disservice. This in part referred back to the centuries of nursing that religious women, particularly nuns, had done in Europe.

Nightingale's book *Notes on Nursing* was used by women across America, and was crucial in transforming the representation of nursing as skilled work.¹⁴ By the time it was published in 1859 in England, Nightingale was a minor celebrity in both Europe and the United States. *Notes on Nursing* was published in America the next year and almost immediately achieved "wide circulation," both because of Nightingale's fame and because of the inexpensive price of the book.¹⁵ The book was aimed at women, who took to heart advice such as "second only to [the sick's] need for fresh air is their need for light" and "go your way straight to God's work, in simplicity and in singleness of heart." Nightingale also pushed back against the depiction of nurses in fiction, criticizing how they "spread and stereotype popular errors and ignorances"; she did not appreciate the depiction of nurses, like Dickens' Sairey Gamp, as selfish, lazy, and rude.¹⁶

As the Civil War began in the United States, female hospital workers looked to Nightingale as inspiration, and the book encouraged numerous women to work as nurses during the war.¹⁷ The Civil War did to many American women what the Crimean War did to British women: it made them realize the importance of nursing, and it helped cement the idea

¹⁴ Mary M. Roberts, "Florence Nightingale as a Nurse Educator," *The American Journal of Nursing* 37, no. 7 (July 1937): 778.

¹⁵ Victor Skretkowicz, ed, *Florence Nightingale's Notes on Nursing and Notes on Nursing for the Laboring Classes: Commemorative Edition with Historical Commentary* (New York: Springer Publishing Company, 2010), 5.

¹⁶ Florence Nightingale, *Notes on Nursing: What It Is, and What It Is Not* (New York: D. Appleton and Company, 1860), 84, 136.

¹⁷ Jane E. Schultz, *Women at the Front: Hospital Workers in Civil War America* (Chapel Hill: University of North Carolina Press, 2004), 170.

in peoples' minds that women had an "innate" tendency towards working as nurses even when they were doing so in a formalized manner.¹⁸ This belief was the natural extension of centuries of women nursing their family members at home and on an informal basis. Women from both the North and the South wanted to support the war effort, and as the war worsened and more soldiers died, some saw nursing as a suitable solution. Both the Confederate and the Union armies were in desperate need of nurses to replace the men that were sent to the front lines of the war. Many were volunteer nurses, expected to pay their own way. At some hospitals, paid nurses were used only when there was a shortage of women who volunteered their services.¹⁹ Volunteers were recognized as having "skill, administrative ability, and intelligence" – just not official authority from the Army.²⁰ Standards for Civil War nurses were lower than in subsequent wars and there was no strict set of standards that were applied to nurses. For instance, one nurse who appealed to the "examining physician of the United States Sanitary Commission," was only asked a few "simple questions" before she was given permission to work as a nurse for the Union.²¹

And yet, in part due to the influence of Nightingale's work, nurses already were demanding that they be recognized as skilled and worthy of some level of authority. Women had to fight for recognition of the importance of nursing during the Civil War. Physicians treated nurses with suspicion at first, both for legitimate reasons and because of a belief that

¹⁸ Emma E. Edmonds, *Nurse and Spy in the Union Army: Comprising the Adventures and Experiences of a Woman in Hospitals, Camps, and Battle-Fields* (Hartford: W.S. Williams, 1865), 370-371.

¹⁹ Amanda Akin Stearns, *The Lady Nurse of Ward E* (New York: The Baker and Taylor Company, 1909), 8.

²⁰ Mary A. Livermore, *My Story of the War: A Woman's Narrative of Four Years Personal Experience As Nurse in the Union Army, and in Relief Work at Home, in Hospitals, and at the Front, During the War of the Rebellion* (Hartford: A.D. Worthington and Company, 1889), 490.

²¹ S.K. Brandegee, *The Bugle Call: Or, A Summons to Work in Christ's Army* (New York: American Tract Society, 1871), 9.

women were largely ineffective.²² Due to lack of nurses' training, doctors were worried that volunteer nurses would be unhelpful and question the decisions of doctors. Nurses, rather than doctors, had the most face-to-face time with patients, and sometimes questioned their orders, as one nurse did upon seeing that the surgeons had "neglected" injured soldiers. Instead of adhering to medical protocol, she and her fellow nurses "asked no one's permission, but went to work [...] all of this was a shocking breach of propriety, and I have no doubt the surgeon of the regiment was somewhere behind a fence, white with rage." Their questions about the decisions that Army surgeons made were emasculating to some of the men who were unused to having their orders questioned. To have nurses visiting wards after doctors had visited, to "remedy any apparent evils which had been overlooked or forgotten by the surgeons when going their rounds," was a tacit insult.²³ Doctors often believed that nurses were simply not capable and that their gender prohibited them from making capable decisions. Told by the government that nurses must be used, some surgeons "unable, therefore, to close the hospitals against them – determined to make their lives so unbearable that they should be forced in self-defense to leave."²⁴

Both the Union and the Confederacy permitted Black women to work as nurses during the Civil War, although they lacked the institutional backing of white nurses. Dorothea Dix, the Superintendent of Army Nurses for the Union Army, refused to appoint Black women to official positions as nurses, laundresses, or matrons. But there were other ways that women could become nurses in the Union Army. "Contract" nurses, who were hired on location, were also

²² Schultz, 123-126.

²³ Phoebe Yates Pember, *A Southern Woman's Story* (New York: G.W. Carleton and Co., 1879), 29.

²⁴ Woolsey Bacon, 142.

used by the Union Army, and 281 of those women were Black.²⁵ Ultimately 420 Black women served as nurses in the Union Army, although they were discriminated against more frequently than white women. Susie King Taylor, a former slave, was employed as a laundress but was instead told by officers that she should work as a nurse despite having no medical training. The only African American nurse to publish an account of her experiences during the Civil War, Taylor relates little strife between surgeons and nurses, but instead touches upon the nature of volunteer nursing, writing “my services were given at all times for the comfort of these men. I was on hand to assist whenever needed.”²⁶

It is harder to assess how many Black women served as nurses for the Confederacy, as many Confederate records were destroyed to not let them fall into Union hands. The information available indicates that many slaves were forced to provide labor in the Confederate Army, including as nurses, but historians have not found precise numbers for how many nurses were Black.²⁷

During and after the Civil War, public impressions of nurses coalesced and transformed. The idea of a nurse as a middle-class white woman, zealously saving the ill – particularly soldiers – became fixed in many American minds.²⁸ Yet neither Florence Nightingale nor other contemporaries questioned the designation of nursing as a particularly gendered, womanly task. People perceived nurses as ministering angels, above the petty grievances of mankind,

²⁵ Schultz, 12.

²⁶ Susie King Taylor, *Reminiscences of My Life in Camp with the 33rd United States Colored Troops Late 1st S.C. Volunteers* (Boston: The Author, 1902), 31-33.

²⁷ Schultz, 30-31; Stephen V. Ash, *The Black Experience in the Civil War South* (Lincoln, NE: Potomac Books, 2013), 46.

²⁸ Beatrice Kalisch and Philip Kalisch, "Anatomy of the Image of the Nurse: Dissonant and Ideal Models," *American Nurses Association Publications* (1983): 8.

doing God's work by ministering to the ill and injured.²⁹ Nurses themselves justified their position as nurses in the Civil War by emphasizing gendered qualities. One woman, Phoebe Yates Pember, related that "feminine sympathy being much more demonstrative than masculine, particularly when compared with a surgeon's unresponsiveness," meant that patients often requested nurses when only a surgeon was truly needed.³⁰

In the years and decades after the Civil War, popular representations of nurses, even those working beyond the home, remained positive, but strongly gendered. Former soldiers played an important part in this process. Memoirs published by Civil War veterans lauded the nurses, touting their bedside manner and implying that they were more effective than the male hospital workers who did the same job.³¹ Doctors might have frowned at the presence of nurses on Civil War battlefields and in hospitals, but soldiers had no such problem, writing of their soothing presence and calming influence.

In the 1870s, some of the first nursing schools in America were established utilizing Nightingale's methods and suggestions. Nursing schools proliferated across the United States: by the turn of the century there were dozens across the country. *Notes on Nursing* was reprinted at least fifteen times between 1860 and 1900; nursing schools across the nation utilized it as a key text.³²

²⁹ Suzanne Gordon and Sioban Nelson, "An End to Angels," *The American Journal of Nursing* 105, no. 5 (2005): 63.

³⁰ Yates Pember, 73.

³¹ Schultz, 19.

³² Skretkowicz, 5.

The United States military, pleased with how women had conducted themselves during the Civil War, decided to use female nurses in the 1898 Spanish-American War.³³ Despite the initial pushback from military officials, the nurses sent overseas proved themselves well, and in 1901 the Army officially established the Army Nurse Corps. Surgeons and some military officials, who preferred to be assisted by male orderlies because they felt that female nurses caused patients to try to prolong their stays in hospitals, were unhappy with this decision.³⁴ Much to the dismay of some, members of the upper echelons of the Army embraced the widespread belief that nursing was a womanly task, even if it was not outside of the home. Ignoring these protests, the Army concluded that women were simply better suited to be nurses than were men.³⁵

Perceptions of nurses continued to be gendered through the early twentieth century. The public viewed nurses as either young and pretty or matronly and comforting; media depicted them as angels in white who, despite working outside the home, were feminine and retiring.³⁶ The public saw nurses as helpmeets, not partners, to doctors. It did not take much effort to make the leap from women helping their children to helping their fellow countrymen, especially in an era when America itself was represented by female iconography. The government might have been personified by Uncle Sam, but America as a nation was personified by Lady Liberty and Columbia, both of whom were gendered as female.³⁷

³³ Philip A. Kalisch, "Heroines of '98: *Female Army Nurses in the Spanish-American War*," *Nursing Research* 24 (1975): 412.

³⁴ *Ibid*, 422-425.

³⁵ *Ibid*, 425.

³⁶ Kalisch and Kalisch, 16.

³⁷ Many of the editorials and political cartoons, particularly during World War I, depicted Lady Liberty and Columbia as nurse-like figures, supporting wounded soldiers. Michael T. Coventry, "'Editorials at a Glance': Cultural

During the Progressive Era, the emphasis on nurses as professionals continued as nursing became more institutionalized. The first generation of trained nurses had come of age and began to focus on hallmarks of the process of professionalization and the Progressive Era: they emphasized social democracy, efficiency, and the importance of training.³⁸ These nurses, having trained at early nursing schools throughout the country, argued that they were more capable than well-meaning reformers without training; they pointed to their experiences and education as a reason why nurses would be successful at curing social ills and preventing diseases.³⁹ Lavinia Dock, one such nurse, was a passionate advocate of both nursing education and the use of nurses to help remedy social ills of the era.⁴⁰ She and other nurses such as Lilian Wald believed that nurses, trained to understand health and hygiene, could help make America a better, healthier place.⁴¹ This association between progressivism and nursing would play an important part in World War I, as government and nursing officials appealed to nurses' senses of civic responsibility and volunteerism when asking nurses to enlist in the Red Cross.⁴²

As early as 1914, when Europe erupted into war, Army and American Red Cross officials in the United States anticipated U.S. entrance into the conflict. Woodrow Wilson insisted that the country would stay out of the European conflict, but despite this assurance United States government officials worried that their country could be drawn into the war. These worries were one of the reasons that the Red Cross developed as an almost associational arm of the

Policy, Gender, and Modernity in the World War I Bureau of Cartoons," *Review of Policy Research* 24, no 2 (2007): 112.

³⁸ Julia Irwin, *Making the World Safe: The American Red Cross and a Nation's Humanitarian Awakening* (New York: Oxford University Press, 2013), 8.

³⁹ *Ibid*, 23.

⁴⁰ Caroline Estabrooks, "Lavinia L. Dock: The Henry Street Years," *Nursing Historical Review* 3 (1995): 144.

⁴¹ *Ibid*, 154.

⁴² Irwin, 79.

state in the 1910s, as the voluntary organization began to have more influence on national affairs in the lead-up to World War I.⁴³ The United States government, which had worked closely with the Red Cross since its formation in America, indicated that the Red Cross would be the organization to deal with nurses for the possibly-impending war. They, as well as the United States Army Nurse Corps, would work almost in tandem to make sure there were enough nurses available to be sent overseas should the nation enter the war.⁴⁴

Leaders of the American Red Cross (ARC) saw the conflict as a chance to prove that their organization was able to assist with whatever the government needed from them.⁴⁵ They wanted medical workers, both nurses and doctors, to go overseas immediately. Mabel Boardman, the leader of the ARC, rushed to send workers to Europe as soon as hostilities were declared in 1914.⁴⁶ America's isolationist tendencies meant that the Red Cross recalled these workers shortly, but once the country finally entered the war in 1917, the ARC embraced it wholeheartedly. Officials of the Red Cross argued that America's duty was to protect those who needed protecting and to ensure democratic societies for all of Europe. This association of patriotism with volunteerism during the war appealed to nurses as much as to others.⁴⁷

⁴³ Brian Balogh, *The Associational State: American Governance in the Twentieth Century* (Philadelphia: University of Pennsylvania Press, 2015), 31.

⁴⁴ The relationship between the American Red Cross and the Army Nurse Corps can be confusing. The Red Cross was the one to initially enroll nurses and advertise the actual need for nurses during the war. Once nurses had signed up with the Red Cross, the group would then funnel them to the Army Nurse Corps. To make matters even more confusing, not all Red Cross nurses were sent to the Army Nurse Corps.

⁴⁵ Irwin, 56.

⁴⁶ Marion Moser Jones, *The American Red Cross from Clara Barton to the New Deal* (Baltimore: Johns Hopkins University Press, 2013), 159.

⁴⁷ Celia Kingsbury, *For Home and Country: World War I Propaganda on the Home Front* (Lincoln: University of Nebraska Press, 2010), 8.

Nurses across the country anticipated U.S. entrance into the war and raced to “do their bit,” whether out of patriotism or because they felt that a nurse’s duty was to support the sick and injured, wherever they might be. The *American Journal of Nursing*, founded in 1900 and the foremost nursing publication in the United States, had been publishing letters from American nurses embedded with overseas armies since January 1915.⁴⁸ Just as young men were often eager for a war, in order to prove themselves capable to their friends, family, and government, nurses hoped that war could enable them to prove themselves to the world.⁴⁹

Nurses had multiple motivations for serving in World War I. Some wanted to support their nation; the militarization of nursing had led to strong feelings of patriotism among nurses, and the form of volunteerism popular during the time period led to nurses volunteering to serve in the Red Cross in large numbers. They did not speak about what motivated them; there was remarkably little discourse about why nurses should participate in the anticipated war effort, and what did exist hardly focused on what nurses themselves might gain from it. Their speech was in the form of their eagerness and interest in wartime nursing.

Many nurses wanted to be sent to Europe because they felt they would be most useful there. One such woman, Mary E. Gladwin, had been involved with nursing for most of her life. She had attended the Boston School of Nursing but had interrupted her education to go overseas during the Spanish-American War with the United States Army so she could oversee the nurses that were transported to the Philippines.⁵⁰ She was devoted to what she viewed as

⁴⁸ Elizabeth Dewey and Lycee Pasteur, “Narratives From the War,” *The American Journal of Nursing* 15, no. 4 (Jan 1915): 293.

⁴⁹ *Ibid*, 294.

⁵⁰ “Obituaries,” *The American Journal of Nursing* 40, no. 1 (January 1940): 105.

the “cause” of nursing, and enlisted in the Red Cross as a nurse upon the onset of war in Europe.⁵¹ She was sent overseas almost immediately, and by the fall of 1914 was in Belgrade, Serbia as a supervising nurse for Red Cross Serbian Unit no. 1.⁵² Stationing Red Cross units in European countries that were involved in the war allowed the ARC to circumvent the isolationist tendencies of the United States and become participants in the war effort despite the fact that the country had not yet declared war.

To some military officials, the eagerness that some nurses demonstrated in joining the war effort was not evidence of their patriotism but reinforced existing negative stereotypes about women: stereotypes that said they were flighty and eager for romantic experiences. Some were concerned that nurses were interested in volunteering because they were interested in adventure and seeing Europe.⁵³ This parallels volunteer soldiers in the war, who enlisted both due to patriotism and to prove themselves, see Europe, and embark on a great adventure.⁵⁴ Just like soldiers, the nurses themselves were indeed at times excited and viewed the war as an adventure, but their excitement was tempered with the acknowledgement that it was also dangerous and important for them to do their work.⁵⁵

Mary Gladwin and the other nurses tried to make the best of their situation in ways that were heavily gendered. Gladwin describes the first Sunday lunch at the hospital she was at in

⁵¹ Ibid, 106.

⁵² Diary, September 8, 1914-May 19, 1915 by Mary E. Gladwin, 1914-1915, Box 1 Folder 10, *Mary E. Gladwin Papers, 1898-1939*. Gladwin, Mary E. Papers. University of Akron, Akron, Ohio, United States.

⁵³ Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Urbana: University of Illinois Press, 2008), 74

⁵⁴ Jennifer Keene, *Doughboys, the Great War, and the Remaking of America* (Baltimore, MD: The John Hopkins University Press, 2001), 14.

⁵⁵ Elizabeth Ashe, *Intimate Letters from France and Extracts from the Diary of Elizabeth Ashe, 1917-1919* (San Francisco: Bruce Brough Press, 1931), 53.

Serbia, where they decorated by putting “flowers in empty shells fired at the hospital.”⁵⁶

Descriptions of domesticity and the process of feminizing the hospital abound in Gladwin’s diary. She describes having tea in the doctor’s office every day at four, another doctor offering her and other nurses chrysanthemums from “the garden of the insane hospital,” and the stress she felt when the chief of the hospital suggested she throw a Thanksgiving dinner for twenty-three people.⁵⁷ Nurses were not only expected to do their jobs – organizing supplies, taking care of patients, and assisting during surgeries – but take on a number of domestic duties as well. They were not exempt from what would later be termed “invisible labor.”

Once the United States declared war against Germany on April 6, 1917, the government appealed to women to enlist as nurses with the Red Cross. The ARC would then send nurses to the Army Nurse Corps. While additional nurses would not be needed in Europe for months, they were immediately required in the thirty army training camps and cantonments that sprang up across the United States in the spring and summer of 1917.⁵⁸ Training accidents were common and outbreaks of disease such as typhoid, smallpox, flu, and other contagions were very possible. In the Spanish-American War, typhoid had been a large problem and officials in the Department of Health were convinced it could be again.⁵⁹ It was better to be prepared, both at training camps as well as overseas.

⁵⁶ Ibid., 33.

⁵⁷ Ibid, 37, 41.

⁵⁸ Jim Garamone, “World War I: Building the American Military,” *U.S. Department of Defense*, March 29, 2017, <https://www.defense.gov/Explore/News/Article/Article/1134509/world-war-i-building-the-american-military/>.

⁵⁹ Vincent J Cirillo, “Fever and Reform: the Typhoid Epidemic in the Spanish-American War,” *Journal of the History of Medicine and Allied Sciences* 55, no. 4 (2000): 390-396, <https://doi.org/10.1093/jhmas/55.4.363>.

Immediately upon the start of war, the United States began to advertise their great need for nurses to join the Army Nurse Corps via the Red Cross. Although the Red Cross and the Army Nurse Corps were two separate institutions, nurses were depicted interchangeably by the media, and military men rarely distinguished between the two groups of nurses. The Surgeon General estimated that the military would need 10,000 nurses.⁶⁰ This estimate increased as they reassessed their needs, taking into consideration the number of troops, the number of injuries, and the illnesses they were anticipating. In December 1917, they announced they needed 37,500 nurses for an estimated 1,500,000 men – and that they currently only had 3,800 nurses.⁶¹ The need for nurses led to the ARC relaxing their standards. In February of 1917, immediately before the US entry into the war, the Army Nurse Corps only accepted unmarried white nurses who were United States citizens, between the ages of 25 and 35, and had worked at a hospital with more than 100 beds.⁶² After war was declared, they lowered their standards so that any non-Black trained nurse between the ages from 21-45 could enroll, even if she had little background working in large hospitals.⁶³ They also permitted women who were married and women who were citizens of allied countries to serve.⁶⁴

It was World War I when nurses, now concentrated together at military camps and bases in massive numbers, first began to develop a unified voice about their experiences, something that would prove helpful in the following years as they sought rank. In the Civil War, there were no formal organizations of nurses, nor was there any media made specifically by

⁶⁰ Mary Sarnecky, *A History of the U.S. Army Nurse Corps* (Philadelphia: University of Pennsylvania Press, 1999), 91.

⁶¹ "U.S. Will Need 37,500 Nurses," *The Evening Star*, Washington District of Columbia, December 30 1917, 7.

⁶² Sarnecky, 93.

⁶³ "Requirements Less for Army Nurses," *Ashland Tidings*, Feb 14 1918, 6.

⁶⁴ Sarnecky, 93.

them. They were largely defined by men, whether surgeons or enlisted men. This began to change in the decades following the Civil War, as nurses formed organizations such as the National League for Nursing in 1893 and the American Nurse Association in 1896. World War I strengthened their voice, cementing nurses' own sense of belonging to a unified profession; nurses felt a sense of kinship with other nurses, both American and international. Nurses were brought together in large numbers and established relationships with one another that would last through the war or even beyond.

The American Journal of Nursing, the foremost journal for nurses in America, demonstrated this newfound sense of kinship with regular articles on nurses in Europe. These articles were not solely concerned with the war in Europe, but also in the success of foreign nurses when it pertained to gaining rank and suffrage. They lost no time in depicting their fellow nurses, both American and European, as successful and capable, as one nurse did when she wrote about her fellow American nurses. She stressed that "Their spirit is splendid, and their work, their conduct, their whole service has been all that could possibly be desired."⁶⁵ Few nurses applauded themselves individually, but they made sure to laud their fellow nurses and depict them as extremely capable. Even as nurses for the first time began to powerfully develop a collective self-representation, however, they were drowned out by the much louder voice of the wartime national government, which had different priorities about how they should be perceived.

⁶⁵ J.C.S., "Letters from Nurses in Foreign Service," *The American Journal of Nursing* 18 no. 8 (May 1918), 721.

The United States government, in tandem with the American Red Cross, did not simply accept the ways in which nurses were attempting to define themselves, and consistently presented images of nurses to the American public which differed from those nurses themselves produced. Military men had resisted and begrudged the use of nurses during the Civil War and the Spanish-American War; the government wanted to avoid this happening again. To do so, they had to define nursing and show where nurses fit into the patriarchal hierarchy of the United States military. The depictions of nurses in Red Cross propaganda posters was one approach to this; the ways in which nurses were depicted in these posters would help define how soldiers perceived nurses going into the war.

State-sponsored propaganda consistently depicted nurses as young, beautiful, and kind. These images circulated in the form of Red Cross posters, articles disseminated to newspapers across the nation, and booklets handed out by the YMCA at training camps across the nation. An important audience for these images was military men as well as potential nurses. The Red Cross, at the request of the Surgeon General and the Public Health Service, made it clear that nurses owed it to their country to sign up with the Red Cross as soon as possible. Media depictions of nurses saturated both entertainment and propaganda. Popular music, made with the permission of the Red Cross, encouraged women to enlist as nurses. Films featured nurses as heroines, and the Committee on Public Information made sure that short newsreels emphasizing nurses overseas were played before films. As the United States gave itself over

entirely to the war effort, propaganda and advertisements involving nurses made sure that women were not overlooked.⁶⁶

Images were one of the best ways for the government and the Red Cross to disseminate their message across the country. From 1914 to 1918, the Red Cross produced and released many posters that featured nurses pleading prettily for help and assistance from other women, either the viewer of the image or another woman featured in the illustrations. Posters such as the “The Red Cross Serves Humanity Now” illustration by C. W. Anderson featured young, somber women appealing to the viewer to “join now.”⁶⁷ These images did the same service that “Rosie the Riveter” propaganda posters did during World War II. They gave women an idealized image of what they could be, emphasizing the youth and vitality that the government wanted to present nurses as having.

Propaganda representations of nurses as young – in their late teens and early twenties – were misleading, however. At the onset of the war, most nurses who volunteered for the Red Cross were nurses who had been firmly established in their careers. In April 1917, the Army Nurse Corps did not accept nurses under the age of 25. As the war continued, more young women did sign up – likely spurred in part by the posters appealing for their help – but that came later, after most posters had been designed and printed. Depictions of nurses in propaganda posters were more accurate in at least one way, however: military nurses on posters were entirely white. Black women were forbidden by the Army to join the ANC until the

⁶⁶ Carolyn E. Gray, “The Results of Organized Publicity in Interesting the Public in Nursing,” *Proceedings of the 25th Annual Convention of the National League of Nursing Education* (Baltimore, MD: Williams & Wilkins Company, 1919), 198.

⁶⁷ C.W. Anderson, *The Red Cross Serves Humanity Now, 1914-1918*, print, Library of Congress, <https://www.loc.gov/pictures/collection/wwipos/item/00652150/>.

end of the war. A few Native American and Asian nurses served during the war, but there are no other examples of women of color in either the ranks of the Army Nurse Corps or the Red Cross.

The U.S. government was not alone in deliberately circulating images of nurses as feminine, young, beautiful, and white. By the time the United States entered World War I, in April 1917, the nascent film industry was releasing dozens of films centered around the war. Commercial films had grown dramatically in popularity since the creation of the first film in the late nineteenth century. By 1917, hundreds of films were released each year; they had become one of the major avenues of entertainment for the entire country.⁶⁸ Movies about World War I were popular before the war had even ended.⁶⁹ These films took the existing representation of nurses as young and beautiful, and more explicitly transformed all nurses into ideal girlfriends. A number centered around young nurses in romantic situations. It was an appealing subject for the film industry, which “put [nurses] in the idealized role of ministering to the sick [and] brought romance to the trenches.”⁷⁰ This can be seen in *Sloth*, released in early 1917.⁷¹ *Sloth*, shot and released prior to the United States' entry into the war, featured a theoretical future in which members of the National Guard were sent to war. After the heroine's boyfriend is injured in battle, she rushes to enlist in the Red Cross so she can save his life.⁷² Movies based loosely

⁶⁸ Craig Campbell, *Reel America and World War I: A Comprehensive Filmography and History of Motion Pictures in the United States, 1914-1920* (Jefferson, N.C.: McFarland, 1985), 23-24.

⁶⁹ The first Oscar-winning motion picture, *Wings*, was released in 1927; it was set during World War I and featured Clara Bow as a Red Cross nurse who is convinced to serve as an ambulance driver in France during the war. Michael T. Isenberg, *War on Film: The American Cinema And World War I, 1914-1941* (Rutherford, New Jersey: Fairleigh Dickinson University Press, 1981), 122-124.

⁷⁰ *Ibid*, 197.

⁷¹ Campbell, 164.

⁷² “Reviews of Current Productions,” *The Moving Picture World* (February 24 1917): 1205.

around the same theme – a soldier in trouble, his devoted nurse girlfriend desperate to be at his side – only grew in number and popularity once the United States actually entered the war.

One of the most notable films made during World War I, *The Spirit of the Red Cross*, was made with full permission of the Red Cross.⁷³ Although fictionalized, it was obvious propaganda; every character and every note was meant to encourage women to want to be nurses and to inspire in them a desire to help their nation any way they could. It was offered free to film distributors across the nation less than a month before the American Red Cross began a drive for donations.⁷⁴ In it, an American soldier who is sent overseas to Europe is followed by his girlfriend, a nurse in the Red Cross – played by Canadian Claire Adams McKinnon, who herself had actually worked as a Red Cross nurse earlier in the war.⁷⁵ Ultimately, he is injured and she saves him, telling him that “no one shall be left behind.” This movie was a massive success for the Red Cross; it was lauded for being one of the most realistic war movies yet, and the donations made to the Red Cross Drive dramatically surpassed expectations.

Music, too, impacted the transformation of the nurse into the girlfriend. Popular music released throughout the war also featured nurses as romantic objects of soldiers’ desires. Soldiers would refer back to song lyrics when talking about nurses they had a romantic or

⁷³ Campbell, 86.

⁷⁴ “Spirit of the Red Cross: Picture Will Interpret the Organization for American People,” *New York Times*, April 21, 1918, <https://www.nytimes.com/1918/04/21/archives/spirit-of-the-red-cross-picture-will-interpret-the-organization-for.html>.

⁷⁵ Heather L. Robinson, “This Woman’s Work: The Onscreen and Offscreen War Service of Claire Adams Mackinnon,” *The Epoch Times*, November 15 2015, https://www.theepochtimes.com/this-womans-work-the-onscreen-and-offscreen-war-service-of-claire-adams-mackinnon_1895729.html.

sexual interest in; they were an easy shorthand for them to talk about nurses.⁷⁶ “I Don’t Want to Get Well,” one of the more popular songs during the war, was about the singer falling in love with “a beautiful nurse” who “holds my hand and begs me not to leave her.”⁷⁷ To the singer, getting wounded in the trenches of France was worth it because it put him in close contact with a beautiful woman who was focused on nursing him through his injury. The song was also used as a reference in literary works: James Crowe, an American man who served during the war as an aviator, posthumously published a short story entitled “Jacqueline.” In it, the narrator speaks of the French nurse that he has met while stationed in France, commenting that “if I fell in her front yard and had her to nurse me, in the classic words of the song, “I don’t want to get well.””⁷⁸ Songs such as “I Don’t Want to Get Well”, “I’m In Love With a Red Cross Nurse,” and “My Little Red Cross Nurse” all feature nurses as objects of romantic desire for soldiers, and they all reinforced wartime perceptions of nurses as exceptionally feminine to balance out the masculinity of soldiers.⁷⁹

Popular music also pointed to the idea that soldiers and nurses were meant to be romantically intertwined, as multiple songs suggested that a soldier’s girlfriend should ideally be a nurse. In “I’d Gladly Be a Wounded Soldier If You’d Be My Red Cross Nurse,” the singer considers enlisting in the Army, and fantasizes about his girlfriend joining the Red Cross to

⁷⁶ Correspondence from Alpha Jones to friend, May 2 1918, *Frank X. Fraas Collection*, 2002.50, The National World War I Museum, Kansas City, Missouri,

<http://cdm16795.contentdm.oclc.org/cdm/compoundobject/collection/overthere/id/7364/rec/25>.

⁷⁷ Harry Jentes, *I Don’t Want to Get Well* (New York: Leo Fiest Inc, 1917),

<https://www.loc.gov/item/ihas.100005549>

⁷⁸ James Richard Crowe, *Pat Crowe, Aviator: Skylark Views and Letters from France* (New York: N.L. Brown, 1919), 20.

⁷⁹ Christina Gier, *Singing, Soldiering, and Sheet Music in America during the First World War* (Lanham, Lexington, 2016), 150.

nurse him should he be injured.⁸⁰ Similarly, in “Come Be a Red Cross Nurse For Me,” Mabel is delighted and relieved when she gets a letter from Sammy saying that he is fine – but that overseas he is “taking many chances” and she “should come be a Red Cross nurse” for him.⁸¹

This enormously popular image of the nurse as girlfriend, together with this more specific fantasy that a soldier’s girlfriend could enroll in the Red Cross and be sent to where he was stationed “somewhere in France,” belied the realities of the interactions between soldiers and nurses. From the onset of the war, Red Cross and Army officials had expressed concern over the two groups intermingling, and after the United States entered the war, the Red Cross very quickly made it known that nurses were only allowed to interact and socialize with military officers.⁸² Nurses were told that it was unbecoming to the profession of nursing to interact socially with the enlisted men.⁸³

Public representations of nurses as romantic objects troubled nursing professionals like Clara Noyes and Jane Delano, who oversaw the nursing branch of the Red Cross.⁸⁴ Both women advocated for nurses to be taken more seriously; they had come of age at a time when nursing was still in a nebulous state and the public was unsure about how professional nurses were. In a world where there was a growing trend toward professionalization, the Red Cross did not want their nurses to be left behind. One of their biggest fears is that young women who joined the

⁸⁰ Remo Taverna, *I’d Gladly Be a Wounded Soldier If You’d Be My Red Cross Nurse* (New York: Geo J. Jetter, 1918), <https://www.loc.gov/resource/ihas.200210772.0/?sp=4>.

⁸¹ Leila Elinor Burgess, *Come Be a Red Cross Nurse For Me* (Los Angeles: W.A. Quincke and Co., 1918), <https://www.loc.gov/resource/ihas.200200231.0/?sp=2>

⁸² United States Department of the Army, Office of the Surgeon General, *The Army Nurse Corp: Medical Department of the United States Army in the World War* 13, pt. 2 by Julia Stimson (Washington: U.S. GPO, 1928), 299-300.

⁸³ Sarnecky, 116.

⁸⁴ Jane Delano, “Must Protect the Nation,” *The Red Cross Bulletin* v. 2, no. 12 (March 18, 1918): 1.

Red Cross would enter with unrealistic views of what it would be like to serve in wartime – specifically, with unrealistic views about potential romances.⁸⁵ Emphasizing the importance of remaining professional would, they believed, help combat that possibility, and instead put focus on the injuries and illnesses that Red Cross nurses were there to treat.⁸⁶

The heavy focus on the fear that nurses would become immersed in romance was in part due to the young age of nurses who enrolled in the Red Cross, but it likely also was exacerbated by the Army's very practical concern over sexually transmitted diseases among their soldiers. Even as they were expected to journey to Europe and to immerse themselves in wartime trauma and injuries, nurses were chaperoned and kept away from the enlisted men. Their youth led the Army and Red Cross officials to see them as vulnerable to romance and sex. The military was also worried over venereal disease, both because General Pershing did not want ill soldiers in France and because Progressive reformers feared for the morals of soldiers and launched a campaign against vice in the Army.⁸⁷

Rank emerged as one way to address the dangers of fraternization. The Army Nurse Corps did not give nurses any rank at all in World War I, but left them outside of the military's rigid structure of authority. They were considered "officers without rank," told informally that they had the same status as military officers, lacking the official position in the Army that made this clear. This ambiguous status often made nurses' relations with enlisted men and officers tense. The Army Reorganization Act of 1901 had made nurses an official part of the military, but

⁸⁵ Lavinia L. Dock, *History of American Red Cross Nursing* (New York: The Macmillan Company, 1922), 22; Reverby, 160.

⁸⁶ Adah B. Thoms, *Pathfinders, a History of the Progress of Colored Graduate Nurses* (New York: Kay Printing House 1929), 161.

⁸⁷ Keene, 24-26.

their position in the organization was not clear. Their quasi-officer status meant they were not able to associate with enlisted soldiers – officers were not permitted to fraternize with enlisted men. As early as 1905, members of the Army Nurse Corps began to campaign for formal rank, arguing that a nurse who “proves her superior ability” should be “recognized just as the ability to command and direct is recognized in the other Army corps.”⁸⁸ Soldiers recognized the reality of this, but were disappointed that they were forbidden to interact with the nurses outside of the patient-nurse relationship.

Soldiers, barraged by images of nurses as their ideal girlfriends, were disgruntled by the actuality of enforced separation between them and nurses. Enlisted men thought they knew why the rule was put in place; they believed the military and Red Cross officials were afraid of nurses falling in love. There was a tinge of bitterness to their frustration at times, with one soldier writing “too much fear of someone falling in love, perhaps?” at the stipulations in place preventing nurses from socializing or having dances with soldiers.⁸⁹ This was particularly acute when it came to soldiers overseas, who often commented on their delight they came face-to-face with American women.⁹⁰ They were both a reassuring presence and a reminder of what many of the soldiers believed they were fighting for – the woman and girls “back home.”

⁸⁸ Dita H. Kinney, “Time to Speak,” *The American Journal of Nursing* 7, no. 8 (May 1907), 648.

⁸⁹ Royal D.M. Baurer, Diary Entry of October 30, 1918, *Royal D.M. Bauer Papers, 1895-1919*, The State Historical Society of Missouri, Columbia, Missouri, <http://cdm16795.contentdm.oclc.org/cdm/compoundobject/collection/overthere/id/16545/rec/4>.

⁹⁰ Thoburn Doane Kelser, Diary Entry of July 23 1918, *Thoburn Doane Kelser Diary*, VOL 295, at Ohio History Connection Archives & Library, Columbus, Ohio.

Some women were willing to circumvent the rules against interacting with soldiers, and it seems that the rules could be relaxed on a situational basis.⁹¹ Many of the nurses were as unhappy as the soldiers at the separation, with one nurse relating her relief – “thank God!” – when she was told that in France they would be able to talk to privates.⁹² As she related in a letter home, she and the other nurses were terrified to talk to a private while in New Jersey while waiting for their orders – one nurse had gotten dismissed from the Red Cross for going out with a private. As such, she was “quite careful to obey rules.”⁹³ Older nurses also chafed at these restrictive rules; less because they wanted to interact with the young soldiers and “go out” with them than because they were frustrated at not being treated like the experienced adults they were.

Soldiers constantly perceived, and complimented, nurses in very feminine terms. They were “sweet and gentle,” even if they were not “constantly weeping” as one soldier noted with surprise.⁹⁴ And soldiers continually referred to nurses as pretty – in journal after journal, when soldiers spoke of nurses, “pretty” was one of the words most commonly used to describe them – as well as “pleasant” and other feminine descriptors.⁹⁵ As one man wrote, “the most romantic appeal to a girl is that of the Red Cross. The picture is touching, the white uniform bending over

⁹¹ Carter Harrison, *With the American Red Cross in France, 1918-1919* (Chicago: Ralph Fletcher Seymour Company, 1947), 68.

⁹² Helen Bulovsky, *Finding Helen: The Letters, Photographs, and Diary of a World War I Battlefield Nurse* (Scotts Valley: Createspace, 2006), 57; Alta May Andrews Sharp, interview by Margaret Duncan, April 16, 1985, transcript, Women Overseas Service League Oral Histories, Michigan State University Archives, Lansing, Michigan, <https://d.lib.msu.edu/wosl/112/datastream/TEXTPDF/View/>.

⁹³ Bulovsky, 57.

⁹⁴ Samuel Cranston Benson, *Back From Hell* (Chicago: A.C. McClurg and Company, 1918), 129.

⁹⁵ Ralph Evans, *Sergeant Ralph Evans Diary*, VOL 1318 at Ohio History Connection Archives & Library, Columbus, Ohio.

a bleeding soldier in the field of battle, impervious to fear and danger, soothing his brow.”⁹⁶

The more soldiers praised nurses, the more they highlighted their femininity; inserting a binary of female versus male, soldier versus nurse, mattered to many soldiers. As one issue of *Trench and Camp* put it, “to be a nurse is to be a woman – the very highest, greatest, and most wonderful woman.”⁹⁷

Even as the Red Cross asked American nurses to join the war effort, however, they pointedly ignored a group of women who were forbidden to do so. Black women were accepted into the American Red Cross reserves, but the organization refused to send them to the Army Nurse Corps; this left them in a vague position of inactivity.⁹⁸ Even as Black nurses were eager to prove that they were loyal citizens and deserved the rights that being a loyal citizen would entail, they were rejected from serving in the war.⁹⁹ There were thousands of working Black nurses across the United States who could have joined even before the standards were lowered, but in 1917, almost immediately after the beginning of the war, the Surgeon General announced that the Red Cross should not enroll Black women. He pointed to the difficulties of providing segregated nursing quarters to accommodate the white women who would inevitably refuse to live with Black nurses as justification.¹⁰⁰

Black nurses chafed at this, writing to government and Red Cross officials as well as newspapers to complain about their treatment. They pointed out that if the Army were in such

⁹⁶ Arthur Guy Empey, *First Call: Guide Posts to Berlin* (New York and London: G.P. Putnam’s Sons, 1918), 297.

⁹⁷ “Small Wonder They Call Them Angels,” *Trench and Camp*, January 4, 1919, 4.

⁹⁸ Threat, 23.

⁹⁹ Moser Jones and Saines, 879.

¹⁰⁰ Andrea Patterson, “Black Nurses in the Great War,” *The Canadian Journal of History* 47 (Winter 2012): 550.

desperate need of nurses, they should be happy to have them enlist, but the ban continued.¹⁰¹ Fred Moore, the editor of the *New York Age*, argued that it was “a form of treason” to deprive troops overseas of nurses due to racial discrimination, but his frustration fell on deaf ears.¹⁰² In the fall of 1918, the Red Cross finally allowed Black nurses to enroll, but it was only due to the need of nurses during the influenza pandemic.¹⁰³ It was not until the war had ended that Black nurses would be permitted to join the Army Nurse Corps.¹⁰⁴

While government, media, and white nurses were battling over competing images of nurses, they always assumed that nurses were white. The government and the Red Cross refused to allow Black nurses to see themselves in the war effort at all. Although propaganda posters of white women acting as nurses were released on a regular basis, there were no such images depicting Black women. The propaganda posters showing Black women were primarily food-related, with the women cooking food or in the kitchen, and the white newspapers that ran these images emphasized the role of Black women as employees rather than imbuing them with any sort of agency.¹⁰⁵ These images supported the popular concept that Black women belonged in the kitchen, and allowed white newspapers to provide headlines depicting Black women as the help rather than independent actors in their own right.

These gendered perceptions of nurses, as well as government attempts to define who a nurse was and how she should appear, would continue for the rest of World War I. The

¹⁰¹ Ibid, 552.

¹⁰² Fred Moore, “The Treason of Prejudice,” *The New York Age* (August 31, 1918), 4.

¹⁰³ Ibid, 71.

¹⁰⁴ Moser Jones and Saines, 880.

¹⁰⁵ Jennifer Keene, “Images of Racial Pride: African American Propaganda Posters in the First World War” in *Picture This: World War One Posters in Visual Culture*, ed. Pearl James (Lincoln: University of Nebraska Press, 2009), 221-222.

professionalization process that nurses underwent continued throughout the war, but so did the gender norms that both society in general as well as the soldiers themselves insisted that nurses adhere to. Nurses were complimented as “pretty” and “kind,” words that emphasized and reinforced their femininity. It was not until the outbreak of influenza in the fall of 1918 that this began to change.

CHAPTER TWO: DURING THE PANDEMIC

“If the flu keeps up much longer, the casualty list over here will be larger than the one in France.” In October 1918, as influenza raged across the United States, Lucy Durr wrote to her son in concern about how virulent the pandemic was.¹ Her prediction was apt; by the end of 1918, more United States troops had died from influenza than from fighting.² Lucy was one of many women who, although untrained as a nurse, was assumed by virtue of her gender to be able to nurse ill soldiers through the epidemic. Newspapers blared headlines such as “Influenza More Deadly Than the Huns,” and as hundreds of thousands of American citizens began to take ill, the military and Red Cross put out an urgent call for nurses.³ Announcements advised nurses that it was their “patriotic duty” to report to the nearest army camp and offer their help to the military officers there. This demand for nurses, especially ones who would end up in Army camps across the country, was startling. Military and Red Cross officials – particularly officers, who had tumultuous relationships with trained nurses – had mobilized nurses for the war only with great reluctance. Seeing nurses as frivolous, self-motivated, and unreliable, they were concerned whether nurses could be trusted to do their jobs responsibly and professionally.¹

¹ Correspondence from Lucy Durr to Clifford Durr, October 18 1918, LPR 32 Box 3 *Durr Family Papers*, Alabama Department of History and Archives, Montgomery, Alabama, <http://digital.archives.alabama.gov/cdm/ref/collection/voices/id/1786>.

² United States Department of War, *Annual Report of the Surgeon General U.S. Army to the Secretary of War, War Department*, 1919 vol. 2 (Washington: U.S. GPO, 1920), 625-637.

³ “Influenza More Deadly than Huns,” *The Seattle Times*, November 12 1918; “Women Nurses Needed in Texas Army Camps,” *Dallas Morning News*, October 13, 1918; “More Nurses Are Needed at Camp Zachary Taylor; Women Urged to Volunteer,” *The-Courier Journal*, October 7, 1918.

¹ “Nurse Warns Romantic Girls,” *Los Angeles Examiner*, March 3 1918; Katherine Volk, *Buddies in Budapest* (Los Angeles: Kellaway-Ide Company, 1936), 129.

Male officials in the military more generally shared a perception of nurses as vulnerable to romance and impressionable. This was just one of the many stereotypical beliefs that nurses were up against.² Nurses did their best to prove their worth as professionals, but military men still doubted their capabilities.³ By the beginning of the First World War, professionally trained nurses were required to undergo years of specialized schooling, yet some people assumed that their skills were inherent due to their sex. Public preconceptions of nurses imagined their professional identity as a mark of their innate femininity: they were romantic and dreamy-eyed, innate nurturers, angelic caretakers. The war did not shake these stereotypes: generally, it strengthened them. The 1918 influenza pandemic, however, did.

This chapter argues that the discourse regarding nurses changed dramatically during the 1918 influenza pandemic. As terrifying as the war was, the influenza pandemic was even more of a threat to American lives. It knew no political boundaries, affected young men and women in the prime of their lives, and was so frightening it caused Americans to imagine nurses to be more powerful: maternal rather than girlish. Military men, used to viewing nurses as romantic objects and emphasizing their femininity, for a short time began to see and speak of nurses as heroic, capable, and at times closer to mother figures than romantic interests. At the same time, newspaper representations of nurses shifted as journalists also emphasized the

² For more on gender, gendered stereotypes, and the way it can be used to analyze the historical record, see Joan Scott's essay "Gender: A Useful Category of Historical Analysis," in *Gender and the Politics of History* (New York: Columbia University Press, 1988). For more regarding gender and nurses, see Sam Porter's "Women in a Women's Job: The Gendered Experience of Nurses," *Sociology of Health and Illness* 14, no. 4 (June 1992): 511-527.

³ Patricia D'Antonio O'Brien, "The Legacy of Domesticity: Nursing in Early Nineteenth Century America," *Nursing Historical Review* 1 (1993): 242.

capabilities of nurses. Both groups saw the pandemic as a parallel to the war. To them, the outbreak was the nurses' war just as much the war in Europe was the soldiers' war.

This shift in discourse, although largely temporary, was a catalyst for nurses to expand how military men and the public perceived them. White nurses, who had proven themselves capable as they spent months nursing ill soldiers, used the changes in perceptions to argue for institutional change after the pandemic. Black nurses were in a very different position, since they had been forbidden to enter the Army Nurse Corps until the end of the war. The military stubbornly resisted integrating nurses until late fall 1918, but because of the pandemic, it was still desperately recruiting nurses at that time. For a brief period during the outbreak, these nurses were finally allowed to demonstrate that they were just as capable as white nurses. In doing so, they set a precedent for the role of Black nurses in World War II decades later.

Notions of gender informed almost every aspect of nursing during the pandemic. During the fall of 1918, as the outbreak raged across the world, the military desperately needed nurses even more so than doctors; they were recognized as vital to combating the disease. Treating the virus called for quiet, rest, cool liquids, and a healthy diet, all things that nurses were expected to be able to provide. Nurses, not doctors, were the ones who did the most work during the pandemic – to the disgruntlement of some doctors, who felt frustrated at being faced with an all-encompassing illness that they were unable to treat.⁴ Nurses were more visible than ever before to the public; calls for thousands of nurses filled the news, and most communities knew at least one woman who joined the Army Nurse Corps. Military men also

⁴ Byerly, *Fever of War*, 144.

became more familiar with nurses, as hundreds of thousands of soldiers took ill overseas and in training camps.

The 1918 influenza pandemic appeared in the United States in roughly three waves, beginning in the spring of 1918. While the second wave of the flu, which began in late summer and continued until the early winter of 1918, was by far the most notable, the first wave set the precedent for the medical response for subsequent outbreaks. In that first wave, nurses came face to face with what seemed to be a slightly unseasonable strain of influenza afflicting troops in France as well as those at training and military camps throughout the United States. Although influenza was a regular occurrence in the spring, many physicians and nurses noted that this strain of influenza was infecting predominantly younger men. Some doctors argued that it was not influenza at all, because it came so late in the flu season and because the symptoms were mild.⁵ To some extent, this was unsurprising. Sanitary conditions were always poor in the trenches, and a number of diseases were easily spread during World War I in Europe due to poor nutrition and close contact between men.⁶ Training camps in the United States, although better in terms of sanitation than the trenches and camps in Europe, served as a microcosm of American society, with men from all regions and all walks of life interacting and bringing their illnesses with them. Army officials had anticipated this possibility and had begun tracking influenza and other diseases, as soon as the U.S. had entered into the war.⁷ Their chief concern was typhoid: thousands of soldiers had died from the disease during both the Civil War

⁵ TR Little, CJ Garofalo, and PA Williams, "B. Influenzae and Present Epidemic," *Lancet*, no. 2 (July 31 1918): 4950.

⁶ Katz, 418.

⁷ Daniel S. Chertow, et al, "Influenza Circulation in United States Training Camps Before and During the 1918 Influenza Pandemic: Clues to Early Detection of Pandemic Viral Emergence," *Open Forum Infectious Diseases* 2, no. 2 (2015): 2, <https://doi.org/10.1093/ofid/ofv021>.

and the Spanish-American War.⁸ However, the recent development of a typhoid vaccination had proven effective, and typhoid was less of a concern than they had expected.⁹

Instead of typhoid, influenza took hold. Much to the dismay of medical professionals, in 1918 influenza could not be stopped by vaccines. Scientists failed to create a working influenza vaccine, partially due to a mistaken belief that influenza was due to a bacterial infection rather than a virus.¹⁰ The lack of a vaccine, coupled with the conditions in the European trenches and military training camps, helped the virus propagate across the globe, infecting hundreds of millions of people.¹¹

The influenza outbreak first appeared in the United States during spring, initially at training camps in the nation's heartland such as Camp Funston in Kansas and Camp Sherman in Ohio.¹² It was during this outbreak, though not necessarily because of it, that Major Christian Holmes, physician and commander of the base hospital at Camp Sherman, made an appeal to women at a Red Cross talk in Cincinnati, Ohio. Holmes urged women to sign up as nurses at Camp Sherman, as “all women are natural-born nurses ... the true ministering angels of mercy.”¹³ His language referred back to almost a century’s worth of dialogue that pointed to

⁸ Cirillo, 395.

⁹ John M. Eyler, “The State of Science, Microbiology, and Vaccines Circa 1918,” *Public Health Report* 125, suppl. 3 (2010), <https://doi.org/10.1177/00333549101250S306>.

¹⁰ Ibid. In 1918, scientists were unaware that influenza was a virus – they instead believed, due to a variety of reasons, that it was a bacterial infection. This belief meant that although scientists and drug companies produced vaccinations for the 1918 pandemic, none of them worked. Even as many doctors warned that the vaccine was not effective, hundreds of thousands of vaccines were distributed throughout the United States, and many Americans lined up to get vaccinated during the outbreak of fall 1918 in hopes it would stave off the disease. It was not until 1933 that scientists discovered that viruses, not bacteria, caused influenza, and it was not until 1938 that the first successful flu vaccine was created.

¹¹ Nobody knows for sure just how many people took ill during the pandemic. However, epidemiologists estimate that about 500 million people were infected, a third of the world’s population in 1918.

¹² *Medical Department of the United States Army in the World War* vol. 9, 66.

¹³ Christian Holmes, “Women Nurses Are Best,” *Hospital Management* 5, no. 1 (April 1918): 22.

nurses as angelic caretakers, more sentimental and virtuous than knowledgeable and capable.¹⁴ The concept of nurses as angelic was one that many nurses resisted, because it minimized their education and efforts as nurses. "Angelic" also implied that they were working for a higher power, be it a deity or a physician.¹⁵ Holmes was one of many who believed that the capabilities of nurses were innate and effortless.

Many scientists and physicians shared Holmes' belief that nurses were "natural born caretakers," and that they were defined by their weakness in comparison to men.¹⁶ Their nervous system, believed to be weaker than men's, made them vulnerable to overexcitement and anxiety. They had to focus on domestic pursuits or risk trauma, illness, and mental issues. Physicians saw women as in danger of neurasthenia, characterized as a condition of nerves that led to exhaustion and neurosis.¹⁷ Although neurasthenia would come to be associated primarily with men after World War I, in the years preceding the war doctors believed that women, particularly those who acted outside of their prescribed gender roles, were uniquely vulnerable to it.¹⁸ The physicians who worried about this female weakness generally considered nursing an acceptable pursuit since it played to the perceived strengths of women and emphasized their ability to nurture and to take care of the ill. To many of the women who served as nurses, however, it was much more than that. Although onlookers viewed nursing as a domestic career, nurses increasingly did not necessarily see themselves as domestic.

¹⁴ Gordon and Nelson, 64.

¹⁵ Ibid, 65.

¹⁶ Holmes, 22; Carroll Smith-Rosenberg, "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America," *The Journal of American History* 60, no. 2 (1973): 334, <https://doi.org/10.2307/2936779>.

¹⁷ Wendy Mitchinson, *Body Failure: Medical Views of Women, 1900-1950* (Toronto: University of Toronto Press, 2013), 252-253.

¹⁸ Ibid, 251.

It was in this environment that nurses came face to face with the 1918 influenza pandemic. The epidemic would be the crucial moment of their careers as nurses, something that they looked back on with both sadness and nostalgia after the outbreak was over. Even as the disease spread like wildfire through the population, it was also an opportunity for them to prove themselves more than simply helpmates to doctors and more than objects of desire to soldiers.

Only a few available sources speak to nurses' role in the initial wave of the pandemic. Many nurses were not even enrolled in the military yet; in the summer of 1917, there had been only 400 women in the ANC.¹⁹ That number skyrocketed throughout 1918, when the military partnered with the American Red Cross to provide nurses for the war. It was not until that summer that nurses were mobilized *en-masse* in preparation for troops' deployment to France. The nurses who were working in the Red Cross or ANC in the spring of 1918 did not write about the outbreak, or even indicate they were aware it was anything but an unseasonable strain of flu. Some medical officers were concerned and alarmed by the spread of the virus, but nurses did not single it out as concerning in their extant writing.²⁰ Only with the benefit of hindsight were people able to identify it as a prelude to the pandemic that spread across the world later that year.

During the late summer in 1918, medical professionals first realized just how anomalous the flu strain circulating the globe was. Through the late spring and early summer, the virus had

¹⁹ Feller and Moore, 9.

²⁰ Byerly, *Fever of War*, 70-71.

mutated, becoming more virulent and deadlier.²¹ It spread person-to-person with greater ease than doctors and scientists expected to see from influenza – or anything else, for that matter. There had not been a disease as potent and as lethal to its victims since the Black Death of the fourteenth Century; although the 1918 pandemic was not nearly as virulent or as deadly as the Black Death, it was most recent large-scale pandemic that resembled the 1918 pandemic. Also alarming to physicians was the fact that it was racing through enlisted troops at a speed that was hard to fathom. In some cases, men would get sick in the morning and die that night.²² Doctors had never seen this before, and they worried that it did not bode well for the health of the U.S. military or the nation.

The first indications to the United States Army that influenza was spreading came from Europe. Soldiers in France started to come down with the influenza virus, or what many overseas soldiers and nurses called “la grippe.” Due to the conditions in the trenches – cramped, unsanitary, full of men who were suffering from malnutrition – it was easy for the virus to spread across first the region and then the European continent before becoming a worldwide pandemic.²³ Ultimately, almost 40% of United States troops in Europe became ill during that fall.²⁴ At the same time, doctors took note of the spread of influenza in Massachusetts. Boston, which had a bustling port full of soldiers returning from France, was the

²¹ G. M. Conenello et al, “A Single Mutation in the PB1-F2 of H5N1 (HK/97) and 1918 Influenza A Viruses Contributes to Increased Virulence,” *PLoS Pathogens* 3 (2007): 1418.

²² D.M. Morens, J.K. Taubenberger, A.S. Fauci, “Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza: Implications for Pandemic Influenza Preparedness,” *The Journal of Infectious Diseases* 198 (Oct. 1, 2008): 965.

²³ Carol Byerly, “The US Military and the Influenza Pandemic of 1918–1919,” *Public Health Reports* 125, suppl. 3 (2010): 87, <https://doi.org/10.1177/00333549101250S311>.

²⁴ *Ibid.*

first U. S. city to see cases of the disease that August.²⁵ From there, it proliferated along the eastern seaboard, and eventually across the nation. As it spread across Europe, it also spread across America.

When the epidemic hit the United States there was a shortage of trained nurses available to work on U.S. soil either on, or off, military bases. Over 21,000 nurses had been recruited to the Army Nurse Corps, and over half of those had already been sent to Europe. The others were either in training camps across the United States or preparing to sail to Europe.²⁶ Student nurses from across the nation, some in their first semester of nursing school, were called up by the Red Cross and asked to take on the role of trained nurses.²⁷ Prior to the pandemic, military officials as well as trained nurses had naturally resisted the idea of inexperienced student nurses becoming too involved in the war effort.²⁸ These worries fell to the wayside as anyone with the slightest bit of nursing training was pressed to “do their part.” Biology was assumed to trump training once again. Tellingly, many believed trainee nurses to be more capable than trained male nurses when it came to the response to the outbreak. This belief did not always extend to the men they were nursing, however. One soldier commented that the “real nurses” were too busy during the pandemic, so instead he and his fellows had to make do with “college girls” that the Red Cross designated as nurses.²⁹ As the Red Cross and Army Nurse Corps resorted to trainee nurses, concerns about the level of care that student nurses were able to provide abounded.

²⁵ Crosby, 29.

²⁶ Sarnecky, 92.

²⁷ Keeling, 106.

²⁸ Ibid.

²⁹ “A Fluey Diary, 1918,” *Montanan* 1920 (1919): 149.

To many of these student nurses, the pandemic would prove to be both a horror and an opportunity to gain on-the-job training as quickly as possible. They were unprepared for the pandemic. Many of them were in their first year of nursing school, and even if their goal was to eventually become a nurse, they were not expecting to be immediately tried.³⁰ One woman spoke of it as a “baptism by fire,” something that made the “deepest impression” on her.³¹ She was affected by the tragedy and death surrounding her, but at the same time, saw it as a trial she succeeded at. Ultimately, she believed that she and the other student nurses “grew to professional stature” during that time.³²

The experiences of nurses during that fall varied, but all bore witness to a disease that contemporaries believed was the worst disease outbreak in history. The sight of those stricken by the outbreak was horrifying. The 1918 influenza pandemic was particularly bloody: nose bleeds were a common side effect, and at times victims coughed so violently that their sputum was tinged with blood.³³ Nurses recalled soldiers covered in blood despite their best efforts to keep the sheets clean.³⁴ The nurses worked long hours in these terrible conditions. One doctor at Camp Sherman, Ohio, noted that not only was blood all over the sheets, walls, and pillowcase, but also that every visible item of clothing on all of the nurses was pink with dried blood.³⁵ The 1918 influenza was bloody and violent, something that doctors worried women would not be able to handle.

³⁰ War Department, Office of the Surgeon General, *Medical Department of the United States Army in the World War, vol 7: Training* (Washington: U.S. Government Printing Office, 1928), 452.

³¹ Deming, 1308.

³² *Ibid*, 1309.

³³ Jordan, 260.

³⁴ Helen Follett Jameson, “Uncle Sam’s Bluebirds,” *Ladies’ Home Journal* 36, no. 5 (May 1919): 111.

³⁵ Carey McCord, “The Purple Death,” *Journal of Occupational Hazard* 8, no. 11 (November 1966): 594.

The initial response of doctors and military officials was to fret that nurses would buckle under the strain.³⁶ Both groups worried about the delicacy of nurses, which is one of the reasons they tried to station nurses miles behind the front lines. The pandemic turned entire military camps into the front lines, however, and nurses were unable to avoid the stress of the outbreak. Tessie Lewis, a Red Cross nurse stationed at numerous Army hospitals in the United States, witnessed this for herself when an “elder surgeon” in her hospital warned her not to overdo it. Lewis observed that, despite her age, this surgeon “seemed to consider [her] a frail young blossom that needed much cherishing instead of a small, but robust and healthy, spinster, who had been knocking about the world for some thirty odd years.”³⁷ Many men in positions of authority viewed even trained and experienced nurses, like Lewis, as perhaps too vulnerable to handle the worst of the pandemic.

At the beginning of the outbreak that fall, nurses knew that becoming overwhelmed would reflect badly on them and their profession. Ruby Pennell Adams, one of the Army School of Nursing student nurses, remembered that nurses were told to remember “not to cry.”³⁸ Doctors and older nurses advised inexperienced nurses to keep on working instead of stopping to think about what they were witnessing. If they did, doctors were afraid that the trauma would be too much for them. Military officials were correct in predicting that the job would be traumatic: their mistake was assuming that women were the only ones who were traumatized

³⁶ Unknown Author, *Letters From an American Girl in a War Zone, 1917-1919* (Princeton: Princeton University Press, 1919), 55.

³⁷ Tessie Lewis, *12 Months in an Army Hospital: by One Who Didn't Go Across* (Washington, D.C.: The Able Printers, 1921), 150.

³⁸ “Bluebird” nurses were trainee nurses in the Army Nurse Corps; they were some of the first students at the Army School of Nursing, which was established near the end of the war. Known as “Bluebirds” because of the color of their uniforms, these women were young and less experienced when it came to nursing. During the 1918 pandemic, they nursed soldiers across the nation. For more information, see Sarnecky, 85-91.

by the virulence of the pandemic. Soldiers, too, were overwhelmed and upset with the death that they saw all around them, particularly soldiers who had not already come face-to-face with the death that permeated trench warfare.³⁹ Nurses were horrified at times when faced with the pandemic, but their training had emphasized the importance of remaining detached and minimizing their reactions to death. Earlier in the war, one younger nurse was reminded that it was not her “right to faint” when faced with mutilated bodies; it was more important that she keep poised and continue to work.⁴⁰ Only a few nurses expressed horror or sadness during the pandemic in writing. Emily Raine Williams, when writing of the many ill, coughing, young men on rows and rows of cots that she saw during the pandemic, only wrote “I think often of that sight.”⁴¹ Many of the women working as nurses found it hard to put into words the sights they were seeing, particularly when they had so little time to focus on anything but work.

It is unknown how many nurses took ill and died of influenza that fall. Red Cross records indicate that 268 nurses died in service through the course of the war, but it does not distinguish between causes of death. Local reports give a sense of the scope of loss: at the Camp Cody hospital, “seventy-five of the one hundred nurses got the flu, and five of them died.”⁴² And almost every nurse who wrote about the pandemic had a story about one of her fellow nurses falling ill and dying. One nurse related that so many nurses were sick from the flu

³⁹ Correspondence from Robert March Hanes to Mildred Borden Hanes, November 10 1918, in the *Robert March Hanes Papers* #4534, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina. <https://docsouth.unc.edu/wwi/hanesletters/hanesletters.html>.

⁴⁰ Lavinia L. Dock, 413.

⁴¹ Genevieve Joubert, “Gone, With Only Memory Left”: The Wartime Memoir of Emily Raine Williams”(MA Thesis, University of Maryland, 2015), 170.

⁴² Byerly, *Fever of War*, 76.

that “we hardly have enough to keep the wards going.”⁴³ She was fatalistic about illness and death; when the first nurse in the ward died, she noted that she was “the first to go from our nursing staff.”⁴⁴

Even as they mourned their fellow nurses, however, they were often kept too busy to remember them publicly. Army Nurse Corps nurses who died during the pandemic were buried with full military honors. However, it was difficult for the surviving nurses, preoccupied with their harrowing and unrelenting work, even to attend the funerals of the women in their cohort.⁴⁵ For several of the women, their only respite from handling cases of influenza and nursing soldiers was getting sick themselves. Harriet MacDonald, who served as a physical therapy nurse in France, expressed relief that she was able to rest for ten days and be “waited on” because she had become ill with the flu.⁴⁶ Many nurses did not fall ill until after the pandemic had raged through the Army camp or hospital they were stationed at. Their immune systems held up for a long time, but eventually gave out, and illness inevitably followed. The lucky ones survived, but many did not.⁴⁷

Nurses did not view their own work as heroic; they themselves as simply doing their job. Many did not have time to write journal entries during the outbreak, perhaps penning a few

⁴³ Alice Stephenson, ed, *Three Scuffed Suitcases: Biography from the Diaries of Mary Elizabeth Shellabarger* (Scotts Valley: Createspace, 2015), 100.

⁴⁴ Ibid.

⁴⁵ Elizabeth Herbert Smith Taylor, “October 9 1918,” *Diary*, in *The Elizabeth Herbert Smith Taylor Diaries*, SHC #4994, Manuscripts Department, Southern Historical Collection, Wilson Library, University of North Carolina Chapel Hill, North Carolina, <https://docsouth.unc.edu/wwi/taylordiary/taylordiary.html>; United States Department of the Army, Office of the Surgeon General, *The Army Nurse Corps: Medical Department of the United States Army in the World War* vol 13 pt. 2 by Julia Stimson (Washington: U.S. Government Printing Office, 1928), 345.

⁴⁶ Harriet Macdonald, *Letters from the Front: Written by a Physical Therapy Nurse* (Liskeard: Diggory Press, 2006), 61.

⁴⁷ Folder 340.061, *Bronze Medal – Nurses*, Box 411, RG 200. College Park, MD: National Archives and Records Administration.

lines when they could, but what they did write was telling. Instead of focusing on their work, or complaining about what they had to do, they emphasized what had to be done. While sometimes lauding other nurses, extolling their successes and accomplishments during the pandemic, they spoke of their own work in matter-of-fact language. It was what they were being paid to do, and although nobody had expected a pandemic of this magnitude, it was what many had trained for.

While nurses treated their work with a matter-of-fact attitude, they lauded their fellow nurses as heroic. Nurses who died during the pandemic, in particular, came in for praise from other nurses, with one woman stating that “we feel these nurses gave their lives as bravely as if they had been on the firing line.”⁴⁸ Many nurses paralleled the work they were doing with the work that men did “over there” in France; the pandemic was their own battle to fight, their “war at home.”⁴⁹

Just as soldiers did their duty in fighting the war, nurses were determined to do theirs with a minimum of fuss and difficulty.⁵⁰ This gendered division of labor, with the men fighting and the women healing, speaks to societal expectations of gender roles. Gene Marie Gunderson, a North Dakotan nurse, had always wanted to become a nurse – she speaks of it as her life-long dream. She had signed up with the Red Cross prior to the advent of war, but once the Red Cross began to send nurses to the military, she was sent to Camp Lewis in Washington and then to France. On the way there, she took ill with the flu, but she only briefly discusses it,

⁴⁸ Agnes Talcott, “District No. 5 – Los Angeles County,” *The Pacific Coast Journal of Nursing* (January 1919): 337-338.

⁴⁹ Bristow, 79.

⁵⁰ Dorothy Kitchen, September 27 1918 and October 13 1918 letters, *Miscellaneous Manuscript Collection*, Manuscript Division, Library of Congress (154.00.00).

simply writing that “I was not expected to ever reach England alive.” She was more concerned with the deaths of fellow nurses – five others died from influenza on the ship to Europe in the fall of 1918 – and working to alleviate the side effects of the flu among the people who survived. Although side effects from the disease lingered for months, she ignored them; more important to her was “[going] about [her] work.”⁵¹ Nurses had been trained to conduct themselves in a serious, professional manner even in the midst of tragedy and death, and they saw it as of paramount importance that they did just that. In a period when nursing was becoming increasingly professionalized, showing weakness could be detrimental not only to individual nurses but to the profession generally. By responding to a devastating pandemic with emotionlessness, nurses strove to demonstrate their professionalism.

Those nurses who internalized this matter-of-fact approach to the pandemic as something they just had to get through found validation in the work they did during the outbreak of disease because it allowed them to prove their worth and demonstrate their training. One Red Cross nurse, writing of the outbreak later, commented that some of her happiest memories were from during the pandemic outbreak.⁵² They were needed in a way they had not been: they were more central to the process than they had been nursing soldiers in Europe, and they were eager to showcase the importance of nursing during the pandemic. They were needed on a bigger scale, and influenza could not be treated by surgeons or doctors like war injuries could. This was the first large-scale pandemic that occurred when nursing was a

⁵¹ "Gene Gunderson Shaw," *North Dakota Nurses Over There*, ed. by Grace E.F. Holmes (American Legion Auxiliary: Department of North Dakota, 2017), 117-119.

⁵² Bristow, 121; E.H. Dyke, "Influenza Experiences and What They Taught," *Public Health Nurse* 11, no.11 (1919): 891.

recognized profession, and nurses had a lot to lose if they could not contribute.⁵³ One nurse related her experience during the pandemic, writing that upon being sent to Camp Holabird during the peak of the outbreak, guards “ran along side of the ambulances yelling [...] Here comes the nurses! Now those sick boys will get well.” The emphasis that the soldiers put on their arrival stunned her, and “it seemed to awe most of [us] who realized that through our services we might be able to create to some degree a more healthy atmosphere.”⁵⁴ Nurse trainees, in particular, considered their experiences “valuable”; it allowed them more on-the-job training in a shorter time than they would have otherwise received.⁵⁵

One of the more important dynamics during World War I and the influenza pandemic was that between nurses and orderlies.⁵⁶ Orderlies were meant to be nurses’ helpers, but at times the men resisted taking orders from women, instead ignoring them and spurning their orders. Nurses were often frustrated by this; Alta Sharp recorded her annoyance with them in her diary, writing about her bewilderment that “so many ignorant and wholly irresponsible [orderlies] were placed in these important positions.”⁵⁷

The relationships between orderlies and nurses was of course not entirely contentious, but complex. Bill Schira, an orderly who took ill during the pandemic, was convalescent for a

⁵³ Dora E. Thompson, “How the Army Nursing Service Met the Demands of War,” *Proceedings of the 25th Annual Convention of the National League of Nursing Education* (Baltimore, MD: Williams & Wilkins Company, 1919), 125.

⁵⁴ Joubert, 169.

⁵⁵ Hallie Staley Kinter, interview by Jacqui Pearson, 1977, transcript, from the Oral History Collection of the University of Illinois at Springfield, Springfield, Illinois, <http://www.idaillinois.org/digital/collection/uis/id/5665>.

⁵⁶ Some orderlies were male nurses – the Army refused to allow male nurses to enlist in the ARC, so male nurses were part of the men that worked as orderlies instead. These men were outliers, however; most orderlies did not have medical training of any sort.

⁵⁷ Alta May Sharp, “Entry of August 26, 1918,” *Diary*, Edward Jones Research Center, The National World War One Museum and Memorial, Kansas City, MO. <https://theworldwar.pastperfectonline.com/archive/B74BD492-2F88-4DBF-98FA-378272186783>.

month, and it took even longer than that for him to regain his full strength. During this time, nurses he worked with often sent him to bed to get some sleep, even when he was meant to be working throughout the night.⁵⁸ Another orderly wrote of the quiet moments shared between nurses and orderlies during the night shift, acknowledging that “if the nurse was pleasant” their work was not too taxing.⁵⁹ On the other hand, he resented “fussy” nurses, or, as he wrote with dismay, “ugly” nurses.⁶⁰ Orderlies were not exempt from focusing on the physical attributes of nurses or idealizing their femininity as they dreamt of romance.⁶¹

The men stricken with influenza were aware of and insisted on keeping the acknowledged distinctions between nurses and orderlies, adhering to the social standards that existed prior to the pandemic. One ill man commented on how “nice” the nurses were – and then added that the “several men” who worked in the hospital were also “as good as can be.”⁶² Even if they performed similar work, they were separated in the minds of soldiers.⁶³ Doctors likewise made sure to differentiate between them, even as they were grouped together in terms of helpfulness and what they did to assist medical officers.⁶⁴

Surprisingly, historians have neglected to note that during the pandemic nurses were often seen as stand-ins for mothers, to a greater extent than those nursing battlefield

⁵⁸ Bill Schira, “Entry of October 30 1918,” *Personal Diary*, <http://net.lib.byu.edu/estu/wwi/memoir/Schira/Schira.htm>.

⁵⁹ M.R. Werner, “*Orderly!*” (New York: J. Cape & H. Smith, 1930), 123.

⁶⁰ *Ibid*, 123-124.

⁶¹ *Ibid*, 44.

⁶² Correspondence from Lonnie T. Graham to Family, September 17 1918, *Lonnie T. Graham Papers*, WWI 43, WWI Papers, Military Collection, State Archives of North Carolina, Raleigh, North Carolina, <http://digital.ncdcr.gov/cdm/compoundobject/collection/p15012coll10/id/3462/rec/6>.

⁶³ Orderlies often did more of the “grunt” work – moving stretchers and the like. They were also the ones that changed the bedpans of patients if at all possible, as it was considered unacceptable for nurses to have to deal with those. Werner, 124.

⁶⁴ N.R. Grist, “A Letter From Camp Devens,” *British Medical Journal* 2, no. 6205 (December 22 - 29, 1979): 1632.

casualties. Prior to the pandemic, soldiers spoke of nurses in a more romantic and sexualized manner. Soldiers emphasized their appearance; one private wrote that the American nurses he encountered were “beautiful and charming.”⁶⁵ Many men, going into the war, had become attached to the public image of nurses. That image emphasized their youth, their beauty, and their patience. The cliché “angel of mercy” image that many had of nurses allowed soldiers to rationalize any potential injuries as opportunities for them to interact with young women focused solely on them.

However, during the pandemic, soldierly perceptions of nurses as romantic momentarily abated; they referred to nurses as motherly instead. The concept of nurses as motherly harkened back to original American perceptions of nurses. This was not a shift that occurred solely because of the pandemic; injured soldiers throughout the war sometimes viewed nurses as mother-stand ins. However, the pandemic heightened this tendency. Soldiers increasingly focused on the maternal and domestic aspects of nurses, talking about their kindness, patience, and helpfulness. One soldier, taken ill with influenza, wrote that he wished his mother was there to nurse him instead. He was frustrated with the lack of attention he was getting in the hospital ward because so many men were sick.⁶⁶ Many soldiers believed that if they only had their mothers to take care of them, their fight against influenza would be easier.⁶⁷

⁶⁵ Kelsner, Diary Entry of July 23rd.

⁶⁶ Correspondence from John Burt Exum to Mother, September 26, 1918, Box 54, *John Burt Exum Papers*, Military Collection. World War I Papers, State Archives of North Carolina, Raleigh, North Carolina, <http://digital.ncdcr.gov/cdm/compoundobject/collection/p15012coll10/id/3432/rec/26>.

⁶⁷ Correspondence from George T. Angell to Rose Angell, “After Hospital,” 1918, *George T. Angell World War I Letters*, MSA 681:6, Vermont Historical Society, Barre Vermont, <http://vermonthistory.org/documents/transcriptions/AngellGeorgeTWWILetters.pdf>.

Nurses during the pandemic in fact took on other traditionally maternal roles. Mothers who had not been able to reach the bedsides of their deceased sons sent letters to the Red Cross, requesting any information that nurses could provide about their last moments. These letters were not sent to the officials in the Army Medical Corps, or the doctors, but rather the nurses. Mothers believed they were more likely to provide the sympathy that “the heart wants and needs” when faced with the death of a child.⁶⁸ That the nurses were the ones who were expected to respond to these letters is an example of the gendered aspects of caretaking, as well as the performative duties the nurses had to perform outside of physically taking care of patients. They were not just expected to nurse the men, but also provide support to families and position themselves as emotional caretakers as well.

The pandemic also led the way for Black women to join the ANC. Segregationist resistance managed to push back integration until the end of the war. It was only at the very end of the war that they could join: the unanticipated last-minute mobilization of nurses was a particularly meaningful one for Black nurses. The first Black nurses admitted to the United States Army Nurse Corps were called up two days after the war had ended and sent to two Army camps in the Midwest.⁶⁹ Although discussions about enlisting Black women into the Army Nurse Corps had taken place among the Red Cross and the military in 1917, it was not until 1918 that these conversations became more tangible. Military officials had been reluctant to

⁶⁸ “Letters Pay Tribute,” *Camp Sherman News*, November 19 1918, 1.

⁶⁹ Moser Jones and Saines, “The Eighteen of 1918-1919,” 880.

integrate the Army Nursing Corps, arguing both that white nurses were more capable and that integration would cause resentment among white nurses.⁷⁰

When the pandemic began in the fall of 1918, there was still resistance to integrating the Army Nurse Corps. At the end of August, the War Department officially authorized the use of Black nurses, but as time went by, they were still not accepted into the organization. First, segregated barracks had to be built for Black nurses, even as camp officials across the country bemoaned the lack of nurses due to the pandemic.⁷¹ Black newspapers were furious at the exclusion of Black nurses, especially as the pandemic lengthened. “One Black nurse, Lillian Patterson, heeded the October call for trained nurses to go to Camp Sherman. She was promptly turned away by the chief nurse there, told that she was not able to work there because she was Black. Even though she “went with the same patriotic motive as the twenty-five white nurses who were on the same car, they were accepted and [she] was refused.”⁷² In contrast, cities across the United States called for Black nurses to assist them during the outbreak, particularly as some doctors believed they were less affected by the virus.⁷³

Other newspapers picked up the report on Lillian Patterson being rejected by the Chief Nurse at Camp Sherman, and some had things to say. One newspaper, the *Grenada Sentinel* from Mississippi, mocked the report. In the South, they argued, such a thing would never have happened, because “Our people know that some of the best and most faithful nurses in the

⁷⁰ Threat, 23; Brown, 68-69.

⁷¹ “900 Dollars for New Nurses House for Negro Nurses Set Aside,” *Chillicothe Gazette*, Sept 16 1918, 1; “Race Nurses May Be Seen At Camp Soon,” *New York Age*, Sept 21 1918, 1.

⁷² “This should Not Be!” *Chillicothe Gazette*, October 15 1918, 5.

⁷³ “Over 175 Cases of Influenza,” *The Charlotte News*, October 3 1918, 2; “Great Need for Colored Nurses,” *The Wichita Daily Eagle*, October 16, 5.

room have been those of the Black race.” The writer then indulges in racist nostalgia that harkens back to the age of slavery, finishing with “The fact is, when the white folks of the South are sick, they love to see a negro around.”⁷⁴ For all the concern about how white soldiers and nurses would react to Black nurses, it seems that many in the South were still comfortable with Black nursing because they saw it as a form of subservience.

The Army finally let go of its policies that Black women could not serve as nurses in the ANC only when the sheer amount of cases at Army training camps meant that it was no longer feasible for the Army to deny that Black nurses could serve in the organization.⁷⁵ Eighteen nurses were recruited to serve at Camp Grant in Illinois and Camp Sherman in Ohio; these nurses would be the first step to integration in the United States Army Nurse Corps. As one of the women wrote, the soldiers were delighted at their arrival, and it “warmed out hearts to see how thoroughly glad the boys were to have us with them.”⁷⁶

During the fall of 1918, people thought of the pandemic as a battle. Nurses were “on the front lines”; they were praised for being warriors against an invisible enemy. During the pandemic, more than any other time in the war itself, onlookers saw nurses as not just angels of mercy, but as soldiers, off to battle against a disease that was killing more men than World War I was, or as stand-ins for the mothers of soldiers.

Prior to the outbreak, the nurses were referred to in more feminine terms: “helpful,” “angels of mercy,” “kind,” “sweet” – all words with gendered connotations that emphasized

⁷⁴ “An Instance of the Color Line in the North,” *The Grenada Sentinel*, Grenada Mississippi, Jan 31 1919, 4.

⁷⁵ Thoms, 162.

⁷⁶ *Ibid*, 161.

Victorian ideals of domesticity and gender. Once the outbreak began, however, the words that many soldiers used to describe them changed: they called nurses “heroic,” one of the highest compliments that a man in the military could give. During the pandemic, the men that served recognized nurses’ bravery and accomplishments.⁷⁷ Even as nurses were maternalized, they were also masculinized, treated more like men because of their perceived bravery. Joseph Broz, a corporal in the Air Service of the AEF (American Expeditionary Forces), said the nurses “performed nobly [and] did their best for us.”⁷⁸ Although Broz was complimentary, his words also illuminate that his appreciation of nurses still emphasized their service to him and other men. By risking their own health to nurse others -- even though this was to be expected from nurses – they earned praise in masculine terms, ones that spoke to their valor and nobility. Soldiers considered them brave, particularly when they made great sacrifices, such as the Harvard nurses who “saved many of the sick [and] didn’t get any rest for three or four days.”⁷⁹

At the same time, not all men were able to look upon the nurses positively. Some felt that they were forced to stay in the hospital wards unnecessarily as they began to recover from the pandemic.⁸⁰ The treatment for influenza was not to their taste, since it involved bedrest and doing very little. It might have appealed to them at first, but after a day or two in the sick ward, surrounded by dying men, soldiers were ready to do anything to get out of the hospital.

⁷⁷ Correspondence from David Pastor to Anna Pastor, October 13 1918, in *The Pastor Letters*, Columbus Jewish Historical Society, Columbus, Ohio.

⁷⁸ Joseph G. Broz, *U.S. Air Force WWI Scrapbook (1918-1919)* in *Joe Broz Album: World War I*. P0161, Missouri History Museum, St. Louis, Missouri, 92, <http://cdm16795.contentdm.oclc.org/cdm/compoundobject/collection/overthere/id/17872/rec/39>.

⁷⁹ E. Lansing Ray, *Journal*, in C2168, The State Historical Society of Missouri, Columbia, Missouri, 85, <http://cdm16795.contentdm.oclc.org/cdm/compoundobject/collection/overthere/id/1961/rec/23>.

⁸⁰ *Proceedings of the Twenty-fifth Annual Convention of the National League of Nursing Education Held at Chicago, Illinois, June 24 to June 28 1919* (Baltimore: Williams and Wilkins Company, 1919), 125.

Some soldiers blamed nurses for this, pointing to them as the reason why they were not allowed out. Nurses, *women*, were the ultimate authority on whether soldiers were ready to leave the hospital wards; undoubtedly a frustrating concept in such a masculine institution like the Army. Making it worse was that nurses did not even have rank: they were not superior officers to the soldiers, but instead outside the officer-soldier paradigm entirely.

The resentment of ill soldiers sometimes manifested itself in teasing, mocking, and even physical threats. One nurse, who served at Camp Devins, wrote to her mother that after one of her fellow nurses gave an order to an ill soldier to move out of the way, the soldier “said he wouldn’t do it, and she insisted. He said he’d spank her and reached for her. She screamed in alarm for a corpsman and the other patients about died laughing. They love to fuss with the new girls. Such episodes are disconcerting and distressing.”⁸¹ She wrote of it lightheartedly, immediately pivoting to another subject, but her words – and her description of the soldier which emphasizes his large size – indicates that she, too, felt concerned by the event and the ways that nurses were treated.

Soldiers’ preoccupation with the status of nurses continued even in lighter moments. One nurse who served at Camp Sherman during the pandemic was teasingly called “the Major”: right before she left camp she was appointed a ‘Lieutenant Colonel’ by the men in her ward.⁸² This nurse was much-loved by her ward, but they needed to give her rank – even jokingly – to demonstrate that it was okay that she had authority over them and that they heeded what she said. The focus on rank preoccupied both the soldiers and the nurses. As used to the military

⁸¹ Jameson, 111.

⁸² Thoms, 50.

structure as they were, and as rigorous as it was, soldiers felt – as did the women – that the position of nurses in the military was nebulous and confusing at times.⁸³

By late fall 1918, after the war was over and the outbreak had subsided in the United States, things began to normalize. Soldiers reverted to treating nurses as they did prior to the outbreak and no longer used language coded as masculine about nursing. As they demobilized, nurses used their experiences during the pandemic to their benefit. Society, more than ever before, recognized that nurses were professionals. The Red Cross made a point of recognizing their experiences during the pandemic as legitimate and lauded the nurses who served during it. Jane Delano emphasized their role as professionals when she wrote that it was “to the credit of their profession” that nurses did not shy away from working during the outbreak, even as hundreds of nurses took ill.⁸⁴ Hospitals across America also paid tribute to the nurses who served during the pandemic, applauding the many Red Cross nurses who “answered the call” and enlisted when the Red Cross needed them most.⁸⁵

Military men, from physicians to doughboys, reverted to their previous preconceptions of nurses. Soldiers emphasized their feminine attributes again, and language coded as masculine was no longer used about nurses. However, the Army itself had a new appreciation for the role of nurses. They had borne the brunt of influenza and had unceasingly taken care of the people under their care. Nurses had proven themselves amid war and disease, and the naysayers who had questioned whether nurses should be in the military were largely silenced.

⁸³ Kimberly Jensen, “A Base Hospital is Not a Coney Island Dance Hall,” *Frontiers: A Journal of Women Studies* 26, no. 2 (2005): 220.

⁸⁴ ⁸⁴ Jane A. Delano, “Meeting a National Emergency,” *The Red Cross Bulletin* 2 no. 43 (October 21 1918), 5.

⁸⁵ “Nursing News and Announcements,” *The American Journal of Nursing* 19 vo. 8 (1919), 645.

Nursing leaders – sometimes in collaboration with leading suffragists – were able to point to their experiences during the pandemic and argue that nurses both needed and deserved formal recognition of their role in the Army. They needed rank.

CHAPTER THREE: AFTER THE PANDEMIC

In the aftermath of World War I and the 1918 influenza pandemic, the field of nursing transformed. The war caused more nurses to enlist in the Army Nurses Corp, which increased familiarity with the organization and gave women the opportunity to travel across America and to Europe. The 1918 influenza pandemic emphasized the importance of nurses and reframed the way Americans perceived of them; people came to view them as capable and skilled at much higher rates than they did before. The idea of nurses as innate caretakers remained, but people now recognized American military nurses as professionals as well. During and immediately after the pandemic, Army officials, Red Cross authorities, and the American public respected nurses for their skills rather than just because of their gender.

Nurses' work during the influenza outbreak helped inspire this shift. As the pandemic wore on, American public discourse recognized nurses as being on the "front lines" of the outbreak, "fighters" more than "angels."¹ Journalists started referring to the experiences of nurses in martial terms, putting them on even footing with soldiers. By saying that nurses were on the "front lines" of the pandemic, military officials and journalists put nurses in a context that a militarized nation could more easily understand. This shift in terminology, in addition to nurses' striking visibility during the outbreak, allowed onlookers to understand nursing in a way

¹ Merritte W. Ireland, "Wanted: Nurses For the Battles of Peace!" *Red Cross Magazine* 14, no.5 (May 1919): 36.

they had not prior to the pandemic. Nursing truly came to the attention of the public during this time.

This chapter argues that nurses' experiences during the pandemic led the way to lasting institutional change in the Army Nurse Corps as well as a limited shift in the public perception of nurses. Nurses themselves demonstrated their agency during the pandemic as well as afterwards, when they campaigned for suffrage and rank by invoking their experiences during the outbreak. The universality of the pandemic, which was not confined to the trenches and the battlefields, made nurses even more visible in newspapers than before, and demonstrated their capabilities on a larger scale than the war itself did. Black nurses were finally permitted to join the ANC. The admittance of eighteen Black nurses to the ANC, although temporary, created a precedent that future generations of Black nurses cited during World War II to achieve integration in the Nurse Corps again. Ultimately, through these changes, the pandemic impacted nursing more profoundly than did the war itself.

The pandemic ensured that wartime awareness of nurses did not fade immediately after the Armistice on November 11, 1918. American soldiers returned to the United States even as outbreaks of influenza continued to occur across the U.S. and the rest of the world. Some nurses were sent back home to the United States, but others remained in Germany, France, and other European countries with soldiers on peacekeeping missions. Army camps in America still needed nurses as well. The influx of soldiers demobilizing at camps in the eastern United

States meant injuries and illnesses that nurses needed to treat, as did the pandemic that raged throughout the world's population.

Even after the height of the pandemic, memories of what nurses did during the fall of 1918 did not vanish. Nurses deliberately kept these memories alive, evoking them in their quest to transform their field. White nurses cited the pandemic as a reason that they should be given Army rank; they brought up examples during the pandemic where they were ignored by patients because they did not have rank. Black nurses, seeking the integration of the Army Nursing Corps, argued that the lateness of their mobilization was a reason why the death toll for the pandemic was so high. White and Black nurses used the pandemic to argue that they be afforded more respect and equal treatment, with white nurses asking for greater respect by other medical professionals, the military, and the larger society, and Black nurses arguing that they should be given the opportunities that white nurses had.

Nurses' struggle for respect did not happen in a vacuum. Significantly, the pandemic raged during the final months of the battle for suffrage, and this would affect its terms and reception. Professionalization, suffrage, and the influenza pandemic were intertwined in the eyes of many nurses. These nurses believed that if women were given the vote, female-dominated professions such as nursing would be recognized as more legitimate. Likewise, they believed that if they demonstrated their professionalism, they would be likelier to earn suffrage. The pandemic itself was a demonstration of their professionalism and showed to the world what nurses were capable of doing if given the opportunity. Since the nineteenth century, American women had campaigned for suffrage. They argued they should be allowed to vote and become involved in politics. Opponents countered that women should keep their

attention to the “women’s sphere” rather than concerning themselves with politics, which was the domain of men.¹ This push-and-pull seen in women around the nation was mirrored by how nurses responded to the idea of suffrage.² Some believed that women would not be recognized as professionals until they were able to vote. Others disagreed. In 1908, the Nurses Association Alumnae of the United States – the largest nurses’ organization in America at that time – voted down a resolution that would have endorsed the Women’s Suffrage League.³ This did not last long, however, as by 1918 leading nurses and leading suffragists had joined together to campaign for both suffrage and rank for nurses.⁴

Nurses’ reputation as feminine and domestic sometimes made them safe candidates for suffrage in the eyes of men. The mayor of Atlantic City spoke to the Annual Convention of Nurses in 1913, asserting that women, particularly nurses, deserved suffrage because “of the class of women that you are, that are ministering to us men when we are in distress, to take the place of our mothers who are dead and gone.”⁵ He recognized that nurses were worthy of suffrage, but he centered men as the reason why. There was no emphasis on their professionalism, or their success at nursing outside of the ways that nurses took care of men.

¹ Ellen Carol Dubois, *Suffrage: Women’s Long Battle for the Vote* (New York: Schuster & Schuster, 2020), 18.

² Lewenson, 169.

³ The Nurses Association Alumnae is a slight misnomer; the name implies that these were former nurses, but that was not the case. In 1911, the group changed its name to the American Nurses Association, which better reflected the reality of the organization. "Proceedings of the Eleventh Annual Convention of the Nurses' Associated Alumnae of the United States," *The American Journal of Nursing* 8, no. 10 (1908): 860, doi:10.2307/3403417.

⁴ Lewenson, 204.

⁵ William Riddle, “Address of Welcome,” *The American Journal of Nursing* 13, no. 12 (September 1913): 917.

By 1917, national suffrage still eluded women.⁶ When the United States entered World War I, suffragettes threw themselves into the war effort, hoping that by demonstrating they too were loyal American citizens, they would win the right to vote.⁷ Anti-suffragists also involved themselves in war work, hoping to demonstrate that women could be considered citizens without “entering into the muck of partisan politics.”⁸ Woodrow Wilson, who had only recently come out in support of suffrage, tied the concept of women having the vote to war work.⁹ Suffragists capitalized on this. They tried to link suffrage with citizenship in the minds of people, performing loyalty to the state to try to appeal to people who would not otherwise have supported women gaining the vote.¹⁰

But beyond the political right to suffrage, what most nurses wanted first and foremost, even prior to the pandemic, was to be recognized as professionals. They wanted other medical professionals to treat them as professionals and recognize that they knew what they were doing.¹¹ Suffrage was not their first solution to this problem, but it was something that many nurses felt could help. Suffragists, both nurses and non-nurses, emphasized that the work that nurses did warranted them the right to vote.¹² Popular depictions of nurses in magazines such as *The Brooklyn Magazine* also stressed the work nurses did; they argued that if nurses “were

⁶ Sara Egge, *Women Suffrage and Citizenship in the Midwest, 1870-1920* (Iowa City: University of Iowa Press, 2018), 153.

⁷ Christopher Capozzola, *Uncle Sam Wants You: World War I and the Making of the Modern American Citizen* (New York: Oxford University Press, 2008), 71-72.

⁸ DuBois, 196.

⁹ Egge, 152.

¹⁰ Ibid, 161.

¹¹ Reverby, 13.

¹² Phoebe Pollitt, “Nurses Fight for the Right to Vote,” *The American Journal of Nursing* 118, no. 11 (November 2018): 47, doi: 10.1097/01.NAJ.0000547639.70037.cd.

good enough for war, they were good enough to vote.”¹³ *The Woman Citizen*, in the wake of the 1917 loss in Maine, lamented that many soldiers voted against giving suffrage to women. ““We stand by you. Stand by us. Vote for women’s suffrage” read the banners of nurses in suffrage parades.”¹⁴ Many suffragists made a point of embracing nurses; they felt a kinship with nurses, who were fighting for recognition in a field that underestimated them, and also recognized the importance of women as professionals and felt that the visibility of nurses to the public eye could only help their cause. Nurses were the most lauded group of women during World War I, and their participation in the war effort – demonstrating that they were loyal American citizens despite being unable to vote – appealed to Republicans and Democrats, men and women.¹⁵ A number of leading nurses during the time were also suffragists, and their visibility in campaigning for women’s rights made the topics of suffrage and nursing intertwined among politicians, suffragists, and nurses themselves.¹⁶

The 1918 influenza pandemic only added to the war's influence in demonstrating nurses’ importance. To some nurses, suffrage would be another way to emphasize their capability. Suffrage in nursing circles in the fall of 1918 was a not a major theme simply because many nurses felt they had more important things to do; a war was raging and an epidemic was killing millions of people across the world. During this time, nurses did not mention suffrage

¹³ [Uncle Sam (as "Public Opinion") embracing nurse ("American womanhood"), saying: "If you are good enough for war you are good enough to vote"], 1917, illustration, in *The Brooklyn Magazine*, November 10 1917, <https://www.loc.gov/item/2002698238/>.

¹⁴ "Suffrage Summarized: At Home," *The Woman Citizen* (September 15, 1917): 288, <https://babel.hathitrust.org/cgi/pt?id=inu.30000098651049&view=1up&seq=172>.

¹⁵ "Women for a Patriotic Vote," *The Woman Citizen* (July 13, 1918): 132; "Suffrage As Seen by Soldiers," *The Woman Citizen* (August 24, 1918): 247.

¹⁶ Arlene Keeling et al, ed, *History of Professional Nursing in the United States: Towards a Culture of Health* (New York: Springer Publishing Company, 2017), 111-115.

much in their journals and letters; they had no time to do so, and many of the sources they have left behind are brisk and to-the-point. In the aftermath of the war and the pandemic, however, nurses reflected on the importance of suffrage, and many of them became advocates of both votes for women as well as rank for Army nurses.¹⁷

Ironically, the 1918 pandemic threatened to delay suffrage for women.¹⁸ In the fall of 1918, at the height of the outbreak, multiple states had ballot measures asking if women should be given the right to vote. Suffrage organizers pinpointed four states that they felt were likely wins: Louisiana, Michigan, Oklahoma, and South Dakota.¹⁹ They saw these four states as trials for nation-wide suffrage and had plans to hold rallies and get-togethers, and go door-to-door for the cause. They additionally targeted several sitting senators who opposed suffrage in reelection campaigns. For most of 1918, this seemed promising. In the fall, however, the second wave of the pandemic arrived, and many states forbade political rallies. In the fall elections, voter turnout fell dramatically, as people were afraid to go to the polls.²⁰ The 1918 elections had 40% voter turnout, as compared to the 1914 midterm elections, which had seen 51% of registered voters cast their ballots. Although it is impossible to estimate how many people sat out the 1918 election due to the pandemic rather than the war or another reasons, the influenza pandemic contributed to the decrease in voters.²¹ Despite this potential setback, however, three out of the four states where women's suffrage was on the ballot passed it, with

¹⁷ Helen Hoy Greely, "Rank for Nurses," *American Journal of Nursing* 19, no. 11 (August 1919): 840-853.

¹⁸ Ellen Carol DuBois, "A Pandemic Nearly Derailed the Women's Suffrage Movement," *National Geographic*, April 20, 2020, <https://www.nationalgeographic.com/history/2020/04/pandemic-nearly-derailed-womens-suffrage-movement/>.

¹⁹ Ibid.

²⁰ Jason Marisam, "Judging the 1918 Election," *Election Law Journal: Rules, Politics, and Policy* 9, no. 2 (June 2010):143, <http://doi.org/10.1089/elj.2009.0052>.

²¹ Ibid, 145-147.

Louisiana being the sole holdout. The success of these campaigns foreshadowed the success of the suffrage movement's next step: convincing Congress to pass a bill that would allow women to vote nationally.

Nurses saw the ability to vote as one way that they could navigate politics and affect legislation that related to nursing. They used their newfound ability to vote as well as their new, unified voice to emphasize the importance of professionalism by voting against politicians who refused to recognize the importance of licensing and training attendants, which was occurring in New York City. An editorial in the *American Journal of Nursing* spoke to the importance of using their voices to impact politics, with one nurse writing that "the great majority of the nurses of the country now have the ballot, and their organized vote in any community will have a marked influence in the election of any one candidate." She goes on to say that "the nurses of New York State have it in their power to defeat some of the men who have systematically opposed nurse legislation, by simply, in the casting of their votes, rejecting such candidates."²²

Even as nurses acknowledged that suffrage was important, they were also concerned with something that affected their professional life strongly: that of rank in the United States Army. Nurses in the Army Nurse Corps were considered officers without rank; the military perceived them as having the same status as officers, but without the privileges such a title entailed.²³ They lacked both the more generous pay given to officers and the authority that rank would have given them.²⁴ In the male-dominated Army, surrounded by men who were

²² "Editorial Comment," *The American Journal of Nursing* 20, no. 2 (Nov., 1919), 96.

²³ Carolyn Feller and Debora Cox, *Highlights in the History of the Army Nurse Corps* (Washington, DC: US Army Center of Military History, 2001), 11.

²⁴ U.S. Congress, House, Committee on Military Affairs, *Proposed Legislation Affecting the Medical Corps of the United States Army: Hearings before the Committee on Military Affairs*, 65th Cong., 2nd sess., 1918, 17.

used to taking orders from other men, the lack of rank proved problematic and made the work of nurses difficult. Officers were a particular problem for nurses: many nurses related how difficult officers made their jobs because they refused to take nursing seriously. Part of this was likely due to their unfamiliarity with female nurses; although the Army Nurse Corps had been established in 1901, there had been no major United States conflicts between then and World War I. Many officers were not familiar with nurses and worried over their influence on soldiers.

Army Nurse Corps nurses and Red Cross nurses brought up the matter before Congress in 1917, but the subject was tabled when the Department of War and the Surgeon General questioned whether it was needed. During the two years that the United States was at war with Germany, nurses' concerns about whether soldiers would heed them without rank were proven true, but the military still refused to discuss their ranks until the war had ended. They were concerned over what would happen when equally-ranked nurses and medical officers clashed while the war was going on.²⁵ William Taft, a proponent for rank for Army nurses, suggested that the only reason that rank had not been awarded to nurses was because of "the same narrow view held somewhere in the medical corps of the Army which resisted the employment of female trained nurses at all."²⁶ He saw the continued resistance to women as Army nurses, still held by some doctors and officers in the military, as the reason that the Army refused to consider giving nurses rank.

²⁵ Ibid, 11.

²⁶ William Taft, "Angels of Mercy," *The Philadelphia Public Ledger*, quoted in *The New York Tribune*, June 14, 1918: 10.

The idea that rank “might give them hierarchical superiority to male officers” alarmed many military officials who did not serve with nurses or witness the problems they had getting orderlies and enlisted men to follow their orders.²⁷ Merritt Ireland, the Surgeon General of the United States Army, believed that rather than being given rank, nurses should simply “use a certain amount of tact” and that it “would generally get her what she wants.”²⁸ Likewise, the Secretary of War, Newton Baker, opposed rank for nurses, arguing that to do so would put them above many officers in the Army hierarchy.²⁹ Both men made light of the problems that nurses faced during this time, with Ireland indicating that since nurses did not voice any issues with him until after he had returned from overseas, the issue must not be important.³⁰

These views contrasted starkly with the perceptions that leading suffragettes and leading nursing officials had regarding rank. As early as 1917, leading suffragists added their voices to those of nurses and argued that nurses in the Army Nurse Corps should be given rank. Harriet Stanton Blatch, the daughter of Elizabeth Cady Stanton and a leading suffragist in her own right, argued that nurses needed rank because “the humiliation to our nurses in placing them below the orderlies in the hospitals is not only a blow to their esprit de corps but a definite handicap to their efficiency.”³¹ Helen Hoy Greeley, a lawyer and suffragist who devoted years to making sure that nurses were recognized for their work, believed that without rank

²⁷ Philip A. Kalisch and Margaret Scobey, “Female Nurses in American Wars: Helplessness Suspended for the Duration,” *Armed Forces and Society* 9, no. 2 (Winter 1983): 220.

²⁸ U.S. Congress, Senate, Subcommittee of the Committee of Military Affairs, *Reorganization of the Army Hearings*, 66th Cong., 2nd sess., 1919, 606.

²⁹ *Ibid*, 609.

³⁰ *Ibid*, 607.

³¹ Harriet Stanton Blatch, *Mobilizing Womanpower* (New York: The Woman’s Press, 1918), 134.

officers and orderlies would continue to undermine them.³² Suffragists saw the lack of rank for nurses as a women's rights issue and an example of women not being given their due; a parallel to suffrage.³³

Nursing leaders such as M. Adelaide Nutting, Lavinia Dock, and Jane Delano also insisted that nurses be given rank, alarmed at some of the things they were hearing from nurses overseas. They, as well as suffragists such as Blatch and Greeley, formed the Committee to Secure Rank for Nurses in 1918.³⁴ When they succeeded at getting the House Committee for Military Affairs to hold a meeting regarding rank, they framed it as a matter of efficiency, arguing that nurses could not do their jobs properly due to interference by officers and orderlies. They relayed statements from Army nurses throughout Europe and the United States, in which nurses described orderlies refusing to take orders from them, officers refusing to listen to them about things that fell under their purview, and sick or injured soldiers refusing to follow their directions. As one quoted nurse said about the orderlies meant to assist nurses, orderlies refused to recognize that nurses were above them in the military hierarchy and that their job was “sometimes quite impossible by the fact the corpsman refuses to do the work.”³⁵

One of the reasons that nurses achieved rank was because while complaining during the war appeared unpatriotic, after the war, they were no longer as hesitant to relate their experiences and make complaints. Many of the nurses in the Army Nurse Corps, both at camp hospitals and overseas, dealt with workplace hostility. One nurse at Camp Sherman recalled a

³² Helen Hoy Greeley, “Rank for Nurses,” *Proceedings of the Twenty-fourth Annual Convention of the National League of Nursing Education Held at Cleveland, Ohio, from May 7 to May 11 1918* (Baltimore: Williams and Wilkins Company, 1919): 298-304.

³³Jensen, “A Base Hospital is Not a Coney Island Dance Hall,” 207.

³⁴ Ibid, 209.

³⁵ Congress, House, Committee, *Proposed Legislation Affecting the Medical Corps of the United States Army*, 21.

situation she witnessed during the outbreak, where one of her fellow nurses was trying to restrain a delirious soldier. “The patient was heard shrieking in his delirium, “I do not have to mind you. You are not a lieutenant.”³⁶ One Army nurse, writing in 1925, commented on her relief that nurses had won rank, because it “has helped overcome the feeling, almost universal in a certain class, that women are men’s servants.”³⁷

Nurses also faced sexual harassment by soldiers and officers, although the sources they left behind tend to be oblique regarding it. Helen Bulvosky, an Army Nurse Corps member, brought up the need for rank in a letter home, writing, “We are all waiting for army rank. We need it for protection” before relating a vague story about one of her roommates having difficulties with an officer who phoned her very late at night.³⁸ The romanticized and sexualized view of nurses in popular media, which affected how soldiers viewed nurses in the war even as they gained more professional respect, meant that some soldiers believed they had the right to harass nurses. Nurses were frustrated that, should they be harassed, they would have no form of redress, and would instead likely be labeled “difficult” or blamed for the actions that soldiers committed.³⁹

Nurses pointed to officers as the main source of hostility. One nurse related that the officers were more of a concern than the soldiers, and “the officers were at a complete loss at how the nurses should be treated” unless they had a specific interest in a nurse or group of

³⁶ *Proceedings of the Twenty-fifth Annual Convention of the National League of Nursing Education Held at Chicago, Illinois, June 24 to June 28 1919* (Baltimore: Williams and Wilkins Company, 1919), 125.

³⁷ Julia Stimson, “Rank for Nurses: What Have Five Years of Rank Done for the Army Nurse Corps?” *The American Journal of Nursing* 26, no. 4 (April 1926): 273.

³⁸ Bulvosky, 91.

³⁹ Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Urbana: University of Illinois Press, 2008), 126-133.

nurses. They were the targets of sexist views, mockery, and unwanted sexual advances by officers and enlisted men.⁴⁰ To the nurses, rank would offer the authority to give orders and have those orders listened to, as well as the protection that authority might provide them from the sexism. Stories from nurses in the ANC spoke to officers' sexual harassment and constant undermining, with one nurse relating that "never again will I be willing to endure, or see nurses humiliated as they were before [...] we were treated as kindergarten pupils."⁴¹

One of the likely reasons for nurses' calls for rank in the wake of the pandemic was because of the support that some military men offered them. Although reluctant to offer support before, some soldiers and officers were willing to do so after the war had ended. The military was less concerned over clashes between nurses and officers after the Armistice, and men such as Major General Glenn of Camp Sherman endorsed the need for rank for nurses.⁴² He echoed the nurses' demands to be taken seriously, stating that if they were to be in charge of men in any form, they should be given rank – both so they could be held responsible for their orders and so the men would be more likely to heed what they said.⁴³ Such soldiers also echoed this belief that nurses should be given rank; they pointed to the work that nurses did throughout the war, particularly during the influenza pandemic, as a reason that they should be allowed rank.⁴⁴ Nurses had been on the front lines – and as such became "real" soldiers worthy of rank and acknowledgement.

⁴⁰Ibid, 207.

⁴¹R.K. H., "Rank for Nurses," *The American Journal of Nursing* 20, no. 3 (December 1919): 241.

⁴²*Proceedings of the Twenty-Fifth Annual Convention*, 191.

⁴³Ibid, 192.

⁴⁴Ibid, 192.

In the Army Reorganization Act of 1920, after a year of heated arguing among politicians, the War Department, and the nurses themselves, nurses finally got their wish. The Army conferred relative rank upon them. This gave them the same status as commissioned officers, in the eyes of the War Department if not in the eyes of the men themselves.⁴⁵ They were not given corresponding pay; the only thing that the move to relative rank changed was their formal status.⁴⁶

This change in rank – from being vaguely considered officers without rank, to being formally awarded the ranks of lieutenant, second lieutenant, and major – also had repercussions to how nurses were perceived as professionals. Thousands of nurses now held rank, although many nurses retired from Army nursing in 1920: by 1921, roughly 800 nurses remained in the Army Nurses Corp.⁴⁷ These women were surveyed in 1925, five years after they won rank, and many cited the change in both patients’ and officers’ behavior as compared to before 1920.⁴⁸ That formal acknowledgement of their work was not something nurses wanted solely because it would make their lives easier when dealing with doctors, patients, and orderlies. It was also about the recognition that they were capable of doing their job and deserved to be considered as part of the Army hierarchy. Nurses had made gains during World War I and the influenza pandemic, and they were not willing to dismiss this progress and go back to how nursing was perceived before 1918.

⁴⁵ Sarnecky, 125.

⁴⁶ Women Army Officers: Nurses to Hold Ranks Ranging from Major to Second Lieutenant,” *The New York Times*, June 20, 1920, Section 3, Page 6, <https://timesmachine.nytimes.com/timesmachine/1920/06/20/118330573.html>.

⁴⁷ Feller and Cox, 11.

⁴⁸ Stimson, “Rank for Nurses,” 271-274.

Not all nurses prioritized rank, however. Many Black nurses, who were marginalized in the nursing field even as they surged in number in the first decade of the twentieth century, were less worried about obtaining rank. In broader society, women of color, even when they participated in the suffrage movement, had to divide their energies to deal with issues of race: they wanted to be recognized as full citizens in America, but they were also aware that winning the vote would not be enough to make that happen. Black women were all too aware that white suffragists agitated for the vote for white women, not Black, and that most of the organizations in support of suffrage were discriminatory towards Black women. To Black women, suffrage was one step towards equality, but it was by no means the only step that had to be taken. Gender equality could not come until after racial equality did.⁴⁹

Many Black nurses believed that their work during the outbreak proved them to be professionals. But unlike white nurses, who were fighting to be considered professionals in the eyes of society and the military, Black women were not even perceived as professionals by white nurses. Most of the nursing organizations that existed in the early twentieth century, such as the American Association of Nurses, did not outright bar Black nurses from joining – but they made it difficult for them to join. In 1916, the ANA announced that to be a member of the organization, nurses had to be members of their state nursing organizations as well, but many state organizations forbade Black nurses from joining.⁵⁰ In 1908, a group of Black women led by Martha Franklin and Adah Thoms formed the National Association of Colored Graduate Nurses;

⁴⁹ Chad L. Williams, *Torchbearers of Democracy: African American Soldiers in the World War I Era* (Chapel Hill: The University of North Carolina Press, 2010), 99.

⁵⁰ Hine, 93-94.

the NACGP was the premier nursing organization for Black nurses until the 1940s.⁵¹ They advocated for Black nurses and provided a sense of camaraderie among women who were pushed aside because of their race. If more established nursing organizations would not recognize that Black nurses were just as capable as white colleagues, organizations consisting solely of Black nurses would.

Even after 1917, when they could join the American Red Cross, Black nurses were still treated as second-class citizens. A litany of concerns, from where they would sleep to whether they would be in charge of treating white soldiers, led to constant delays in admitting them to the ANC.⁵² Meanwhile, Black nurses became increasingly frustrated, recognizing their exclusion as the racialized insult it was. It was not until the height of the pandemic, when demands for more nurses were at their loudest, that progress was finally made as to the integration of the Army Nurse Corps.⁵³

In November of 1918, when the Red Cross and the Army finally sought out eighteen Black nurses, the Army Nurse Corps made it clear that there would be no mingling among white and Black nurses.⁵⁴ Jim Crow was still a problem and the military wanted to keep white and Black nurses separated. One woman, who had worked as a cook at Camp Sherman, recalled decades later that although she cooked for the “white nurses and the colored nurses, the colored nurses ate last. That’s just the way it was then.”⁵⁵ Few sources illuminate the racism

⁵¹ Ibid, xix.

⁵² Nikki Brown, *Private Politics and Public Voices: Black Women’s Activism from World War I to the New Deal* (Bloomington: Indiana University Press, 2006), 68-70.

⁵³ Threat, 23.

⁵⁴ Thoms, 161-162.

⁵⁵ Jamilah Owens, “Recalling Camp Sherman,” *The Chillicothe Gazette*, February 2 1990, 9.

that Black nurses suffered from at Camp Sherman and Camp Grant, with one simply stating that “we have met with individual prejudice, but, generally speaking, everyone has been exceedingly kind.”⁵⁶

Black communities, however, saw the appointment of eighteen Black nurses as a sign that their campaigns for integration had succeeded. The *New York Age* included their recruitment in a column in January 1919 that argued “The past year has marked a perceptible growth in status of the Negro race in public esteem.”⁵⁷ The Black nurses chosen to join the ANC greeted their inclusion with relief and delight as well, hoping that it boded well for the integration of nursing. One nurse, Aileen Cole, put it succinctly:

The Story of the Negro nurse in World War I is not spectacular. We arrived after the Armistice was signed, which alone was anticlimactic. So we had no opportunity for “service above and beyond the call of duty;” But each one of us in the course of our professional relationship did contribute quietly and with dignity to the idea that justice demands professional equality for all qualified nurses.⁵⁸

Black nurses proved themselves capable of nursing soldiers through the pandemic just as well as white nurses did, but their success was treated as more of an aberration than a confirmation of their abilities as nurses. Mary M. Roberts, chief nurse at Camp Sherman in Ohio, demonstrated the paternalistic response of white nurses to Black nurses. She lauded the Black women who worked at Camp Sherman as nurses, but her praise was double-edged. She lauded them for their success, saying that “they have certainly made good and their work is

⁵⁶ Aileen Cole Stewart, quoted in Mary Sarnecky, *A History of the U.S. Army Nurse Corps* (Philadelphia: University of Pennsylvania Press, 1999), 128.

⁵⁷ “The Past and the Future,” *The New York Age*, Jan 4 1919, 4.

⁵⁸ Aileen Cole Stewart, “Ready to Serve,” *The American Journal of Nursing* 63, no. 9 (September 1963), 87.

every bit up to standard.”⁵⁹ At the same time, Roberts, who stated that she saw the pandemic as an opportunity for nurses to prove their worth on both an individual level as well as a racial level, commented that the Black nurses showed “little executive ability,” implying that they were fit to follow orders but not much else.⁶⁰

This attitude regarding Black nurses as good for brunt work but nothing else would continue for some time and was much-used stereotype of Black people at the time. Just as Black soldiers were assigned physical labor during World War I but little else, the Black nurses at Camp Sherman and Camp Grant were recognized primarily for their ability to follow orders. Centuries of racial discourse had led to this point, and the influence of the 1918 pandemic did not eradicate it.⁶¹ Although the Army Nurse Corps had accepted Black nurses into their ranks during the pandemic, it did not prove to be a change for how Black nurses were treated. Between World War I and World War II the Army Nurse Corps did not enlist Black women. It was not until the United States entered the World War II that Black nurses were again accepted into the ANC. This time it set a precedent, and Black nurses enlisted in such a large scale that it was not feasible for the Army to exclude them after the war was over.⁶²

The personal and professional lives of nurses saw changes as well, although not as dramatically as the institutional changes that affected nurses in the wake of the influenza pandemic. A celebratory attitude towards nurses prevailed in the immediate aftermath of the

⁵⁹ “Afro American News,” *The Sandusky Star-Journal*, January 13, 1919, 3.

⁶⁰ Moser Jones and Saines, 879.

⁶¹ For more on racial stereotypes regarding Black women, see Jennifer Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia, PA: University of Philadelphia Press, 2004) and Akeia F Bernard, “Colonizing Black Female Bodies Within Patriarchal Capitalism: Feminist and Human Rights Perspectives,” *Sexualization, Media, & Society* (December 2016), <https://doi.org/10.1177/2374623816680622>.

⁶² Threat, 51.

pandemic, as nurses were cheered as heroes who had not only helped take care of soldiers overseas, but had also won their own battle on the front lines of the outbreak. This sentiment did not last long. By the spring of 1919, although people still lauded nurses for their work, they coupled their praise with a sense of relief that things could go back to “normal.” Soldiers as well as civilians were eager to return to the pre-World War I status quo, and that status quo involved a return to gender norms and gendered perceptions of nurses as angelic.

By 1920 people no longer applied words like “heroic” to nurses as much. Instead, feminine descriptors returned. Nurses were lauded for their “steadfastness and devotion,” terminology that spoke to the idea of nurses as domestic and feminine. In military camp newspapers, like the *Trench and Camp* for Camp Funston in Kansas, tales related how “simple” American nurses behaved.⁶³ They were self-sacrificing, patient, and depicted in a way that emphasized their femininity – as seen in the example of a young nurse, who steadfastly sat by the bedside of a dying soldier to read to him until he took his dying breath. Camp newspapers across the United States carried similar stories, reinforcing the idea that nurses were passive and patient.⁶⁴ Now that the war was over, depictions of women as heroic would not do, particularly when military men were the ones reading these depictions. Gender roles had to go back to normal, and that meant that the ways in which nurses were written about had to shift as so to not threaten American perceptions of women as domestic, passive, and feminine. Words like “heroic” no longer had place in the public discourse examining the role of nurses

⁶³ “Small Wonder They Call Them Angels,” *Trench and Camp*, Jan 4, 1919, 4.

⁶⁴ Camp newspapers were published by the Young Men Christian Association and were an interesting mix of local coverage and material that was sent out to camp newspapers across the United States.

during World War I and the influenza pandemic; “angelic” and “kind” returned to replace words coded as masculine.

Perceptions of nurses in the general public also started to revert to the pre-war conceptions. One newspaper in Virginia was frustrated at the treatment that returning overseas nurses received by the citizens of Norfolk. Even as throngs of people joyously greeted returning soldiers, the nurses received “little fanfare” with no music or crowds to greet these “soldiers of mercy.”⁶⁵ Although still merciful, and as such still gendered female, nurses were “soldiers,” not “angels.” It seems that the public did not agree, however. To many, the pandemic was an aberration, and now that it was over and soldiers had regained their strength, nurses were expected to revert to being quiet, unassuming, and most importantly, feminine. By 1920, the idea of nurses as “angels of mercy” returned in full force. When soldiers and the American public lauded nurses, they were complimented as angels, not heroes.⁶⁶ This language also extended to doctors, as Royal Copeland, the Health Commissioner of New York City, demonstrated when he wrote that “If there are any Angels of Mercy left in the world today, they are to be found among the nurses.”⁶⁷

The idea of nurses as angels or angelic did not disappear as women’s roles shifted in the mid-twentieth century. In World War II, language referring to them as angelic abounded across private correspondence, newspapers, and official military publications, even as nurses disavowed the term and argued they were just doing their work. The nurses who served during

⁶⁵ Jennifer Davis McDaid, “Our Share in the War is No Small One”: Virginia Women and World War I,” *Virginia Cavalcade* 50, no. 3 (2001): 121.

⁶⁶ Gordon and Nelson, 65.

⁶⁷ “Editorials,” *The American Journal of Nursing* 23, no. 6 (1923): 473.

the Battle of Bataan in 1941-1942 in the Philippines in World War II, undergoing fighting, awful conditions, and eventually imprisonment by the Japanese Army, were – and are still – known as the “Angels of Bataan.” They experienced the horrors of combat as closely as the Army and Navy men did, but because they were nurses, they were still “angels” and their experiences feminized.

Even as nurses saw institutional and cultural changes in the wake of the pandemic, they also experienced changes in their personal lives. On April 1, 1919, as influenza abated, the rules stipulating that nurses and enlisted men could have little to no interaction outside of a hospital setting were lifted.⁶⁸ This was initially greeted with delight by both men and women, who were eager to celebrate the end of both the war and the height of the disease outbreak. Some felt this was a return to “natural” gender roles, and that the opportunity to socialize would lead to “natural” societal changes such as romance and marriage. Enlisted men had romanticized nurses since before the United States entered the war, and they were eager to revert back to how they viewed nurses before. By the spring of 1919, enlisted men were once again romanticizing nurses, as one man indicated in a letter to a friend. In May 1919, long past the peak of the pandemic, one man wrote “You have heard the song “I Don’t Want to Get Well”, haven’t you? I suppose they really look better because we never saw and [sic] girls over there that would any way compare to them.” His pleasure at being around pretty nurses is apparent, and his mention of “I Don’t Want to Get Well” – a popular World War I era song about “being in love with a beautiful nurse” – clearly indicates his mindset.⁶⁹

⁶⁸ Stimson, *Medical Department of the Army*, 349.

⁶⁹ Jentes.

The acceptance of nurses and soldiers' fraternization did not go smoothly, however. Restrictions were lifted right as nurses in Washington were arguing for nurses to be given rank. If this move was meant to assure leading nurses that nurses and soldiers could interact without trouble, negating the need for rank, it did not succeed. Soldiers greeted the removal of regulations too eagerly at times, swarming nurses with unwanted attention. Julia Stimson wrote in her official chronicle of nursing during World War I and its immediate aftermath that this move was "well-nigh disastrous," with men flocking to the nurses.⁷⁰ Some Red Cross and Army Nurse Corps women were soon so frustrated at the attention they were getting from soldiers that they requested the prohibition between enlisted men and nurses interacting be brought back.⁷¹

Nurses also saw changes to their mental and physical health during the pandemic that continued for months and years after the outbreak. The Red Cross estimated that out of the 21,500 Army nurses in service during the war, over 300 died.⁷² Of these, most died during the pandemic: 125 died during overseas service, and 99 died in the United States.⁷³ The military recognized all of these as dying in military service.⁷⁴ Their sacrifice, as the Army termed it, was considered tragic but understandable – they gave their lives for their country just as much as soldiers gassed in the trenches did. Even critics of woman suffrage and of nurses gaining rank acknowledged this great sacrifice. The families of the nurses who died during World War I were

⁷⁰ Stimson, *Medical Department of the Army*, 349.

⁷¹ *Ibid*, 350.

⁷² Sarnecky, 92.

⁷³ List of Nurses Who Died in the Service of Influenza, January 24, 1919, 340. *Nurses Who Died during Influenza Outbreak, 1918-1919*, RG 200, National Archives at College Park, College Park, MD.

⁷⁴ Letter from P.J. Mulhall to Brigadier General Avery D. Andrews, May 1 1923, 340.073 *Separated From Service by Death – World War I period*, RG 200, National Archives at College Park, College Park, MD.

awarded the Red Cross Bronze Medal in their name.⁷⁵ Most of those nurses had died of influenza, and the medal was considered a testament to their work.

The many nurses who took ill during their work during the outbreak but survived, however, had a much more difficult time being recognized. Most of the nurses who contracted the disease during the fall of 1918 recovered completely; they were sometimes sick for weeks, and their recovery could be slow, but they eventually were able to resume nursing. The army did not preserve statistics on how many nurses took ill, but at some Army Camps, over half the nurses became sick with the flu during the fall of 1918.⁷⁶

Some nurses, however, did not recover so easily. They were ill for weeks or months, unable to regain the strength they had before. After the pandemic had subsided, the army sent some to rest homes for nurses – places where they could relax from the mental and physical toll that nursing entailed, and hopefully recover their strength.⁷⁷ This worked for some women; after several weeks or months there, they were able to return to nursing.⁷⁸ This respite did not succeed for others, however, who had been most ill during the outbreak. The most unfortunate ended up with permanent lung damage due to pneumonia and were unable to return to nursing. The situation was particularly unfortunate in the case of the women who had been enrolled in the Army School of Nursing. Although they had done the same work as women

⁷⁵ Letter from George Drowne to Mr. Mitchell, October 20, 1942, Folder 340.061, *Bronze Medal – Nurses*, Box 411, RG 200, National Archives at College Park, College Park, MD.

⁷⁶ Camp Dix Nurse Returns, October 1918, *Record Group 64: Records of the National Archives and Records Administration, 1789 - ca. 2007*, Box 4, STL National Archives and Records Administration—National Personnel and Records Center (Spanish Lake, Missouri).

⁷⁷ Stimson, *The Medical Department*, 309.

⁷⁸ Fort Henry Nurse Returns, February - May 1919, Box 23, *Record Group 64: Records of the National Archives and Records Administration, 1789 - ca. 2007*, STL National Archives and Records Administration—National Personnel and Records Center (Spanish Lake, Missouri).

enlisted in the Army Nurse Corps during the pandemic, in the aftermath of the outbreak they were left behind. They were not considered members of the ANC – even though many of the women in training had not realized that they were excluded – and were not eligible for the War Risk Insurance Act, which was made available to members of the Army.⁷⁹ The nurses themselves were largely unaware that this was the case, and their requests for documentation proving they served during the war was met with a response by Julia Stimson indicating that they had been considered civilian employees, and should direct their inquiries to the U.S. Employees Compensation Commission.⁸⁰ Nurses who were eligible for the War Insurance Act received at minimum \$30 per month, more if they had children or dependent parents, as well as free medical care and supplies.⁸¹ Women enrolled in the Army School of Nursing, even if they became disabled as a result of their nursing activities at Army camps during the pandemic, did not have this option.⁸² Nurses who applied for the U.S. Employees Compensation Commission received a minimum of \$33 per month, but because their disability benefits were less extensive, this was a less desirable system for them.⁸³

⁷⁹ Feb 3, 1922, Julia Stimson to Maude Post, February 3, 1922, Box I, Army Student Nurse Individual Academic Records, 1918 – 1951, *Record Group 64: Records of the National Archives and Records Administration, 1789 - ca. 2007*, STL National Archives and Records Administration—National Personnel and Records Center (Spanish Lake, Missouri).

⁸⁰ Maude Taylor Burnett to Hugh S. Cumming, Surgeon General, February 8, 1922; Julia Stimson to Maude Taylor Burnett, February 23, 1922, *ibid.*

⁸¹ Adjusted for inflation, this would equal roughly \$400 today. Samuel Lindsay, “The Purpose and Scope of War Risk Insurance,” *The Annals of the American Academy of Political and Social Science* 79 (1918): 62.

⁸² Jessica L. Adler, *Burdens of War: Creating the United States Veterans Health System* (Baltimore: Johns Hopkins University Press, 2017), 204.

⁸³ Adler, 206; United States Congress, House, Employer’s Liability and Workmen’s Compensation Commission, *Third Annual Report of the United States Employees’ Compensation Commission, July 1 1918 to June 30 1919* (Washington, D.C.: GPO, 1919), 2.

There was also a limitation to how long a nurse could wait to claim disability, as the case of Emma Pearson indicates. Emma, who was a trained nurse but had worked as housekeeper for nurses at Fort Oglethorpe in Georgia until the Army requested her services due to the influenza pandemic, was left with ill health and lung problems in the aftermath of her work during the pandemic.⁸⁴ However, she waited more than a year to file for disability, and as such was told she could not receive it. Despite her many attempts to receive disability over the years, and the recommendations of medical officers and military men who she had served with at Fort Oglethorpe, it was not until 1936, when the Committee on Claims took up her case, that she was given disability.

The 1918 influenza pandemic affected the post-outbreak lives of nurses in numerous ways, some big and some smaller. The outbreak helped shape perceptions of nurses as capable and deserving of rank, even as many people reverted from thinking of them as soldiers, heroic and brave, to praising them for their more feminine qualities. Some nurses, such as the eighteen Black nurses who served at Camp Sherman and Grant, were pioneers in the field; they set a precedent that Black nurses could enlist during times of great need to the military, which was something that the next generation of Black nurses used to their advantage when the United States entered World War II. Nurses were able to bring about structural change to nursing as well, arguing that the work of military nurses in the influenza pandemic demonstrated the need for them to have rank in the Army. The pandemic led to a shift,

⁸⁴ U.S. Congress, Senate, *Emma M. Pearson*, Report no. 2187, 7th Cong., 2nd Sess., 1936, 3.

however imperfect, in how nurses were perceived as well as to institutional change; it allowed nurses to prove themselves and demonstrate they were professionals.

CONCLUSION

Nursing has been from its origins a gendered profession, based on a widespread association between tenderness and kindness and being a woman. The 1918 influenza pandemic, which coincided with a period of enormous struggle over the rights of women in the United States, had implications for nursing that would resonate throughout the rest of the twentieth century. Red Cross and Army Nurse Corps nurses saw a shift in how men in the military perceived them during and after the outbreak. The pandemic led to a period in which military men, from officers to enlisted men, did not see nurses as solely feminine and objects of romance. During the pandemic, nurses were viewed as maternal stand-ins for mothers of soldiers, or even as soldiers themselves. The men who took ill, most of whom were in their late teens and early twenties, looked at nurses and did not see the possibility of romance but instead a comforting strong presence. During and immediately after the pandemic, once soldiers had recovered, their perceptions altered again. They saw nurses as heroes and used descriptors usually associated with men, such as brave and heroic, when writing about the women. Soldiers imbued them with masculine power via language both to make their success during the pandemic more palatable and because in the gendered binary of the Army, masculinity was a compliment. Military men recognized that nurses knew what they were doing and were more than just pretty faces. This faded as time passed and enlisted men demobilized; they were ready to go home and embrace the domestic authority that they believed was their

due. The memory of this shift remained, however, and nurses took advantage of the praise heaped on them because of their work during the outbreak.

The impact that the 1918 influenza pandemic had on the field of nursing is immense. Like many shifts in discourse, the change during the pandemic was temporary, but lasted long enough to provide lasting institutional change. It took decades, but eventually that change in institutions – which allowed nurses to prove they were worthy of these institutional changes that benefited them -- affected discourse again, bringing it full circle. White nurses, who became more unified and aware of their voices in World War I and the pandemic, used the shift in how military men perceived them to argue for rank. They were only given relative rank, not full rank, but that shift in status was still important in the eyes of both nurses and soldiers. It designated that they were an official part of the military establishment and placed them firmly in the military hierarchy; they were no longer unsure what their status was or where they fit in. They could use their authority to give orders, and soldiers, who had before treated what they said as unimportant because they did not fit into the hierarchal structure of the military, had to listen. Relative rank would remain important to nurses in the years following the influenza pandemic. In 1944, as the war continued, the outrage that nurses expressed at being treated differently than other officers culminated in them being awarded full rank.¹

Equally important are the gains that Black nurses made because of the pandemic. The eighteen nurses who were sent to Camp Sherman and Camp Grant proved that Black nurses were not lesser than white nurses. Black nurses would not be permitted to join the ANC again

¹ Barbara Brooks Tomblin, *G.I. Nightingales: The Army Nurse Corps in World War II* (Lexington: University of Kentucky Press, 1996), 180-190.

after the pandemic until World War II, but then – as the country once again desperately needed nurses – they pointed to the eighteen women who served during the influenza pandemic as a precedent for allowing Black nurses into the organization. The Army would still resist, but Black nurses were nonplussed; ultimately, Black nurses would be accepted into the ANC in 1941.² There was no going back after this: Black Army nurses were there to stay, and the Army continued to be integrated.

Nurses, white and Black, used their work during the pandemic and the discourse surrounding it to argue that they deserved suffrage and, especially, rank. Their work during the outbreak directly affected their professionalization: the important role they played made it clear to military and government officials that nurses were necessary and needed rank. Although government officials and military leaders debated over what kind of rank, culminating with the government awarding relative rank to military nurses rather than actual rank, but it was still a shift from how ANC nurses were treated prior to the pandemic.

The work that nurses did during the pandemic and the ways in which people perceived them speaks to the role of women both in the early twentieth century and today. Some military men still believe that nurses – as women – are less capable than men. Even if they consider nurses a credit to their gender, they still underestimate them, sexualize them, and believe they are inherently lesser.

² Charissa J. Threat, *Nursing Civil Rights: Gender and Race in the Army Nurse Corps* (Chicago, Illinois: University of Illinois Press, 2015), 112-114.

Nursing is still a predominantly female profession: people who do not identify as women make up a scant 11% of nurses in the United States.³ It is undervalued, as many pink collar jobs are, except in times of public health crises – as can be currently seen with the current COVID-19 pandemic. Politicians, newspapers, and social media influences alike laud nurses for their work during the pandemic, but they also still feminize them: articles from newspapers and media across America refer to nurses using terminology that speaks of them as angelic. Headlines such as “Nurses Cast as Humanity’s Better Angels,” “Angels in Blue: Nurses Become Family for Patients Dying from Covid-19,” and “Angels Among Us: Hospice Charge Nurse Mandy Anoai-Schall is Invaluable, Calming” demonstrate the “angel of mercy” stereotype that has so hounded nurses is still prevalent.⁴ This has been constant throughout the twentieth century and into the twenty-first; although nurses are no longer as blatantly devalued for their gender, they are still strongly associated with angels and angelic stereotypes.

Today, nurses are also, once again, extolled as heroes.⁵ Words like ‘heroic’ and ‘brave’ no longer have gendered connotations as they did a century ago, and articles praise nurses for their heroic behavior without connotating masculinity. As tens of thousands of people die in

³ Labor Force Statistics from the Current Population Survey, *U.S. Bureau of Labor Statistics*, last accessed 06/05/2020 at <https://www.bls.gov/cps/cpsaat11.htm>.

⁴ G. Allen Johnson, “Nurses Cast as Humanity’s Better Angels,” *The San Francisco Chronicle*, April 13, 2020, ED1; Michael Sheridan, “Savior Survives: Retired RN Saved by Former Coworkers,” *The New York Daily News*, May 14, 2020, 12CS; Michelle Homer, “Angels in Blue: Nurses Become Family for Patients Dying from Covid-19,” *KHOU 11*, April 14, 2020, <https://www.khou.com/article/news/health/coronavirus/angels-in-blue-nurses-become-family-for-patients-dying-from-covid-19/285-50b44bc9-f74d-45ed-97e9-c87b06e1ae17>; Shelby Dermer, “Angels Among Us: Hospice Charge Nurse Mandy Anoai-Schall is Invaluable, Calming,” *The Cincinnati Enquirer*, April 1 2020, <https://www.cincinnati.com/story/news/heartland/2020/04/01/cincinnati-hospice-charge-nurse-mandy-anoai-schall-invaluable/2920498001/>.

⁵ Michael Ryan, “I Want to Be that Kind of Nurse: KC Hero Charged Into the Eye of the COVID-19 Storm,” *The Kansas City Star*, May 29 2020; Ruth Marcus, “These Are the Heroes of the Coronavirus Pandemic,” *The Washington Post*, March 27, 2020.

America from the pandemic, more than died in many of the United States' most recent wars, the pandemic itself has become a battle. In one letter to the editor, a retired master sergeant in the Air Force calls nurses and doctors the "new soldiers" fighting a war that "attacked without warning."⁶ Articles compare Covid-19 to a war for nurses, continuing the precedent started with the 1918 influenza pandemic, and describe nurses in martial terms.⁷

Nurses themselves, just as they have been doing for a century, push back against the terminology, arguing they are not angels or heroes but simply professionals doing their jobs. One striking *New York Times* opinion piece, written by Simone Hannah-Clark, an Intensive Care Unit nurse in New York City, puts it simply:

I am one of the many thousands of nurses who work in intensive care units in New York. We are not handmaidens or angels. We are professionals in our own right. We turn treatment plans into action. We question when things don't make sense or aren't going to work. We find solutions that work for our patients. Nurses assess and observe, question and console. We stand between the patient and the enemy. We are the front line.⁸

More historians are now writing histories of nurses and nursing, but there are still gaps in the scholarship. There is no full-length historical treatment of United States Army Nurse Corps nurses during World War I, nor are there monographs about nursing during the 1918 pandemic. Both subjects are ripe for more exploration by historians; the gendered dimensions in nursing in the early twentieth century are fascinating and worthy of examination. Likewise,

⁶ Allan Syverson, "Heroes Changed from Soldiers to Nurses, Doctors," *Manistee News Advocate* (Manistee, MI), May 29 2020.

⁷ "Celebrate Nurses as Front Line Heroes," *The Atlanta Georgia Constitution*, May 3 2020, N2; Patrick Neustaffer, "Gladiators Keep Up Fight – Local Nurses Show Strength, Courage, and Commitment on Front Lines of Pandemic," *The Free Lance-Star*, May 10, 2020, 1B; Joe Brandt, "First He Was a Cop, Now He's on the Front Lines as a Nurse," *The Star Ledger* (Newark, NJ), April 2020, H1.

⁸ Simone Hannah-Clark, "An I.C.U. Nurse's Coronavirus Diary," *The New York Times*, April 3, 2020, <https://www.nytimes.com/2020/04/03/opinion/sunday/coronavirus-icu-nurse.html>.

there is room for historians to explore comparative histories of nursing from World War I to the Gulf War that examine gender in greater detail. As a career that is still heavily gendered, nursing has facets that gender historians should embrace and question.

Ultimately, the 1918 influenza pandemic signaled a shift in how people perceived nurses – a shift that lasted throughout the twentieth century and into the twenty-first. It also helped nurses demonstrate the importance of their work. Even after perceptions of nurses normalized after the pandemic was over, it still left people with a new way of thinking about nurses and nurses with a new way to argue that they deserved recognition and authority. These changes manifested in lasting change for the field of nursing.

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