

— WORLD WAR II —

IN SEPTEMBER 1939, Germany invaded Poland. By 1941 Czechoslovakia, Norway, Denmark, Belgium, Holland, and France had been invaded by Hitler, and Great Britain was being attacked. The United States entered World War II on December 8, 1941, on the side of the Allies, after Japan bombed Pearl Harbor on December 7. The United States, Great Britain, and France became the Allied Powers, fighting Germany initially and then the Axis Powers of Germany, Italy, and Japan.

HISTORICAL BACKGROUND

In 1940 the American Red Cross organized hospital units to aid Britain and collect information about the effects of disasters such as epidemics, floods, and crowded living conditions. The Harvard Unit was one of these (Fosburgh, 1995). Units were constructed of tents, and the Red Cross took everything necessary to erect, equip, and supply the hospitals for patient care. Gertrude Madley recalled, “We had twenty-two [tents]; ten for patients, one administration, one laboratory, one kitchen and dining room, one laundry, one store-

room, one recreation, and six for living quarters” (Fosburgh 1995, 501). All of the equipment was transported on British ships. American ships could not land at British ports since America was not yet at war. Sometimes the supplies arrived in an organized fashion, and other times they were destroyed upon arrival by German air attacks, or they arrived too late to be of much use. However, the concept of a mobile tent hospital, fully staffed and supplied, continued throughout the conflicts of the twentieth century and into the twenty-first century.

Crossing the ocean in a convoy brought the risk of being sunk by German submarines. The Harvard Unit had two ships destroyed in transit. Twenty-seven nurses were aboard those two ships. A tanker picked up nine nurses, and six other nurses were taken to Iceland. Four more nurses landed in Iceland after spending twelve days in an open boat. These nurses were so ill from frostbite and exposure that they returned to the United States. Four more nurses landed in Ireland after spending nineteen days in an open

boat, and two died from the effects of exposure. The two who survived served another year with the Harvard unit. The four remaining nurses were never heard from after their ship sank.

Madley also described the conditions in Britain after their arrival. There was destruction everywhere. The British people bounced back from every attack, carrying on with their lives amidst the physical destruction and emotional trauma. Madley commented on the blessing of being an American: "How fortunate we are that we are privileged to live in a country like America, and how many of us offer up our thanks in prayer. The things we see in the movies and read about in the newspapers, and hear about over the radio, are actually happening over there. Do we ever try in imagination to live that thing through?" (Fosburgh 1995, 504).

Even though the United States did not enter the war until December 1941, nursing shortages had already become apparent by August of that year (Fosburgh 1995). The shortages became problems for both military and civilian institutions and were an impetus to shorten the education and training period of nurses. Fosburgh notes, "United States nurse anesthetists sought to deal with possible manpower shortages concerning military and civilian service as the threat of war mounted. Proper education and adequate facilities for a full education in nurse anesthesia became a legitimate concern to the profession. Furthermore, American Association of Nurse Anesthetists (AANA) leaders sought to gain military recognition of nurse anesthesia being a clinical specialty within nursing, and allow nurse anesthetists to make the most efficient use of the training" (1995, 387).

World War II was the first time in history that a real attempt was made to salvage the critically wounded from the battlefield (Breakiron 1995). Efforts were made to get medical care to the front for immediate stabilization of the wounded before transfer to a stationary hospital. For the first time, nurses were given commis-

sions as officers and salaries of \$70 a month. Under the direction of Major Luther H. Wolff, field hospitals also kept extensive records of the work they performed:

Dr. Wolff wrote often in his WWII diary about how poor the care of the wounded was until nurses arrived. Because of legal restrictions during most of the war, nurses were the only military females allowed to serve outside the continental United States. At their peak, the Army and Navy Nurse Corps had nearly 69,000 recruits. These nurses served at nine stations in 52 areas scattered across 50 nations. Navy nurses served on 12 hospital ships and in more than 300 naval stations. By the time the law was amended in 1944, the first Women's Army and Navy nurses already had seen action on the Philippine Islands of Bataan and Corrigador. Nurses also had waded ashore with the field and evacuation hospitals on the Anzio, Italy, beachhead four days after the invasion of Normandy, France. (Breakiron 1995, 713)

Breakiron noted that these nurses dealt with many difficulties, including filthy facilities that needed to be cleaned with soap and water, water carried in combat helmets, limited supplies or supplies that never arrived, the cleaning and repair of old equipment, the washing and boiling of surgical instruments, and the long hours. They struggled to provide adequate hygiene for themselves and their patients. However, they were instrumental in some innovations. They worked for the first time with antibiotics, principally penicillin and sulfa. They developed the first recovery room close to the operating room to decrease the amount of time and number of nurses it took to help patients recover in the wards. Nurses became autonomous in making routine, emergency decisions and in giving ether-type anesthesia because physicians were either in short supply or working in the operating room. Nurses who were in dangerous situations learned to use weapons to protect themselves and their patients.

Breakiron notes:

More than 217 Army nurses are buried in U.S. cemeteries overseas. More than 1,600 nurses were decorated for meritorious service and bravery under fire. . . . Twenty-one Army nurses escaped the Philippine Island of Corrigador before it fell to the Japanese, but 11 Navy nurses and 66 Army nurses became prisoners of the Japanese and were interned in the Santo Tomas prison, Manila, Philippines, for 37 months. Thirteen flight nurses crash-landed behind German lines in Albania and were lost for four months before they managed to find their way out. Some nurses were killed instantly when their hospitals sustained direct hits from enemy artillery. Six nurses were killed on the Anzio beach when their hospital was bombed. They lie buried with infantrymen, tank drivers, artillery men, and others in the American cemetery on the Anzio beach.

Some nurses went down with their patients on hospital ships hit by torpedoes. On the night of April 28, 1945, the hospital ship *Comfort* had all her lights burning and her great red cross showing clearly, according to the rules of the Geneva Convention. The ORs were crowded with wounded. The *Comfort* carried no guns, so it was helpless when a Japanese kamikaze pilot circled above and plunged into the ship's superstructure. It tore into the OR and exploded. Six OR nurses were killed, and four were seriously wounded. Those nurses who were still standing continued to work. (1995, 718)

Norman wrote about the seventy-seven nurses who became prisoners of war in the Philippine Islands when the Japanese invaded the islands in 1942 (1999, xii). Norman and Eifried described the fear, deprivation, creativity, and resourcefulness experienced by the group of nurses in order for them to survive their experience and to care for patients. "They endured because they possessed two fundamental virtues. They had each other and they remained faithful to their mission as nurses" (1995, 105).

World War II was the first time American women worked as military flight nurses (Barger 1991). They described the terrible living condi-

tions, the poor food, and the lack of bathroom facilities for women, either on base or at plane stops. They talked about the snakes, lizards, and insects that plagued their lives. They commented on their experiences of trying to stabilize patients and keep them alive while in flight until they could get medical assistance. "Pilots, for example, would land at the nearest base having a medical facility if such a request was made by the flight nurse to save the life of a patient. . . . Concern for their own safety was seldom mentioned by the flight nurses; rather, the safety of their patients was the flight nurses' primary concern" (Barger 1991, 155). They discussed their own conflict with such issues as whether it was morally correct to drop the atomic bomb on Japan or whether they should save themselves before they saved the patients if there was an emergency landing at sea. Flight nurses commented on the vulnerability they felt while at war. They realized they could die or be wounded. "Writing letters to the deceased flight nurse's family and arranging for the notification of parents and the disposition of belongings in the event of death reflected problem-focused coping" (Barger 1991, 156).

Flight nurses used techniques common to other military nurses to deal with their own particular situations. Social support was very important, especially among POW nurses. Health and youthful energy were important resources. Diet, rest, and relaxation when possible were important coping strategies. These nurses learned to be creative and flexible in administering patient care as well as in meeting their own personal needs. Flight nurses were noted for their devotion to country, patients, and each other, as well as for their ability to take care of themselves, to be responsible, to meet expectations, and to endure hardships that nonmilitary nurses would probably never experience.

In November 1943, flight nurse training was changed from six to eight weeks and included curriculum in emergency medical treatment, transporting patients at high altitudes, the

use of oxygen on board the plane, antibiotic and blood therapy, ditching procedures, and survival. This training acknowledged the ability and autonomy of nurses to manage treatment of patients on board the plane.

A public relations document contained in the news film archives explained that during flights a nurse may have to apply splints, administer medications, stop a sudden hemorrhage, treat shock, administer oxygen, or handle any other emergency. The document claimed that "The flight nurse can do anything an MD can do except operate." . . . Nurses increased the caliber of care aboard a plane and contributed mightily to the morale of patients who often were airborne for the first time: "The presence of the nurse quieted their fears." (Stevens, 97)

Some nurses served on active duty in more than one war—sometimes in as many as three different conflicts. Their stories will be presented in the section representing the first conflict in which they served.

WYLMA JANE CALLAHAN ADE

I was born in Davenport, Iowa, on March 10, 1920. During World War II, my mother had a flag in her window with three stars on it for the three children [two sons and one daughter] she had in the army. The Gold Star mothers had a gold star for their children that were lost in the service. They started taking some women in the military after I left for the service, but up until that time the only women in the military were nurses.

In 1941 I was at a Children's Memorial Hospital in Chicago on a pediatric affiliation when the bomb was dropped on Pearl Harbor. I was a senior. My main thought was that the war would be over before I could have the chance to go into the army. I think how different that is from the people now. But there is a little renewed interest in the military and public service since September 2001.



Wylma Jane Callahan Ade

When I was in school, the pay for registered nurses was \$70 a month, but when I graduated it was increased to \$90 a month because by September of 1942 the older nurses were already leaving, and they were having trouble staffing the hospital. When I went in the army as second lieutenant, the pay was \$150 a month. That was a lot of money then.

I graduated in 1942 and at that time the war was in full speed, so we only had to take state boards for one day because they wanted to hurry getting us registered. I had already signed up to go in the 31st General Hospital in Denver, Colorado. Because I was affiliated with that hospital, I knew I would eventually be going overseas. However, my first duty was at Fort Leonard Wood in Missouri. It was an engineering camp not too far from St. Louis, Missouri. I was at Fort Leonard Wood for several months. There we did calisthenics, marched, and all the military things,

including taking care of patients in the hospital. The military was getting us ready to go overseas. We did an obstacle course where we had to crawl under barbed wire while machine guns were firing over our heads. I guess they were a safe distance over our head. I was young, but many of the nurses working in the hospital were quite a bit older than I was, and they had to do everything that we had to do. It was hard for the older women.

The medications were very different from what they are today. APCs were the drug of choice. Everybody got it no matter what was wrong. The APCs were aspirin, phenacetin, and caffeine, kind of like Empirin now. We had aspirin and soda: you would give a 5-grain aspirin and 5-grain soda tablets. Sulfa was just being developed in the late 1930s. Germany was where Prontosil and Neoprontisol were really developed, and they were miracle drugs at the time. They were a sulfa-type drug. They were the first things we had to fight infections. Morphine was the drug for pain besides aspirin. We boiled water in little teaspoons and dissolved the morphine tablets and drew it up in our syringes. We probably used codeine for milder pain.

In 1942 penicillin was being developed, but it was a long time before they had the long-acting type. We had to administer it every two or three hours and it was a big job to keep giving penicillin around the clock. There was a lot of gonorrhea with the soldiers, and penicillin proved to be effective in treating it.

After we left Fort Leonard Wood, we went to Camp Carson in Colorado, and that was when the 31st General Hospital was organized. Of course at this time the war was escalating, and we were looking forward to getting on with our duty. When we left Camp Carson, we were up all night at Camp Stoneman in California, where we were issued wool clothes. I am sure that the army knew we were going to the South Pacific, but they issued us all the army wool clothing to take to the South Pacific, where it just mildewed and most was just thrown away because it was use-

less. My friends who were nurses in France were freezing to death. I have heard many of them talk about how they were so cold and they didn't have anything warm to wear.

After being up all night, we got aboard our ship, the *Klipfontein*, which was a Dutch ship still on its maiden voyage. It was a luxurious ship. We went down to San Diego and picked up about 2,500 marines. The crew on the ship was trained to take care of the people who would ordinarily be traveling on a luxury ship. The dining room had all silver service. It was quite elegant. In the morning they would put out hard rolls and meat and cheese so that we could fix a sandwich. We only had two meals a day, so at lunch we would have tea or hot chocolate and maybe a soup and the sandwiches we had made earlier. In the evening it really was almost a formal dining room. We heard later that the ship never made it home. It was sunk before ever reaching Holland again.

Our destination was Noumea, New Caledonia. Our first area was a beautiful French town named Bougeanvillea; the whole island was covered with red and purple flowers. There was a big navy base there. We were stationed at a little hospital about ninety miles north of Noumea. We were only there for a short time for temporary duty.

We were then sent to the New Hebrides on the island of Espiritu Santo. That was where we were for the next couple of years. We had a big general hospital: one thousand patients the first day. All the islands in the Pacific had many fierce battles going on, like Guadalcanal and Saipan. Those casualties were sent back to our hospital. We had a large group, a large hospital, and we had all the services. There were probably 100 to 130 nurses in my group; we had physical therapists, x-ray technicians, and five Red Cross workers. There were only female nurses in my unit, and our unit was also all white. We had to censor the mail of the enlisted personnel. I don't think the officers' mail was censored. Much of our mail was the one-page V-Mail; it was not so bulky. The five Red Cross workers who were assigned to

our unit were friends and all lived together; they would take care of the patients' other needs, such as writing letters to their families, and other things. It was a one-thousand-bed hospital. Some of our doctors were young, and others were experienced surgeons and orthopedic doctors. Our hospital was filled the first day it opened.

We had all kinds of bad injuries. I remember a few of them specifically and how hard we would work to get them stabilized so that they could go home. Later we would find out that they died on the way home. We felt bad about that because we gave them everything that we could to keep them going. We worked long hours. It was like all nursing: you worked until the work was done. We all had to take turns doing night duty. We still didn't have many drugs. We still gave the penicillin around the clock. We had the sulfa drugs too. We were able to take care of some infections that we would not have been able to earlier on.

When I was in my school of nursing, there were no aides or corpsmen to help us. The student nurses did everything; we cleaned the bedpans and took the flowers out at night to water them. Nursing was completely different then from what it is now. In the army we did have corpsmen and we had a very good relationship with them. They were good, dedicated men working to help us. Some of the patients were in critical condition. We did work hard on some of them just to get them stabilized because we were a long way from home. Down in the South Pacific it was probably a two- to three-week trip to get back to the States.

We had a lot of orthopedics and gunshot wounds. Some were self-inflicted because they wanted to go home. They probably had good reason to want to go home. The islands were not that pleasant. It was hot and sweaty, and the food was not very good. Wherever they were, it was grim. It was so different invading those islands than the hand-to-hand combat that you usually think about in war. They had to go island by island and take each one separately.

One of my most memorable patients was a fellow named Updike. He was seriously injured. He was there a long time before we got him stabilized and ready to go home. As far as I know he made it home. It was hard to get information back because there were so many ships taking people back and forth that it was just a fluke if you heard from anybody. In Espiritu Santo we worked just like we would in the States and did everything that we could for the patients. I don't remember ever having a shortage of medications or dressings. It seems like we had everything that we needed.

The military would fly in the wounded, but most of them came by ship. There was a big harbor and a navy base. Whenever we wanted a good meal, we would go out with someone in the navy because they always had better food. I didn't drink milk, I didn't eat eggs, and I didn't like beer, so it wasn't a hardship to me as far as food was concerned in the army. We had raisin bread once a week, and one of my friends would pick the raisins out of mine because I don't like raisins.

In Espiritu Santo there were no *Anopheles* mosquitoes, so we didn't have to take Atabrine as a malaria preventative. Many of the other nurses on the other islands had to take Atabrine, and it turned their skin yellow. We did have a mosquito net, and there were mosquitoes, just not *Anopheles* mosquitoes.

We had a limited knowledge of how the war was progressing. We were in radio contact, so we knew what was generally going on in the different battles. After being on Espiritu Santo in 1943 and 1944, we were transferred to Hollandia, New Guinea, for several months. Hollandia was where General MacArthur had his big home on a high peak so he could look out on the ocean. When we were in Hollandia, New Guinea, there were some navy and marine officers there who were sure the war was going to be over soon. I think they knew something about the atomic bomb. I think they knew there was something special in the works because they wanted to bet us that the war

was going to be over soon. We were just as sure that it wasn't going to be.

After we were in Hollandia about three months, we were sent to Luzon, Philippines. There were still some of the Japanese army fighting in the hills around us while we were there, and it was considered an active war zone. That was where the Japanese came in when they invaded the Philippines and continued on to Manila, Bataan, and Corregidor. The Japanese occupation lasted until the early part of 1945.

The war just seemed to get progressively worse as we moved on. The first time that we heard about V-E Day (May 7, 1945) was around Mother's Day. We were happy that the war was over in Europe. I was in the Philippines on V-J Day (September 2, 1945). Every morning songs that were popular in the States, like "Sentimental Journey," were played over the loudspeaker. Then we heard, "Now hear this, now hear this!" and we waited to hear what was going to be announced. I remember when they announced the war was over in Japan. That was a very happy day, but we didn't think that affected us much because we were still busy.

I heard over the loudspeaker that the war was over, and then we got a little camp newspaper that was just a one- or two-page sheet. I suppose more information came to us after the first bomb fell. We had been waiting all summer for something to happen. Every day when they alerted us over the loud speaker, we kept thinking that something was going to happen. We were probably getting ready to go home. We had been overseas since 1943, but every day was a busy day just like it was for everybody else. You have certain things you have to do everyday, so you keep going.

I still have a camp newspaper that was published when the war was finally over. It is kind of hard to remember what I heard then about the bomb being dropped and what I have heard since. I picture the big atomic bomb with the big umbrella. I don't remember when we first knew that there was an atomic bomb or of the devasta-

tion in Japan. It is only now, sixty years later, that I fully comprehend all the atrocities of that war. As I read about the experiences of the people who were prisoners in the Philippines and how the Japanese people treated them, I really feel we got off pretty easy. I feel sorry for the devastation of the atomic bomb, but I don't think that the people in the United States really comprehended what they were doing to us, even though they saw the things happening at Pearl Harbor. That was terrible, but it was only the beginning. Wherever there were prisoners of the Japanese for the next three years, it was incomprehensible how they were treated.

We were on a hospital ship for a month coming home. Something happened to the ship's rudder, and we were out in the middle of the Pacific Ocean going around in circles until they got it fixed. It was pretty rough coming home. We were mustered out at Fort Sheridan. We got a lot of money because we hadn't been paid for a long time. We left in December, and it was cold. We must have looked like poor people from Europe. We had carried our wool clothes all through the South Pacific, and we didn't have any warm clothes by the time we got home. We had a lot of money in our pockets, but we probably looked pretty sad. I came home on Thanksgiving, and the war was over in August. I was on leave until February, so we were still considered in the army until the middle of February.

My dad was a rural mail carrier, and one of the regrets that I have in my life was that when I came home from the army he wanted me to wear my uniform and go on the mail route with him, and I didn't do it. I was just glad to get out of my uniform. I did go on the mail route with him. He was extremely proud of me. For three years everybody on his mail route had to hear about me. I am sure that everyone on the mail route knew all about his three children who were in the service. It would have given him so much pleasure if I would have worn my uniform so he could show me off, but I didn't do it, and it is too late now.

When I was discharged from the army, they gave me bars to symbolize the medals for which I was qualified. One is from being in the American theater, USAFFE, and the Bronze Star. I will have a Bronze Star on the Philippines victory medal because they were still shooting there. I never picked my medals up because I never thought the medals that go with them were important, but now I want to leave a legacy for my children and grandchildren. I recently wrote to my congressman to get them. Hopefully they will soon be on their way.

Then I got married in 1947 and joined The Church of Jesus Christ of Latter-day Saints in 1952. I was Catholic at the time of the war, and I had the opportunity to go to church. Espiritu Santo was a French island with a French coffee plantation owner, just like in the movie *South Pacific*. There was a little Catholic church that we would go to. I remember hearing that there were Mormon church services on Sunday afternoons at about 3 o'clock. I know there was a nurse and some corpsmen who were Mormon. I know that there were Mormons in my group, and I know that they did meet.

When I was in the Philippines, I didn't drink beer or smoke. I thought I was doing all the work while everyone was outside smoking. I decided to join them. It wasn't easy to start smoking. You choke and cough, and you really have to be determined to abuse yourself like that. My main thought was that I was working the floor while everyone was getting a break. I was never a heavy smoker, but one year at Christmas time I added up all the money I was spending on cigarettes, and it was about a dollar a week, and I thought with that I could buy a package of cookies and the whole family could enjoy a treat. In March 1952 we heard about the Church. If the missionaries would have come around and told me I could not smoke or drink coffee (I had been drinking coffee my whole life), I would never have listened to them. But by then I wasn't smoking. I have always been glad I did quit smoking. It was foolish to ever get started in the first place.

I went to church more while I was in the army than I did growing up. In Espiritu Santo we went to church more than we did other places. When you are working you don't necessarily get every Sunday off to go to church, and I don't remember going to church in the Philippines. I think that I was always fundamentally a good person, but I don't think that I was real religious at all during that time. We never had a lot of religion in our home while I was growing up. After my husband and I got married and joined the Church, it became a big part of our lives. There was not even a Mormon Church in Davenport, Iowa, until after we moved away. I don't know what I would do with my time and money if I wasn't able to serve the Lord.

We were living in Davenport, Iowa, when we joined The Church of Jesus Christ of Latter-day Saints. We started to go to church in March and were baptized in May 1952. I had a strong testimony from the very beginning.

I would like to tell my children and grandchildren that I am happy I had a chance to serve. I never felt like my experiences were more than any ordinary job that anyone else does. I know that when we are helping we are happy. I feel fortunate to do as much as I can do at age eighty-two. I don't know that I have had many trials, and I have been incredibly blessed. I think that I was blessed to recognize the truthfulness of the gospel. I know it has been a blessing to my children and grandchildren.

LAURA ELLEN ALLEY

I graduated in June 1944 from LDS Hospital School of Nursing. I enlisted with a friend of mine on March 1, 1945, and was sent to camp at Fort Lewis, Washington. We went up to Fort Lewis, which was absolutely wonderful. We were treated just like the troops. We went out on bivouac, and we were there for a month. We had to do drills, and we had to learn some army law and things like that.

After that thirty days we were sent to Macaw General Hospital in Walla Walla, Washington, where I was assigned to the orthopedic division. At that time we were working twelve-hour shifts for six or sometimes seven days a week. We were short of help. When I was in orthopedics, these kids would come from the front in casts that had never been changed, or with wounds that looked abscessed. They weren't healed when they got to me, but they were in fairly good shape. As soon as they got there, we would cut off the casts and start looking at the wounds, and they were full of maggots. I just nearly died. I will never forget that experience when we cut away the cast. One fellow who had on an airplane splint was the worst. The wounds that I saw with the maggots were clean and not infected. The maggots just happened because of the conditions they were in: the doctors didn't put them there. We cleaned the maggots out of the wound because they were far enough along so that they were doing okay. When I came home and was working at the hospital in Salt Lake, the patients had severe osteomyelitis. The doctors were beginning to use a lot of antibiotics, but they weren't as effective in these kind of cases as maggots.

I worked in the orthopedics division for about a month, and then I was transferred to the paraplegics and quadriplegic wards, where I stayed until I was transferred again. I had a wonderful experience with those boys. Most of them were about nineteen or twenty-year-old boys. We cared for them and tried to get them up into chairs, swimming, and out into the social life.

It was the last of September 1945. I volunteered to go overseas once a month. Finally, as the war tapered down over there, we were sent to Birmingham General Hospital, Van Nuys, California. Macaw was closed at that time because of the war closing up a little. We stayed with those boys, and they made a lot of progress down there. It was really a pretty good experience. By that time we were working eight-hour shifts, which was standard in nursing, but we still sometimes worked six or seven days a week.

In March 1946 they said that they were going to close Birmingham, so I elected to come home.

All of them [the patients] were so young (I was twenty-two). Most of them were my age or younger. We had two or three who were older—in their late twenties. This one fellow was paralyzed from the waist down, but he had a lot of spasms, and he used to bend over into fetal position and couldn't help it. He would cry. So all of us spent a long time trying to help him through this. We had an older man from California who was in his late twenties or early thirties, and he wouldn't let anybody but me shave him because I did such a good job.

We had the old Stryker frames; they were just coming out at the time. You had to be sure that the patients were tied in, and we had to turn them every two hours. We had several patients' legs fall out of the frame when we turned them. Before we used Strykers, we used manpower. We just turned them. I remember when I came home from the service, my sister-in-law Virginia said to me, "My gosh, you have the most wide, powerful upper body that I ever did see." It was from lifting those kids. We had to turn those Stryker frames frequently. We had a young man who came from the Pacific zone and had malaria quite bad. He was on a Stryker frame (he was a paraplegic). When he would begin his chills, a couple of us would have to lie across his body to keep him on top of the frame because he would shake so violently.

Antibiotics were new in nursing—at that time we had just started giving penicillin. We had some sulfa that we used, but the penicillin was the thing. We used to fill a syringe and then just change the needles and give them each 1 cc. Streptomycin, I think, came out at that time too. The Wangenstein suction was improved a little bit at that time. It was the two-bottle stomach suction. The Stryker frames were made wider after the war ended. The care of paraplegics and quadriplegics also improved because caregivers realized that patients needed to be up and more active.

We used to load a government van up with the kids and take them out to the diners. All the restaurants and show places down there catered to these kids and built ramps for their wheelchairs and put them up at the tables. They were very helpful.

There was one paraplegic whose father was very wealthy. This independent young man came down to Birmingham while we were there to demonstrate to the boys what they could do. He had his own car, and he would show them how he could get in and out of his car and show them different techniques he developed to help himself. He got sick with kidney problems while he was there. We kept him for several days until he could move on. He did a lot to show the boys how independent they could become and how to get around much better.

I wasn't aware of any nurses or boys who were LDS. They did have a church and a Protes-



Alice Lofgren Andrus

tant chaplain, as I remember. We just all went to the church.

I think my life was different because I served those thirteen months. I got a lot of good nursing experience. I developed a lot more patience and understanding of some of these people who had such terrible wounds and accidents. My skills developed considerably in taking care of post-op patients. I don't think the nurses who didn't serve in the war ever realized the importance of turning patients and making them get up, and making them breathe and all of that. That was one thing we really starting doing with the patients and getting them ambulatory a little bit faster.

I'm glad I stayed in nursing. I haven't been disappointed with any of that.

ALICE LOFGREN ANDRUS

On December 7, 1941, I vividly remember that I was a junior student nurse on duty in an outpatient clinic at the Los Angeles County General Hospital. Sunday was seldom busy, so while we were between patients, several of us were listening to a small radio when we were startled to hear about the tragic attack on Pearl Harbor by the Japanese. As World War II was declared, we knew that all of our lives would be changed.

I received my navy orders to report to the Oak Knoll Naval Hospital at Oakland, California, by May 10, 1944. I reported to the office at Oak Knoll Naval Hospital. I was now officially a navy ensign.

As I remember back over fifty years, within a day or two I was in uniform, taking care of patients in the burn ward while I also learned the navy's way of doing things. Every week or so we were alerted that a convoy of ships from the fighting in the Pacific would soon arrive, bringing new patients.

Many of our patients were undergoing a series of reconstructive plastic surgeries to repair damage done earlier. Ambulatory patients helped us take care of bed patients and admit new

patients. Their friendly joking and assistance soon made new patients feel welcome. Some wanted to talk about their experiences, like the barely eighteen-year-old sailor whose oil tanker had gone down with burning oil engulfing everyone trying to escape. The young sailor was severely disfigured by burns on his face, head, arms, and body. Talking about it seemed to be his way of trying to accept the fact that he really was scarred and that nothing would ever again be normal for him. Another patient had only moderate burns, but he had been told that he would never see again. While he was despondent and wanted to be left alone, occasionally other patients quietly made brief visits to his bedside, gradually making him feel one of the group. He was still depressed, but he did not feel alone, as the other patients gave him moral support and understanding.

Another patient had been confined to bed for some weeks. As he began to feel better, he wanted to get up and walk around, but his orders as a bed patient remained. Finally one day, with nearby patients as lookouts, he sneaked into the bathroom and was almost back to his bed when he was seen by a corpsman. When the doctor was told of this adventure, he laughed. When patients are determined enough to sneak out of bed, he explained, they are well on their way to recovery. This improved the morale of the whole ward.

Some of our patients, between operations, were encouraged to get passes and take the bus to Oakland to get used to being among civilians again. Some who had gone once refused to go again. They said that some children and many adults would stare at their scars, crutches, or bandages and whisper, point, and laugh at them. Since they were in uniform, it was obvious that their wounds were a result of the war, but many people reacted in a cruel, unthinking way, ridiculing anyone who looked different in any way.

Once when I was working a late shift, all but one of our patients who had been out on passes were back in bed. Suddenly, the door to our ward was jerked open, and in walked our marine

patient. He was tall, strong, good-looking, and a little unsteady on his feet. He was angry and mumbling something I couldn't understand. As he stood in the hall, he suddenly punched a hole in the plasterboard wall. This was entirely out of character, as he was a friendly, good-natured person whom I had never seen angry before. I quickly called the corpsmen, who, with the help of another patient, soon had our marine sleeping peacefully in bed.

In the morning he was embarrassed to see the hole he had made in the wall and explained that he had been out with a buddy who had noticeable scars. They were enjoying a fine evening until several civilians began making crude, ridiculing jokes about them. Since getting into a fight could have caused serious medical problems, especially for his buddy, they controlled their anger and walked away quietly. However, the anger and frustration remained. All of us in the ward understood, and the wall was soon mended without comment.

Many of our patients preferred to remain in the ward or on the base among others in uniform, where they were accepted without question. It was a sanctuary where they felt safe. Planning on moving back into civilian life was traumatic for many, especially for those with extensive scars that could not be corrected, even with skilled plastic surgery. Some of the luckiest patients had families who would occasionally visit them and plan for their homecoming with joy and acceptance, but others just had to hope that their families and friends would not desert them.

I will never forget how the patients on 74 A Burn Ward developed close friendships and acted with compassion and good cheer, even when they felt sad and worried inside. It was a happy ward where I had many friends, and I was content to work. Once I was transferred to a medical ward, but within a few weeks I managed to get transferred back to my favorite ward, 74 A.

During my months at Oak Knoll, I remember that we did have a few drill sessions and even marched in one dress parade on the base.

We also had to pass a swimming test, which was easy for me because I enjoyed swimming. Navy life included lighthearted times too. Being stationed fairly close to San Francisco was an experience most of us enjoyed. When we were off duty, a few of us nurses would put on our dress uniforms and take the local bus to Oakland and then the "A" train to San Francisco. There we would happily spend all day sightseeing, eating at favorite restaurants, shopping, or maybe seeing a movie before starting the long journey back to the base.

We heard that the military needed nurses to sign up for sea duty on a navy hospital ship that would soon be commissioned. As much as I liked working on the Burns and Plastic Surgery Ward, the opportunity to go to sea on a hospital ship seemed irresistible. Very soon my official application was on file in the office, and I was notified that I was accepted and I would receive transfer orders within a few weeks. Many friends, both patients and coworkers, were disappointed that I would be leaving.

One interview that touched me the most was when our top surgeon called me into his office and tried to talk me into changing my mind. He knew that I liked working on the ward, and he sincerely believed that I would be unwise to go into a situation where I might find problems I didn't expect. He had been in the navy for many years and said that women in areas closer to the war were assumed to have loose morals, and he was convinced that I might get a bad reputation, whether or not it was deserved. He assured me that if I had been his daughter, that is the advice he would give me. But I had the self-confidence of youth that I would get along all right. The promise of new adventures was too great to resist, so the surgeon reluctantly agreed to my transfer.

At the airport I was disappointed when someone with a higher priority got the last seat on the last plane departing that day for the East Coast. Since I was suffering from chills and fever, the kind people at the airport arranged for me to stay all night in the stewardesses' overnight

room at the airport. How grateful I was to crawl into bed and have a good night's sleep.

The next morning I felt much better and was soon on a plane flying east. Not long after we were airborne, the stewardess began handing out small gifts to all of the passengers. We were delighted to hear that the war in Europe had just ended, and the airline company provided key chains for all with a small medallion inscribed with "V-E Day, May 8, 1945" and a wish that we would always remember our flight that historic day.

When I finally reached Norfolk, Virginia, and reported aboard my ship, the USS *Consolation*, I was assigned to share a small inside stateroom with another ensign—a tall, blonde, cheerful young nurse. We became good friends, and I felt very lucky to be aboard. Our small stateroom did not have a porthole, so we found a stick-on picture of a porthole and soon felt right at home.

On May 22, 1945, the entire new crew assigned to serve on the USS *Consolation* was aboard for the official commissioning ceremony. We also went on a shakedown cruise in Chesapeake Bay and returned to the shipyard in Norfolk. Since modifications on the ship would require more than a month, we were encouraged to request official leave, so I did.

My sister Ruth was on the faculty of the University of Michigan in Ann Arbor, so we had time for a pleasant visit. One event I recall was a delicious steak dinner she had prepared for us in her apartment. When I casually mentioned that I liked the meal and that we had steak dinner fairly often in officers' mess, Ruth seemed rather shocked and explained to me that steak was a rare treat for civilians. She had been saving up her ration coupons for quite a while so she could prepare something really special. It made me realize how fortunate I was to be a navy officer. I hadn't realized how much civilian life had changed, with so many regulations, shortages, and frustrations of all kinds.

When I returned to the ship, it wasn't long until we made final preparations for going to sea, at last. After we got under way leaving Norfolk

on July 14, 1945, we soon settled into a daily routine of assignments. The ship's crew was busy with the mechanics of running the ship. Since we were equipped to serve as a floating hospital but had no patients aboard, it must have been challenging to keep all the hospital personnel busy, including doctors, thirty nurses, hospital corpsmen, and two women Red Cross aides who were quartered with the nurses.

Because I was the nurse with the lowest seniority, I didn't question my assignment to be in charge of the linen room, supervising several corpsmen.

There was an old-fashioned treadle sewing machine in the linen room. When I said I knew how to use it, the medical officer in charge of the x-ray department asked me to make a dust cover for the irregular, boxlike x-ray machine. I was pleased to have a useful project to work on. Making a rough sketch of the machine, I took measurements for a guide. One of the corpsmen got some muslin from the ship supplies, and we started cutting. Sewing pieces together was simple, but when we first tried the cover on the machine, we found where angles had to be modified. Before long, the x-ray machine had its cover.

A few days after we left Pearl Harbor, we sailed west in the Pacific. On August 17, 1945, we crossed the international date line, and since we had no patients aboard, the hospital staff happily joined in a Davy Jones's Locker celebration. A care-free evening of games, special events, and movies temporarily made the war seem far away.

When we reached port, mail call was an eagerly awaited event. Even getting an advertisement was better than getting nothing. Some people were very popular, receiving a handful of letters, some even perfumed, according to the sailor handing out the mail. It was sad to see that some never seemed to get any mail, and they would usually avoid mail call. One learns to travel light in the navy, so I only saved a few of the letters I received.

When we were first ordered to the Pacific, we were supposed to be a stationary hospital con-

venient to the fighting wounded, but our orders changed as we proceeded. On August 28, 1945, we anchored in Buckner Bay, Okinawa. For the next few days, the nurses were allowed ashore, a few at a time. We visited the informal headquarters and were driven by jeep on a brief sightseeing tour, but we were required to have an armed guard along at all times. We were told that even though the island was considered secure, it was impossible to predict when a Japanese sniper might appear, since they were experts at hiding out for long periods of time. As I recall, some of the nurses decided not to go ashore, but I will always remember that jeep ride along the narrow road on what became a historic island.

The war finally ended on September 2, 1945. On V-J Day, we were still in Buckner Bay but with new orders. On September 9 we sailed toward Wakayama, Japan, where we helped in the evacuation of newly released prisoners of war. We departed on September 18, arriving at Hagushi, Okinawa, where many of the patients were taken ashore on September 22 and 23 to be flown to their home countries as quickly as transportation could be arranged.

We remained in the western Pacific for several more weeks. On October 26, 1945, we were in Nagoya, Japan, where we were given new orders. Our "magic carpet" orders had us soon making many trips, transporting military dependents from Honolulu to San Francisco. The new orders also included a transfer of most of the hospital staff to shore duty. Only seven of us remained from the original thirty nurses. A few doctors and corpsmen also remained on board to help care for patients and passengers.

On February 14, 1946, we finally left San Francisco, heading south. Two days later we went through the Panama Canal again, going from the Pacific back to the Atlantic Ocean. On March 3 we arrived back in Norfolk, Virginia, where we remained for several weeks. In the following months, the USS *Consolation* was assigned to stay with a navy fleet in the Caribbean.

Finally, we returned to New York City on May 24, 1946. Although I had requested permission to stay on board, I was told that all of the nurses were to be transferred to land bases. Without sea duty, I decided that the navy no longer needed me. I had more than enough points to be released from active duty, so I was officially released from active duty in the navy on August 7, 1946.

One day we had a patient transferred by stretcher from another ship to our hospital following a storm. He was in a coma and was taken directly to surgery. Apparently, he had been working on the deck of his ship when an oil drum broke loose and smashed him in the head.

After some hours in surgery, he was placed in one of our private rooms and I was assigned to monitor his condition and notify the doctor when he regained consciousness. Since the intracranial pressure had been quite severe, the doctors weren't sure how much permanent damage had been done.

Several hours later he showed signs of consciousness, so the corpsmen hurried to call the doctor. The patient groaned and asked where he was, since everything was unfamiliar. By the time the doctors came, he was fully conscious and cooperative. A few simple reflex tests indicated that he was not able to move his right arm, but his condition was much better than might have been expected.

Three of us nurses were assigned to special-duty care for our injured patient, in eight-hour shifts. I was happy to have the busier day shift. Soon our patient was well enough to be up in a wheelchair for several hours each day. Since he was right-handed, I soon began encouraging him to try to eat using his left hand, but he said it felt too awkward and that he spilled food too much.

Luckily he had a good sense of humor when I spread towels to catch any spills, and each day I insisted that he feed himself a little more of his meal before I wheeled him out on deck, where he enjoyed the sunshine and the change of scenery.

During this time I regularly massaged his right arm, with his doctor's permission. I also had him frequently squeezing an orange to try to strengthen the muscles in his hand and arm. After about a week of this, he excitedly showed me that he did have some voluntary movement in his hand and arm. When the doctor came to see him later, he had a big grin as he showed how much movement he had regained. Everyone was delighted, and the patient gradually regained full use of his arm.

I grew up in a caring family that had the sensible religious beliefs of The Church of Jesus Christ of Latter-day Saints, often called the Mormons. So when I was in the navy, I naturally declined to drink alcohol at any time. One time a friend coaxed me to go to the officers' club with her, but I soon felt out of place since drinking seemed to be the main source of entertainment. Leaving was easy.

Later, on board my ship, it soon became apparent that I was the only nurse who never drank alcohol. This solved a problem, because when nurses were invited to attend captain's dinner aboard another ship or a party on land somewhere, I always volunteered to stay on board in case of an emergency.

One time, in Honolulu, an officers' party was planned on a large private plantation. As usual I did not get an invitation, but I planned to go ashore since no one was needed to stay aboard in port. But one of my best friends, the assistant chief nurse, said she was required to put in an appearance at the party. She promised that if I would only go with her, we could soon leave, so I finally agreed.

We enjoyed the colorful scenery and admired the large swimming pool. About the time we arrived, someone playfully pushed one of the officers into the pool, fully clothed. Obviously the party was well under way. My friend and I promptly changed into our bathing suits and jumped into the pool, where we swam alone for a while. I was glad to avoid those who were acting foolishly; apparently, my friend and I were

the only ones who were sober. Soon my friend's recently sunburned back began to hurt, so we climbed out of the pool. I was given some soothing lotion to rub on her reddened back, which gave her some relief. Back in uniform again, we were urged to eat. We had some delicious sandwiches, but I politely declined anything to drink, no matter how harmless it seemed. My roommate had already explained how some people liked to spike innocent-looking drinks to make people involuntarily drunk. Since I was so strong-minded, I'm sure I made many "happy" people feel uncomfortable, especially when they were behaving foolishly. Anyway, when my friend and I said we wished to return to the ship, we were happily told good-bye.

An important element of fighting a war is the need to provide effective medical care as soon as possible to the fighting forces. Medics and corpsmen travel with military units. MASH units and front-line hospitals care for the men as close to the fighting as possible. Hospital ships are another means of bringing effective up-to-date medical care within a short distance of the wounded. Such military platforms saw service in World War II, Korea, Vietnam, and again in the Persian Gulf conflict (Operation Desert Storm). Alice's ship, the USS Consolation, was one of the first U.S. Navy hospital ships.

VIRGINIA SCHERBEL ARMSTRONG

I entered the Army Nurse Corps in April 1941 before World War II at the request of the Red Cross Nurse Association. I was assigned to Barnes General Hospital in Vancouver, Washington. When I arrived the hospital consisted of hastily constructed wooden buildings with ramps between them and a firewall running through the center. There were no patients or equipment. An administration group and army corpsmen who had been transferred from Fitzsimmons General Hospital in Denver, Colorado, were already there. These corpsmen were our technicians for the lab and x-ray, served as wardmen and cooks, worked



Virginia Scherbel Armstrong

in the motor pool, and performed many other duties. The doctors arrived at a later date.

Our first activities (with the help of the corpsmen, who had been trained in army hospitals) involved ordering equipment and supplies for the wards including chairs, cots, bedding, pajamas, robes, and other items, as well as dressings, bandages, and surgical instruments. Everything smelled of mothballs and had to be aired out and cleaned. Our first surgical instruments were all caked in wax and had to be cleaned of the wax before they were usable. We were told that all this equipment had been stored since World War I. Some instruments were familiar and similar to those we had used in our previous work, but some were completely different than any we had ever used.

Once the hospital was in some kind of order, we started receiving patients. Our patients were mostly transfers from post hospitals, like Fort Lewis in Washington and Fort Stevens in Oregon. Consequently, patients usually arrived in groups from a few to as many as seventy-five at a time. They were sent through the admissions area and then assigned to the type of ward they

needed, such as ENT, urological, medical, or psychiatric. It was only a short time before the hospital was completely filled with patients suffering from a variety of illnesses.

I was the nurse in charge of an open psychiatric ward at the time of the bombing of Pearl Harbor. Patients who were out of bed went to the mess hall for their meals. My patients had gone for their meal but rushed back to the ward to tell me that Pearl Harbor was being bombed. I thought at first that they were kidding me as they always did, but when we turned on the radio, we heard the news of the bombing and later of the president, Franklin Delano Roosevelt, declaring war, December 7, 1941. Most of my patients wanted to be sent right back to service, and most of them were. However, the hospital was kept filled with patients from the posts, as it was filled even before war was declared. The hospital went on full alert and was soon painted camouflage, and our activities away from the hospital or post became restricted as to distance and type of activity.

I received my honorable discharge from the service in July 1942, so you see my army activity was limited. I did return to work at LDS Hospital in the nursery during the war years, which was plenty busy. I was also attending the University of Utah during that time.

ESTELLE MORRISON BURTON

I was a cadet nurse during World War II, and I went to Mary Hitchcock Memorial Hospital at Dartmouth College School of Nursing in Hanover, New Hampshire. We were privileged to be able to take some of our nursing classes at Dartmouth College itself, which made it especially nice. I graduated at the top of my class and received a scholarship to Simmons College in Boston.

I went into the navy hoping to become a flight nurse. The war was just over, and we were in what they call a “state of war.” My first assignment was at Jacksonville Naval Air Station. Be-

cause of some supervisory experience and my scholastic record, they put me right into head nursing and evening supervisory situations and threw the book at me. It was very challenging and very enjoyable—challenging because I did a lot of problem solving.

Back in those days nurses did not start intravenous lines. One day I was the head nurse on the orthopedic ward and they brought a black sailor back from the OR, which was three buildings away. He was in severe shock. I called a commander who was in charge of the unit and told him the situation. He said to give him so much Esgotin (I think it was called at the time) intravenously, stat [immediately]. I had never given an intravenous shot in my life. Medical residents and interns always started intravenous lines in those days. The patient was a very dark-skinned black man. All of the corpsmen gathered around the head nurse, and I thought, “I am going to lose face if I don’t hit this vein, and this man is going to die.” Thank goodness he had big veins. I felt boom, and in it went. It shook me up pretty good, but I didn’t let on. Esgotin was an adrenaline-type solution, and it brought his blood pressure right back up. I didn’t lose face in front of all of my subordinates. When the doctor told me to administer the shot, I said, “I don’t do that.” He said, “You do it. I’ll be right behind you.” I said, “Sure you will—three buildings away.” He laughed. He was a full commander and I was an ensign. He told me to do it, and I did it.

One day when I was still head nurse on the orthopedic floor, the phone rang, and it was the chief nurse, who said, “Miss Morrison, would you please give your narcotic keys to the nurse in the next building and come to the administration building. Is your narcotic count balanced?” I said, “Yes, of course.” She said, “All right, well, we’d like you to come over to the administration building please, after you give your keys to the nurse on the next floor.” I said “All right.” I turned around and right by my side was a hospital chief corpsman standing there. He said, “I’ll walk over with you.” Little did I know I was

under arrest—nobody told me. So we walked across the lawn over to the administration building. They took me around the corner and there was a master at arms swinging his club, and he had a gun on and three men sitting in chairs outside of the administration building. They said, “You can sit right here.” I said, “Well, if I have to wait, I’ll go get paid,” and I went around the corner. He looked at me and he looked at them, and I guess he decided I was the best bet of the group to come back. I didn’t have any idea I was under arrest, so I went around, got my paycheck, and came back. The master at arms looked quite relieved when I came back.

They invited me into this room wherein sat naval intelligence. They are very important, and they were the only ones who were nice to me. The Florida Narcotics Bureau and the Jacksonville police were also there. They sat me in a chair and their opening statement was, “We understand you are addicted to morphine.” I said, “No, I’m not.” They said, “Well, roll up your sleeves so we can see the tracks on your arms” (navy nurses wore long sleeves). I said, “No, I’m not going to roll up my sleeves for you, but the chief of medicine has an office right across the hall, and if you want me to go over there and roll up my sleeves for him, I will be happy to.” I just didn’t like their attitude. They were flippant and almost rude, when I hadn’t done anything. So I went across the hall, and the chief of medicine looked at them and came back and told them, “No, there are no scars or tracks or anything on her arms.” They said, “Tell us every time you have had morphine since you were born.” I said, “At the very beginning?” “Yes.” So I decided I might just as well be deceitful as they were, so I said, “When I was five, I had my tonsils out, and I had a little pain and they gave me something, but I don’t know what it was.” I was just being obnoxious, because they were pushing my buttons the wrong way. I took them all the way through to an appendectomy at age twelve. Then they said, “We understand that you sold eight grains of morphine for \$35 on the corner in Jack-

sonville, Florida, last night.” I said, “Number one, I wasn’t off the base last night; number two, I have never been on that street in Jacksonville; and number three, if I would have sold that morphine, I would have gotten a lot more than \$35 for it.” I was a complete bust to them; they didn’t get anywhere. All I could think of was people who had been charged with something they didn’t do.

The naval intelligence officer had very little to say, and he was the only one who was extremely polite and courteous to me. The others were rude and crude and really annoyed me. But then they let me go. I didn’t know that day what the result was, but I found out the next day that they had caught three veterans’ administration patients who had come in from Cuba and had come across the fence into the Naval Air Station. They were the ones that had sold the morphine, but they had accused the nurse on the ward, and that was me. They were my outpatients.

In the navy you are sick until you are fit for duty. We had a ward with fifty-two patients. I actually had two wards; I had an orthopedic ward and a dirty surgery ward, and each had fifty-two patients in it. I also had one or two wards, it varied from time to time, of outpatients who would come in the morning for their medication. They lived in another ward; they weren’t well enough to go back to active duty, but they didn’t have to be on the sick ward. They were supervised by a navy chief. They probably didn’t have enough navy nurses to watch over them.

I was in Jacksonville from January 1948 to December 1948, and then my father became quite ill, so I had a hardship transfer to Massachusetts, and I was transferred to Chelsea Naval Hospital.

LEONA BERG CAMPBELL

Leona’s daughter tells her mother’s story.

Leona Berg Campbell, my mother, graduated from the Grove LDS Hospital Nursing School in 1923. She was a supervisor after graduation and for most of my childhood did private duty nursing.

In 1943 she and my father worked at the Topaz Japanese Relocation Camp about twenty miles outside of Delta, Utah. My father was the placement officer there, and Mom nursed in the hospital.

The hospital was a very modern facility with the most up-to-date equipment for that time. There were two Japanese doctors in the hospital, and my mom considered them tops in their fields. For example, after surgery they had their patients up and moving around shortly after their operations. This was a new innovation for Mom.

Those days in the hospital at Topaz were very happy ones for her. She told how clean and virtually scrubbed the mothers-to-be were when they came to the hospital for their deliveries and how she enjoyed taking the beautiful new babies to their mothers.

When she left the hospital after her 3:00 to 11:00 shift, it was a thrill for her to walk home and look up at the sky—the stars seemed so close to her out there on the desert.

RUTH UDY DARE

It was September 1943, and the war was raging in Europe and in the Pacific. LaRue and I went to see the movie *So Proudly We Hail*—a film about army nurses. That made our decision final to join the Army Nurse Corps. So we went up to Fort Douglas, Utah, and signed up and told them we would be available for assignment January 1944. We requested that we would be stationed together.

Our army life of twenty-four wonderful months began. The change in temperature from Utah to the Sacramento area was surprising to me. We took a late evening train to Medford. A bus took us to Camp White, which was five miles away.

We filled out papers of all kinds, learned our army numbers, and were given shots. We had our teeth checked, our eyes checked, and were issued two pairs of glasses as well as corrective lenses in our gas masks. We were put in a barracks with lots of other new army nurses.

We went to parties at the officers' club, where LaRue and I were always the only ones not drinking and smoking. Sometimes it was fun, sometimes boring. I was thankful we had each other. One day I was summoned to the chief nurse's office. I couldn't imagine why. I was reprimanded for coming in late—drunk. This time I was innocent, a case of mistaken identity. It wasn't easy convincing her of my innocence. I was pretty shaken by that experience.

For an extra week we worked eight hours daily in the hospital. We had six weeks to learn what the army was all about and received our orders to report to Sawtelle Station Hospital in west Los Angeles, California. The hospital was set up in domiciliary buildings used for World War I veterans, within walking distance of Westwood Village and near Santa Monica.

It was an exciting life for us. We went to church at Wilshire Ward when our work schedule would permit. We also went to Hollywood Ward a few times. I felt the Tabernacle Choir broadcasts were my link with the Church at that time. LaRue and I were good for each other and helped each other live the gospel even though we could not attend church regularly.

In March I was called home to take care of my sister Vivian, who had given birth to her eighth child at home without a doctor in attendance. She had developed a postpartum infection. It was my first plane ride and I was alone, worried, airsick, and scared. Family met me in Salt Lake City and took me to Cottage Hospital in Burley, Idaho, where Vivian was hospitalized. Penicillin, which would have cured her, was not available for civilian use. There were no antibiotics. She did seem to be getting better, so after two weeks I came back to California. She was still in the hospital, but my leave was up. The ironic thing is that I had been giving penicillin shots every four hours to soldiers with venereal diseases in the G.U. ward but couldn't get any for my sister who needed it so desperately. She left eight children when she died about a week after I returned to Los Angeles. This was a very difficult time for my

parents. They had now buried their firstborn child and had taken her baby—also named Vivian—to raise. Now they were worrying about my chances of being sent overseas. When I joined the army I assured them there was no chance that I would receive an overseas assignment because of my myopic condition and because they said I was underweight (116 pounds).

I was transferred to Birmingham Hospital when Sawtelle was closed. Birmingham was an extremely large complex, like a small city, located on Victory and Balboa Boulevards. After the war ended it became a VA Hospital and then a high school.

We were working very hard now, receiving convoys of patients from the China-Burma-Indonesia area—lots of psychiatric patients. Nurses were being sent overseas from Birmingham every week or so, and LaRue and I became worried one of us might go without the other. So we went and talked with the chief nurse and told her we would very much like to stay together—even on an overseas assignment. Our orders came in September to join the 81st Field Hospital. We were elated that we could be together.

On November 20, we were assigned to the 81st Field Hospital assembling at Camp Lee, Virginia. It was a long train ride. Camp Lee was about twenty miles from Richmond. It was a staging area where units were made up. The personnel for the 81st were from many different banks from San Diego. The chief nurse was Captain Eileen Donnelly from Massachusetts. We had 18 nurses, 22 officers, and 186 enlisted men. LaRue and I were the two youngest nurses.

On Sunday we found an LDS service in the camp. There were very few there, but we had the sacrament and a Bible study class—friends even though we were strangers.

We worked in the hospital while we were there and enjoyed the city of Richmond and the beautiful countryside. This was my first experience in the South, and I didn't like what I saw—blacks in the back of buses, separate entrances, and so forth. This was all new to me, and I found it very distasteful.

On December 16, 1944, the 81st Field Hospital personnel boarded a train, and on December 24, 1944, we were taken to the New York Harbor. There we boarded the *Vollendam*, a former Dutch luxury liner, now a troopship. The crew was British. There were at least two thousand infantrymen on board. Christmas Day was spent on board ship in the New York Harbor. On December 26, 1944, at 5:00 a.m., we moved out. When we awoke we were out at sea. We were with a big convoy of ships, including tankers and destroyers. We were headed for the European theater of operations.

The North Atlantic in midwinter can be very rough. We zigzagged across, trying to avoid enemy submarines. Many times we would be aware of depth charges being dropped, indicating the presence of the enemy. That was nerve-racking but I felt an inner peace that all would be well. Some of our nurses were basket cases. We also encountered another enemy—the storms that blew up forty-foot waves, making it impossible to go out on deck. Many were seasick, including me. I felt a great deal of sympathy for the enlisted men in the hold of the ship in hammocks. Our food wasn't that great. We ate lots of Nabisco sugar wafers, which we could buy at the ship store. We were onboard ship for nineteen days.

On January 7, 1945, we arrived at Southampton, England. Here we received orders to cross the English Channel to the French port of Le Havre. This port had been completely destroyed. It looked burned and was still smoldering. We docked long enough for the two thousand infantrymen to climb aboard the LST boats, their destination—the front lines. I thought how young those boys looked and wondered how many of them would return home. We headed back again across the channel to Southampton after playing cat and mouse with U-Boats. We finally made it around the west coast of England, ducking in at Milford Haven, Wales, to avoid submarines, and then running—or steaming—as fast as we could through the Irish Sea. Docking in Gourock, Scotland, on January 13 at 3:30 p.m., we finally felt

earth under our feet. After twenty-one days the 81st was in Scotland.

The next leg of our journey was a troop train to Beeston Castle, England, and then a bus to Oulton Park three miles away, near the city of Chester. It was very cold. We were dressed in fatigues—full regalia—and were carrying sleeping bags. Our luggage consisted of a bed roll, in which we had stashed everything we thought we would need for a year. Oulton Park was a series of Quonset huts. Each had a small stove in the center where we burned compressed coal dust. The washroom and toilets were in another Quonset hut. We preferred using our helmets and washing up around the stove in our hut.

We slept on double-decker cots with inflatable rubber mattresses, and the sleeping bags and warm cotton blankets we had brought from Richmond saved our lives. We stacked black woolen blankets on top of that. We wore more clothes at night than during the day. I always put a fancy nightgown over the other layers as a morale booster. We were lucky—our cot was close to the stove. We took turns getting up to keep the fire going during the night. We had lots of mail and packages from home waiting for us here.

On January 18 we went to London on a three-day pass. Westminster Abbey was badly bombed and damaged, and sandbags were everywhere to protect it. Each night air-raid sirens wailed, indicating German U2 rockets were being sent across the channel to bombard south England. The Red Cross served waffles and ice cream cones—a taste of home. I was so happy to be there and see all the places I had heard about.

When we returned to Oulton Park we found the latrine frozen up. It was the coldest winter in England in eighty-two years. Our stovepipe plugged up. We couldn't get our fire to burn, so we went to bed to get warm. Finally some of our boys came and cleaned it out for us. There were soot and ashes everywhere, but we were warm again.

Our hospital [unit] had been divided into three platoons. Each platoon had six nurses, seven officers, and sixty-two enlisted men. LaRue and I

were in A Platoon. Each platoon could function on its own if necessary. On January 24, A Platoon nurses were assigned to the 109th General Hospital near Liverpool. We stayed there until March 11. We were working ten hours a day. Our uniforms were brown and white striped seersucker with field shoes and olive drab wool socks. We didn't look very glamorous, but the boys didn't seem to care. They were great patients and helped us a lot if they were able to be up and about. We were taking care of some boys who were left off our ship at Le Havre. They had been up to the front and were wounded. Seven hundred of those boys who were on the *Vollendam* were killed in a train wreck the same night they got off our ship. We loved taking care of the soldiers. We had been in the army fourteen months and had enjoyed every bit of it.

On March 11 our whole unit moved back to Oulton Park. On March 21 our hospital unit left Oulton Park, traveled by train for eight hours to Salisbury, then went by truck to a staging area called C-5. This was an area for units shipping to the continent. This time it was for real. We were headed for the real war—the combat zone. On March 25 we left Southampton on board a ship called the *Dobrieske*. It was a Polish steamer with a U.S. Navy crew—a ritzy ship with deluxe cabins and wonderful food. It was an overnight ride across the channel to Le Havre, France. From there we took an overnight train ride to Paris. We spent the whole day in the Paris train station. We were in combat dress including helmets and were not allowed to leave the station. We ate K-rations for all our meals that day. K-rations were dry foods packed in a box about the size of a Cracker Jack box. There was one for breakfast, one for lunch, and one for dinner.

We left Paris by train on March 27 in the evening, traveling to Luneville, which is near the city of Nancy. It was 2:00 a.m. on March 28, and our unit was headed for Mannheim, Germany. We traveled in eighteen 2½-ton trucks. It was a seventeen-hour ride never to be forgotten. There were no bathrooms along the way; we had

to make our own. We used four army blankets held up by eight nurses to make four walls between two trucks right in the middle of the road. It made a private bathroom for us. We rode in the back of a truck sitting nine on each side. Canvas covered the top and sides of the truck, and the back flap could be opened or closed depending upon the weather. As we began to drive through Germany we had to be very cautious; there was danger of land mines exploding. The German people in the villages were mostly old men, women, and children. They looked at us with hostility as we drove through, which was very understandable.

We were near the Rhine River as dusk approached. At Ludwigshafen we seemed to be obstructing the passage of an armored tank division. Their commander asked our Captain Corley, in charge of our unit at the time, what we were doing there. Captain Corley explained we were on our way to Mannheim. The tank commander replied in disgust, "You'd better wait until we capture it." Some of our nurses stuck their heads out at this time, and the commander looked at us and said, "Wouldn't you know, a bunch of women."

We didn't care for his reaction, but chances are he saved our lives. Our orders had been misinterpreted. We were to go to Marnheim, *not* Mannheim. The tank commander told us to go about twenty miles northwest. We had no map. We were driving in blackout. The bridges had been bombed. The Germans had turned road signs around so the allies would have a difficult time getting to their destinations. We were driving in circles. At 11:00 p.m. we were in Golheim. We went across fields, through streams and barnyards with cows, chickens, and pigs. At 1:00 a.m. we were back in Golheim again. We got into areas where we couldn't turn around and had to back all the trucks out to where we could move forward.

Ted, a member of our company, had a compass and offered to try to get us to Marnheim. It was a moonlit night—he would walk into a town and see what was ahead and then come back and

move the convoy. He finally found a station hospital set up in tents. They gave him a map. He got us to Marnheim about 3:00 a.m. It was now pouring rain, and we waded in mud up to our knees. We slept the rest of the night in an old building on cots with two dirty army blankets, near the 27th evacuation hospital.

The next day, March 29, in Marnheim—that elusive city—our own tents were set up and we were cozy with our sleeping bags and air mattresses. Candles were our lights. In two more days we had electricity from our own generators and stoves in our tents—even violets growing on our floor. We heated water in buckets and were allowed a helmetful for a bath at night. Our unit was attached to the 7th Army here, and we were waiting for orders. On April 5, we moved to Dieburg, about forty-five miles from Marnheim. We crossed the Rhine River on a pontoon bridge at the city of Worms. This city had no buildings standing—just rubble, dust, and dirt. We witnessed total devastation of homes and countryside as we traveled over bomb-pocked roads in the backs of ambulances. German people pushing little carts containing their only salvageable possessions were everywhere. In Dieburg we set up our hospital in tents; our living quarters were also tents. An expression of the enlisted men, whose job it was to set up, was "pitch, ditch, and b—."

LaRue and I were assigned to the tuberculosis ward. We set up isolation techniques as much as was possible. We were constantly washing our hands in creosol solution. Our patients were displaced persons. They had been in German concentration camps and had been freed as our soldiers liberated the areas. They were Russian, French, Italian, and so forth. We spoke none of these languages. Most of them had been in Germany long enough to know German. So with the few basic German words we knew, and lots of hand waving, we were able to work with them fairly well. It wasn't easy. We found the patients in our ward spitting on the floor of the tent (ground), which we couldn't allow. It was difficult to make them understand they must use sputum cups. (Is it any

wonder I developed tuberculosis later on?) Another big problem was teaching them to use the latrine. These patients were suffering grossly from malnutrition and had been so badly treated. They would hoard any scraps of food they could find.

We had received no mail for two months, but we were working such long hours we hardly had time to think about it. Our work went smoothly, except for the interruptions by "Bed-Check Charlie." The first night we heard his plane fly over, a few of us nurses came out to see how close he was. All of a sudden we heard him strafing the highway very close to us. You could feel the heat and the pressure as the bullets hit the road. We all hit the ground automatically. After that memorable night, "Bed-Check Charlie" made his nightly visits but never strafed so close again. His target was a radar station nearby—not the big red crosses painted on all our tents.

Our hospital in Dieburg was in operation for nine days. We worked long hours, very hard. We handled eight hundred patients during that time. Thank goodness our water situation was good. We were able to shower every day and wash our hair.

On April 18 our hospital received orders to split into three platoons. Each platoon was being assigned to a different area. A platoon was made up of five nurses, six officers, and about sixty enlisted men. LaRue and I were assigned to A Platoon and went to Weinsburg to set up a hospital. Weinsburg was one hundred miles south of Dieburg. Our living quarters were German homes—one for nurses, one for officers, and three for enlisted men. We set up our hospital in three buildings nearby. These buildings had been part of a German prison camp for allied officers. They had been moved out only a few days before we arrived.

Our house was lovely—three stories and very well furnished. We had running water for the first time since our arrival in Germany. It was a luxury even though it wasn't warm. The beds all had down coverlets and pillows. The wine cellar was filled with bottles and barrels of booze.

The basement was well stocked with bottled fruit, jams, and jellies. We tasted them all. They were delicious. In the backyard were blooming apple trees; strawberry plants; currant, raspberry, and gooseberry bushes; and a garden. The house was on a corner. I remember the beautiful blooming wisteria vine growing over the entryway. We found German officers' uniforms, medals, flags, arm bands, and lots of papers upstairs. This house probably had been occupied by German officers who had been in charge of the concentration camp next door.

The people whom they had moved out for us were an elderly man and two girls. They would come back to feed the chickens and to water the garden. They came one day and wanted to go down in the basement and get some potatoes. We didn't let them in but went and got the potatoes for them. We felt sad that they had to move out of their homes for us. At the time they were our enemies and couldn't be trusted.

I had an eerie feeling while we were there and now have a guilty conscience that I participated in what we called "liberating" some of their property. Rationalizing at the time that what we were doing was okay—even though I knew it wasn't—I came home with a down pillow, binoculars, and a green and silver tea set. At the time I thought if I don't take it, someone else who stays here next will. It didn't belong to me, and no amount of rationalization made it the right thing to do.

Our hospital capacity was one hundred beds. We received patients from three evacuation hospitals and the displaced persons center. LaRue was assigned to night duty. I was on days. She was the only nurse on at night but had ward boys in each barrack. She would walk from one building to another making rounds and said it was very scary. We had a variety of patients. There were four babies: one with measles, one with pneumonia, and premature twins with impetigo. In the seven days we were in operation there at Weinsburg, ninety patients passed through. We sent our last thirty-three patients to

Heilbronn, five miles away, where unit C was working.

We were at rest for three days. Weinsburg had terraced hillsides—lots of grapes growing there. Artillery fire would shake the area often, as the front line was not far away. I had an allergic reaction, which we blamed on the creosol antiseptic solution we had been using. My hands, feet, and eyes swelled beyond recognition. After lots of Benadryl and finally an adrenalin injection, I recovered and was happy to be well again.

There were all kinds of rumors now about the war with Germany coming to an end. We received the great news on May 9—V-E Day—victory in Europe had finally occurred. Now that the war in Europe was over, our unit was not needed as a fourth platoon with the 54th Field Hospital. On May 12 unit A moved from Garmisch to Heilbronn to join unit C.

It was a twelve-hour ride in a convoy of trucks to this city. We were returning to the area where we had been eight days before. The only building remaining in Heilbronn was the hospital, and it was located on one side of the city. The story we heard was that in twenty minutes of bombing, the city was leveled and twenty thousand people were buried in the debris—we believed it. As we walked down the streets the stench of death was very evident. A high wall surrounded the hospital. We had army guards at the gates. The gardens around the hospital were beautiful and there was a nice swimming pool. The Neckar River was nearby. We lived in the hospital building, and LaRue and I had a nice room. We unpacked our clothes for the first time since we left the United States of America. Our clothes were actually put on hangers in a clothes closet and in drawers. We had all the comforts again—hot and cold water, electric lights, and so on.

The equipment we used in the hospital was mainly German. The operating rooms were beautiful. Our patients were liberated prisoners of war: Russians, Poles, French, Italians, and so forth. Many had been brought here to work for the Germans. LaRue and I had a large surgical

ward. We had to work really hard. We were admitting and discharging patients each day, and numerous surgical operations were performed. Most of the patients in our hospital were men, but we had five women and two babies at one time. Another time we had fourteen kids with measles in the nursery. The oldest was four years old. Our daily census was usually two hundred. We worked twenty-eight days at this hospital. After the first week, it seemed like almost a normal life. We worked hard. Language was a barrier, but we used German with most patients. We enjoyed the Russians a lot. They were appreciative and cooperative.

While we were at Heilbronn, we were made first lieutenants. I could change to Silver Bars now and get a few more dollars each month. Most of my money was going home to the bank. I needed very little there.

On June 7 our unit A turned the hospital over to a German medical staff. Unit C had left a few days before, and unit B was in Goggingen. On June 8 all units of the 81st Field Hospital met in Schwetzingen. We had orders to report to the CBI (China, Burma, India theater of war).

Schwetzingen is near Heidelberg. We had seen this historic city when we moved from Dieberg to Weisburg. It was not touched by the war. It is a picturesque city with the castle on the hillside and the Neckar River winding through. On the banks of the river lilacs were blooming. In Schwetzingen, one section of town was inhabited by the army. In the barracks where we were assigned, LaRue slept right under a window. When she would rise in the morning, she would be greeted by a chorus of “good morning lieutenant” from the boys across the street. We’d go out in the strawberry patch nearby and pick berries for breakfast. We really hated to leave Germany. It was such a beautiful country. The people who still had homes kept their homes and yards so clean. Their woodpiles were stacked perfectly. On June 11 we left by train for Marseille, France.

On June 23 we had an exciting event happen. We had a wedding in our unit. Ann Salvadore, RN, married John Toren, an engineer she had met when we were in England. It was a lovely wedding with the reception in the Carlton Hotel in Marseille. We went in one Sunday. There were about thirty-five people attending. We met people from Salt Lake, and it was good to be with those who thought and felt as we did.

On Sunday, August 5, LaRue and I went into Marseille to Sunday School. It was a conference. President Hugh B. Brown from the British Mission was there. There were about two hundred people in attendance—all military. It was a thrilling experience to be in the presence of one of our Church leaders and listen to his message for us. There were three nurses there—including us. It was a great day for us and reminded me again how grateful I was for having been born in the Church and for having parents who taught me so much, and grateful too for having had LaRue's companionship through this army experience.

We were preparing for a new adventure; we would soon be leaving the European theater of operations and be on our way to the Philippines, and we were busy getting ready to go. We had heard that an atomic bomb had been dropped on Hiroshima, but war still raged in the Pacific.

On August 9 our unit, the 81st, boarded the U.S. Navy transport *General George O. Squire*, bound for Manila via the Panama Canal—to the China, Burma, India theater of war. For five days we enjoyed a beautiful trip—the water was smooth as glass—quite a contrast to our North Atlantic crossing nine months earlier. We spent all our time out on deck, then we began hearing rumors that Japan had surrendered and the war was over.

On August 15 we were told officially that the war was indeed over. The Japanese had surrendered. This was V-J Day with celebrations taking place at home in cities and small towns all over the USA. As we watched the bow of our ship, we could see the course change from the Panama Canal to Norfolk, Virginia—USA. We

were headed for home! There was great jubilation aboard ship—my feelings were mixed. I was glad the war was over, of course, but I had enjoyed being in the Army Nurse Corps and doing the work we had done. It was hard to think of separating from people we had lived and worked with so closely for so long.

We all spent the next five days talking with one another about future plans. We wondered what would happen to the 81st. I celebrated my 24th birthday on the high seas. On August 20 our ship docked at Norfolk, Virginia. We went by train to Camp Patrick Henry, arriving there about noon. This was a receiving center for many units. From there we were sent to various reception stations with orders to reassemble as a unit at Camp Sibert, Alabama, after a thirty-day leave.

On September 2 LaRue and I flew to Salt Lake City. LaRue took a train to Denver, and Orville and Mother picked me up at the airport. I spent until October 13 at home in Malta. There was a lot of time to contemplate the future. On October 14 LaRue and I reported at Camp Beale, California, then later took another transcontinental train ride to Camp Sibert, Alabama, where we reported on October 23. It was good to see all the personnel of the 81st again.

LaRue and I decided to be discharged from the army. We both had enough points to qualify for discharge. During this time I received a phone call from home telling me my father had died on October 25. My discharge was processed immediately, and I began finding the fastest way to get home. I could get an air force flight out of Atlanta to Denver. It was a nightmare for me to go home to this unexpected sadness. This was my first experience hitching a ride on a military plane. It was cold and uncomfortable. In Denver I found another plane going to Hill Field in Ogden. Dad had had a stroke and, fortunately, only lived a few hours. His funeral was on the 30th of October. I felt sad that I hadn't gotten to know my dad better. I know he loved me and was proud of me.

I met LaRue in Salt Lake after she was discharged, and we went to LDS Hospital to talk with

Maria Johnson—the director of nurses who had been such a tyrant. Now she welcomed us with open arms and offered us jobs to start the first day of the year. LaRue was going to work in urology and I was to work in orthopedics.

After my separation from the army there was a time of great adjustment in my life—from a life filled with excitement to going back to Malta to stay with Mother. She needed help to adjust to her new way of life as a widow. It was a period of change for both of us. I had had a letter from Maria Johnson, superintendent of nurses at LDS Hospital, offering me a job as head nurse in the operating room. When the new year arrived—1946—we packed up and moved to Salt Lake City. We rented an apartment on the Avenues, and I started working in the operating room at LDS Hospital. I felt excited. LaRue was with us also.

LaRue was marrying Ted Elliott, the army officer from the 81st Field Hospital, and I was marrying Doug Dare, a patient I had met and dated at Sawtelle and Birmingham Hospitals. Our courtship had been mainly by correspondence (writing and phoning). We were both marrying men who were not members of the Church. We had strong testimonies of the truthfulness of the gospel, and we were willing to gamble that both Ted and Doug would accept the gospel eventually (they both became stalwart members).

I was very fortunate to have LaRue Haynie Elliott with me. She was a devout member, and we helped each other. We were the only Church members in the 81st Field Hospital with one exception—an MD who didn't really want to admit his membership. I married a nonmember patient I had met in California. He became a very active member, and we served a mission in Western Australia and a mission at the Mesa Family History Center.

IDONNA L. DAVIS DOERIG

At the beginning of my adult life, I served two years in the United States Marine Corps Womens' Reserve on active duty in

World War II. After discharge I applied for and was accepted at the Dr. W. H. Groves LDS Hospital School of Nursing, attending under the GI Bill. I started school in 1946 and graduated in 1949, passing my nursing state boards after graduating in 1949.

I then worked as an office nurse for Drs. Thomas and Bowen from 1949 to 1953 in Provo, Utah. Enjoying my military experience, I applied for and was accepted into the United States Air Force Nurse Corps in 1953 as a first lieutenant. First I was stationed in Arizona, where I met and married my husband. We were transferred to Alaska when it was still a territory. I was a medical nurse on a medical ward and then became the nurse in charge of the outpatient department for the remainder of my tour of duty. We then were transferred from Alaska to Hamilton Air Force Base in California. I was assigned to the obstetrics clinic, later becoming the nurse in charge of the clinic. I was released from active duty in 1959.

I then became a medical reservist as a clinic nurse. While there, I became the charge nurse of the flight. On my two-week tours of duty and weekend duty, I was assigned to Travis AFB as a reserve nurse. This was also in the ob-gyn clinic. I also went with medical nurses and technicians to meet air evacuation planes from Vietnam. It was quite an experience to see military patients on these aircraft, some with IVs going and other treatments needed. Some of the patients had come straight from the war zone. It was good to see them doing so well and getting back to good medical care. It makes one realize how tragic war is. I retired as a lieutenant colonel from the USAF Reserve Program after serving twenty-two and a half years.

LARUE HAYNIE ELLIOTT

For almost a year, my roommate, Ruth Udy, and I had debated what we would do when we finished our nurses' training at the Dr. W. H. Groves LDS Hospital School of Nursing in Salt Lake City, Utah. We had graduated

from training in May 1943 but would not finish until we took and passed state boards at the end of August.

We had pretty well decided we would go into the service, but we wanted to stay together. We didn't know how much the army would do to get us assigned to the same hospital or to the same outfit overseas, so we kept putting off making a final decision.

In November I received my patriarchal blessing. My grandmother thought it would help me make up my mind on what I should do. In my blessing one of the things it said was that with my training in these trying times, I would be able to serve many people.

Ruth and I talked of this and about the opportunity we would have to use our knowledge and skills in serving in the armed forces. We went to see the movie *So Proudly We Hail*, a story of nurses in the South Pacific. We decided right then to join the army.

The first week in December we made an appointment for a physical at Fort Douglas and to fill out papers. After the physicals we were told to report back on January 3, 1944. We quit work at the hospital and went to our homes for Christmas, knowing it might be a long time before we'd be home again. By the end of December we were back in Salt Lake.

On January 3, 1944, Ruth and I joined the army. We took the oath at Fort Douglas, Salt Lake City, Utah. We were commissioned second lieutenants in the Army Nurse Corps by Colonel Alma T. Skoog. She was so nice to us. Ruth and I told her we had been together for three years and wanted to be assigned to the same places. She said she would do the best she could. It went on our records that we wanted to be together.

During our four weeks of basic training at Camp White, Medford, Oregon, we were issued gas masks and practiced gas mask drills a number of times. Tear gas was used in the gas chamber. We really learned how well a gas mask could protect. That tear gas really made us cry until the mask went on.

On February 7 we all left for our assigned stations. Ruth and I headed for the Sawtelle Station Hospital in Los Angeles, California. The hospital was located in Westwood Hills west of Los Angeles toward Santa Monica. I was assigned to the orthopedic ward. We were asked about signing up for overseas assignments. Ruth and I both wanted to go. The orders would come from Colonel Skoog in Salt Lake.

We received a shipment of boys from the Hawaiian Islands who were put in the psychiatric ward while I was on nights. I worked there from 11:00 p.m. until 2:00 a.m. for a few nights. It was sad to see those young men so disturbed. Some tried to talk and couldn't; others would stumble over simple words, leave words out, and break down and cry. They had been through some very bad war experiences.

I was assigned to the medical ward where I was head nurse. We were very busy now. The patients from another medical ward had been moved into ours, so we were jammed, the reason being that we had received word that Sawtelle Station Hospital would be closing in June. All our patients would be moved to Birmingham General Hospital (BGH) out in Van Nuys in the San Fernando Valley. We didn't know where our personnel would go—maybe overseas or maybe to Birmingham General. The colonel came and inspected our ward and gave us a "very good" rating. Captain Kane, our medical doctor, said, "Well he'd better; we can't have even the colonel telling our red-headed nurse off."

On June 25, 1944, we began evacuating patients to Birmingham General. Our nurses were being sent to different places. Again Ruth and I were hoping we'd stay together. By the end of June all patients had been sent to Birmingham General, and Ruth and I were assigned there too, along with a few other nurses. BGH was a large hospital, like a city. It had everything we needed right there. Hollywood was ten miles away, Van Nuys was eight. There was a large psychiatric ward in the hospital, and many movie stars came

to entertain the patients. I worked in the tuberculosis area, wearing a gown and mask all day. Outside the temperature was 105 degrees. It was hot work.

Near the end of September, we were hearing all kinds of overseas rumors. In October we were alerted for overseas duty. Ruth and I talked to the chief nurse, Major Gallagher, about staying together. She promised to talk to Colonel Skoog. We were very busy on the wards with malaria cases. They had such violent attacks of very high fever. I'd hear them scream, "Lieutenant Haynie," from their rooms, and I'd go running. They would shake so bad that the whole bed would shake. I would just hold them. Their bedding and pajamas would be soaked with sweat. We spent a lot of time changing bed linen. I was so glad to be taking care of them.

On the morning of November 20, I was called to Major Gallagher's office. I picked up orders for Ruth, Ann Salvadore, Mary Hunt, and myself. We had been assigned to the 81st Field Hospital stationed at Camp Lee, Virginia. Colonel Skoog had kept her word. Ruth and I were together. Major Gallagher shook my hand and said, "Lieutenant Haynie, stay as sweet as you are." I always felt this was a high compliment from her. Ruth, Mary, and I left Los Angeles on a train headed for Virginia. We traveled four days and nights, finally arriving in Petersburg, which was three and a half miles from the camp.

Camp Lee was about twenty miles from Richmond. It was a staging area where units were made up. Personnel in the 81st Field Hospital were pulled from many different areas of the States and brought to this camp. Our commanding officer was Major Gerald Banks from California. The chief nurse was Captain Eileen Donnelly from Massachusetts. We had 18 nurses, 22 officers, and 186 enlisted men in our unit. Ruth and I were the two youngest nurses. On Sunday we found some LDS services in the camp. There were very few there, but we had the sacrament and a bible study class. It felt good to be among close friends even though we were strangers.

On December 16, 1944, the 81st Field Hospital left Camp Lee for Camp Kilmer, New Jersey. We boarded a train in the evening. For the next week we waited at Camp Kilmer for our orders. It was cold and snowy, but we marched in the mornings and played basketball.

On December 24, 1944, our hospital personnel were taken from Camp Kilmer to the New York City harbor. At four o'clock in the afternoon, we boarded a ship named the *Vollendam*. It was a Dutch ship run by an English crew. There were at least two thousand infantry men on our ship. Their quarters were down on the lower deck. They slept in the lower hold. Somehow my name was put on a list to be in charge of some of the men in the hold. The persons who made out the orders thought Lieutenant LaRue Haynie was a male officer. When they found out I was not, they quickly changed the orders. Christmas Day was spent on board ship sitting in the New York Harbor. On December 26, 1944, at five o'clock in the morning, we moved out. We were with a large convoy of ships including tankers and destroyers. We were headed for the European theater of war.

We were onboard ship for nineteen days. We had lots of experiences during that time. I was seasick a few times but not like some. Captain Donnelly was on her bunk most of the time. Our food wasn't very good, but we were hungry and we ate to keep our stomachs full. We had fifteen girls in our stateroom using triple-decker beds. I was on the top. It took some doing to climb up to it. There was no room to walk because our luggage covered the floor, so we just crawled around. We were living out of cloth bags.

We knew there were enemy submarines around us because we'd hear the depth charges explode. We didn't think about being afraid. As I stood on deck looking at the vast expanse of sea, I thought of all I was leaving and wondered what the future would be.

It was a long ride, and the sea was rough. On January 7, 1945, we arrived at Southampton, England. Here we received orders to cross the English Channel to the French port of Le Havre.

This port had been completely destroyed. It looked all burned and was still smoldering. We docked here to let off about two thousand soldiers on to LST boats. There were large flatboats used to move men and equipment from the ship to the shore. This was the time of the Battle of the Bulge, so these young boys were headed for the front lines. As I watched them leave, I thought how young they looked and wondered how many would die before the war would end.

We headed back across the Channel to Southampton. After playing cat and mouse with U-boats, we finally made it around the west coast of England, ducking in at Milford Haven, Wales, to avoid the submarines. Then, running as fast as we could through the Irish Sea, we docked at Gourock, Scotland, on the 13th of January. At 3:30 p.m. we felt land under our feet. We rode a troop train to Beeston Castle, England, and then took a bus to Oulton Park three miles away. We arrived there in the wee hours of the morning. It was cold with just a little snow on the ground.

The nurses moved into a hut with a coal stove in the middle. We had double-decker beds. I was on the top, Ruth on the bottom. We were lucky because we were close to the stove. We had hot and cold running water for showers some of the time. We washed clothes in a bucket or in our helmets. We were happy even though we were shoveling coal to keep warm. We'd take turns getting up in the night to tend the fire. We really slept in solid comfort with sleeping bags and air mattresses. We all had lots of mail and packages from home waiting for us there.

Our stovepipe plugged up. We couldn't get it unplugged, so we went to bed to keep warm. Finally some of the boys came over and cleaned it out for us. There were soot and ashes all over, but we were warm again and happy to be where we were even with the mess. About this same time, in the very cold weather, our latrine froze up. What a time we had with that. It was the coldest winter in England in eighty-two years.

At ten o'clock that morning, March 28, our unit headed for Mannheim, Germany. We traveled

in eighteen 2½ ton trucks. It was a seventeen-hour ride never to be forgotten. There were no bathrooms along the way. We had to make our own. We'd use four army blankets being held up by eight nurses to make four walls between two trucks right in the middle of the road. It made a private bathroom for us.

We rode in the back of a truck sitting nine on each side. We had a covering of canvas over the top and down on the sides with a flap in the back that could be open or closed depending on the weather. As we began to drive through Germany, we couldn't step off the road when we stopped to rest a few minutes. There was danger of mines exploding. The German people in the villages were mostly old men, women, and children. They looked at us with hostility as we drove through, but why not, we were their enemy. Our soldiers had captured their villages only a few days before.

As it began to grow dark, we were about to cross the Rhine River at Ludwigshafen. An armored tank division was there, too. We seemed to be in their way. The tank commander asked Captain Corley, who was in charge of our unit at that time, what we were doing there. Captain Corley explained we were on our way to Mannheim. The commander in disgust replied, "You had better wait until we capture it." We nurses stuck our heads out of our truck about that time. The commander looked at us with contempt and said, "Wouldn't you know, a bunch of d—women." We didn't like him very much right then, but he probably saved our lives. Our orders had been misinterpreted. We were to go to Mannheim, not Mannheim. The tank commander told us to go about twenty miles northwest.

We had no map. We were driving in black-out. The bridges had been bombed, and the roads were little village roads. The Germans had turned the road signs around so the Americans would have a hard time getting to the right places. With all this, we were driving in circles. At eleven o'clock we were in Goldheim. We went across fields and streams and through barnyards

with cows, chickens, and pigs. At one o'clock in the morning we were back at Goldheim again. There were places we got into and couldn't turn around, so we had to back all eighteen trucks out to where we could move forward again in another direction.

Lieutenant Ted Elliott, an officer with our group, had a compass and offered to try to get us to Marnheim. It was a moonlit night. He'd go into the towns to see what was ahead, then come back to move us. He was alone walking through those streets. By the time he'd get back to us, all the drivers would be asleep. He'd go along waking them up. When he would get to the eighteenth truck and give the order to move, the number one driver would be asleep again. He finally found a station hospital set up in tents. They gave him a map. He got us to Marnheim about three o'clock in the morning. It was pouring rain, and we waded in mud up to our ankles. We slept the rest of the night in an old building on cots with two dirty army blankets. We were near the 27th Evacuation Hospital.

The next day, March 29, in Marnheim, our own tents were set up. We were cozy in our sleeping bags and air mattresses using candles for light. In two more days we had electricity and stoves in our tents and violets growing on our floor. Our water supply was better. We'd heat it in buckets and were allowed one helmetful for a bath at night. Our unit was attached to the 7th Army, and we were waiting for orders.

On April 5 we moved to Dieburg, about forty-five miles from Marnheim. We crossed the Rhine River on a pontoon bridge at the city of Worms. This city had no buildings standing, just rubble, dust, and dirt. So many of the German towns and cities were in ruins. In Dieburg we set up our hospital in tents and were living in tents. Our water situation was good here. We were able to shower everyday and wash our hair. Ruth and I were assigned to the tuberculosis ward. We set up isolation techniques as much as possible. We were washing our hands in creosol constantly. Our patients were called displaced persons. They

were people who had been in German concentration camps and prisoner-of-war camps and had been freed as our soldiers liberated the areas.

They were of many nationalities: Russian, Polish, Italian, British, French Colonials, and others. We spoke none of these languages, but most of them had learned some German, so we tried to converse in German. With the few words we knew and using our hands and acting ability, we were able to work together fairly well, but it wasn't easy. We found the patients in our ward spitting on the floor, which was the ground, and we couldn't allow that. It was hard to get them to understand they must use a cup. Another big problem was teaching them to use the latrines. Most of them were nothing but skin and bones from malnutrition.

We had no mail for two months, but we were working such long hours we hardly had time to think about it. Our work went smoothly except for the interruptions made by "Bed-Check Charlie." The first night we heard his plane fly over, a few of us nurses came out of our tent to see how close he was. All of a sudden we heard him strafing the highway very close to us. You could feel the heat and the pressure as the bullets hit the road. I was standing looking up in the sky when suddenly Ted (Lieutenant Elliott) appeared out of nowhere. Next thing I knew I was in the mud and he was on top of me in a flash. The rest of the girls hit the ground automatically. After that night Bed-Check Charlie made his nightly visit, but never strafed so close again. His target was a radar station some distance away.

Our hospital at Dieburg was in operation nine days. We worked long hours and very hard. We handled eight hundred patients during those nine days. One night some of us nurses went to a party in a nearby town given by officers who were patrolling the town. They were living in a German mansion. They served chicken and champagne for those who drank. On April 18 our hospital was ordered to break up into three platoons with each platoon being assigned to a different area. Ruth and I were in A platoon along with

four other nurses, six officers, and about sixty enlisted men. We were assigned to set up a hospital at Weinsburg, Germany. This was one hundred miles south of Dieburg. Our living quarters were private homes: one for nurses, one for officers, and three for enlisted men. We set up our hospital in three buildings nearby that had been part of a German prison camp for Allied officers. They had been moved out only a few days before we arrived.

Our house was a lovely German home, three stories, and very well furnished. We had running water for the first time in a long time. It was a luxury even though it wasn't warm. The beds all had feather mattresses. The wine cellar was full of barrels and bottles of wine. The basement was stocked with lots of bottled fruit, jams, and jellies. We tasted them all. They were delicious. In the backyard were blossoming apple trees, and there were also strawberry plants, currant, raspberry, and gooseberry bushes, and a garden planted. The house was on a corner, so it had a big lot.

We found German officers' uniforms, medals, flags, armbands, and lots of papers upstairs. It probably had housed German officers who were in charge of the concentration camps nearby. The people who moved out for us were an old man and two girls. They would come back to water the garden and feed the chickens. They came and asked to go down and get some potatoes from the cellar one day. We wouldn't let them. We got the potatoes for them. It was sad to think of people having to move out of their own homes for us, but we couldn't afford to feel bad. They were our enemy, and we couldn't trust any of them.

In the seven days we were in operation there, ninety patients passed through our unit A hospital at Weinsburg. We sent our last thirty-three patients to Heilbronn, five miles away, where unit C was working. We were at rest for three days. Ruth got real sick at this time. Her hands, arms, and face all swelled up. It was a reaction to the creosol, which poisoned her blood. Ted had to cut her ring off with bone cutters. She was better in a few days.

On April 30 two of our officers from unit A left to make contact with the 54th Field Hospital, to which our unit A was to be attached as a fourth platoon to go into combat in support of the 101st Airborne Division. Ted left in search of trucks to move our hospital equipment and personnel. He traveled fifteen hundred miles looking for transportation for us. The problem was the front line was moving so rapidly; therefore, the field hospitals were moving, too. The unit with the greatest priority received the trucks. Finally, on May 5 some of us was able to move. We traveled by truck two hundred miles to Garmisch Partenkirchen to await orders. The country we saw on this ride was beautiful.

Garmisch Partenkirchen, Germany, is in the Bavarian Alps. The Olympic Games were held there in 1936. The homes were big and beautiful, furnished with antique furniture. Ruth and I had a room with windows that looked straight up at the mountains. There was lots of snow on them, but down in the valley it was hot. There was a big lake, a swimming pool, and many tennis courts.

The rest of unit A arrived the next day, and the boys took us for a ride to Oberammergau, three miles away. There we explored the Passion Theater, where the Passion play is produced every ten years. There were no electric lights, just skylights in the ceiling. We went through all the dressing rooms of the players. Each room had costumes ready to be worn, three thousand costumes in all, made from material from the Orient. There was Herod's gold throne and the huge cross used for Christ. In one room was nothing but many pairs of sandals. As I looked at all this, my mind turned back to my teenage years, when Louise and I had spent time with the Day family. Mrs. Day had often spoken of her trip abroad and time spent in Oberammergau attending the Passion play. She had said the play lasted eight hours.

There were all kinds of rumors now about the war with Germany nearing the end. On May 9, 1945, the war with Germany was over. We had a parade down the streets of Garmisch. With the war over, our unit was not needed as a Fourth

Platoon with the 54th Field Hospital. On May 12, unit A moved from Garmisch Partenkirchen to join unit C at Heilbronn. It was a twelve-hour ride in a convoy of trucks to this city. We were going back almost to where we'd come from eight days before.

The city of Heilbronn had many buildings destroyed. A very large German military hospital was located on one side of the city, which was probably why it was not hit by the bombing. This is where we joined unit C. The story of Heilbronn was that it took only twenty minutes to bomb it to pieces, and twenty thousand people were buried underneath all the debris. We believed it, too. As we walked down the streets, the smell was so bad that we'd have to hold our breath in so many areas.

On June 7 our unit A turned the hospital over to a German medical staff. Unit C had left a few days before, and unit B was in Goggingen. On June 8 all units of the 81st Field Hospital met at Schwetzingen, Germany.

The city of Schwetzingen is near Heidelberg. We had seen Heidelberg when we moved from Dieburg to Weinsburg. It is a beautiful city with a river winding through it. On the banks were lilacs and other flowers. In Schwetzingen one whole section of the town was inhabited by the army. In the barracks where we were assigned, I slept right under a window. I'd rise up in the morning and be greeted by a chorus of "Good morning, Lieutenant" from the boys across the street. We'd go out in the strawberry patch nearby and pick berries for breakfast. We really hated to leave Germany. It was a pretty country. The people kept their houses and yards so clean.

For the past six months the 81st Field Hospital had spent time in England, France, and Germany. We'd followed the 7th army into Germany and participated in the battles of Central Europe and the Rhineland. We had been awarded the European-African medal and Eastern Theater Campaign medal with two Bronze Stars. Now we had orders to be sent to the China-Burma-India theater of war.

On June 11 we left by train for Marseille, France. We traveled three days and four nights, arriving at our staging area at four o'clock in the morning. Ted, having gone ahead of our unit, was there to meet us. He took the nurses to the 235th General Hospital, where we were billeted during our stay in Marseille. We were in barracks, and there was a dining hall. The officers and enlisted men of our unit were stationed at Saint Victoret, France, about fifteen miles from us. This was a staging area for many units. They all lived in tents and had to stand up to eat. It was a hot, dirty, windy area.

Our living quarters were very good. We were having classes but not working. Ruth and I saw lots of nurses from Birmingham General who had come over after we left. They had been stationed in general hospitals in France since they came. It was good to see them. With so many units in it, this area was crowded, and we stood in line for everything. We'd get up at six o'clock to take a shower.

Ruth and I found out there was a Mormon church in Marseille. We went in one Sunday. There were about thirty-five people attending. We met people from Salt Lake. It seemed good to be with those who thought and felt the way we did.

I was brown and freckled from the sun. My hair was more like blonde than red. I was badly in need of a permanent, so I experienced the fun of a French one. It was different because the perm was given before the hair was shampooed. It was fun and a lot of laughs. I had real curly hair when finished.

About July 14, our commanding officer, Colonel Gerald Banks, was accidentally shot. He was sitting in his tent when a bullet from a gun two tents away went off and struck him in the head. He was taken to the 43rd General Hospital, where surgery was done. His condition was serious. Our head nurse, Captain Eileen Donnelly, asked Ruth and me to take special care of him. Ruth had the day shift and I had the night. The colonel was not liked very much. He was strictly military and unfriendly. As I spent time with him

getting to know him better, I found him to be a quiet man but very friendly, and I liked him. He recovered but was released of his command and sent home within two weeks. Major John B. Morning assumed command of the 81st Field Hospital at that time.

On Sunday, August 5, Ruth and I went into Marseille for Sunday School. It was conference and President Hugh B. Brown from the British Mission was there. There were about two hundred people in attendance—all soldiers. It was thrilling to see so many boys there, knowing that most of them were Mormons. There were three nurses counting us. I was reminded again how grateful I was to have been born in the Church, and to have parents who taught me so many good things. I talked to Ted often about the Church. We read a lot from my two little books, *Principles of the Gospel* and the Book of Mormon. He was genuinely interested, and I was so thankful I could share with him some things about my beliefs.

It was so close to our shipping-out date, my mind was on going to the Philippines, and we were busy getting ready. This was an entirely different venture we were about to undertake. We'd heard that an atomic bomb had been dropped on Hiroshima.

On August 9, 1945, the 81st Field Hospital boarded the transport *General George Squire*, bound for Manila, Philippine Islands, in the China-Burma-India theater of war. For five days we enjoyed a beautiful boat ride. The water was smooth, and we spent our time out on deck. Then we began to hear rumors that Japan had surrendered and that the war was over. It was on August 15 we were told officially that the war was over and that this was V-J Day with celebrations taking place at home in cities and small towns all over the country. As we looked at the bow of our ship, we saw it change course from the Panama Canal to Norfolk, Virginia, United States of America, and we headed home.

There was great jubilation aboard ship. My feelings were mixed. I was glad the war was over, but I loved being in the army and doing the work

we'd done. What would happen to the 81st Field Hospital? It was hard to think of separating from people we'd lived and worked with for so long. We all spent the next five days talking with one another about future plans. We wondered what would happen to our unit. Ruth's birthday came and went. Ted gave me a friendship ring. It was one he'd been wearing, and I had admired it.

On August 20 our ship docked at Norfolk. We took a train to Camp Patrick Henry in Virginia, arriving at noon. This was a receiving center for many units. From here our personnel was sent to various reception stations with orders to reassemble as a unit at Camp Seibert, Alabama, after a thirty-day leave. Ruth and I went to Camp Beale, California, as soon as we could get a train out. It took us four days to travel from Virginia to Camp Beale. On August 27 we took a train from Camp Beale to Los Angeles, arriving the next morning.

We stayed in Los Angeles another couple of days. On September 2 Ruth and I flew to Salt Lake City. I took a train to Denver. She went to Idaho. Mother, Dad, Louise, and Frances were in Denver to meet me. We drove home to Alamosa.

I went to Salt Lake to meet Ruth so we could go to Camp Seibert together, but as soon as I arrived in Utah there was a telegram saying our unit had been given an extra fifteen-day leave. I stayed in Salt Lake, spending time with my Aunt Myrtle and my Grandmother Haynie and visiting friends at the hospital where I'd graduated. On October 14 Ruth and I reported to Camp Beale and then later took a train to Camp Seibert, where we reported on October 23. It was good to see all the personnel of our unit again.

She and I had decided to be discharged. We were working on this when she received a phone call from her family saying her father had died. The quickest way for her to get home was to fly out of Atlanta. Captain Donnelly gave me permission to go with Ted to drive Ruth there. We drove there, got her on a plane, and drove back to camp. We arrived back about four o'clock in the morning. While I was going through the process of being

discharged, Ted and I had a few days to talk and think and plan. I was going back to Salt Lake to arrange work at the hospital for a while. He would go to his home and start his practice of optometry again. He would plan to come to Alamosa for Christmas to meet my parents.

After I was given terminal leave on October 30, 1945, I left for Salt Lake. My final discharge from the army was dated December 22, 1945. Ruth met me in Salt Lake. We both got jobs as head nurses in the operating room in the LDS Hospital to begin the first of the year. She was in orthopedics and I was in urinary. We found an apartment near the hospital where we would live with her mother and her two-year-old niece, Vivian Ottley. Then we went to our homes.

Ted came for Christmas. He stayed about seven days. We went to Manassa. He met a lot of my relatives there. He wasn't used to such big families. He had only a few cousins, but I had many. He told Mother and Dad that he liked the Mormon Church and that he'd like to be a Mormon someday. He told me he loved me and wanted to marry me. I couldn't say for sure how I felt. I knew him very well. The months overseas working closely together in all sorts of situations had taught us a lot about each other. My big concern was marrying out of the Church. When he left Alamosa the last of December, we knew we'd continue to write letters everyday, and by Valentine's Day I would have an answer for him.

My army story would not be complete unless I told you that yes, I was married to Ted Elliott. We were married in a double wedding with Ruth on June 7, 1946, in my home in Alamosa, Colorado, by the ward bishop. It was a lovely wedding with family members present. We spent three days together on our honeymoon and then we parted. Ruth and Doug went to Texas and then to California, and Ted and I went to New York. We had been well aware that this would be a separation for us after more than five years together, and it was a tearful one.

Ted's little daughter, Nancy, came to live with us in February 1947, and our son, Robert

Frederick, was born two years later. Shortly after our thirtieth wedding anniversary, Ted joined the Church. He was baptized in the baptismal font in the Salt Lake Tabernacle by our son, and one year later we were sealed in the Salt Lake Temple with our children as an eternal family.

I am thankful today, as I was at the time of my army life, for my heritage and for the values I learned as a young person, especially to know and appreciate the gospel of Jesus Christ—a great and wonderful gift.

DOVE CHANDLER FIFE

My first station was Fort George Wright, Spokane, Washington, where I spent about six weeks learning nursing in a military hospital. My classmate, Zelta Walker [Hendricks], was also stationed there, which was a great help to me. We were the only LDS nurses there. In October 1943 we were both transferred to Fairmont Army Air Force Base, near Fairmont, Nebraska, located in the midst of huge cornfields. It was a B-29 base, where airmen, most of whom had flown missions in B-17s and B-24s over Africa and Europe, were retrained to fly B-29s, the biggest of all the bombers.

The Base Hospital served the base personnel and their families. We had a maternity ward that was full much of the time. Much of my time was spent working with these women and their babies. There were nine wards, as I remember, as well as surgery, a delivery room, a laboratory, and a kitchen for each ward to which food, prepared in the main kitchen, was brought each meal. There were medical, surgical, maternity, and psychiatric wards. Our chief nurse was Captain Erma J. Rabou, and Lieutenant Colonel Crouch was chief of the Medical Corps. We had twelve, maybe fifteen nurses, as I remember, and a nurse anesthetologist, who all lived in the nurses' barracks.

When I volunteered for the Army Nurse Corps, three of my brothers were already in the service. A younger brother, James J. Chandler,

had joined the navy in 1942 to attend the music school in Washington, DC. He served throughout the duration of the war aboard the aircraft carrier USS *Ranger* in both the Atlantic and the Pacific war zones. An older brother, Samuel C. Chandler, had served his mission, had graduated from Ricks College, and had planned to teach school when he was drafted. He served in the Signal Corps in England. When the youngest brother who served in this war turned eighteen, he was permitted to graduate from high school then was taken into infantry and served at Fort Lewis in Washington and then in Okinawa.

I had graduated from nurses' training at Idaho Falls Hospital School of Nursing in September 1942; I volunteered and joined the Army-Air Force Nurse Corps in August 1943. In June 1943 I became engaged to be married to Leland J. Fife, who had graduated from University of Idaho and had volunteered shortly after Pearl Harbor for the navy. He was accepted for officer's training school and was assigned to the school at Columbia University. After his graduation there, he was assigned to the carrier escort USS *Nehenta Bay*, serving in the Pacific. Early in the morning of February 28, 1944, he called me from San Diego, saying that his ship was being serviced, and he had a week off and wanted me to come home and get married.

I managed to do this, with some difficulty. On the evening of February 29, I received my temple recommend, and on Thursday we traveled to Salt Lake. We were married on Friday, March 3, 1944, at 9:30 p.m. in the Salt Lake Temple. We spent two wonderful days there, and early Monday morning he left on the train to go back to sea. In the next two years we spent less than thirty days together. He arrived home to stay on Christmas Eve 1945. We are still together, fifty-seven years later. It has been a good marriage. We have raised seven beautiful children, and we have thirty grandchildren and fourteen great-grandchildren. All of my brothers, two brothers-in-law, and my husband and I returned home unhurt. What a wonderful blessing!

I was very blessed and happy to have my good friend Zelta Walker Hendricks as a companion for the entire time I served. We were the only Church members in the nurses' barracks or the hospital personnel at Fairmont Army Air Force Base. We did belong to the LDS servicemen's group on the base. We had at least fifteen people, and we met every Monday evening, as I remember. We sang hymns, prayed, had the sacrament, and took turns giving a lesson. It was a big help to all of us.

Zelta and I tried to go to Lincoln, Nebraska, to attend Church with the branch there as often as we could. To do so, one of us had to have the day off with the other just coming off night duty that morning. We took a bus from the base to York, where we caught a train to Lincoln, about fifty miles away. We would attend Church and then spend the rest of the day with the family of the branch president, Brother Allen, and take the train back to York and a bus back to the base that evening, getting there late and tired but spiritually fed.

My ward in Idaho Falls was very supportive. I was given a set of small servicemen's scriptures and also often received little brochures with messages from one of the Presidency of the Church or the Quorum of the Twelve. My bishop, Delbert Groberg, wrote to me a number of times. My mother wrote to me every week without fail, and all of my family was very supportive.

My testimony remained strong and was a great strength to me, as was my temple marriage. I never doubted but that Leland would be all right and come back to me. He did, for which I thank my Heavenly Father daily. I know my Savior lives and watches over us. I know that Joseph Smith was a prophet of God, as is Gordon B. Hinckley today. I am most grateful for my membership in the Church.

There was one time when I did not hear from my husband for more than ten weeks. During this time another nurse, who was married shortly before her husband was called to duty overseas, was sent word that he had been killed in action



Lillie Jacobs Fitzsimmons

over in Germany. We all sympathized with her, and they were all very kind to me. It was quite a difficult time for me, but through my prayers and faith that Leland would be all right, I was able to keep a positive attitude. Then one day the mailman delivered a large packet of letters, for which I was most grateful. The same thing happened to him very often. Because I was married, I was released before others, in September 1945.

My most warlike experience as a nurse, other than caring for sick soldiers, happened when our nurse anesthetist was killed in a plane accident on the base. She had gone for a joy ride in a Piper Cub plane with her boyfriend, who was a successful combat pilot. They evidently flew too low and somehow crashed. The plane burned. He was killed instantly, and she had third-degree burns over her entire body. She was wrapped completely with vaseline bandages, with space only for breathing and a straw through which she could be given liquids and an opening for waste elimination. I was assigned to be her special nurse. It was hard not to be able to do much to relieve her suffering. She was conscious but lived only a few hours. I'm sure that there were many in the war zones with equally or more traumatic incidents. My experience was just a taste of what it was like for others.

LILLIE JACOBS FITZSIMMONS

*"To . . . comfort those that stand in need of comfort"
(Mosiah 18:9)*

I earned my nursing degree at LDS Hospital in Idaho Falls, Idaho. After graduation, I worked at the new Utah Valley Hospital in Provo, Utah. I was living in Provo when the war broke out. Among my associates there was a lot of talk about the war. Several of my friends enlisted or were drafted into the military. The demand for nurses was high, and I decided that I wasn't going to sit on the sidelines for the whole war. Returning to my home in Idaho, I volunteered as an army nurse and was immediately called into the military, commissioned a second lieutenant, and sent to San Luis Obispo, California. A few months later I was transferred to Palm Springs, California, and from there I was assigned for overseas duty.

In January 1943 we shipped out of San Francisco in a converted cruise ship bound for Brisbane, Australia. Brisbane was a staging area for medical personnel. From there I was sent to Lae, New Guinea, with about twenty-five other nurses. New Guinea was an active war zone, and Lae had been pried from Japanese control only a short time before we arrived.

The situation in New Guinea was demanding. We worked twelve-hour shifts, sometimes longer, toiling until we completed our task, and it was hard work. Besides nurses there were corpsmen and about ten doctors. I can't say enough good about the corpsmen. I don't know how they knew so much—and they worked very hard.

Coming as I did from Sugar City, Idaho, where nearly everyone in our community was LDS, the military environment in New Guinea was new to me. During my eighteen months on New Guinea, I went to church only one time. Most of this was due to our heavy work schedule. Somehow three members of the Church found out that I was LDS and contacted me, picked me up at my barracks, and took me to a sacrament meeting. At that meeting there were only those three men and myself.

One day I noticed a young soldier reading a Bible. Some of his buddies began to give him a hard time. As they were all enlisted men and I was an officer, I called them together and suggested that if we all spent more time reading the scriptures we'd be better off.

I was constantly amazed at the attitude of the soldiers who were injured as they came into the hospital. It was remarkable. I don't know how they held up; the jungles were miserable places, and, coming from the continental United States, none of us knew anything about a jungle. They were so thick you couldn't see five feet in front of you. A group of Australian soldiers who were out on a training exercise fired bullets right through our hospital. They couldn't see us and didn't know we were there.

The most common maladies treated in our hospital were skin problems, followed by mosquito-borne diseases: malaria and dengue fever. We rarely saw men who had battle wounds—most of those were treated in field hospitals and in shipboard hospitals and were then sent back to the States. We spent most of our efforts treating diseases. There were a lot of skin diseases and other illnesses not seen in America. We tried one thing, and if that didn't work, we would try another, then another—none of us knew what these diseases were: we were “practicing” medicine. A lot of good came out of war. Doctors found out a lot about the body and about tropical diseases. Medicine makes great advances during wartime.

We also had to learn to deal with the tropics, especially the rain. You could hear the rain coming through the jungle a long time before you could see it. The sound of the rain hitting the heavy foliage would come closer and closer to us, the rivers and creeks would turn into raging torrents, and the streams would start changing their courses. Following one especially heavy storm, our quarters were almost destroyed and had to be rebuilt. The civil engineers had to keep pushing jungle growth away from the hospital.

I really enjoyed the work and the people on New Guinea. It taught me how the human spirit

can overcome any disagreeable thing you have to live through, no matter where you are put. If you believe your experiences are miserable, then that's the way it will be. You make the choice in your own mind. The nurses I worked with were from many places; we were kind of a motley group thrown together. And we learned to pull together.

We also had to learn to deal with the snakes and insects that came into our quarters. The quarters we first lived in had a thatched roof. Termites got into it and had a feast. Every morning the top of the mosquito netting around our beds was covered with saw dust. Mildew got into the leather in our shoes, and they quickly disintegrated.

And the food! The food was terrible. We picked weevils out of the bread, which we sliced thin so that we could see the dark spots. Nurses are fussy people. The cooks would tell us that it was protein, and since the bread was cooked it wouldn't hurt us. All the canned fruit was taken out into the jungle to make “happy juice”—white lightning. Our mutton and pork came from Australia and was so heavily salted that I couldn't eat it. The butter looked and tasted like axle grease colored yellow. So whenever we received an invitation for dinner aboard a navy ship, where we thought we would get a good meal, we always accepted. There we ate like royalty, and we never got enough. The Australians invited us to dinner once and told us that we would be having fresh corn on the cob. But the cook, never having prepared corn on the cob, deep fried it. It was awful. We didn't go there for dinner anymore.

Everywhere we went while in New Guinea, we went under armed guard—even to the latrine at night. If we went out on a date, the officer had to carry a sidearm. And there was an armed guard in the hospital at all times.

We were used to doing our nursing in white uniforms and starched hats, but we soon found out how impractical that was. We learned that we could be good nurses in suntan pants and boots. We also became inventive. If we didn't have a piece of equipment we needed, we found a way to improvise.

We had two operating rooms, an x-ray room, a dental clinic, lab facilities, and two hundred and fifty beds in our hospital. And just twenty-five nurses. When any of us got sick, that put an extra strain on the rest. There were no replacements. These beds were generally filled all the time.

As medical practitioners, we were not immune to infection or disease. I think the first mosquito that bit me following my arrival in New Guinea gave me dengue fever. Dengue fever causes the temperature to spike to 105 for a day, then return to normal for a day or two, then shoot up again. When the fever passes, you're left feeling weak and depressed. After going back to work, I didn't have the strength I previously had. I had to go back to work because there was no one to take my place. The others just had to work more hours.

To prevent our getting malaria, we were on Atabrine. Atabrine took the place of quinine, which had been used in the Far East for many years to control malaria. It only controlled the symptoms of the disease; there was no cure. That's what we did for a lot of things—just took care of the symptoms. The Atabrine colored our skin and our eyes, so I looked like I had a wonderful suntan. After I got home it took several months until this was cleared out of my system and my natural coloring returned. We sure could have used penicillin, but that didn't come along until we got to the Philippines.

One night a sergeant walked into the hospital. I can still envision this man walking on the sidewalk between the different units. When he came in, he said to me, "I need help." He had been stringing electric wires and was electrocuted. When the doctors got to him, he was in such a state of shock that he didn't realize he had been burned. We kept him in our hospital for some time and then sent him to a general hospital in the States where there was a burn unit.

After my discharge from the army, I was on the train traveling between Salt Lake City and my home in Sugar City, Idaho. There were a lot of ex-servicemen on this train returning to their homes.

One of them approached me and said, "You're Lieutenant Jacobs; you saved my life." It was the man who had walked into the hospital in New Guinea so severely burned. I believe he was from Idaho Falls.

After eighteen months in New Guinea, our unit was sent to the Philippines. We arrived there about the first of August 1944. We were assigned to be part of the invasion force and scheduled to enter Japan five days after the initial landing. As there was a desperate need for nurses, I was immediately put to work in a general hospital located at the University of Santo Tomas. The Japanese had used this facility as a POW camp. When Manila was liberated, our forces freed the internees and made it a hospital.

I fell in love with the Filipino people. They are absolutely wonderful, sweet, and thoughtful people. And they were so happy to see us. A few of us were invited out to their homes, and we got to go into the nipa huts, which stood on stilts, where I watched men carving wood. The Filipinos took care of us, did our laundry, cooked our meals, and helped with the care of patients in the hospital. When I injured my back and became a patient, two small Filipino men, who were corpsmen, came with a stretcher to carry me downstairs to the x-ray unit. I wasn't sure they could get me there, but they did fine.

Manila was a staging area for more than a million personnel brought in to prepare for the invasion of the Japanese homeland. The hospital facility at Santo Tomas was established to treat those who became sick or were injured among these forces. We mostly dealt with the same kinds of sicknesses and skin problems we saw in New Guinea.

We didn't see any of the Allied prisoners of war who were repatriated—they were all taken care of at Clark Field. We took care of Japanese captives who were incarcerated at the Bilibid prison in Manila. Our living conditions in the Philippines were wonderful compared to New Guinea. For a while we lived in a resort hotel in San Fernando, then in quarters at the University of Santo Tomas.

It was an enormous relief when the atomic bomb was dropped. After the experience of fighting the Japanese armies all through the Pacific theater, we knew that if we had to fight them on their home islands, the war would go on and on. They simply never gave up; they would have to be burned out of their hiding places as we did on Iwo Jima and Okinawa. All my life I have been taught to be kind to other people, to care for them—the thought of burning them out was terrible. But I hated what was going on around me; the cruelty inflicted by the enemy on our soldiers had to be stopped.

While in New Guinea, I toured some of the caves where the Japanese held out. These went back into the mountain for some distance. We also heard stories about how our soldiers had been tortured by the enemy. Hearing these things has an effect on you. But you can't dwell on it and you can't allow yourself to be filled with hate, because hate doesn't affect those you hate—it only destroys you. Not having to go through the nightmare of fighting through Japan was a great relief. It would have been a bloodbath. None of us in the Pacific theater thought dropping the bomb was a bad idea.

During my tour in the Philippines, I did not meet any other Mormons or have the opportunity to attend LDS Church services. The people I worked with knew what religion I was, and sometimes we got into long conversations about The Church of Jesus Christ of Latter-day Saints.

Following the Japanese surrender, I had the choice to go to Japan with the occupation forces or to go home. Suddenly I was homesick, and I chose to go home. The ship I came home on took thirty days to get from Manila to San Francisco. All of the female personnel lived in the ship's infirmary. Those of us who were nurses took care of those who became sick while en route.

I never worried about being in a war zone; I never expected anything other than that I would come back. I had a feeling inside that I would return home safely. This feeling stayed with me all the way home. After leaving the Philippines, our

ship lost one of its propellers. This slowed our trip dramatically.

We skirted a typhoon all the way across the Pacific, and though we weren't in the center of the storm, we felt its wrath. Huge waves fell over the vessel as it tipped into the swells; our lifeboats hit the water and were torn off the ship. As the storm rolled us into one giant swell, we spotted a floating mine at the top of a wave, coming directly at us. Somehow it missed us. All this time I felt the calm assurance that we would arrive safely. We did—on December 24, 1945.

During the two and one-half years I was in the army, I served in eight different hospital units. My military experience taught me tolerance and taught me that there are good people everywhere. I learned that I could get along with people of different religions and ideals without having to accept their lifestyle or their beliefs.

ERMA LOUISE HIRSCHI GANTENBEIN

I was born in Montpelier, Idaho, on May 10, 1921. I graduated from nurses training at LDS Hospital, Idaho Falls, Idaho, in September 1942. On June 1, 1943, I joined the Army Nurse Corps as a second lieutenant. I reported to the hospital at Fort Ord, California. At that hospital, I was assigned to the postoperative ward. I gave medications, changed dressings, and so forth on surgical patients. I was then assigned to the 22nd General Hospital in Beaumont, California.

March 28, 1944, our hospital unit left California for overseas training in Camp Kilmer, New Jersey. May 10, 1944, we left the United States of America via New York City. Our entire hospital unit left on the HMS *Andes* for England. May 19, 1944, we arrived in Liverpool, England. Our hospital unit was sent to Blandford, England. We had to set up our hospital from empty barracks. That included everything—twelve hundred beds, all the wards including surgery, autoclaves, central

supply, nurses' stations, and so forth. June 6, 1944, was D-Day; that evening, wounded soldiers were admitted by ambulances. I was assigned to the postoperative ward. My duties were to clean wounds, change dressings, send patients to shower, and then check them for further wounds. That meant seventy-two hours of straight duty that night and the next couple of days until we were exhausted. We worked twelve-hour shifts steady from that time on until toward the end of the war. On May 8, 1945, General Eisenhower signed the Victory European Papers.

September 2, 1945, was V-J Day (Victory Japan). On September 19, 1945, we were joined to the 227th General Hospital. We were prepared to go to the South Pacific, assigned to the army of occupation. They had us pack our gear three times, and we even loaded it on the ship one time, to go where—we were never told. Finally, on December 12, 1945, we were reassigned to the 220th General Hospital in preparation to return to the USA. On January 7, 1946, I was discharged at Fort Des Moines, Iowa.

LINA JANE STRATTON GARRET

When I heard the call for nurses to serve in the military, I couldn't wait to enlist. For someone who had never stepped outside of her hometown of Memphis, Tennessee, the thought of representing my country and being able to travel to overseas locations was very exciting. When I was young, the glamour and excitement of the unknown mesmerized me. Over the next four years, my travels would be a study of contrasts. My parents supported my decision, even though I know they were worried about my safety. I now realize the depth of their love and how difficult it must have been for them to say goodbye to me since my brother had died very young, leaving me their only child.

In 1941, I entered the Army Nurse Corps in Memphis, Tennessee, and became Second Lieu-

tenant Lina J. Stratton. I got my orders to Bringhurst, Louisiana.

I arrived in Louisiana at a newly constructed camp with the nursing quarters still being completed. It was called Camp Claiborne. I was one of seven nurses who arrived about the same time. Later on the group of nurses grew quite a bit. For two years I was at Camp Claiborne, where I received extensive operating room training. Then, in February 1943 I received my orders to go overseas. Of course it was a time of great excitement for all of us because we had been expecting it for a while.

In March 1943 our overseas journey began. Ironically, this trip would begin on a British luxury liner that had been converted to a troop ship. The swimming pools, which were once enjoyed by the upper-class passengers, were now filled with supplies, barrage balloons, depth charges for submarines, and all sorts of other equipment. Daily life on the liner included lifeboat drills.

The luxury liner was a very fast ship that could even outrun a submarine. Because our ship was so fast, we traveled alone instead of in a convoy. We first headed south to Bermuda along the East Coast, then up the coast of Africa to Casablanca. It was there in the harbor that we saw our first piece of the war, which was a sunken French ship turned on its side. When we arrived ashore, we were housed in a hotel. Later on we were lodged in a boarding school for girls that had apparently been closed for the duration of the war.

From there we went on to Rabat, the capital of French Morocco, where we began what I call my two-and-a-half-year camping trip. We slept in tents for the first time, which would have been memorable enough itself, except they were erected on the sultan's racetrack! From Rabat, we went on board a train that was sort of primitive. It was rough and very uncomfortable riding.

Oran was the main seaport of the Mediterranean and our staging area prior to being shipped to Italy. When we got to Oran, we called our staging area "Goat Hill." However, there was only one little goat on that hill, and I couldn't see how

he survived since there was such a small amount of vegetation on the hill. We stayed in Oran for quite a while in preparation for going to Italy. Over time, the pilots of a nearby airbase began flying over the nursing area where the showers were. When people found out what they were doing, those pilots received immediate orders to stop. After our time in Oran, we headed to Italy.

It's funny how you can have two different views of the same event. At night, from the safe distance of our area, the red tracer bullets that were part of the air raids on the harbor reminded me of a spectacular Fourth of July fireworks show. But in the daytime, as we made our travels on the Mediterranean into Salerno, Italy, the memory of the beautiful night skies were replaced by the devastation the artillery fire and fighting had done to the landscape, completely shredding the trees.

Since the army didn't like to have ships in the harbor because of all the air raids, we had to travel in a small boat out to the Mediterranean where our big boat was. Once again it was a British ship named the *Durban Castle*. We were on that boat several days before landing in Salerno. When we went ashore, we only brought with us the bare essentials, a canteen of water and K-rations, which were much better than sea rations. There the ten of us were put into one area and told not to leave. We waited a pretty good length of time. Darkness came, but still no one had come for us. We found a quartermasters' company across the road, so each of us went over there and borrowed some blankets. We ended up sleeping in a plowed field that night. Sometime the next day, someone finally came and got us.

Late 1943 found us stationed at a field hospital in Monte Cessina, where the Allies were stopped and where we operated on the most serious casualties. My surgical team was attached to the 11th Field Hospital, which was made up of three separate units. When the fighting was going on and as the front line advanced to the rear unit, the hospital would leapfrog the other two and the surgical team would go with the

very first unit of the hospital. Our hospital in Cessina was set up in a place we called Horse-shoe Bend. We would be on call at night just like we would be in a regular hospital. Since there were usually four surgical teams attached to a field hospital, it was sometimes necessary for us to all be working at the same time.

Once in Cessina, we were stopped for so long that we operated on the casualties as they came in. My team got the most serious cases. I guess the only patients we did not operate on were those who had head injuries. Those patients were sent to an evacuation area or a general hospital in the rear.

Now others may think of pasta when they think of Italy, but I think of mud. And, of course, they always picked a muddy place to set up the hospital. We had lots of mud in Cessina, and unfortunately our tent was pitched over a mudhole that was not properly ditched in. Water would pour through our tent, ensuring that we always had mud along with our other creature comforts—an electric light and a pot-bellied stove. Each of us in my tent would take turns getting up in the morning to start the stove's fire with wood that we found in the area. The flooding in our tent was so bad that we ended up taking hold of several little blocks that came in the ends of the big shell-case boxes to stick in the mud so that we would have something to step on. One night when it was raining, I was awakened by these clicking noises. When I took out my flashlight to see what was making the clicking noise, I discovered it was from pieces of floating wood that were hitting each other.

At one time, our tent was on a slight slope where behind us was the American artillery with the big guns and on the side of us was the German artillery. Every morning and every evening the big guns would go off over our heads from both sides. At first it was frightening. The first morning when it happened, I felt like the guns were sticking up on the top of our tent, but of course they weren't. As the saying goes, you never hear the one that gets you. I would be

asleep when all of that racket would go off and awaken me, so I would pull my sleeping bag off and move onto the ground to sleep. It was only a matter of two feet, but I was more comfortable on the ground than in bed.

While stationed at Cessina, Mount Vesuvius erupted. Although frightened because I had never seen anything like this before, I thought the dark clouds of ash hanging over the mountain were stunningly majestic.

After Cessina, we went to Naples, traveling by boat up the Anzio beachhead, where there was some of the heaviest fighting of the war. Anzio was a small, ten-mile-square area with many hospitals and fighting units. The hospital was in a large foxhole covered with a tent and sandbagged for protection. The cots were dug out on the inside and sandbagged as well, so we were very well protected. In the daytime, I could look up and see thousands of tiny holes where shrapnel had passed through our tent. As far as supplies, I ran the team and made sure we had all of the essential supplies that we needed to operate. We had two sets of surgical instruments that we rotated. While one was being used, the other was being sterilized for the next case. All the instruments that we carried with us were sterilized and ready to go. This meant that as soon as we got to our location of operation, all we had to do was unpack and get the patient on the operating table, and then we'd be ready to go.

At times, we would set up a hospital in a school or some other building that had been abandoned. I don't remember a whole lot about Anzio, except we kept on working one day after another since our guys started to fight for the breakthrough out of the beachhead. The work was relentless, and once my team worked for thirty-six straight hours. I don't remember stopping to eat or sit down, although I know I must have. At one point, Major Madding said, "We'll do one more case and then stop." I was so exhausted when he said this that I began to cry uncontrollably. Understanding my exhaustion, Major Madding ordered me to bed, where I slept for

sixteen hours. One time a German soldier was injured and needed blood. One of the officers, who was Jewish, told him we were giving him Jewish blood. We actually always used plasma.

Unfortunately, one of our nurses, Laverne Farquah from Texas, was killed at Anzio. She went to visit a friend who was sick and was sitting on the side of a cot when a shell went through her tent and killed her.

France in the winter of 1944 was very cold with a lot of snow on the ground. Once again, my surgical team was attached to a British hospital. We didn't have all the comforts of home there like we had with our army hospitals. We were in a tent where the only thing of any comfort was the abundance of blankets. In the evening, I would go over to the operating tent where it was more comfortable and stay there as long as possible before having to go to bed. I ended up "borrowing" a hot water bottle from the British hospital that I used to keep me warm, although it seemed like it took forever to do so. I ended up keeping the hot water bottle and bringing it home with me.

A bit later, our hospital was relocated to a place so close to the German lines that it was possible for our hospital to be run over. It was also possible for the Germans to break through the line and attack us. We were ordered to quickly pick up what we could carry and move to a rear area until the threat was over. When we went back to the hospital, not a thing had been touched. We were glad because we had left quite a bit of equipment there.

In October 1944, Germany was invaded, and the personnel at the hospital that I was with crossed the Rhine River at Worms over a bridge that the engineers had put up. The fighting was still going on by the time December came around, but another nurse and I got a leave to go to Paris. We were there for one week during the time that the Battle of the Bulge was going on. The Battle of the Bulge was the last major fighting that Germany did, and as far as that goes, it was also the last major fighting that we did. There

in Germany I was awarded the Bronze Star for my work and my ability as a surgical nurse.

In the winter of 1944, as Germany began to retreat, I became sick and was transported to a hospital in Paris. After spending two weeks recuperating, I was devastated to learn that I would not be returning to my surgical team but would finish the war with another unit. Fate intervened by way of a young captain with whom I had been corresponding throughout the war. One day he appeared at my hospital door and said, "Let's get you back to your unit!" I knew I would be considered AWOL, and although scared, I trusted him and left. We slipped out of the hospital unnoticed. He then put me on a plane that was heading toward my unit. Major Madding was shocked to see me but heartily welcomed me back and made the necessary calls so I could stay.

There wasn't a whole lot of fighting going on by May 1945, so when Germany surrendered to the Allies, it was time for us to go back to Italy where our main headquarters had been.



Emma Bailey Gunnell

Then in July, we began being sent home to the United States.

Since the war with Japan wasn't over, people were sent home according to the points system. I don't remember how those points were figured out, but the more points you had, the better chance you stood of being shipped back to the States. I had over one hundred points, so I was sent home quickly. The other nurses were sent to Japan to help with the war effort there. I went back to Naples, this time flying, and stayed in a hotel for a few days. Then with several other nurses, I boarded a U.S. Navy ship and landed in Norfolk, Virginia, nine days later. It was great to be back on American soil and talk to my family again.

Those four years of service broadened my nursing skills and taught me strength, compassion, and endurance. It also taught me to look for beauty in everything and everyone that surrounds me. I saw the horrible things war could do, often while in places that are considered to be the most beautiful and luxurious sites one could want to visit—Morocco, Naples, Paris, and the Swiss Alps. How fitting that my travels ended upon my return to Memphis on August 15, 1945—the same day that Japan surrendered!

EMMA BAILEY GUNNELL

Emma B. Gunnell was in the U.S. Army Nurse Corps from 1943 to 1963. She served as a registered nurse, training in the United States and in England. She worked in field hospitals in Europe, also serving in the Philippines after liberation. She returned to the United States, where she served in many army hospitals. She returned to serve in a hospital in Hawaii during the Korean conflict. She retired in 1963 with the rank of major.

She was born August 3, 1903, in Wellsville, Utah, the daughter of William Jeffs Gunnell and Mary Bailey. She trained at LDS Hospital in Salt Lake City and graduated as a registered nurse in 1925. In 1927 she worked as a night supervisor at the Idaho Falls LDS Hospital. In the 1930s she

moved to the Beverly Hills area of California, doing private nursing duty. In 1943 she entered the Army Nurse Corps, just before her fortieth birthday, and was stationed at Bushnell Hospital at Brigham City, Utah, for a short time. In 1944 she was serving in England during the bombings and was there during D-Day, June 6, 1944, for the invasion of France. Later in 1944 she was stationed in the Philippines and returned to the States where she was stationed at Camp Breckenridge, Kentucky, and later at Fort Huachuca, Arizona. She also served in Hawaii at Tripler General Hospital. In 1963 she was discharged from the service with the rank of major, having completed twenty years of honorable service in the military. She worked at the Letterman Hospital in San Francisco. She passed away at the age of ninety on November 26, 1993.

ROSMARY CLARA HARMS

Rosmary Clara Harms participated in World War II as a German nurse on the Russian front.

The push of people that came to the United States after the war was because there was nothing left there. Germany was a country in ashes—a country of hungry people, no jobs, no laws, no anything. Some of them went back after the European countries started building up again and had the idea that there still is life to come. So many places in the world never continued to grow.

I served in the Red Cross Nursing Corps during the Second World War. I was born on October 6, 1923, in Essen, Germany—what we know as the “Little Pittsburgh of Germany.” My parents were Emma and Ulysses Klatt. My husband’s name was George Harms, and we were married in August 1947. I was living in Germany, and my



father was a dentist. When I was in the seventh grade, he said that he thought it would be a good idea if I were an apprentice with him. That way I could have basic skills that I could use for the rest of my life.

Transportation was streetcars. I had a week’s ticket, and I walked probably fifteen to twenty minutes to get to the stop, climbed on a streetcar, and went to school or wherever my friends went. My dad had me taking classes at the university. We got about five or ten minutes on the streetcar, and the conductor said, “This is as far as we are going.” I said, “I have a ticket that takes me to the end of the street.” “Not with me you haven’t,” he said. “So how am I going to get there?” “Walk,” he said.

We were probably on the outskirts of town. It was like everything was dead. It was the morning after the Crystal Night. All the stores, glass, and anything that belonged to the Jews were all destroyed. The main street had light poles on both sides of the streets, and each pole had a Jew hanging there by his feet. I cannot cry about it. I cannot tell you what I felt like. I couldn’t explain it, what was going on. My brother found me and got me by the neck and said, “Turn around, Sissy. Let’s go home.” But I remember that was the end of Germany right there. There was no pity, no sorrow for anyone. I didn’t love anyone. I loved me. I was still alive, and that was most important to me. If you mention the Crystal Night to any German, they stop dead in their tracks and look at you and they say, “What do you know about that?” The stores were all destroyed and put on fire, and everything was burned down.

I started working with the Red Cross in 1940–41; in 1942 I was in Russia in a field hospital there. We had an operating room that was like a double-wide trailer that pushed out and then in again when we were traveling. It was self-sustained; it was loaded with batteries, and we had a cycle technique. A cycle technique looked like you were sitting on a bicycle and peddling like crazy in order to create friction. It provided enough electricity to speak on a field phone or

produce a little electricity for light in the batteries that we were carrying. The whole arrangement was just enough to survive, nothing else.

I worked just with the Red Cross, nothing with the army. It was a lie because the Red Cross is Swiss-oriented nursing—neutral. The German army would have nothing to do with that, but it was a good cover-up. I got training as a medical assistant from my father then went to a nursing school in Germany for about eight months because the government told us we got points. That was mostly good for grocery coupons; if you were hungry enough, you went into just about any kind of deal. I only went to nursing school for eight months, and then I went to Essen, where I lived and grew up, because the factories were there that made bombs, and if you volunteered to work there, you could stay at home.

I took a class once or twice a week for terminology on recognizing instruments and things like that. I was surprised it wasn't all that hard; I thought it would be much harder if you didn't have enough know-how. But I qualified when not many others did. Then I was assigned to the Red Cross Nursing Unit, and we went to Russia in an area called Lupiz Lofleen. It was a middle area of the three countries: Germany, Poland, and Russia. I was drafted into the service. I did not volunteer.

It was wintertime, and we had summer clothing. There was no heat. The cold was tremendous; it was unbelievable, below zero, even in the operating rooms, or what we called the pits. It was so cold that we wore sheepskin gloves to keep warm. We looked at the Russian women, and we mentioned to each other, "Good Lord, look at the size of shoes that woman wears," but they were all wearing two pairs of shoes. They had a pair of felt shoes in the inside of another pair of boots. We learned quickly that was the only way to keep your feet warm. We had nothing warm to wear unless we undressed somebody that was dead and kept the clothing for ourselves. We still had nothing to eat.

There was a field on the outside of town. As far as your eyes could see, there was nothing there except a dead cow. One day we decided to go and see what was going on, and that dead cow had been cleaned out very nicely, and there were snipers inside the cow who were picking us off like flies.

Nobody was assigned to anything. When the wounded were coming in, you worked. If you needed sleep, you would leave and take three hours of sleep and then be back again to work. I often questioned whether the doctor was really a doctor. The knowledge the man had was noticeably zero. That scared a person. He would say for instance, "I can't go on, I just can't go on." At first we all just stepped back and let bygones be bygones. But then I took on enough nerve and said, "Well then, step aside and give me room." I got to a point where I got pretty good at things.

We took care of whatever soldiers came to our hospital. We were wondering why we had so many soldiers who came who couldn't talk, and it took a while for us to catch on to what was going on. We found that they took the uniforms off the German soldiers and put them onto the Russian soldiers so that we would take care of them. It took a long time for us to catch on. We didn't mean to or want to take care of the Russian soldiers; that was not what we were there for.

The whole situation was terribly cold. There was no way that anyone could survive. Once a tank crawled into one of the smaller towns where we were. There were probably seventeen men, no more than that, who came outside and sat on the tank. It was so cold that they froze to the tank. We couldn't get them off. Most of the time their whole buttocks came off too.

The medicine was gone. There was nothing left anymore. We took care of frostbite you wouldn't believe. One toe, all the toes—none of them were saved up to the knee. As a matter of fact, I had a brother that lost both legs due to frostbite. You would think that they would welcome the help and comfort that you gave them. They looked almost good at the end of a couple

days, like they were healing. The soldiers didn't want to heal; they would trick us and put cat hair in their wounds so that infections came along just like crazy overnight, because they didn't want to go back. We had a good supply of medication at first; we had morphine and xylocaine, which was very acceptable. I don't think that any of the soldiers really, truly had a deep sleep when they had an amputation of the arm or the leg.

We took care of frostbite, gunshot wounds, and pretty much everything that came around. The death rate was probably eight out of ten. The only antibiotic we had was neosporin in powder form. Once someone had it, it did not mean they would get better, because some would not keep their wounds clean and they picked at them. It was blamed on the poor education of the people who didn't heal. I have memories of young boys saying, "Cut it off, please cut it off, so I can't pick it no more."

We did not have a commanding nurse; we were all responsible to the doctor. We got mail maybe once a month when it was in a drop zone out of an airplane. That was how the supplies came too until at last there were no more. The get-along attitude amongst those of us that were supposed to work well together was failing more and more. We were three girls, and we tried to walk just to get out in the air and a little exercise, and the doctor said, "You don't have to go that way, I went there already yesterday, and there is no way out." So I said to my lady friend that I was walking with, "He thinks that we are going to take off." He kind of watched us. We were searching for something to do, to get out from the area, but how can you? There was no way that you could run. The frost would have gotten you. The Russian women would always wear five or six layers of clothing, and when it was time to wear clean clothing, they just took the bottom layer off and kept peeling off each layer. It works. It is one way of keeping warm.

Our relationship with the Russian people was that they were afraid of us. There was no question about it. One morning, someone said,

"Look out, company coming." I went out to talk to her. She kept pointing to the other direction, and inside they were overhearing what was being said, and they were already investigating what she was trying to tell me. She said to me, "Paninka," which is a young woman. I said yes, I was a paninka. "Matuska," she said. I said, "No, I am not a mother." She said she was a mother. I asked her if she had milk, and I imitated how to milk a cow. "No," she said. Three days later she came with a half of a bucket of milk. Where did she get that? There was nothing as far as your eyes could see. We could only figure out that there was something underground someplace, where some of the people were hiding and had a cow. We never heard anything, not even the cow mooing. It was absolutely not real. You couldn't see a footstep the next morning, and we tried to find where that woman had gone, because we thought that where there was a half a bucket of milk, there was probably a bucketful. She carried a little broom with branches of a willow tree, and as she was walking she was wiping away her footsteps. We didn't drink the milk because we were afraid it was going to be poisoned. There were some of the wounded that volunteered to drink it, they were so hungry. We were at the point that we said, "Fine, if you want to try it, try it." We were sorry that we didn't help them.

The cold was unreal—you don't know what it is like to be cold. We started out with IV fluids as well, but it didn't last and we had nothing. We felt bad putting the wounded in little red hay wagons. The horses were cold too. We couldn't make them do anything because they were hungry and not fed. The route back was to the Ukraine and Poland, most of the time into Austria. Most of the time there was the hate of the people who were left behind and saw us fleeing with half-dying people. We got thrown out. We were totally ignored. Some of the natives attacked the wounded soldiers, and we tried to do the best we knew how. By that time I had my hair cut off because I discovered that I had lice and I couldn't take care of it, so I had my head shaved. I found myself an ace

bandage, so I looked like a boy. I would probably say that we got 250 miles into Russia off of the Polish border, going towards Moscow. The people there were Greek Orthodox. They only took care of their own and nobody else.

I was a prisoner of war for just about two weeks, and that was when I met my husband. He came and inspected me, and he spoke fluent German; he was of German background. His great-grandparents came from Germany before the First World War. They left to escape the draft; they didn't want to be soldiers.

I was kept as a prisoner of war because I had no hair when I was found and I was not recognized as a girl. When they found out that I was, I was out of there quicker than a bullet. I would have had no special favors if it hadn't been for my husband, who would get me a warm meal every once in a while and go into a PX and buy me a warm sweater or something like that. I don't think I could have made it if it weren't for him. I would have run. I know I would have given an honest try. I would have run.

After I was a prisoner of war, I was told to go home. I could go home, but I did not want to go. The home in which I grew up with my mother and father (I am the youngest of five children) was no longer there. The only one that had a roof over his head was my brother William. He took my parents in, and he said that he was going to go out and see if he could find me, and he did find me.

I never would have imagined that while I was on the Russian front, my life would have taken me where it has. I thought I was definitely going to die. I had given up. There was really nothing whatsoever left for me. It changed as time went on, and people say I am a strong person and I should compliment myself for this, and that helps. If I was right, I didn't back down, and it made the difference.

Everything burned in Germany. The country was in ashes by the time that everything was over and done with. There are people there with

severe burns from those forceful bombs who don't look like people anymore because they were hurt so badly.

Why could not anyone see where we were headed? The fanatics of the "Heil Hitler"—I often wondered if they really meant it or if it was just a show to save their lives, their attitudes, and what they stood for. The hate amongst the people themselves was unbelievable. You no longer said, "Live on; you are my brother or my sister."

I made the best choice of my whole life when I joined the Church. I have never had so many friends. I have a quick temper, and I am able to control my temper.

The greatest lesson that I learned from the war years is to not trust anybody; you might be digging your own grave. It is not always so, but I have never forgotten how to give love and care to those who need it. I don't believe that I ever will deny anybody any help if I can help that person. I think probably that as I get older I get softer, but I have a strong will. You will be able to do a lot for yourself if you know how.

ORA MAE SORENSEN HYATT

When the United States declared war on Japan, December 7, 1941, I was in my first year of nurses' training at Salt Lake General Hospital. Two years later, in 1943, the Cadet Nurse Corps was organized as a means of encouraging more young women to fill the great need for nurses in our country's war effort. We who were already in training were offered the opportunity to join the program, which had decided benefits for those who did. We received sixty dollars a month during our last year of training, if we signed a contract to continue working as nurses after graduation. It could be a civilian hospital or in the military service, but we agreed to work for the duration of the war.

I was filled with patriotism. I wanted to be a part of our country's military forces to win the

war. As a cadet nurse, I volunteered to spend my last three months of training at Bushnell Army Hospital in Brigham City, Utah. I was assigned to surgical and penicillin wards.

After our three years were completed and we graduated as registered nurses, my classmate Elaine Spry and I volunteered for active duty in the U.S. Army Nurse Corps. We were sworn in as 2nd lieutenants at Fort Douglas. Our pictures were in the *Salt Lake Tribune* and in a magazine called *Army Life*, because we were the first two cadet nurses in the Ninth Corps area (eight western states) to be commissioned as lieutenants in the Army Nurse Corps.

Our first orders sent us to Fort Lewis, Washington, for four weeks of basic training followed by a six-month hospital assignment in the Ninth Service Command. Then we could be sent overseas, if we were willing. Elaine and I readily agreed to go overseas, as long as we could stay together. This request was granted and we were never separated in our assignments.

At Fort Lewis, we learned the ways of the army—its uniforms, military terms, and hospital procedures. We even had a sergeant who drilled us in marching, saluting, and so forth. We went on an overnight bivouac and slept on the ground in a sleeping bag. Elaine and I were so cold we kept all our clothes on and both crawled into one bag.

Fort Lewis, Washington
October 30, 1944
Dearest Mother,

Thanks for sending my letter of appointment and if you have sent some hangers and towels, that takes care of everything. We were given our clothing issue:

- 2 brown and white seersucker dresses
- 2 caps to go with these duty uniforms
- 1 dark green skirt and jacket
- 2 tan shirts and a tie
- 1 pair brown oxfords
- 1 woolen scarf
- 1 brown purse
- 1 pair brown leather gloves (really nice)
- 1 dark green cap with the big gold army insignia on the front

1 long sleeved woolen sweater (tan colored buttons down front)

1 dark green cape

1 rain coat with parka hood

We pay for this out of our \$250.00 allotment and if we want anything else we buy it ourselves. We're also given two fatigue suits but we give them back when we leave Fort Lewis.

Spry and I went to Seattle Saturday and bought some gold bars for our uniforms. They are only gold plated and they were \$1.25 a pair.

We found out they held an LDS meeting on Sunday evenings so we weathered the storm and looked up the chapel. I guess there were 12 or 15 people present but, Oh! It was just perfect! We sang those old familiar songs and prayed just like they do in the good old Center Ward.

Love,
Ora Mae

Fort Lewis, Washington
20 November 1944
8:00 a.m.
Dearest Mom,

I'm all excited and happy. I've got a date with a Mormon lieutenant. Remember I told you about this boy I met in church who was from Illinois? He always takes charge of the Sunday night meetings. He's the only lieutenant besides Dr. Malouf who comes to church. The others are all enlisted men. We usually go to Malouf's afterwards for a "fireside."

Please write soon, lots of love,
Ora Mae

Our first Sunday at Fort Lewis, Elaine and I checked the bulletin board at the Post Chapel to find when and where LDS services were held. They were in a basement room at 7:00 p.m. We received a warm welcome from the Mormon servicemen the evening that we arrived. It was a rare event to have females in attendance. The officer in charge of the meeting was Lieutenant Preston Hyatt. Following sacrament meeting, a fireside or social hour was held at the home of Dr. and Mrs. Malouf. It was a chance to get better acquainted than we could during church.



Ora Mae Sorensen Hyatt

Our time at Fort Lewis was coming to an end. The Mutual (YW and YMMIA) of the Tacoma Ward held a Saturday night dance, to which all servicemen from Fort Lewis were invited. LaVerne Richardson (another nurse from Salt Lake) and I were on our way back to the post after a day in Seattle. She suggested we drop in at the dance. Lieutenant Hyatt asked me to dance and then cut in repeatedly when I danced with someone else. He asked me for a date the following Sunday, and we were together almost every night of the week I remained at Fort Lewis.

Basic training was over. Elaine and I were assigned to DeWitt Army Hospital in Auburn, California. Nursing in an army hospital was different from a civilian hospital because our patients were all young men. We had corpsmen, comparable to nurse's aides, to assist us. We gave medications—

mostly penicillin shots (the latest miracle drug)—changed dressings, and did the charting. We didn't have the recent battle casualties, but some had been shipped home with long-term recoveries ahead, such as the loss of an arm or a leg.

Lieutenant Hyatt went home to Joliet, Illinois, on his last leave before going overseas. He returned to Fort Lewis by way of Auburn, California, so he could give me an engagement ring. Then in his first letter after he rejoined his unit, he wrote of a plan to get married *before* he went overseas. We each obtained permission from our commanding officers for an emergency leave.

We traveled separately to meet in Salt Lake and were married in the temple. I wore my mother's wedding dress. My parents met their new son-in-law, and I met his mother. Then we returned to our separate military assignments.

Back at DeWitt General Hospital, it was just one week before Elaine and I received overseas orders. We went first to Fort Sill, Oklahoma, by train, to join the 376th Station Hospital. There we were issued new uniforms and equipment and were given additional overseas training for our new assignment. We learned to go over the side of a ship (three stories high) on a rope ladder. We also practiced crawling on our stomachs under ropes a foot off the ground. We were taught that if and when we were captured by the enemy, the only information we could give was our name, rank, and serial number (N785226).

There was an airfield across the street from the nurses' quarters, and Elaine and I made friends with some "flying sergeants." During our free time, we went flying every chance we could. Pilots who needed to get more hours of flying time would practice in small planes called L-4s and L-5s. These were built with an extra seat behind the pilot. These student pilots seemed happy to take us along. We were always required to strap on a parachute but never had to use it. These young pilots enjoyed giving us a thrill with an occasional loop-the-loop and dipping their wings from side to side.

Fort Sill, Oklahoma
19 April 1945
Dearest Folks at Home,

Tomorrow I will have been in the army exactly 6 months. Imagine that! Guess where I went this afternoon? To Dallas, Texas, and back in a C-45. That's quite a large twin-motored plane, used mainly for chauffeuring high-ranking officials around to different Posts. It has room for five passengers and two pilots. We were at the hanger when they were getting ready to leave and they asked us if we'd like to go along.

Our port of embarkation was Seattle. Our destination was "top secret," but everyone in our unit guessed we were headed for the South Pacific theater of the war. We sailed on May 7, 1945, on a large transport named the USS *Admiral Capps*. There were 5,500 service troops on board. Elaine and I were bunked in the ship's hospital area along with two other nurses from our unit. We were fortunate to have such spacious quarters and portholes to see outside.

We spent two weeks in the harbor of Eniwetok, May 20 to June 5. We were allowed to go ashore three times. We stopped again on June 8 at the island of Asor in the Ulithi Atoll of the Caroline Islands. During the next twenty days we went ashore only once. The hospital personnel started taking atabrine, one a day with our evening meal, to prevent malaria. Rumors were that the Allied Forces had not yet been successful in securing the area that was our destination. And because our ship was filled with only service troops, our arrival had to be delayed.

It seemed we traveled very slowly, and so did time, as we zigzagged on our course across the Pacific. Everyone on our ship was friendly enough, but the officers were not to mingle with the enlisted personnel. An exception to this was in our small group of LDS Church members. When we held our meeting each Sunday, there was a spiritual bond in that room that transcended all military rank or station.

There was one incident on our voyage that stands out in my memory. It was late one Sunday

afternoon, and the ship was moving peacefully through the ocean. The stillness on board was broken by the shrill whistle that always preceded, "Now hear this!" Then, "The smoking lamp is out." That meant all portholes were covered and complete silence was observed. It was eerie! Minutes passed, and the next command was, "Man your battle stations!" We had practiced these drills before. Those who were not part of the ship's crew had preassigned places on the deck to assemble in small groups to keep out of the way of those manning the ship's firearms. The next thing we heard was really frightening. It was, "Prepare to abandon ship!" We knew this was not a practice drill. We quickly put on our life jackets, and again we waited. In the silence, I thought, "I am not a good swimmer." We hadn't been in sight of land for weeks. I was so far from home; no one would ever find my body or know what happened to me. I didn't want my life to end this way. My heart was pounding as I prayed silently for Heavenly Father's help.

After what seemed like an eternity, another announcement came over the loudspeaker that informed us the danger had passed. We were free to move about the ship and "the smoking lamp was lit." There was no official announcement as to what had happened, but we heard that an enemy submarine had been sighted following us. Or perhaps the ship's captain arranged that exercise to see if we were prepared well enough for an attack.

A convoy accompanied us as the USS *Admiral Capps* left Ulithi on June 28. Four days later, we arrived in the harbor of Okinawa after fifty-seven days onboard ship. My one worthwhile accomplishment during that time was to read the Book of Mormon cover to cover.

We came into the harbor in the black of night. The nurses were all wearing fatigues, combat boots, and helmets, and they carried our musette bags. We went down over the side of the ship on a rope ladder (as we had practiced) into a landing barge below. Open trucks waited for us on the

beach. We drove without headlights over rough dirt roads. We could see fires here and there in the distance and hear gunfire. We traveled about ten miles inland from the beach to a bivouac area—a large tent filled with army cots. We walked from the tent up a dirt path, still in complete darkness, to fill our helmets with water from a limited supply. I had joked about taking a bath in a helmet, but this was for real. The water in our helmets was for bathing and washing clothes. We filled our canteens for drinking and brushing our teeth from a canvas bag hung over the limb of a tree. We got to bed at 2300, under mosquito bar. We were instructed to grab our helmets at the sound of an air-raid alert and to run to a nearby ravine, which was our bomb shelter.

During this first week or so, our meals were the regular dehydrated food issued to all GIs, and we ate standing up or sitting on our cots. I really appreciated Elaine's sense of humor and her wit. We could laugh about our inconveniences and help each other over the rough spots.

Elaine and I were anxious to get to work so we, with LaVerne and Mary Anne Tonne, volunteered for detached service with the 27th Field Hospital while waiting for our own unit to get in operation. The 27th was set up in tents, with the nurses' stockade a short distance away. An armed guard took us to and from the hospital tents. Each nurse was accompanied by a guard on night duty as she made her rounds because of the Japanese snipers in the area. We worked twelve-hour shifts, 7:00 to 7:00, each nurse in charge of two or three tents full of wounded men.

One night, a sniper was surprised in the act of stealing food from the mess tent. The guards joined in the chase to capture him as he darted between the tents of the hospital. However, he had a grenade, and he pulled the pin and blew himself to pieces rather than be taken alive.

We worked as part of a surgical team closer to the front lines than the 376th Hospital. We were very busy—long hours of care, readying the injured for transportation away from the battle zone.

The wounded had to be evacuated in case the Japanese recaptured the area. I also worked on a neuropsychiatric ward. These patients were unable to continue in the daily battle to survive, and they seemed to live in a dream world of their own. This continued for about two months before things smoothed out and the four of us returned to our own hospital unit.

We found the 376th had been attached to a larger hospital, the 233rd General, located in a former schoolhouse.

Okinawa

20 August 1945

Dearest Folks at Home,

Ten months ago today Elaine and I joined the Army Nurse Corps. I hope by the time we've been in a year we are back in the States or at least headed that way. I keep saying we'll be home by Thanksgiving, but I honestly don't believe that myself.

We are now working at the 233rd General Hospital. Spry and I were lucky to get in a tent that has been built up—that is, it has a floor, wooden framework, and a screen door. Many of them are still living on the ground. It's up to the individual to get their own building done. You have to make contacts with some Seabees, quartermaster outfit, or Enges and get your "friends" to work for you. The two girls who had this one built have only been in the army four months. They flew over from Hawaii about two weeks ago. We're sleeping on army cots again, and the first night I really missed the mattress and springs we had at the 27th. You get used to things in a hurry.

I was thinking yesterday about my patriarchal blessing. I just realized that another part of it is being fulfilled. As I remember, it said I would have the chance to spread the word of the gospel both at home and abroad. When I first read that I thought that meant I was to go on a mission, and I didn't think that would ever happen. I've never had the desire to go on a mission but I don't mind talking about my religion and explaining it to nonmembers. So many of my patients have asked me about Mormonism, and

although I will never make any converts I can tell them enough so if they're really interested they can follow it up when they leave the hospital. One of our roommates at the 27th was very interested in our beliefs. She asked to read some of the *Church News*—those small-size overseas editions. Also some other pamphlets called *Youth Speaks*. The subject always seems to come up when I'm with new people and refuse their offer of cigarettes, coffee, beer, etc. Will you send me a copy of my blessing?

Your letters always breathe of home and I love them so.

Lots of love,
Ora Mae

We lived in an enclosure surrounded by barbed wire. Armed soldiers still patrolled our compound to protect us from Japanese snipers.

There was a PX (post exchange) as part of the hospital facilities, and usually we could obtain toiletries there, but one time I was out of shampoo and the PX was out of it also. I thought shaving cream might work—they had a good supply of that—so I lathered up my hair with shaving cream. That was not a good choice. When I poured water over it to make some suds, they disappeared and my hair was a gummy mess. One more lesson in the life of a nurse overseas.

Our chief nurse invited Elaine and me to go with her to the Yontan Airfield to put another nurse on a plane to the United States. While Captain Burley was filling out the necessary papers, Elaine and I walked a short distance down the road. I went off into the tall grass where I could see some unusual flowers. I noticed a convoy of open army vehicles going by, and I waved. The driver of the first truck was amazed to see an American girl just a few feet away. He turned to look in my direction and didn't realize he slowed down. The driver in the next truck was also looking at me, and he ran into the truck in front of him. The third and fourth trucks did the same, and there was a chain reaction of collisions because the drivers were distracted—and I was the cause of it. Oh me!

Our mail delivery was irregular, but when it came we usually got a stack of about twenty letters. Mail was one of the important things we looked forward to from day to day.

Elaine and I made contact with some Latter-day Saint servicemen on Okinawa and located the time and place for meetings. There were four nurses and one sergeant in our hospital unit who were Latter-day Saints. Whenever we were off duty on a Sunday, our friends would send a jeep to take us to church. It was held in a large tent at 10th Army Headquarters and other times at the 11th Bomb Wing, which were both some distance from our hospital. We really enjoyed that association with members of the Church. We felt like true brothers and sisters—the next best thing to being with family.

Sometime in August we heard that General Doolittle was bombing Japan and then that President Truman authorized the dropping of atomic bombs on Nagasaki and Hiroshima. Our patients were guessing the end of the war was near. Then one evening, while we were watching an outdoor movie, the sky suddenly became alive with rockets and flares. Ships in the harbor were sounding their horns. There was shouting and shooting all around us. The movie stopped, pandemonium broke out and GIs were yelling, "The war is over!" We hugged one another and laughed and cried in excitement. Our first thought was, now we can go home! It was disappointing to wake up in the morning and realize the truth; it might take months before we'd actually get there.

Released POWs from the Bataan Death March in the Philippines were sent to Okinawa to receive necessary medical care. They also needed to be fed and nourished until they were strong enough for the long flight home. They looked like skeletons. Their physical condition was deplorable, and many were too weak to eat by themselves. Some would cry silently as we fed them as if they were babies. It was heartbreaking to see the results of their cruel captivity.

On September 16, a typhoon struck Okinawa with winds of ninety miles per hour along with torrential rains, which caused a lot of damage. It's hard to describe the force of that storm. Fifteen seaplanes were dashed upon the beach. Hospital wards were blown down. Some patients were placed under their beds for safety. The nurses and medical staff braced against the tent poles to keep them erect and to keep ourselves and the tents from blowing away. We stayed on duty for twenty-four hours straight, wading in mud six to twelve inches deep. The nurses' quarters were soaking wet but were still upright.

One of the after effects of that destruction was that our food was in short supply, and we were rationed to two meals a day. We were fortunate to have some friends in the Seabees who invited us to their mess one evening for a dinner of steaks, ice cream, and fruit. This was a rare treat after eating powdered eggs and powdered milk, canned hash, and beans for the past few weeks.

Next we received news that our 376th Hospital Unit was being sent to Japan as part of the occupation forces. On October 5, we boarded an LST (landing ship tank). It had a flat front that could be lowered to allow tanks and trucks to drive out of the ship onto the beach. It was not a very large ship—its capacity was only about 387. A second typhoon hit the area as we were on our way to Japan. This was of even greater severity than the one we endured on Okinawa. The ship was tossed from side to side and up and down by a wind of over one hundred miles per hour. I got firsthand knowledge of seasickness as we were thrown about by the mountainous waves. Our LST was blown off course, and our three-day trip to Japan took seven days.

After the winds and rain subsided, we reached the Yokohama harbor safely—no casualties. A huge destroyer and a U.S. Naval Hospital ship, the *Marigold*, were anchored next to us. Our nurses were temporarily transferred to the hospital ship.

We saw the war's devastation on the city. The U.S. Army Engineers went to work on a bombed-out Japanese hospital at the Tachikawa Airfield (between Yokohama and Tokyo). They rebuilt it enough for the 376th to set up operations there, and we went to work once more.

Our patients were again the prisoners of war from the American and Allied Forces. They were so appreciative of everything we did for them! I remember especially the look in their eyes when meals were brought to their beds. They cleaned up every crumb—practically licked the trays. One evening while on duty I found some sugar, canned milk, and cocoa in our nurses' station. I used the electric hot-plate and made a batch of fudge for all the patients. They loved the unexpected treat!

The nurses lived in bamboo barracks with no heat of any kind. It was early winter (October) in Japan, and we had just come from tropical Okinawa, which made a huge difference in the temperature. We were cold all the time. We went to bed with all our clothes on, trying to keep warm. The toilets were nothing but a trench in the floor with a handrail to hold as one squatted. These toilets were first on the list of changes to be made (for upright replacements).

The hospital doctors and staff were helpful in making improvements and procurement for the nurses. They also made transportation available to us so we could see the surrounding area of Japan. The cities lay in ruins from repeated bombings, and the people had fled to the hills and rural areas. They took with them everything of value that they could carry. The few Japanese remaining in the cities looked at us suspiciously. We had been their enemy a few weeks ago, and, not being able to speak a common language, we could only stare at each other.

I had worked at the Tachikawa hospital for only a few weeks when orders came that I was to return to the United States to be discharged. Married nurses were given priority to go home. I was happy about going back to the States, but

my husband Pres wouldn't be there. He was still in India, with too few points to be discharged. I felt like a traitor leaving Elaine in Tachikawa, but parting was inevitable, and we said a tearful good-bye.

I came home on military transport planes in four days. We made stops to refuel and to change planes at Guam, Kwajalein, Johnson Island, and Honolulu, and then we made our final landing at Hamilton Field, near San Francisco. It was dark as our plane approached California. Along the coastline were the words (spelled out in lights), "Welcome home—well done." When I saw those words and realized I was really home, I couldn't stop the tears rolling down my cheeks. As long as I live, I'll never forget the joy of landing in the United States of America and the pride I felt in the country to which I belonged!

All the returning military servicemen and women were given access to free phone calls anywhere in the country to let their family know they were home. I called my folks in Manti, Utah, and after many tries the Manti operator said, "No one

is home at Sorensens'. I think they're at the show." (Small towns keep track of everyone.) I kept trying and finally reached them after the movie was over. It was heart-warming to hear the voices of my mother and father! It was also pure heaven to have fresh milk once more, and what luxury to use American plumbing, heating, and electrical appliances! I never before appreciated these things like I did at this time. Just to turn on the faucet and get clear drinking water, or a hot shower, seemed absolutely wonderful.

I traveled by train to Fort Sheridan, Illinois (north of Chicago), where I was to receive my discharge. My home address had changed from Utah to that of my husband when I was married. We were traveling as a group of military personnel, so I agreed to what the majority wanted.

I completed my discharge routine at Fort Sheridan, which was effective December 15, 1945. I worked as night supervisor at my alma mater, the Salt Lake General Hospital, for several months, until Pres wrote that he was coming home.

MARY JANE NEVILLE JOHNS

This past Christmas (2000) I received Tom Brokaw's *The Greatest Generation Speaks* from my eighteen-year-old grandson. He had inscribed it, "Dear Grandma, Thank you so much for all you do. I don't say or show my love and appreciation to you enough. You truly are from the greatest generation. Love, Nick." After reading the book, I realized I had never told him of my involvement in World War II.

I was a navy nurse by choice. The war started when Japan bombed Pearl Harbor while I was a student nurse. We hurriedly put blackout drapes on all the windows. We continued our senior year at Mercy College of Nursing in San Diego, California—the home of numerous military bases of all the branches of the armed forces. After graduation I worked in the Washington DC area at the national Red Cross Headquarters. I knew the military needed nurses, so I signed up for the



Mary Jane Neville Johns

Navy Nurse Corps. My choice was based not only on the appearance of the NNC uniform, but also because I would always have a clean bed and good food wherever I was stationed. In December 1943, I reported to the Long Beach Naval Hospital for duty.

Military wards consisted of two private rooms and a ward housing eighty beds. The nurses were in charge of the entire ward, the assigned enlisted personnel, and the total care of the patients. The actual work was performed by corpsmen and WAVES (Women Accepted for Volunteer Emergency Service). The orthopedic ward housed battle-wounded men, many of whom had contracted osteomyelitis because miracle drugs had yet to be invented to protect them. The cardiac ward housed many young seamen who had drunk all sorts of poisonous liquids (torpedo juice, one hundred proof alcohol, and so forth) to escape the horror of the death and injury they were seeing all around them. Other wards contained mental patients and patients with infectious diseases and various other ailments and problems. At night a lone corpsman was in charge of one ward and a supervising nurse took care of ten wards with eight hundred patients!

I was eventually transferred to the United States Naval Hospital (USNH) at Norman, Oklahoma. Here we met our first American POW patients, most of whom had been captured on Corregidor, who suffered terrible hardships as the Japanese marched them to POW camps—starving, beating, and killing them at will. Those who survived the agony ended up as slaves in the coal or salt mines in Japan, working in unbearable conditions. The coal dust and salt permeated their lungs, and almost constant coughing continued throughout their lives. We treated their wounds, but their minds had seen so much terror that it was hard for them to cope with life and families and love. Smiles were nearly nonexistent despite our best efforts.

I am always somewhat reluctant to say that the war years were some of the most happy and fun years of my life when so many citizens suffered horror, pain, and death.

LA RUE TUCKER JOHNSON

I applied to the Salt Lake General Hospital and was accepted, but I hadn't had chemistry or geometry, so they told me I had to do that. I went to West High to get those classes. You had to have those classes in high school. Then I applied for the nursing program at the hospital and I got into that in 1939 or so. There were thirty-two nursing students who all lived together in a boarding house. Three later dropped out. Our teacher was excellent. Her name was Miss Bilger.

I was a senior when the war started, and that's when the Red Cross came around recruiting nurses for the army. I signed a paper that I would go into the army after I passed my test and graduated. I wasn't part of the Cadet Corps, which was part of a separate recruitment. I told them I didn't want to go in until after Christmas. I graduated in August 1942. I told them that and they agreed to it.



La Rue Tucker Johnson

I didn't enter the army until January 1943. I worked at the Richfield Hospital until January.

I was inducted at Fort Douglas. Then they sent me to Boulder City, Nevada. There was a military hospital in Boulder City. I went to this unit and they put me in surgery because I was the newest one out of school. I don't know why, but the surgery unit was very small and not used much. In fact, they did tonsillectomies and a lot of little things. They also did circumcisions. The boys that worked there thought it would be a real kick if they got me in, so they scheduled me to help with a circumcision. I did one circumcision on an adult, but it was all right. They just laughed about it. We didn't have any men nurses; they were orderlies. Some of them were even younger than I was. I was there for six months.

I worked in surgery there at the hospital for only six months. Then we joined the unit that was going overseas. I wanted to go overseas because things were so dull. They sent me and my friend to Camp Stoneman in California. There we learned to march. We went through a thing called an obstacle course. We had to crawl through a barbed wire thing, so that was our training.

Stoneman was up the river from Oakland. We were sent down the river on a ship and got onto a big liner. These were borrowed Norwegian ships. They were huge and fancy. Then we went overseas. Our unit was called a hospital ship platoon. There were two doctors, one dentist, twenty-one enlisted men, and five nurses. When we got on the ships, they would put the nurses up with the officers. We nurses went in as second lieutenants. I think I got paid two hundred dollars a month. I remember my folks were having financial problems. My father had been injured at the coal mine, so he wasn't able to do a lot of work. So I could apply for extra help for my family. I don't remember how that worked, except that I did that and was able to send them some money.

We went to New Caledonia. It's a thousand miles off New Zealand and Australia. It had been a French penal colony, but it was mostly natives and some French people. When we got there, we got off the ship and they put us to work in a field

hospital with tents. It was on the beach. The reason they had hospitals there was that there were no mosquitoes. They didn't have to worry about things like malaria. The main hospital was quite large, and it was an army hospital. They would send all the wounded from the islands where they were fighting down to this area. We were assigned to a little hospital. It was called the 27th Field Hospital. There were just beds and tents standing in the grass and the sand.

They would bring us patients by ships. A lot of them were ambulatory. Then they would send us back to the States to take care of these ill patients on the ship. So I made three trips over from San Francisco to New Caledonia. We would take the wounded from New Caledonia home and then come back on another ship. All the ships were ocean liners because they'd have sick bays. Sometimes there weren't too many who were really ill. One time I was on one of the ships, and they had a whole group of patients with casts on. Of course they called us on deck when we first got on the ship and said, "Now if anything happens, don't try to save these people with casts on because you would just sink." Nothing happened, fortunately, but we worried about the possibility of torpedo boats.

On one trip that we made, we were going over to the island and Artie Shaw and his band came to entertain the troops on the islands. That was the only time we went convoy. One ship carried supplies, one carried personnel, and one was a mine sweep. We were in line but still zigzagging. One day we went to breakfast, and we were sitting with the officers. Artie Shaw was on the ship, and he was oh so excited. He sat down and said, "Did you know that we were chased by a submarine last night?" And we had noticed. The ship just took off at an angle. But he was really impressed and excited about this thing. We had had to take off across the ocean and go away from the convoy. Fortunately, nothing happened to us, but the mine-sweep ship was sunk that night.

When I first went on those big ocean liners, I thought, "Well, I've never been on an ocean. Oh

dear, how deep is it?" Then I thought, "There's nothing I can do about it. I might as well enjoy the ride." So I did. There were five nurses, and we were stationed at the very top deck with the officers. We would sleep in the same area. The ships had Indonesian servants. One night, one of the girls woke up and she said there was an Indonesian servant man standing there with a great big machete. He didn't do anything, but they took him and put him in the brig. I don't know what happened to him. He was just in the doorway with this great big knife. After that, they assigned us a male MP stationed outside our door. But because of situations like that, the ships wanted to get rid of the women. Finally, after the third trip, they stopped sending women. That was the time we went to New Zealand for three weeks and worked in the hospital there. Then they took us out and left us in the islands, and I was there for fourteen months. The navy guys didn't want us on their ships interrupting things anymore. New Caledonia was a beautiful island.

I was sent to the States for surgery for an ovarian cyst. After I got home from my surgery, they let me choose a place to go, and I said, "I'd like to see New York since I've never been there." They assigned me to Staten Island. They had a big group of buildings that had been orphanages and the army had taken them over for hospitals. That's where I was assigned. I went in January and was there until May, and it was horribly cold and nasty weather in New York. I thought, "I don't want to stay here anymore." So I asked for the hospital ship, which was an army ship.

When my friend and I signed up to go on this ship, they wanted nurses to go to the Philippines and bring patients back. After they assigned us, the ship broke down and they sent us to Charleston, North Carolina. They were trying to fix the ship. Finally they sent us to New Orleans. I returned to my group on the ship and went to New Orleans and then to Panama. The ship broke down again on the way to Panama, so we stayed in Panama for three weeks. Then they fixed the ship and we got to go through the Panama Canal. We were still

in Panama when the war with Germany ended. Then they didn't really want all these nurses, so they sent us to Los Angeles. From there we were discharged.

There was one guy who had a great, huge decubitus ulcer (bedsore). I spent most of my time massaging that, because you can cure one of those if you massage it. It took the whole trip, but he got better. One time, when I was over in the islands, we had a lot of black soldiers. One day I heard this great argument going on in the back, so I went down there and here was this large black man with a knife. I said, "You put that down." These were big men. Anyway, he obeyed me. I went back up and said, "My heavens. How did I do that?" People had more respect for officers back then.

Another patient I had wouldn't eat. The food was bad, I grant you. One day I got real angry said to him, "Now you eat what they bring you!" I guess he did. I was really mad.

Back in New York, I was assigned to a psychiatric ward, and that was really sad. These soldiers came back from the Battle of the Bulge, and half their brains would be gone from being shot at. Some of them couldn't even move. It was so sad.

In the islands, one of the doctors was a Latter-day Saint and so we had a little church. Mainly I remember that it was more of a study group. Occasionally we would have sacrament on Sundays, but not very often. This doctor would get us together. There were never any conferences near us.

When I got out of the service, I continued nursing. I got a job at Salt Lake Clinic. Because I had graduated from the Salt Lake General Hospital, I did go down there for a few weeks and worked in a pediatric ward.

My father was a bishop. I think that I always had a testimony. Of course, my folks were born of pioneer parents and lived in Fairview. I've always been a member, but I've learned to appreciate that now. I guess I never used to think of it much. But because of that I guess I left the alcohol and tobacco alone, which I'm very thankful for now.

OLIVE ELOISE CROUSE KAUFFROTH

It was April of 1944. World War II was raging in Europe and the Far East. I was a senior student nurse at the LDS Hospital School of Nursing in Salt Lake City, Utah. Our school, along with seven other schools in the Intermountain West, was asked to recruit nursing students who were in the last six months of their training. The students selected would be sent to a military hospital to complete their training, and they would be encouraged to join the Army or Navy Nurse Corps for the duration of the war.

I was one of the seven students from our school who elected to join the Nurse Cadet Corps. We were issued gray dress uniforms to be worn with a gray beret. Impressed with these new uniforms and with the fact that we would get \$60 a month over the six-month period, we thought our new life had much to offer. I even remember how I spent my first \$60: I bought two dresses for \$7.95 apiece, bought a war bond for \$18.75, sent \$10 to my mother, paid my tithing, and had \$9 left for pocket money.

It must be said that I was twenty-one years old and as innocent to the ways of the world as could be. My life to this point had been spent with my mother and brother and extended family, with my teen years in Heber City and then in Salt Lake. My younger brother had joined the navy at seventeen and was already stationed in the Solomon Islands in the South Pacific. Little did I know that with this new uniform and responsibility I too would gain a new view of the world and experiences around the globe.

So it was that the seven of us nurses, dressed in our good-looking uniforms, were sent by bus to Bushnell Army Hospital near Brigham City, Utah. Bushnell might well have been a million miles away from Salt Lake City. The hospital was a four hundred bed amputee/psychiatric center. Most of the patients were soldiers who had been wounded in combat. We were faced with the reality of the war and the reality of good people coming in



Olive Eloise Crouse Kauffroth

with life-changing wounds. Our lives, as well as theirs, would be changed.

We were scheduled six hours of nursing care on the wards plus two to three hours of classroom study each weekday. I was assigned to an amputee ward. As we made rounds to be introduced to the patients, I thought I would not be able to take care of the terrible wounds we saw; however, the doctors, the nurses, and the patients themselves patiently taught us how to care for all their wounds. We became skilled in evaluating, cleaning, medicating, and bandaging these awful amputations.

As we worked and studied, we developed an understanding of many things that would help the young wounded soldiers. We learned that it was important to develop a positive attitude to help them cope with their injuries and go on with their lives. One of our greatest tools in helping them was humor, as we always urged them to see that life still held joy and promise.

As the patients learned these lessons in healing, so did I. These lessons would help me cope with problems later in my own life. We learned of perseverance and positive attitude, and of humor and always looking for happiness. We came to understand that there were emotional tools to use to help them get well physically.

In the middle of our time at Bushnell, we traveled home for graduation exercises for the LDS Hospital School of Nursing. The graduation exercises were held in Kingsbury Hall of the University of Utah. We graduates were dressed in our white duty uniforms and nursing school caps, plus we wore our blue capes with the identifying LDSH in gold on the collar. We each carried a bouquet of a dozen roses. Elder Harold B. Lee, then an Apostle of the Church, was our graduation speaker. After the ceremony, Elder Lee asked to speak to the nurses who had volunteered to spend time in a military hospital. He spoke to us as a group and told us that we did not have to work in the military to fulfill our obligation as cadet nurses, all we had to do was to work in a hospital, even here at home. He then spoke to each of us individually and shook our hands. When he came to me, he told me, "You understand you can stay home." I replied that I did understand, but that I had decided to become an army nurse because of my profound experiences at Bushnell. I then asked him if he had ever been there. He said he had not. And I said, "Perhaps if you go there, it might change your mind." He replied, "I want to ask you to always remember that you are a Latter-day Saint woman." Though my statement to him might seem rather impertinent, I believed strongly in the work we were trained to do and in helping the people who would need our help in the war effort. I have never regretted my decision.

On June 20, 1944, the first casualties from the Battle of Normandy began to arrive at Bushnell. We had returned from graduation to full schedules. Now, there were literally hundreds of new patients within a few days. In this era, this was a near miraculous movement of wounded; they went from the foreign battlefield to a treatment hospital in the United States in ten days or so. To get them home so quickly meant better treatment of their wounds and more lives saved. I witnessed bravery during that time that I simply have not experienced since.

It was those experiences at Bushnell that made me want to serve in the Army Nurse Corps.

After we completed that six-month assignment, we went home to take our state board exams. I was sworn in as Second Lieutenant Olive Eloise Crouse, ANC, at Fort Douglas in Salt Lake City, Utah, on November 2, 1944. The day was memorable both for its significance as a monumental day in my life and also because during the ceremony, the officer swearing me in looked down to see that my galoshes were on the wrong feet. His laughter, my embarrassment, and his comment, "Young lady, I hope you pay more attention to details in your army career," made this one of life's funny and embarrassing moments that I've never forgotten.

In the next few days after my swearing in, I was sent by train to Fort Lewis in Washington State for two weeks of introduction to the details of army life. We then were taken to Torney General Hospital in Palm Springs, California. Torney was another new experience for me in a long line of new places.

After two days of orientation, I started the traditional night duty: twelve-hour shifts (from 7 p.m. to 7 a.m.) thirty nights in a row. After the thirty-day stint, a nurse had two days off and then began another schedule of thirty more nights on duty. In the short time I was there, I worked sixty-seven nights and felt like I had been born working nights!

The patients at Torney were very different than those I cared for at Bushnell. Almost none had wounds. Instead, they had diseases from the South Pacific. Many patients had what is known as "jungle rot," and it truly was that horrific. The condition made them lose body hair and patches of skin, and this made them miserable most of the time. The only cure was various lotions, medications, and ointments that were supposed to help, but the medications helped only for a brief time. In spite of this, in the short period I was there, only a few patients died from that disease.

Although caring for patients was the critical task, we also had fun. Movie stars from Hollywood often came to Palm Springs, and almost all of them wanted to come and visit the patients. Of

all the many stars I met, my favorite by far was Frank Sinatra. He gave me and three other nurses a thirty-minute personal preview of songs that he was going to sing as a guest on the *Bob Hope Radio Show* that evening. It was exciting and a dream for all of us. He even got our names and was going to dedicate his songs to us that night, but the rule was that the names of army personnel could not be publicized. So the wonderful Mr. Sinatra said, "OK, you'll know who you are." That night he dedicated his performance to "four lovely nurses." I never forgot how handsome and how charming he was to us that night.

Duty came in the form of different ways to use our nursing skills. The chief nurse at Torney took note that two of us were from Salt Lake City and would assign us alternately as escort officers to return patients to the psychiatric center at Bushnell in Brigham City. I did this duty twice. The first time I traveled by train with about twenty "section eight" patients, plus six MPs with a sergeant in charge. The second time I went was as the escort for a nurse lieutenant who had been serving in New Guinea. Her roommate there was raped by six enlisted men, who were court-martialed and hung for the offense. The nurse lieutenant who was raped committed suicide, and her roommate was determined she was going to come home no matter what. Somehow she got herself transferred to Torney Hospital as a psychiatric patient and was referred to Bushnell. I was locked in the train compartment with her all the way to Bushnell, during which time she assured me she was not dangerous. I believed her, but it didn't do a lot to relieve my mind. I felt sorry for her and spent a sleepless night. I've often wondered what happened to her later in life.

Escorting these people to Bushnell gave me an opportunity for a brief visit home to the Salt Lake area after each trip. Because I knew I would be sent overseas soon, I was grateful to get to visit my mother and aunts whenever I could.

Then the orders came. In April I received word to proceed to Camp Beale, California (near Sacramento), which was a large staging area for

army personnel who were being sent overseas. When I got there, the whole camp was in chaos because instead of sending five thousand to the camp, by some mistake in orders, ten thousand were sent there. They didn't have anything ready for us. I asked a sergeant I met at the gate where I should go to check in, and he said, "I don't know, but let me give you some advice: if you see a line, get in it, because sooner or later you'll be in it anyway."

After a few days, things did get straightened out. I was assigned to a group that included fifty nurses, twenty-five doctors, and two hundred medical enlisted men. We were told that we would be going overseas by ship but were not told the destination, and we were told that there would be five thousand army personnel on board. We trained for three weeks at Camp Beale then were taken to the port of Los Angeles. There we boarded our ship, the *USS Collins*.

When we embarked, our destination was still unknown, although we speculated that we might be bound for Europe. When we were about twelve days out to sea, we saw another huge ship out our porthole. The navy captain informed us over the ship intercom that this British destroyer would be our escort to our destination. He also told us that he had opened secret orders that informed him we were to proceed to the port of Calcutta, India. The entire trip was scheduled to take about forty days.

Three or four days later they gave a few of the army officer personnel permission to hear the radio broadcast of Tokyo Rose. She would transmit messages such as, "Good afternoon, *USS Collins* and *USS Patrick*; we know your location. Don't you wish you were home in Nebraska?" or "It won't be long and we're sorry, but we are going to sink your ship." It was frightening and seemed so foreign to our way of life.

Soon after that, one Sunday morning at non-denominational church services, we were on deck with all army officers and were singing the navy hymn. At that moment, we heard the loud sirens from all three ships and the call, "General quarters,

man your battle stations. The no-smoking light is lit. All army personnel are to return to your quarters below decks." We already had tears in our eyes from the navy hymn, as it beautifully asks for protection from peril for those at sea. This general call to quarters scared us profoundly, and it was then we truly realized we were in real danger. We felt we were in peril, as the words of the hymn had suggested. The navy officers later told us they could see Japanese airplanes off in the distance, but they didn't have to fire the big guns of either the troop or battleship.

We sailed on without incident to the port of Calcutta, India. The port was at the mouth of the shallow Hooghly River. Docking was impossible, so slowly we were taken by smaller boats to port, about one hundred people at a time. We noticed the people dressed in very colorful clothing. We could see people bathing in the water, washing their clothes, dumping garbage, and collecting water in containers to take home. Along the riverside there were burning ghats: funeral pyres made of sandalwood where the Hindu people burned the dead. But most of all we smelled something we had never smelled before or since: the terrible odor of Calcutta—six million people without much sanitation. Those sights and sounds were a far cry from the innocence and familiarity of the lives we had left in the United States.

We were taken to the U.S. Army hospital in Calcutta. After several days of orientation, we were told we would be going into China by air. But a few days later, our orders were changed and the nurses were told we would be assigned as replacements for nurses in the CBI (China-Burma-India) theater of operations. I was happy that two other nurses I had met aboard ship who were from Salt Lake were assigned to the same hospital: the 181st General Hospital near Karachi, India, in the Sind Desert, which is now Pakistan. The two nurses from Salt Lake were from the St. Mark's School of Nursing, and we were happy to be together.

Our Catholic chaplain was concerned about everyone, both personnel and patients at the hos-

pital. I was the only Mormon of record, and it showed by the "M" for "Mormon" on my dogtags. The chaplain located three LDS men at the U.S. air base about forty miles from us. He arranged for transportation so I could attend a group service with them. One of them was a returned missionary, but mostly they were just very homesick and only wanted to talk about going home.

On August 7, peace was declared, and we all knew that we would be sent home soon. In order to clear the theater of war, it was planned to send half of the Americans home via Karachi and half via Calcutta. The soldiers and personnel in Burma and Assam were sent across the Indian continent by local trains. It took about ten days for them to travel cross continent, and when they arrived at the 181st Hospital they were infected with many diseases: dengue fever, malaria, and any other infectious disease you can think of.

About this time, the army chaplain asked if my roommate and I would be interested in helping with two projects. One was a leprosarium with about thirty to forty patients but no medical supplies or medicines, and the second was an orphanage of twenty-five children who needed clothing and food. The children were Eurasians, with Indian mothers and British or American fathers, who had been abandoned by all. The needs of these people were very great, so about ten nurses, five doctors, and the chaplain put about twenty dollars each into a fund, which raised about three hundred dollars. With this money we bought army surplus clothing, food, and medical supplies. These supplies were taken from supplies that were declared surplus and were scheduled to be destroyed when the Americans left, so we got a great deal for the money we raised. The leprosarium had been using old, bloody, and used rags, which they rinsed out and used over and over again for bandages. We were able to supply them with new bandages, medicine, food, and some clothing, for which they were very grateful. The nuns at the orphanage were so happy to receive a large supply of food and clothing for the children, and we did this as long as we stayed

there. The children were beautiful, and we were touched by their predicament. Most of them could speak some English to us. We always wondered what would happen to the people who so needed help after we left.

In January 1946, all female personnel were to be sent home ASAP because of the rioting of the Indians against the British. About this time, all Indian political prisoners were released by the British, including their leaders: Gandhi, Nehru, and Jinnah. It was a fascinating time to watch history taking place.

It took us twenty-one days to fly home. We made stops in Teheran, Cairo, Casablanca, and the Azores. We stopped in St. Johns, Newfoundland, and flew to Fort Totten, Long Island, New York. There we received orders to travel by train to Camp Beale, California—exactly where we had started from ten months before. We received our discharges, and I went home to Salt Lake to work part time at the LDS Hospital and attend school at the University of Utah. In June 1948 I received my degree in nursing and a secondary teaching certificate. Soon after graduation, I went on a vacation to California. While there, I applied for a license to practice nursing in California. When I picked up my license to practice in California, I was asked if I would be interested in working in San Francisco. There were several jobs open, and I thought, “Why don’t I just go for the job interview for practice?” I got the job—in the French Hospital School of Nursing. I taught medical/surgical nursing, audited the doctors’ lectures, and supervised their nursing practice.

It was spring of 1951, and I had been there about three years when I received a letter recalling me to active duty in the army. The letter was addressed to “Captain” Olive Crouse. It went on to tell me that my assignment would be as an instructor in one of the advanced army medical technician schools that the army was about to open.

A few weeks later in early January 1952, I was told the Advanced Technician’s School was ready to be activated. I was sent to Walter Reed Army Hospital in Washington DC for even fur-

ther orientation. There were to be four schools activated; one at Walter Reed, one at Fitzsimmons, one at the Presidio, and one at Tripler in Hawaii. I was assigned to the school to be set up at Fitzsimmons. Each school would operate at the hospital assigned, but their orders and supervision would come directly from Washington DC. The faculty for each school was four RN instructors who would teach nursing, monitor courses, and supervise nursing practice. Each school would have one hundred regular army enlisted personnel selected to be students. These students were the kind a teacher dreams of: eager, smart, and highly motivated to do their very best. At the completion of one year of study, the students could take a test to become advanced technicians. The students hoped this would help them to eventually be promoted to warrant officers, but that hope was never realized.

By January 1953, the first class had graduated and the second class was in place and doing well. It was in that January 1953 I was introduced to a major, an air force pilot and air traffic control specialist who had recently returned from duty in Korea and was now stationed at Lowery Field, Denver. He would later become my husband.

In May 1953 an interesting moment occurred, once again admonishing me to remember my Latter-day Saint background. I was home on leave. My mother had asked me to have my picture taken in full uniform, captain bars and all. After we had completed that, we went to ZCMI department store. We were on the second story and waiting for the elevator when some people around us whispered that President and Sister David O. McKay were in the building near us. We stood there with a group of ten to fifteen and the elevator opened. There stood President and Sister McKay. Everyone said “Welcome!” and they were smiling and shaking hands. He saw me in uniform and came to shake my hand. I’ll always remember how piercing blue his eyes were as he looked directly into mine. He asked me where I was from and where I was stationed and, still holding my hand, he asked if I was a member of the Church.

“Then, my dear,” he told me gently, “always remember that you are a Latter-day Saint woman.” It was yet another time I would be reminded of the importance of the Church in my life.

In June 1953, the air force major and I were married, and my husband had to decide whether to stay on active duty or to return to the air traffic control position he had in New Orleans, Louisiana. I could stay in the army as a married woman, but if I became pregnant or had children I would be automatically discharged. As often happens in life, in August 1953 I found I was pregnant; this ended my career quickly and abruptly. My husband left for New Orleans, and we made plans for the future. However, I was not discharged until November, and it was a very hectic time.

In sitting down to remember and record all the chapters of my army life, I’ve enjoyed recalling the people I met and friends I made during these times. I truly loved what I was doing; to be an army nurse during World War II was such a challenge. When we remember these times of our youth, it is always with the warm glow of hope and such promise for our lives. For me, the times were exciting and full of important lessons. But even more important was to be in those hospitals helping the people who had been far away from home serving their country was an honor. I still feel that every young man and woman should have this opportunity to spend time in service to their country. At the time of this writing, I’ve just celebrated my eightieth birthday. I’ve been blessed with many good memories from all the years. Certainly the ones recounted here have a special place in my heart.

LOLA PRESTWICH LAMOREAUX

World War II was declared while I was still on probation in nurses’ training at the Dr. W. H. Grove LDS Hospital School of Nursing in Salt Lake City, Utah. In 1944, during my senior year of training, the U.S. Army Cadet Nurse Corps was organized to help alleviate

the nursing shortage brought on by the war. As seniors we were invited to be participants. From that first class of cadet nurses at Bushnell General Hospital, five of us from the LDS Hospital School joined: Thelma Larkin, LaVerne Richardson, Evelyn Gunderson Skinner, Eloise Crouse, and Lola Prestwich.

We were issued a gray woolen uniform suit for off-duty wear. It had red epaulets on the shoulders and an arm emblem on the left sleeve. It was an attractive outfit with the gray shoulder bag and gray cap with the cadet insignia on it. Mother sent me a newspaper clipping of us five in our cadet uniforms that was published in a Salt Lake newspaper prior to our departure for Bushnell General Hospital. I was excited and felt like a celebrity. On duty we wore our school’s student uniform.

Bushnell General Hospital was a typical military base in appearance. It was located where there had previously been a fruit orchard in Brigham City, Utah. There were still a few trees about. Bushnell was mostly an amputee, plastic surgery, and neuropsychiatric center.

We were encouraged by our leaders and each other to attend church, which I did occasionally at the chapel on base. The times I attended, there were not many present. There were no LDS services. Most of the LDS military personnel probably went into Brigham City to attend church. I did not. I was a member of a large Mormon family and was raised in a Mormon community. Having the opportunity to work with those of different faiths helped me realize that most people are kind, tolerant, and understanding.

It was a sad awakening for me to meet all the young boys missing a leg or an arm, moving about in the hospital corridors forever changed by the horror and waste of war.

Our three months at Bushnell gave each of us a glimpse of and feel for military life and nursing. After our three months were up we went back to the school of nursing we came from to complete our full three years of training, take state board nursing examinations, and attend commencement

exercises for the class of 1944. Our commencement exercises were inspirational, colorful, and a spectator's thrill as well. With our long-sleeved uniforms, black stripe on our caps, blue capes, and red roses, we were *it* for the evening. When we marched in with the remainder of the school, the student nurses in white following, it was a delightful honor.

After graduation I worked in surgery for three months at LDS Hospital. I took night call frequently. Life became humdrum. I decided to change my life. World War II was still being fought both in Europe and in the South Pacific. Helping the war effort seemed the right move for me to make, so I enlisted in the U.S. Army Nurse Corps. I was given a temporary appointment and commissioned a second lieutenant in the army of the United States and assigned to the Army Nurse Corps.

I was alone when I went to enlist. I took the oath of office on the first day of December 1944 at Fort Douglas, Utah. On the third day of December, I left Salt Lake City for Madigan General Hospital at Fort Lewis, Washington, for basic training. I traveled by train. This was the first time out of the state of Utah for me and I was anxious, but to my delight I met on the train traveling to the same destination for the same purpose a college friend, Cecil Josephine Burns. We had both entered nursing schools in Salt Lake City: she attended the Holy Cross Hospital School of Nursing, and I attended the LDS Hospital School of Nursing. Cecil was not a member of the Church, but she was a very good person.

Basic training at Fort Lewis lasted one month. First Lieutenant Rex P. Rutter threw the book at us. He tried to teach us the military way of doing things. He drilled us on military ethics, procedures, and conduct. We learned of chemical warfare and venereal disease. He saw that we could march, take cover, pitch a pup tent, dig trenches, and endure a bivouac in the rain. Our drill sergeant would put a rock in the hand of any nurse that turned the wrong way when marching orders were called. That sergeant must

have thought we were a group of ninnies. We were photographed for an ID card; given metal ID tags to wear around our necks; issued anklets, panties, field shoes, and vests; and given \$250 for uniforms. Tetanus, typhoid, and smallpox immunizations were updated, and our blood was typed. We were introduced to patient wards but did not actually get involved in patient care.

With basic training over, many of us newly commissioned second lieutenant nurses left for our assigned post on January 8, 1945. Most of us left by troop train heading south. This was a unique experience. Each town we passed through, a crowd was cheering. I was assigned to Torney General Hospital, located in Palm Springs, California. I arrived there on the 11th. Palm Springs is situated in the desert with mountains to the east. It was a resort community for the rich and famous. Part of Torney General Hospital was once the El Mirador Hotel. Extending out from the hotel buildings were many wood barracks. There were patient wards and housing for personnel. I was assigned to a barracks close to the women's ward. My first roommate was not a member of the Church, and she smoked. She thought I was very unworldly, but regardless we got along okay. There was nothing that could entice me to smoke, drink alcohol, or flirt. The one thing that was irritating about living in this barracks was the ants that invaded our clothing if we did not seal it up.

My first nursing assignment was to the dermatology section. Most of the patients were diagnosed with a skin problem that was called jungle rot, an atopic dermatitis prevalent in the South Pacific Islands. All these patients were treated the same way. We gave them oatmeal baths, then spread ichthammol ointment over the infected skin areas and bound the areas in gauze dressings. Some of the boys looked like mummies after treatment.

Tec-3 Lawrence W. Lilley was Major Hookey's main assistant. Sometimes, I thought, he rather resented us young commissioned female nurses. Lilley was a registered nurse with much

experience in universities and hospitals in New England. He really deserved a commission.

When I was on the afternoon shift, some of the patients would come into the office and tell me their problems and experiences on the front line of war. I listened. That is all they needed. Even the corpsmen needed a listening ear. One evening I was in the nurses' station doing some charting when one of the corpsmen stopped by the desk and started visiting. He told me that before he entered the army he had killed a man for raping his sister. I was shocked and without words. Finally I told him that he did not need to confess to me but to God and ask His forgiveness. The patients were up and about, and their need was family, home, and peace.

Throughout army general hospitals the NP (neuropsychiatric) sections were experiencing as great an influx of patients as the other sections. The purpose of beginning an NP school for nurses was to send the boys home or back to service as mentally and physically well as possible. To do this, trained personnel were needed. The neuropsychiatric school at Bushnell was the first in the Ninth Service Command. There were twenty-six army nurses and one cadet nurse in this first class. Lieutenant Colonel Olin B. Chamberlain was the chief of the NP section. Captain M. K. McGee, ANC, was the director of the school. We were privileged to have such an opportunity.

The most disturbed patients were behind locked doors. We were advised not to visit the wards without an attendant. On one of the wards there were German POWs doing janitorial work. This was unexpected. They appeared very young. There was a guard with them.

Some of the treatment was difficult for me to accept. I was observing and helping in an insulin shock therapy clinic when a patient died suddenly. The therapy was frightening and risky. I did not administer insulin but observed the reaction the patients experienced. Some of the patients had severe convulsions before the nurse could get 50 percent IV glucose administered. Agitated patients

were given a continuous therapeutic bath. The temperature of the water was maintained at around one hundred degrees Fahrenheit. We covered the tub and patient with canvas restraints. Barbiturates were used for sedation.

Our graduation ceremony was held in the Bushnell post chapel. We were awarded certificates, and a class photo was taken. There was a party held in the post officers' club.

I returned to Torney General Hospital July 1. It was summer and very hot in Palm Springs. I was not assigned back to the dermatology section. I was assigned to the women's ward and nursery. In this section there were nurses who had been POWs of the Japanese and there were also the labor and postpartum patients. I was in the nursery most of the time. The head nurse thought that was a good place for me. The delivery room was just a door away from the nursery; therefore, I helped out when things got urgent.

I remember one of the nurses that had been a POW on the ward. She was a sad young nurse. While in prison she developed leukemia and was very ill at times. She had a record player next to her bed, and she played "Clair de Lune" over and over. Her name has gone from my memory, but her image returns when I hear that melody.

One night there were a couple of labor patients in my care. One was an Egyptian war bride. She didn't speak English. I couldn't make her understand that screaming didn't help. Another labor patient was in the room and had to endure the shrills with me. At that time relatives were not allowed to remain with labor patients.

As there was no LDS church in Palm Springs, the only time we LDS nurses attended a service was when an LDS priesthood holder stationed at the post brought us together. It was on one of these occasions that I first bore my testimony of the truthfulness of the gospel of Jesus Christ, our Savior.

After the atomic bombs were dropped on Hiroshima and Nagasaki and the Japanese surrendered in August, Torney General Hospital started preparing for closure by transferring and

discharging patients. Personnel were being transferred to other general hospitals. I was transferred to Dibble General Hospital in Menlo Park, California. My orders were to report to Dibble on November 15, 1945.

Dibble General Hospital was located in a choice area. It was built on 127 acres of the old Timothy Hopkins estate, one mile north of Palo Alto. In September 1945 it was annexed to the city of Menlo Park. This site was selected because of its proximity to San Francisco, where many of the wounded men arrived from the South Pacific.

Dibble was a large, efficiently run facility. I was assigned to the neuropsychiatric section. In the NP section there were six wards. Two wards were locked wards. The nursing staff spent most of their working hours behind the locked doors. One of the locked wards was for psychiatric general prisoners. In the other locked ward were patients needing constant surveillance. Nurses were cautioned to be accompanied by a ward attendant when visiting patients in rooms or in the ward and when leaving our stations (office). The nurses' station had a divided door so a patient could communicate with the nurse while she and medications remained protected. All doors throughout the section were knobless. The windows had bars over them. The entire section was fenced with high chain link and barbed wire. The more ill patients were unpredictable and capable of sudden violence. Kindliness and friendliness were often misinterpreted.

Several cases I remember because they were unusual. Corporal B's case was the most unique. Corporal B was admitted to our section with a patch on his right eye. He was confused, agitated, and probably in pain. As the history of his eye injury was revealed, the staff learned why he was so disturbed. He had been involved in many of the South Pacific campaigns and had received a medal of honor. On the ship returning to the United States of America after many months in the jungles he studied the Bible. In Matthew 5:28–29 he read: "But I say unto you, That whosoever looketh on a woman to lust after her hath commit-

ted adultery with her already in his heart. And if thy right eye offend thee, pluck it out, and cast it from thee: for it is profitable for thee that one of the members should perish, and not that thy whole body should be cast into hell."

Corporal B followed instructions. His right eye was gone. Before his discharge from the section, he captured our hearts. He became the staff's favorite patient. He recovered psychologically, but he was still wearing a patch on his right eye when I last saw him.

A patient with a diagnosis of schizophrenia called me a dumb idiot because I could not read his scribbles on the wall of his room. His wall was covered with just groups of letters. He had his own personal language. His behavior was most bizarre. He would laugh, shout, and become aggressive, and he seemed to be hallucinating. I was relieved that I didn't have to enter that room without backup personnel. When a patient became combative, he was given an intramuscular injection of paraldehyde.

At Christmastime the Red Cross and USO gave the NP patients a party in the section. I went with the patients who attended—most of them did. The party went well. At the end of my shift, I left the section without much thought of checking the prisoners because there was an attendant with them. They were not allowed to go to the party. The next morning I was called to a hearing. I had no idea why. When I got there, it seemed all the commanding officers on the post were seated around a table. My anxiety level escalated. Soon I learned that some of our psychiatric patients had escaped during or after the party. They had robbed and committed other crimes. I had to admit I was completely unaware of such. The high-ranking panel of inquisitors treated me okay, but I felt like I had not conducted myself as an officer. After that episode I went to the principle chief nurse, Major Margaret Hessions, and asked for a transfer to another service. No transfer. Talking to her did help me patch my shattered self-esteem a little. The affair was hushed, so I never heard how the prisoners escaped.

I had my trials as an NP nurse. This was one. One of our prisoners was from the Philippines. As I was making rounds with an attendant, he handed me a letter. I read it, then gave it to then Chief MC. It was a love letter. I didn't give it much thought until the next time I stepped into the ward: that guy picked up a mop to attack me. The ward men apprehended him. I had never spoken to the guy. He was angry because I hadn't answered his letter. With the whole ward watching the episode, I was embarrassed.

There was tragedy too. One patient, after being transferred to an open ward, hung himself from a basketball hoop. Open ward patients could go anywhere in the hospital and were encouraged to become involved in all the services available and attend the recreational programs brought to Dibble.

Before my tour of duty was completed at Dibble, general electroconvulsive (electric shock) therapy was given to most patients not responding to other measures. This therapy was not used at Bushnell General Hospital during our training, and I had never observed or assisted in the treatments. Before the electrodes were placed, the patient was given an intramuscular muscle relaxant and strapped to a gurney. Two to four attendants bodily restrained him, a soft bite block was placed in his mouth, and his mouth was held closed. This was to prevent fractures from occurring during the convulsions. A medical officer held the electrodes and delivered the voltage. The patients lined up in the hall, sitting on the floor until they were called for their treatment. The convulsions would begin immediately after the electrical stimulation to the head. Afterward the patients were returned to their beds unconscious. The therapy helped most of the patients, but they didn't like it. After waking they were confused. They did gain weight and associate more with each other. Most boys were given ten or more treatments. The war was over, and the hospital was preparing to close. The goal was to have the patients ready to be discharged to their own care or to the care of a relative and not to a VA hospital as wards of the government.

When we could, we Latter-day Saint nurses went to San Mateo to church. There we became acquainted with navy servicemen. Crawford Gates, the LDS composer, was among them. We were invited to other Church functions and to the homes of some members. Nellie Falconer, Goldwyn Wimmer, and I were Church members stationed at Dibble at the same time. The nurses I worked with showed no religious tendencies that I was aware of. The opportunity to discuss my faith with them was never present, nor was I mature enough in LDS gospel doctrine to introduce anyone convincingly to Mormonism; however, I was sure they knew I was a Mormon.

On May 31, 1946, special orders were issued to many of the staff at Dibble General Hospital relieving us of duty and reassigning us to Letterman General Hospital, located at Presidio in San Francisco. I went home on a short leave before reporting at Letterman.

I arrived at Letterman General Hospital on June 13, 1946. The war was over, but still there were war victims receiving treatment. Letterman was located in probably one of the most beautiful areas in the United States.

There were a fair number of LDS personnel and patients at Letterman. We were drawn to each other, and there was usually someone available to go places with.

My first assignment in the hospital was on an officers' surgical orthopedic ward. It was here that I first administered penicillin to patients. Nearly every patient on the ward was given an intramuscular injection of penicillin every three to four hours. It took one nurse's complete time on duty to administer this penicillin. There were no disposable syringes then, so the medication nurse had to care for the syringes and needles too. She also had to mix the penicillin. I remember one patient, a major, was always cheering me on. He had a family, and he recognized a shy young nurse in a ward full of men.

I went home in the middle of August on leave. My little brothers wanted their picture taken with me in my uniform. They dressed in their

Boy Scout uniforms for the photo. This is a choice snapshot of mine. While I was home on leave, Dad wanted me to wear my uniform to church so he could show me off to the town folks. I would not. The war was over, and I thought the uniform out of date and out of place for church. I have regretted letting Dad down when he was so proud of my service in the Army Nurse Corps. My teenage obstinance had surfaced. There were two service stars displayed in the front window at home, and Dad was never hesitant in mentioning that one was his daughter, Lola.

When I returned after my leave, I was assigned to surgery. I had requested this. I soon learned that I was no match for these army surgeons. They were not happy in their work and especially not happy with a green scrub nurse. It took time for me to adjust to the army's way of running operating rooms. There were a couple of great surgical nurses there that could stand up to those unhappy physicians. Ruth Wise took me under her wing and attempted to teach me how to handle these male "wonders." Regardless, I never became a superior surgical nurse.

The nurse was the instrument assistant. She selected all the instruments needed for her assigned operating room, for a full day's schedule of cases, the afternoon before. She placed them in trays and autoclaved them. The nurse on the night shift set up all the operating rooms with all the instruments the scrub nurses selected for all their cases. The night nurse worked from 7 p.m. to 7 a.m. If an emergency came in she had to assist with that as well. She had a surgical technician working with her. The technicians were the circulating assistants. The nurses draped the patients while the surgeons watched. Ruth was very good at draping. It was a good experience. Most cases were reconstructive or orthopedic.

Thanksgiving 1946 one of the long-time regular army technicians invited the OR nurses to a Thanksgiving dinner at his home. He cooked us a traditional Thanksgiving dinner with turkey, dressing, pumpkin pie, and so forth. His compassion was touching.

Church members at Letterman would take a streetcar and then a bus to an LDS church across the city when we were free to do so. Among the group were Second Lieutenant Ruth Tuckfield, Maud Redd (Red Cross), Blanch Davis (civilian worker), and several enlisted men whose names I have forgotten. This was good. We became good friends. For a few years we were in touch, but there have been decades of silence since.

After two years in the Army Nurse Corps, I knew I did not want to be a career military nurse. My enlisted time was up, and I opted to return home to Utah. I left Letterman General Hospital on December 6, 1946. I was given thirty-five days of terminal leave and official discharge January 10, 1947.

BLANCHE WHITING LOVE

In 1941 I had been working at Fort Douglas, Utah, in a small station hospital. I was being paid by funds from the CCC program that President Roosevelt started to assist the unemployed following the Depression.

I was the only nurse, and my main duty was the operating room. Also, I helped with patient care and supplies, and I taught the enlisted soldiers hospital work and patient care. Equipment was not thrown away but reused, and instruments were boiled just prior to surgery. Syringes and IV sets were all washed, packed, wrapped, and autoclaved. We also made our own 2x2 and 4x4 bandages. We cut the gauze from a large roll, folded them, and packed them to be sterilized. I was on call twenty-four hours a day. I worked eight-hour days. If I went anywhere I had to let the officer on call know where I would be.

I enjoyed my work, so I enlisted in the army in 1941. In the beginning I was assigned to Fort Douglas. At that time the 38th Infantry was stationed there. Then the air force army nurses were sent, and we lived in one of these beautiful homes in officer's row, which surrounded the parade grounds. Later, barracks were built and we lived in them.

Later we were assigned to a large general hospital at Camp White near Medford, Oregon. This was a training center for army and hospital personnel to prepare them for overseas duty. Nurses worked in twelve-hour shifts. It was a training center and we had more casualties, so the operating rooms were very busy. We also had basic training, which included the obstacle course.

There was lots of activity at Camp White—units were coming and going. A few of us were sent to Camp Lockett. It was an R&R (rest and relaxation) hospital. Camp Lockett was east of San Diego on the Mexican border. A unit of POWs (prisoners of war) were also there. We did not have a chief nurse, so I was the acting chief nurse with the rank of captain.

There were churches at Camp White, and some soldiers from northern Utah held LDS services. There was also a small LDS branch in Medford, Oregon, which was held in a private home. Camp White was about thirty miles from Medford, and I was without transportation.

We worked very hard. My army experience was a learning and a very enjoyable experience. For those who were sent to foreign duty it must have been very stressful duty. Two excellent nurses who were with me at Camp White were sent to foreign duty and had to have psychiatric care after the war. I was discharged in 1945 at my own request. I am proud to have served my country as an army nurse.

GLADYS MADSEN

I was born on May 26, 1920, in the area of Bountiful, Utah. I enrolled in nursing school at the Salt Lake City General Hospital on Twenty-first South and State Street in Salt Lake City. I attended nursing school from 1940 to 1943.

I decided to join the navy. The war was on, and it was a matter of being patriotic and being needed. I was commissioned an ensign in the United States Navy Reserve Nurse Corps on November 5, 1943, and I reported for active duty at Naval Hospital, Mare Island, California. This hos-



Gladys Madsen

pital was a center for amputees and people with other related injuries. This tour of duty was followed by a tour in 1945 at San Leandro Naval Hospital in California, which was a center for battle fatigue patients. In 1946 I was assigned to Bethesda Naval Hospital in Bethesda, Maryland, and served there until July 1946, when, as an LTJG, I received my release from active duty and joined a navy reserve unit in Salt Lake City, Utah.

Following my discharge I attended the University of Utah College of Nursing, where I received a bachelor of science degree in nursing in August 1949. I took a position as charge nurse on a medical floor at the Salt Lake City Veterans Administration Hospital, where I worked until July 1954. I only worked with registered nursing staff and male hospital attendants during my time at the VA. The concept of licensed practical nurses had not come about yet. We also had no intensive care units at that time. The registered nurses simply cared for everyone on the regular nursing unit.

In July 1954 I received a letter from the navy inviting me to return to active duty or resign my commission. I decided to return to active duty and was assigned to Oakland Naval Hospital, Oakland, California. In 1955 I was assigned to the Naval Ammunitions Depot Station Hospital in Hawthorn, Nevada. In 1956 I was assigned to

Naval Hospital Guam in the Mariana Islands. I was promoted to lieutenant while I was in Guam. I worked in the operating room and as a general duty nurse for one year and then received orders to Yokosuka, Japan. This was very interesting duty with many interesting places to see.

From Japan, I received orders in May 1958 to Hospital Corps School in San Diego, California. During this tour I augmented, or changed status, from reserve to regular Navy Nurse Corps in November 1958. I made the decision to do this based on the counsel from my superiors that being regular navy would make promotion easier and my position in the navy more stable. I served in San Diego from November 22, 1958, until 1963. Those five years were most challenging and rewarding and were good duty.

In 1963 I was transferred to Naval Hospital Camp LeJeune, North Carolina. This was a marine base, and my duties were staff education, corpsmen detail, and supervision. While at Camp LeJeune, I was promoted to lieutenant commander. In 1966 I received orders to return to Naval Hospital Oakland. During this tour at Oakland I served as the nursing service education coordinator. I was instrumental in establishing a ward clerkship program. I also served as the first infection surveillance nurse and as a supervisor on the orthopedic ward. Oakland was a center for amputees. I was promoted to commander in July 1968.

In June 1971 I reported as the chief nurse at Base Dispensary, Marine Corps Base, Twenty-Nine Palms, California. I was active in nursing education programs at this command and as a Bureau of Medicine and Surgery sponsored lecturer at other commands.

After thirty years of service in the United States Navy Nurse Corps, I retired on November 3, 1973. Retirement services were held on February 1, 1974, with full Review of Troops and Marine Corps Band. During my thirty years of service I had been awarded the following medals: Navy and Marine Corps Meritorious Unit Commendation, Navy Reserve Medal, American Campaign

Medal, World War II Victory Medal, and National Defense Service Medal with Bronze Star.

A career in the U.S. Navy Nurse Corps gives a nurse many opportunities for further education and interesting travel, but most of all, many long-lasting friendships. The navy is a good career for a nurse. It has been good to me, and I have never regretted a minute of it.

ELIZABETH ANNA GLEASON MAYLAND

This represents a record of the letters which I wrote to my family when I was sent overseas as a nurse during World War II. My mother saved the letters. This group covers the time from when we boarded the ship *Kungsholm* until we got to Germany. I was assigned to the 85th Station Hospital, which served in several rear areas for short periods of time until after the European phase of the war was over. Our unit was then disbanded, and the personnel were transferred to other units for service in the Far East. On June 26, we flew from Trier, Germany, to Marseille, France, where we staged for our new duties. Combat in Germany ended the middle of May, when our unit was set up in a former school overlooking the Rhine River at Bensberg, not far from Cologne. We had crossed the Rhine River on a pontoon bridge. After being set up we then treated the prisoners who had been released from the German prison camps.

In early August we prepared for our next assignment in the China-Burma-India theater. It was about the eighth of August when we boarded the ship. The news was encouraging for the end of the war with Japan. We learned that the atom bombs had been dropped and that Japan had surrendered. The instructions to the ship's captain had been changed—we were United States bound! We arrived at Newport News, Virginia, on September 2. All telephone lines were busy as we all sought to alert loved ones that we were once more stateside. We were sent to the military facility nearest to our homes. I went to Fort Dix, New Jersey. Then we were given a thirty-day leave.

15 January 1945. At sea—Atlantic.

Dear Mother and family,

It is almost a week that we have been at sea—really it hasn't seemed long—mostly, I suppose, because it has been filled with new experiences. I have enjoyed every day of it and knowing you would too, I'll try and tell you about it as much as possible.

From the time we started (and until we reach our destination) we have taken routine precautions against any emergency. Even though we travel in convoy and danger is comparatively small, we are prepared for any event that might occur. At night "blackout" is rigidly enforced, but is no actual hardship for we do have lights in our staterooms, or wherever we have to go.

Today it is absolutely gorgeous. There is usually a strong wind felt especially when standing forward on the promenade. I like the sensation there—wind in the face, salt spray blowing up, the feel of the boat as it rises up on the waves and surges forward so majestically. You are so aware of the Supreme Power who controls all—I can understand the call of the sea; it is a release from the small things in life which are sometimes irksome. It is great, magnificent, beautiful, and faith inspiring in its vastness and turbulence. I like to fly better, because of the swiftness, but the sea is to some what the air is to others, and the land is to a few.

There is joy in living—being aware that you are very much alive, and that you hold power over inanimate things—that all is for our appreciation—each new days brings that realization to me, and perhaps that is why I haven't even had time to be seasick—I might miss something if I were.

We get up about eight o'clock; most of the hours are at our own disposal with just enough scheduled to make the day pass quickly. The boat is crowded, but everything is efficiently arranged so that one is hardly aware of that fact. The officers eat in a large dining room in three groups; we are in the last one. We have two meals a day with "coffee hour" for a luncheon at which time they serve coffee, tea (one order of lemonade or hot chocolate for me), and cookies. The nurses have breakfast at ten o'clock and dinner at seven fifteen.

The dining room is beautiful; when I first entered I thought it was a dream. When the boat was taken over for military purposes, it was not changed—neither was the cook—and better food I have never eaten! We have assigned tables for the trip; from two to six at each one. I am at a table for two and by some unknown chance have the chief nurse as my dinner companion, which could not be more pleasant. Our meals are served in courses—we have a waiter to each table except in cases like ours in which the waiter serves two. We order from a menu. The food cannot be equaled. About every other evening we have an orchestra composed of boys on the transport playing for us during the dinner hour. You can readily believe that at times this journey to me seems like a luxury cruise.

There are five of us in a stateroom which necessitates double bunks. I sleep on a top one very comfortably. At night after being out in the air many hours and participating in the day's activities, only a few rocking motions before I am safe in dreamland. Our clothes are always near at hand, likewise a life preserver—we can't leave our room unless we have it with us. Every afternoon we have "abandon ship" drill so that the procedures will be familiar. We are the only group of nurses on board, in fact.

With Love, Elizabeth

27 January 1945. Somewhere in France.

Dearest Mother and family,

While there is left a few minutes of daylight, I'll try and get this letter started. Writing by the light of a dim lantern is rather difficult. At least now we have a fire going in the little stove in our tent so that it is warm enough to think of something else aside from the necessity for heat for comfort. By now we are fairly well settled in these humble living conditions, but we are thankful that it will not always be this way.

Now there are fourteen of us living in one tent. We sleep on cots; at least for the past two nights we have been warm. Compared to everyone else we are fortunate—referring to those at the front. Here we live the same as the boys. We should be moving on in several weeks.

I do understand why letters are not written more often. Circumstances are not conducive. People are amazingly kind and unselfish under these circumstances. It must be difficult for everyone under these circumstances.

Love, Elizabeth

V-MAIL Lieutenant Elizabeth Gleason, 0789101
85th Evacuation Hospital, APO 18085 5 PM,
NY, NY.

Dear Mother and family,

I decided with one air mail and one V-mail a week some sort of delivery should reach you regularly and let you know how I am faring.

Gradually conditions have forced us to become accustomed to them; they haven't changed any though—we still bathe, shampoo, launder, and live from a helmet. Our greatest amount of energy goes to keeping the fire burning. Our unit has its own mess so that the food situation is much better—have to walk quite a distance though. By visiting other units in this area we are able to supplement our meager supplies and conditions. Tonight I write by the aid of an electric light and at the same time listen to a radio—a real luxury—a result of visiting an ordinance battalion tent. One of the girls is ironing a shirt. Some of the officers came for us in a truck. As I said, people can be kind; we never go anywhere alone, so you need not worry.

Love, Elizabeth

4 February 1945. Somewhere in France.

Dear Mother, Daddy, and family,

We really have gotten accustomed to the hardships, and now have met enough people, old friends and new ones, to make it a pleasant memory.

Everyone waits anxiously for the daily newspaper to see what progress is being made. All of us are wondering what the future may have in store for us—here and in the other theater perhaps. We want to do our part of service, but we also want to return to that promised land. When I see the conditions of this country, I know

God has been good to us for preserving us from such similar circumstances.

Even here we do feel the effects of war by the explosions of land mines, booby traps, and other accidents of that nature. Last night I was visiting this ordinance group I mentioned previously. We were quietly listening to their radio; about ten o'clock we heard a nearby shell and investigated to find that two officers had been injured. Really made use of my profession sooner than I expected. War is hell—the thoughts brought to my mind were quite depressing and rebellious—that such things must be! Yet when I see some things and hear others, I wonder how deserving are we as a people, or peoples of peace?

Love, Elizabeth

12 February 1945. France.

Dear Mother and Daddy,

I just wondered how you were receiving my mail. Since we have moved again from a tent to a chateau some fifty miles from where we were and away from the rest of the unit, our mail has suffered another delay. It is about a week at least since we received our last batch of letters. Nevertheless, I hope from day to day we will hear from those we love best.

This building must have been an old Catholic school or monastery. It is similar to a castle in the center building, having a wide entrance with rounded tower structures on each side. The stairs are all dark and wind steeply up to the third floor, where we live beneath the eaves. Our quarters consists of one long room about twenty feet wide in which over fifty of us live. We sleep on cots as before, but have more space in which to hang our "junk." Toward the one extremity are two latrines and twelve wash bowls, which we all use; I am located most advantageously, being about three steps from each. Being a stone building of old design, it is damp, poorly lighted, ill-ventilated; it is heated by a small woodburning stove, about one-third as large as the one in our living room. Needless to say, to really benefit from the stoves, one practically sits on them. Cold running water is all that is available, and it cannot be used for drinking or

brushing teeth; so we have to carry drinking water and heat water. We continue to wear the same clothes as on board ship and at the other camp—they are very adequate, only much dirtier than before.

Our day's schedule consists of calisthenics, road marches, lectures, inspections, and eating. We enjoy the road marches, because it is about the only time we get to see beyond the gates.

4 April 1945. Germany.

Dearest family,

Your daughter has gotten many places now that she never dreamed she would and seen many things that I never expected to—even a month ago. Certainly this last year has been an eventful one—not exactly as I would have desired, but since circumstances have not permitted what I want most, I shall make the best of what I do have. They have certainly been eventful, as I said before.

We came here by ambulance. It was a long, weary journey in dismal weather. There is not much in Germany that remains inhabitable. There is scarce a house undamaged—most of the city of Aachen is in ruins; your imagination can't picture the desolation. Discarded tanks, trucks, and even ambulances are along the roadside. We are not setting up as a unit hospital yet at our present site but will be moving on in the near future. At night we hear the big guns thundering in the distance. We are fairly free from danger here, so you need not worry. When we do begin to work, I rather think it will be on the other side of the big river—we are with the 15th Army.

Bye for now—don't worry—I'm safe. Love to all, Elizabeth

The war in Europe ended in May. The unit to which I was assigned was disbanded. I was transferred to the 35th Station Hospital, and we were flown to Marseille on the 26th of June for staging for the CBI theater. We were billeted in what had been a French cavalry post outside the city. The first Sunday there, I attended a meeting of Latter-day Saint service personnel. After climbing steep steps to the meeting place, as I was about to take one giant step, I heard a voice saying, "Can

I give you a helping hand, Lieutenant Gleason?" as a young man reached down to my hand and helped me up the step. It was Roy Olson, whom I had met when he was in Officers' Candidate School at Carlisle and attended church services at the Harrisburg Branch. It was great seeing him, for we had a pleasant, friendly relationship. Through him I met other members of the Church, who made very positive impressions on me and influenced my decision to be baptized.

We were staged there for about six weeks and then boarded a ship for the CBI; however, the war with Japan ended, the ship captain's orders were changed, and we returned to the States, landing at Newport News, Virginia, on the 2nd of September 1945.

ALEXANDER M. MORRIS

I began working in the medical field in 1939. As a boy I was a patient for the lecturers in the Red Cross. They used me to demonstrate bandages and things like that. I was about seventeen years old when I went into the Red Cross as a worker. The war had not started then; I was just helping with emergencies around my home in Hexam, England. As volunteers with the ambulance in my hometown, when there was an accident they'd pick us up. It was sort of like how you folks do it here with paramedics, but you actually pay them to work. We didn't get paid.

As soon as the war started, a little hospital was built in my little hometown. It was controlled by the local doctors. Each area had a poor law institution where indigent people were housed, and it had a little hospital attached to it. When the war was imminent they built this hospital across from the workhouse. They built a series of eight or ten hutments (huts). At the front end of the hut there was an office and utilities. The rest of the hut was just two rows of beds on both sides. We had eight of those. One of them had an operating table, and another one was for storage. All the rest were lined with beds. There were about thirty beds, fifteen down each side in each hut.

I was with the Red Cross as a volunteer, and six of us were employed to set the beds up and get ready to receive these patients. That was voluntary work. But when we got the patients, then we became employees. Just two or three of us became employees, and they brought in professional nurses from other hospitals and other places. They taught me how to take care of the patients. I was already in the Red Cross, and we had done home nursing and hygiene and sanitation. We were ready for any emergency. The closest city was New Castle on Tyne because it was on the Tyne River. Hexam was also on the Tyne.

First of all, we took care of the people off the streets—the poor. Then the Germans actually threw us out of Dunkirk. We got a trainload of wounded and filled up the whole thing with patients. Dunkirk is in France, to the south of England, but we were up in the northeast of England. They filled the trains with patients and brought them up. Some of them were walking wounded. Some of them had to be carried. Several of them died in the process of getting from the railroad station to the hospital. They were in bad shape. When the hospital was filled, the patients would go to other hospitals in other towns. These patients were in an awful state. In one night we received 375 patients. They filled up the whole hospital, and it stayed full pretty much for the rest of the war.



Alexander M. Morris

It's still there as a hospital. About two-thirds of the patients who came from Dunkirk survived.

We took care of all kinds of patients. We had several with spinal injuries and legs half gone. I don't know how many doctors we had in this hospital, but two to three of them were at the hospital all the time. As we got more and more patients, they expanded the hospital about two to three blocks. Eventually there were ten or twelve of the hutments and space for sterilizing, a little office space, and beds down the sides. There were about eight of those huts full with patients, two of them were for storage, and the other one was for administration. The one in the center had an operating table.

The first operation, during which I was fortunate to be in the operating block, I was working as a "dirty man." The doctor took this leg off that was infected with gas gangrene and gave it to me and said, "Here, get rid of this." Nobody told me what to do with it. Nobody had any idea what to do with this highly infectious stuff. The leg was infected—that's why it had to come off. At the far end of the same hutment there was a room with a furnace producing steam for sterilizing. I took the thing and threw it into the furnace and burnt it. I just got the lad to open the door, and I threw it in. I told him to turn the furnace up full. I don't remember if it produced an odor or not. I got a commendation from the Mediglovers for thoughtfulness of that. That was my first experience with real infection. We set aside one of the furnace rooms in one of the blocks to do that so we could put all of that highly infectious stuff in one spot. They set aside the room because I had been smart enough to do it the first time. After that we put any limb that had to be removed for any reason into the furnace. After that I worked in the operating room as a "clean man."

I worked in England for a couple of years before I was sent away with the army. Then they started using it for patients from the bombing of England. We had a lot of patients come that way. It was a lot of hard work. We weren't trained as nurses; we were just trained as Red Cross first-aid men.

When I had to go into the army, they sent us for army training in Clairvo, where we had a little eight-man unit. There was an area where the doctor held sick call. I was there for about six months. Then after that we moved all around England looking after the casualties in the military police. The military police had to have a medical service. The military police were defending England from the Germans. When it was my turn, only two of the men who were working with us as male nurses worked with me. First of all they drafted me into the army, but the man said, "Oh, you are a Red Cross man," so I went to a medical unit. I was in a medical unit for the rest of the war, and I was always in charge of the nursing unit because of my previous experience.

We went to Normandy, France. I wasn't there on D-day. I was aboard ship on D-day. We didn't get to Normandy Beach until the next day. My unit went in on the most northerly beach. We went to the extreme outside of the beach. There were the Germans, Canadians, and Americans. My unit was in between them. It was very scary. Not a lot of people were killed in my unit. One or two were killed, and several were injured. I was looking after patients with another fellow. He said, "Look, Sandy." (That was my nickname.) Something had come through the tent and just took his finger off right in front of him. We had some rough times. We were supposed to carry weapons, but we didn't. We hoped the others would protect us. We took care of the wounded on the beach. It was a pretty terrible experience. I can't describe it because it was just splashes of water around me. If you'd be in the middle of it, ten yards and you were gone. It was really bad for the first few hours. There's nothing great about it. It was just dirt. It was terrible. I can't find words to express how terrible it is to be there like a sitting duck. We had no protection except from the other soldiers that were round about us. It would get a little quiet, and then we would do what we called a sweep. We'd go around and try to find those who we could help and bring back. When we found people, we would bring them

back to the beach, put them aboard a ship, and take them to a hospital in England. It took just hours to get from Normandy back to England because they are just across the English Channel from each other. It wasn't an easy job.

We were supporting a tank brigade. We got to Normandy, and we climbed up the ships into boats, and we came in with our medical unit and looked for a place to set up a camp. Our CO found what he thought was a great place. It was a stone quarry. There was little soil and then rock. So we were stuck there. We couldn't dig a foxhole or anything. All the protection we had was under vehicles. We got attacked there.

I was involved in the Battle of the Bulge. We were thrown back by the force of the Germans. Unfortunately the German tank brigade with all the medical units was right there in front of us in Cannes. The Americans were involved in that battle as well as the British. They kept trying to advance, but the Germans kept pushing them back towards the beach again. When I was there we took care of every kind of patient. One kid had his face taken off. We were able to save some lives. We moved them back to the beach and then took them home. We would take them to a field unit first, and then those who had to be evacuated were shipped back to England. Those who didn't survive were just stuck there. People don't realize how much devastation there was. The bodies were taken care of by another unit whose only job was to take care of the dead and body parts. Shock was the thing that killed. More people died of shock than of actual injury. We tried to get something warm into the men to try and prevent the shock. They were in shock from just being in that terrible business.

We got through the Battle of the Bulge. The next place was Falaise. That was the beginning of the end for the Germans. Wherever the tanks went, we went. Nymegan, Germany, was the farthest I followed the tanks. That was on the border between Germany and France. Nymegan is the last place I can remember on the continent before I came back to England.

At the end of the war, after Nymegan, we came back to England. They took our red hats and gave us black hats and shipped us up to Norway. Red hats represented the British unit, and the black represented an airborne British unit. We shifted from a tank support to an airborne unit. We dropped into Norway. We went on a glider into Norway. There was more than one person to a glider. We used to sit on the back of the glider with the strap around us. There was a jeep on the floor. Suddenly the floor was opened, and the jeep went down, and we were on the sides of the glider. They didn't mean to drop the jeep at the same time. The gliders were huge enough to fit men and equipment, but they had no motor—they were just pulled. There were dozens of gliders. They chose gliders instead of airplanes because airplanes had engines. Someone actually guided the gliders after they were released in order to get them to land as soft as possible. In Norway we just sat there and twiddled our thumbs with nothing to do because the Germans gave up easily at the end of the war. We took a lot of German prisoners of war. I never took care of any of them. I was always in charge of the units that had five or six beds for emergencies.

Once I was going to meet a friend of mine in France, in Falaise. While I was on my way, I felt that I should turn around and go back to my duty station. I did. Later I found out my friend had been killed and if I had been with him, as I had planned, I would have been killed too.

I don't remember where I was when the final German surrender came.

During those times in the army, I was the only Latter-day Saint I knew of. I'm sure there were many others, but not in the British Army. At that time there were only very small branches. When I lived in Hexam, there was a branch of the Church there with about eight or ten members. We met in my mother's drawing room. My mother didn't join the Church because my dad didn't. My dad would support the Church in the arguments about it that they had in the pubs there. We didn't really get lessons. The missionaries came, and my mother looked after them. Dad had

a garden and grew vegetables, and the elders always left there with their arms full of vegetables and my mother's bread. Dad wouldn't join the Church, but he would support it. I think he believed in the gospel, but he liked his pint of beer and his pipe. We've done all the work for him, but whether or not he accepts it, it's up to him. But I stayed faithful my whole life, even while I was in the military.

After we got established on the continent, we were close to the Americans. We went into a little village and commandeered a school as a medical point. I had some time, and I wandered down this lane into an American camp. There was this big building with an awful lot of noise and I opened the door and there were all these American soldiers. A man, a sergeant at the far end, saw me and said, "Oh, we got an Englishman here." Then there was silence. I told them what I was doing. I was looking for some members of the LDS Church. He then named about eight members of the Church. That's where I met Glen Ogalvie. The Ogalvies later became my sponsors when I immigrated to the United States I was actually able to go to some Latter-day Saints meetings during the war.

I was president of the Hexam Branch and a district leader. I visited small villages and towns that had a few members. I did this during the war to keep these little branches alive. I came home to Hexam after the war. When we were no longer needed, we were shipped back to England, but we never got to visit home during times in between.

MARY HARRIS OLSON

I chose to go to nursing school after I graduated from high school in Blanding, Utah. We had a county nurse who was the sweetest, nicest lady and a good friend of mine. She did so much good in the county, and that was what helped in my decision.

I went to school at the LDS Hospital School of Nursing in Salt Lake City, Utah. I graduated in

1940 before the war started. Nursing school was a great experience. When we entered, there were more nurses than they had room to house in the nurses' home. There were five cottages across the street where nurses lived too, but they were also full. There were eight extra students, and the seventh floor of the LDS Hospital had not been finished, so they put the eight of us over there. We had the time of our lives. They couldn't lock us in, so we would roam around and do the things that we wanted to do. There were some nice doctors who were good friends to us, and they let us watch autopsies and go to deliveries. We were moved into the nursing home. I eventually ended up in Cottage Three across the street. We had more freedom than some of the other students. We had lots of fun and a lot of hard work. We worked eight-hour days, and usually they were split shifts. We would often go to class in between the shifts. We took some classes at the University of Utah and some at the hospital. I didn't get a degree from the University of Utah. Very few did. Nursing school was a three-year program.

As students we had certain rotations we would have to do: medical, surgical, OB, pediatrics, and the diet kitchen. It fell to my lot to spend most of my specialized time on medical wards. That was the pits. People would come in and stay for months. Some just came to die. There were different diseases that caused their deaths, and some died of old age. Many of them were church charity cases.

I remember in nursing school that the first thing we did was remove flowers from the patients' rooms at night and water them. The next thing was making a bed without a patient in it. We went from that to making beds with the patients in them. Then came the great privilege of emptying bedpans. I went in to help one little girl, and she was gagging her head off trying to get her bedpan emptied and cleaned out.

None of us could ever imagine why our pediatric head nurse ever went into the field of pediatrics. She wouldn't let us touch the children or pick them up or do anything to comfort them.



Mary Harris Olson

If we touched anything in the room, we had to use little pieces of paper. We used them when she was looking, but I would pick up the babies when she wasn't looking or when she was off duty. What many of the children needed was love, and we weren't permitted to give them that. Many of the children were there quite a while and were dying for some love and affection. Giving them love was far more important than the other things that were done.

They did not have antibiotics when I was a student. Sulfa came in about the time I graduated. Many people died of pneumonia, which was one of the major killers. I don't remember giving penicillin when I was in the military, but I gave a million of those shots later on. I don't remember having stryker frames. There were no respirators or anything of that sort. There was none of the wonderful equipment we take for granted today. The IVs and blood transfusions were nothing like they are now. We used very

primitive homemade gastric-suctioning machines. Incubators for premature babies were boxes with light bulbs in them. I remember we had a little premie, Baby Christensen, who was in one for about six months, and we all fell in love with her. She died suddenly when she was about six months old, and it broke all of our hearts.

The Red Cross urged us to join their organization when we graduated from training. They soon encouraged us to join one of the armed services. About a year after graduation, I joined the army and was sent to Camp Roberts in California. I remember exactly where I was when Pearl Harbor occurred. It was Sunday morning, and I was in a ward full of soldiers. We had a large Jewish doctor who came into his office and sat hunched over a little radio all morning long.

I spent my entire military service at Camp Roberts. It was located between Los Angeles and San Francisco. It was a training facility for infantry and artillery soldiers. Only occasionally did we have really seriously ill patients. I worked in a variety of different wards that had patients with different problems. At night we worked twelve-hour shifts for a month at a time.

My youngest brother trained at Camp Roberts in the infantry while we were there. He was killed in Okinawa. I think many were killed as they were getting off the landing boat. I was always glad that he never had to kill anyone because he was the kindest, most loving person that ever lived. He was on a mission and was drafted immediately after he came home. The day I got married he arrived in Salt Lake City and came to our wedding. I cried all through our wedding because I hadn't seen him for such a long time.

I got married in March 1941. I met my husband, Ernest L. (Roy) Olson, at church. Roy was in the Medical Administrative Corps and his barracks were right close to mine, so we'd walk to church together. He was a Mormon and he was cute, and there weren't many Mormons in that area at that time. It was during the war, and there was a major in the medical division who was a

good friend. We decided that we wanted to get married in the Salt Lake Temple, but there was one hitch. They were giving very few leaves at the time. I was due to have one, but Roy was not. Major Bryan said, "If Mary gets to go, it won't do a bit of good to go home to get married if you aren't there," so he made it possible for us to go home and get married in the Salt Lake Temple.

There were only two Mormon nurses there, both from the LDS Hospital. Church was just sacrament meeting. There were no weekly activities either. No General Authorities came to visit. There were really good officers who were members of the Church, and we had a good group of members. We had a good-sized chapel. There were probably about a hundred people each Sunday. Attendance would vary because it was a training facility.

My husband went from there to Fort Lewis, Washington, and then to England and France. In France the war ended while they were waiting for a ship to be repaired that would take them to Japan, so he was sent back to America. I got pregnant and was released from the service and returned home. I was in the service from 1941 to 1944. We had a beautiful little girl who was five months old before Roy ever saw her.

I was sorry for all the suffering that the atomic bomb caused, but I was happy that they used it because in the long run it saved many lives and ended the war. I hate to think of the suffering it caused the poor, helpless Japanese people, but it helped bring the horrible war to a close.

I'm sure being in the military changed my life. You can't help being changed when you go through something like that, but I have never sat and analyzed it. I am still active in the Church and have had many satisfying experiences that have helped shape my life. I have filled many callings in the Church and at the present I am a visiting teacher supervisor and a visiting teacher. My husband has been a bishop, stake president, mission president, and temple officiator. Church has always been the center of our lives, thank goodness!

EULA LOUISE “HEDY” WELKER PETERSON

Eula Louise “Hedy” Peterson entered the navy on December 18, 1942, and received her orders to report to Mare Island by February 23, 1943.

It was at Mare Island where I learned the hospital and navy policies. While at Mare Island I spent three months on an orthopedic ward caring for patients who fought at Guadalcanal. Most of the patients had limbs missing. It made one heartsick to see all these young men who would go through life with this disability. I have pictures of several of them. I really enjoyed my three months there and hated to leave.

I was then transferred to the diet kitchen in the communicable disease department. When I was in nurse’s training, I had three months of the diet kitchen, and one of those months I was the dietician for the hospital while our dietician went home to New Zealand for a month’s vacation. After nurse’s training I worked at the Southern Pacific Sanatorium in Tucson, Arizona, and took care of the special diets there along with my regular job. I chose to go to the diet kitchen, as very few nurses like working there and I had quite a bit of experience along that line. The only problem was that from then on in the service, most of my time was spent in the diet kitchen. Conditions were very good there. We had everything we needed to do a good job of caring for our patients. Before I left Mare Island on August 27, 1943, I was able to train my crew how to run the diet kitchen.

I arrived at Saint Margarita Ranch on September 1, 1943, and on September 3 it was officially commissioned and accepted from the contractor for the navy, and Captain Joseph L. Schwartz (MC) assumed duty as the medical doctor in command. We nurses helped wash windows and clean up the place in those three days before the hospital was opened. It took us six months to become equipped with all the things that were needed to run the hospital efficiently.

The first three weeks I helped one of the doctors set up an orthopedic ward as well as we could, and then I was transferred to the diet kitchen as I was the only nurse that had experience there. This diet kitchen had three steam vats, a stove, two refrigerators, and a counter. We had some of the best cooks and bakers there. All loved their jobs and got along so well. I really enjoyed the diet kitchen, but felt I was losing my skill at nursing. I spent most of my time there in the diet kitchen until a dietician arrived at the hospital to take my place. I worked a couple of months with her to get her in the routine as she was fresh from school.

My chief nurse, Margarite Ann Orr, wanted me to go to Washington DC and train as a dietician, but I had come into the navy to be a flight nurse, and I found out that my chief nurse did not send my name when the chance came up because she wanted me to become a dietician. I did get to spend a couple of months on wards before my orders came through. I was detached from Saint Marguerita Ranch on December 28, 1944, and ordered to report to “port in which the commander, Seventh Fleet may be and report to him for duty.”

Four of us nurses went to the South Pacific on the SS *Monterey* on January 20, 1945. We were left at the U.S. Naval Base Hospital 14, which was at Finchhaven, New Guinea, on February 4, 1945. At the time of our arrival, this hospital was folding. All the seriously ill patients had left, and they were waiting for the few patients remaining to leave as soon as transportation was available. As usual I was given duty in the diet kitchen. This time my job was much harder as we had no fresh food—just powdered, canned, and dried food—and the patients did not care much for their diet. This is what we all ate. The hospital was made up of Quonset huts. We nurses had a bathroom in our Quonset. There was an officers’ club we could go to on our time off. We had a swimming area blocked off in the ocean where we could swim. We were only there about a month and a half and had very few patients and they

did not need much care, so it was like a vacation in the Pacific. It was there that I was made a lieutenant (JG) NC on March 1, 1945. We were told we would be going to the Philippines, but four hours before our orders arrived for the Philippines they sent us nurses to the U.S. Naval Hospital 15. We were told that Commander Halsey did not want nurses but was told he had better get them or be sent back to the United States, and we were the closest nurses available.

After a six-hour flight, sixteen of us nurses, including our chief nurse Lieutenant Elizabeth A. Walsh, arrived in Manus, in the Admiralty Islands, on March 20, 1945. The Admiralty Islands are found in the Bismark Sea just south of the equator. Manus was a supply depot for the front line, so it was a very busy base. Ships, planes, and equipment were repaired there. Seabees were stationed at Manus. Our hospital had patients who came from the Philippines. Most of them were badly hurt and would be returned to the States for further treatment and then reassigned if possible. The Seabees did a beautiful job of constructing our hospital and living quarters.

Again, everything around was Quonsets. It was built in a coconut grove. We were not allowed to leave the grounds without permission, and then only if an officer went with us. They did not know if there were Japanese snipers still on the island. The island of Manus was sixty miles long and forty miles wide at its widest. It was a jungle if you got off the beaten path. There were about twelve thousand natives on the [Melanesian] island. My nursing time in Manus was spent in an orthopedic ward and as usual in the diet kitchen. Our hospital was well equipped, and our patients ate pretty well. They still had dehydrated and canned food, but we had planes flying to Australia each week and ate better than we did at Hospital 14. As for the officers, we had fresh food all the time. Our commissary officer knew the right people in Australia. We had steak every week.

The climate was ideal. It could get cool in the evening, but about all we wore was a poncho to keep from getting wet. When it rained it was

like pouring a bucket of water over you. The rainy season was just starting when I left the island and had about ended when I went to the South Pacific. When the war in the Pacific ended, I was released from active duty on my birthday, November 1, 1945. I returned to the States on the USS *New Kent* on November 18, 1945, to San Diego. I had to be detached from the navy at San Francisco and was granted a two-month leave, so officially I retired from the navy on January 31, 1946.

My family was very supportive. I never was in an area where they really had to worry much about me. I received letters from my family regularly, and since I worked mostly in the diet kitchen and had a PX handy they never had to send anything to me. My needs were few and I knew my family loved me very much.

Each base I was assigned to always had a chapel on its premises. There was also a chaplain available. I am sorry to say I never inquired if there were any members of my church on the base except for when I was on the Admiralty Islands. I heard there were a few Latter-day Saints who met when they could, but I realized I would be the only girl and, being rather shy, decided not to try and attend. We were allowed to attend church on Easter no matter what shift we were on, and I always attended. Being a nurse, I had to work on Sundays in most nursing jobs, and I had got out of the habit of going to church. I made up my mind then that I would wait until I could have a job where I would have the weekends off before I went back to church. I had been paying my tithing since I graduated from nursing school and prayed every day. I have always been very spiritual. The first roommate I had in the navy was a Latter-day Saint. She was only at Mare Island about three months when she quit to get married. She was from Salt Lake City, and her father was in insurance. Her name was Jean Vandehi. I never ran across another nurse that was a member of the Church, but they all knew I belonged to The Church of Jesus Christ of Latter-day Saints as I let them know I did not drink, smoke, or drink coffee because of my religion.

Before I was called to active duty, I received a letter from the President of the Church and three little books—the Book of Mormon, the Bible, and the *Principles of the Gospel*. I was looking through my scrapbooks I have of my navy experiences, and I found three small copies of the *Church News*. I also found a letter and a Church newsletter from my bishop, Martin Tate, so I know I did hear from him. As far as gifts and care packages, I don't remember receiving any while overseas. I had everything I needed, and working in the diet kitchen gave me access to all the food I could want, and my family and friends knew this. Instead of sending me birthday and Christmas gifts, my family would buy something for my hope chest and put it in there. I received letters from family and friends frequently while overseas.

Two things happened when I was stationed at Mare Island that I will always remember. When I worked as a nurse in a civilian hospital before I joined the navy, we kept our appendectomy patients in bed for at least seven or eight days after the operation. I had been on the ward at Mare Island about a month when one of our patients had to have an appendectomy. The doctor left orders to get the patient up that evening. We nurses were horrified. We thought we would kill the poor patient if we got him up. Well, the doctor came that evening and got the patient up himself and saw that we continued to get him up each day. We were amazed how well that patient did. He was up running around in five days. That was the beginning of getting patients out of bed as soon as possible.

The second incident that happened occurred in this same ward. We had a patient who had his right leg amputated. His artificial leg had arrived, but he refused to put it on. He was very depressed. A week went by, and no one had been able to talk him into doing anything about it. One Monday morning I talked to a couple of the corpsmen, suggesting that they hold the patient and I would put the artificial leg on him and we would make him get up and walk. It was agreed and that is

what we did. He was very angry with us and I don't think he ever forgave me for doing it, but from that day on he went everywhere on his artificial leg.

Eleanor Roosevelt came to visit the patients at Mare Island. I saw her walk across the lawn near our barracks, so I dashed in and got my camera and took her picture. I always admired that lady.

I'll tell you about the time my ward burned down at Santa Margarita Ranch. The doctor on the ward hated Friday, inspection day, and would schedule patients from his ward for surgery. We used patients in the wards to help in keeping the ward clean. The last couple of weeks the doctor had done surgery on the patients in this ward, and that Friday morning he had scheduled surgery for eight patients. There was no one to clean up the ward, and my corpsmen and I had to care for these patients before and after surgery, so when the inspection crew came around I was getting a pre-op shot ready. They asked why my ward was not clean, and I told them I did not have any patients that could help and my corpsmen were needed to take care of the eight patients that were going to surgery. Well, they always did a fire drill, and of course it was my ward that could not do anything about it, so we burned, supposedly. The poor doctor was the one who was told he must never have surgery on Friday mornings but be available in the ward when there was inspection.

VIRGINIA KAY RAWLEY

While I was in nurse's training at LDS Hospital in Salt Lake City the federal government came up with the idea of having a Nurse Cadet Corps. If a person joined the Cadet Corps she would complete her training at a military hospital and then would be eligible to join the Army Nurse Corps.

I joined the Cadet Nurse Corps while I was still in nurse's training at Salt Lake City's LDS



Virginia Kay Rawley

Hospital (1941–44). We were told we could go to an army hospital to finish our training. I was sent to Bushnell General Hospital at Brigham City, Utah. It was a huge hospital. There were many wards, but I can't remember how many patients were there.

I was assigned to an officers' ward that had many amputee patients. The chief nurse took me into the room of one of the patients and introduced me, saying, "Lieutenant Rawley, this is Miss Kay. She is going to be taking care of you." Lieutenant Rawley had been a navigator on a B-24 Bomber that crashed and burned on a test flight. Lieutenant Rawley was trapped in the burning wreckage. They could not take care of him at the March Field Station Hospital in California, so they sent him to Bushnell.

Lieutenant Ed Rawley and I became acquainted. I helped take care of him. He lost both hands but soon became ambulatory, and we would

take walks around the hospital area. I finished my training, graduated from LDS Hospital and started working at Bushnell. I was assigned again to take care of Lieutenant Rawley. Gradually he became ambulatory after months of surgery. We would take walks around the area at Bushnell and several times went into Brigham City.

I went up to Fort Douglas and joined the Army Nurse Corps. I was sent to Fort Lewis, Washington, for basic training. Upon completion of basic training, I was commissioned a second lieutenant and sent to duty at Palm Springs, California. After serving there for a while I was transferred back to Bushnell General Hospital, where I had served as a cadet nurse.

In the meantime Lieutenant Rawley was asked to go back to duty to travel to various hospitals in the United States to give encouragement and teach other arm amputees how to effectively use their "hooks."

He and I kept in touch, and in June 1946 we were married in the little chapel at Fort Douglas, Utah. After the wedding we went to Marysville, California, where I was discharged from the army.

EDLA JOHNSON TERRY

I was born in Salt Lake City on October 12, 1916. I went to high school in Brigham City, Utah. I enrolled and attended nursing school for three years at the University of Utah. I also worked for a while at the Dean's Hospital in Ogden, Utah.

After finishing school, feelings of patriotic duty seemed to urge me to enlist again. A classmate, Elna Rich, and I decided to sign up together. We were accepted as second lieutenants in the Army Nurse Corps. We were to report to duty at Camp White in Medford, Oregon, on August 1, 1944, for our basic training.

The induction center had a connected hospital. There we did mostly bedside nursing. Our assigned work schedule was a twelve-hour duty in which we rotated day and night shifts. We also had drills and preparations for overseas assignments.

After two months at Elna received orders to go to the European theater, and I received orders to go to Barnes General Hospital in Vancouver, Washington. I remained there until March 1945, when I received orders for overseas duty in the South Pacific. I left by train for Camp Stoneman, California.

On March 31, 1945, Easter Sunday, we donned our helmets and in full dress uniform boarded the SS *Monterey* in San Francisco, California. There was a certain excitement as well as apprehension and anxiety. We were assigned to quarters and found that we were about six to a small room, three bunks on each side with one bathroom available for each room. We were instructed that we would be served two meals a day in the officers' dining room. As the boat pulled out of the harbor and passed under the Golden Gate Bridge, doubts filled my mind. We had a luscious meal as we left, but it didn't stay

with me very long. Many, including me, were seized with seasickness. I was sick for about two days and then seemed to overcome it.

The voyage to our assignment was a month long, partly because the ship took a zigzag course. When we crossed the equator, April 9, 1945, there was a special celebration to initiate us into the "Domain of Neptunus Rex." All aboard the SS *Monterey* were found worthy to be trusty shellbacks.

As the ship went steadily on its course, the temperatures became much warmer and we found it very uncomfortable in our crowded quarters. Several of us would take a blanket and go on the deck of the ship to sleep at night. Once in a while there would be a breeze that made the climate a little more tolerable. We often felt sorry for the enlisted troops who were in the hold of the ship where it was extremely warm and uncomfortable.

We enjoyed the meals aboard the ship very much. Even though we were allowed only two meals a day, we were allowed to eat all we wanted. We often saved bread or crackers for the midday.

As we drew closer to our destination in the Philippines, there were more frequent showers. As we continued to sleep on the deck of the ship, we got wet but not really cold. At the time we docked in Manila, I was ill. Since I had a fever and cough, I was unable to disembark with the rest of the staff. They went to work at the 313rd General Hospital while several of us who were ill were taken by a small craft to shore. We were then taken directly to another hospital, the 120th General Hospital, which was located in the former Santo Tomas University. This hospital was recently built in preparation for the invasion of Japan.

There were many patients in the 120th General Hospital who appeared to be very ill. The two most prevalent diseases were infections: hepatitis and malaria. My illness was diagnosed as a viral pneumonia with no special treatment except bed rest and a good diet. I was not confined strictly to bed but had to remain at the hospital



Edla Johnson Terry

for about three weeks, from May 1 to May 24, 1945. I did have visits from several nurses from our outfit, which helped with being in such a strange new place.

When I returned to my unit, the 313rd General Hospital had moved to its permanent location, which was about twenty miles east of Manila near the Pasig River and the small community of Pasig. Several other hospitals were in that general location, and it was our understanding that these hospital units were set up for serving casualties (as fighting continued in areas surrounding the Philippines) as well as for the possible invasion of Japan. The commanding officer of the 313rd was Aubrey Carter, a lieutenant colonel in the U.S. Medical Corps. He commanded respect from all the personnel in the hospital because of the high quality of his administration as well as his fairness and kindness to all of the personnel. Our chief nurse was Major Irene Klemp. She was an excellent nurse and a very fine person. She demanded that nurses assigned to the hospital give the best nursing care to our patients.

In the beginning it was almost like camping out. The ward units were large army tents staked down around a cement floor, and the hospital beds were army cots. These facilities for patients were satisfactory in good weather, but when the rainy season came things were different. The rain would beat underneath the tents and easily get the patients wet.

We nurses lived in several long, barrack-like buildings made of corrugated tin. We each had a small area, which included an army cot, our foot locker, and a place to hang our uniforms. Because of the danger of malaria, we slept under mosquito netting each night. There was a shortage of water, so we were only allowed a canteen and helmet full of water each day to use for drinking, personal cleaning, and washing our clothes. Our toilet area was an outdoor latrine made of a canvas material and located a good distance from our quarters. We made certain that we took someone with us when we went to the latrine after dark because occasionally a stray

[enemy] Japanese would be found roaming around the area.

The mess tent, or eating area, was part of the hospital unit. We had been issued a mess kit earlier, and this was our eating utensils during our stay there. We all sat around long wooden tables. After finishing our meal, we would scrape the uneaten food into the garbage can, immerse our utensils in boiling soapy water, and use a stiff brush to clean the mess kit. It was then rinsed in clean boiling water. It was very important that such technique be used to ensure that we would not become ill from eating off of dirty dishes. There were frequent complaints about army food, which at times was not the most appetizing. The eggs were reconstituted dry eggs. We did not have fresh milk, vegetables, or fruit. Most things were canned in large quantities. We often had a drink that we called battery acid, a citric acid powder provided to supply vitamin C. The packages of food that occasionally came from home provided the basis for a party. As we got together, we would talk about the things that we liked or disliked. All we could hope for was better times.

The nursing duty at the hospital was interesting and rewarding. We rotated through services and alternated shifts. We did work in an eight-hour shift with one day off a month. Many of our patients were wounded men from battle areas other than the Philippines, for at the time the island had been retaken. Some patients were victims of diseases such as infectious hepatitis (which was very common), malaria, and tape-worms. Occasionally we would care for the Filipino national soldiers.

As time progressed and we became settled in at the 313th, we established routines and developed friendships. Our physical surroundings became more habitable and comfortable. The hospital wards were built on a more permanent base, which made it easier to give nursing care. Boardwalks were built between buildings, which really were a help, especially during the rainy season. A recreation hall was also built for the nurses. We were all proud of that facility. Bamboo and other

materials typical of the Philippines were incorporated into the decor. Showers and inside toilets were built. It was pure luxury to be able to have a daily shower.

I remember one time when new nurses came to our unit. They came at a time when the water had been shut off. A nurse approached me and asked what they could do to brush their teeth since the water was shut off. I replied, "Use your canteen and spit on the ground like we did." Not a very kind reply, I suppose, but I guess I wanted her to know what we had been through.

In our hospital unit there was another Latter-day Saint member, Dale Callister. We were able to attend special Church meetings away from the base. Our commanding officer gave us special permission to do this and even provided a jeep and a driver for our use. We were grateful for this consideration. We were able to attend three different LDS servicemen's conferences in Manila. The first one was held on May 13, 1945, at the Central Church of Christ chapel near Santo Tomas University. A total of 271 people attended this conference. Elder Wayne B. Garff presided and conducted. It was thought that this conference was the first known LDS conference to be held in Manila. Several servicemen spoke, and, since the day happened to be Mother's Day, tributes were given to mothers. The sacrament was blessed and passed to the large congregation. Attending this conference were four other LDS servicewomen who were WAC members and American Red Cross workers.

A second conference was held on August 12, 1945, which 474 people attended. We were in the shell-scarred auditorium of the Manila Normal School. Elder J. Morris Richards of Phoenix, Arizona, presided at the meeting. A third conference was held on November 11, 1945, in the Ellinwood church in Manila. In addition to these conferences, Dale and I were able to attend some special LDS activities of the MIA, including a Christmas party. It was really a wonderful opportunity to be able to attend these Church functions and to associate with other LDS men and women. It really lifted

my spirit and helped me to carry through the time I was in the Philippines.

In August 1945, at the time of the surrender of Japan, prisoners of war who had been held in other islands surrounding the Philippines were repatriated. Some were received in our hospital, along with both Dutch and English prisoners. We never saw any patients who were women. While some were in fairly good physical condition, there were many who were suffering the effects of prolonged starvation. Many had vitamin deficiency diseases such as scurvy and beriberi. I remember especially one English soldier who was so emaciated that he weighed only eighty pounds. Although food was given to him, he seemed unable to tolerate it, and he continued to have diarrhea and other gastrointestinal symptoms. Many of the Dutch patients had contracted tuberculosis and were of necessity isolated from other patients. Adequate isolation was hard to maintain, as often the water for hand washing was limited. However, we did the best we could under the circumstances.

Eventually, we heard through the army newspaper about the United States bombing Japan. After the atomic bomb was dropped on Nagasaki, the whole complexion of the war changed. However, I don't recall really being personally affected by the event. I don't think it changed my life in a major way, although I did feel sad for all of those lives lost. After the Japanese surrendered and the armistice was signed, personnel from our unit began to talk about going home.

The nurses from our unit began to be discharged or transferred to stateside hospitals. If personnel were discharged, it was determined by their length of time in the service, their age, and the overseas ribbons they had been awarded. As the time came for my discharge, I was excited about going home, but I realized that the end to an interesting and challenging experience was near.

When I was discharged, I bid adieu to those in my unit and I was taken to a debarking area to await assignment for a ship to return home. I was

with a group that boarded the SS *Brazil* on December 13, 1945. We arrived in the United States on December 29, 1945, and were taken directly to Camp Beale, California. The crossing was uneventful, although Christmas was spent aboard ship. I received the rank of first lieutenant just before I was officially discharged from the Army Nurse Corps on February 1, 1946.

Being in the service changed my life by giving me a broader outlook of the world and contributing to my nursing skills. I value my experience in the service, especially in the Philippines. I wouldn't mind going back there someday. When missionaries go to the Philippines, it brings back a lot of memories for me. I even have a grandson, or perhaps a great-grandson, serving his mission there.

HENRIETTA OBERLANDER THOMAS

I did enjoy my two-year experience in the Army Nurse Corps during World War II, and I feel that maybe some of the young people should know about what we nurses went through serving our country. I served in the Army Nurse Corps from December 26, 1944, to January 7, 1947.

I entered nurse's training at the St. Joseph's Hospital School of Nursing in Kansas City, Missouri, on September 1, 1941. At the time we entered the war I made up my mind that I would join the Army Nurse Corps when I finished training. At the start of my junior year in training, the U.S. Cadet Nurse Corps was organized and I joined it. When you joined the Cadet Nurse Corps, you signed an affidavit that upon completion of your nurse's training you would either join the Army or the Navy Nurse Corps or remain in general duty nursing for the duration of the war. Since I had already made up my mind to join the Army Nurse Corps, I joined the Cadet Nurse Corps. One of the main reasons I chose to do so was because of the stipend that they offered

us, because at that time my folks were having a hard time making ends meet.

As far as I know, I never had any contact with any LDS nurses during my tour of duty in the army. I believe that there were two reasons for that. The first reason is that I don't think there were too many LDS nurses in the services during the war. At that point in time, throughout the entire United States, the general opinion of the majority of the people were that women should not serve in the military in any capacity. My mother really was not all that happy that I chose to join the army, and neither were the parents of many of the nurses I served with. Joining any of the military services was something that "nice women" did not do. Because of the family orientation that the LDS Church stresses, I believe that many parents discouraged their daughters from joining the service in any capacity. The second reason is that I never saw service in a predominantly LDS community.

During the war, the military had divided up the United States into service areas for convenience. There were so many states in each service area. Missouri was in the 7th Service Command, and the States in that command were Missouri, Iowa, Minnesota, Michigan, Wisconsin, Nebraska, Kansas, Colorado, and Wyoming. The nurses from those states had their basic training at Camp Carson (Colorado Springs), Colorado, and upon completion of the training we were assigned to army hospitals in those states.

On Saturday, February 3, our training ended. We were all very happy that our training was over with. Upon completion of training, I was assigned to the 7th Regional Hospital located at Fort Warren (Cheyenne, Wyoming).

On February 6, 1945, six other nurses and I reported to Fort Warren for duty. Two months later, on April 6, five of us nurses stationed there, who were from the same basic training class, were directed to report to the office of Major Fox, who was the chief nurse of the hospital. She told us that orders had just been received for the five of us to go overseas to the Pacific theater of operations.

At that moment we were relieved of our nursing duties and orders were cut for us to take a ten-day leave home before we were shipped out. We were to leave as soon as we had made travel reservations and had our suitcases packed. The ten-day leave passed all too quickly, and we returned to Fort Warren.

The next morning after we returned from our leave, we had a meeting with Major Fox, and she gave us our instructions for going overseas. She could not tell us our overseas destination because the orders only stated that we were going to the Pacific theater of operations. On April 26 we would go by train to the replacement depot at Camp Beale, California. We could expect to spend from three to five days there before we boarded the ship to take us overseas. We would spend anywhere from ten days to three weeks on the ship.

It took us about twenty hours to travel to Camp Beale. There were many other army nurses traveling on that train also, and we found out that they were all headed to Camp Beale. There were about three hundred army nurses in the group that I was in that were assembled at Camp Beale. We were being shipped overseas to replace those nurses who had been serving in that area since the war had started. They came from all over the United States.

V-E Day was celebrated on June 8, and we were still at Camp Beale. While the war was over in Europe, it was still going on in the Pacific theater, and islands were still being invaded. The chances were very good that we would be assigned to a hospital unit that would accompany one. Medics went in with the troops, but the hospital unit did not land until the island was secured. Since the ports and docks would be demolished in the invasion, we would have to go in like the troops did: climb down landing nets into boats to be ferried ashore. Then we would have to help set up the hospital, and that might include digging foxholes and slit trenches.

When we left Camp Beale, we traveled across country by train and boarded the ship *St. Olaf* at

the Brooklyn Army Base. The *St. Olaf* was a Liberty ship. When the war started, there were not too many ships for transporting supplies and troops, so the Liberty ships were hurriedly built to do so. They were not built for speed. The top speed was eleven knots, which was very slow, and we would be going through the Panama Canal to the Pacific theater of operations (PTO).

The *St. Olaf* had an overall length of 441 feet and a breadth of 57 feet. The hull of the ship was painted white and had a wide green band painted all around the side of the ship. Breaking up the green bands, midship on each side, was a sixteen-foot-tall red cross. Two twelve-foot red crosses were painted on the upper deck as well as on each side of the ship's smokestack. According to the rules of the Geneva Convention of the Red Cross, all hospital ships were to be considered neutral by the enemy because they were on missions of mercy. They carried no armaments at all, and they were to be illuminated from sunset to sunrise. The enemy was also to be notified twice a day of the exact location of the hospital ships.

The ship was manned by a crew of merchant marines, and there was a small detachment of marines aboard the ship for "peace-keeping duties." The medical complement consisted of fifty-six medical department officers including eighteen doctors, thirty-seven army nurses, one dietician, one WAAC reconditioning officer, one Red Cross worker, and 151 enlisted corpsmen. It had thirty-six wards designed to handle from 2 to 108 beds. The operating rooms, laboratory, x-ray department, and dressing station room had all of the latest in hospital equipment.

We did not associate with the nurses who were permanently assigned to the ship. Rumor had it that their chief nurse had forbidden them to associate with us. It seems that when she found out that nurses would be transported on the ship, she felt that because she was the chief nurse, she should be in charge of our group. The captains would not relinquish their command of us, and it ticked her off. She ordered her nurses not to have contact with us, and our captains

honored her request. Our group was referred to as "the passenger nurses" by the ship's crew. We understood that those who were permanently assigned to the ship referred to us as "the cargo" and we referred to them as "the snobs." Later, after we landed on Saipan, we met some of the nurses socially, and they all said that they felt sorry for us but that we should be glad that their chief nurse did not have control of us. She was an old time army nurse, and she was very strict in all that she did.

During the trip through the Panama Canal, we were allowed to be topside for the entire journey. It was interesting going through the locks, with the ship being raised and lowered. Sailing through Gatun Lake was also interesting. There were dense jungles on both sides of the lake, and we could hear the chattering of monkeys and the singing of birds and could occasionally catch glimpses of them. It was very hot and humid during the time that we were in the Canal Zone. Our ship docked in Balboa, the western terminus of the Panama Canal. We spent the night there, and we were given a five-hour shore leave in Balboa.

On the Fourth of July, the ship's captain put on a very impressive fireworks display for us. An announcement came over the loudspeaker in the afternoon that there would be fireworks that night. The movies were canceled and the passenger nurses' time on the deck was also canceled. About 9 p.m. the lifeboat drill would sound, and we were to report to our lifeboat stations. When the alarm sounded, we reported to our lifeboat stations. The captain welcomed us, and the chaplain gave a prayer. The captain announced that all of the lights aboard the ship would be extinguished, and during that time we were not to move from our position until they came on again. When the lights were out, a very eerie feeling came over all of us because of the complete darkness and also because we realized that we were sitting in the middle of a big ocean, far from any land. There was only a crescent moon, so the sky was a very dark blue with a few wisps of clouds,

and the ocean was almost black and still, with an occasional ripple of a wave.

The captain told us that we were in the Southern Hemisphere of the earth and that until we returned to the Northern Hemisphere we would not be able to see the familiar constellations, the Big and Little Dippers. He pointed out the Southern Cross and the position of the North Star and listed the other main ones in that area. He told us that the early sailors depended upon the stars for navigation and that even with all of the modern navigational aids, the sailors still relied on the stars.

He gave us a patriotic talk about how our forefathers came to America for freedom and that we should be thankful to them for the foresight that they had to establish the American government. He told us that we should be proud to be defending our country and even to die for it if that was necessary. Then he asked to sing the first verse of "America the Beautiful" and follow that with our national anthem. As we started singing, the first two flares were launched, and as soon as they died down others were launched, two at a time. Then on the last verse of the anthem, six flares went off. The first flares really lit up the area, but the last ones blinded us. The chaplain gave a closing prayer, the lights came back on, and we stumbled back to our rooms because our eyes were not focusing too well. We crawled into our beds and went to sleep without the usual banter and chatter that went on at bedtime.

Another very special and memorable day was July 18, when we crossed the international date line. It was customary among sailors who had never crossed the line to have their heads shaved and to be initiated into the Ancient Order of the Deep, the Domain of Neptune Rex. Those who had not been initiated into it were called polliwogs, and those who had been initiated into it were called shellbacks. When the sailors were initiated into the order, part of the ceremony was shaving the hair off their heads. On the 17th, messages were piped into our rooms that we should be prepared for the next day, and so forth.

All sorts of messages were given, such as the one that told us that we would have our hair cut off. We nurses did not think that they would do that, but then we were not too sure about that. We hardly got any sleep that night, not because we were worried about our hair, but because we were kept awake all night long. About every hour, dreadful sounds were piped into our rooms, such as yells, screams, clinking of chains, dragging of heavy items, and so forth.

We had been instructed to wear our fatigues the next day. When we emerged from the stairs to the deck, we were immediately squirted with seawater from the ship's big hoses, and that continued off and on throughout the whole ceremony. The shellbacks had formed a paddle line, which we had to crawl through on our hands and knees. We went through a paddle line three different times during the entire initiation. We climbed up a ladder to a platform, where our faces were painted, then down and up another ladder to a platform and had a concoction of flour, water, and broken eggs, including the shells, poured down the back of our shirts. We climbed down from that and formed two lines behind chairs. One line was for the sailors, and the other was for us nurses. The sailors had their heads shaved, and we women had mixture of flour, water, cooking oil, molasses, and sugar thoroughly massaged into our hair. To end the initiation, we climbed up another ladder and slid down a slide into a child's swimming pool that was filled with water. Shellbacks helped us out of the pool and officially declared us "trustworthy shellbacks." The ceremony was finished off by having a nice picnic-type lunch served to us on the deck. All parts of our bodies were covered with black and blue bruises. We had to shampoo our hair several times to get all of the gunk out of it.

It took us seven days to reach the Canal Zone and a complete day to traverse it. The day after we sailed from Balboa, we were informed that our destination was Saipan, which was located in the Mariana Islands. We were happy to find out where we were headed, even though we

had no idea of where it was located. Even though the voyage was a long one, forty-one days, it was a nice one. We had smooth sailing all the way since there were no storms. Not having to travel under blackout conditions was also nice.

After we sailed from the port of Balboa, we saw no land or other ships until the day before we arrived at Saipan. On that day a freighter passed us traveling in the opposite direction. We were all very aware that the ship we were traveling on was sailing all by itself in a big ocean and that the Japanese were notified twice daily of our exact location. We felt that we were sitting ducks for a Japanese submarine to torpedo the ship, and if they did there were no ships in the vicinity to rescue us.

It was very ironic that even though our group had been assigned to the shipment on April 27, and we had been en route since then, and the Japanese were notified of our location daily after we sailed from New York, "the powers that be" on Saipan had not been notified of our date or time of arrival there.

The ship arrived at Saipan early on the morning of July 27. Since they had not been notified of our date of arrival, they had to contact headquarters in Washington DC to receive permission for us to sail into the harbor.

We were met at the pier by army trucks that transported us to the hospitals where we would be billeted. There were three army hospitals on Saipan—the 148th General and two field hospitals. I was in the group that was billeted at the 148th General. When we departed the trucks in front of the nurses' compound, we were surprised to see that our quarters were surrounded by an eight-foot-high chain-link fence, which had strands of barbed wire on the top of it. There was only one gate into the compound, and an MP was standing by it. He directed us to the captain's quarters, where we presented our orders and were processed in and given the number of our quarters. Then we were directed to go to the next room where we were given a pillow, a pillowcase, two sheets, a blanket, a bath towel, and a

washcloth and were directed to our quarters. We were also told that there would be an orientation meeting scheduled at 7 p.m. It would be held in the officers' club, which was located across the road from our quarters.

In the meeting we were informed that we should not do too much unpacking because in three days, orders would be cut for our permanent assignment and many of us would be transported to other islands in the area. There was a midnight curfew for all nurses and other females on the island. At that time the gate to the compound would be padlocked. If we were late, we would have to go to the headquarters building to get in, and we would be given demerits for being late. The reason for this precaution was that there were still Japanese soldiers hiding out in the hills. At the time the United States captured Saipan, many of the Japanese soldiers did not surrender. Instead they fled into the hills, where there were many caves for them to live in. That was the reason for all the restrictions that we nurses were living under. The nurses' compound was patrolled during the day by two armed MPs and at night by three armed MPs.

We were not to leave the hospital area to wander about the island at all. When we left the hospital area, each nurse had to be accompanied by two male escorts, each wearing sidearms (holster and gun). We had to sign out, and our escorts also had to sign where they were taking us. When they signed out they not only had to give their name but also their rank, serial number, and the organization that they were assigned to. The roster was checked at midnight, and if we had not signed in and were not in our quarters at that time, the MPs were notified and a full-blown search was started for the missing nurse and her escort. If our escorts did not have us back at the compound by midnight, the infraction went on their record.

We were informed that our quarters had just been completed about three weeks earlier and the nurses who were on the island had moved into them from their tents at that time.

The quarters had electric lights run by a generator that failed often, especially at night, so we had to keep our flashlight and extra batteries handy at all times. Our showers only had cold water since no hot-water heater had been installed in the quarters. There were no flush toilets in our quarters, but there was one eight-holer at the end of the compound for us to use. When we needed to use it in the middle of the night, we had to get one or two other people to go with us. Another suggestion was that we should hang our mosquito nets over our beds to keep the rats, mice, and little lizards that ran around the rafters from jumping or falling on us while we were in bed. We did not have to worry about mosquitos or other insects because our quarters were sprayed monthly with DDT and the entire island was also sprayed monthly by air.

There was a quartermaster warehouse on the island, so we could replace our uniforms if necessary, but outside of about three post exchanges there were no other stores on the island. The post exchanges carried only the necessities of life: toothpaste and brushes, shaving cream, deodorants, bath powder, shoe laces, shoe polish, and so forth—no clothes, candy, or other merchandise. If we needed other items, we were to write home to our parents and have them buy those items, wrap them, and send them to us by ship. Our mail was delivered by air, but no packages could be shipped there by air mail. When we ordered something from home, we planned on not receiving those items for two to three months. A supply ship docked on the island about every four to six weeks.

There was not too much in the way of recreation on the island. Most of the outfits had an outdoor theater set up, and there were movies nightly. There was one beach on the island that we could use, and transportation to and from the hospital was available several times during the day. However, it was off-limits to all military members from 6 p.m. to 9 a.m. During the time that it was off-limits, MPs patrolled it. If anyone was found using it during that time, they would face a

court-martial. Just three weeks before we arrived, three couples had been murdered on the beach.

The Mariana Islands had been invaded by the United States in July and August a year earlier. The islands were fairly close to Japan, so they were selected by the United States to be the staging base for the invasion of Japan. Saipan was selected to be the main island for the event, so the 148th General Hospital was selected to be the main hospital that the wounded would be evacuated to after receiving their initial medical care.

The new hospital had been completed about six weeks before we arrived on the island, and the patients had been moved there from the tent hospital. It was built to accommodate up to three thousand bed patients, and it was equipped with all of the latest hospital equipment. It was not in a big building; instead, it was made up of row upon row of Quonset and prefab huts, all joined together by a boardwalk. Each ward had accommodations for thirty bed patients, and the wards were wide enough to put another row of fifteen beds in if they were needed. Like the nurses' quarters, they were set up on cinder blocks. There was an old-fashioned screen door at each end of the ward. The windows were much smaller than the ones in our quarters, and they only had screens on them, no panes of glass.

The nurses' station was at the front end of the ward. It was a cubicle, as the rooms in our quarters were. The nurses' desk was made from a very large shipping crate, and a chart rack was fashioned from a smaller one. The medications were kept in one of the big white metal medicine cabinets with a lock on it. The telephones were field-type ones in a big leather case, and you had to crank them when you used them. The hospital was equipped with backup generators for electricity. There were two or three private rooms on each ward, which were made of the partitions.

The beds were army cots that had a metal head and foot rail. Neither the head nor the foot could be elevated. There were some bedside tables, but most of them were small shipping crates that sat on their ends. There were some folding chairs,

but here again many sat on upended shipping crates. There was a shower room, another room that had a bathtub in it, a restroom with commodes, a bedpan room, a storage room, and a nurses' restroom. Since the plumbing often plugged up, those patients who were ambulatory were encouraged to use the light and airy latrines that were located just outside of the ward. The hospital had both hot and cold running water. The surgery, laboratory, and x-ray and other departments had the latest in medical equipment.

The two field hospitals were much smaller and were set up with mostly portable machines because they were mobile hospitals. They were both slated to accompany troops on the invasion.

The first week of August, the two atom bombs were dropped on Japan, and on August 14 Japan surrendered and the war was over. By the end of September, Saipan became a ghost island, so to speak. All of the B-29s and the fighter planes left to return to the United States, and their airfields were shut down. The airfield that the transport planes used was kept open since Saipan was an important stop for the trip to Japan. The transport planes continued to bring in supplies and personnel. Only two seaplanes were left in the bay. All of the ships departed as did most of the troops. They either went to Japan in the army of occupation or back to the States for reassignment or discharge.

The majority of the other units that had been stationed there were closed. There was a replacement depot opened on the island for those military personnel who had been stationed on the various islands in the Pacific. They stayed there for a few days until transport by either ship or plane back to the United States became available. Saipan was placed on what the military called "a housekeeping basis," which meant that the buildings could be reopened on short notice if they were needed.

When we nurses joined the Army Nurse Corps, we signed an affidavit that we would serve for the duration of the war plus six months. While the other military were dismissed early

when they were no longer needed, we nurses were required to complete that tour of duty.

With most of the troops returning home, I doubt if there were more than a thousand military left on Saipan, so the hospital closed down most of the wards. The only wards that were kept open were a medical ward, a surgical ward, an orthopaedic ward (one end of it had a small prison ward for members of the military who had run afoul of the law), and a female ward. If a ward had six patients, it was considered a busy ward. With so many nurses and not many patients to care for, the twelve-hour day shift was shortened to three- to four-hour shifts, and we worked a shift about every two days. This was to keep our nursing skills sharpened and to help us pass the time. The night shift was still a twelve-hour shift and was a two-week stint of duty. I was assigned to the orthopaedic ward, and it seemed to have a few more patients, since many accidents would result in broken bones.

The water in our quarters was very hard and highly chlorinated, so when we needed to wash our hair, we would put on our bathing suits and keep our shampoo handy. When a rainstorm or shower came we grabbed the shampoo and rushed out into the rain and hoped that it would last long enough for us to get our hair shampooed. There were no hair dryers, so it had to dry naturally. If you put it up in curlers or pin curls, you could not leave them in too long. Due to the high humidity and moisture in the air, it just would not dry. It really was easier to keep our hair up if it was cut short or was worn in a bun or a braid around our head. Since there were no beauty or barber shops, we cut each other's hair and gave each other home permanents that our folks sent us from the United States. It would have been nice if the pony tail hairdo had been in vogue at that time. Many times when we went on dates, our hairdo did not last because of the rain.

Since Saipan was located in the tropics, the weather was very hot and muggy with frequent rain showers. Some of them were heavy and some were light. Sometimes they were accompa-

nied by thunder and lightning. When we left the area, we always carried our raincoat or poncho with us because we never knew when we would need them. It was a constant battle to keep mold and mildew off of our clothes. Our means of transportation was open jeeps, and we frequently arrived at our destination with wet uniforms and hair. Because of the rain, another irritant was getting the mud off our shoes. It was a very thick and gooey type of mud. We had two or three pairs of shoes that we rotated so that we could always have a pair clean and ready to wear. Our windows were only screens, so we frequently had to cope with wet floors in our quarters and on the wards.

About the end of November, a hurricane hit the area of Okinawa. Saipan was on the receiving end of it, so we had an excessive amount of wind and rain, and we were wading around in ankle-deep water on the wards and in our quarters for a day or two. The hurricane leveled the island of Okinawa, so the hospital patients and many of the personnel were evacuated to Saipan.

Because of the heat and humidity, we perspired very heavily and it was hard to keep our bodies fresh and sweet-smelling. We used a lot of deodorant and took frequent showers. Also because of the heavy perspiration, our bodies lost a lot of water. Bottles of salt tablets were kept on the tables in the mess hall for us to take as we needed them. We became very weak and shaky when we lost a lot of body fluids.

I spent Christmas of 1945 on Saipan, and it was the saddest and sorriest one that I ever spent. There was just not any Christmas spirit at all. The weather was very hot and muggy—there was no evidence of snow anywhere and no brightly decorated stores to shop in. We had no radios, so we did not have the usual Christmas songs. Maybe it was for the best, since when we heard the popular Christmas songs it made us very blue and homesick. During the church services, the songs that were sung were Christmas carols. If we felt like singing in our quarters, we sang the Christmas carols and not the popular songs.

Each of the wards did have a tree to decorate, but we had no decorations for them. Some corpsmen had been given the assignment to cut down a tree for each ward. However, there were no trees on Saipan that remotely resembled Christmas trees. The ones that they brought were very spindly and not very bushy. There were no ornaments of any kind and no craft or other stores to buy them at. We made do with the items and objects that were available to us for decorating.

One of the pilots said that he could get us all of the aluminum chafe that we needed to make ornaments from. Aluminum chafe was slivers of aluminum that were carried by the bomber crews and were thrown out of the aircraft as they approached their bomb runs. The purpose of doing that was that it fouled up the enemies' radar. They gave us a box of that, and we got a corrugated carton and cut out a star for each tree and some round circles for other decorations. However, there was not glue or paste of any kind available. The hospital had a supply of collodion, which was sometimes used as a cover for wounds instead of a bandage. It was a sticky liquid that dried very hard when it was exposed to the air. Someone came up with the idea of using it as glue, and it worked, so each tree had a star on top, but we did not have enough of it to make any more decorations.

The mess hall popped up a lot of popcorn and sent it to the wards so that it could be strung and hung on the trees. The men used small, curved suture needles and suture string to string the popcorn on. Some of the men wanted to make paper chains like we made from construction paper when we went to grade school. However, there was no construction paper available, so they cut the strips from the covers of magazines. There were no staples available to connect the circles together nor any more collodion, so we made old-fashioned paste from water and flour to use.

Other items used to decorate the trees were nail files, nail clippers, small scissors, and small surgical instruments that we hung on the trees. We punched holes into the corners of Christmas cards and snapshots of loved ones and hung them

on the tree with strips of yarn. When the trees were decorated, they did look very festive and Christmassy. Since the ship had not yet arrived with our presents from our folks at home, there were no presents to put under the trees.

That night, after all of the patients went to bed, the rats and mice had a wonderful party. When the patients awoke the next morning, they found that during the night the rodents had eaten all of the popcorn strings, including the suture string, and they also had eaten the paper chains where they were fastened with the flour paste, leaving the rest of the paper lying on the floor.

The chaplains on the island decided to put on the Christmas play, the *Messiah*, and they enlisted the aid of those men and women stationed on Saipan who had musical and acting abilities to participate in the production.

On Christmas Eve, when the nurse chief officer in charge (NCOIC) and I made the 7 p.m. round, we did not hurry back to our station. Instead, we spent some time on the wards and joined in the activities on the wards. The mess hall had sent over bottles of Coke and 7-Up and big bowls of popcorn to each ward. They had tried to make fudge, but it did not set up, but they sent it to the ward anyway and we used spoons to eat it. The activities that the men were enjoying were talking about home and Christmases past and singing carols and other Christmas songs. On one ward they had a copy of Dickens's *A Christmas Carol* and were taking turns reading it out loud. Some were reading the Christmas Story from the Bible.

After getting off duty, I went to breakfast and then hit the sack until about 4 p.m., when I took a shower and got dressed for duty and went to the mess hall for dinner. They served the traditional Christmas dinner—minus salads—and gelatin desserts. In addition to the apples and oranges that we could take to our rooms, there were sacks of unshelled nuts and a sack of hardtack Christmas candy. We used rocks to crack open the nuts, and crochet hooks made excellent nut picks. The ship that brought us our Christmas presents from our family and friends in the United States did not

arrive on Saipan until the middle of January 1946, just before I left Saipan.

On November 28, 1945, I was promoted to the rank of first lieutenant. At that time I was offered the chance to extend my tour of duty with the Army Nurse Corps, and I did so along with several others.

On January 10, nine other nurses from the 148th and I received orders to proceed to the two hospitals in Honolulu, Hawaii: Tripler General and the Schofield Barracks Hospital. We had been instructed to be packed and ready to leave in two days. On January 17, we were awakened about 6:30 a.m. and told that we were to be ready to fly out at 8:30 a.m. Our first stop was Guam, where we were able to have a three-hour layover. Upon landing on Guam, a bus took our group to an officers' club to spend that time, and they would not let us take our suitcase with us. About 5 p.m. we were informed that we would not be leaving Guam until the next morning. They would not take us to the airfield to pick up our suitcases; instead, they took us to the post exchange so that we could purchase a towel, washcloth, soap, toothbrush, and toothpaste.

It was paradise to be back in civilization again. It was nice to ride in a car instead of a jeep, to be able to soak in a bathtub and have lavatories instead of helmets to wash up in, and to have both hot and cold water to use. We were free to wander where we wanted to and not have to be accompanied by armed escorts. We welcomed the laundries and dry cleaners and the beauty shops and stores to shop in. It was nice to see children and people dressed in civilian clothes. It was nice to have an indoor movie to attend and the popcorn and candy that they had for us to enjoy and the restaurants and cafes to eat in. It was like heaven to crawl into bed between fresh-smelling white sheets instead of the "tattle-gray sheets" that smelled of mold and mildew that we had on Saipan. But probably the best thing was to have fresh milk to drink and fresh fruits and vegetables, salads, and ice cream. For the first two weeks I ate mostly salads, fresh fruit, and ice cream.

When I arrived at Tripler, among the items mentioned in our orientation meeting was that there was a military rest and recreation camp, Kilauea, that was located on the Big Island, Hawaii. Twice a year we could request to spend five days there. I immediately submitted my request to go there. In the middle of March my request was honored, as well as the request of three other nurses.

The army had a point system for those who served on overseas duty. You were given so many points for each month that you spent overseas. When you had the required number of points, you were rotated back to the United States for reassignment. I don't remember how many points you needed, but on the 20th of August I had enough points to be rotated back to the United States.

I was happy to be home, but I felt like a duck out of water. The war had been over for a year, and when I went into town there was no one else, male or female, wearing a uniform. I got the feeling that everyone was looking down on me. The army had lifted the restriction that you had to wear your uniform at all times, whether on duty or not, so I purchased some new civilian clothes to wear so that I would not feel too out of place when I went out.

My new orders arrived, assigning me to the Army Navy General Hospital located at Hot Springs, Arkansas. I reported for duty there on October 15, 1946. I was discharged from the Army Nurse Corps on January 7, 1947. Since I had twenty-seven days of leave time left, I was able to spend Christmas with my family.

My decorations and citations are the Asiatic-Pacific Theater Medal with one Bronze Battle Star, the American Theater Medal, the Meritorious Unit Award, and the World War II Victory Medal.

I am proud that I volunteered to serve my country when it needed me. It was a very exciting and interesting time for me. I traveled extensively and had many varied and interesting experiences that I will remember for the rest of my life. The most important event was meeting my husband-to-be, Thayne L. Thomas.

KARLA LAVORE PAUL TRIPP

I started nurses' training in August 1940 at LDS Hospital School of Nursing and graduated September 1943 as a registered nurse. I was working night duty in nurses' training when Pearl Harbor was bombed. I woke up and went out into the hallway. It was so quiet, and everyone was huddled around the radio. It was just a really scary and sad thing.

Up until Pearl Harbor, none of the nurses could give IVs—all the doctors started IVs. We were short on interns and residents, so nurses could start giving IVs. Sometimes I started them before that because some of the interns couldn't hit the veins.

I think I wanted to join the service because my mother and father always taught me to be patriotic. My father had been in the navy. He served in World War I.

I received orders to Mare Island, California. I was so scared. I did not know where Mare Island was, and I did not know how to get there. You could bring one suitcase to put your things in, and I had one big suitcase—the biggest suitcase they made at that time. My dad took me down to the train station in Ogden. I got on the train and wondered how I was going to find Mare Island. As I was riding on the train, I talked to a lady who was getting off at Berkeley about how I did not know how to get to Mare Island.

There was a little man across the aisle who had apparently been listening. Just before the train arrived in Oakland, he introduced himself and said, "I heard what you were talking about. I am a nice man, and if you don't mind, I'd like to help you." He was only about five-feet four-inches tall. He had a briefcase, and I had this big suitcase. He said, "You carry my briefcase, and I'll carry your suitcase," (which was only about an inch off the floor, the poor man). He bought my ticket on the ferry from Oakland to San Francisco. When we got off the ferry in San Francisco, he took me to the bus station and put me on the



Karla LaVore Paul Tripp

bus. He said, "When you get to Vallejo, there will be a car called a Jitney. It is a big car with about three rows of seats. Tell them you want to go to Mare Island. It will cost you ten cents."

That was how I found Mare Island; it was an answer to my prayers because I had been praying for someone to help me find it. I know that prayers are answered. I will never forget that little man. His last name was Paul, and he was a little Jewish man. He owned a pawnshop in Salt Lake City. I had never seen him before and I have never seen him since, but I will never forget him.

It was really interesting to see how the boys helped each other. If one had his legs missing, he would help someone who had his arms missing. The ones with legs figured out a way to push the ones without legs in the wheelchairs. They helped one another, teased one another, and they were just great kids, great young men.

I worked on ward fifteen and had some great corpsmen on fifteen. Tom was one of the

best. He wanted to be a doctor when he got out of the navy, and I hope he did because he would have made a good doctor. I had another corpsman. In the navy you had white-glove inspections on your wards, where they would run their white gloves under the screens, on top of the doors, around the rails, or anyplace they think you haven't dusted or cleaned. We had to hurry and get ward fifteen ready for inspection. This corpsman was assigned to clean the head. The other corpsman said, "Ensign Paul, he's not cleaning the head." So I said, "Okay, you tell all the patients and everybody else to stay out of the head because I am going in there." He said, "You're not." And I said, "Yes, I am. He has a job to do, and he'd better get it done or he's going on report." The corpsmen's mouths fell open and the patients' eyes went wide; I went ahead and got him out—he was really dumbfounded to think that I would go in there. I had a corpsman hold the door open and stand there while I went in and told him to come out. When he came out I said, "You have so much time that this has to be done, and either you do it or you are going on report, and if you don't do it, I'll come and get you again." After that, when I told him to do something, he did it.

Fifteen was an amputee ward. Some of those men were rascals. They would wear two pairs of pants, go over to Vallejo, put bottles of whisky in their inside pant, and tie the bottom of it so it wouldn't look like they had anything but the amputation. They would be checked by the guard as they came back on base, and they would bring this alcohol on the base. We would have to confiscate it when we found out it was there. We also had to lock up the thiamine hydrochloride. They would come and take it so that they wouldn't have hangovers. Most of those young men would help one another, and there were very few of them who had bad attitudes. They would say, "Uncle Sam got me into this, and now he'd better take care of me for the rest of my life."

There were some that were so happy to see their wives, but there were some of them who

were just little stinkers. One man, in particular, had lost a leg and some of his fingers. His wife came and was so glad that he was alive, but he wouldn't even talk to her. When he knew that she was coming to visit, he would invite girls over from Vallejo to come visit. He would kiss them and love them, and she would stand there and just cry. He thought that she wouldn't care for him and that she was just being nice because she was his wife. That was one that the nurses and the doctors called a stinker—his thinking was all mixed-up. He could accomplish most things he wanted to do if he just put his mind to it.

It was interesting working there, as it was an amputee hospital. There was a lot of plastic surgery and reconstructive surgery done there. You'd see a young man walking along with skin attached from the bottom of his chin to the top of his chest. It would have a column of skin growing. They would transplant it so that it would grow. The beginning of plastic and reconstructive surgery and the use of prosthetics were started in World War II. Penicillin also came into use during that time. They had sulfa (antibiotic) during nurses' training, and we thought that was wonderful. It did help with the wounds in World War II to have this sulfa, and they would just spread it in the wounds. It was mainly just a powder then.

When we were working on ward fifteen, there was a smallpox outbreak in the shipyard. I was vaccinated for smallpox before I went, so I got a booster. The first time I didn't have a reaction to it, but when I received the second one, I had them give it in my leg in case my arm got sore. I really had a reaction to it. It got sore, and once when I was working, I heard some of the patients snickering. When I turned around, one of the patients was walking behind me holding his pant leg out because I would hold my uniform away from my leg as I tried to walk. They really liked to tease, and if you blushed, you were in for it.

I worked with one young man who stepped on a land mine. He had shrapnel all over his face

and on his arms and hands. He still had a thumb and little finger on one hand. He was missing one leg, and the doctors didn't know if they were going to be able to save the other leg or not—it had so much damage to it. He was the nicest person, and his wife came and stayed there with him. He never complained, yet he had all of these things wrong with him. He said he was just happy to be alive, and he said, "I would do it over again." Most of them said that they would be happy to serve their country again.

One thing you had to be very careful about was not to walk up behind any of these patients without them knowing you were coming. One time, because I walk very quietly, I was right behind a couple of officers as they were walking down the hall. They must have sensed I was there. They both turned around real fast with their hands up like they were going to knock me over. They told me never, never to walk up behind them without them knowing I was there or else I would be hit.

While I was working in sick officers' quarters, it was interesting to see how they would cope with their disabilities. There was one six-foot-four-inch marine officer who had lost one leg and the other leg wasn't working too well, and he had injured his back, so he had to lie on his bed. He was knitting this scarf. It was about a foot wide, and he just kept right on knitting it. It went down the length of his bed, over the end of the bed, and down onto the floor. I asked him why didn't he make a couple of them instead of this big long one. He said, "No, I want to see how long I can make it."

Some would say, "Won't you please wear perfume?" (We weren't supposed to wear perfume.) They would say, "We miss girls and their perfume." So the head nurse said I could as long as it was a light one. So I bought some White Shoulders. They said, "Oh, that is wonderful. Just walk by every so often so I can smell the perfume."

There was one marine who was a lawyer. There weren't very many of the First Division Marines that lived. Most of them were killed over

in the islands. The ones at Mare Island had been in the Pacific. He had been a lawyer and was engaged to his secretary. He was paralyzed from below the shoulders. She would come everyday and put him in his wheelchair and take him for a ride. At night he would say, "Won't you please give me a back rub?" We could give back rubs at this time. I had been taught the Swedish massage. He would say it was the only thing that would help him to sleep. Every night he would say, "Please give me a back rub." Some of them I did do back rubs for.

One time I came into the room and I couldn't see the patient in his room. I could hear this noise in the bathroom. He had fallen over into the bathtub and was having a seizure. I sent corpsmen to get help so we could get him up and call the doctor. They said the damage was from when he had a concussion from the shelling of the ship.

I had one patient who didn't want to live. He wouldn't try to do anything to help himself. The doctor said, "You'll have to make him angry so he'll want to get out of bed." I had to do the taunting! The corpsmen had to take care of him, so it wouldn't be right for them to be the bad guy. He became so angry that he said, "If I could get out of here, I'd kill you!" It worked! Later he thanked me for what I had done.

Dr. Parker was a patient on SOQ (sick officers' quarters). He lost his hand about to the middle of his arm. He had this stump and was learning to use a hook and everything. He wanted to be a surgeon. He would go around and take histories on all of the patients for the doctors. He wore his stethoscope, he learned to play golf with one hand, and he tied his shoes with one hand. He really wanted to do what he wanted to do, and he did it. Years later I was watching TV and it was showing this renowned eye surgeon doing this surgery, and it was Dr. Parker. He had a prosthesis that was holding his instruments, and he was working with his other hand. So that was Dr. Parker, renowned eye surgeon.

Night duty on family section included lock ward. It was really weird because I'd go over there and these corpsmen would ask me if I wanted a

cup of coffee and I'd say, "No, I don't drink coffee." They'd say, "You don't drink coffee!" And I would say, "No, I don't believe in drinking coffee; it is against what I believe in." They would say, "I can't believe someone does not drink coffee."

The obstetrical section was part of family section, as were pediatrics and medical and surgeries for dependents. You had a WAVE on family section; you had corpsmen on sick officers' quarters and male wards. The WAVES were trained like the corpsmen. They would help care for patients. I would have to do the report and see that the count for admittance and discharge was correct for the family section. Working on family section was the first time I'd seen a pseudocyst. This little gal whose husband was about to be shipped out looked like she was six months pregnant. She thought she was. They ran the tests on her, and she wasn't. And the day she came in to find out and they told her she wasn't pregnant, it was just a false pregnancy, she cried and just wanted to be pregnant so bad. We also had a little baby who was hydrocephalic, and its head was bigger than its body was long. That was so sad to watch. The mother would come and stay with that little thing, and it took that baby a long time to pass away. I always felt bad about that.

I almost got killed in the family section. A little eighteen-month-old boy who was big for his age—his little hands were about an inch and half wide—was crying, so I picked him up. He grabbed my throat. He was holding so tight that I couldn't breathe. I thought, "Now, this is really going to be neat that my parents get word that I was killed in action by an eighteen-month-old boy." I finally got his fingers off and got him down so I could hold him. I was seeing stars by that time, and I thought I was going to pass out. It was freaky.

We had one little girl whose dad was an officer. He was one of the LDS officers who held firesides on the base. His name was Lieutenant Brown. He and Rex Price, who was not an officer, would hold these LDS meetings, and we would go to them whenever we could. Sometimes we

would go over to Vallejo to their meetings if we could on Sundays.

There were a few prisoners of war from the Pacific who were liberated by our troops. They were sent to Mare Island. They looked like walking skin over bone. They were so happy to be clean, clothed, and eating food and to be on U.S. soil. Milk was one of the things they wanted. We had to give it to them one-quarter of a cup at a time because their bodies would have rejected it otherwise.

Then I went to the Presidio (an army base) in San Francisco for my discharge physical to be released from the navy after fourteen months of service.

Christmas was weird. I had been away from home on Christmas before because all three years I was in nurses' training I could never go home for Christmas. We were supposed to alternate, but I never got to. I had to stay there and work. I was trying to call my folks, but the lines were always busy. It was 5:30 in the morning before I got through to my parents, and my sisters and my brothers-in-law were all there and I got to talk to them. Then I asked the operator how much I owed, and she said, "Nothing. Merry Christmas." It was so neat that she would do that.

I knew from my teachings in the gospel that there was life after death, I knew that Jesus atoned for us, and I knew the gospel was true. There were a lot of people who thought that this life was it, and that was all they lived for was for today. You treat other people the way you want to be treated and be kind and thoughtful to others. I learned in nurses' training you never ask someone how they were; you always told them how they were. When you walked into a room, and there was this sad-looking person and you knew they didn't feel good, you'd say something like, "Oh, you have some pretty hairdo today," and they would laugh and say, "Yeah sure," but it would get them so they would start to feel good. You'd say, "My, you have a pretty smile," or tickle the bottom of their feet or something like that to get their mind off their problems and help

them have a positive attitude. But you would listen; you didn't empathize with them where it would put them down; you always wanted to pick them up. That is what I've tried to do throughout my life.

We, as members of the Church, know that this is a choice land, and we want to keep it a choice land. We know that the government was formed through inspiration. When you are asked to do something to protect your country or help somebody else, you do it because we are all children of our Father in Heaven. It has been really hard for both Boyd (my husband) and me after being in the military to go to the parades, especially in the 60s on into the 90s. We would see people stand and talk when the flag went by, and they were so disrespectful. I said to Boyd one day, "I wonder what would happen if we had another war, if people would even go to war, if people would stand up and be counted." And then Sep-



Zelta Walker Hendricks

tember 11, 2001, happened. People stood up. There has been patriotism and more prayer.

It was really hard to think that you couldn't say prayers in school, because we grew up having prayers in school. I said my prayers all the time when I was in the military. I didn't always say it so other people knew I was doing it, but I always said my prayers before I went to bed. I always prayed for our country and our boys, and I still do.

ZELTA WALKER HENDRICKS

I left the Idaho Falls, Idaho, bus depot on August 16, 1943, on my birthday. I was ranked second lieutenant in the Army Air Corps (AAC). I felt an urgency to serve in the Army Air Corps. I have been a person who loves being where the action is and being involved.

I first arrived at Fort George Wright in Spokane, Washington. My nursing duties were to supervise and be in charge of forty beds, with corpsmen to assist.

At the time I entered the medical corps, women officers were wearing the blue uniforms, which were a blue jacket, cap, white blouse, maroon skirt, and black oxfords. While on duty we wore a white starched regulation uniform and a white cap. In May 1944 the official dress was changed to an olive drab color, but for summer we wore a beige suite or a dress. On duty we wore a brown and white seersucker one-piece wrap-around dress with a cap to match. I starched this uniform, but most of the nurses did not. This uniform, along with the slacks and shirt, served the nurses overseas or on field duty. They said it was so much easier to launder and keep up. My olive drab nurse's uniform is now at the Rigby Museum.

On August 26, 1943, my friend Dove Chandler and I arrived on the base. We had gone through three years of nursing school together and would now spend the next two years together.

In October 1943 a transfer came for both of us to go to Fairmont Army Air Base in Geneva, Nebraska. The base there was the last stop for bomber crews and fighter pilots before going to

the war zone. It was rumored at the time that German and Japanese U-boats were on both the Atlantic and Pacific coasts. Therefore, our base was inland for protection. The land was flat and sought after by military planners.

There were five thousand working at this base. There were B-17, B-24, and B-29 bombers there. Bruneau had the Spitfire fighter pilots. The hospital cared for patients from all the bases in Nebraska. The twelve to fourteen nurses at the base cared for the critically ill, supervised the ward, and trained the corpsmen. Registered nurses were the only personnel who had permission to give the medications. The doctor started and administered all intravenous injections. If a patient was ambulatory, he came to the desk for the medication; otherwise, the RN took it to the bedside.

CHARLOTTE SHERWOOD WIEHRDT

A new program to train military nurses in air evacuation was just beginning. I was accepted and went through the training at Bowman Field, Kentucky, and was one of the first flight nurses, graduating December 1943. I received secret orders to join the 807th Medical Air Evacuation Squadron in Catania (Sicily) a week later. I was one of the replacements for thirteen girls who were missing on a plane that crash-landed in Albania.

Our planes landed on newly laid runways near the front lines, picking up wounded men and taking them to the nearest hospitals, at that time in Algiers, North Africa. Leonard arrived four months later and was assigned as commander of the 522nd Squadron, 27th Fighter Bomber group. We both were in the 12th Air Force and were able to meet occasionally.

I have vivid memories of the 1940s. On one flight in Italy, I was on a plane filled with men with serious head injuries. When they lost an engine, the pilot said to place parachutes on the wounded,

preparing for a crash. The medical sergeant and I went to the rear of the plane to get the parachutes. Someone had removed the nylon from the parachutes, substituting GI blankets. Although the medical sergeant and I were concerned that the injured men would not have survived the parachute fall, it was a great relief when the plane landed safely.

My most vivid memories are of the men themselves. I never saw any self-pity or "Why me?" Two soldiers on one of my many air evac flights were talking to each other about which corner in their hometowns they were going to sell pencils. I looked at the two courageous young men lying before me, each with one leg missing. I had to turn away so they wouldn't see my tears.

I am thankful I was able to assist the wounded who were under my care. It was also gratifying to be part of the great American effort during World War II.

Letter from Charlotte Wiehrdt, Italy, November 5, 1944

Dear Mamma and Daddy,

I am still on Ds but should be with the squad in another couple of days. They are holding conference on December the fifth for all of us in Italy that can attend. Do hope I am down this way again about that time.

For a long time I have heard of air pockets, but a few days ago I saw, felt, and heard one that beat all. We hit one, and after all being suspended in air (even the walking patients that I had safety straps on) we came back down to the floor. The beds on the sides were in the middle, and I was holding a 200-pound colored boy on the top one. Boy, what a jolt—will give the boys something to talk about for a while—and no one was hurt except me with a bruised finger.

It is really getting chilly over this way and along with the dampness is uncomfortable. Yes, it is still raining in sunny Italy. Have to get ready for supper so will stop and wash up and mail this on the way to the mess.

Love to all of you,
Charlotte and Leonard

ALTHEA RAWLINS WOODLAND

I entered the service on the first day of April 1943. My first assignment was at Letterman General Hospital at Presidio in San Francisco. I stayed there nine months and worked on the medical-surgical and the OB floors. Some of our patients came from the Pacific area. We had officers who lived on the base, and they too were patients in the hospital at times. I remember one burn case we got from the Pacific with third-degree burns on both arms and some of his face, which required skin grafts. When we would have to change his dressings, we would have to give him a shot of morphine to ease the pain so that he could tolerate the dressing change. He would not say anything, but he would lie there and just switch his hips back and forth, and we knew he hurt a lot.

While I was stationed at Letterman, I was assigned with another nurse, two doctors, and several corpsmen to transfer patients to Tuscaloosa, Alabama. Then I was also sent on a train transfer to Longview, Texas. I did get to sacrament meetings a few times while I was in San Francisco. I didn't get to go to church very often, and there was no Latter-day Saint chaplain on our base.

On February 27, 1944, a group of us were prepared for overseas duty. Our hospital was the 83rd General—it was a neurosurgical center, and I served on medical wards and also on the neurosurgical ward. Captain Lippscomb was in charge of the neurosurgical unit. Our patients were paraplegics and head injuries mostly. They were transferred to us from the evacuation hospitals after being stabilized. One of our objectives was to return them to the States in as good a condition as possible. There were also a few who had nerve injuries who were ambulatory, and they too would be returning home.

It took us two weeks to cross the Atlantic on the ship *Britannica* in a convoy. We never did know how many ships were in the convoy. We



Althea Rawlins Woodland

zigzagged across the Atlantic, and no one was allowed on deck after dark. We wore our life vests always. Ours had a light so if we went overboard we could be located, because they wanted to be sure they got us there. We docked at Liverpool and then were taken to Llandudno, North Wales, where we were billeted in private homes. This was a resort town that was close to England.

Our paraplegic patients were unable to do much of anything for themselves. Someone had to feed them. We read their letters to them, and we routinely turned them every two hours. Most of the time there were four of us to do this—usually one nurse and three corpsmen.

We used a lot of penicillin for infection, and this was when the penicillin was in a yellow liquid form that we gave hypodermically intramuscularly. They were big shots, and they hurt. I remember one night as I was giving one of these injections, I woke the patient, or at least I thought

I had woken him to give him the shot. I thought he was awake—he talked to me and even turned over—but when I gave the shot, he came up fighting. I was a little scared, but I did get the needle out and everything turned out all right.

The morale was high on this ward. These soldiers knew they were going home, but they didn't know the extent of their injuries, particularly the paraplegics. Many of them would be permanently paralyzed. There were some who would be able to get feeling in their legs again. Many of them had no feeling beyond their shoulders, some of them down a little further, but most couldn't use their hands. Whenever there was any entertainment brought to our unit, they always put on the show for these men who couldn't leave the ward. There were many times that we had movies, and I would go over with some of the other nurses and watch the movies with the patients. When the patients were brought in from the evacuation hospitals, we really were busy trying to make room for them and helping them to settle and doing all the extra things that needed to be done to get them situated on our wards.

After the war in Europe was over and they closed our hospital, we again were on board a ship and traveled to France. We docked in Normandy and then were taken by trucks to our new facility. It was about forty miles from Reims. We were housed in a cement building, and our hospital was not too big, but we did have some patients there. They were getting us ready to go to the Pacific, but the war was over too soon for them to send us there. So most of our time, except for the little bit of work we had to do with the patients who were still around, we were just waiting to come home. While we were there another nurse, Mary Armstrong, and I would go into Reims to sacrament meeting and MIA.

We didn't have our own transportation, so we would stand by the MPs and they would flag

a jeep or another vehicle for us. We would come back to base on the army truck at night. MIA was held in a bakery. The fellow who was in charge of the meeting worked there. We played games and ping-pong and had meetings. There weren't very many times that we could go, but we did go when we could. One day when we were waiting for our ride, an ambulance came along and the MPs asked if we would like to ride in it. We said that was all right. When they opened the back of the jeep, it was half full of black soldiers. They asked us if we still wanted to go, and we said sure we would go. It wasn't a very comfortable ride. They didn't speak and we didn't either, except to say thank you for taking us.

We did have church services on the base. A Protestant chaplain took care of it. When it was getting close to Christmastime, a group of us formed a choir, and one of the enlisted men was the director. We learned Christmas carols and some other songs, and then we sang to the patients over the hospital speaker system.

My parents lived in Lewiston, Utah, and when I joined the army they were very concerned. In fact, they would rather I hadn't joined, but they supported me, and I received letters and articles and *Church News* sometimes. I even had a few letters from other people in the ward, and even the bishop sent me a letter. I felt the Lord blessed me more than I probably deserved because I had the servicemen's scriptures, but I didn't do as much reading as I should have. However, I did say my prayers, and I know my family was saying their prayers at home.

After I went overseas, I made arrangements with my mother for her to pay my tithing. I arranged for a certain amount of my monthly check to go into my local bank at home, and then she would take my tithing out of that. I know she said that I was one of the higher-paying tithe-payers in our ward.