

The Red Cross Solution



The Army Nurse Corps Goes Over There!

“IN 1910 NURSES’ PAY WAS INCREASED TO \$50 A MONTH, with \$5 increase for every three years’ completed service, for a period of nine years, making the maximum pay \$65 a month after nine years’ service. The act of July 9, 1918, increased the base pay to \$60 per month and maintenance with \$5 per month increase for each completed three years’ service, and an additional \$5 increase after 12 years’ service. This act also provided for \$30 per month additional pay for all chief nurses and \$10 per month extra for foreign service.

“Army nurses who reported for duty on or before November 11, 1918, and whose service was honourable, were entitled to the \$60 bonus upon their separation from the service.

“Both before and during the World War, nurses, although a part of the army, were considered as neither enlisted nor commissioned personnel.”
(The Medical Dept in the World War, Vol. XIII, p. 300)

Army nurses in Vera Cruz, Mexico, during the Punitive Expedition (March 1916–February 1917), wore gray crepe duty uniforms. While that uniform’s original color was sensible and practical, the gray dresses were considered unbecoming and washed poorly, fading into a shapeless garment of myriad running colors. Jane Delano preferred the gray uniform, but The Surgeon General overrode her choice and directed that Army nurses wear a prescribed white dress.

Nurse Estelle Hines wearing the authorized white uniform.





The uniform of September 1917 was adapted from that of 1899, with modifications made in 1910 and 1915. It consisted of a shirtwaist (blouse), skirt, belt, collar, cap, and the badge of the Corps, which was a gold caduceus superimposed in the center by the letters "A.N.C." in white enamel.

"Previous to the time that the United States entered the World War and particularly before members of the Army Nurse Corps were sent overseas, there was no prescribed outdoor uniform for the corps. When, however, nurses were ordered to Europe in the spring of 1917, the need for an outdoor uniform was appreciated, not only for reasons of convenience and economy but also for purposes of identification. Therefore, on May 17, 1917, the Surgeon General recommended to the War Department that an outdoor uniform for nurses, consisting of an olive-drab woollen skirt, coat and overcoat, a hat, a white or olive-drab shirt waist, and tan shoes be adopted. Since the suddenly increased demand for olive-drab materials would have made such a uniform most difficult to obtain, the plan to have this material was discarded, and on May 31, 1917, the blue-serge outdoor uniform of the Army Nurse Corps was adopted. Part of this outdoor uniform was a dark-blue serge Norfolk suit, with which either white or navy-blue shirt waists were to be worn. Besides this were the dark-blue overcoat, the hat, tan shoes, and tan gloves. The caduceus and the letters 'U.S.' in bronze were to be worn with this uniform, but on May 31, 1917, upon recommendation of the Surgeon General, the Secretary of War approved the change in the badge by the addition of the letters 'A.N.C.' superimposed on the caduceus in gilt. This uniform was to be worn at such times as the Surgeon General might prescribe, and might be worn at any other time when the nurse was not on duty." (*The Medical Dept in the World War, Vol. XIII, p. 302*)

"In August, 1917, legislation was proposed to provide members of the Army Nurse Corps with a suitable clothing allowance, but the Quartermaster General recommended as an alternative that an increase in pay be procured and that nurses be required to furnish their own uniforms. In consequence, the monthly pay of nurses was increased \$10 only, which proved inadequate in view of the fact that the increase in cost of uniform equipment was proportionately greater. . . . Although the Army did increase nurses' monthly pay by ten dollars, this was insufficient to pay for the expense of outfitting nurses for wartime services. By default, the Red Cross continued to contribute to the nurses' clothing needs for the duration of the war. Only in 1922 did the government finally reimburse the Red Cross for all its uniform and equipment expenses." (*The Medical Dept in the World War, Vol. XIII, p. 303*)

(Opposite) Nurses at Camp Hospital No. 29, Le Courneau, Gironde, France, 29 December 1918.

“The regulation uniform is to be worn by nurses and reserve nurses of the Army Nurse Corps at all times, and is as follows:

“A suit, waist, and hat, of prescribed color and pattern for out door wear; gray or white uniforms, aprons and caps, will be worn while on duty in hospital, and shall be made in accordance with specifications furnished by the office of the Surgeon General, but reserve nurses will wear caps made in accordance with specifications furnished by the Red Cross; white, tan or black shoes, high or low, may be worn, but pumps, French heels and fancy shoes, will not be allowed; the U.S. pin and the insignia of the A.N.C. should be worn but not fancy pins or furs. There are no occasions when the wearing of civilian dress will be permitted, and any individual modification of the regulation uniform will not be allowed.” (*Circular No. 30, 23 May 1918, M.W. Ireland, Brig Gen. M.C., U.S.A., Chief Surgeon*)

“For the thousands of new members of the Army, there was no indication upon the uniform to show to what class the nurses belonged, and on account of this in many cases they were not accorded the respect commensurate with the dignity and responsibility of their position. Such experiences during the war demonstrated that a different status and a recognition of it would have to be awarded Army nurses in order to interest future desirable nurses in the service and also to retain those already there, but the main argument for rank was the need of a definite status.” (*The Medical Dept in the World War, Vol. XIII, p. 304*)

“Weather is much cooler, yesterday I dressed up in our new suit and went to church for a change. The suit looks like a Halsted St. bargain but it is better than what we have been wearing. We received new gray jersey dresses from the Red Cross. They look very well and will be warmer for the cold days ahead. I will wear mine now as the nights are cold. We were issued trench coats, rain proof, warm and very good looking. . . .” (*August 5, 1918, Maude Frances Essig, Reserve Army Nurse Corps*)

(Opposite) *For the first few months of the mobilization, the Red Cross provided the nurses with uniform apparel onboard ship just before sailing.*





The first mobilization station for nurses was opened June 15, 1917, with its headquarters at the U.S. Quarantine Hospital, Ellis Island, New York. This station eventually accommodated approximately 350 nurses, but as the numbers awaiting mobilization for overseas duty increased, nurses were repeatedly shuffled from one site to another in the New York City/New Jersey area.

In the hospital units that went overseas before any nurses' mobilization stations existed, nurses usually accompanied the medical officers of their respective base hospitals, not knowing their destination. They received their orders within the shortest possible period of time before sailing, and received much less equipment than units that sailed later.

“Days spent at the mobilization stations were full of interest and intense excitement. Every morning each nurse had to be present at roll call, followed by military drill. After the matter of passports, inoculations, uniform, and equipment had been attended to, there were the rounds of shopping and sightseeing. It should be noted here, however, that nurses were never allowed to stay away from the mobilization station over night and only for a few hours at a time during the day, because it was never known when sailing orders for a unit might arrive.” (*The Medical Dept in the World War, Vol. XIII, p. 308*)

“Difficulty was experienced in getting the nurses to understand how much baggage they could take overseas. In spite of instructions to the contrary, some would arrive at the point of mobilization with two or more trunks, several suit cases, and in many cases insufficient funds for their incidental needs. A memorandum was issued by the Surgeon General's Office early in January, 1918, which stated that nurses ordered abroad might take with them only a steamer trunk not exceeding 36 inches in length, one suit case or large satchel, and one blanket roll. It also advised each nurse to have if possible \$50 in cash before leaving the United States.” (*The Medical Dept in the World War, Vol. XIII, p. 308*)



“We are to move to another hotel tomorrow night. So the next letter you write send it to Old Colony Club, 120 Madison Ave., New York City. Don’t know why we are going to move, after one has been in the army awhile you stop asking why, for you never know why this or that happens.” (July 12, 1918, Elizabeth Lewis, Evacuation Hospital No. 15, Hotel Arlington, New York)



“We left St. Mary’s and are now nicely deposited on Ellis Island. One step nearer ‘over there’. I hope we go soon. I am very tired of my vacation—one can’t manage on \$10 a month so near the big City—this is a beautiful spot, the air is grand, and wonderful view of the Statue of Liberty. It is a view worth fighting for—place is closely guarded. 18 nurses to a ward—we lined up alphabetically and I have all new roommates. Good beds—a real treat after the buggy cots at St. Mary’s[.] Good food, also in comparison. I feel satisfied for the first time since sojourning with Uncle Sam. Moonlight on the water and the Statue lit up made me sentimental. We have roll call at 9 and can have shore leave until midnight every day if we like. Go over on Gov’t Ferry for free[;] Baggage received rough handling and I need a new bag.” (October 19, 1917, Maude Frances Essig)

“Tuesday—we are still in dock. Weather fair, not cold. Good night considering our crowded quarters and the lack of Ellis Island’s fresh air. One of the crew fell into an open hatch last night and was killed. One negroe [sic] died of fright. Meals good but cold, at 7:30, 12 and 5. Roll call at 10:30 and 3:30. Ship abandon drill at 2:00.

Walked deck and played 500 to pass away the time. Retired early, not allowed on deck when we pull out, so no use to sit up. We sailed at 11 PM.” (December 4, 1917, Maude Frances Essig)



“Thursday—land was sighted at 11:00AM. Wonderful! First in view was a lighthouse, then several rocky mounds came into view. In one half hour, we could dimly see the outline of the rugged coastline of Brittany, slowly coast defenses, wireless stations and more lighthouses came into sight as we entered the Bay of Brest.

“We anchored close to the bank breakwater, where we are to stay for a time. We mailed our letters with someone going a shore. Everybody very happy once more.” (December 20, 1917, Maude Frances Essig)

“Monday—fair and warmer. We left the big gray boat by launch about 9AM. We stood in line for ages waiting our turn to walk up a high bluff. We arrived at R.R. Station, Brest, France, at 10:00. Everything beautifully green and all is so strange. Truly a foreign land. Saw only a few Americans.” (December 24, 1917, Maude Frances Essig)



The Army Medical Department and the Red Cross

WHEN WORLD WAR I BROKE OVER EUROPE IN AUGUST 1914, the American Red Cross offered its trained personnel and hospital supplies to every belligerent country. On September 13, 1914, the relief ship *Red Cross* carried surgeons, supplies, and 120 nurses to England, Russia, France, Germany, Austria, Belgium, Serbia, and Bulgaria. Most units returned to America in October 1915, but some members remained as volunteers. Red Cross nurses were still serving in all of the Allied countries when the American forces arrived.

The experience of the Red Cross nurses serving overseas proved invaluable when the United States entered the war and the nurses were mobilized for immediate action. The Red Cross mobilized 2,970 of the 8,015 names on their list of volunteers, enough to care for an army of a million men, according to the calculations of the day.

A year before the United States entered war, The Surgeon General had requested that the Red Cross organize base hospital units. These base hospitals became the hospital system that served as the backbone of the Medical Department during the first trying months of the war. The largest civilian hospitals and medical schools of America were called on to organize teams from their staffs, with doctors and nurses accustomed to working together, and soon a score of units known as “affiliates” were established. Twenty-two doctors, two dentists, sixty-five Red Cross nurses, one hundred and fifty-three enlisted men, six civilian employees, and a chaplain completed the personnel roster for a base hospital unit. Each member pledged to report for duty whenever called within two years.

The names of the affiliate nurses were submitted to the Bureau of Nursing Service at Red Cross Headquarters and held for final assignment to the Army Nurse Corps. The volunteers then scattered to their daily jobs and civilian lives until they received the call to duty, which could require their presence at very short notice.

Red Cross Hospitals

“THESE HOSPITALS WERE PERMITTED TO FUNCTION in the zone of the armies only through urgent necessity. The Medical Department was at all times so short of material that it became necessary in emergencies to call upon the Red Cross to furnish tentage, equipment, and some personnel to meet our needs. These hospitals functioned in the same manner as our own evacuation hospitals and under the command of an officer of the medical Department. They rendered exceptionally efficient service. Two of them were utilized during the Chateau-Thierry operations, and two during the St. Mihiel-Argonne offensives.” (*Annual Report of the Surgeon General U.S. Army to the Secretary of War, 1919, Vol. II, Washington Government Printing Office, 1919 [hereafter Surgeon General Report, 1919], Vol. II, p. 1467*)

Once America entered the war with Germany, 25 base hospital units were well under way. The first call for specific aid came to America through the British Commission for doctors and nurses. Six of the waiting base hospital units were assigned to duty with the British Expeditionary Force. Base Hospital No. 4 was the first to leave New York in May 1917; No. 5 followed two days later; and then Nos. 2, 12, 21 and 10. The first American flag to fly in alliance over France was at the hospital unit in Rouen.

In the first seven months after America joined the war, 17 base hospital units were rushed to France, and the others were held in readiness for immediate departure. The base hospitals and their personnel, organized and equipped by the Red Cross, automatically became part of the Army organization when they were sent into service overseas.

“Early in August 1918, all the base hospitals organized by the American Red Cross nursing service, Nos. 1 to 50, had been sent to Europe. Base Hospitals No. 51 upward to No. 79, and the special hospitals, No. 102 for duty in Italy, No. 114 for orthopedic cases, No. 115 for head surgery, No. 116 for fracture cases, and No. 117 for psychiatric cases were organized in the Army Nurse Corps division of the Surgeon General’s Office. The personnel was selected from among those nurses who had proved themselves professionally and physically fit for duty in the cantonments [in the U.S.]. There were 1,445 nurses at the port of embarkation awaiting sailing orders, en route to the mobilization station, or under orders to mobilize when the armistice was signed. Of the number awaiting sailing orders 650 were sent overseas upon the request of the chief surgeon American Expeditionary Forces.” (*Surgeon General Report, 1919, Vol. II, p. 1123*)



Base Hospital No. 2, Etretat, France.



Within six months after the United States entered the war, approximately 1,100 nurses had sailed overseas, about half of whom were stationed with their base hospital units in six British general hospitals. The first base hospital units to sail took over British facilities as follows, shortly after their arrival in France:

- **Base Hospital No. 4** (Lakeside Hospital Unit, Cleveland, Ohio) sailed May 7, 1917, and took over No. 9 British General Hospital, Rouen, France.
- **Base Hospital No. 5** (Harvard University, Boston, Mass.) sailed May 11, 1917, and took over No. 11 British General Hospital and later No. 13 British General Hospital, Bologne, France.
- **Base Hospital No. 2** (Presbyterian Hospital Unit, New York, NY) sailed May 12, 1917, and took over No. 1 British General Hospital, Etretat, France.
- **Base Hospital No. 21** (Washington University Medical School Unit, St. Louis, Mo.), sailed May 19, 1917, and took over No. 12 British General Hospital, Rouen, France.
- **Base Hospital No. 10** (Pennsylvania Hospital Unit, Philadelphia, Pa.), sailed May 19, 1917, and took over No. 16 British General Hospital, Le Treport, France.
- **Base Hospital No. 12** (Northwestern University Medical School Unit, Chicago, Ill.) sailed May 24, 1917, and took over No. 18 British General Hospital, Dannes-Camiers, France.

“The hospitals taken over by the American units had been functioning actively for three years, and from the beginning of that period had seldom less than 900 or 1,000 patients, and very frequently more than that number in each. The British authorities made arrangements for each of the units to be met and conducted to the hospital which it was to take over. The British matron and a few of the nursing staff . . . remained for a certain length of time to assist the American staff in becoming acquainted with the ways of British hospitals.”
(*The Medical Dept in the World War, Vol. XIII, p. 317*)

(Opposite) *Nurses at Base Hospital No. 2, Etretat, France.*

Nurses at Base Hospital No. 2 in Etretat, France, out for a stroll around the town.









Nurses of Base Hospital No.10 in Liverpool, England, on their way to France, May 1917.



Panorama of Base Hospital No. 10, showing the latest design of location of wards and operating room. The latter is in the center of the circle. Le Treport, Seine-Inférieure, France.

British General Hospital No. 16 in the French fishing village of Le Treport had a bed capacity of 2,232 and was constructed entirely of huts. Upon arrival, Base Hospital No. 10 received 1,400 patients during its first week of operations, mostly surgical and mustard gas cases.

“Miss [Margaret] Dunlop, the Directress of Nurses at the Pennsylvania Hospital, was unanimously selected to be in charge of the nursing department. By this selection the Unit was most fortunate, as Miss Dunlop relied not only upon her own civil experience, but had the additional military and war experience gained while she was in charge of the American Ambulance at Neuilly, France.” (*Pennsylvania Hospital Unit in the Great War*)

As chief nurse of Base Hospital No. 10, Miss Dunlop wore the mandatory half-inch black band on each sleeve of her outdoor uniform. She also has two service stripes on her sleeve representing her two years overseas.





(Above) Nurses of Pennsylvania Hospital Unit, Base Hospital No. 16, Le Treport, France.





(Opposite) English Channel in the background of Base Hospital No. 12, which took over No. 18 British General Hospital, Dannes-Camiers (Calais, France), December 17, 1918. When the unit sailed on the SS Mongolia, the ship's guns misfired and shell fragments hit and killed two nurses and wounded a third.

(Above) Operating room of the "larger" type. Taken at American Base Hospital No. 12, British Base Hospital No. 18, Dannes-Camiers, Pas-de-Calais, France, December 18, 1918.

When the first call for U.S. medical aid came from overseas in 1917, dozens of U.S. doctors were dispatched to serve as medical officers with British infantry units at the front, and six of the waiting base hospitals were assigned to duty with the British Expeditionary Force. Among these was Base Hospital No. 21, organized by Washington University Medical School in St. Louis, Missouri. This unit was sent to Rouen, France, with Julia C. Stimson as chief nurse. (*Gavin I*, p. 46)

As Stimson wrote home from Rouen in March 1918, “patients began to pour in upon us. . . . Day before yesterday we operated on 50 cases, yesterday 51, today they had 73 scheduled. . . . They have at least 40 more cases to operate on tonight. . . . More convoys are due tonight. The doctors are about dead. They are working in shifts as much as they can. The stretcher-bearers are dead tired, but as cheerful as monkeys.” (*Gavin quoting Stimson, American Women in WW1*, p. 47)

(Opposite) Red Cross nurses (prior to receiving Army Nurse Corps uniforms) getting water in front of their kitchen at Base Hospital No. 21, formerly stables for a race track. To one side, in front is Mense Taylor, chief nurse (in gray uniform). Rouen, Seine Inferieur, France.





The Army Nurse in England

“IN JUNE, 1918, AN ARMY CHIEF NURSE and an assistant were assigned to duty in the office of the chief surgeon of Base Section No. 3, England. These two executives relieved two nurses who had been on duty in that office since the February preceding. Their duties consisted of the general supervision of all the nursing personnel of United States hospitals in Great Britain.”

“Ten hospitals with American Army nurses functioned in this section, and three of these were American Red Cross military hospitals. During the influenza epidemic of October, 1918, 300 nurses en route to France were attached temporarily to the hospitals in this section where they were most vitally needed.” (*The Medical Dept in the World War, Vol. XIII, p. 345*)

“During the war period 24 American-trained nurses, the majority of whom were British subjects, were transferred from the American Red Cross nursing service to the Army Nurse Corps while they were on duty in Base Section No. 3.” (*The Medical Dept in the World War, Vol. XIII, p. 345*)

(Opposite) Nurses' dining room, Winchester, England.

(Right) American Red Cross nurses' club operated in connection with the American soldiers' camp hospital at Romsey, England.



