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Notes: The experiences of twelve Nebraska nurses overseas showed what could happen to ordinary young women carrying out their professional duties under extraordinary circumstances. All twelve served in the European Theater of Operations.

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Photos: 167th General Hospital near Cherbourg, France, April 1945; ANC nurse Florence Fattig and others; Harvard Medical Unit, summer 1942; ANC nurse Ida Britton Clark; Jeanette Meyer Davis; Ida Britton Clark bicycling in the English countryside; triage area used by 104th Evacuation Hospital; Dressing patient wound, summer 1941; Orthopedic surgery in tent hospital; Lt Jean Painter Knudsen, ANC nurse in 1944; German prisoners carrying a litter at the Fiftieth General Hospital near Carentan, France; Fiftieth General Hospital nurses washing clothes in buckets, 1944; Blood bank equipment at the 104th Evacuation Hospital; Florence Fattig receiving the Bronze Star from George S Patton, February 22, 1945; Nurses of the 179th General Hospital at lunch on the road to Paris, September 1945

Overseas With the ANC:

Experiences of Nebraska Nurses

in World War II

By Michele L. Fagan

Advertising did not come naturally to nurses in the 1940s, so few people later realized that American nurses served overseas during World War II, sometimes under conditions as strenuous and dangerous as those many servicemen experienced. "The selflessness of nurses' training was so inbred" that these women who joined the Army Nurse Corps (ANC) during the war "made little attempt during or since the war to draw attention to their record." A historian of nurses in another war, Vietnam, commented that she had not realized that nurses had served in Southeast Asia, although ANC members provided nursing care during the entire conflict.¹

The experiences of twelve Nebraska nurses who went overseas showed what

could happen to ordinary young women carrying out their professional duties under extraordinary circumstances. Their stories also show the effects of combat on servicemen and give some insights into medical care during World War II. The women whose stories appear here do not represent a proper statistical sample of all nurses in the ANC or even of all Nebraska members. Starting with my mother, I used the "snowball sampling" technique to interview or correspond with women willing to share their memories. In two cases I drew on interviews or recollections already done. All twelve women served in the European Theater of Operations and six attended the same nursing school—St. Catherine's in Omaha. Nine worked in general hospitals, one was assigned to a hospital train for three months, and another did some detached duty in a field hospital. Three were in evacuation hospitals.²

Before the war began several of the women had moved west—to California, Washington, Oregon, and Hawaii. Mary Rupprecht lived and worked in Seattle. A native of the Columbus area, she graduated from St. Catherine's in 1931 and moved to the West Coast in 1933. When the war broke out she was on a surgical ward of the Harborview Hospital. Phyllis Vavra Johnson of Schuyler and Barbara Gier of Seward, both 1940 St. Catherine's graduates, were living in Los Angeles and working at St. Vincent's Hospital. After graduation they had become nurse-stewardesses for the Union Pacific Railroad and worked on trains running between Omaha and Los Angeles. When the UP eliminated the positions to free nurses "for the war effort," the two joined the staff of St. Vincent's Hospital. Catherine Flannery Prussa, a St. Catherine's graduate from Atkinson, lived in the most exotic location. In June 1941, after nursing in Los Angeles,

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The 167th General Hospital near Cherbourg, France, in April 1945.
Courtesy of Elizabeth Feehan Fagan

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she took a job at the Queen's Hospital in Honolulu, Hawaii, not far from the major naval base at Pearl Harbor.

Florence Shotkoski Fattig from near Loup City (also in the 1940 St. Catherine's class) went to Roseberg, Oregon. In August 1941 she decided to heed the urging of the Red Cross during the national emergency and join the Army Nurse Corps for one year. She went to Fort Lewis, Washington. Bernice Tonjes DeLong of Pender graduated from the Methodist Hospital nursing school in June 1941. Like Fattig, she was interested in serving in the Army Nurse Corps for one year before going back to school. She also joined temporarily in August 1941. Ida Britton Clark, a graduate of Mary Lanning Hospital in Hastings, was already in England when the U.S. entered the war. While working at Mary Lanning she joined the Harvard-Red Cross medical unit. She sailed to Great Britain in the spring of 1941.

The rest of the women remained in Nebraska until after the U.S. entered the war. Elizabeth Feehan Fagan from Clarks, a 1938 St. Catherine's graduate, was doing private duty nursing at St. Catherine's when the war broke out. Sarita Wilson from Trumbull was working at her alma mater, Mary Lanning in Hastings. Since her graduation in 1933 she had been in Scottsbluff, Nebraska; in Ogden, Utah; and had done some graduate work in New York before returning.

Several of the women were still in school. Jeanette Meyer Davis was at the Methodist Hospital School of Nursing in Omaha. Wilma Dankert Kellogg from Palmer did not graduate from St. Francis Hospital school in Grand Island until 1942. Helen Louise Logan Knapp of Callaway was at the University of Nebraska School of Nursing in Omaha until her graduation in 1944.

The experiences of these twelve barely touch on all the places army nurses served and the conditions under which they worked. There is no flight nurse among them nor anyone who nursed in a field hospital. None of these

women were in Italy, New Guinea, the Philippines, India, Persia, Iceland, Alaska, the Aleutians, North Africa, Australia, New Zealand, China, or Burma. None were among the army and navy nurses held prisoner by the Japanese after the fall of the Philippines.

There were other nurses from Nebraska who went overseas. By 1943, 119 women in Omaha and 82 in Lincoln



ANC nurse Florence Fattig (right) and a colleague pose with an anesthesiologist. Courtesy of Florence Fattig

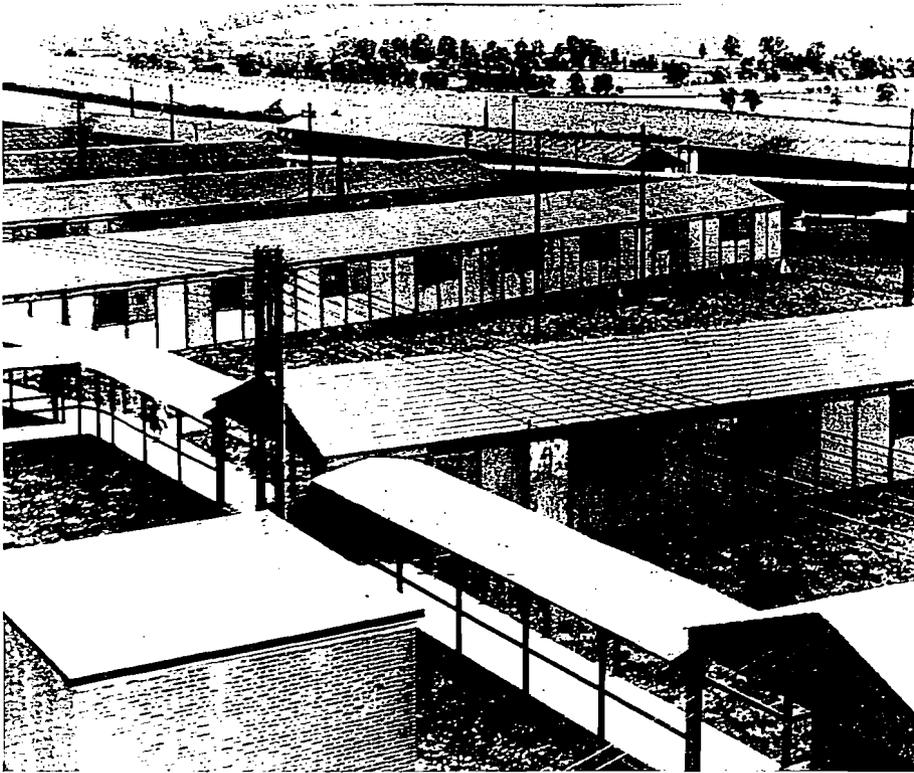
joined the ANC through the Red Cross. At least fifteen served in the Pacific Theater. Among them was Viela Fleming from Mitchell, Nebraska, who told a reporter that "overseas duty gives me the feeling of being part of the forces that will bring the war to a close." Lucille Chaloupka of Omaha was a flight nurse who had completed fifty round trips from the Continent to England in September 1944. She had landed to help evacuate the wounded in France four days after D-day.³

Another Omahan, Fern Wingerd, who graduated from Nicholas Senn Hospital School of Nursing (now Doctors'

Hospital), served in an evacuation hospital in the Mediterranean Theater. War-time censorship prevented the newspapers from stating which hospital, but the reporters did disclose that the nurses in her mobile evacuation unit in North Africa in 1943 "can take it, make no mistake, and they are living and working under as rugged and trying conditions as the fighting men in the field." Wingerd was also one of the first nurses to land in Italy. She was wounded there and received a Purple Heart.⁴ The stories of these other Nebraska nurses, culled from the wartime newspapers, indicate what a large pool of unrecorded memories there are.

The Army Nurse Corps grew out of the surgeon general's request to appoint female nurses for government service during the Spanish-American War in 1898. In 1901 Congress established the Nurse Corps as a permanent part of the U.S. Army's Medical Department, although the nurses were not commissioned officers. The corps members staffed regular military hospitals in peacetime. The American Red Cross became the authorized recruiter for the ANC. Nurses who were Red Cross members, and many were, could be asked to serve in the ANC in an emergency just as in the case of a natural disaster. In December 1942 ANC members received relative military rank, which meant the title, the pay, and the benefits of a commissioned army officer. In 1944 they received temporary commissions. It was not until 1947, two years after the war, that the nurses received actual commissions. ANC members continued to serve during peacetime and in subsequent military conflicts.⁵

Ida Britton Clark from Mary Lanning Hospital, Hastings, became the sole midwesterner to join the Harvard Medical Unit. Her parents had immigrated from England, and when she saw an article in the *American Journal of Nursing* about this unit, she wanted to join. Clark also knew she would never be able to get to the British Isles as a tourist on a nurse's salary.⁶



Harvard University Medical Unit, summer 1942. The unit arrived in England in 1941 under the auspices of the American Red Cross. Courtesy of Ida Britton Clark



ANC nurse Ida Britton Clark, originally of Hastings. Courtesy of Ida Britton Clark

The Harvard Medical School had sent a hospital unit to France during World War I, and when war broke out in Europe in 1939 the faculty and administrators began to discuss how they could help again. With the encouragement of the British government, the school sponsored the Harvard Public Health Unit to aid the English civilian population in nutrition, sanitation, and epidemic prevention. It had public health teams and a small hospital with a laboratory for diagnosing and treating communicable diseases. The Harvard University Medical School supplied the doctors and lab technicians, while the American Red Cross recruited and paid the nurses. The unit staff sailed to England in several different British convoys, one of which was attacked by German submarines. Several nurses died when their ship was torpedoed.⁷

Clark sailed in another convoy. She and her comrades had a forceful intro-

duction to life in wartime England. The six nurses landed in Liverpool and were billeted overnight in a private home. Because they had missed dinner, one of them asked their hostess if they could have some sandwiches. The lady returned with a plate of tiny watercress sandwiches. At first one of the American women thought this was a single serving, but the little sandwiches had to satisfy all six. Clark recalled how guilty the nurses felt after realizing what they had asked for in a country with strict food rationing. They also remembered how they had tossed frankfurters to the sea gulls before their boat docked. "We thought, 'Oh, how this woman would have enjoyed those frankfurters we threw to the birds.'"⁸

The Harvard Unit hospital in Salisbury primarily cared for British civilians, including babies, with communicable diseases. Before the United States entered the war and American

troops began to appear in England, Clark and the other nurses had many chances to meet the local civilians. A number of the women became friends with a couple who owned a nearby pub and kept chickens. Often it was possible to get fresh eggs from them, although they were strictly rationed.⁹

The nurses of the Harvard Unit met Queen Elizabeth, the present Queen Mother, while they were in London. "Do you know, the queen shook hands with each one of us. We were originally just 11 nurses there and so it wasn't like there was a line of 100. But that was a thrilling moment. It just made your spine tingle. She was so lovely and thanked us for coming. . . . And anywhere we went they treated us the same way."¹⁰

Bernice DeLong and Florence Fattig heeded the prompting of the Red Cross and joined the Army Nurse Corps for one year to help provide medical care

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for young draftees. DeLong, who planned to serve her year and go back to school, was sent to Fort Riley, Kansas, then a cavalry post. Because the nurses who temporarily joined the ANC during the national emergency were not quite in the army, they received no basic training, even in military courtesy. DeLong called the sergeant she worked with "colonel," which delighted him, and she called a colonel "sergeant." The latter was not so happy. "The head of the hospital saluted me and I was supposed to salute him first, but I didn't know any better. And then I saluted with my left hand." While at Fort Riley DeLong worked the night shift in the surgical hospital and was in charge of five wards, one of which she called the "cotton-tail ward" because most of the patients in it had the cavalryman's occupational disease, hemorrhoids.¹¹

Florence Fattig went into the ANC for one year in August 1941, because she thought it would be interesting. Looking back, she observed that she should have realized that war was imminent, but she did not think about it when she went to Fort Lewis, Washington.¹²

On Sunday, December 7, 1941, Catherine Flannery Prussa in Honolulu knew almost immediately that the U.S. had entered World War II. At Queens Hospital she "had just come from Mass and reported on duty when we realized that it was more than army maneuvers going on. From the roof of the hospital we could see smoke from the planes and then the radio confirmed some were Japanese and we were being attacked." Her hospital received some civilian casualties from the raid, but the military hospitals handled all the servicemen. In November 1943 she joined the ANC.¹³

Florence Fattig was in Seattle that Sunday. She heard the radio message that the American fleet had been attacked at Pearl Harbor, and all military personnel who were not at their posts had to return to duty immediately. Back at work the next day, she saw how the state of war with Japan affected indi-

vidual Japanese-Americans. One such young man worked in the kitchen at Fort Lewis and served the food on her ward. "None of the patients would eat the food from his cart. He would taste everything himself and he would cry because he was so upset. . . . They were telling us that somebody could contaminate the water supply—that they [the Japanese] were probably landing on the coast of California. It was a frightening period."¹⁴



Jeanette Meyer Davis. NSHS-P853

Jeanette Davis, then in Omaha, also remembered the day vividly. "I had gone into our housemother's office in the nurses' home and the radio was on . . . We wondered what would happen to all of us. We didn't realize the horrendous ordeal we would all be going through."¹⁵

In England Ida Clark was in the nurses' recreation room of the hospital near Salisbury when she learned about the sinking of the U.S. fleet. "It was just sickening. But somebody said, 'Well, this will get us in the war.'" The U.S. Army Medical Department quickly took over the hospital and gave the staff the option of joining the military or return-

ing home. Clark joined the ANC.¹⁶

The decision to join the army sometimes caused mixed reactions among family and friends. During the early months of the war the nuns who ran St. Catherine's nursing school and hospital, Omaha, kept giving Elizabeth Feehan Fagan "a sales pitch to join the service," and soon she began to feel guilty about shirking her duty. In September 1942 she and her roommate, Blanche Brodecky, talked to the ANC recruiter at the Omaha Federal Building. "Both of our parents were a little shaken up at the idea of their daughters marching off to war, but they accepted it as good patriots."¹⁷

Catherine Prussa did not think that her family was pleased, but her mother was proud. People repeated to her the rumors circulating at this time about immorality in the Women's Army Corps (WAC), but she responded that the WACs in question were enlisted personnel and very young. The nurses on the other hand were officers and old enough to be responsible.¹⁸

Phyllis Vavra Johnson and Barbara Gier met some resistance from their families, even though by 1943 they were working and living on their own in Los Angeles. Johnson's mother had been upset at first, but after Johnson actually joined, her whole family became very supportive. However, saying goodbye was traumatic for everyone when they met in Omaha to see Phyllis before she traveled to her East Coast port of embarkation. "They were really crying."¹⁹

Older nurses at St. Vincent's in Los Angeles told Barbara Gier that if they were younger, they would enlist, and the adventure of it appealed to her. Her brothers in the service did not view it in the same light. One asked their mother to discourage Barbara. "He said that it would be too dangerous and . . . he just thought people wouldn't treat you with respect." But Mrs. Gier supported Barbara's decision.²⁰

Other women were not discouraged. A number of nurses from Mary Rupprecht's Seattle hospital joined

when she did, and she “felt it was the right thing to do. . . . Later I had three brothers and a brother-in-law in the service so I was glad I had.”²¹

In 1944 Jeanette Davis worked at Doctors’ Hospital in Omaha, until her orders to join the ANC came through. When she did go into the service, her father, an enlisted man during World War I, was extremely proud of his officer daughter. “He picked me up and saluted me and said, ‘Hi, Lieutenant!’”²²

Civilian hospitals still needed nurses despite the claims of the military, and some nurses in positions considered essential were not released to join the ANC by their employers. Wilma Kellogg had gone to Madison General Hospital in Wisconsin after graduation in 1942. Working on the obstetrics ward, Kellogg discovered that she was considered essential, but she was determined to join the ANC. After several attempts to get a release, she quit her job. “There was nothing they could do about quitting.”²³

Once they enlisted, all the nurses spent time in the United States at military hospitals; no one went straight overseas. Some went to established posts and others to newly organized hospitals. Their training varied, reflecting the lack of standardization in preparing ANC members for overseas service. Lack of coordinated training did cause some problems once they arrived overseas.²⁴

Mary Rupprecht’s Fiftieth General Hospital from Seattle went to Camp Carson, Colorado, where unit members hiked, sometimes as much as twenty miles, went on overnight bivouacs, did calisthenics, crawled through an infiltration course with barbed wire on the ground and gunfire overhead, and had fire drills.²⁵ Florence Fattig also had to go through the infiltration course during her basic training. She crawled through tunnels, climbed down rope ladders in abandon ship drills, and learned to swim. Her group went on maneuvers at Fort Bend, Oregon, where the unit practiced setting up and taking down a mobile hospital.²⁶

Others had less traumatic training.

Elizabeth Fagan remembered that the ANC recruiter in Omaha told her to take an evening gown, underwear, and not much else when she reported to Fort Leavenworth because everything would be supplied. The evening gown was handy for the weekly “hops.” The government regulation off-duty uniforms in 1942 were less than desirable. Made of blue wool with maroon trim, they “picked up every bit of lint or debris as though they had magnetic quality. We used to joke that our uniforms picked up everything but men.” Nurses who had been in service longer “said they were designed by officers’ wives.” In 1943 the ANC nurses changed to khaki or army green dress uniforms similar to those of male officers.²⁷

Barbara Gier and Phyllis Johnson began their military careers at the Santa Ana Army Air Base in California, which looked “like a country club.” Phyllis remembered that most of the Santa Ana patients were air corps cadets. “They were the nicest kids to take care of. Very young and very nice.”²⁸

Gier had classes there on army regulations and etiquette, plus a week of bivouacking with K-rations and lessons in sterilizing water. She had been interested in flight nursing, but “anyone in the air force was going to have to take parachute training. Many of us didn’t want to make those jumps.”²⁹

Helen Louise Logan Knapp entered the ANC in April 1944 as a second lieutenant and did not find her basic training at Camp White, Oregon, too strenuous. “We did a little close order drill, learned how to salute, and prepared for a twenty-mile hike with full pack. However, after we’d gone three blocks we were dismissed to return to quarters.”³⁰

Then Knapp was assigned to the newly established Bushnell General Hospital in Brigham City, Utah. She worked in the psychiatric section there, and one of the wardmen was Pvt. Richard Knapp. “I little realized at that moment what an important part of my life he would be.” But the course of true love did not run smoothly in the army.

Nurses with officers’ rank were strongly discouraged from dating or even socializing with enlisted men. Helen and Richard traveled separately by bus to nearby Salt Lake City or Ogden to see each other.³¹

After she joined in 1944, Wilma Kellogg went to Camp McCoy, Wisconsin, where she was assigned to the 239th General Hospital, scheduled to go overseas. Three of the women in her unit were African American. The 239th was one of the first racially integrated hospital units in the U.S. Army. Some black nurses had been accepted into the ANC earlier, but they had always been placed in all-black units, often caring for African American soldiers or prisoners of war. Kellogg recalled that the three black women in the 239th were from Chicago and well trained. But they and the other women in the unit did not socialize when not working. If one of the black nurses came into the dining room and did not see one of the other African American nurses, she sat alone.³²

The Camp McCoy Hospital housed Japanese prisoners of war, and Kellogg worked on one of their wards for a short time as part of her orientation. “I don’t think they ever moved,” she commented about the Japanese patients. “They were so quiet. Everyone noticed that. They watched you with their eyes, but no smiles.”³³

Like most soldiers, the nurses went overseas on ships that had been converted into troop carriers and which utilized every inch of space. It was often not a pleasant cruise.

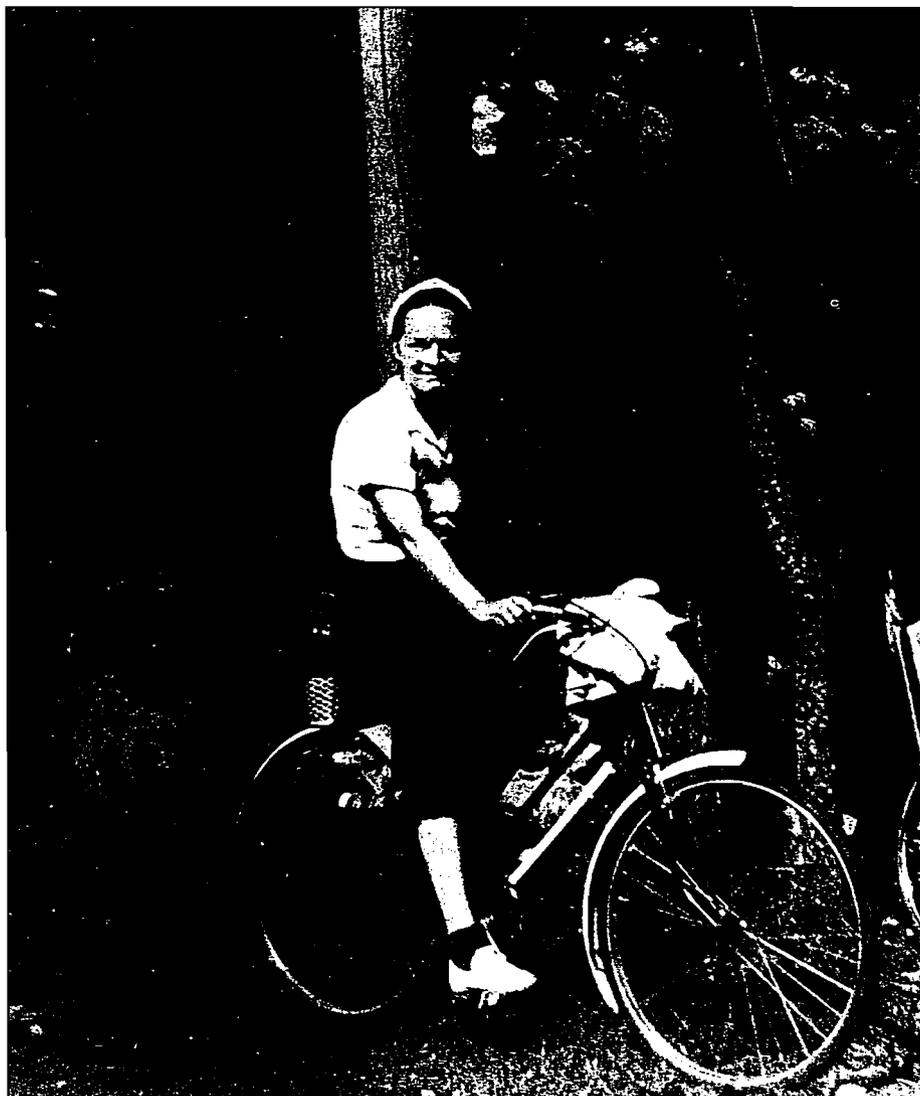
Bernice DeLong joined her unit, the 142nd Station Hospital, on the East Coast shortly before it went overseas on the *Argentina*. Because of the danger from German submarines, no one changed into bedclothes at night, and everyone carried life preservers at all times. So many nurses were crowded into each stateroom that they could hardly turn around. But the nurses were not nearly as cramped as the enlisted men on board, who covered the entire deck. With the portholes of the cabins

closed at night to ensure blackout, the rooms became very warm, so the women in DeLong's room pushed pillows and blankets out the porthole to the enlisted men on the colder deck. The next day the captain of the ship reprimanded the hospital unit's chief nurse for what her subordinates had done. Giving soldiers pillows and blankets would turn them into sissies. "But she stood up for us. She said, 'They're nurses and they take care of people.'"³⁴ However, the nurses did not give out any more blankets.

Barbara Gier joined the 203rd General Hospital unit in Boston and boarded ship with all her equipment strapped to her back. Approximately ten or twelve nurses shared a cabin originally designed for two to four people. The women bathed by filling helmets with water that was only turned on twice a day. Catherine Prussa, who also sailed from Boston, recalled that no one spent any time in the room—it was too crowded. On the British ship, *Rangitata*, nurses of the 167th General "carried life jackets like teddy bears."³⁵ There was a torpedo scare on the trip, and they had heard of another ship carrying nurses from Schick General Hospital being torpedoed off the coast of North Africa.

Service overseas even for noncombatants could be dangerous, as many nurses quickly realized. By 1944 sixty-nine ANC nurses had died, six as the direct result of enemy action. Twenty-four were listed as wounded, and sixty-six were held as prisoners of war by the enemy. Most of the nurses in this last category were army and navy nurses who had been captured by the Japanese in the Philippines. For about two months thirteen flight nurses were missing in Albania and Yugoslavia after a plane crash, but they and other crew members managed to reach Allied lines.³⁶

Once overseas the women often had to adjust to very different living conditions, even in England. Nurses were disturbed by the damage the war had already caused. Jeanette Davis was struck



Clark bicycling in the English countryside. Courtesy of Ida Britton Clark

by the evidence of bombing. "There was a full moon shining. It was very eerie to see the buildings that had been bombed. You could see the shadows and see the moon through the buildings."³⁷

Phyllis Johnson's unit near Chester, England, moved into quonset huts, each one containing cots, a place to hang clothes, and a pot-bellied stove. "If you really wanted to be warm, you practically had to sit on the thing. Your front was warm and your back was cold." Homesickness sometimes hit, but the support of others in the group helped.

She began crying once because she missed her family, but someone said "C'mon, lets go do something," and that helped ease the depression.³⁸

In Jeanette Davis's unit eight or nine roommates had poetry readings to relieve tension. "We would have sessions . . . in the evenings . . . and read the saddest poems and cry. That was a great outlet for us. We would get very dramatic about the poetry."³⁹

Between their work schedules and the army's knack for keeping everyone busy, many nurses did not have the op-

portunity to mingle with the civilian population, but a few did meet English civilians. Catherine Prussa reported to the 103rd General Hospital near Salisbury, a converted boys' boarding school. She became acquainted with only one Englishwoman, who happened to be dating a U.S. ordnance officer, but U.S. officers who were billeted in an English home provided Catherine and another nurse with an invitation to English tea that was "quiet, formal and not very filling."⁴⁰ Jeanette Davis was billeted with an English couple, the Godsells, in Swindon for a short time before her unit's hospital was ready. "They were most gracious and loving to me. . . . It was a bit of home over there."⁴¹

Field and evacuation hospitals followed the troops closely. Florence Fattig of the 104th Evacuation Hospital and Bernice DeLong, now with the 39th Evacuation Hospital, arrived in France before the rest of the Nebraska nurses. The nurses of the 104th landed on Utah Beach about a month after D-day. Surprisingly, their chief nurse ordered them to wear their dress uniforms. Fattig recalled that this woman stated that her unit members would arrive like ladies. That was not easy, however, because the nurses crossed the English Channel in a Landing Craft Infantry (LCI), jumped into a smaller boat, and then waded ashore. The women waited in a staging area with slit trenches for bathroom facilities until the rest of the 104th landed. Early the next day the hospital personnel arrived at their assigned place to replace the 91st Evacuation Hospital and abruptly learned how mobile hospital units leapfrogged each other. The 91st staff took all the new, unpacked equipment and supplies the 104th brought and hit the road. The 104th had to work with what the other hospital left behind. Fattig remembered her unit was upset at first, but soon accepted the situation. Besides, the other hospital's equipment was not old, and everything was already set up. The 104th made twelve more moves and treated 28,545 patients before V-E Day.⁴²



Critically wounded patients in triage area used by 104th Evacuation Hospital. Courtesy of Florence Fattig

Bernice DeLong joined the Thirtieth Evacuation Hospital in Manchester, England, just before the unit moved to the huge staging area around Portsmouth, preparatory to the D-day invasion. Like the nurses in Florence Fattig's unit, these women also waded ashore on Utah Beach. On the way to the staging area their truck turned over, but fortunately no one was injured. "By that time we were so tired, we just laughed, helped straighten it up, got back in and went on." When the nurses arrived at their new staging area, they started to set up their own tents, but they were ordered back to Utah Beach. They did not try to set anything up there. "It was raining and we just lay down on our raincoats and let it come down. We were so tired."⁴³

The other nurses served in general hospitals in Europe, but that term included some very different establishments: a modern Parisian hospital, a tent unit in a cow pasture, or an old French cavalry barracks. On July 17,

1944, about six weeks after the D-day invasion, the Fiftieth General Hospital arrived in France. While the unit's hospital tents were being set up near Carentan in Normandy, Mary Rupprecht and other nurses went to the Forty-second Field Hospital on detached service. They returned when the general hospital officially opened in August 1944. The medical officers believed that the front line service had provided the unit personnel with valuable experience: "Triage, shock and transportability have become live, important problems."⁴⁴

The 167th General Hospital reached Liverpool in September 1944, and received a warm welcome from the British, recalled Elizabeth Fagan. "We . . . decided that England was our destination, and that we would soon be housed in a large school building or hotel, or even a hospital. Everyone we had heard from had comfortable housing." Instead the unit went by train straight to a southern English port and crossed the English Channel on an LCI. The nurses, still

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Dressing patient wound, summer 1941. Courtesy of Ida Britton Clark

dressed in their best uniforms because "our commanding officer wanted to impress the British citizens," had to scramble through the surf onto Utah Beach. "The crew lowered one end of the boat into the water and invited us to wade ashore dressed as if we were going to meet the queen." From the beach

they were loaded into trucks and taken to a pasture outside Cherbourg that was to be turned into a tent hospital. The 167th was stationed here until the end of the war in Europe, and then sent to southern France for redeployment to the South Pacific.⁴⁵

After arriving in Liverpool, England,

in October 1944, Barbara Gier's unit, the 190th General Hospital, proceeded across England to France. This group never did become a functioning hospital, and after bivouacking several days, the members were sent to other facilities. Barbara and many of her colleagues went to the Raymond Poincare Hospital in the Paris suburb of Garches, which the 203rd General Hospital had taken over in September 1944. The Poincare Hospital was a modern, three-pavilion facility built in the 1930s. It had been grafted onto an older building and chapel, rumored to have served as a hospital for American forces during World War I.⁴⁶

Phyllis Johnson's active service began when her name was called out during a movie in England, and she was told that she was being assigned to a hospital train in France. After arriving in Paris she and several other nurses reported to a railway station, probably the Gare St.-Lazare, and received orders to prepare a French train for use as a hospital. "We were supposed to get this train ready for use very shortly—maybe in a day or two. So we got busy with that, with needles, syringes, dressings. . . . Emergency things and not much more." The train ran between Aachen-Tehville and Paris.⁴⁷

Many general hospitals improvised at some point, even units that took over established facilities. Technicians in the 203rd's Poincare Hospital devised a cone for the X-ray machine out of a German 88mm shell casing, which radically reduced secondary radiation. At the Fiftieth General's second location in Commercy, south of Verdun, hospital corpsmen made their X-ray machine a mobile unit by constructing a dolly from the wheels of a damaged P-47 fighter. On a smaller scale members of the 167th General Hospital turned the nurses' cold cream jars and empty bottles scavenged from the dump into containers for sterile solutions. Flare cases and empty enemy ammunition boxes held sterile bandages.⁴⁸

On rare occasions luck helped the



Orthopedic surgery in tent hospital used by 104th Evacuation Hospital.
Courtesy of Florence Fattig

give morphine, we could give sleeping tablets, we could give codeine. That's about it. We didn't have the boys on the train that long." The train from Paris would arrive at night, and the next morning ambulances would bring about three hundred wounded to the station near Aachen. The patients had been patched up enough in the field hospitals to make the trip back to the general hospitals in the city. Thirty-two enlisted men, four nurses, and one doctor staffed the eight-car train that arrived back in Paris the next morning. The cars were not well heated, but the staff managed to get adequate equipment, added furniture, and enlarged the kitchen.⁵²

The cars were crowded inside, Johnson recalled, with litters stacked three or four deep along the walls. The wounded men were still in their uniforms. "We had a blanket to throw over them—keep them warm and try to keep them quiet." Some of the battle fatigue casualties were "on the floor of the train fastened down with I don't know how many straps. They were just wild. You had to jump over those and hoped that they never got loose while you had them. . . . But after all they were the boys. They were shell-shocked, poor fellows." Only once did Phyllis Vavra Johnson meet someone from her hometown while she was working on the hospital train. "One day someone said, 'Oh, Lt. Vavra.' I looked down below in the litter and it was a boy from Schuyler," who had been injured in a jeep accident. After three months on the train she was transferred to the 217th General Hospital in Paris.⁵³

Members of the 104th Evacuation Hospital learned to set up and take down their hospital tents in about three and one-half hours. In the operating room tent, where Florence Fattig worked, eight operating tables were run around the clock during busy periods and the nurses did twelve-hour shifts for as long as it took to treat all the casualties.⁵⁴

In the Thirty-ninth Evacuation Hospital Bernice DeLong mainly worked with

hospital staff to function normally. The water system established in the pasture near Cherbourg for the 167th worked sporadically. According to Elizabeth Fagan, "an officer from the engineering battalion that installed the water system was wounded in battle and brought back to our hospital. . . . The poor [injured] man was bundled into a jeep" and taken to the water system pumps where he explained to the hospital personnel how to operate it properly.⁴⁹

In their overseas careers most of the nurses endured rough, uncomfortable conditions. At one of the locations where the 104th Evacuation Hospital set up, Fattig recalled that the rain turned the soil into mud and to get to the mess tent, everyone slid down the hill holding onto ropes. The mud also impressed itself in Sarita Wilson's memory. It seemed that just when staff members of the 123rd Evacuation Hospital achieved some kind of decent footing in their current location, they were ordered to move on.⁵⁰

The nurses of the 167th General Hospital quickly learned some survival techniques once they arrived in France. After wading ashore, Fagan and her col-

leagues, like the rest of the hospital personnel, discovered their footlockers with clothing and other necessities had been lost. For several months they lived on whatever they had managed to pack in their musette bags: pajamas, flashlights, etc. Few had a second pair of shoes to replace the footgear that got wet when they waded ashore. For light in their tent sleeping quarters they saved C-ration cans, "filled them with every bit of surplus fat we could scrounge from the kitchen," and used a bit of cord for a wick. Better lighting was saved for the hospital wards. To keep warm during the rainy autumn, "someone had the bright idea that we should spread paper or something on the cot to keep the bottom part of us warm. We . . . picked up every bit of packing paper available," and it worked. The weather was no friend. Continual wind and rain storms on the Cherbourg Peninsula blew down tents, including on occasion the "heavy storage-type" used for surgery.⁵¹

The nurses provided care in a wide variety of settings and to a medley of patients. Aboard the hospital train Phyllis Johnson and the rest of the small staff had limited medications: "We could

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battle fatigue patients. The doctor prescribed narcotherapy, or sedating the patients so heavily that they slept for two whole days. On the third day the men were lightly medicated. The nurses had to watch these patients closely so that they did not choke while they were sedated. After this treatment the physician in charge would interview the men and decide who was ready to go back to the front and who would go to other hospitals for further treatment. DeLong never knew what the final decision was for any of the patients, and neither did they. When they were dismissed they were put into trucks and sent to their destinations without being told, she remembered.⁵⁵

Despite the sedation the combat fatigue patients could be alarmingly active. DeLong recalled one patient who shoved his head through a glass window. "We had to put on gloves and break the glass so that his neck wasn't cut. We couldn't figure out how he did it. Then I went into another ward and they were hitting each other over the head with the ends of their cots. They didn't know what they were doing, they were so drugged. You thought you put them to bed, but somebody probably said one little word."⁵⁶ The nurses in the 167th General Hospital treated mainly American patients who arrived already clean and in pajamas. This hospital acted as a holding point where patients were kept for a few days or weeks until boats could transport them to England or to the United States. Sometimes there were slow periods but that could change in an instant. Elizabeth Fagan remembered,

We [once] stripped all the sheets off the beds after the patients left and had them bundled up to go to the laundry. Suddenly we got word that another train load of patients had arrived. . . . We had no clean linen so we had to unbundle the laundry items, dry out the sheets and pillow cases, and put them back on the cots. Everyone felt guilty doing this, so we took extra care in making sure the sheets were taut on the cots and didn't appear recycled.⁵⁷



Lt. Jean Painter Knudsen, ANC nurse, doing laundry outside hospital train car in 1944. Courtesy of Jean Painter Knudsen

Barbara Gier spent most of her overseas service attached to the 203rd General Hospital in Paris housed in the large Raymond Poincare Hospital. Before the 203rd left Europe it had

handled nearly 30,000 patients there. In addition to the American sick and wounded, the hospital also housed a large number of German prisoner of war (POW) patients, about 7,000 in the first

six months of 1945. Because of this the hospital administrators decided, regretfully, not to use healthy German POWs as laborers as many other hospitals did.⁵⁸

Gier worked part of the time on the POW wards. "My grandparents were from Germany on both sides and so I asked to work with the Germans. You know there was a kind of intrigue. I mean what were they like? I wanted to know." She did not speak German, but one of the guards, who was on detached service from the 190th like Gier, spoke the language fluently. "His name was David Sitnor and he could communicate with them and tell them what to do and tell me what they said. It was no problem." Some of the patients also spoke or understood English. "I do sometimes think at first they could understand but wouldn't give it away. But also there were a lot of Germans who understood more than they spoke."⁵⁹

Besides the American corpsmen who helped Gier on the POW wards, there were three German patients with only minor ailments who acted as orderlies. The latter cleaned the area the first thing in the morning, changed the linen, and helped the other patients to bathe. The nurses handled the dressings and medications. The armed guards would also help with the food trays, although this was probably not part of their assigned duty.

Gier recalled that the prisoners rarely caused trouble, but on one occasion the American guards showed some hostility towards the POW patients. "I remember once in a difficult part of the war, that these MPs made the patients think that they were not going to give them (the bed patients) food from the carts. . . . I cried and said, 'Oh, you can't deprive them.' This David Sitnor, he liked me and felt that we were from the same outfit. He couldn't stand any tears and so he said, 'Oh, we're just kidding.' But I know they weren't. They were angry with the Germans. . . . They just thought they were Germans and we [the nurses] felt they were patients."



German prisoners carry a litter patient at the Fiftieth General Hospital near Carentan, France. Nearby is another patient who has lost a leg. Courtesy of Mary Rupprecht



Fiftieth General Hospital nurses wash clothes in buckets in 1944. Courtesy of Mary Rupprecht



Blood bank equipment at the 104th Evacuation Hospital. Courtesy of Florence Fattig

The chief nurse of the German section laid down the law, stating, "We aren't going to fight the war here . . . This is patient care and no one's fighting the war any more here."⁶⁰

The only serious problem Gier remembered occurred when the 203rd General Hospital admitted some SS troops. The *Wehrmacht* patients "took us aside and said these are SS men. . . . They have a tattoo under their left arm." Hitler's elite "were just spit and polish and very proud. Kind of arrogant. They wanted newspapers and radios," as well as other conveniences. But "when they saw how good we were in the care of the German patients, they just came down from their high horses and about the third day they were helping to pass the bedpans and going around trying to help. I tell you we had no more trouble with them."⁶¹

Wilma Kellogg's 239th General Hospital, like the 50th General, was mobile. The unit arrived in France in December 1944 and moved into northern France—Rouen and Reims. There were enough tents to house everything under canvas, but usually the staff set up [organized] in buildings. Kellogg worked on the medical and psychiatric wards. In November 1944 the Fiftieth General Hospital moved to Commercy, south of Verdun, into an old French cavalry barracks. Soon Mary Rupprecht's unit began receiving Russians and Italian patients with tuberculosis and deficiency diseases from a captured German TB hospital. By the end of November the hospital had acquired an international medley of patients. The majority, of course, were U.S. servicemen, but there were German POWs, French military personnel and civilians, Polish and U.S. civilians (the latter mainly from the Merchant Marine), British soldiers, liberated Russians, and Italian POWs of the Germans. Language sometimes presented a problem.⁶²

Christmas of 1944 in the European Theater was fraught with emergencies, the most notable being the Germans' Ardennes offensive, better known as the

Battle of the Bulge. There were other smaller, but no less deadly, episodes.

The night supervisor for B Block at the 167th in Cherbourg, Elizabeth Fagan, had just gone to Midnight Mass on Christmas Eve when she was called back to her ward. A German submarine had sunk a troop ship in Cherbourg harbor, and some of the survivors were being brought to the 167th. They received "a large number of thoroughly chilled soldiers whose first need was to get warm as they had been thrown into very cold water. . . . Officers from the division or somewhere were out with their clipboards early the next morning taking down names, ranks, and serial numbers . . . of every survivor. Christmas Day was a heavy duty day." She did not learn the name of the ship, the *Leopoldville*, until years later. The hospital's annual report simply referred to these men as an "interesting group of acute pulmonary infections."⁶³

During the German breakthrough the Fiftieth General Hospital in Commercy was close to the battle zone. The hospital, like others, experienced a coal shortage, and the town was flooded with Alsatian civilian refugees from the fighting. Nightly German air raids on a nearby marshalling yard kept the patients and staff on the alert. "The presence of nurses on duty was reassuring [to the patients] and large doses of sedatives were used at night."⁶⁴

Mary Rupprecht was on detached duty with the Fifty-eighth Field Hospital in Nancy during the early phases of the Battle of the Bulge. Only about thirty-five people remained in the whole hospital, the others having been evacuated. She and two corpsmen admitted and cared for "(the best we could) fifty GIs on my ward alone. They were all battle fatigue and frozen feet. . . . The battle fatigue GIs we tied down on cots, but they were so wild they just ran around with the cots on their backs. And those poor men with frozen feet kept asking, 'Can they save my feet?' Those twelve hours that night were the busiest and saddest of my life."⁶⁵

Florence Fattig and other nurses in the 104th Evacuation Hospital, part of the Third Army, were told that they might have to leave quickly if the Germans advanced any closer. "Well, we had over 400 patients, and more coming in all the time. What are you going to do? So nobody got too excited about that." She remembered one patient in particular during this time, an eighteen-

year-old who had spent Christmas Eve in New York and by New Year's Eve he was wounded in Belgium with a badly crushed arm. "It was just hanging on by skin and tendons. He begged us not to remove it," and even threatened to become a gangster if they did, but there was nothing the doctors could do to save it. "I've often wondered if he changed his mind. I hope so."⁶⁶



Florence Fattig (standing at right in line) was decorated with the Bronze Star by Gen. George S. Patton on February 22, 1945. Courtesy of Florence Fattig

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Florence Fattig won a Bronze Star in Luxembourg. She was among the first thirteen nurses to receive the decoration in the European Theater on February 22, 1945. General Patton personally pinned it on in a ceremony complete with a band, the press corps, and refreshments. She recalled that the nicest thing about it was the half day off from work she and the other recipients got. She earned the medal when the 104th's building was hit, probably in an attempt to bomb nearby Third Army headquarters. Fattig was on duty that night in surgery when she heard that there were bad casualties in the triage area. She took surgical supplies down to expedite care. The nurse in the triage area also received a Bronze Star.⁶⁷

As the Allied armies moved into Germany the U.S. Army hospitals sometimes received nonmilitary German patients. Florence Fattig remembered three young German boys she thought were members of the Hitler Youth who were cutting communication lines and who stepped on a mine. One with an apparently critical abdominal wound had a hand grenade that he threatened to throw if either he or the other two boys were touched by the Americans. Someone finally got the grenade away from him and treatment continued. Some German monks caused less dramatic (but still tiresome) problems for the 104th in Trier, where the unit had taken over their hospital. "They were absolutely awful to us, shutting off the water and the electricity. We were really quite upset with them. . . . We had to put a guard out to watch that they didn't do that or take any supplies."⁶⁸

As the European war seemed to be drawing to a close, Helen Louise Knapp and her fiancé, an enlisted man who was with another hospital unit, started filling out papers to allow them to get married. Each had to get permission from his commanding officer, and by the time everything was processed, the war had ended in Europe. Helen Louise and Richard were married in June in Paris. She had asked her family in the



Nurses of the 179th General Hospital at lunch along the road to Paris, September 1945. The unit was being transferred from Rouen to Paris. Courtesy of Elizabeth Feehan Fagan

United States to send her a white wedding dress, but it did not arrive until six weeks after the ceremony, so the Knapps were both married in uniform. She always wondered if her decision to marry an enlisted man did not cost her a promotion to first lieutenant. They stayed with their hospitals because married couples were not allowed by army regulations to serve in the same units. In August 1945 this rule changed and Helen Louise transferred to her husband's Fifty-fifth General Hospital. Knapp's old unit, the 202nd, was slated to go to the South Pacific after the end of the war in Europe, but married nurses would not go.⁶⁹

Because the 167th General Hospital was also redeploying to the Pacific Theater, Elizabeth Fagan and the other married nurses were transferred to the 179th General Hospital in Rouen and worked for a time on the POW ward there. The

prisoner patients were housed in the old part of the building. They were either young teenagers or older men, some in their sixties, age groups that did not appear in the U.S. Army. Neither did many of the diseases the Germans had: tuberculosis, typhoid, lockjaw, diphtheria, and kidney failure due to malnutrition. "In spite of our best efforts to help these people there were numerous deaths. . . . We had always believed that the Germans had a state-of-the-art medical system. . . . It was a surprise to find that the Germans did not have preventive health care measures such as vaccinations. . . . So many of these deaths. . . . could have been prevented had the people been vaccinated."⁷⁰

Wilma Kellogg's unit was one of those being shipped to the Pacific—perhaps. The nurses were never told for certain, but they were sent to a huge staging area around Marseilles to await

developments. “We were just waiting because we didn’t know if we were going to the CBI or what.” She remembered the place as crowded, dirty, and very boring. Even now when she and a friend who had been there talk, it is about Marseille and how awful it was.⁷¹

The end of the war in Europe, V-E Day, found Catherine Prussa in London. By chance she happened to be on leave then and “spent a lot of time outside the [Buckingham] palace gate, hoping for a glimpse of the royal family. We didn’t see them though they did appear to wave at the crowd several times.”⁷²

Jeanette Davis was also in London on V-E Day: “I don’t believe any picture could ever capture the feeling.” She would always remember seeing “these ladies coming out of the stores and dancing all by themselves. . . . There was nothing but jubilation, and of course always the tears of happiness and sadness.”⁷³

After hostilities ceased Helen Louise Knapp’s new unit moved into Germany and established a hospital in Kassel. She recalled the “sheer destruction. The bombs had destroyed everything. Just piles and piles of rubble and people crawling out of this rubble where they were making a home as best they could.”⁷⁴

Soon after the war ended in Europe and in the Pacific, all of the Nebraska nurses returned to the United States, some to continue in nursing and others to pursue new careers. Many must have felt like Catherine Prussa, who, looking back over her service, thought that she and the other nurses she had worked with had their gripes (especially about the uniforms), “but mostly we were proud to wear them.”⁷⁵

Most of the hospital units had become supportive, family-like groups with many shared experiences, and their disbandment at the end of the war left many, like Jeanette Davis, a little sad. But arriving back in the U.S. made up for that. Davis remembered that when she and the other nurses on board their returning ship saw the Statue of

Liberty in New York harbor, they cried. “We went to the topmost deck to see everything in pouring rain. We were soaked and crying.” Later while being demobilized at Fort Dix, “We couldn’t eat. . . . We were just too happy.”⁷⁶

Readjusting to civilian conditions was not easy. During the war many nurses in service had taken on more responsibility than they had been allowed in their previous civilian work. Phyllis Johnson, for example, found it difficult to settle back into peacetime nursing for this reason and because the priorities in a civilian hospital were so different. “You didn’t do the important things first.” Treating some patients with special care because they were important rather than critically ill also bothered Bernice DeLong. “Boys gave up their lives to let us be equal, and then to be told to be nice to [someone]. It just infuriated me.” Florence Fattig recalled that the adjustment could be hard because the army had taken care of so many basic details like clothing, food, and shelter. “I found it just a little difficult maybe to make decisions when I got back.”⁷⁷

These women had some amazing experiences, some of which they would not have wished to repeat. But many were also enriched. One nurse recalled the level of proficiency they had to acquire to “get our jobs done. . . . Our minds were so keen and alert. Oh yes, I think each of us grew in all areas.” For another, the military service “taught you that there was nothing that you couldn’t handle.”⁷⁸

Despite their reluctance to court publicity, the nurses from Nebraska and elsewhere contributed significantly to the health care provided by the U.S. Army during World War II. In the words of Jeanette Davis, “the fact that this little farm gal was able to be there and do something was important.”⁷⁹

¹ Doris Weatherford, *American Women and World War II* (New York: Facts on File, 1990), 23; Elizabeth Norman, *Women at War: The Story of Fifty Military Nurses Who Served in Vietnam* (Philadelphia: University of Pennsylvania Press, 1990), 3.

² Unless stated otherwise, all interviews, letters, and the handwritten memoir of Elizabeth Fagan are in possession of the author.

³ “Nurses Speed Day of Victory,” *Omaha World-Herald Sunday Magazine*, May 9, 1943, Historical Society of Douglas County, *World-Herald* Clipping File (hereafter HSDC Clipping File); “15 Girls from Nebraska Stick It Out Despite Torrid Heat of South Pacific,” HSDC Clipping File, Oct. 23, 1944; “Omaha Nurse Back From France, Wants to Return to Flying Work,” HSDC Clipping File, Sept. 8, 1944.

⁴ “Nebraska Army Nurses in North Africa Work Bravely Under Trying Conditions,” HSDC Clipping File, June 20, 1943; “Iowans, Omahan Among First Nurses on Italy Beachhead; Group is Seasick,” HSDC Clipping File, Jan. 30, 1944; “Omaha Nurse Gets Purple Heart,” *Omaha World-Herald*, May 8, 1944, 1.

⁵ Robert V. Piemonts, ed., *Highlights in the History of the Army Nurse Corps* (Washington, D.C.: 1987), 6, 12, 14-15, 20.

⁶ Ida Britton Clark interview with author, Dec. 23, 1994.

⁷ *American Red Cross Harvard Field Hospital Unit* (Cambridge, Mass.: 1943), 9, 11, 12, 16, 18.

⁸ Clark interview.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Bernice DeLong interview with author, Aug. 4, 1994.

¹² Florence Fattig interview with author, Nov. 15, 1994.

¹³ Catherine Prussa letter to author, May 20, 1989.

¹⁴ Fattig interview.

¹⁵ Jeanette Meyer Davis interview with Lori Cox, “What Did You Do in the War?” Series, Nebraska State Historical Society (hereafter Davis interview, NSHS), 3.

¹⁶ Clark interview.

¹⁷ Elizabeth Feehan Fagan memoir, 4-5.

¹⁸ Catherine Prussa letter to author, Aug. 7, 1989. For more on the rumormongering about the WACs, see Mattie E. Treadwell, *Women’s Army Corps. Special Studies. United States Army in World War II* (Washington, D.C.: 1954), 195-98. The FBI, under the impression that all the rumors about WAC misconduct had been started by Axis agents to disrupt the U.S. war effort, discovered that the tales originated from American civilians and servicemen.

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- ¹⁹ Phyllis Johnson interview with author, May 21, 1990.
- ²⁰ Barbara Gier interview with author, June 17, 1990.
- ²¹ Mary Rupprecht letter to author, Sept. 4, 1989.
- ²² Davis interview, NSHS, 3.
- ²³ Wilma Kellogg interview with author, Nov. 29, 1994.
- ²⁴ Annual Report, 167th General Hospital, 1944, Record Group 112, Surgeon General's Office, National Archives and Records Administration, Washington, D.C. (hereafter RG 112), 2. Nurses' training in the U.S. was found to be deficient. Col. James H. Turner, commander, 203rd General Hospital, to Surgeon General, U.S. Army, Feb. 12, 1944, RG 112. "Efforts were made to standardize this training by securing check sheets from the organizations to which they were assigned; however. . . it was found that their field training has not been uniform and in some instances was incomplete. . . It is suggested that nurses be assigned to their organizations for a period of field training prior to departure for overseas service."
- ²⁵ Rupprecht letter, Annual Report, Fiftieth General Hospital, 1944, RG 112, 3. "All personnel, including nurses, crawled the regulation course under machine gun fire."
- ²⁶ Fattig interview.
- ²⁷ Fagan memoir, 9, 12. On duty in the hospital, the nurses wore the standard white uniforms and shoes.
- ²⁸ Gier and Johnson interviews.
- ²⁹ Gier interview.
- ³⁰ Helen Louise Logan Knapp Account, Lois Logan Horn and Family World War II Collection, University Archives/Special Collections, University of Nebraska-Lincoln Libraries.
- ³¹ Ibid.; Helen Louise Logan Knapp interview with author, Aug. 13, 1994.
- ³² Kellogg interview.
- ³³ Ibid.
- ³⁴ DeLong interview.
- ³⁵ Gier interview; Prussa letter, Aug. 7, 1989; Fagan memoir, 31-32.
- ³⁶ "Sixty-Nine Nurses Dead Since December 7," *Army Nurse* 1 (August 1944): 8.
- ³⁷ Davis interview, NSHS, 4.
- ³⁸ Johnson interview.
- ³⁹ Davis interview, NSHS, 8.
- ⁴⁰ Prussa letter, May 20, 1989.
- ⁴¹ Davis interview, NSHS, 5-6.
- ⁴² Fattig interview.
- ⁴³ DeLong interview.
- ⁴⁴ Rupprecht letter; Annual Report, Fiftieth General Hospital, 1944, RG 112, 25.
- ⁴⁵ Fagan memoir, 33, 35.
- ⁴⁶ Annual Report, 190th General Hospital, 1944, RG 112, 2; Annual Report, 203rd General Hospital, 1944, 4-5, RG 112. The building was also called the Hospital de la Reconnaissance and was on the Boulevard Michele Brezin.
- ⁴⁷ Johnson interview.
- ⁴⁸ Periodic Report, 203rd General Hospital, June 28, 1945, RG 112, 7; Periodic Report, Fiftieth General Hospital, Jan.-June, 1945, RG 112, 46; Annual Report, 167th General Hospital, 1944, RG 112, 15.
- ⁴⁹ Fagan memoir, 43-44; Annual Report, 167th General Hospital, 1944, RG 112, 9. "During the first six weeks of operation, water failures were frequent, and water had to be hauled using five-gallon cans and the limited truck facilities of the unit."
- ⁵⁰ Fattig interview; "Sarita Wilson — An Army Nurse's Experiences in World War II," unpublished typescript by Sarita Wilson, Hastings, Nebr. I am very grateful to Miss Wilson and to Mrs. Ida Clark for allowing me to look at this.
- ⁵¹ Annual Report, 167th General Hospital, 1944, RG 112, 6, 8. The loss of luggage "was a serious error in planning by those responsible and caused considerable difficulties"; Fagan memoir, 37, 39, 51, 84; A twenty-man team "had to be continually on the job during storms in order to keep the tentage from blowing down."
- ⁵² Graham Cosmas and Albert Cowdrey, *Medical Service in the European Theater of Operations* (Washington, D.C.: 1992), 472.
- ⁵³ Johnson interview.
- ⁵⁴ Fattig interview.
- ⁵⁵ DeLong interview.
- ⁵⁶ Ibid.
- ⁵⁷ Fagan memoir, 93.
- ⁵⁸ Annual Report, 203rd General Hospital, 1944, RG 112, 6. In Oct. 1944, the hospital was designated the Seine Section Hospital for prisoners of war. "Segregation of Prisoners of War being mandatory, two buildings of the old hospital area previously used as enlisted men's quarters were cleared and converted into wards for these patients." Periodic Report, 203rd General Hospital, June 25, 1945, RG 112, 2.
- ⁵⁹ Gier interview.
- ⁶⁰ Ibid.
- ⁶¹ Ibid.
- ⁶² Annual Report, Fiftieth General Hospital, 1944, RG 112, 37; Rupprecht letter.
- ⁶³ Fagan memoir, 82-83; Charles B. McDonald, *Time for Trumpets; The Untold Story of the Battle of the Bulge* (New York: William Morrow & Co., 1984), 590-94; Annual Report, 167th General Hospital, 1944, RG 112, 18.
- ⁶⁴ Periodic Report, Fiftieth General Hospital, Jan.-June, 1945, RG 112, 27.
- ⁶⁵ Rupprecht letter.
- ⁶⁶ Fattig interview.
- ⁶⁷ Ibid.
- ⁶⁸ Ibid.
- ⁶⁹ Knapp interview.
- ⁷⁰ Fagan memoir, 115-16.
- ⁷¹ Kellogg interview.
- ⁷² Catherine Prussa letter to author, June 6, 1989.
- ⁷³ Davis interview, NSHS, 14.
- ⁷⁴ Knapp interview.
- ⁷⁵ Prussa letter, June 6, 1989.
- ⁷⁶ Davis interview, NSHS, 13.
- ⁷⁷ Johnson, DeLong, and Fattig interviews.
- ⁷⁸ Davis interview, NSHS, 15; Kellogg interview.
- ⁷⁹ Davis interview, NSHS, 12.