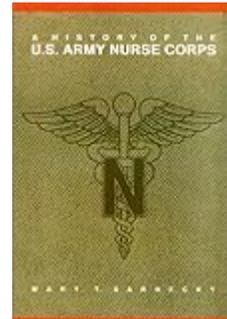




**Mary T. Sarnecky.** *A History of the US Army Nurse Corps.* Philadelphia: University of Pennsylvania Press, 1999. xi + 518 pp. \$55.00 (cloth), ISBN 978-0-8122-3502-9.



**Reviewed by** Donna Crail-Rugotzke (Department of History, University of Nevada, Las Vegas)

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## A History of the US Army Nurse Corps

### A History of the US Army Nurse Corps

Mary T. Sarnecky's work describes the origin and evolution of the U.S. Army Nurse Corps from 1901 to the end of the Vietnam War. She examines the contributions of army nurses, the problems they experienced, and military nursing's professional evolution. Sarnecky intends for this book to serve as a resource for decision makers and to create a sense of pride in the corps' accomplishments (pp. xi-xii).

The growth of professionalism characterized the changing nature of military nursing from the American Revolution to the end of the Vietnam War. The shift from untrained to trained nurses, the establishment of a permanent nurses corps, and the increasing responsibility of nurses are examples of this development. Prior to the 1890s, the military hired untrained women nurses to treat injured soldiers. These nurses only served during the duration of war and then returned home (p. 24). By the 1890s, the transformation of hospitals from "welfare institutions" to more scientific institutions required better-educated nurses (p. 24). The performance of trained nurses during the Spanish-American War led

to calls for a permanent nurse corps (p. 41). Yet, infighting among the supporters prevented the nurse corps from becoming a reality until 1901 (pp. 49-50). Greater responsibility and autonomy accompanied the evolution of the nursing profession. Nurses' applications from the early 1900s listed obedience as an ideal quality in a nurse (p. 52). During the Vietnam War, surgeons expected nurses to make decisions about their patients and to perform medical procedures such as emergency amputations (p. 356).

U.S. Army Nurse Corps' nurses made significant contributions to their patients' physical and psychological health, frequently risking their own lives in the process. Women nurses often served in the "combat zone," tolerating danger for the privilege of treating the wounded (p. 396). Nurses not only focused on the physical well-being of patients but improved their morale through recreational activities such as making Christmas decorations (p. 114).

Despite these achievements, several problems plagued the U.S. Army Nurse Corps including an insufficient number of nurses, providing appropriate uniforms,

and obtaining rank. The outbreak of war was always accompanied with the perception of a nursing shortage. Postwar demobilization, peacetime cutbacks, prejudice against African American and male nurses, and illness were some contributing factors to this problem (pp. 171-172 and p. 399). The superintendents attempted to solve this problem by allowing the American Red Cross to enroll reserve nurses and by increasing pay and educational opportunities.

Providing attractive, practical uniforms that fit challenged military officials. Nurses with the Mexican expedition wore gray uniforms that faded when laundered (p. 84). Nurses stationed in Iceland during the Second World War lacked proper winter clothing and the lava rock tore through their boots (p. 180).

Sexism and opposition from the War Department made nurses' struggle for rank a long and difficult process. Victorian attitudes about gender (p. 66), the fear that nurses would abuse their power, and blatant sexism all hampered efforts to obtain rank (p. 146). In 1920, Congress granted nurses relative rank. While relative rank provided nurses with some benefits, nurses held inferior positions compared to men with the same rank (p. 147). In 1944, Congress passed a law authorizing temporary commissions for army nurses. The War Department opposed permanent commissions, claiming this would "adversely effect the peacetime Army of the future (p. 269)." Finally, Congress passed a bill granting nurses a permanent commissioned rank in 1947 (pp. 290-292).

Gender stereotypes adversely effected both male and female nurses. Federal law, homophobia, and a preference for female nurses prevented men from joining the corps (pp. 296-297). Male nurses did not receive full military commissions until 1966 (p. 297). Female nurses

encountered male hostility and misguided chivalry. Sarnecky lists chivalry as one of the reasons for the reluctance to accept flight nurses during World War II (pp. 256-257). Unfortunately, the exclusion of female nurses from some units led to the "'deterioration'" of "'personal, environmental, and nursing'" standards during the Vietnam War (p. 346).

Yet, Sarnecky could have explained some of the military aspects more clearly. For example, she should give the legal and military definition(s) of combat for civilian readers. She also needs to provide more background information with some of her quotes. To demonstrate Superintendent Jane Delano's effectiveness, Sarnecky quotes Delano's correspondence regarding discipline (p. 72). However, she should have explained the circumstances surrounding this correspondence to more clearly demonstrate Delano's abilities.

Despite this criticism, Sarnecky's book is still a useful resource, which will inspire pride in the U.S. Army Nurse Corps. Many readers will marvel at the ingenuity and bravery of individual nurses. Graduate students researching nursing, military, and women's history should consult this work because of her extensive research. Sarnecky's sources include government records, superintendents' correspondence, telephone interviews, medical and nursing journals. Hopefully, Sarnecky will consider revising this work to include the role of nurses in more recent military events.

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