

They Were There: American Women Physicians and the First World War

Mollie C Marr, BFA¹; Iris Dupanovic, MS²; Victoria Z Sefcsik, MS³; Nitisha Mehta⁴; Eliza Lo Chin, MD, MPH⁵

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INTRODUCTION

This past decade marked the centenary of World War I (WWI). For the first time in American history, women participated on a large scale in war efforts through the military and other government agencies. Although much is known about the importance of medicine during WWI, most of the focus has been on male physicians who served abroad. Tens of thousands of women went abroad as nurses, ambulance drivers, and relief workers, but the contributions of women physicians in the war are less well known.

When the US entered the First World War in 1917, women physicians represented less than 5% of the physician workforce.¹ Anticipating a surge in the demand for medical services, the Army Surgeon General sent Army Medical Reserve Corps registration forms to all physicians. These forms did not request physician sex because the respondents were assumed to be male.² Many women physicians completed the forms, volunteering to serve in the Army Medical Reserve Corps. Their applications, however, were rejected on the belief that women could not handle the demands of the battlefield and were not qualified to command men.^{3,4} Women physicians were also told they could not serve because “it hadn’t been done” before, despite women serving in military nursing corps since 1901.⁵ Finally, they were told that because they could not vote, the use of the word “citizen” in the legislation that expanded the Army Medical Reserve Corps did not apply to them.⁶ In 1917, the Medical Women’s National Association (later renamed the American Medical Women’s Association) lobbied the US government to include women in the Army Medical Reserve Corps, asking that “opportunities for medical service be given to medical women equal to the opportunities given to medical men ... and that the women so serving be given the same rank, title and pay given to men holding equivalent positions.”⁷ Ultimately, all petitions and appeals for inclusion in the Army Medical Reserve Corps were denied.^{3,4}

Exclusion from the Army Medical Reserve Corps did not stop women physicians from contributing to the war effort. Dr Esther Pohl Lovejoy⁸ wrote, “*The women of the medical profession were not called to the colors, but they decided to go anyway.*” Women physicians held government and civilian leadership roles, created and ran their own hospital units, served in the US and French army as civil contract surgeons and volunteered in various organizations such as the American Red Cross, American Women’s Hospitals (AWH),

Women’s Oversea Hospitals, and the American Fund for French Wounded. In fact, registrations conducted by the AWH showed that “*almost one-third ... of the medical women in the country ... active and retired, signified their willingness to provide medical service as part of the war effort ... and compared favorably to the service rates of male colleagues.*”⁴

In this article, we shed light on the underrecognized women leaders of WWI. Through their stories, we explore the barriers they faced and the opportunities they created.

WOMEN PHYSICIANS’ CONTRIBUTIONS DURING THE WAR

President Woodrow Wilson appointed Dr Anna Howard Shaw, physician and former president of the National American Woman Suffrage Association, to chair the Woman’s Committee of the Council of National Defense.⁹ In June 1917, this committee convened the leaders of 50 various national women’s organizations—including social, community, religious, and professional groups—to contribute to the war effort.¹⁰ As an immigrant from East England, Dr Shaw felt that it was important for women of all backgrounds to have a part in the war, stating, “[N]ow that war has come I shall ... begin at once to organize the women of the country for war service... [I]t is time for us ... to act definitely.”¹⁰ Another accomplished physician, Dr Rosalie Slaughter Morton, was appointed to represent the nation’s women physicians on the Council of National Defense.¹¹ During the war, she was also appointed Special Commissioner by the Red Cross, a role through which she helped transport supplies from Paris to the war front.¹²

In 1917, the Medical Women’s National Association founded the American Women’s Hospitals (AMH). Led by Dr Morton and later Dr Lovejoy, AWH was the largest all-women’s medical group and would eventually become a clearinghouse for registering women interested in overseas war work.¹³ During its first year, the AWH registered more

Author Affiliations

¹ Department of Behavioral Neuroscience, Oregon Health & Science University, Portland, OR

² Biomedical Sciences Department, Tufts University, Boston, MA

³ Pacific Northwest University of Health Sciences, College of Osteopathic Medicine, Yakima, WA

⁴ Morsani College of Medicine at the University of South Florida, Tampa, FL

⁵ American Medical Women’s Association, Schaumburg, IL, and University of California, San Francisco, San Francisco, CA

Corresponding Author

Mollie C Marr (marmmo@ohsu.edu)

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than 1000 women physicians.¹⁴ Dr Barbara Hunt oversaw the opening of their first hospital, AWH No. 1, in France in 1918. Located in the war zone, the hospital was mandated to treat both civilian and military cases.¹⁴ Physicians treated bullet and shrapnel wounds, infections, and broken bones from the conflict and struggled to manage epidemics affecting both military and civilian populations such as dysentery, typhoid, and influenza. As the battlefields shifted, teams of nurses and physicians from the hospital were sent to areas of greater conflict to treat wounded French soldiers closer to the front line. AWH No. 1 moved locations during the war to meet the medical needs of the district. As one of only a few places to receive medical care in the area, its ambulances were frequently stopped by officials from other districts seeking help.¹³

Another all-women's group to go abroad was the Women's Oversea Hospitals Unit. Supported by the National American Woman Suffrage Association, this unit provided aid to multiple hospital units in France. Dr Anna Von Sholly wrote about her experience as a suffragist in France, providing medical assistance to their military units, as part of the Women's Oversea Hospitals Unit. She was among those women physicians who served with the French Army in the Chateau Ognon at Senlis near Paris, where the hospital was under fire every night. She wrote, "*Some of the sights are pitiful beyond words... [Mangled men] have waited days with no attention.*"¹⁵ In 1918, Dr Von Sholly received the *Croix de Guerre* award by the French government for her commitment to the war effort.¹⁵ Dr Mabel Seagrave also served as a volunteer in the Women's Oversea Hospitals, leaving her practice in Seattle to treat battle wounds in France. She stated that "[war surgery] will give the surgeon a chance to demonstrate things which have heretofore been more or less experimental.... Military surgery in France today is ... an opportunity all surgeons must covet."¹

The desperate need for anesthetists led the Army to allow women to enlist as contract surgeons beginning in March 1918.⁶ Contract surgeons were considered civilians and were denied military commissions, benefits, and command authority.⁶ They had no official rank, were paid a salary equivalent to a first lieutenant, and did not receive disability coverage.^{6,14} Dr Anne Tjomsland, an experienced anesthetist, was one of the first contract surgeons to go overseas, serving in Vichy, France. She was part of the team at Bellevue Hospital in New York that would go on to form Base Hospital No. 1. Anticipating America's entry into the war, Base Hospital No. 1 began training in 1916.¹⁶ When the unit was mobilized in November 1917, the army initially barred Dr Tjomsland from joining the unit as a physician because she was a woman.³ The Base Unit commander considered her irreplaceable and successfully fought for her to be appointed

as a contract surgeon in the US Army so that she could remain with the unit.¹⁴

Dr Elizabeth Hocker also served as a contract surgeon during WWI. Like Dr Tjomsland, she served as an anesthetist and was assigned to base hospitals stationed overseas. Dr Hocker's impact extended beyond the immediate care of the soldiers she treated. She often sent a sprig of flowers from the grave of those killed with a letter to each of the families.¹⁷ Drs Tjomsland and Hocker were 2 of only 11 women contract surgeons to be deployed overseas. Most women contract surgeons served on the home front.³

Dr Dolores Pinero was the first Puerto Rican woman to serve as an Army contract physician. Like many other women physicians, Dr Pinero's application to the US Army was denied. However, after appealing to the US Surgeon General and highlighting her expertise in anesthesia, Dr Pinero was accepted as an Army contract surgeon in October 1918.³ She was assigned to the San Juan, Puerto Rico, base hospital where she served as an anesthesiologist, laboratory physician, and nursing director.³ A few weeks after beginning her assignment, Dr Pinero and 4 male physicians were ordered to establish a 400-bed hospital to treat influenza patients.³ Once the influenza epidemic subsided, Dr Pinero completed her service at San Juan base hospital and received an honorable discharge in 1919.³

Other women physicians, such as Dr Caroline Purnell, turned down an offer to become a contract surgeon. Dr Caroline Purnell stated that it "*would mean our ability to be under the cook, the head nurse, or others, and be ordered around.*"⁴ Instead, the prominent Philadelphia surgeon served as Special Commissioner of the American Women's Hospitals in France, helping to secure medical supplies, food and clothing, and established a network of locations for soldiers and civilians to gain access to needed supplies. Dr Purnell stated, "*[W]e started out about nine o'clock to make the dispensary rounds with the doctors.... We visited three dispensaries... covering over fifty miles and seeing about fifty-four people.*"¹⁸ Through her role with the American Women's Hospitals, she became a powerful liaison with the Red Cross, the American Committee for Devastated France, and the Serbian Legation in Paris.

The American Red Cross gave women physicians the opportunity to serve overseas during the war. Because the Red Cross' primary focus was philanthropic, most women physicians serving with the American Red Cross treated civilian women and children.¹³ A minority of American Red Cross physician volunteers were stationed in French military hospitals, where they treated wounded soldiers. Despite her family's disapproval and leaving her husband and son behind, Dr Jessie Fisher left to volunteer for the American Red Cross hospital in Beauvais, France, at age 45 in April 1918. She describes being woken by the sound of

gunfire and “shrapnel [falling] around us like hail” during an air raid. Dr Fisher also recounted the demands of service stating that “in 48 hrs they admitted 185 and did 115 major operations no account was taken of minor ones.” Her diaries described the unpredictable and long days: “I began giving ether at 2 a.m. quit at 4:30 a.m. went to bed got up at 7:30 had breakfast and went to work again helping with minor dressings and sorting out the wounded.... We had two operating tables going for 24 hours.”¹⁹

Unlike Dr Fisher, Dr Harriet Alleyne Rice was denied work through the American Red Cross because she was African-American. She next contacted the French government and ultimately served as an *interne* at a French military hospital, overcoming both sexism and racism. Her service was recognized with the *Médaille de la Reconnaissance française* (Medal of French Gratitude). Overseas war work brought her a level of respect that she had never experienced in her home country.²⁰

Dr Olga Stastny—an accomplished physician and advocate, Czech-American, and widowed mother of 2 children—unsuccessfully attempted to volunteer with the American Red Cross twice. She stated, “I want to get to France, even if I have to scrub floors.”²¹ Dr Stastny did not give up on her goal of war service, and finally in January 1919, she arrived in France to work as an anesthesiologist through the American Women’s Hospitals.²¹ Despite her service, she felt that she missed out by not being able to go earlier, stating, “I feel that my part in it [the AWH in France] was earned, to a great extent, by those who preceded me, as I was one of the late comers and the greatest war work was done by the first members to go.”²¹

This desire to serve was shared by many women physicians. Some who went overseas did not even practice as physicians. Dr Marguerite Cockett was an early YMCA canteen volunteer and later established the first US unit of volunteer women ambulance drivers.²² Others went with civilian relief groups such as the Smith College Relief Unit or found opportunities through the Rockefeller Foundation or the Commission for the Prevention of Tuberculosis in France.¹¹

Women physicians were not immune to the effects of the war. Dr Purnell contracted influenza and endured psychological effects of her service during the war. In fact, her 1923 obituary states that her death at 61 was caused by an illness related to overwork during the war.²³ Like all the women physicians who had to find their own way to serve, she was ineligible for government disability or healthcare benefits related to her war service.

CHALLENGES AND ADVANCES

Some of the challenges women physicians faced during WWI were specific to the war, but most will resonate with

women physicians today. Women faced unequal pay and lack of recognition for their work. They frequently volunteered their labor and worked without commission while their male counterparts were paid and promoted.^{6,24} They were expected to balance work and family, leaving behind children and ailing parents to serve, and were met with criticism when they prioritized war service.¹⁹ They faced sexism, nativism, and racism, fighting for the rights and privileges freely granted to their male colleagues.^{20,21} In fact, the pervasiveness of racism at the time limited the participation of Black, Latina, and Native American women physicians in the war effort. The stories of European and European-American women physicians are the focus of most of the extant historical texts, and photographs from the time speak to the homogeneity of women’s organizations and groups. Black, Latina, Native American, and immigrant women physicians faced additional bias and discrimination compared with their white counterparts because of the intersection of their different identities, a barrier that remains true today.²⁵

Despite these challenges, women physicians answered the call to serve by creating opportunities for themselves and others, founding hospitals, running ambulance services, and organizing volunteers to provide services at home and abroad. Like today, women supported each other and underserved individuals, advocating for national changes to military policy and continued medical services for civilians affected by the war. The impact of their work during the war and their inspiration to future generations of women physicians to advocate for themselves cannot be underestimated. Dr Alice Barlow Brown,²⁶ who served with the American Fund for French Wounded, wrote in a letter, “The faces of these poor people have changed in expression since our visits. They say not only has America come to their aid in the war, but she has sent her women to help the civilian population.”

By the time of WWII, women were joined by male allies who urged the military to recognize the contributions of women physicians.²⁷ AMWA President Dr Emily Dunning Barringer and other advocates successfully lobbied for the passage of the Sparkman-Johnson Bill, which allowed women physicians to become commissioned officers of the military. Thanks to these efforts, women physicians now serve in all branches of the military, and many have assumed leadership roles. As we celebrate these gains, let us remember the efforts of the WWI pioneers, who through their courage and dedication helped create opportunities for women physicians of today. ♦

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