

“Other Ways in Which We Can Serve”¹

Mennonite Nurses in World War II

ANN GRABER HERSHBERGER²

Introduction

At the height of World War II, several Mennonite nurses felt strongly that physical needs must be addressed alongside spiritual needs in order for Christians to faithfully witness to the gospel. This conviction led many of these women to serve in relief efforts, international missions, and Civilian Public Service (CPS). During this time, *Mennon nursing* was launched as a quarterly publication by the Mennonite Nurses Association, a ministry of the (Old) Mennonite Church. The first two issues included lists of nurses in fulltime Christian service, naming some as missionaries and others as relief workers. Regardless of their title, Mennonite nurses believed strongly that they were each called to carry out the Great Commission.

In the United States and alongside the rest of the country in the early-to mid-1940s, the church and the nursing profession were in great upheaval. Nursing, as a developing field, and war created societal pressures that honed and deepened Mennonite nurses' commitments to mission and service as nonresistant Christians. Due to the emphasis on identity and affiliation, American Mennonite nurses felt an urgency to define themselves over and against a war-dedicated profession and in a context of male-dominated church structures. These nurses reinvented their identities through organization and through written and verbal communication. But aside from those contained in Rachel Waltner Goossen's volume *Women against the Good War*, most stories remain buried in diaries, CPS camp papers, and nursing organization documents, waiting for someone to brush off the dust and share their content with

1 Carol Blosser to Harold S. Bender, November 24, 1942, Hist. Mss. 1–378, file 53, folder 1, Archives of the Mennonite Church, quoted in Rachel Waltner Goossen, “Conscientious Objection and Gender: Women in Civilian Public Service during the Second World War” (PhD diss., University of Kansas, 1993), 62.

2 Ann Graber Hershberger teaches in graduate and undergraduate programs in nursing and cross cultural studies as a professor at Eastern Mennonite University. Hershberger chairs Mennonite Central Committee U.S. and previously served in community health and development in Central America.

the broader church. It is time to shed light on the particular niche and role of American Mennonite nurses in this unstable period.

This paper will explore the professional formation of (Old) Mennonite American nurses, first describing their wartime context and then probing the organizations they structured in response. I will share examples of the pressure these nurses faced in the midst of a pro-military culture and in the midst of the Mennonite church's response to the war, highlighting accounts of nurses in the CPS camps. These stories illustrate how personal, professional, and spiritual aspects of identity often come together.

American Nursing Response to World War II

The history of American nursing contains many documented stories from World War II.³ Records from 1944 emphasize patriotic zeal and encourage participation in war efforts. And, while the First World War resulted in nurses with wartime experience, more were needed when the Second World War began. Consequently, the *American Journal of Nursing* (AJN) initiated a monthly column that not only informed nurses about the war in Europe and discussed care of the wounded but also encouraged nurses to enlist for wartime service.⁴

The National Nursing Council for War Service

Leaders in the nursing profession believed strongly that American nurses should support the war effort, and because of this conviction, several American nursing groups met informally in 1939 to anticipate and plan for needs they would have in the event of war.⁵ This gathering resulted in the formation of a coalition of nursing service and membership agencies known as the National Nursing Council for War Service (NNCWS). The coalition initiated several efforts, including generally advancing the field of nursing; increasing the number of graduating nurses; and conducting a survey to determine the number, training, and availability of nurses.⁶ Notably, the survey did not ask if nurses were willing to serve; it merely requested that respondents check *where* they

3 Phillip Kalisch and Beatrice Kalisch, *The Advance of American Nursing*, 3rd ed. (Boston: Little & Brown, 1995). See also Stella Goostray, *Memoirs: Half a Century in Nursing* (New Hampshire: The Reporter Press, 1969).

4 Linda S. Beeber, "To Be One of the Boys: Aftershocks of the World War I Nursing Experience," *Advances in Nursing Science* 12, no. 4 (1990): 32–43.

5 Goostray, *Memoirs*, 67.

6 Ibid., 68. The National Nursing Council for War Service deftly changed its objectives and work to strengthen the nation and the nursing profession. The council was successful in securing federal funds for nursing schools and for individual students

were willing to serve—in army, navy, or civilian positions.⁷

Nursing Education and Congressional Response

Government officials and nursing leaders agreed there were not enough nurses or nursing students in training to meet the health needs of a nation at war. The NNCWS set a goal of 97,000 students entering training per year to meet the need, but only 47,000 were admitted in 1942.⁸ With much support, Congress passed the Nurse Training Act in 1943 to lure young high school graduates away from the excitement and adventure of “war work” and into nursing.⁹ This legislation established the Cadet Nurse Corps program, providing member nursing students with tuition, uniforms, books, and a monthly stipend in exchange for their commitment to “pledge themselves to serve in military or essential civilian nursing throughout the war.”¹⁰ In order to qualify, nursing schools had to meet certain requirements.¹¹ Mennonite nursing schools did not apply for this program.

As the war dragged on, it was feared that the nurse shortage could not be relieved by patriotic and moral persuasion or pressure. In late 1944, when Americans in Europe were sustaining 1,750 casualties per day and 23 percent of US hospitals were underutilized due to a lack of nursing personnel, the government felt pressured to act. One of President Roosevelt’s proposals in his 1945 State of the Union Address was to register and draft nurses. The bill passed the House but lagged in the Senate, and as the tide of the war in Europe turned toward the Allies’ favor, the need for a draft dissipated and the bill was dropped.¹²

By 1945, half of the 240,000 active, registered nurses in the United States had volunteered for the armed forces. An estimated 29 percent of those who

in the Cadet Nurse Corps, which had a lasting impact on the field. Titles of their key projects include the Survey of Nursing Needs and Resources, the Program to Plan for a Single Professional Accrediting Agency in Nursing, a Study of the Socioeconomic Status of the Profession of Nursing, and the Study of Selected Aspects of Nursing Education.

⁷ Ibid., Appendix I.

⁸ Lucile Petry Leone, “The U.S. Cadet Nurse Corps: Nursing’s Answer to World War II Demands,” *Imprint* 34, no. 5 (1987): 46–48.

⁹ Joan Lynaugh, “Moments in Nursing History,” *Nursing Research* 39, no. 2 (1990): 126–27.

¹⁰ Lucile Petry, “The U.S. Cadet Nurse Corps,” *American Journal of Nursing* 43, no. 8 (1943): 705.

¹¹ Ibid., 707.

¹² P. Kalisch and B. Kalisch, *The Advance of American Nursing*, 346.

volunteered were on duty by the end of the war.¹³ For the most part, Mennonite nurses were not among those who volunteered. Nursing and other Mennonite medical professionals created an alternative and nonresistant response to participating in war efforts.

American Mennonite and Mennonite Nurses' Response to World War II

Following World War I, Mennonite leaders in the United States pursued government recognition of their pacifist position. As a result, the 1940 Burke-Wadsworth Bill, which reinstituted the draft, included a provision that civilians opposed to war could instead be assigned to “work of national importance under civilian direction.”¹⁴ In 1941, the first Mennonite CPS camp was set up near Grottoes, Virginia. This was one of nearly sixty-five camps eventually administered by Mennonite Central Committee (MCC)—the relief and service agency of the Anabaptist churches, which had been organized for post-World War I relief work in Europe in 1920. In total, Brethren, Quakers, and Mennonites established and administered under the Selective Service Administration nearly 150 CPS camps.¹⁵ The draftees, classified as Conscientious Objectors (COs) or I-E by their local selective service board, were sent to these camps to work on projects considered to be of national importance. During the years Mennonites administered these camps, the constituent churches of MCC provided over three million dollars to help run the program.¹⁶

The camp staff included a director (always male), dietician, matron, and nurse; this staff provided camp administration and cared for the needs of the draftees. Occasionally, women—often wives of directors—filled several of these roles simultaneously. While some nurses were single, others were married and often entered CPS at the same time as their spouses. Elise Boulding, a sociologist and peace scholar, reflected on her experience of serving alongside men: “I remember feeling, like many women did, that I wished I were a man so that my conscientious objection could be recognized.”¹⁷ These CPS camps allowed Mennonite nurses to provide relief in a time of national and global crisis. Mennonite nursing leaders and schools supported this avenue of service

13 Ibid., 348.

14 Ibid., 50.

15 Melvin Gingerich, *Service for Peace: A History of Mennonite Civilian Public Service* (Akron, PA: Mennonite Central Committee, 1949), 84.

16 Gingerich, *Service for Peace*, 87, and Waltner Goossen, *Women against the Good War*, 26.

17 Waltner Goossen, *Women against the Good War*, 4.

and provided robust support for involvement in mission.

Mennonite Nursing

In 1942, the Mennonite Nurses Association listed 175 registered nurses (RNs) and one hundred RN students who were members of the (Old) Mennonite Church. This number is considered low and only represents participants from one denomination.¹⁸ These and other Mennonite nurses in the United States felt pressured by the nursing profession to express their patriotism in proscribed ways via military or noncombatant service. In 1942, one nurse wrote to church officials who were administering the CPS camps for conscientious objectors:

I am a graduate nurse and am interested in some type of nursing in place of army nursing. I believe my peace principles could be carried out more effectively outside the army or the navy. I have delayed writing because help is needed here at the Mennonite Hospital (in Bloomington, Illinois), but according to a recent Red Cross meeting, we will be taken regardless, if we are not a supervisor or a head nurse. Since I will not be permitted to help here much longer I feel I should make an effort to find some type of nursing where I can still carry out our principle of peace. Someone told me there are CO camp nurses. Is there room for any more nurses in the camps? Or are there other ways in which we can serve?¹⁹

While Mennonite nurses were already involved in multiple types of service, the national emphasis during this war on patriotic responsibility, alongside the legitimate need for medical professionals, sharpened their interest in community service. Working as a nurse in CPS camps was one way to demonstrate their faith. Mennonite nurses also showed their commitment through relief efforts for war victims; nursing in under-resourced clinics; and missionary service. These service opportunities were promoted and encouraged by Mennonite nursing schools.

La Junta School of Nursing

La Junta (Colorado) was the first nursing school in the (Old) Mennonite Church. Opened originally as the Mennonite (TB) Sanitarium in 1908, the school became a community hospital and added a school of nursing in 1914

¹⁸ Guy F. Hershberger, *The Mennonite Church in the Second World War* (Scottsdale, PA: Mennonite Publishing House, 1951).

¹⁹ Carol Blosser to Harold S. Bender, November 24, 1942. See note 1 above for full citation information.



Photo 1. Edna Peters, one of the nurses who served at the camp in Hill City, South Dakota, smiles at the camera. *Photo courtesy of Mennonite Central Committee Photograph Collection IX-13-2, Archives of Mennonite Central Committee U.S., Akron, PA.*

under the auspices of the Mennonite Board of Missions and Charities.²⁰ More than 150 nurses graduated by 1940. Additionally, other Mennonites trained at nursing schools outside the church but closer to their homes.

One of the goals of the La Junta School of Nursing was to prepare nurses for a life of service to others. In the article "Shall I be a Nurse?" Maude Swartzendruber, a supervisor at the hospital, said that a woman considering nursing as a profession should "choose to be a nurse because of her desire to be of service to humanity; not for the good she will receive, but for the good she will give and do."²¹ This article was published in *The Youth's Christian Companion*, and the entire issue was dedicated to nursing, encouraging young adults to consider it as an opportunity for service. Mennonite church leaders noticed how the nursing profession promoted an ethic of service during a time of war. Orie O. Miller, the founder and director of MCC, said in 1945, "One of the striking changes from World War I to II is that the Mennonite nurse is skilled. Along with this skill in nursing come discipline in high standards, the ability to work in organizations and consecration to the Lord."²²

The La Junta school directors did not accept the offer of government funding for nursing education via the Cadet Nurse Corps but did shorten the curriculum so that their graduates could sit for the state board exam along with other students in Colorado graduating from the accelerated Cadet Nurse Corps training.²³ This act, while affecting the school's budget, did not decrease enrollment. Graduating class size increased steadily throughout the early 1940s.²⁴ As the number of Mennonite nurses increased, so also did the need for communication and organization among them, especially as the nation prepared for and entered the war. The Mennonite Nurses Association emerged to meet that need.

Mennonite Nurses Association and Mennonursing

In the pre- and early war years, some Mennonite nurses joined the noncombatant Women's Army Corps, while others joined the armed services. Mennonite nursing leaders Maude Swartzendruber and Verna Zimmerman wished to

20 Maude Swartzendruber, *The Lamp in the West* (Newton, KS: United Printing, 1975), 14.

21 Maude Swartzendruber, "Shall I be a Nurse?" *Youth's Christian Companion* 24, no. 2 (1943): 429.

22 *Mennonursing* 1, no. 1 (1945): 3.

23 Interview with Florence Nafziger conducted by author, October 25, 1997, in author's personal collection.

24 Swartzendruber, *The Lamp in the West*, 125.

present alternatives to counter what they felt was a growing trend toward secularization in the field of nursing.²⁵ They wrote articles in church publications highlighting the Mennonite church's stance on war and encouraged nurses to consider CPS or some other form of service not connected with the military.²⁶ To further facilitate this forum, in 1941 the Mennonite Nurses Association (MNA) was born.

Female nurses began to gather outside church buildings during the annual meetings of the Mennonite Board of Missions and Charities. While the men met inside and tended to the formal agenda, the nurses met in “cool and private” cemeteries; these conversations eventually gave birth to MNA.²⁷ Letters to pastors and bishops in the United States and Canada sought out members for the new organization, and regional chapters were also formed. These insightful women were careful to plan MNA in such a way as to not alarm the male leaders of the church, who might have been concerned about the formation of a women's organization. One way they did this was by enlisting the support of sympathetic male leaders.²⁸

In the constitution of the MNA, written in 1942, one of the stated objectives was to “formulate a program for Mennonite nurses as conscientious objectors during a wartime crisis.”²⁹ Unfortunately, Mennonite nurse leaders seemed to be more reactive in preparing for the war than the proactive National Nursing Council for War Service (NNCWS). But these Mennonite nurses still contributed a great deal to mission and service efforts, especially considering the barriers they faced as women in the Mennonite church.

Mennon nursing, the journal of the MNA, was created for dialogue and communication among Mennonite nurses around the world. The first issue in 1944 carried an article by H. S. Bender, chairman of the Peace Problems Committee, titled “Can a Nonresistant Nurse Serve in the Army?” In this article, also published in the *Gospel Herald*, Bender said they should not, and gave the following reasons:

- The army nurse becomes a regular member of the army and takes full

25 Waltner Goossen, *Women against the Good War*, 77.

26 Ibid., 77.

27 Frances Bontrager Greaser, “A Historical Overview of the MNA” in *The Gift of Presence: Stories that Celebrate Nursing*, eds. Dave Jackson, Neta Jackson, and Beth Landis (Scottsdale, PA: Herald, 1991), 177. Greaser notes the irony of an organization that focuses on healing and wholeness having had its beginnings in a cemetery.

28 Waltner Goossen, *Women against the Good War*, 73.

29 Ibid., 73.

responsibility for her conduct as a member of the armed forces. She identifies with the organization which prosecutes the war, and takes her share of moral responsibility for the military operations of the army of which she is a part.

- The army nurse is denied her opportunity to witness for peace and goodwill as a follower of the Prince of Peace. She puts out her peace light when she enters the army.
- The army nurse is essential to the operations of the army. Without nurses the army could not continue to fight. The essentiality of nurses is underlined by the proposal now being made to draft women nurses to meet the deficit.³⁰

Bender assured nurses that if a draft came, “adequate provisions would be made” and the church would administer a CPS program for Mennonite nurse conscientious objectors.

Local MNA chapters were instrumental in informing nurses of national and local war matters related to their stance as conscientious objectors. The first issue of *Items of Interest* was produced by the Harrisonburg, Virginia, chapter of the MNA on April 29, 1944, and at a time of much uncertainty and change in the profession. The editor noted:

Though an infant in publication, it brings you life size issues. It portrays the nursing world of today, at the disposal of the needs of humanity, responding quickly and efficiently to the call for service—the latter term being used in its general sense. The armed forces have long ago organized their nursing powers. The government is preparing recruits through the Cadet Nursing Corps. Almost every other RN in the United States has been affected by the employment stabilization program. In what position does this place the Christian nurse? Fortunately enough it leaves her to center her loyalties as she will.³¹

Other articles in this issue outlined the changes in the War Manpower Commission and detailed how nurses were classified for availability in military service; apparently there was no classification for nurse conscientious objectors. Readers were alerted to the difficulties nurses might face should they want to change jobs. These potential obstacles were due to the Procurement and Assignment program, which required clearance from an old employer before a

30 *Mennon nursing* 1, no. 1 (May 1944): 7.

31 Mimeographed paper, “Items of Interest,” April 29, 1944, Mennonite Nurses Association, box 1 of Harrisonburg Mennonite Nurses Association 1943–1990, folder: HNA/Miscellaneous, Eastern Mennonite Historical Library, 1.

nurse could be hired by a new employer. Readers were encouraged to read the *AJN* for more information.

Thus, national and professional pressures to serve the war effort strengthened and clarified the commitments of Mennonite nurses to mission and service. Nurses and church leaders desired to not only serve a hurting world but also remind others of the church's stand for nonviolence, and even in the face of extreme pressure to cooperate with government, government-aligned nursing agencies, and war-supporting organizations.

Records indicate that some new Mennonite nurse graduates were threatened by their state examining board and told that they would not receive their certificates of registration if they did not volunteer for the military.³² Other graduates, like Karen Swartz, who graduated from La Junta in 1940, decided to exit the profession, changing their career and life plans due to the increasing pressure to enlist and congressional activity, anticipating a possible draft. Karen and her fiancé, Charles Graber, decided to move up the date of their marriage, thus avoiding the draft. This also curtailed Karen's nursing career far earlier than planned due to the expectation that nurses would not work outside the home once married.³³

Clearly the Mennonite Nurses Association played a key role in the communication and organization that enabled Mennonite nurses to serve professionally, also allowing them to remain true to their convictions while engaging the church in mission. The following section will highlight narratives of nurses who served in CPS camps, relief efforts, and long-term missions. These stories offer a glimpse into the lives of American Mennonite nurses as they created a new space for professional and faith-based service in male-dominated contexts.

Narratives of Service as Mission

Nurses in Civilian Public Service

Staffing the Camps

"Hearing about a stray nurse who might be available for CPS makes me feel like a gold miner in the year 1849,"³⁴ reported one official. In fact, many CPS

32 This is sourced to a letter from Henry Fast, director of CPS, to Orie O. Miller, director of MCC, referenced in Waltner Goossen, *Women against the Good War*, 75.

33 Interview with Karen and Charles Graber conducted by author, November 15, 1997, in author's personal collection.

34 Waltner Goossen, *Women against the Good War*, 73, 76. Some of these CPS camps tried to seek nurses and doctors from the Japanese internment camps, but this was not permitted by Selective Service officials.

camps had difficulty finding enough nurses to attend to the medical needs of the draftees. The work of MNA, however, had paid off. Because they had so deliberately located and communicated with Mennonite graduate nurses, camps managed by MCC were less likely to struggle finding enough nurses. Mennonites were more likely to trust and support their own service initiatives, in part because La Junta had remained independent of the Cadet Nurse Corps.³⁵ Many nurses found their way to the camps through word of mouth, while others were contacted by MCC. Some went because their husbands joined CPS upon being drafted. More than forty nurses served in CPS camps from 1941 to 1946.³⁶

Waltner Goossen describes “push” and “pull” factors that brought nurses and other women into CPS. One “push factor” was that some nurses found themselves in positions of downward professional mobility when their employers learned and disapproved of their pacifist stance. “Pull” factors included nurses following their husbands or fiancés to camp, or joining CPS in order to express their pacifist beliefs.³⁷ One nurse sought out MCC because she “wanted to do something for the peace movement.”³⁸

Because of Roosevelt’s War Manpower Commission, which carefully monitored hospital employment, some nurses experienced difficulty extricating themselves from hospital work. Nevertheless, CPS officials sometimes assigned nurses to camp employment despite threats that nurses’ licenses could be revoked if they left the hospital.³⁹

Nurses’ Position as Paid Staff

CPS staff nurses earned from twenty-five to forty dollars a month, which was more than men with less education earned. As one nurse put it, “My husband as director made \$10 and I made \$40, we were set.”⁴⁰ As newlyweds with no children, they had few other expenses since room, board, and medical care were

35 Ibid., 74.

36 Compiled from the appendix of a partial listing of all MCC-CPS staff appointees, referenced in Gingerich, *Service for Peace*, 1949.

37 Waltner Goossen, *Women against the Good War*, 71.

38 Karen Myers, quoting Kathryn Shank Turner in “Valiant Soldiers for Peace: Mennonite Women and Civilian Public Service during World War II” (term paper, Eastern Mennonite University, 1992), 4. Turner’s paper is available at the Menno Simons Historical Library at EMU.

39 Waltner Goossen, *Women against the Good War*, 75.

40 Virginia Grove Weaver, interview by author, September 29, 1997, in author’s personal collection.

provided by MCC.

These female nurses entered a male-dominant culture. And yet they held more power and independence inside the camps than outside. One nurse mentioned several times in her diary that when her director was gone, she was placed in charge. Later, she also had to fill in as dietitian and was expected to plan menus and manage finances. She noted, “So help me, the only woman with 100 men...it is a big job to control my emotions and fight rebellion, but I want to try to learn all I can from the experience.”⁴¹ Moyer felt “overwhelmed by the duties.”⁴²

Sometimes having little previous experience, nurses found themselves in charge of many, sometimes more than a hundred men.⁴³ Yet these women rose to the challenge. They were employed, while the men were draftees. The men did not forget that difference and reminded nurses that employees could leave if they desired.⁴⁴ Men sometimes resisted or ignored the nurses’ requirements of cleanliness and orderliness in the barracks but soon discovered the power of these women, who were not afraid to restrict the privileges of the uncooperative.⁴⁵

While the draftees were sent to camps from all walks of life, the female nurses were comparatively homogenous, as they were more similarly educated. They generally had some college education and further education in nursing school. Virginia Grove Weaver, for example, finished a college degree before nurse training in Virginia, since her father would not give her prior permission to enroll in nursing school.⁴⁶

Camp Medical Duties

In most camps, daily nursing was quite routine: offer primary care, determine who was too ill to work, keep those most sick in the infirmary, and seek a phy-

41 Bessie C. Moyer, diary entry while at CPS No. 20, Sideling Hill, April 8, 1943, Menno Simons Historical Library, Eastern Mennonite University.

42 Bessie C. Moyer, diary entry while at CPS No. 20, Sideling Hill, April 15, 1943, Menno Simons Historical Library, Eastern Mennonite University.

43 Virginia Grove Weaver, interview by author, September, 29, 1997, in author’s personal collection.

44 Waltner Goossen, *Women against the Good War*, 71.

45 Bessie C. Moyer, diary entry while at CPS No. 20, Sideling Hill, October, 1942, Menno Simons Historical Library, Eastern Mennonite University.

46 Virginia Grove Weaver, interview by author, September 29, 1997, in author’s personal collection.

sician's help for those in need of further attention.⁴⁷ Vera Yoder gave this report from the Luray, Virginia, camp: "In general the nurse must diagnose, inasmuch as she must decide which cases she can treat adequately and which she should refer to a physician....This type of discrimination is one of the most difficult duties of the CPS nurse. She is really 'on her own.'"⁴⁸ Edna Hunsparger noted that in CPS one had to "scrap all the best (nursing) theories."⁴⁹

More mundane chores included inspecting dorms and kitchens to determine good health habits. And when a draftee needed to go to court to petition a medical leave or discharge, the nurse was required to go and testify.⁵⁰

Among these other tasks, nurses gave typhoid vaccinations to all new draftees. More often than not, the vaccination resulted in a reaction that included high fevers requiring careful monitoring. The payoff in the long run appeared to be good, however. While the *Virginia Health Bulletin* issues of 1941 to 1945 published numerous articles about typhoid outbreaks, no mention was made of the three CPS camps in Virginia during that time, indicating there were likely no outbreaks in or around the camps.⁵¹

The concern in the Western camps was Rocky Mountain spotted fever (RMSF), "that great danger lurking in the wilderness of the Rockies." One nurse was chagrined to learn years later that, though she had been proud of a 100 percent vaccination rate and no cases of RMSF, the vaccine was only 10 percent effective: "And to think of all those shots I administered!"⁵²

The illnesses and problems the nurses faced in the infirmaries were common for the time and to be expected considering the work the draftees were doing. A doctor was usually available in the nearest town. Sometimes nurses and doctors disagreed, resulting in tension. One nurse noted that she was "not

47 Virginia Grove Weaver, interview by author, September 29, 1997, in author's personal collection.

48 Items of Interest, April 29, 1944. Mimeographed paper issued by the local Mennonite Nurses Association, Harrisonburg, VA. Box 1 of Harrisonburg Mennonite Nurses Association 1943–1990. Folder: HNA/Miscellaneous. Eastern Mennonite Historical Library. 3.

49 *Mennon nursing* 2, no. 1 (1946): 5.

50 Mary Mann, *Our CPS Stories: Service for Peace* (Elkhart, IN: Prairie Street Mennonite Church, 1996), 54.

51 Virginia Department of Health, *Virginia Health Bulletin*, vols. 5, 6, 7, 8.

52 Quotation from camp nurse Catharine Crocker in *State Lines and Canopies: Stories from Smokejumpers. CPS Camp #103: 1943–46* (Missoula, MT, n.d.). This document is available at the Menno Simons Historical Library, Eastern Mennonite University.

so favorably impressed with the camp doctor.”⁵³ Making matters more difficult, camp directors had to consider camp finances, while the nurse might have preferred confirmation of someone with more experience, regardless of expense.⁵⁴

Patients often experienced mental health issues and sometimes epidemics. Moyer notes in December of 1943, “Flu epidemic, 21 patients....Glorious day, water frozen all day.”⁵⁵ And death, of course, was also present in the camps. While there were the rare incidents of brain abscesses or appendicitis, most camp deaths were due to work-related, vehicle, or recreational accidents.

Conversations in Camp Life

Life in these camps was often both rich and difficult. Mennonite church leaders saw nursing with CPS as an important opportunity to shape peace theology and other educational pursuits. Formal and informal classes—teaching Spanish, and topics related to social issues and theology, for example—were held in many of the camps. These classes encouraged lively discussions even in the infirmary as friends came to visit ill draftees.⁵⁶ The mix of COs and staff from various backgrounds resulted in shared conversations among people with diverse perspectives. Orpha Mosemann, a nurse serving in Galax, Virginia, said that “CPS is a melting pot for many church prejudices.”⁵⁷

Relationships with Neighbors

Communities surrounding the camps responded in various ways to the COs. A sampling of the *Daily News Record*, the local daily newspaper of Harrisonburg, Virginia,⁵⁸ yielded no editorials or letters to the editor against the COs from 1941 to 1944, and yet Mennonites who lived there during that time remember the looks and comments they received when they walked down the street.⁵⁹ In Indiana, nurse Mary Mann noted that people near the Medaryville camp were not sympathetic to the CO camp residents: “People made comments. You just

53 Bessie C. Moyer, diary entry while at CPS No. 20, Sideling Hill, September 1942, Menno Simons Historical Library, Eastern Mennonite University.

54 Ibid., October 1942.

55 Ibid., December 16, 1943.

56 Ibid., diary, August 26, 1943.

57 *Mennon nursing* 1, no. 1 (1945): 3.

58 *Daily News Record*, 1941–44, Harrisonburg–Rockingham Public Library.

59 Virginia Grove Weaver, interview by author, September, 29, 1997, in author’s personal collection.

had to get used to it."⁶⁰

Frequently, nurses found themselves serving as health provider not only for the camps but also for the surrounding communities; their community service helped humanize camp and community relations. One nurse remembered that "some of the neighbors weren't the friendliest to our boys but they knew where to come when they were sick." This nurse made free house calls and served sick or injured neighbors in the camp in the Black Hills of South Dakota.⁶¹ Another nurse served vacationers at nearby Glacier National Park.⁶²

In Florida, camp staff faced rejection by some not because they were COs but because they engaged the Black community. The camp quartet sang in Black churches and invited Black preachers and leaders to speak at their camp. They also intentionally established a relationship at a nearby Black college. This interracial collaboration led to harassment of COs by some local white neighbors. Racial tension, alongside other political factors, eventually forced the unit to close.⁶³

Other camps, however, had different experiences. Citizens of Terry, Montana, met before the camp opened and decided to welcome the COs as part of their community. Relationships were strong and friendships developed. The camp even, for a time, provided a science teacher for the local high school.⁶⁴

Mental Health Units

The desire to help alleviate human need and suffering eventually led CPS to offer mental health care. Mary Mann recorded that in Medaryville, Indiana, where camps raised pheasants to increase the food supply for the state, the Amish boys were content but the "better educated boys were unhappy." These COs were dissatisfied because they "felt this was busy work and the government was pushing them back away from the public."⁶⁵ Selective Service official Lt. Col. Neal M. Wherry believed it was impossible to assign COs to social welfare work, because "they might spread their philosophies and thus hamper the war effort."⁶⁶

60 Mary Mann, interview by author, October 25, 1997, in author's personal collection.

61 Marie Lohrenz, quoted in Waltner Goossen, *Women against the Good War*, 77.

62 Virginia Grove Weaver, interview by author, September, 29, 1997, in author's personal collection.

63 Gingerich, *Service for Peace*, 252.

64 Ibid., 12–13.

65 Mann, *Our CPS Stories*, 54.

66 Gingerich, *Service for Peace*, 213.

As better paying jobs for the public came available in industry, the need for personnel in mental hospitals increased; the staff at Philadelphia State hospital even dropped from one thousand in 1941 to just over two hundred in 1942. Hospital capacity was two and a half thousand, but by 1942 there were six thousand patients. Because of this dramatic change, Selective Service officials decided CPS workers could be of help. Thus, Mennonites and other pacifists entered mental health work, a move which changed many of their careers and left a strong influence on mental health policies and practice in this country. Lt. Col. Hershey notes in his 1941–42 Selective Service report that the move to include COs as staff in mental hospitals was “probably the most significant action taken...during this period.”⁶⁷ He also records that numerous COs entered into nurse training courses as a result of the exposure to mental health care needs.

It is unclear how many nurses worked in the mental health hospitals. Since CO draftees lived on or near the hospital grounds rather than in large base camps, there was no need for camp staff nurses. Nursing needs, however, still remained. Some nurses joined their husbands and fiancés on staff at hospitals. Some female college students, not all of them nurses, formed units and volunteered during the summer at several mental health facilities. These volunteers were freer than CO draftees to give public witness to their pacifist convictions.

Women at Goshen College formed one of these volunteer groups, known as the CO Girls or the COGs, in August of 1943. Their purposes included “giving expression and developing their convictions on peace and war, to relieve human need and to assume responsibility in supporting the stand taken by the young men.”⁶⁸

Florence Nafziger graduated in 1940 from La Junta and enrolled in Goshen with the hope of completing her degree and then heading to India as a missionary. One summer, she joined the Goshen COG group as a staff nurse at the Ypsilanti Mental Hospital in Michigan, where her brother Nevin served with CPS. She was the only graduate nurse on staff besides her supervisors. With the exception of her experiences with cockroaches, Nafziger enjoyed her work at the hospital.⁶⁹

Public Health and Medical Units

67 Lt. Col. Lewis B. Hershey, *Selective Service in Wartime: 2nd Report of the Director of Selective Service, 1941–42* (Washington, DC: Government Printing Office, 1943), 270.

68 Waltner Goossen, *Women against the Good War*, 102.

69 Florence Nafziger, interview by author, October 25, 1997, in author's personal collection.

The first CPS unit to work in public health was through a joint Brethren and MCC project in Crestview Florida. These agencies and staff cooperated with local health departments in the hookworm eradication project.⁷⁰ Unit personnel installed 577 latrines and 38 septic tanks, dug 57 wells, and screened 31 houses to stop malaria-carrying mosquitoes. The unit was moved to Tallahassee a year and a half later because of constant local newspaper criticisms of CO status.⁷¹

The Mississippi state board of health requested a CPS public health unit, and the Harrison County camp opened in February of 1945. The staff served citizens regardless of ethnic background. Camp staff volunteered after work each day to improve the physical plant of the North Gulfport Negro School, including replacing broken window panes and stopping up leaks around the chimney. They also informally provided recreational activities, such as games, music, and films for local residents. These relationships resulted in church exchanges and other visits.⁷² The nurse assigned to this camp worked more with the community than with the draftees. She was loaned to the local health department and worked in the clinic, gave vaccinations in schools, checked children for lice, and made home visits for local school children and for pregnant women who were under the care of midwives.⁷³

In Puerto Rico, nurses joined CPS men in public health and community development projects. A hospital and clinic were built in a rural area known as La Plata in collaboration with the Puerto Rican Reconstruction Administration. In 1945, nurses and physicians at the hospital saw 900 outpatients per month and in 1946 trained 18 nurse aides.⁷⁴ This involvement resulted in a permanent presence and service in the area for the next several decades.

Nurses in Relief Efforts

American Mennonite nurses had engaged in emergency relief work as part

70 Gingerich, *Service for Peace*, 254. An estimated 33 percent of the population was infected with hookworms and 30 percent of the homes needed latrines. Some places in the county had an 84 percent infection rate. Using latrines is the most effective way to combat the parasite, since hookworm eggs are excreted in the feces.

71 Mennonite Central Committee (2015), CPS Unit No. 027-01, accessed November 2, 2016, <http://civilianpublicservice.org/camps/27/1>.

72 Gingerich, *Service for Peace*, 261–62. This experience resulted in the opening of a permanent voluntary service unit operated by MCC that has provided teachers, nurses, and community development workers to Mississippi for five decades.

73 Ibid., 262.

74 Hershberger, *The Mennonite Church in the Second World War*, 194–219.

of missions prior to World War II. The Relief Committee of the Mennonite Board of Missions and Charities or the Mennonite Relief Committee (MRC) began work with victims of the Spanish Civil War in 1937.⁷⁵ Relief work efforts from 1939 until the United States entered the war centered on supplying meals, clothing, and shelter to refugees in France, England, and in the German controlled area of Poland. While numerous women were appointed to serve there, it is not clear how many were nurses.⁷⁶ As noted, drafted men were not permitted to work overseas, thus this sort of assignment was desirable. When MCC finally secured permission to send a nurse to England, nurse Ellen Harder said, “When the call came to go overseas I couldn’t say no, because 150 men would have loved the opportunity.”⁷⁷

Five of the ten female workers appointed to the Middle East relief work between 1944 and 1945 were nurses. There, they were loaned to the United Nations Relief and Rehabilitation Administration (UNRRA) and served in refugee camps of persons displaced from the Balkans.⁷⁸ One nurse, Marie Fast from Minnesota, wrote to *Mennonnursing* in 1944, “At present I am working on the Children’s Wards. We have over a hundred children and it is quite a job to keep them at least half way in order. Our technique—you wouldn’t know we had any training at all, but we get results. Some time I should like to tell you about our Measles Hospital. That experience alone was worth the trip over here! I wish you could see some of my morasmic [malnourished] children who are filling out now, and we are by this time definitely fond of them.”⁷⁹

The second issue of *Mennonnursing* included a memoriam: “To Marie Fast, who on May 2, 1945, was lost at sea while serving her Lord in relief nursing.”⁸⁰ Marie had served in a camp of 30,000 Yugoslav refugees at El Shatt in the Sinai desert and had accompanied a group of 1,700 refugees returning to their homeland. She served alongside one other nurse and a doctor, traveling by truck, boxcar, and ship. On their return voyage, the ship hit a mine just before it reached Italy. Before traveling with the refugees, Marie had given a letter to a teammate, addressed to her friends and family, with the label “Just in case.”⁸¹

75 Hershberger, *Service for Peace*, 195.

76 Ibid., 190.

77 Ellen Harder questionnaire, quoted in Waltner Goossen, *Women against the Good War*, 99.

78 Hershberger, *Service for Peace*, 206.

79 Marie Fast, “Notes from Overseas,” *Mennonnursing* 1, no. 1 (1944): 9.

80 *Mennonnursing* 1, no. 2 (1945): 2.

81 Elizabeth Hershberger Bauman, *Coals of Fire* (Scottsdale, PA: Herald, 1954), 103–10.

Other nurses served in Europe, India, Africa, and later on in the Philippines. They also assisted MCC as twelve thousand European refugees resettled in Canada, South America, and the United States.⁸² MNA reports that 38 (Old) Mennonite nurses were involved in the relief effort.⁸³ Nurses from other Mennonite conferences joined these service workers.

Missions Nursing

Local and foreign mission service provided additional opportunities for nurses during the World Wars. These service opportunities utilized the nurses' training and leadership skills in service to Christ. These women had often felt called many years before they actually left for the field.

Florence Nafziger, who grew up in Idaho, felt a call when she was only ten years old to serve as a missionary. Her mother, quite practically, encouraged her to become a doctor, nurse, or teacher so that she would be ready for a life overseas, and so Florence committed to a life of nursing. After high school, Nafziger was still too young for nursing school, so she enrolled in a junior college in Hesston, Kansas, for two years.⁸⁴ After graduating from Hesston, she attended La Junta Mennonite School of Nursing. Since the school was managed by Mennonite Board of Missions and Charities, Nafziger surely heard of many opportunities for mission service.⁸⁵

Following training, Nafziger went to Goshen College to finish her bachelor's degree, where she also served as college nurse. As noted above, she joined other college women and volunteered one summer at Ypsilanti Mental Hospital in Michigan with the CPS unit. At the end of the summer, she had to decide whether she should remain in the United States or go to India as she had planned. First, the superintendent of the hospital asked her to stay to create and teach a psychiatry course for graduate nurses. Then one of the CPS men, whom Florence was very fond of, asked her to marry him. Finally, the president of Goshen College asked her to establish and staff a college health program. Because Nafziger strongly felt called to India, she said no to all three, knowing that she was giving up three rewarding opportunities. During the summer of 1945, Nafziger spoke to a group of church youth in a small park about India, even as local citizens around her noisily celebrated the end of the war. She sailed for India in November after obtaining permission for civilian passage

⁸² Hershberger, *Service for Peace*, 213.

⁸³ Ibid., 131.

⁸⁴ Florence Nafziger, interview by author, October 20, 1997, in author's personal collection.

⁸⁵ Swartzendruber, *Lamp in the West*, 64.

and spent nearly forty years teaching nursing.⁸⁶

Edith Showalter of Harrisonburg, Virginia, is another nurse who chose to serve as an international missionary. Edith completed two years of college at Eastern Mennonite School and then studied nursing at Catawba Sanatorium near Roanake, Virginia. She graduated from the University of Virginia Hospital School of Nursing in Charlottesville in 1944 and taught there as assistant nursing instructor for a year until she left for Africa. *Mennonnursing* published an article by Showalter in 1945 in which she discussed the options open to graduate nurses. She mentioned private duty, general duty, public health, industrial, TB, orthopedic nursing, and nursing education as possibilities.⁸⁷ She noted that relief nursing and missions nursing, while they might require a life of hardship and loneliness, are well worth the sacrifice.

Conclusion

Mennonite nurses joined thousands of other American nurses in responding to the health care needs created by World War II. Their service, however, was different, formed by biblical calls to mission, service, and peace taught by their church and reinforced by student experiences in Mennonite nursing schools and interactions in the Mennonite Nurses Association. These women faced strong professional and community pressures to conform to the majority view of what an appropriate nursing response was in time of war. Their personal and communal beliefs led them to resist these pressures and helped them find their own ways of responding to the crisis. They faced new challenges as nurses as they participated in CPS, relief efforts, and international missions. The service of these American Mennonite nurses during these tumultuous years proved that there is indeed “another way in which we can serve.”⁸⁸

86 Florence Nafziger, interview by author, October 25, 1997, in author's personal collection.

87 Edith Showalter, “Gain for Me, Loss for Christ,” *Mennonnursing* 1, no. 3 (May 1945), 5–6.

88 Carol Blosser (see note 1 above).