

## At Home and Over There: American Women Physicians in World War I

"The women of the medical profession were not called to the colors, but they decided to go anyway."

--Esther Pohl Lovejoy, MD

When the United States entered World War I in 1917, many American women were still fighting for the right to vote. President Woodrow Wilson found himself needing to "sell" a war to a country reluctant to engage in a conflict on foreign soil. Government and industry had to focus on the immense needs of the war effort. For the first time in history, the government created a propaganda agency to popularize the war. Women were directly targeted and encouraged to support the war effort by working as nurses abroad or working on the home front in a variety of positions previously held by men.

Anticipating America's entry into the war, physicians and military leaders had worked to expand the medical corps of the armed services. When the U.S. entered the war, Army Surgeon General Dr. William Gorgas, sent registration forms to every physician in the country. Many women physicians responded, wanting to serve in the Medical Reserve Corps, only to find their applications declined.

The recently founded Medical Women's National Association (later renamed American Medical Women's Association) provided a forum for women physicians to advocate for change. Their second annual meeting featured Dr. Rosalie Slaughter Morton, former special commissioner of the Red Cross, who spoke eloquently on "The Work of Women Physicians and Surgeons in the European War." Dr. Morton was appointed to chair the war service committee, and a resolution was passed, calling on the War Department to grant women physicians equal military opportunities. At the time, women physicians numbered less than 6% of all U.S. physicians, but despite their small numbers, an estimated 30% were eager to serve, a percentage that compared favorably to that of their male colleagues.

Yet the Army refused to commission women physicians in the military, based, in part, on the fact that "it hadn't been done" and a concern that women would have the authority to command men. Nurses, however, were considered official members of the service, through the Army and Navy Nurses Corps. Women physician leaders nationwide challenged this policy, but despite numerous petitions and challenges, all appeals for entrance into the Medical Reserve Corps were rejected.

Facing a personnel shortage, the U.S. Military ultimately hired women physicians as contract surgeons to work at home and abroad. Contract surgeons, however, were considered civilians and were paid a lower salary, without military rank or benefits. Despite this inferior status, 56 women served as contract surgeons. 11 were assigned overseas--all anesthetists. The first contract surgeons to go overseas were Dr. Anne Tjomsland with Bellevue Hospital of New York and Dr. Frances Edith Haines with Presbyterian Hospital of Chicago. Both were experienced anesthetists who had trained for years with their unit. When their base hospitals were called overseas, the hospital commanders considered them to be irreplaceable and urged the army to grant them appointments as contract surgeons.

Some women physicians found opportunities directly through military hospitals in Europe. Dr. Mary Merritt Crawford was one of the earliest to go overseas. In October 1914, she received funding to join the American Ambulance Hospital in Paris. Dr. Alice Weld Tallant had offered her services to an American military hospital but was politely turned away on account of her gender. Tallant reported that the French military hospitals "were hit so hard they didn't care whether we were man, woman or child... They welcomed us with open arms." Tallant became an honorary lieutenant in the French Army medical corps, later receiving their highest honor. Dr. Harriet Rice was an African American woman physician whose career had been limited by both her gender and race. Despite being