Sister Soldiers: American Red Cross Nurses in Europe’s Great War, 1914-1915
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Abstract: American Red Cross nurses played a little-studied but significant role in the Great War. This war represented a critical period in the history of nursing, the history of the Red Cross movement, and the history of women’s involvement in war. This article examines a pivotal early chapter in this history, the 1914-1915 Red Cross “Mercy Mission” in which a group of American Red Cross nurses and doctors were sent to war hospitals in nations on both sides of the conflict. A close analysis of the nurses’ work during this humanitarian mission not only helps to elucidate the role U.S. nurses played in the war, it also sheds new light on the contested issue of U.S. neutrality in the first months of the war. The Mercy Mission represented a particular “Red Cross” brand of neutral humanitarian engagement, which occurred in parallel with American diplomatic decisions on how to operate as a neutral nation during this period. Analysis of Red Cross publications, along with unpublished diaries and correspondence from nurses, provides a new perspective on the unique role that nurses played as ground-level agents of neutral humanitarianism in Europe, amid the shifting stances of the U.S. government and American public toward the belligerent nations.
Introduction

On September 12, 1914, a group of American Red Cross nurses stood in their red-lined capes along the rails of an ocean liner as it steamed out from New York Harbor toward the Atlantic Ocean. “The white caps, the gray uniforms, the line of scarlet as the fresh sea wind blew back the active service capes, proclaimed their identity,” wrote a Red Cross nursing leader who witnessed their departure.1 These 126 trained professional nurses, together with 30 surgeons and a team of 12 nurses and 3 surgeons that sailed separately for Serbia, formed the American Red Cross “Mercy Mission” to Europe.2 On the ship they would soon be divided up into ten units, with those from the same training schools, city, or region assigned to work together, and the units would be sent to six locations: Paignton, England; Pau, France; Kiev, Russia; Kosel and Gleiwitz, Germany; Budapest, Hungary; and Vienna, Austria. Each nurse had signed up with this quasi-governmental humanitarian organization for a minimum of six months service at a salary of $60/month, agreeing to serve without having any say over which city or even which country she would be sent to, or the conditions she would meet upon arrival.3

At a time when U.S. women could not vote in federal elections, and few middle-class women worked outside the home, these nurses served at the vanguard of U.S. involvement in the first modern global conflict. Not only were they among the first Americans to participate in the Great War, they became the first among more than 10,000 American Red Cross, Army, and Navy nurses to serve near the front - the first official cohort of female war veterans in United

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States history. The current article examines the experiences of these Mercy Mission nurses within the context of wartime nursing, Red Cross humanitarianism, and American neutrality during the first year of the war.

The Mercy Mission can be regarded as more than a mere prelude to the nursing and medical activities of the American Expeditionary Forces. While it did function as small dress rehearsal for later deployments of medical and nursing teams to the Western Front, it also constituted, on its own accord, a bold act of neutral humanitarian engagement. Analysis of this mission therefore sheds light on the still-contentious subject of whether the U.S. was sincere in adhering to its stated policy of neutrality in the early months of the war.  

The American Red Cross, a quasi-governmental organization operating under the aegis of the War Department but funded by individual donations from the American people, sent equal numbers of doctors and nurses to hospitals in both Allied nations and Central Powers, and raised funds for this effort from a variety of donors with different interests and sympathies, from New York financiers and Newport socialites, to churches in Idaho and Virginia, to Kansas City and New Hampshire Red Cross chapter members.  

An examination of this mission can provide insights into how American neutrality played out on the ground in Europe amidst shifting policies toward neutrality back home. How could nurses and doctors remain neutral while elbow-deep in the wounds of combatants from a particular side of the conflict? How could they avoid being seen by local peoples as partisans in their cause? And how did their work play back in the United States,

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4 Kendrick A. Clements, “Woodrow Wilson and World War I,” Presidential Studies Quarterly, Vol. 34, No. 1, pp. 66-70. Clements discusses key Wilson Administration decisions during this period, such as the lack of an arms embargo, the decision to relax the loan ban, and whether State Department counselor Robert Lansing’s Anglophilia influenced his advice on how the U.S. should act as a neutral power.

as U.S. attitudes shifted toward sympathy with the Allies? By investigating these questions, this case study provides a new perspective on the shifting and contested period of American neutrality at the beginning of the war.

This study also contributes to an emergent body of scholarship examining the role of women in the Great War. The male soldier or medic, whether an anonymous Poilu, Tommy, or Doughboy, or a celebrated literary figure such as Siegfried Sassoon, Ernest Hemingway, or Henri Barbusse, has continued to occupy center stage in the historiographical and literary imaginations. However, over the past two decades, a handful of historians have begun to write women into the history of the war, and some have identified the conflict as a watershed moment in the struggle of women to be recognized as full citizens in the modern state. These historians have argued that women’s widespread wartime participation in paid and volunteer war work on the “home front,” - as well as some women’s active participation in the military - “transgressed notions of war as a masculine enterprise,” and played a critical role in the postwar victories of the Women’s Suffrage movement. Others, however, have argued that the war acted as a predominantly conservative social force; that wartime national anxieties about depopulation in Britain and France, and the psychic and spatial separation created between “front” and “home”

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reinforced ideologies supporting women’s traditional roles as mothers and keepers of the domestic sphere. Studies of wartime nursing illuminate a gray zone between these contrary perspectives. Nurses straddled wartime social tensions between traditionalist maternalism and modern acceptance of women as public actors. Although acting in the traditionally feminine role of caregiver, they performed paid skilled work in the war zone, and many served within the military. Abundant evidence suggests that these nurses were exposed to the horrors of war as much as many male combatants. Working under threat of aerial bombardment, naval torpedo attacks, or capture by enemy combatants, many spent long shifts treating an endless cavalcade of soldiers with disfiguring, disabling, and often fatal wounds from explosives, machine guns, grenades, flamethrowers, tanks, and poison gas, as well as those with infectious diseases and those exhibiting symptoms of severe traumatic stress (“shell shock”).

Only in the past decade have historians and literary scholars begun to explore the meanings of nurses’ experiences in the Great War, and to probe how the addition of nurses’ and other women’s perspectives contributes to larger understandings of the war and its role in birthing modernity. Spearheading this effort, nurse-historian Christine Hallett has demonstrated in studies of Allied war nurses that these women were more than the ministering angels or sexualized icons that have been portrayed in literature and popular media, but were instead hard-

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working if flawed participants in a coordinated and often unsuccessful project to contain the physical and psychic trauma of the war on the soldier’s body and mind. Hallett has also led scholarly efforts to examine the experiences of French, German, Romanian, Ottoman (Turkish), Austro-Hungarian, Japanese, and U.S. nurses. However, Hallett’s work revolves around the experiences of British and British Empire nurses. These nurses’ experiences differ in important ways from those of American nurses who served in the Great War. Although both groups of nurses traced their professional lineage to Florence Nightingale and the hospital-based nursing training school she opened in London in 1860 (some early U.S. nursing leaders were even trained at The Nightingale School), the American nurses had developed their own distinctive nursing culture in the intervening half-century. Moreover, the Americans had no equivalent of the British VAD (Voluntary Aid Detachment) nurses, the largely upper-class women volunteers with only a short training course. Aside from some nurses’ aides who served in 1918, the American nurses were all hospital-trained professionals. The tremendous geographical and cultural distance between the home front and the war zone, together with the U.S. ancillary role in the conflict, also gave American nurses’ experiences a distinctive context and likely made their homecoming and postwar lives very different than those of British nurses.


This article comprises a small part of a larger project to write American nurses into the history of the war. Through collecting and analyzing a broad sample of unpublished nurses’ diaries and correspondence that have only recently become available in archives, and archival organizational records from the American Red Cross and Veterans’ Administration, I aim to discover how the war influenced the larger trajectories of these women’s lives, and how nurses’ involvement in the war shaped the intertwined socio-organizational histories of the American Red Cross, American nursing, and the U.S. military in the decades following the war.

The American Red Cross and Nursing

The roots of American Red Cross nursing converge from Swiss and Cuban origins. In 1869, Clara Barton, a Civil War who had become famous for her battlefield assistance to Union soldiers and her work to locate missing soldiers after the war, was introduced to the Red Cross movement during an 1869 voyage to Switzerland. The Geneva-based founders of the movement, who in 1864 had gathered representatives from nations around Europe to sign the first Geneva Convention, prevailed upon this celebrated figure to use her influence to pressure the United States government to sign the Convention.\textsuperscript{15} The treaty called for all signatory nations to respect the neutrality of wounded combatants and volunteer medical aid workers during war. It stipulated that signatory nations would form societies of trained volunteers to aid the wounded on the battlefield, regardless of nationality. These organizations, which became known as Red Cross societies because their volunteer participants wore white armbands with red crosses on them to signify their neutral status on the battlefield, played an active role in the Franco-Prussian

war. Barton, who witnessed this war work during her stay in Europe, campaigned after returning to the United States to get the U.S. government to sign the convention. When she finally succeeded in 1881, she founded a society of volunteers to carry out the treaty obligations. In 1888, she made the mistake of allowing a group of New Orleans nurses to offer aid in a Jacksonville, Florida, Yellow Fever epidemic under the banner of the fledgling American Red Cross. Several days after the nurses arrived, Barton was greeted with the headline “Some Nurses Get Drunk” on the front page of the New York World newspaper. Subsequent news stories portrayed the Red Cross nurses as thieves and prostitutes. Barton, horrified and unable to go to New Orleans due to her lack of immunity to yellow fever, directed the nurses to leave. After that debacle, she only used personal associates and friends in her relief operations and did little towards developing a corps of trained Red Cross nurses, despite the fact that other nations’ Red Cross societies were organizing nursing corps. It was only after Barton was forced to resign in 1904 from the organization she founded, due to a Congressional investigation of its finances, that a Red Cross nursing corps became possible.

Between 1904 and 1905, the American Red Cross was reorganized by a group of Progressive reformers with the encouragement of President Teddy Roosevelt. A new federal charter was drafted that made the organization an instrumentality of the federal government. It was now required to submit to annual audits by the War Department and Secretary of War William Howard Taft became its official leader. One part of the reorganization involved the

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18 Jones, The American Red Cross, pp. 43-46.
creation of a nursing committee. Japan had recently demonstrated in the Russo-Japanese war that a well-organized Red Cross nursing corps could make its army more efficient by returning wounded troops to battle, and the new American Red Cross was anxious to catch up with the Japanese Red Cross.\(^{19}\) This new committee was led by Isabel Hampton Robb and M. Adelaide Nutting, who were both national leaders in nursing education and former superintendents of the Johns Hopkins Nursing School. In 1909, when their friend Jane Arminda Delano, the superintendent of nurses at Bellevue Hospital in New York City, was named head of the Army Nurse Corps and moved to Washington, D.C., Robb and Nutting saw an opportunity. The Army had formed a nurse corps in 1901, after civilian contract nurses had proved themselves invaluable to the Army in Cuba during the Spanish-American war. In the face of yellow fever, malaria, and typhoid outbreaks, the nurses had proven that they were more effective than the male orderlies: they were better trained, with at least two years in a professional hospital nursing school, and were skilled in disease-preventing sanitary science.\(^{20}\) Now Delano was being brought in to further professionalize this corps. Nutting and Robb convinced her to take on the dual role of leading the new American Red Cross nurse corps while head of the Army Nurse Corps.\(^{21}\)

Delano’s dual leadership resulted in a marriage of convenience between the nursing corps’ of the U.S. Army and American Red Cross. In 1911, the two organizations signed a


\(^{21}\) Jones, _The American Red Cross_, p. 167.
contract stipulating that the Red Cross would recruit and enroll qualified nurses to be called up in case of disaster or war. During wartime, qualified Red Cross nurses would be inducted into the Army. The qualification system established by Delano required all Red Cross nurses to possess at least two years of training in a professional hospital-based nursing school recognized by the nurse’s state registration bureau, if one existed in the state where the nurse resided, as well as a letter of recommendation from the nursing superintendent of the hospital where the nurse had studied, or by a nurse affiliated with the Nurses’ Associated Alumnae, the professional nursing organization run by Robb. Additionally, any nurse called up for duty would have to pass a medical exam certifying that she was in good health. Nurses lacking these qualifications were turned away.

This system of qualifications reflected the professional criteria that Delano, Robb, Nutting, and other nursing leaders had worked over the prior two decades to establish in their hospital-based nursing schools. By the beginning of the twentieth century, major urban hospitals in Great Britain and the U.S. were no longer merely places for the sick poor to die: they were becoming temples of modern hygiene and efficiency, and were beginning to attract patients of all social classes who sought cures through new surgical techniques or medical treatments. Not only were doctors gaining in authority as the high priests of modern medicine, trained nurses


were gaining in power within the hospital structure, becoming the chief purveyors of modern hospital hygiene, as well as indispensable assistants to the doctors in their life-saving efforts.\(^{24}\)

The nurse loomed large in the life of the patient: she administered medicine and other treatments in rigidly scheduled rituals, bathed the patient and changed the patient’s linens, applied antiseptic chemicals to injuries or wounds, and changed bandages on a regular schedule.\(^{25}\) Nevertheless the student nurses have almost no power in the hierarchy of the hospital. Though officially subordinate to the doctors, nursing superintendents could exert almost total dominance over the nurses and student nurses they supervised. Through their two or three years of apprenticeship, student nurses were required to be in the hospital seven days a week, and often lived in hospital dormitories. Nursing supervisors like Delano were highly sensitive to the reputation for moral looseness that had plagued American nursing. “Private duty” nurses, due to their intimate exposure to male patients, had been heavily stigmatized, and nursing had not been considered a domain for respectable women. To counter this stigma, most student nurses at the turn of the twentieth century were strictly supervised and only let out on Sunday for religious services or sometimes, for a chaperoned afternoon picnic or walk.\(^{26}\) In this way, hospital training schools functioned like secular convents for certain young women of the middle and upper-working classes. In an era of growing but still extremely limited professional opportunities for women, nursing nevertheless represented one of the few alternatives to obligatory marriage and early motherhood. The increasingly renowned hospital-based training


\(^{26}\) Reverby, *Ordered to Care*, p. 53.
schools, such as Bellevue Hospital or Johns Hopkins Hospital for white nurses, or Freedman’s Hospital for African American nurses, began to attract large numbers of intelligent and ambitious young women interested in careers in the health and sanitary sciences. Delano and her associates sought to attract these elite women to enroll in the American Red Cross reserve nursing corps. By enrolling, a qualified nurse agreed to be called up by the organization to serve in case of a major natural disaster or war. State-by-state recruitment campaigns through the Nurses Associated Alumnae and other state nursing associations soon yielded a long roster of Red Cross nurses.

The first opportunity to mobilize these enrolled nurses presented itself in the spring of 1913, when Dayton, Ohio and its environs were nearly submerged in a flood. The American Red Cross sent 238 of its enrolled nurses to the flooded area. The U.S. Public Health Service, which was in charge of sanitation for the area, delegated door-to-door sanitation inspection and cleanup efforts to the nurses, who were already traveling on foot to see patients. “Our women found themselves obliged to wear rubber boots and wade through mud and water and to climb over debris higher than their heads to reach some of the houses which people were struggling to make habitable,” Mary Gladwin, the chief nurse, wrote to Delano. This experiment with the new American Red Cross Nursing enrollment and mobilization system proved a success. The following year, it would be subjected to the test of war.

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27 D’Antonio, American nursing, pp. 28-36.

28 “Red Cross Nursing Service,” National Archives (NARA), Record Group 200, Records of the American National Red Cross, group 1, box 51, folder 805.5 Ohio River flood, health, p. 3.

29 Ella Phillips Crandall to Jane Arminda Delano (letter), Apr. 24, 1913. NARA, Record Group 200, folder 805.3 Ohio River flood personnel 1913, p. 5.
The Mercy Mission

In early 1914, Delano invited her friend Helen Scott Hay, a nursing superintendent from Chicago, to lead a second American Red Cross nursing expedition. Queen Eleonore Reuss de Köstritz of Bulgaria, following the 1911-1913 Balkan wars, had called upon the American Red Cross to help her establish a modern hospital-based nursing school. Like many crowned heads in Europe, Queen Eleonore served as the official patroness of her country’s Red Cross, and actively supported the International Red Cross movement. She had also done some nursing during the Russo-Japanese war. During the pre-World War I period, the reorganized American Red Cross had begun playing a larger role in the international movement as part of its effort to demonstrate its growing organizational capacity. Under the leadership of Taft, the organization had hosted the movement’s quadrennial international conference in Washington, D.C. in 1912. Additionally, the American Red Cross had raised a $76,000 Balkan War Relief Fund, to be distributed by the State Department and other Red Cross societies. American Red Cross leader Mabel Boardman had lamented that the nation’s Red Cross had not raised an endowment that would have made it possible for the organization, “to send its own detachment of doctors, nurses, etc., with hospital equipment” as the British and German Red Cross societies had done. Queen

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32 Jones, *The American Red Cross*, p. 113.


Eleonore’s plea for help provided an opportunity for the American Red Cross to demonstrate that American humanitarians, too, could play an important part in the Balkan relief efforts.

Hay, a Savanna, Illinois native, had graduated from the Illinois Training School for Nurses, the first hospital based nursing school in Chicago, and had then become its superintendent. She was already quite busy working to launch a hospital-based nursing school in Oak Park, Illinois, when she was asked to lead the Bulgarian mission. But she accepted, resigned her position in Chicago, and made plans to travel to Bulgaria on August 4, 1914, with several nurses under her supervision. The outbreak of war in Europe thwarted her travel plans.

The next change of plans came on August 5th, when the International and War Relief boards of the American Red Cross held an emergency meeting at the War Department office of Army Surgeon General William T. Gorgas, who served as chairman of the War Relief board. In response to the news of war in Europe, the boards decided to charter a relief ship, and equip it with “hospital units” consisting of doctors, nurses, and other support personnel. The board drafted an appeal to the American public for funds, which would be printed in newspapers and followed by a formal appeal by President Woodrow Wilson the following week. Passenger ship Magnate Bernard N. Baker of Baltimore, a board member, was nominated to chair the committee to charter the ship, whose other members included Gorgas, Navy Surgeon General William Braisted, and Chief Constructor R.M. Watt of the Navy. Dr. Robert U. Patterson, then a Major in the Army Medical Corps and head of the American Red Cross Medical Bureau, headed the

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committee to recruit the medical personnel and equip the boat with hospital supplies, while Delano agreed to assemble the team of Red Cross nurses and find a superintendent.36

Immediately after the War Department meeting, Delano asked the stranded Hay lead a team of nurses to be sent to the various belligerent nations in the conflict.37 Hay accepted, and she and Delano began working together, selecting likely candidates from among the records of the 5,000 trained nurses who had been previously enrolled by the American Red Cross. They contacted local Red Cross nursing committees throughout the Northeast and Midwest to recruit volunteers, expressing a preference for those who were already close to New York City, the port of embarkation for the relief ship. In addition to favoring nurses who could speak a European language, and limiting the pool of nurses to those who could pass a medical exam demonstrating that they were healthy enough for the rigorous duty of overseas war nursing, they also excluded nurses who were not “native-born American citizens” or white.38 The nursing leaders’ stated reason for excluding foreign-born applicants was due to the need for the nurses to be issued passports, but this justification does not make sense, as naturalized U.S. citizens or even non-citizens who had declared their intent to become citizens could be issued U.S. passports under U.S. law at this time.39 It is more likely that these leaders wanted to avoid the appearance of sympathy for a particular nation, as well as diplomatic difficulties, by sending nurses who could


be claimed by a belligerent nation. It is also likely that anti-immigrant prejudice, or concern for alienating possible donors who had such prejudices, motivated these choices. The nursing leaders’ exclusion of black nurses predated the war. Despite the existence of numerous highly reputable hospital training programs for black nurses, the American Red Cross nursing committee had excluded these nurses from enrollment as Red Cross nurses when setting qualifications for Red Cross nurses in 1911. The Army Surgeon General’s office had recommended this exclusion due to the Army’s insistence that it would not be able to find appropriate (i.e. racially segregated) quarters for these nurses, and the Red Cross nursing committee had decided to go along with this recommendation.40

Even with restrictions designed to produce a team of unquestionably “American” nurses, Hay and Delano found that some of the nurses who had been put forward by local committees had distinctly German or other “Continental” surnames. Rather than rejecting these nurses, however, they decided to solve this problem by directing that all of the nurses on the American Red Cross mission would follow the European custom of being addressed as “Sister” followed by their first name. This custom ran in the face of Delano’s and other nurses’ strenuous efforts to transform American nursing into a respected profession, as it echoed centuries of practice in which untrained Catholic nuns performed nursing duties. It also apparently astonished many of the nurses selected, but they agreed to abide by it.41 “Now we were losing our identities; merging them into the common mold,” wrote Katherine Volk, a nurse from Cleveland, Ohio, who had volunteered with her sister Rose. “There was a reason for this order, however; our surnames

40 Ibid., Dock et al, p. 405.
41 Dock et al, p. 142.
might suggest the nationality of a nation at war, create prejudice,” she added. The name “Sister” thus took on a quasi-military function by diminishing individual difference among the nurses, and at the same time operated like a veil of neutrality.

The nurses that Delano and Hay chose for this duty were not inducted into the army, but the American Red Cross nursing leaders began treating them like soldiers from the moment they were notified of their selection. After having verified that a selected nurse had passed medical exams and been properly vaccinated for typhoid and smallpox, Hay and Delano would send her a telegram ordering her to pack a month or six weeks’ clothing and supplies, and leave for New York within 48 hours. Upon arrival, each nurse was assigned to a unit, and received a duffel bag with three smaller bags for shoes, for scissors and a mending kit, as well as “six gray chambray uniforms, twelve white aprons, six collars, four caps,” along with a brassard, a navy blue wool cape lined with red, a uniform cap, a wool sweater, and an olive-green “steamer rug” blanket. Later each was given a heavy overcoat. Delano ordered the nurses to wear their uniforms throughout their transatlantic passage on the Red Cross-chartered ship, and thereafter for their “protection” as neutrals. They were also ordered to wear their Red Cross badges at all times, and carry with them their certificates of immunization and official documents from the Red Cross. Ironically, in this case wearing a military-like uniform was supposed to signal these nurses’ neutrality to belligerents.

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42 Volk, Buddies in Budapest, p. 31.


After nurses were given their uniforms and equipment, they were assigned cabins in the ship, which was docked in New York Harbor at the 96th Street Pier. The training for their “mission” began immediately, before the ship left on its journey. They had breakfast at 8 a.m. and followed a rigid schedule until lights out at 10 p.m. The surgeons, who had taken leave from positions on hospital staffs or private practices in eight different states, offered the nurses daily lectures on emergency surgery, the use of military surgical equipment, the treatment of contagious diseases, the nervous system, public hygiene in military camps, and related issues, as well as teaching them the metric system, which would be in use in most hospitals where they were stationed. In their spare time, the nurses practiced techniques for bandaging the wounded and learned French and German. Every evening, Hay and others led Bible readings and Hymns. (This is not to assume that all nurses were Christian Protestants. Several were likely Jewish and numerous nurses were Catholic). This on-board training camp continued during the ten days the ship was docked in New York Harbor and throughout the subsequent ten-day passage to England.


46 Seven Surgeons came from Johns Hopkins Medical School and Hospital, four from hospitals around New York City, and five from Washington, D.C. Four came from Tennessee. Many were in private practice.


49 Delano, “The Red Cross: European Service,” American Journal of Nursing, Delano lists several nurses, including “Esther Rosenberg” from Brooklyn, and “Frieda Hartman” from Manhattan, among the names of the nurses on the Mercy Ship, who were likely of Jewish ancestry. The Red Cross did not exclude Jewish nurses from service.
This militaristic treatment would not have seemed odd to American nurses trained during this era. In a 1906 *American Journal of Nursing* article, Charlotte Perry, superintendent of a hospital in Utica, New York, wrote about the “military discipline” that should prevail in nurse training schools. “Just as in the army, there are Generals, Majors, captains, etc.,” in the hospital, there are chief nurses, she stated. Moreover, she emphasized that obedience to one’s superior was a shared obligation of all nurses. The nurse training of the early twentieth century, with its restrictions on social life, its punishing schedule, and the mandatory obedience to one’s superiors, bore a closer resemblance to military training than to civilian apprenticeship.

**Navigating Neutrality**

The ship was supposed to sail nearly a week earlier than it did, but the Red Cross had run into a diplomatic snag. Baker’s committee had been unable to secure an American ship for the voyage. The German “Hamburg-American” line, however, had agreed to donate a ship to the American Red Cross. The organization agreed - after all, the U.S. was neutral - but the ship came with a predominantly German crew. The ship’s itinerary involved first docking in an England, then in France, before heading to Rotterdam. But it was questionable whether either of these first two countries would allow a ship with a German crew to dock in its harbors. So Captain Rust, a retired Naval officer who had volunteered to captain the ship for the American Red Cross, went to Washington to ask the British and French diplomats permission to do so. Both countries refused to grant permission, so the American Red Cross had to recruit a new crew, at the last

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minute, comprised entirely of Americans. 52 In response to a telegram from Baker asking for any crew that could be spared, the president of the “Old Dominion” shipping line from Virginia agreed to assign 80 of his stewards, all of whom were African-American, to replace the German stewards. New York maritime workers’ organizations furnished the rest of the crew. The ship’s original German crew meanwhile objected to being thrown off of the boat, as most insisted that they had signed up for 60-day contracts and that these contracts needed to be honored.53 The ship finally left port on September 12, and did not head out to sea until the next day.54 Several among the former German crew members stowed away on the ship, and were later discovered.55 Upon docking in England, the crew found that the pumping engines - to be deployed in case the ship should spring a leak - had been sabotaged, likely by disgruntled crew members. Fortunately for the passengers, the ship had not needed them during the passage, but this incident illustrates the difficulties that the Red Cross was having in navigating neutrality.56

It is also interesting to note that the British refusal occurred amidst larger conflicts over maritime neutrality that the U.S. was seeking to broker. First, in early August Great Britain had announced it would arm its merchant ships, and Germany had then objected to any of these ships docking in U.S. ports for more than 24 hours, since, as armed vessels, they were technically warships. The State Department had all but acceded to the British position, merely asking the

52“Red Cross held for neutral crew: captain’s proposal to hold Germans on board rejected by U.S.” New York Tribune, 10 September, 1914, p. 7.


54“Germans on crew delay start of Red Cross: leaves slip and passes quarantine, but puts about to drill new employees,” San Francisco Chronicle, 13 September, 1914, p. 31.

55 Dock et al, p. 144.

56 Volk, Buddies in Budapest, pp. 48-49.
British to avoid docking their merchant ships in U.S. ports whenever possible. Then in late August, British diplomats had indicated that the country would not abide by the Declaration of London, a treaty that had established a code of naval warfare, including the rights and duties for neutrals in wartime. The Declaration had established strict limits on what types of contraband that a belligerent power could seize from an enemy ship. State Department officials remained divided throughout September about how to respond to this refusal, with concern mounting that they did not want to spark hostility from Great Britain.\textsuperscript{57} The American Red Cross’s quick accession to British and French demands to remove all German crew members (even German immigrants with U.S. Citizenship) from its ship, despite the obvious obstacles this demand posed to their mission, must be regarded in the context of this larger climate of tensions between Great Britain, the U.S., and Germany over maritime neutrality.

The delay in the departure of the boat, which the press dubbed the “Mercy Ship,” nevertheless ended up benefitting the American Red Cross. Despite the willingness of several prominent wealthy Americans to make public donations to the American Red Cross’ new war relief effort, the organization had initially struggled to raise funds for the effort until it took the solid form the Mercy Ship. “This act proved to be the magic lever needed to open America’s storehouse of gold,” wrote one newspaper commentator in December 1914.\textsuperscript{58} The organization had received permission from international shipping authorities to rename the ship “Red Cross” for the duration of the voyage, and to have it painted white, with a red band around the hull, in keeping with specifications for neutral vessels agreed to in the Hague Conventions of 1899 and

\footnotesize{\textsuperscript{57} Clements, Wilson and World War I, pp. 66-67.}\footnotesize{\textsuperscript{58} Craiger, “Our Christmas Ships,” The Sun.}
1907. (These treaties addressed neutrality in naval warfare, which had been glaringly absent from the original Geneva Convention). The “Mercy Ship” flew both the American flag and the Red Cross flag, and also featured a large electric Red Cross on its deck that made it identifiable to other vessels as a neutral ship.\(^{59}\) In addition to transporting surgeons and nurses, the ship also carried in its hull 4000 pounds (1814 kg) of cotton, 250,000 meters of gauze, 15,000 pounds (6800 kg) of bandages, 30 gallons (113 L) of iodine, and 2,000 barrels of ether, leather gloves, Vaseline, cocoa, tobacco, and other “comforts for the treatment of the sick.”\(^{60}\) The delay in leaving New York, during which New York residents and visitors had been able to view and tour the ship, and it had received even more national press attention, had helped donations reach the hundred-thousand dollar mark (about $2.4 million in 2013 dollars).\(^{61}\)

During the transatlantic voyage, Patterson and Hay organized the doctors and nurses into units, generally keeping together those from the same training school, hospital, or area of the country because of the assumption that these groups would work “advantageously together,” presumably due to similarities in regional culture and professional practice. The Surgeons’ daily medical lectures and the language lessons continued, along with mandatory exercise sessions in the ship’s gymnasium, despite extremely rough seas and rainy weather.\(^{62}\) The nurses were also

\(^{59}\)Ibid. Boardman, “Red Cross waits to parade river: mercy ship delays sailing a day so New Yorkers can see her,” \textit{New York Tribune}, p. 7.

\(^{60}\)Dock, \textit{History of American Red Cross nursing}, pp. 140-141.


lectured in appropriate moral conduct for nurses. Katherine Volk recalled that she and several other nurses had been required to stay after this conduct class and be interviewed individually by Hay. In Volk’s case this was because she had been seen “promenading on deck” with one of the doctors (who, according to Volk’s diary, had been actively and sometimes inappropriately pursuing her while she was trying to maintain a proper friendly distance).⁶³ Never mind that Volk was 31 years old at the time. In the Old World, formal cultures where the nurses would be working, the nursing leaders wanted to avoid even the appearance of impropriety.

Overly forward doctors and overly strict superintendents, however, were not the greatest concern for Volk. Like some of the other nurses, she had never been on an ocean liner before and suffered horribly from seasickness on the journey to Europe. Parodying the song “My Bonnie Lies over the Ocean,” Volk wrote in her journal of the trip: “My breakfast lies over the ocean/my dinner lies over the sea/my supper is all in commotion/Oh, bring back the dry land to me.”⁶⁴

On September 23, the Red Cross reached port in Falmouth, England. Hay prepared to leave the nurses there, as she was leading a unit headed for Kiev via ship and rail.⁶⁵ Four units also prepared to leave for a British hospital in Paignton. The rest of the nurses had the opportunity to explore Falmouth and meet the local people. In nurses’ diaries, descriptions of this period as well as their arrival at their destination city, read like travel journals. There are long descriptions of quaint villages, lovely parks, and Old World elegance.⁶⁶ Many of the nurses had

⁶³Volk, Buddies in Budapest, p. 39.
⁶⁴ Ibid, p. 31.
⁶⁶ McCarron diary, Sept. 24-30.
never been abroad prior to the trip, so the opportunity to go ashore in England and to travel to Continental Europe truly was a kind of tourism for them. But they could not really relax like vacationers: they had also been instructed to remain somewhat aloof in order not to convey the impression that the U.S. was anything but neutral. In Falmouth, although they invited the townspeople on board their ship, the nurses did not to accept invitations to people’s homes, lest they make a “false move” and be perceived as sympathetic to (or hostile to) the British cause. “Silence, we decided, was golden, and we kept our thinking caps on straight and at the right angle when in the company of others, not only citizens of belligerent countries but of our own as well,” wrote Volk. 67 After leaving England, the ship went on to Pauillac, France, to let off two units that were heading for Pau, situated in the Pyrenees. The final stop was Rotterdam, where those who were serving in Germany and Austro-Hungary debarked. 68

Waiting and Suffering

At the beginning of the war, life in the war hospitals operated at a slow pace. The England units were sent to Oldway House, the English country estate of American millionaire expatriate Paris Singer. Singer had turned over his estate to the American Women’s War Relief Fund - a charity established by titles expatriate American and other socialites including Mrs. John Astor – for them to convert into a war hospital. From the standpoint of neutrality, this “American Women’s War Hospital” seemed ideal, as it was not formally affiliated with the British. The American Red Cross nurses at this hospital nevertheless soon encountered interpersonal difficulties with the British nurses under whose leadership they worked. Despite

67 Volk, Buddies in Budapest, pp. 46-47.
their common hospital-based training American nurses had developed different ways of working than the British nurses and were less formal in interactions with patients and supervisors. After several months, the tensions mounted so much that the leader of the American unit requested that American chief nurses be appointed so American nurses serve under their separate command. Adding to the social strain of Anglo-American culture clash, these nurses also encountered “long periods of waiting” for casualties with nothing to do, in the foggy, rainy countryside. Despite the excitement of a visit from Queen Mary in mid-November, work with the English unit made for a miserable experience that many sought to escape from as soon as they could.

One might guess that the two units of nurses and doctors sent to the south of France would have encountered a more pleasant environment than those in England. As soon as they arrived, local leaders gave them the Palais d ’Hiver, a luxurious casino hotel that overlooked white-capped mountains, of the Pyrenees, to turn into a war hospital. The hotel featured a sunny palmarium at its center, which they converted into a dining room for convalescent patients. They soon moved in 166 long-term wounded who had been evacuated to the area prior to their arrival, but found they had no new patients to treat. Despite the idyllic resort location, the nurses became restless with so little to do. Moreover, due to several nurses’ Germanic-sounding last names (Goertz and Wentzel) some locals “expressed some doubt as to their sympathies,” according to Lavinia Dock’s account. This was one reason, Dock said, that the nurses were sent so far from the front.

69 Need reference for this.


71 Dock et al, p. 150.
It was not until late November, when freshly wounded men began arriving in trainloads from the front, “so dirty, so tired, so ragged, so sick, yet not one of them ready to admit that he is either hungry or exhausted or that his wound is more than a scratch,” wrote head nurse Alice Henderson of Baltimore, that the nurses began to feel useful. Some patients arrived at the Pau hospital after three weeks in flooded trenches, with mud soaked uniforms and infected wounds embedded with bits of straw. Most were far from home and family, with both the war and financial barriers preventing families from visiting. As a result, when a soldier died in the hospital, the Red Cross units agreed that two nurses and one surgeon would attend each burial service. Even when they settled into this routine of steady casualties, many still felt as if they were too far from the true action of the war. The following March, when the American Red Cross called for nurses and doctors to replace medical personnel who had become infected during a typhus epidemic in Serbia, the whole Pau group volunteered to go. Only a “lucky” few were selected.

The Kiev units, which had to make a further journey through Scotland, Sweden and across the Baltic to arrive at their destination, were greeted upon their arrival by Russian nobility, including the Empress Dowager. There seemed to be less concern with maintaining the appearance of neutrality for this unit—perhaps because they were so far from the U.S. and the Anglo-American press. Upon their arrival, the surgeons leading the unit were given Russian military uniforms and military officers’ titles. The nurses were not given titles or uniforms (perhaps because there were no women in the Russian military at that time) but were told that

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their letters – like those of anyone in the military - would be subject to government censorship. Oddly, the American Red Cross did not object to this situation. Rather, Delano wrote in a January 1915 report, “This sounds all very business like and assures us that the Russians have taken our units really as their very own.”

Led by Hay, the 25 nurses in Kiev soon began working vigorously with scrub brushes to transform the local Polytechnic institute, a cavernous building, into a hospital for 400 patients. They then established a multi-stage system for sanitation wherein soldiers, upon entry, were bathed and groomed before being transferred to a ward upstairs. This process elicited interest from other local hospitals, and the Kiev hospital soon began to receive as many visitors as patients. A similar situation occurred in Pau, which despite the war still attracted a number of tourists to its resorts. The American Red Cross hospital was so full of tourists that Henderson, the director, began to complain that this interfered with their ability to handle patients.

**Nurses in the Central Powers**

The experiences of the American Red Cross units in Germany and Austria-Hungary contained many similarities to those in the in the Allied countries. They were welcomed and celebrated by nobility. They worked hard to convert public buildings into modern hospitals. But,

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76 Dock et al, p. 156.

77 Dock et al, p. 152.
for the Budapest, Kosel, and Gleiwitz units, there was no waiting or boredom: only endless waves of casualties and the horrors of war, which required them to work seven days a week.78

For the Budapest unit, the warm welcome accorded by the locals belied little difficulty and seemed to promise great adventure. The unit was initially quartered at the luxurious Astoria hotel, where Austro-Hungarian nobility feted its members. Emperor Franz Joseph’s son-in-law, Archduke Salvator, paid a personal visit to the nurses’ unit as they were beginning to transform a former boarding school for blind children into a war hospital, and chatted with those who spoke German, stirring amazement among local hosts who were shocked at the nurses’ casual manner with nobility. But countesses and other nobles were soon to become ordinary sights at the hospital, as many volunteered to help the nurses and doctors. Sometimes this upper-class charity posed particular challenges. The hospital linens came from donations, some of which could not be used because they were too ornate, with lace, buttons, and gilded fabrics that could cause discomfort for convalescing wounded soldiers.79

The Budapest nurses encountered further difficulties in reproducing the modern hospital setting they had been immersed in back home. Not only were there no elevators in the new building, forcing them to run up and down stairs all day and night, the building also lacked proper heating. They had to feel and guess at bone fractures until an X-ray machine was eventually procured with the help of a titled American expatriate, Countess Gladys Vanderbilt Szechenyi.80 But the greatest challenge was that once they opened their doors, after two months

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79 Volk, Buddies in Budapest, p. 96
80 Ibid, p. 139.
of pomp and preparation, they were greeted with an unending stream of horribly wounded men, who had been marinating in their infections for days in the long journey from the Front. “We puddled in pus,” wrote Volk, who with her sister was stationed in the Budapest hospital. “The wounds were reeking with stench, because they had had only first aid dressings applied, and had not been changed for days. There was no evidence of antiseptics having been used, and there was rotten sloughing skin, or gangrene, in nearly every use.”  

The nurses were shocked by the sight of chest punctures that made visible the breathing lung, by men with jaws and noses blown off, and those with severed limbs where bones protruded. Unfortunately, these types of wounds soon became commonplace on both sides of the conflict. Lucy Minnigerode, a nurse in the Kiev unit, wrote of a sergeant who “had part of his jaw and all of his tongue shot away,” who recovered from his injury, and then stayed in the hospital to teach others who had suffered similar wounds how to feed themselves and maintain oral hygiene.

Certain experiences, however, seemed particular to the Eastern Front. Volk described how Budapest nurses unwrapped a patient in full uniform, whose feet had frozen solid and dropped off during transportation. The patient died while the nurses were taking off the uniform. Sarah McCarron, stationed with the Kosel, Germany unit, wrote in her diary on December 28, 1914:

**AT 10 p.m. a transport case came in – seven men in Room 25, one man had his two feet frozen off. Both feet had been amputated (feet were frozen in Russia);**

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81 Ibid, p. 112.
82 Minnigerode, in Dock et al, p. 158.
83 Volk, Buddies in Budapest, p. 136.
was on the field 38 hours. He fell & his comrades left him. He was then found & sent to a hospital in Austria.\textsuperscript{84}

The nurses lamented that so many men with treatable injuries had been left to die in the snow, due to lack of treatment near the front and the shortage of resources to evacuate them.\textsuperscript{85}

The nurses in the Germany and Austria seemed not only to have more work than those in England, France, and Russia, they seemed to face greater challenges in being recognized or operating as neutrals. According to Volk, the locals in Budapest could not distinguish between American and British accents, so it was very important for the nurses, when they went into the city, to try to speak German or even the few words of Hungarian they knew. One group, speaking English to one another on a tram car, was reprimanded for speaking an “enemy tongue.”\textsuperscript{86} (However, Volk also noted that the soldiers who frequently paraded past the American Red Cross hospital on their way to the nearby train station often saluted the American flag as they walked by.\textsuperscript{87} So the danger at this point stemmed from being mistaken for British subjects, and not from any particular hostility toward Americans). On another occasion, McCarron recalled being invited to tea at the home of a Hungarian socialite and singer, Madam Jelen, with other guests including an Austro-Hungarian Prince. Her hostess showed her autographed picture of the Kaiser, a prize possession that he had given her when she had sung for him. While being polite and appreciative, Volk had to make sure not to say the wrong thing.

\textsuperscript{84} Sarah McCarron Diary. McCarron papers. Bates Center.

\textsuperscript{85} Volk, Buddies in Budapest, p. 215.

\textsuperscript{86} Ibid, p. 97.

\textsuperscript{87} Ibid, p. 134.
“This matter of representing America put us into a rather delicate position: we had to be very careful,” she later wrote.  

Such care to stay neutral proved challenging as time wore on. When Belgrade temporarily fell to the Central Powers in early December, the nurses in Germany and Austria were surrounded by victory celebrations in which they could not participate. Bands were playing in the street all day and night, and patients were elated. “We Americans did not dare voice any sentiments in regard to the situation,” Volk recalled. McCarron recorded the fall of Belgrade, and subsequent victories in the same clinical, neutral tone she used to report her daily walks or patients’ deaths. “They are celebrating another victory today,” she wrote on December 17, 1914. “The Germans captured 16 Army Corps, that is, almost 1,000,000 men.” The next day she corrected this figure to 300,000, but did not register any sentiments toward it. However, on Christmas night, McCarron noted with displeasure the way that the head surgeon of her group, Dr. Bradbury, had diverted from strict neutrality during the dinner celebration at the hospital.

“Tonight we had our Christmas dinner. Did not enjoy it. Was disgusted in the beginning to see our American flag draped below the German & under the Kaiser’s picture & to cap the climax to hear Dr. Bradbury, our Chief, toast the Kaiser first & President Wilson second. The dinner was a long drawn-out affair for me.”

At the same time, McCarron saw nothing wrong with celebrating the Kaiser’s birthday – a national holiday in late January - or with buying war postcards of the Kaiser and his family, and sending them home to the Henninger children, her half-German American

88 Volk, Buddies in Budapest, p. 218.
nieces and nephews in Brooklyn. On a February 1915 postcard of the four Kronprinzes addressed to her nephew, she wrote “Aren’t these boys nice?”  

Appreciation of Germany and even its Kaiser seemed not to violate McCarron’s own internalized rules about neutrality. But placing the Kaiser above President Wilson had been a bridge too far.

The difficulties with neutrality persisted until the end of the nurses’ stay in Germany and Austria-Hungary. When the exhausted Budapest nurses were informed that they and the surgeons in their unit were to be awarded medals in a ceremony presided over by the Archduke, word came from Mabel Boardman at American Red Cross headquarters that they were forbidden from accepting any decorations from a foreign government, and the ceremony had to be cancelled. Red Cross headquarters, however, soon had second thoughts, and allowed the medals to be awarded. Such hesitation cannot be accorded to any personal feelings on the part of Boardman: she displayed uncommon sympathy to the Germans, and had assisted a female German-American physician, Dr. Sophie Nordhoff-Jung in establishing an American Red Cross hospital in Munich. Nor can it be attributed hostility toward the Central Powers among other members of the Red Cross. The organization’s publications from 1915 and 1916, which were distributed to its growing membership in the U.S., devoted just as much space to articles describing the humanitarian work of the Kaiser and Austro-Hungarian nobility, the Red Cross of Germany, and the work of German and Austro-Hungarian Americans to

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91 Volk, Buddies in Budapest, p. 227.

raise funds for hospitals and Red Cross Units in their former countries, as they did to Red Cross work on the Allied side. Instead this hesitation over the awards, together with the difficulties around the nurses’ surnames, and the varying degrees of restraint exhibited by Red Cross units placed in different countries, can be read as an indication of how little guidance and precedent these humanitarian actors had for how to act as a “neutral” while treating wounded combatants in a modern war zone. As a result, both American Red Cross leaders and doctors and nurses on the ground improvised these rules of neutrality in response to the contexts in which they operated. It is no surprise that the doctors – as men and as leaders within their hospital system back home – were been more inclined to bend the rules, than were the nurses, who as women and subordinates in the hospital system were trained in military-style obedience. But it is clear that there really were no clear rules for how to behave as a neutral.

**Returning Home**

After their six months of service had finished, many of the nurses chose not to sign on for another term, as they were exhausted, both physically and psychologically. Volk, for example, was suffering from rheumatoid arthritis in her legs - likely due the long days running up and down stairs to minister to patients. Among those who remained, one nurse in the England unit, Reba Taylor, fell ill and died as soon as she returned home to Washington, D.C. In an official American Red Cross publication, Taylor’s death was attributed to her “thirteen months of

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arduous service, day and night.”^94 The nurses were also worn down by the psychological strain of witnessing suffering that seemed to only get worse. In her memoir, Volk noted:

I was especially upset by the sight of youth fighting a losing battle to live; such dramatic scenes tugged at one’s heart-strings. Some persons think that doctors and nurses get used to the presence or imminence of death, with its attendant suffering and sorrow. But such is not the case. We learn, however, to control ourselves….This suppression of emotion, though, as any psychologist knows, is at times a severe strain, both physically and mentally.

Similarly, Louise Bennett, an American nurse who had been appointed to supervise the English unit following the clashes the British nurses, wrote in a Spring 1915 letter to National Headquarters: “We don’t say much about it, but we are all heartily sick of this endless cruelty and wickedness.” Service at the war hospitals, rather than turning the nurses into partisans for the cause of the nations where they served, had tended to turn them against war altogether.

The American Red Cross addressed this fatigue by sending over a new crew of replacement nurses for those who returned in March. It also sent reinforcements to Serbia to aid in the typhus epidemic, and in April sent an additional team of surgeons and nurses to serve in Red Cross Hospitals in occupied Belgium.^95 In total, 75 doctors and 255 nurses served in Europe with the Red Cross units in 1914 and 1915.^96 But in October 1915, the organization


[^95]: “U.S. Army hospitals start for Belgium: Red Cross sending two complete units to Albert's army on the St. Louis today,” New York Times, April 17, 1915, p. 13.

announced it was calling all of its units home except the two in Belgium. Fundraising efforts for the European War Relief had flagged, and despite raising over $1.2 million for the effort, it was running out of funds. The German blockade of Allied ships, which had begun in February 1915, had made it difficult for the American Red Cross to continue to send medical supplies and other relief items to hospitals in the Central Powers, although it continued to try to negotiate a way to do so through mid-1916. The May 7, 1915 sinking of the R.M.S. Lusitania, in which 128 Americans died, had swung American sympathies toward the allies, making neutral humanitarian aid to both Allies and Central Powers much less popular. The country had also turned inward toward a national preparedness campaign, and had temporarily shifted diplomatic focus to the border skirmishes with Mexico. The following year, when the U.S. entered the war on the side of the Allies, the American Red Cross would abandon neutrality in favor of patriotism and would act in support of the American Expeditionary Forces.

Conclusion

The American Red Cross nursing mission to Europe in September, 1914 did little to stem the tide of suffering in the Great War. However, the mission serves as an important reminder that the United States – using the American Red Cross as its official humanitarian instrumentality -- did make a good faith effort at neutral humanitarian engagement in the conflict during a time when the meaning of neutrality in warfare and the rules for staying neutral were fluid. Secondly,


98 Woodrow Wilson and William Howard Taft, “An Appeal,” Dec. 6, 1915, reprinted in Red Cross Magazine, Jan. 1916. This appeal begins “The great work of the American Red Cross towards mitigating the suffering caused by the present European war is seriously in danger of having to be concluded for lack of funds.”

99 “Solution of Blockade Problem is Hoped For,” Red Cross Magazine, Sep. 1916, Vol. 11, no. 9, p. 329.
the mission constituted an important demonstration of the American Red Cross’ ability to quickly select and mobilizes trained nurses for service in the war zone, as well as these nurses’ ability to perform well in wartime conditions. Not only had they proved able ambassadors for modern hospital nursing techniques and hospital organization in areas, such as Russia, southern France, and Serbia, which had little exposure to these methods, they had also shown they could operate well in a variety of military hospitals. As Delano stated at the American Red Cross’ December 1915 Annual Meeting, “We have learned that women can be mobilized without confusion, that their chances of illness when carefully selected seem to be no greater than men’s and that they face danger with equanimity.” She also noted that the experiences in Europe had provided the nursing leaders with information about which kind of nurse is “most desirable” for war service.\footnote{Delano, in “A Stellar Red Cross Meeting,” Magazine, Jan. 1916, p. 18.} As the nation initiated a movement toward preparedness for war, the American Red Cross nursing leaders were already prepared.