EXPERIENCES OF AN ARMY NURSE IN WORLD WAR II

Irene N. Davis Curriin, RN Ret.

In December 1941, when Pearl Harbor happened, I was working as a surgical nurse in a hospital in Portland, Oregon and my immediate problem was should I join the Army Nurse Corp. or the Navy? The nurse I was working with suggested that I join the 46th General Hospital. It was an overseas unit. She was going to be in charge of the surgical department, and she would keep me working in surgery. Since I had been trying to get to Hawaii for several years, the idea of overseas duty seemed to be a good deal, and the Pacific was where the action was.

So by mid January 1942, I was signed up for the duration. I found out that the 46th General Hospital was a complete hospital unit, organized by the U of OR Medical School. Our Colonel was the head of the college Urological Department and all of our doctors were on its teaching staff and medical specialists. We also had two dentists, two chaplains, a pharmacist, and two nonmedical personnel.

There were about 120 nurses and Red Cross women and about 500 enlisted men. We had a complete surgery, x-ray, laboratory, dental equipment, laundry and the facilities to feed our outfit and 1000 patients.
We continued working in Portland until June of 1942, when we began to go by groups to Ft. Riley in Kansas. This was a cavalry post, and they still had working horses, but their main mission was to train soldiers to handle tanks and other armored vehicles, also referred to as mechanized cavalry.

By September our whole outfit was assembled and ready to travel. While waiting we traded our blue uniforms in for olive drabs, worked in the post hospital where needed and went on hikes. We also enjoyed the post social life, having come from the blackouts of the Pacific Coast to find they were still having Saturday night dances at the officers club! Each of us had at least one formal in her luggage, so we managed—but there was a downside to it, a few of the cavalry officers were still wearing spurs to the dances.

Two things I remember about Ft. Riley. One was a notice on their bulletin board saying “there will be no killing or skinning out of buffalo on the parade grounds”. And the other being the summer nights when glow worms were out.

But the war caught up with us and in August 1943, we packed our bedrolls and boarded a train for New Jersey. From there we went on to the harbor in New York, where we, again in blackout, boarded a troop ship and headed out to join a convoy heading for the European Theatre of War.

The convoy had about 100 ships and we were completely surrounded by a ring of destroyers. In the center of the ships was a big oil tanker which refueled the destroyers. We were close enough to watch. It was interesting because each ship was constantly changing its course, and how they kept from bumping into each other I don’t know, especially since we were in blackout all night. In about ten days we made it to Gibraltar, which was much smaller than I ever thought it should be.

Not only were the Gibraltar Straits narrow, but they were mined out from each side so there was only a narrow path through. There were destroyers on each side, but we went through in daylight, single file and holding our breath. We knew there were a lot of submarines there, but all of the ships made it through safely and we disembarked at the harbor of Oran, in Algeria.
We set up our hospital about three miles from Oran, mostly in large tents, though there were a few buildings on the site, and we were lucky to get one to put our surgery in. We were not far from the Mediterranean, so the weather was moderate, usually with a breeze in from the sea. The winters could get cold, though, even freezing. We lived in smaller tents, four or five nurses to each tent, with a common shower and latrine. (Six hoher?) We did have wooden floors, and we always slept under mosquito netting.

Our patients came from northern Africa and Italy where they were still fighting, mostly with shrapnel and other battle wounds, broken bones, jeep accidents. There were no helicopters yet, so they came by boat, ambulance, plane. We patched up the ones who could go back to duty, others were sent home by boat or plane.

Penicillin was new and just beginning to be used in the states when war broke out. In Africa we had a limited supply and it was given first to those patients who could be healed and sent back to duty. The antibiotic was in liquid form, given by hypodermic several times a day. By the time we were set up in France our supply was adequate enough to give it to all of our casualties, which helped.

There was a USO in Oran and we had transportation to go there when we were off duty. Our commanding officer requisitioned a couple of villas on the beach where we could go. The beaches were beautiful, sloping, with the softest sand and warm water. I was fortunate to meet some French families and be invited into their homes, though communication could be a little difficult, there was always someone around to translate.

I would liked to have been able to talk to the native Arabic people, especially the women, but there was no way. The language was too difficult. At puberty the women were veiled, and they seemed to always go out in groups.

There were three things not to like in North Africa, one was the smell of Oran. I never imagined that a town could put forth the odor it did. If the wind was right, you could smell it a mile or two
downwind. They must not have had any sewer system at all. Eventually, however, you get used to it and can ignore it.

Another feature were the locust. There was so little vegetation. I don’t know what they lived on, but anything green disappeared when they moved through and that took at least a week. The ground and everything above ground was covered with their droppings.

Third, we were in a sirocco, a warm summer wind which blows up from the Sahara, instead of the usual cool one off the Mediterranean. It can last up to 10 or 12 days, but we were fortunate to have it only about five. It blows night and day, gets in your food and is such a fine sand that it can get into a locked suitcase, and in the morning it is in your eyes, nose and wrinkles of your face. Tempers tend to get short, and of course we could not do any surgery.

Fortunately, the war in Italy was winding down, and it was time to pack up our hospital and move on to southern France.

We crossed the Mediterranean by hospital ship and landed on the Riviera—and we were in another world. A few of the villas had been bombed and the beaches were all mined and laced with barbed wire, but the country was green and lovely, nice after the desert. This was late summer of 1944. The fighting in Italy was over, the north of France was in Allied hands, and in August American troops had moved into southern France. In a week or so we went by truck up into the French Alps and moved into barracks in Besancon, near Dejon. The buildings had been used by German cavalry, so you can imagine what it was like to clean them for a hospital. However, we had it ready in mid September when we began to receive patients from the fighting in the Vosges Mountains. We were not far from the Belfort Gap, which was the center of the fighting at that time. The Germans took a stand there and the casualties on both sides were enormous. We went from no patients to 3,000 in mid January.

Our hospital was south of the city proper, across the river, in a compound belonging to the French Army. At that time, France still had a compulsory two year military training for all its young men.
The compound consisted of a Headquarters Building, the hospital, where we nurses were quartered, several large four-story buildings where the soldiers (and our patients) lived. A quartermaster area for vehicles was a must. We had a number of vehicles and the mechanics to keep them running. There were at least two ambulances to carry patients to and from surgery and around the compound.

There were no elevators in the four-story barracks (or wards) so stretcher patients had to be carried up and down stairs by man power. Fortunately, we had “acquired” a group of Italian POWs in Africa and they came with us from Oran. There was only one man in our outfit, a corporal from San Francisco, who spoke Italian, so he was put in charge of them. They carried our patients up and down the two or three flights of stairs, along with our enlisted men, without a complaint, and though they were the “enemy” we were thankful to have them. I hope they all arrived safely home in Italy after the war.

By that time we had our surgical staff on two 12-hour shifts. My friend took charge of the day shift and I the night. Our American wounded came from field hospitals, sometimes with just first aid, in the day time. The French came in at night because their roads were under enemy fire during the daytime. The French included their colonials, soldiers from the Sudan, Egypt, Vietnam, and others—eventually we had some freed Russian POWs, with TB, who had been forced to work in mines.

The nurses were quartered in what had been the base hospital—it even had a bathroom with running water—and all of our patients were in buildings. The weather there is similar to ours in Klamath Falls, with cold and snow in winter. The fighting had moved into Germany, and ended in April 1945. So we were able to get out and explore our surrounding country. The town of Besancon was interesting, with Roman ruins down in the center of town. It’s old center was a walled city, built on a peninsula formed by a bend of the Doubs River. It had grown to encompass the rest of the valley.
surrounding it, and there were six or seven bridges crossing the river. All of them had been bombed. Only one had a temporary replacement so it could be used for traffic. The town itself was built around the old Roman forum, or theater, in the center, with busy shops and offices surrounding it. We could wander through when we were not busy and could get leave and transportation of some kind. I did get to Mt. Blanc, Dijon and resorts in the Alps, and even to Paris for two days! The Red Cross had a hotel there where nurses from each outfit could stay. Paris was a beautiful city. In April the fruit trees were in bloom, and we took in everything we could in two days—the opera, Notre Dame, Versailles, the subway, a night club. Only recently did I find how close Paris came to being bombed.

One group of us even had an afternoon in Geneva, Switzerland, with special permission, because the war in the Pacific was still going, and we all expected to go there. I was on a train going to LeHarve in mid August, when we heard the Japanese had surrendered. The group I was with continued on, to take a ship in the harbor— which was full of sunken ships. The ground for a mile inland was rubble. Bulldozers had cleared a path through it so vehicles could get to the ships which were afloat. Crossing the North Atlantic, it was nice not having to worry about submarines, but I have never been so seasick. I was just glad to get on deck in time to greet the Statue of Liberty, this time in daylight.

From New Jersey we flew west in a troop-carrying plane with stops for refueling in Tennessee, Texas and Arizona, and ended our journey in Marysville, California, then on by train to Portland. Everyone was home by Christmas of 1945, and the next October the nurses met for a reunion in Portland, Oregon. This continued until 1993, our fifty-first anniversary. Those of us still living keep in touch with a newsletter at Christmas.

Hawaii had to wait a few years, it was just good to be home.

Susan Rambo, Editor

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The showers compound at Oran.

Irene Currin, RN on wash day in Oran, North Africa, 1943.

46th General Hospital/Barracks, Oran, North Africa.