

CROSSCURRENTS IN THE DESERT: THE U.S. CADET NURSE CORPS IN ARIZONA, 1943-1948 AND BEYOND

Elsie M Szecsy, Ed.D
Arizona State University
480-965-0122 – Fax: 480-965-7165
elsie.szecsy@asu.edu

Abstract

The U.S. Cadet Nurse Corps was a federal program and innovation for its time that addressed a healthcare crisis. Though the Corps did not discriminate by race, given its decentralized organizational structure, established discriminatory practices in nursing education, and the dearth of data collected on demographic characteristics of Cadet Nurses, little is known about the degree to which schools of nursing actually admitted students regardless of race or ethnicity under the terms of the Nurse Training Act of 1943. This interpretive historical study explores this question in three of five Arizona schools of nursing participating in the program.

The data sources included oral history transcripts of 25 U.S. Cadet Nurses who lived in Arizona in the 1980s; and the World War II Cadet Nursing Corps Card Files, 1942-1948 that provides details on women who joined the Corps. Data were analyzed through a thematic content analysis of oral history transcripts, a documentary analysis of the membership cards of Cadet Nurses in these three schools, and archival evidence and other historical accounts related to Cadet Nurse training in Arizona.

Each of these three schools of nursing did make nursing education available according to the federal regulations, and participants in the U.S. Cadet Nurse Corps in Arizona did indeed have the opportunity to become a nurse regardless of race or ethnicity, as long as they were high school graduates. Also, the Cadet Nurse experience for these Arizonans led to significant contributions to the nursing profession, the elevation of the status of women, and advancement of nursing education in Arizona. What is not clear is the extent to which these practices were institutionalized more broadly in all five Arizona schools of nursing.

CROSSCURRENTS IN THE DESERT: THE U.S. CADET NURSE CORPS IN ARIZONA, 1943-1948 AND BEYOND

Elsie M Szecsy, Ed.D
Arizona State University
480-965-0122 – Fax: 480-965-7165
elsie.szecsy@asu.edu

July 1, 2018, marks the 75th anniversary of the establishment of the U.S. Cadet Nurse Corps, a federal program and innovation for its time that addressed a healthcare emergency during World War II—a shortage of nurses—and did not discriminate by race, ethnicity, or marital status. Nonetheless, the Corps' organizational structure was decentralized, and nurse education up to that time was known for discriminatory practices. Little is known about the degree to which schools of nursing participating in the Cadet Nurse Corps actually admitted students regardless of race or ethnicity under the terms of the Nurse Training Act of 1943. Also unknown is how nurses of various races and ethnicities related with each other at work. The purpose of this interpretive historical case study is to explore these questions in Arizona.

This impressionistic study will explore historical accounts and documentary evidence about the U.S. Cadet Nurse Corps program, the context for its implementation in 3 Arizona schools of nursing, and contributions of the program to social change. As a result of this exploration, additional questions about the interplay between federal policy and nurse education in these 3 uniquely situated Arizona hospital schools of nursing will emerge. Tentative connections between the non-discrimination clause of the Nurse Training Act of 1943 and nurse education in Arizona will be proposed. Additional questions concerning the qualitative context for these connections before, during and after World War II will be raised.

Nurse Education Context

The nursing shortage during World War II was nothing new. A nursing shortage had existed since World War I. In order to address this problem, during the period between the World Wars, efforts were made to professionalize nursing and to provide for a standardized curriculum. Also, a “separate but equal” approach had been the norm in nurse education. Before World War II, there were separate nurse training programs for White and African American students. However, there was no guarantee that the quality of these different programs was equivalent.

In the Goldmark Report,¹ commissioned by the Rockefeller Foundation in 1920, the authors found that nurse education was inadequate. They called for educational standards-based nursing education at colleges or universities, and advanced education for nurse educators. Through this report, they also recommended a migration of nurse education from an apprenticeship model that suited the needs of hospitals to an academic model that equipped nurses for an expanded role in healthcare and education. When the World War II nursing shortage crisis arose, nurse educators across the country were eager to step up and respond, but they also wanted to be sure that progress made in improving the curriculum and status of nursing was not eroded by the War effort.

U.S. Cadet Nurse Corps Legislation and Features

After the United States entered World War II, the need for military nurses quickly emptied hospitals of nurses, thus bringing on a stateside nursing shortage. To address this problem and to avoid a draft for nurses, Congress unanimously approved legislation that resulted in the establishment of the U.S. Cadet Nurse Corps.

In 1943, under the leadership of Rep. Frances Payne Bolton of Ohio (Figure 1, top), Congress authorized The Nurse Training Act of 1943 (i.e., Public Law 74),² On June 15, 1943, President Franklin Delano Roosevelt enacted the law (Figure 2), which was also known as The Bolton Act. The Cadet Nurse Corps started operation on July 1, 1943. The program was administered by the U.S. Public Health Service, then under the direction of Surgeon General

Thomas Parran (Figure 1, bottom right). Lucile Petry, R.N., (Figure 1 bottom left) was the founding Director of the Division of Nurse Education and the first Chief Nurse Officer with the rank of Assistant Surgeon General.



Figure 1. Top: Rep. Frances Payne Bolton. Bottom: Left: Lucile Petry, R.N., Founding Director, Division of Nurse Education. Right: Surgeon General Thomas Parran, U.S. Public Health Service. Sources: Case Western Reserve University and U.S. National Library of Medicine

Bolton had introduced H.R. 2326, Nursing Training Act,³ earlier in the spring of 1943. Known at that time as the nation's wealthiest woman, Bolton was said to have had a deep regard for nurses because of her extended experiences with nurses who cared for her son, who suffered from a chronic disease. However, her interest in nursing ran much deeper. As a daughter of privilege and young woman, Bolton's active life of service and philanthropy included accompanying a Visiting Nurse on her rounds through the tenements of Cleveland. The young Frances admired their work and resolved to use her fortune and social position to improve the education and professional standing of nurses. She later served on the boards of the Visiting Nurses Association and the Lakeside Hospital Training School in Cleveland and provided funding for the National Organization of Public Health Nurses and for the Case Western Reserve

University to set up a school of nursing. She saw nursing as the number one service as a constructive professional career for women not only during war but also during peace time. Bolton arguably saw nurses on the vanguard for social change.⁴

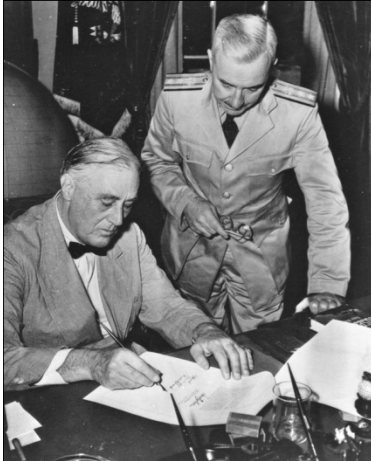


Figure 2. Surgeon General Thomas Parran witnessing President Franklin Delano Roosevelt signing the Nurse Training Act of 1943, on June 15, 1943.

Source:

Through the U.S. Cadet Nurse Corps program, the federal government provided qualified schools of nursing funding to cover tuition and fees, stipends, and uniforms. Students accepted into the U.S. Cadet Nurse Corps had to be high school graduates between the age of 17 and 35, be in good health, and agree to serve in the nursing profession for the duration of the war to qualify for scholarships, modest stipends, and uniforms. Approximately 3,000 African Americans, 350 Japanese, and 40 Native Americans became nurses through this program.

The Nurse Training Act of 1943 also provided funding support for curriculum and program development not only for the Cadet Nurses, but also for graduate nurse refresher courses so that experienced nurses who were inactive could return to service in the nation's understaffed hospitals. Expenses associated with needed facilities improvements were covered by the already existing Lanham Act of 1940.⁵ Making capital improvements enabled nursing schools to meet the demand by larger numbers of student nurses and returning graduate nurses for student housing, libraries, and classroom space.

One of the hallmarks of the program was its accelerated 30-month curriculum with an additional six-month supervised clinical practice. Not every school of nursing application to participate was accepted into the program. There were specific curricular and facilities requirements to be met.

Of all of the recruitment efforts during World War II, the U.S. Cadet Nurse Corps was most successful; it met all of its recruitment targets. An estimated 180,000 women nationally stepped up and volunteered to serve in this program. Of that number, approximately 124,000 completed the program and became registered nurses. Their average length of service in nursing of at least 28 years went far beyond the requirement of service for the duration of the war. There were some 1,125 participating schools of nurses nationally, including 7 in Puerto Rico. Pennsylvania, New York, Illinois, and Ohio had the largest numbers of participating schools of nursing, representing approximately 32% of all participating schools of nursing nationally. According to Furman & Williams,⁶

Of all students entering schools of nursing approved by State boards of nurse examiners, 70 percent in 1943, 88.5 percent in 1944, and 70 percent in 1945 were members of the U.S. Cadet Nurse Corps.

At the height of the program, Senior Cadets supplied 80 percent of the nursing service in the institutions which operated the nursing schools participating in the program. About half of the 35,000 Senior Cadets who applied for Federal service in the last year of the war were assigned to the Veterans Administration, the rest going into Army, Indian Service, and Public Health Service hospitals.

The total cost to the government of the five-year U.S. Cadet Nurse Corps program was \$149,026,478, roughly equivalent to some \$1,473,830,000 in 2014 dollars. The per student cost of training to the Federal government averaged \$1,360, or approximately \$13,450 in 2014 dollars. This amount did not cover the full cost of educating and training nurses, but it did cover all costs

that would have normally been charged to the student over the course of the full three year program.⁷ Recruitment costs were \$92 per student (approximately \$1,218 in 2014 dollars), of which \$82 (approximately \$1,085 in 2014 dollars) came in the form of in-kind contributions.⁸

Nurse Education in Arizona

In Arizona, there were five participating schools of nursing in the U.S. Cadet Nurse Corps: Sage Memorial, Saint Mary’s Hospital, Santa Monica’s Hospital, Saint Joseph’s Hospital, and Good Samaritan Hospital (See Table 1). Sage Memorial, Saint Mary’s, and Santa Monica’s hospitals were selected for this study to represent the three culturally distinctive regions of the state and for their unique histories and strategic importance.

Table 1.

Students Admitted to U.S. Cadet Nurse Corps in Arizona, Fiscal Years 1944-1946. N=732

School and City	# of Students Admitted	Percentage of Total
Sage Memorial, Ganado	39	5%
Good Samaritan, Phoenix	188	26%
St. Joseph, Phoenix	181	25%
Santa Monica’s, Phoenix	98	13%
St. Mary’s, Tucson	226	31%

Source: Robinson, T. (2009). *Your Country Needs You. Cadet Nurses of World War II*. Xlibris.

Northern Arizona: Sage Memorial School of Nursing, 1930-1951

Sage Memorial Hospital School of Nursing, located in Ganado, Arizona, was the nation’s only accredited school of nursing for Native Americans. The hospital and school of nursing operated from 1930 to 1953. Though over time, the school of nursing extended its scope to include Hispanic and Asian students, it unapologetically excluded White students. White students, it was reported, had many options from which to choose, but Native Americans did not.

Dr. Clarence Salsbury (Figure 3) was the Superintendent, Medical Director, and Chief Surgeon of Sage Memorial (also known as the Ganado Mission of the Presbyterian Church). Dr. Salsbury was Canadian by birth and trained for medical missionary work in Brooklyn, New York. His first mission was in China. Sage Memorial was his second mission. He arrived in Ganado in 1927 with his wife, Cora, who was a nurse. He remained at Sage Memorial until 1950. In 1951 he

was appointed State of Arizona Commissioner of Health Welfare and in 1952 took the position of Commissioner of Public Health for the State of Arizona.



Figure 3. Dr. Clarence Salsbury, Superintendent, Sage Memorial Hospital.
Source: Arizona State Library, Archives and Public Records.

Sage Memorial Hospital was dedicated on May 14, 1930. It was the most advanced medical facility on the Navajo Reservation with 75 beds, a surgical unit, laboratory, x-ray department and modern kitchen. It is said that the impressive structure enabled Salsbury to recruit additional physicians and launch an ambitious health-care program. By the end of the New Deal era, Sage Memorial Hospital's and Salsbury's presence could not be ignored.⁹

Although a goal of the hospital was to improve the quality of healthcare on the reservation, its main goal was unapologetic religious indoctrination and conversion. Student nurses were expected to give up their private lives along with much of their cultural identity.¹⁰ Salsbury was also convinced that Navajos would respond better to Native American nurses, who would understand patients better as well as operate an understaffed hospital inexpensively. For these reasons, he decided to open a school of nursing. This effort was met with some tribal opposition to women leaving home to pursue a career, and Salsbury enlisted the aid of tribal leadership to build trust among the Navajo community and overcome some of the skepticism.¹¹ Indian Service officials also warned Dr. Salsbury that the school would fail. The school of

nursing received full accreditation Arizona State Board of Nurse Examiners in January, 1932.

The school of nursing flourished.

Adele Slivers and Ruth Henderson (Figure 4) were Sage Memorial's first graduates to pass the Arizona State Boards in 1933. Slivers, the daughter of a Native American medicine man, would work at Sage Memorial in the surgical department and later report to Albuquerque Air Base in New Mexico as a second lieutenant in the Army Nurse Corps Reserves during World War II. She was "on the front lines between modern medicine and Navajo tradition."¹²



Figure4. Adele Slivers (left) and Ruth Henderson.

Source: Arizona Historical Society Library and Archives, Tempe, Arizona

During World War II, Sage Memorial Hospital began to experience the same shortage of nurses experienced in hospitals across the country at that time. Sage Cadet Nurses such as Rowena Pentawa and Alyce Valandry stepped up to serve and were recognized by the community for their service (Figure 5).



Figure5. Seventy-nine-year-old Richard Davis Thunderbird greets Sage Cadet Nurses Rowena Pentawa (right) and Alyce Valandry at Los Angeles Union Station, July 1945. (ASLAPR # 03-4000)

After 1945, with nursing education moving into the universities, practical training obtained at Sage became less useful in passing state exams as nursing requirements began to emphasize college curriculum. Also, racial barriers in the United States were beginning to lower, making alternative programs available to Native Americans. After Salsbury's retirement in 1950 came a reassessment of the school of nursing and the decision to close the registered nursing program and replacing it with a curriculum in practical nursing. The final class of registered nurses graduated in 1951: Cecelia Lauriano (Sandia Pueblo), Margaret Lujan (Taos), Elaine Abraham (Thlinget), Lydia Bear (Winnebago), Janet Begay (Navajo), Birdie Collier (Philippines), and Susie Esquibel (Spanish American).

Over the course of its two decades, Viola García, a Sage Memorial graduate, reported that the Sage Memorial Hospital School of Nursing graduated about 150 native women from more than 50 tribes.¹³ Among those women were 39 Cadet Nurses.¹⁴ Although forced to jettison most of their cultural heritage, Sage Memorial graduates received high praise from the Anglo community and proved conclusively that Native American women were capable of meeting high academic standards and working effectively in the medical profession. They also brought medical care to people in need, a commitment to service that some say has yet to be fully appreciated.

Urban Phoenix: Santa Monica's Hospital School of Nursing, 1944-1956

Santa Monica's Hospital in South Phoenix, Arizona, was part of a federally funded community development project spearheaded by Emmett McLaughlin (Figure 6), who was a Franciscan priest. Santa Monica's was the first integrated hospital and interracial school of nursing west of the Mississippi River. Its aim was to

provide the best possible nursing training and experience to young women regardless of their racial or religious background. This is based on the American and Christian doctrine that all men are created equal and should have equal opportunities. St. Monica's is the first nurses' training school in the history of the United States to open its doors with this definite policy. (Shields, 1969, p. 63)

Santa Monica's School of Nursing was a new school when it began participating in the newly established U.S. Cadet Nurse Corps in 1944.



Figure 6. Emmett McLoughlin, Superintendent, Santa Monica's Hospital. McLoughlin is holding contraband Scorpion anti-venom medication, smuggled into the United States from Mexico. He is said to have encouraged the use of this medication at Santa Monica's because it worked better than medication available in the United States.

Source of photo: allposters.com

McLoughlin was known in the 1930s as an advocate for low-income housing in Phoenix. He founded Santa Monica's Mission, the state of Arizona's first maternity care clinic, in 1934. He left the priesthood in the 1948 to remain superintendent of Santa Monica's Hospital (later known as Phoenix Memorial Hospital). He was instrumental in applying for federal funds for three public housing projects: the Marcos de Niza Project for Mexicans, the Matthew Henson Project for Blacks, both located in South Phoenix, and the Frank Luke, Jr. Project for Anglos, located in East Phoenix. He was appointed as the first chairman of the Phoenix Housing Authority in 1939, and served as secretary of the Arizona State Board of Health.

He began to crusade for a hospital for the poor and persuaded Mrs. Eleanor Roosevelt to make a special trip to Phoenix on behalf of the project. In the early 1940s an influx of military personnel and defense workers strained health care facilities in the Valley, and the poor minorities were often the last to receive medical treatment. In 1943, the 232-bed community-based medical Santa Monica's Hospital facility was built and was dedicated to caring for the

community regardless of ethnic origin or socioeconomic status. Santa Monica's Hospital was built in a "slum area" of South Phoenix.

Father Emmett had once asked nearby St. Joseph's Hospital School of Nursing officials to accept a black student, but they refused. When Mrs. Roosevelt visited Father Emmett at Santa Monica's Hospital after the War, she wrote that she was "particularly interested in the training school for nurses. Here they have eliminated all discrimination of race and color. They all study and work together. The hospital has a wonderful atmosphere."¹⁵ Over time, Santa Monica's became known as a haven "for all races," and evolved into Phoenix Memorial Hospital by 1951. In the 1950s its reputation as "the hospital with a heart" increased. McLoughlin remained superintendent of Memorial Hospital until his death in 1970. The School of Nursing closed in 1956. During its twelve years' existence, Santa Monica's graduated between 98 and 145 nurses.¹⁶

Southern Arizona: Saint Mary's Hospital School of Nursing, 1914-1966

Saint Mary's Hospital, located in Tucson, Arizona, is the oldest hospital in Arizona. It was founded in 1880 by Bishop Jean-Baptiste Salpointe and sold to the Sisters of St. Joseph of Carondelet, a teaching order, in 1882, provided that it remain a hospital.

The school of nursing was established in 1914. Sister Mary Fidelia McMahan planned the school of nursing, and Sisters Francis de Sales Fuller and Mary Evangelista Weyand were transferred to Tucson from Kansas City, Missouri, to prepare the curriculum and organize a teaching faculty. The curriculum at Saint Mary's included subject areas such as Anatomy and Physiology, Methods of Nursing, Materia Medica, Ethics, Dietetics, Obstetrics & Gynecology, Hygiene, Bacteriology, Urinalysis, Pediatrics, Contagious Diseases, Surgical Nursing, and First Aid. This curriculum predated the publication of the first national curriculum norms, *The Standard Curriculum for Schools of Nursing*¹⁷ (National League for Nursing Education, 1917) by three years.

The first class of St. Mary's Hospital School of Nursing graduated in 1917. Sister Evangelista assisted in preparing a bill for the state legislature to empower Governor Thomas

Campbell to appoint a State Board of Nurse Examiners: "To Regulate Professional Nursing in the State of Arizona, Providing for the Examination and the Issuing of Certificates to Graduate Nurses, and Providing Penalty for the Violation of the Act." This original law was binding until 1952 when a new law was passed which provided for "The Arizona State Board of Nurse Registration and Nurse Education."

Sister Evangelista (Figure 7, left) was charter member of the Arizona State Board of Nursing Examiners in the 1920s and recognized as R.N. #1, the first licensed Registered Nurse in Arizona.¹⁸ She also was a founder of the Arizona State Nurses Association, and is credited with raising professional standards for nursing and nurse education in the West.



Figure 7. Sister Mary Evangelista Weyand (left) and Sister Beatrice Johnson
Source: Los Angeles Province Archives, Sisters of St. Joseph of Carondelet.

In June 1943 the U.S. Cadet Nurse Corps was established at St. Mary's. During the first six months of the program, Sister Mary Beatrice Johnson, Director of the School, (Figure 7, right) enrolled fifty-four students in the Corps. In addition to the two classes annually received into the school, January and September, a class was accepted in June of 1944. The Cadets enrolled at the University of Arizona for the regular course of Chemistry; the limited facilities of the school could not accommodate the large classes. The Auxiliary of the Pima County Medical Society assisted by providing transportation for the students to and from the University.



Figure 8. Cadet Nurses at Saint Mary's School of Nursing. 1945

The local press was generous in presenting material recommended or prepared by the school. In one article¹⁹ Miss Constance Campioni, Science Instructor at St. Mary's School of Nursing wrote: "We at St. Mary's are looking ahead to the post-war world which is certain to be handicapped by disease, malnutrition and other enemies of health brought on by the conflict. The need will be there. We hope that we can do our small part in providing the trained help which will be necessary."

St. Mary's Hospital School of Nursing closed in 1966, a casualty of financial pressure and the realization that nurse education had changed and the movement from hospital-based training to college education to prepare nurses was complete.

Cadet Nurses in Arizona during World War II

To gain insight into Cadet Nurses in Arizona I collected their membership cards from the National Archives through ancestry.com²⁰ and transcribed card data into a spreadsheet for descriptive analysis. Among the 753 Arizona Cadet Nurse membership cards in the database, 351 were students in Sage Memorial, Santa Monica's or Saint Mary's. Thirty-eight percent were 18 years old or younger, and over half were between 19 and 29 years old. Less than 3% were 30 years old or older. They came from 30 states. Over 50% were from Arizona, and nearly 11% from California. That so many came from the East and the Plains states is a reflection of the economic situation at the time. The Cadet Nurses of the 1940s were the children of the 1930s, and many

migrated with their families across the country in search of work after the Great Depression and during the Dust Bowl. Among the membership cards was one showing the hometown of the student as Cananea, Sonora, Mexico.

Cadet Nurses in these 3 schools of nursing were of modest means, according to their reports of their fathers', guardians' or spouses' occupations. Forty-four (44) Cadet Nurses reported a parent, guardian, or spouse who worked in agriculture or in the mining industry, both common occupations in Arizona at the time. Eighteen (18) reported a retired or deceased parent, guardian, or spouse. The occupation of the parent, guardian, or spouse of 17 of the Cadet Nurses was reported as housewife, reflecting possibly that a male breadwinner was not present in the household. Forty-three (43) Cadet Nurses reported parents, guardians or spouses in the military or government work, and 29 were reported as professionals, such as teachers, civil engineers, judges, or clergy. The Cadet Nurses reported 62 parents, guardians, or spouses who were carpenters, plumbers, electricians, or another craft or trade. Fifty-one (51) were small business owners or worked in a service industry.

Of the 351 Cadet Nurses, 164 or 46.7 percent graduated and became licensed nurses. Nearly 52% withdrew from the program. This rate of withdrawal compares unfavorably with the national withdrawal rates for 1944, 1945, and 1946 of 39.2, 39.4, and 30.8 percent, respectively (U.S. Public Health Service, 1950). Nationally, academic failure accounted for only 24% of withdrawals by Cadet Nurses from nursing school. Students also withdrew because of failure to meet other standards, marriage, health, maladjustment and loss of interest, other personal reasons, family needs, other reasons, or no reason given.

Diversity among students trained in Arizona

The membership card data did not include an indication of the students' race or ethnicity, which makes it difficult to assess the diversity of the student population using direct measures. That Sage Memorial Hospital School of Nursing admitted only Native Americans,

Hispanics/Latinas, and a small number of Asian students suggests that all 32 Cadet Nurses there were Native American, Hispanic/Latina, or Asian.

At Santa Monica’s, as the mission of the school was to serve all people, and given its location in the middle of low-income South Phoenix amid public housing projects for African Americans and Mexican-origin communities, and given the occasional reports that Santa Monica’s accepted African American students that other Phoenix schools of nursing would not, one can deduce that there were a number of students of color at Santa Monica’s. However, among the oral histories was one nurse who studied at Santa Monica’s who recalled that most students there were White.

When racial or ethnic data are not available, a Hispanic surname analysis can be a proxy indicator of the proportion of a group that is of Hispanic origin. The surnames of the 351 students were analyzed, and nearly 16% of all students in the three schools had Hispanic surnames (See Figure 2).

Table 2.

Hispanic-origin presence among 351 Cadet Nurses in Sage Memorial, Santa Monica’s, and Saint Mary’s Hospital Schools of Nursing

	Hispanic Surname	
	No	Yes
Sage Memorial	24	8
Saint Mary’s	183	40
Santa Monica’s	88	8

Source: World War II Cadet Nursing Corps Card Files, 1942-1948.

The membership card data failed to prove without a doubt that the Cadet Nurse program attracted large numbers of young people from the sizable Mexican-origin, African American, Asian-origin, or Native American communities within the state of Arizona. However, given the histories of the selected schools of nursing, one can extrapolate that at least 22% or 80 of the 351 students were either of Hispanic surname or Native American or Asian because they were either students at Sage Memorial (where no White students were admitted) or had Hispanic surnames.

The percentage could also be higher because among those without an Hispanic surname might be of Hispanic heritage nonetheless.

Training experiences of Cadet Nurses who arrived in Arizona after World War II

Joyce Finch²¹ (1987, 1988), a professor in the School of Nursing at Arizona State University (ASU), collected the oral histories of 25 Cadet Nurses living in Arizona after World War II. These nurses' stories included their recollections about their experiences in nursing school, including the Senior Cadet period at the end of their training.

These nurses came primarily from the Upper Midwest of the United States. As over half of the participating schools of nursing were in the Upper Midwest and the Northeast (U.S. Public Health Service, 1950; Robinson, 2009), this pattern is not surprising.²² One of the Cadets received her training in California, and one trained in Arizona.

Forty percent of the nurses interviewed graduated from nursing school in 1947 with the remaining 60% roughly evenly distributed across the duration of the program, from 1944 to 1948. (Figure 13). Nurses who graduated before 1946 started nursing school before the U.S. Cadet Nurse Corps began operation. The Corps continued operation after the War ended so that student nurses already in the pipeline could complete their program of study. They were not required to commit to any service requirements because the War had already ended before they graduated.

The majority of the nurses interviewed by Joyce Finch reported training in a hospital school of nursing, and two of the nurses received training in a university setting. One attended Stanford University and the second attended Syracuse University. The 25 nurses reported working and studying in hospitals outside of Arizona that ranged in size from less than 100 beds to over 2000. The average number of beds in the hospital setting of their schools of nursing was about 493. They reported cohorts ranging in size from as few as 18 students to as many as 125 with a Graduated rate of as low as 49% to as high as 100%. Not all reported their schools having affiliations with other hospitals, but many reported affiliations with colleges and universities. Only eight of the nurses reported affiliations with other hospitals; twenty-one of the nurses

reported affiliations with colleges or universities. In general, hospital affiliations provided specialized training in areas not necessarily available at the student's school of nursing, such as special training in psychiatric or pediatric nursing. Through university affiliations, students received academic coursework in health-related sciences, such as chemistry, not generally available in a hospital setting.

How the U.S. Cadet Nurse Corps made a difference

In general, federal funding made an enormous difference in these 25 nurses' decisions to pursue nursing as a profession. Seventeen nurses stated explicitly that were it not for the funding, they probably would not have been able to go to nursing school. In some cases, the financial support influenced a decision to enter nursing, a direction that they might not have taken without the financial incentive. In other cases, the financial support was appreciated because it took the burden off their families, who were still recovering from the effects of the Great Depression.

Among the comments made in the oral histories:

As far as finances were concerned, it certainly made a big difference. I think the stipend at the time was \$15 per month, which enabled us to take care of our own personal needs. We didn't have to go home and call on our parents for that. Most of our parents were not really too well off at that time. ... I had planned to be a nurse from the time I can remember. In fact, I think I borrowed the money to go into the school. It was like \$87 or something like that, and I borrowed the money from a brother of mine. But, I would have made it through no matter what, but [the Cadet Corps] just made it a lot easier. (Lucile Flores)

... We were very poor people. ... I would not have been a nurse had it not been for them. I had no way, my parents were from Ireland, they were very poor, they had lost the resources they had accumulated in '29 and my father never really recovered from that. (Margaret Clements)

I think eventually I would have, as I was saving my money, but very slowly. One didn't make much money at that time. I was getting ready to look into loans for Meadville Hospital, Meadville, PA. I also had checked two other training schools when this opportunity presented itself (the Cadet Nurse Corps) which solved my problem, as well as for many others. I had begun to think that I would never get the money saved, as money was not easy to come by.... I would have been unable to go into nurse' training, if it had not been for the Cadet Nurse Corps. (Katherine Day)

I would have had to wait another year, or maybe more. I did have enough money for tuition saved up, but you know, our wages were low. I came out of high school and I didn't have any money; well, I had had some college but I was doing that part—time too. (Eugenia Dormady)

My mother could not have afforded to send me away to school. I would have probably ended up behind a drugstore counter, or a five and dime store. (Ruby Gordon)

I would not have been a nurse if it weren't for that because we did not have the funds. My folks didn't have the money to send us. (Bernice Green)

I know that at the time that the opportunity for enrolling or whatever it was in the Cadet Program came around, that it was pretty much of a God-send for me, because financially I was very strapped. My family could not provide me with anything more than just the monthly package of goodies that they would send, but they were not able to provide any financial support. (Rosemary Johnson)

... at the point that I found out about this opportunity I wanted both a college education and a nursing education. My parents couldn't afford for me to have both. I don't know what I would have chosen, I really don't. I might not have gone through with nursing. (Elaine Katzman)

... for one thing I didn't need to borrow the money – I was going to borrow it from my parents. (Frances Knudson)

I wasn't planning to be a nurse. In fact, I wanted to be a nutritionist and had all my papers in to Cornell University. I heard about the Cadet Corps, I guess I just read about it or something, and I decided that that was a pretty good deal. My mother decided that it was an excellent deal since she really didn't have too much money. She really thought that was wonderful and that I definitely should try it. So when I began to make inquiry about it and found out that financially it would be a great relief for my mom, I just decided to sign up. (Georgia MacDonough)

It would have been harder because my parents didn't have all that much money. (June Niccum)

It certainly took away any financial worries, as I recall. (Elaine Sabel)

[My parents couldn't] ... afford it, although my sister did go into nurses' training, well she had to pay her own way. But it was hard on her and my parents, so I was glad that I was able to have Uncle Sam pick up the tab. (Jane Yettke)

However, it was not only financial motivations that prompted these women to become Cadet Nurses. The program offered young women the opportunity to step up, volunteer, and serve their country. They had the opportunity to become part of a bigger world than the one in which they grew up. It opened them up to consider personal and professional directions that they might not have considered without it. It was a transformative experience. For example:

It just sounded like a great opportunity and I would have no qualms about going into the service after my training. I thought the service was great. I was raised that way. My Dad was so patriotic, and he instilled that in all of us. I mean, to fight for your country was just wonderful. (Constance Besch)

[T]he experience made it very sure in my mind that I was going into public health, and it never varied — for 41 years I have not changed my mind... (Joan Douglas)

Well, I think the Cadet Nurse Corps made the difference of sort of making you feel a part of what was going on at the time. Making you feel that if you were needed you'd be able to go, and that there was more or less of an equality between the men being needed and the female being needed. (Clara Gilmore)

See, had it not been for the Second World War and the funding of the Bolton Act, I may never have been able to get my initial start. And I think that that's where I got it. I think that I grew, personally, and obviously, professionally. And educationally and in any other kind of way, I grew from that little beginning. That was my opportunity. I took it, not realizing at that time... And as I look back, and I've have thought of this many times over, how appreciative I am to the U.S. Government. To this day, I do not mind paying whatever taxes they say I owe. It does not even bother me, because I feel that that was my movement from high school to a career that has been really very rewarding to me. Even though at one point, I wanted to hop out of it and did so for a year, I came right back.

(Ruby Gordon)

You felt like you were part of the group. There was much more of a group sense and a nationalistic type of sense, too, because of the War at the time and relatives being away in the service. It made you feel like you were doing your bit. I fully intended to go into the service, but it just happened the War was over before I graduated, so I did not have to fulfill that commitment. (Elaine Katzman)

It brought me away from, a little bit at least, away from the sheltered life that I had had. At college I attended a church college, also a church affiliated hospital. We were quite sheltered. I was one, of course, to abide by the rules and I feel that it was good for me to

get out and meet a different type of people, to learn to really realize and know a few different types of people. (Shirley Kirking)

It really extended my education. I saw so many more things than I would have in my home school -- the different injuries and that sort of thing. I made a lot of friends. (Doris Meharry)

Senior Cadet experience

An innovative feature of the program was a six-month-long supervised clinical experience during the last six months of their program of study that provided for students to engage in federal service in such settings as Veteran's Administration, Indian Service, or military hospitals, as well as in civilian hospitals. This feature of the program was unevenly distributed. In some cases, student nurses were not apprised of this opportunity because the hospital where they were being trained was in such great need for nurses that they were not permitted to leave. Among the 25 Cadet Nurses interviewed by Joyce Finch, eight reported that they stayed in their home school of nursing during the last six months, and they assumed greater responsibility during this time. The rest of the group reported service in other settings, such as Bureau of Indian Affairs reservation hospitals, military hospitals, VA hospitals, rural nursing, and civilian hospitals other than their home hospital.

Ruby Gordon was a student at Santa Monica's Hospital in Phoenix, where no one left Phoenix for the last six months, but

We did have options of how we wanted to spend our last six months in clinical experiences. I chose mine in Emergency Room. There were several of the students who worked with the then Phoenix Health Department. ...But at any rate, perhaps half a dozen of my classmates were allowed that option to serve in public health. I didn't choose it myself. But other than that, we had no other kinds of affiliations. (Ruby Gordon)

This was apparently not an uncommon practice as a number of the nurses reported similarly that they were either not permitted to leave their home hospital because they were needed there. A few students from a class may have been selected to have a Senior Experience elsewhere, some may have been offered the opportunity but opted to stay in their home hospital, they went to other local facilities during the last six months that seemed to be similar to a Senior Experience, or the opportunity was simply not offered.

Lucile Flores reported no senior experience in another facility. She indicated that because the hospital was so short of nurses that they were unable to permit students to go elsewhere for the last six months. Instead, she

...worked with the head [nurses]. Well they were called supervisors then. Now they would be either head nurse or coordinator, and I was more or less working under her. By May, before I graduated, the supervisor became very ill, and I more or less stepped in. By the time I graduated, I filled her position. At the time that was supervision. I worked in that position for a year before I left.

Charlotte Katona and June Niccum had Senior Experiences in VA hospitals. Charlotte had clinical experiences in all services—medical, surgical, chronic, long-term. There was an educational coordinator at the VA hospital who coordinated objectives for their learning or practice experiences. Charlotte reported that they presented papers and were on duty at least 40 hours per week. They were supervised by a charge nurse or head nurse and did case method type of nursing and some team nursing. June Niccum was one of only two students in her class who opted to go away for a Senior Experience, where she specialized in orthopedics, quadriplegia, and tuberculosis. Though there were not many classes, she was supervised by head nurses on the floor at the VA hospital where she served.

A number of the nurses interviewed by Joyce Finch had their Senior Experiences in civilian settings. Elaine Katzman selected obstetrics for her Senior Experience specialization and went to the Cornell Medical Center, where in addition to supervised patient care, she participated

in seminars. Shirley Kirking opted for rural nursing in Grand Rapids, Minnesota, where she worked in the hospital there and also explored industrial nursing in a paper mill, an area in which she was interested but never went into. Georgia MacDonough opted to stay in her home hospital because it gave her an opportunity to learn how to be an administrator. During the last six months she became an acting head nurse, which put her in a good position to learn some management skills that she probably would never have had, had she gone away.

In Rosemary Johnson's case, the War ended before she was ready to serve at the San Diego Naval Base. She changed her plans and took her last six months in mental health and psychiatric nursing at a psychiatric hospital.

Those who took advantage of the senior experience reported in general that it was a most valuable opportunity. For example, Joan Douglas, who was in the U.S. Cadet Nurse Corps at Stanford University and spent her last six months of training at a Bureau of Indian Affairs hospital in Fort Defiance, Arizona, about 40 miles away from Ganado, Arizona, and the Sage Memorial hospital, put it this way:

So, I came to Fort Defiance, Arizona, at Window Rock, and that was my first experience away from Stanford. It was an experience you couldn't buy any place in the world, outside of India. ... It was a good thing – I knew what to do because I was a five-year person. I had had every kind of experience at Stanford. I'd been Charge Nurse, I'd been a Night Supervisor, I knew how to do the report. I was a great Surgical Nurse at that time and I can remember setting up for surgeries there at the hospital in Window Rock at Fort Defiance and doing all those things. But I knew how to do it because I'd done more than I ever needed to do as a student. During the War we had to do many things.

Joan reported that the experience on the Indian Reservation solidified her commitment to public health nursing.

Cadet Nurses in Arizona after World War II

Joyce Finch's oral history collection also included the stories of these 25 Cadet Nurses' experiences after World War II to 1987, when they would have been approaching the end of their careers or had already retired. Their stories included recollections of their career trajectories, family life, role in the feminist movement, and other reflections over their life experiences and the nursing profession after World War II. Almost half of these nurses arrived in Arizona earlier in their careers in the period before the 1970s. This group would have been between their early 20s and late 40s when they arrived in Arizona. Those who arrived in the 1970s or 1980s would have been in their 50s or 60s.

Balancing career, education, and family after the war

These stories revealed at least 180 unique employers over the course of their collective career. All of the 25 nurses served as staff nurses in hospitals, and some began their careers as nurses in the hospital where they received their training. However, each had a different set of circumstances, which led them to balance career, family, and educational advancement differently. For some the balance favored home and family, for others the balance favored workplace responsibilities, and for the third group the balance favored scholarship and capacity-building for future generations of nurses. Among these women were professors of nursing at Arizona State University, nursing home administrators, staff or supervising nurse in civilian, military, or veteran's administration hospitals, doctor's office nurse, public health or community health nurse, school nurse practitioner, emergency room nurse, or Indian Service nurse.

Throughout their careers, they took advantage of continuing education opportunities offered by employers or professional organizations to advance their skills and to grow new skills for emerging fields within nursing, such as school nursing, geriatric nursing, and nurse practitioner. Ten (10) of the twenty-five pursued higher education and earned the baccalaureate, generally a BSN. Five went on to pursue a Master's degree in nursing, counseling, or education, one (1) earned a Graduate Certificate in public health, and four (4) earned a doctorate in nursing

or education. Some alternated between full-time study at college and work, and others were somehow able to study full-time while working part-time as nurses, combined work with education for financial or other reasons, or took leaves of absence or sabbaticals.

How each of these 25 nurses balanced the demands of career, continuing education, and family responsibilities varied, but in general, each nurse's trajectory trended more heavily in one of three patterns over the other two. I call these patterns career practitioner, investor, and nurse and public health education leader. The career practitioner's trajectory reflected, in general, a continuous series of nursing positions in hospital or related settings, usually accompanied by progressively increasing levels of management responsibility. The investor tucked her nursing career in between family responsibilities, and the series of nursing positions held was interrupted and less likely to reflect progressively increasing levels of responsibility. The nurse and public health education leader held a continuous series of positions with increasing responsibility, which also required creativity and leadership skills.

In 5 nurses' stories a career practitioner orientation predominated. They spent the majority of their careers in hospital-based nursing positions with progressively increasing levels of responsibility. In some cases, they took initiative to address procedural issues and improve nursing practice in their work settings. Though they were all married and had children, their stories reflected marriages that appeared to allow for the needs or desires of both spouses to work and for both spouses and their children to contribute to the household operation in Arizona. For instance, in one case, one spouse worked days, and the other nights, so that they could share the one car they owned to get to and from work. In another case, both arranged work schedules so that they could sleep while children were at school or cared for by their grandparents.

In 12 nurses' stories the investor pattern predominated. Investors held a series of positions in a number of places around the country, or they participated in some sort of entrepreneurial activity with their husbands. Their mobility was because of their investment in their husbands' work or a child's or other relative's health. Their stories did not describe career

trajectories reflective of strategically planned progressively increasing levels of responsibility in nursing outside of the home. For at least some of this group, they spoke of husbands who did not want them to work outside of the home, a stance that sometimes changed over time.

In 8 nurses' stories a nurse and public health education leader pattern predominated. One was involved in the development of the nursing program in Glendale Community College of the Maricopa County Community College System. Another led in the development of school nursing and school nurse practitioner roles and encouraged a third to work on public health nursing and education with Native American tribes in northern Arizona. A fourth Cadet Nurse stood out as an instructor at The University of Arizona, and the remaining four nurses were instrumental in the development of undergraduate and graduate nursing programs at Arizona State University.

Changing practice in changing times

To effect changes brought by the U.S. Cadet Nurse Corps required skilled leadership and innovative ideas not only about nursing practice, but also about the role of women. Joyce Finch asked the nurses for their perspectives on their roles as leaders or innovators during their careers, as well as their perspectives on the Women's Movement and their participation in it.

Leadership

The nurses' stories reflected an array of perspectives on what leadership is, from its distinction from followership or management to leadership as a role. Most of the nurses saw themselves as leaders, but a number of them did not. Among those who did not see themselves as leaders, June Niccum acknowledged that others considered her a leader, and Leona Pearson had simply never considered it and had no answer. Surprisingly, Frances Knudsen, whose story about her career trajectory reflected leadership, did not think she was especially a leader. Marylou Gertz did not consider herself a leader in the general nursing, but felt could have been a leader had she gone back for her bachelor's degree when ASU started its nursing program. However, she also stated that she wouldn't have been able to because of work. In the end she decided forego her own education and devote herself to influencing her sons to achieve in school.

Among those who acknowledge that they were leaders, a number of stories reflected a leadership that is associated with equipping others so that they can succeed:

Maybe you encouraged someone to go on to school. I can think of one person. That very first class that this person took (she now has her Master's). You can sit in a corner and get fulfillment from watching somebody else get the credit or go ahead, where you're still down here. But you're still guiding people here and there, and this is where I think that I feel I was a leader. (Lucile Flores)

I love to teach them. I love to show them things, I like to show them how to do things. (Constance Besch)

Another nurse saw leadership as a responsibility to ensure that tasks that people are unable to do get done:

I haven't always chosen that [being a leader]. It's simply that you see a job to be done, it isn't that you are trying to assume any ... If anything, I had always seen leadership primarily as a responsibility. You see something that's not being done, and there's no one else who can or will do it, so you do it. And you quickly summon all the necessary requisites forward. However you can, you do it. (Margaret Clements)

Barbara Miller viewed leadership as a role:

I think I've been a leader, just going back and thinking about all the things and some of the people that I encouraged to pursue higher levels [of education]. Also in the ANA, in which I have always been active, I had some leadership roles. (Barbara Miller)

Jane Yettke saw leadership as communication of knowledge and new ideas:

Well, sometimes I probably say things I shouldn't. But, you know, someone says "Why didn't you speak up" or something. Well, I'm the one that speaks up, I let people know my idea. So I don't know — maybe I'm a leader. .. Sometimes I think I'm a follower,

and other times maybe I am a leader. It depends – if I know the subject matter and I’m real gung ho on something I guess I’m a leader. (Jane Yettke)

Margaret Clements recognized her leadership retrospectively in her professional practice:

Now that I’ve been to school, I recognize -- when we studied modes of leadership and management, and so on, I sort laughed and looked at myself and thought, “So that’s what you were doing.” I recognized then when I had to study it that I had recognized the differences in maturity levels of people and conducted myself according to that. I didn’t have the training, but I recognized it when I was able to label it in school at University of Phoenix. It was a very interesting study, and of course, I learned all sorts of things in those courses. But that’s when I said, “So, I’m a leader, how do you like that.” (Margaret Clements)

Innovation

One of the nurses defined innovation as trying something new. With this definition in mind, the nurses’ stories were sprinkled with tangible ways in which they considered themselves innovators:

For Margaret Clements, Rosemary Johnson, and Donna Malone, innovation meant helping people succeed:

When I was a charge nurse, I came back into nursing and I acquired some different skills in real estate. I saw that the care was not what I thought it should be and I saw the need for training of the unskilled personnel at bedside. One of the first things I did there was to set it up so that I had nurses who were able and willing to work weekends so that I could offer five days a week, Monday through Friday to these nurses. And of course, they loved it and it worked. It worked. So I had no turnover to speak of, had excellent nurses. For nursing assistants I had different scheduling, but I tried to give them as much as possible, things that they needed, I tried to meet their needs. And then in turn, I expected them to meet the needs of the patients. Whatever changes were necessary, we did. But, of all.

those years being Director of Nursing and Administrator, and so on, that was the one thing that I demanded. And I demanded it of myself and of the staff — that they put the patient first. I really feel strongly about that. Everything had to be measured from whether it benefitted the patients or not. And they had to come first. (Margaret Clements)

[T]he phenomenon that I experienced of being moved into positions where the innovator role could be developed that I never would have anticipated. (Rosemary Johnson)

I have worked on some little procedures and trying to update them and make them simpler. Nothing that you would patent or anything like that, but just within my own working area. There are just little things. I think I was the first one in our hospital — it may not sound good on your tape — when you're putting in a Foley catheter to hook up your tubing first and then you don't have to worry about the urine getting all over when you're hooking up the tubing again. And they were amazed that I did that. Now they come with that type of system. (Donna Malone)

Joyce Finch had no problem with Donna's example on tape, because Donna was trying to improve the job and make it easier for herself and the patient. According to Joyce Finch, "That's innovation."

For Katherine Day, innovation meant changing practice to ensure the best outcomes for patients:

Well, I think in the past I did. But then, you know, you get the younger nurses and they don't want to listen and they don't want to try things. I remember one nurse got so upset with a patient because she wouldn't take her digitalis at 10:00 in the morning. I said, "What was the reason she gave?" She said, "Because she takes it at bedtime, and doctor said she could do it." Well, you know I had to get the doctor to write an order to say that the patient could take the digitalis at bedtime. And I said, "This is ridiculous. Why should we try to regulate what a patient's been doing for years, so that they don't miss taking their medication. I wanted to try at that time, if you call this innovation, to make a survey

of the patients to see when and how they took their pills. Did they take it at bedtime, or when did they take it? And then, when I would send the patients home and they were to take it every six hours, the doctor would say to me, “Now you go ahead and explain how you take it.” I said, “Well, most patients go to bed at 10:30 at night, after the news, between 10:30 and 11:00, and the majority of the older patients are up to go to the bathroom about 6:00 in the morning. Why can’t we make it 6:00, then at 12:00, then at 6:00 p.m. and at 10:30 at night. So what, we don’t always get the pills given on time either, and besides you have a half-hour leeway.” He thought that was nice. But, what I wanted to do so many times is check with patients. And I’ve always wanted to do a survey on diabetics and cardiac. (Katherine Day)

For Joan Douglas, the one nurse among the twenty-five who was a Senior Cadet on a Reservation in Arizona, innovation meant getting out of the way so that new ideas could be tested:

I think so because we always looked at different ways to do things — like community outreach workers, how nursing worked with them. We did a lot of demonstrating and when we would develop a program like family planning or child development center, we looked at new and different ways to meet the needs, and how to use ourselves a little bit differently. So I think we were innovative and I think I allowed that and encouraged it. The staff always had opportunities; I saw that they had opportunities. If they wanted to try something -- that I encouraged, that was great (Joan Douglas)

For Ruby Gordon, the one nurse among the twenty-five who trained in an Arizona school of nursing, innovation meant making an impact on nursing education:

Well, yes I think so. I think I have plunged ahead and certainly feel that I made some impact on nursing education. When I came into this job in Associate Degree nursing I actually had been encouraged at that particular time... By the way, I didn’t mention this earlier, but I had taken some course work at ASU, some of their regular Baccalaureate

level courses. I had taken the one with Public Health, it was a six semester hour course at that time. Rosemary Johnson, of course you know Rosemary. And one of the cases that I had was a blind girl who had been allowed to keep her baby. She'd had a baby out of wedlock and she had been allowed to keep her baby. I did some sort of innovative things in my visits with her, writing these process recordings out. I taught her how to bathe that baby, the safety precautions, etc. Anyway, Rosemary had encouraged me to write that up, which I did. It was published in the AJN, way back whenever that was. Al so, when I was at St. Joseph's, someone had said nurses are always getting their backs injured. It seemed to be a prominent thing that they kept repeating over and over. So, one day I said to myself, "It just seems like we don't have that many injured backs." So I undertook to do a survey. They had not had a safety program at St. Joseph's at that particular time. As a matter of fact, a lot of hospitals didn't have one. So, I did a survey. I took all of the occupational reports of injuries on the job. Actually, this was somewhere in the middle 60's, as I recall. For the previous calendar year, I took all those reports and categorized the area of the body that was injured and all that kind of stuff. So, it was an after—the-fact type of survey. Actually, this was before I'd had a lot of course work in research methods. But at any rate, I had this big report. I thought I might as well send it off to Hospitals, you know, the Journal of the American Hospital Association. So, immediately they wanted it to publish it,.. (Ruby Gordon)

For Elaine Katzman, Rosemary Johnson, and Georgia Macdonough, innovation meant assuming new roles in nursing:

I sure have in many, many places. The nurse practitioner role was an innovation. This was at the Student Health Center at Syracuse University in 1972. I recognized the need; there was an assessed need for women caregivers, for women to do the pelvic examinations or Gyn. exams. So a classmate and myself instituted the didactic program

to learn the content and got ourselves a preceptor. We learned the role and learned the process, and worked at it for a year very, very successfully. (Elaine Katzman)

[T]he phenomenon that I experienced of being moved into positions where the innovator role could be developed that I never would have anticipated. (Rosemary Johnson)

I think I do now, yes. But I didn't consider myself as --actually I didn't consider myself as a nursing leader in the beginning of my career. Yet, something must have been there because I kept getting these jobs that I didn't go after. So somebody saw something. (Georgia Macdonough)

In Georgia's case, Joyce Finch clearly saw her work in the School Nurse Practitioner role and setting up physical assessments in rural areas innovative. What Georgia introduced might not have been planned to be an innovation, but in retrospect it was, and Georgia was an innovative leader.

Finally, Eugenia Dormady considered herself innovative, but never gave it much thought:

I suppose I am to some degree because I had to be innovative. Just raising a family you have to be innovative. If you don't, you're foundering, right? I think that I can take charge if I have to and be innovative, but I never thought of myself as that. I never gave it that much thought. (Eugenia Dormady)

Feminism

The 25 nurses' stories reflected a number of perspectives on the Women's movement, which was underway during their careers.

Eugenia Dormady acknowledged the change from the norm that women not work outside the home to a time when women worked outside of the home:

... I was very definitely conscious that there was change going on, but I felt that it was just fine. Maybe I'm kind of a women's liberator. My mother was a very strong person, and if she had been of a different age, other than the Victorian age, she would have been

one of those people working for women's rights. I suppose nothing angers me more than to see women who are not given the recognition they should be given just because they are a woman. I have six daughters and three sons. I think my daughters are inclined to be just a little scrappy because they learned it from me. I said, "All of you have got to go to college, you've got to have something. No matter what. Just because you get married, you never know what's going to happen and you might need this. You've got to be educated." My mother was the same way. You know, she pushed for her children to be educated, to be sure, although, I am the first generation in the United States.

Joan Douglas' commentary on the Women's movement spoke to the ways in which women worked together to lift each other up and to be inclusive:

I think we worked together in communities a great deal as women. We tried, I have tried with my colleagues, to develop leadership, to bring opportunities to women in communities that they didn't have otherwise and to listen to them and help them to really do the things they didn't know they could do. In community organization I have done a lot to develop that kind of leadership. I think that's a particular challenge sometimes out in rural areas — both men and women. But definitely, creating different kinds of jobs. When we had the CETA organization, we took many women that others wouldn't take. Interesting thing -- when we were developing the course and describing how we were going to use community outreach workers, we needed to reach the people that needed to be reached. Our public health nurses were sometimes handicapped. We needed a young man with a beard and a guitar. We needed a young woman who had been drugs at some time or other, or was a single parent. We needed a black woman. We needed a gypsy woman. We actually advertised, selected, recruited and trained — and you know, we ended up with five or six of them who had never [worked]; they went on to great jobs or they stayed with us for seven or eight or ten years, and did unique things, and went back to school and worked at the same time. So, it was fascinating. Nobody had ever cared or

worked with them before, actually. And they made all the difference in the world. We changed the color and everything of our clinics, or our programs and so on, because we could really bring the people [in] -- now we could communicate with them. So yes, that was pretty exciting. I think that was kind of helping the Women's Movement, because they later went on and did things -- they held positions in the communities, and so on.

(Joan Douglas)

Charlotte Katona did not see herself particularly involved in the Women's Movement, possibly because she did not feel the limitations that many women around her did:

Not per se, but I never felt that because I was a woman that I had any limitations. The way I was oriented in my family, perhaps the kind of mother that I had and the kind of person that I married, I'm just naturally who I am. I'm not anti— Women's Movement, but I believe that opportunities are pretty well individual and according to your own ability or preparation. (Charlotte Katona)

Shirley Kirking saw herself as part of the Women's Movement because she probably would have gone to work, even if necessity had not forced her to work.

Discussion

In this paper I have reviewed the context in which nursing students in Arizona trained in 3 of the 5 participating nursing schools in the U.S. Cadet Nurse Corps program. I also explored primary and secondary historical evidence, none of which independently offered a complete picture of U.S. Cadet Nurses in or of Arizona. However, considered together, an impression emerges that prompts additional questions about the representativeness of this story about a small part of the program for the program in general.

For instance, the story of Sylvia Jimenez (Figure 9), a Cadet Nurse who studied at St. Mary's in Tucson, recently came to my attention via a colleague:²³

Sylvia Jimenez Almeyda was born on November 3, 1917, in Clifton, Arizona, a copper mining camp in Greenlee County. Shortly thereafter, Sylvia and her parents, Antonio and Josefa Gonzales Jimenez, moved to Miami, Arizona, where her father found laborer's work at the Miami Copper Company. After graduation in 1935 from Miami High School, Sylvia worked as a nurses' aide at the Miami Inspiration Hospital. In 1943, she became a member of the U.S. Cadet Nurse Corp. Within this program, Sylvia enrolled in St. Mary's School of Nursing & began taking nurses' training in Tucson, and graduated from St. Mary's in 1945. By then, her soldier-husband-to-be, Alfred Almeyda, returned from his military service overseas, and returned to his home in Miami. He and Sylvia soon married & began their own lives in California, where they lived until 1986. As a registered nurse, Sylvia established an exemplary record of service in major hospitals in California, and over a period of 40 years, with a specialty in maternity and infant care. Sylvia and Alfred Almeyda returned to Miami, Arizona in 1986 to enjoy a new life in retirement. The couple became active in community service work for the Our Lady of the Blessed Sacrament Catholic Church, the Miami Senior Center, and for the Bullion Plaza Cultural Center and Museum.



Figure 9. Sylvia Jimenez Almeyda.

Ana Marie Baez²⁴ came to the United States from Mexico City with her family while she was a child. She grew up in the U.S. Southwest and graduated from Menaul School in Albuquerque, New Mexico. She was one of the first Hispanic graduates at the Sage Memorial Hospital and worked as a nurse for 66 years.

Clara Rebecca Nourse²⁵ at first went to the University of Arizona to study library science. While there she took a class in nursing and discovered her passion—taking care of people. She decided to become a nurse and trained at Santa Monica’s Hospital in Phoenix.

Sylvia’s, Ana Marie’s, and Clara Rebecca’s card files did not include these stories.

Except for Ruby Gordon, Clara Rebecca Nourse, Ana Marie Baez, and Sylvia Jimenez, this report reflects less knowledge about the Cadet Nurses *of* Arizona than of the 25 nurses *in* Arizona. We do not know as much about their training experiences; their Senior Cadet experience; their lives after World War II; and their thoughts about leadership, innovation, and the Women’s Movement. We do not know how their stories might be similar to or different from the stories of the 25 nurses in Arizona. Finding the Cadet Nurses of Arizona to listen to their stories and fill this information gap would be an important step. However, this goal may be easier said than done: these women are at least 88 years old and may not be available for one reason or another.

In addition, the oral histories provided a window into the stories of 25 nurses who happened to be living in Arizona in 1987, when Joyce Finch interviewed them, but did not include details that their card file data would have provided. We know what their training experiences were like in nursing school and how they occupied themselves professionally, educationally, and personally since World War II. However, the oral histories did not provide information about their fathers’, guardians’ or spouses’ occupations.

These limitations notwithstanding, the oral histories and the few stories obtained about Cadet Nurses trained in Arizona provided a view into experiences at the cutting edge of the time during and after World War II. All kept to the promise to serve as nurses in essential roles in

civilian, military, or Indian Service hospitals for the duration of the war. One served in the military during subsequent conflicts in the 1950s and 1960s. They experienced the miracles of modern medicine in fighting bacterial infections, tuberculosis, and polio. They were at the forefront of new specialties in nursing: the school nurse teacher, school nurse practitioner,²⁶ emergency room nursing, and geriatric nursing. They were there for the introduction of new forms of nursing practice in life care facilities, nursing homes, long-term care facilities, and hospital-affiliated outpatient surgery facilities. They experienced new organizational arrangements in hospitals as staff nurses, charge nurses, primary nurses, admitting nurses, head nurses, supervisors, directors of nursing, and a number of other titles as hospitals grew and became corporate. Some of them drove change, and others simply endured it.

Despite the limitations of each type of evidence, in light of theoretical sensitivity developed through a number of sources (i.e., documenting the stories of other Cadet Nurses outside of Arizona over the past 3 years on a website [uscadetnurse.org, 2011-2014], reviewing oral history transcripts or recordings of other Cadet Nurses outside of Arizona,²⁷ referring to accounts of Cadet Nurse experiences authored by other Cadet Nurses,²⁸ and growing up as the daughter of a Cadet Nurse), these stories and the card file data about Arizona Cadet Nurses ring true. The insights developed through these encounters with other Cadet Nurses, prompt me to tentatively conclude that similar patterns would emerge in the oral histories of the remaining Cadet Nurses *of* Arizona, if their stories were known...but only to a point.

Educational opportunity and racial and ethnic diversity

It was remarkable (and arguably worthy of additional study), that a full decade before the Civil Rights Movement started to gain traction, the federal government would require that schools of nursing not discriminate by race, ethnicity, or marital status in admissions practices to the U.S. Cadet Nurse Corps. Previously, there were separate nursing schools for African Americans, and student nurses who married were regularly dismissed from nursing school. That said, there are a

number of areas where it is not clear how successful schools of nursing were in operationalizing this requirement instructionally or how successful the practice was being institutionalized into individual nurses' professional practice after they graduated.

Also unclear is the degree to which the opportunity to graduate from high school—one of the requirements for admission to the Corps—was evenly distributed in Arizona for those of Mexican origin who were not among the 300,000 to 500,000 forced out of the United States during the 1930s. At the time, Arizona public education was segregated. It was not uncommon for Mexican-origin children to be educated in one school and White children another in the same district, and African Americans were concentrated in South Phoenix. The existence of this uneven social and political playing field raises the question whether the non-discrimination policy of the U.S. Cadet Nurse Corps could ever be fully realized in Arizona or the rest of the country.²⁹

In Arizona, in at least two of the three schools of nursing studied, inclusion was already explicitly built into the mission of the school and hospital, or the institution targeted a particular disadvantaged population to the exclusion of others. Sage Memorial Hospital School of Nursing had a longstanding mission to the development of Native American nurses, and although the relationship between the Clarence Salsbury and his counterparts in the federal government was frequently strained, nurses trained at Sage were sought out to work in BIA hospitals and clinics. Also, in its later years, the School opened to those who spoke Spanish and during the War to those who lived in the Japanese internment camps.³⁰

Santa Monica's Hospital arose out of a community development project to improve housing for Mexican-origin, African American, and low income White communities, so an inter-racial, integrated hospital close by to serve these populations seems reasonable. However, it is also important to remember that the federally funded public housing built in Phoenix under Emmett McLoughlin, which this hospital served, segregated Mexican-origin people, African Americans, and low income Whites from each other. Also, Ruby Gordon reported that her class

started with 36 students. Almost 20% of the enrollment was not White: 3 students were African American, 1 was Hispanic, 1 was Native American, and 2 were Asian.

At the federal level, Estelle Massey Riddle, member of the Advisory Committee of the Division of Nurse Education and of the National Association for Colored Graduate Nurses, expressed concern about the low number of African Americans in the U.S. Cadet Nurse Corps. There were too few in relation to national needs and to serve the needs of the African American community, which at that time numbered some 13,000,000. She was also concerned about educational standards for Black nursing schools: “Although there is much improvement,” she said, “there is still a policy to approve a school for Negroes on a much lower standard than for others.”³¹

The evidence did not reveal how nurses of different races and ethnicities might have related with each other during or after the War. However, in the oral history of one of the nurses who was from the South, she mentioned how difficult it was to work with northern Blacks. She knew Blacks in the South and found the northern Blacks disrespectful in comparison. In a subsequent context she had no problems. What the story did not reveal was what happened that might have changed, either in this nurse or among the African American community.

The Cadet Nurses working with Native American populations talked about cultural differences between them and Native Americans and how necessary it was to gain trust in order to work well with Native American patients. This is understandable, given the longstanding tension between Native Americans and the federal government, attributable in large part to the cultural insensitivity and lack of follow-through of the federal government.³² Joan Douglas, a Cadet Nurse who trained at Stanford University and was a Senior Cadet among the Native Americans in Window Rock, Arizona, knew that she was 40 miles west of Gallup, New Mexico, but made no mention of her closer proximity to Ganado, Arizona, where fellow Cadet Nurses, Native Americans, were being trained, and whose graduates may have been working with or supervising her in Window Rock. There were an estimated 40 Native American Cadet Nurses,

which suggests that Sage Memorial, with 32 Cadet Nurse Corps graduates, may have been the primary producer of Native American nurses in the country.

It is hard to assert definitively that the U.S. Cadet Nurse Corps accomplished something that would not have been accomplished without this program because the seeds of educational equity were already planted in the young state of Arizona, but again, only to a point. It is reasonable to assume that the infusion of funding and participation of young women in the U.S. Cadet Nurse Corps may have accelerated the initiation of a longer-term process of sea change in the nursing profession in Arizona, a process that continues to this day. However, details in the nurses' stories, when considered a generation after they were told, raise questions about the quality of the institutionalization of the U.S. Cadet Nurse Corps' non-discrimination clause into nursing and nurse education during World War II and in the decades that followed. Such questions might be best addressed in consultation with Cadet Nurses trained in Arizona and not be limited to the stories of 25, the majority of whom trained outside of Arizona. This is an urgent concern because these women—now in at least their upper 80s, are rapidly disappearing.

The lessons learned during the 1950s told us that separate is not equal, but it is also important to remember that the curriculum of the 1940s shaped the lessons of the '50s. The introduction of policies that require massive cultural change in any profession also take a long time to institutionalize into its culture. The U.S. Cadet Nurse Corps was part of that curriculum, and the some 180,000 women who participated, of whom 124,000 became R.N.s, were essential actors in this normative process into the 1950s and later.

Crosscurrents in the desert

Returning to the metaphor of crosscurrents, the success of the U.S. Cadet Nurse Corps in Arizona was attributable in large part to the confluence of a number of key people both at the federal level and within Arizona. Had it not been for Congresswoman Frances Payne Bolton, Surgeon General Thomas Parran, Director Lucile Petry, and unanimous and swift Congressional

action, this federally funded program would not have gotten off the ground. If it hadn't been for the political acumen of key people in Arizona, such as Dr. Clarence Salisbury, Father Emmett McLaughlin, and Sister Mary Evangelista Weyand, there would have been no institutional presence in Arizona with which to connect these federal resources. Finally, were it not for people such as Eleanor Roosevelt (Figure 10), who spoke up and stepped up after the War to raise questions about racial, ethnic, and gender equity in this country, the advances introduced by programs such as the U.S. Cadet Nurse Corps might have been more difficult to sustain. It might also have been more difficult to sustain the momentum for change in the status of career women in the workplace and at home that began to take hold in the '50s and '60s.



Figure 10. November 1, 1949 – United Nations, Lake Success, New York: Mrs. Eleanor Roosevelt holding the Universal Declaration of Human Rights as a poster in English.
Source: United Nations Audiovisual Library of International Law.

The U.S. Cadet Nurse Corps prompted a continuous flow of people, expertise, and other resources into and out of Arizona during World War II, especially through the Senior Cadet phase of a Cadet Nurse's training. The effects of this effort were felt for decades after the war. At times, on the basis of this kaleidoscope of impressions, one can see streams of people moving from one place to the next within Arizona. Occasionally, some would converge, and the encounter would result in synergies that would yield outcomes greater than the sum of their parts. One such outcome reflected in the stories is the development of the School of Nursing at Arizona State University beginning in 1957. Another is the development and launching in 1965 of the Associate degree program in nursing at Glendale Community College. A third is a collaboration at the

Arizona Department of Health in cutting edge roles of the time of school nurse and school nurse practitioner. A fourth is the emergence of new approaches to healthcare among Native Americans. Yet another served her country in the military during subsequent conflicts in the 1950s and 1960s and then served the military as a civilian nurse.

Such synergies were represented in about half the nurses' stories. The other half's stories took place on a smaller scale, in the context of the family and community. The investors' stories represented a cadre of nurses who would contribute to the cause of feminism by ensuring that their daughters were equipped for the changing world ahead of them, a world where the expectation that women stay home while men go to work would be less the norm. For this new world, women would need to be well educated. These nurses appeared to know this intuitively and only recognized the importance of this contribution in hindsight. (This message was one that I heard also from my Cadet Nurse mother, and for some reason I heeded her advice.) These women were frequently the first in their families to achieve more than a high school education—at a time when young women were not encouraged to pursue higher education at all—and they may have been the children of immigrants as well.

The U.S. Cadet Nurse Corps, and its participants in or from Arizona, started processes in a metaphorical cultural borderland. These women were on the border between the norm of a hospital-based nurse education context based on the needs of the hospital and a university-based one based on the educational needs of the student. They were also on the border between the norm of a woman's traditionally assigned role as wife, mother, and caregiver and a modern self-determined role that also included pursuing educational opportunities and having a profession and career. Finally, the federal government, through the U.S. Public Health Service, was an actor in the awakening of the country to the need to begin the process to extend educational opportunity and health services equitably across racial and ethnic boundaries. None of these processes have reached the final destination yet.

Conclusion

Ruby Gordon was an Arizona Cadet Nurse educated at Santa Monica's who was interviewed by Joyce Finch. She was also one of first two faculty members of nursing when Glendale Community College launched its nursing program in 1965. In 2009 her story was recognized with a Special Award for Excellence for a career that spanned more than 50 years in nursing, health education, and student counseling.

What do we know of the perspectives of other Cadet Nurses trained in Arizona, especially those of Mexican, African, or Native American origin? What would their life stories reflect?

In her interview with Charlotte Katona, Joyce Finch brought up that the Cadet Nurses were an interesting group because more than any other group during World War II, they came out into the workforce when the war ended. She made the assumption that "about most of us, that we were not going to do this forever, but for many of us it has been something close to forever." She continued, "without cognitively planning it, we sort of look back and say, 'Gee, isn't it interesting how that worked out', as opposed to young women entering their careers today who have a career orientation." Charlotte noted that there weren't as many career choices for young women during World War II, but the foundation that was laid for her through work experiences, tested and validated in a variety of settings, equipped her very well. She also pointed out that she was determined enough to succeed and that there were many people who thought it was too hard and that they couldn't succeed.

Charlotte viewed the U.S. Cadet Nurse Corps as a support to assist in the education of nurses for society. Consequently, she noted that she was very pro-funding for nursing education because, although it never covers all of the cost, it helps realize potential and provides incentive to continue. It is a support system that removes barriers to qualified people who need the support in order to succeed.

Joyce Finch noted:

I think, in the sense that there are studies that say, well this is what the Government did and this is what it cost, but not what it produced, yes, except these numbers of graduates who finished programs between this time and this time, but not their contributions to society

Did the U.S. Cadet Nurse Corps' non-discrimination clause help promote equitable opportunity and access to high quality nurse education in Arizona during World War II? It is hard to tell for certain, but it sure did not hurt. Did the U.S. Cadet Nurse Corps contribute to society? The evidence in Arizona points to a resounding, albeit qualified, yes.

Acknowledgements

This paper was completed with the support of the School of Transborder Studies in the College of Liberal Arts and Sciences, Arizona State University, through a sabbatical. I am indebted to my colleagues at ASU, including Carlos Vélez-Ibáñez, Francisco Lara-Valencia, Maria Luz Cruz Torres, Airin Martínez, Hilda García-Pérez, Marta Sánchez, Patricia Corona, and Norma Valenzuela, whose encouragement and insights kept me on track.

I am also indebted to archivists at the Arizona Historical Society, Arizona State University, and Boston University. Christine Marin, Emerita Archivist of the Chicano/a Research Collection and the Arizona Collection in the Department of Archives & Special Collections, Hayden Library at Arizona State University, pointed me to the oral history transcripts that Joyce Finch collected; she also introduced me to Sylvia Jimenez' story. Diane Gallagher, Nursing History and University Archivist of the Nursing Archives in the Howard Gotlieb Archive and Research Center at Boston University, connected me with Joyce Finch's 1988 presentation abstract in the American Association for the History of Nursing archives in residence at Boston University. To the attentive staff at the Tucson location of the Arizona Historical Society archives, I am indebted for their making available invaluable information about St. Mary's

Hospital School of Nursing in Tucson. I would not have found this information without all of these people.

To Shirley Harrow, R.N., who introduced me to many Cadet Nurses and who is my coach, cheerleader, and friend, I owe my deepest gratitude. Special thanks to Josué González, esteemed colleague, mentor, and friend, who shared my excitement with every discovery about the Cadet Nurses over the years. Their review of this paper resulted in an improved product.

And finally, to Cadet Nurse Elsie Felicia Ulrich Szecsy, R.N., words cannot express how much I have come to appreciate the true value of your investment in me.

Endnotes

1. Committee for the Study of Nursing Education, Josephine Clara Goldmark, Chair. *Nursing and Nursing Education in the United States*. (New York: J.J. Little & Ives Company, 1923).
2. U.S. Public Law 74. 78th Cong., 1st sess., July 1, 1943. *Nurse Training Act of 1943*.
3. *Recruitment and Training of Nurses*, 78th Cong., 1st sess., H.R. 2326.
4. WNET. Frances Payne Bolton, 14-Term Representative, Nursing Advocate. *Unsung Heroines: Celebrating the Accomplishments of Under-Recognized Women*, 2009.
5. U.S. Public Law 76-849, 76th Cong., 3rd sess., October 14, 1940. *Lanham Act*.
6. Bess Furman in consultation with Ralph Williams, *A Profile of the United States Public Health Service, 1798-1948*. (Bethesda, MD: U.S. Department of Health, Education, and Welfare, National Institutes of Health, 1973).
7. United States Public Health Service, *The United States Cadet Nurse Corps [1943-1948] and other Federal nurse training programs (PHS Publication 38)*. (Washington, D.C.: United States Government Printing Office, 1950).
8. Philip A. Kalisch. and Beatrice J. Kalisch, *The Federal Influence and Impact on Nursing*. (Bethesda, MD: U.S. Dept. of Health and Human Services, Public Health Service, Health Resources Administration, Bureau of Health Professions, Division of Nursing, 1980).
9. Wade Davies, *Healing Ways: Navajo Health Care in the Twentieth Century* (Albuquerque, NM: University of New Mexico Press, 2001).
10. Robert A. Trennert, "Sage Memorial Hospital and the Nation's First All-Indian School of Nursing," *The Journal of Arizona History* 44.4: 353-374. (2003).

11. Robert A. Trennert, *White Man's Medicine: Government Doctors and the Navajo, 1863-1955* (Albuquerque, NM: University of New Mexico Press, 1998); and Wade Davies, *Healing Ways: Navajo Health Care in the Twentieth Century* (University of New Mexico Press, 2001).
12. Jim Kristofic, "Building Bridges between Old and New," *Navajo Times* (2009).
13. Phoebe Pollitz, Carrie Streeter, and Cynthia Walsh. "A Nurse's Journey," *Minority Nurse*. (2011).
14. Thelma Robinson, *Your Country Needs You: Cadet Nurses in World War II*. Xlibris, 2009.
15. Eleanor Roosevelt, "My Day," *Eleanor Roosevelt Papers Project*. (George Washington University, March 22, 1947); also cited on page 155 in Bradford Luckingham, *Minorities in Phoenix: A Profile of Mexican American, Chinese American, and African American Communities, 1860-1992* (Tucson, AZ: The University of Arizona Press, 1994).
16. Thelma Robinson estimated 98 graduates in *Your Country Needs You* and Shields reported 145 graduates in *White Caps in the Desert, A History of Nursing in Arizona*. (Arizona State Nurses Association, 1969).
17. National League for Nursing Education, *Standard Curriculum for Schools of Nursing* (Baltimore, MD: The Waverly Press, 1917).
18. Mary Aloysia Ames, *History of the School of Nursing, 1914-1966: St. Mary's Hospital, Tucson* (Tucson, AZ: Arizona Pioneers' Historical Society, 1966); Pamela Randolph, "History of Regulation of Arizona Nursing Education," *Arizona State Board of Nursing Regulatory Journal* 6.2, 6, 8 (2011); Joey Ridenour, "Arizona State Board of Nursing 1921-2011 90th Anniversary," *Arizona State Board of Nursing Regulatory Journal* 6.2, 4 (2011).
19. As reported by Maria Ames, *History of the School of Nursing, 1914-1966: St. Mary's Hospital, Tucson* (Tucson, AZ: Arizona Pioneers' Historical Society, 1966), p. 14
20. Ancestry.com. U.S., World War II Cadet Nursing Corps Card Files, 1942-1948 [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc. Original data::Cadet Nurse Corps Files, compiled 1943-1948, documenting the period 1942-1948. MLR Number UD-WW 10; ARC ID: 5605027. 350 boxes. Records of the Public Health Service, 1794-1990, Record Group 90. National Archives at Washington, D.C., 2011.
21. Joyce Finch, Joyce Finch Collection. (College of Nursing, Arizona State University, 1987). Professor Finch also reported on these oral histories at the annual conference of the American Association for the History of Nursing in 1988.
22. United States Public Health Service. *The United States Cadet Nurse Corps [1943-1948] and Other Federal Nurse Training Programs (PHS Publication 38)*. (Washington, D.C.: United States Government Printing Office, 1950); and Thelma Robinson, *Your Country Needs You: Cadet Nurses in World War II*. (Xlibris, 2009).
23. Personal communication, Christine Marin, February 5, 2014.

24. Obituary of Ana Marie Bruenger. *The Mendocino (California) Beacon*, April 14, 2011. <http://www.mendocinobeacon.com/>.
25. Obituary of Clara Rebecca Nourse Sumpter. *The Payson (Arizona) Roundup*, December 13, 2011. <http://www.paysonroundup.com/obituaries/2011/dec/13/becky-sumpter/>
26. Ellie Branstetter speaks about the development of the nurse practitioner in her interview in the ASU Retirees Association *Video History Collection* (<https://asura.asu.edu/BranstetterVideoClip>).
27. For example: Blance Pursglove, Oral history interview by Hannah Fisher, tape recording, Brownsville, Pennsylvania, June 24, 1989.
28. For example: Thelma Robinson, *Nisei Cadet Nurse of World War II: Patriotism in Spite of Prejudice* (Boulder, CO: Black Swan Mill Press, 2005); and Thelma Robinson and Paulie Perry. *Cadet Nurse Stories: The Call for and Response of Women during World War II* (Indianapolis, IN: Center Nursing Publishing, 2001).
29. See the video, Deportation, on the *Latino Americans* website: <http://www.pbs.org/latino-americans/en/watch-videos/#2365053363>.
30. Clarence Salsbury, with Paul Hughes, *The Salsbury Story: A Medical Missionary's Lifetime of Public Service* (Tucson, AZ: The University of Arizona Press, 1969); and Robert A. Trennert, "Sage Memorial Hospital and the nation's first all-Indian school of nursing." *The Journal of Arizona History* 44.4 (2003): 353-374.
31. United States Public Health Service. *The United States Cadet Nurse Corps [1943-1948] and other Federal nurse training programs (PHS Publication 38)*. Washington, D.C.: United States Government Printing Office, 1950: 50).
32. Robert A. Trennert, "Sage Memorial Hospital and the nation's first all-Indian school of nursing." *The Journal of Arizona History* 44.4 (2003): 353-374. Robert A. Trennert, *White Man's Medicine: Government Doctors and the Navajo, 1863-1955* (Albuquerque, NM: University of New Mexico Press, 1998). Wade Davies, *Healing Ways: Navajo Health Care in the Twentieth Century* (Albuquerque, NM: University of New Mexico Press, 2001). Clarence Salsbury, with Paul Hughes. *The Salsbury Story: A Medical Missionary's Lifetime of Public Service*. (Tucson, AZ: The University of Arizona Press, 1969).

Bibliography

Archival Sources

Ancestry.com. U.S., World War II Cadet Nursing Corps Card Files, 1942-1948 [database online]. Provo, UT, USA: Ancestry.com Operations, Inc. Original data::Cadet Nurse Corps Files, compiled 1943–1948, documenting the period 1942–1948. MLR Number UD-WW 10; ARC ID: 5605027. 350 boxes. Records of the Public Health Service, 1794–1990, Record Group 90. National Archives at Washington, D.C., 2011.

- Branstetter, Ellamae. Video history interview by Pam Stevenson. Video recording (<https://asura.asu.edu/BranstetterVideoClip>). Tempe, Arizona: ASU Retirees Association, January 29, 2007.
- Finch, Joyce. Joyce Finch Collection. Tempe, AZ: College of Nursing, Arizona State University, 1987.
- Pursglove, Blanche. Oral history interview by Hannah Fisher. Tape recording. Brownsville, Pennsylvania, June 24, 1989.

Published Sources

- Ames, Mary Aloysia. *History of the School of Nursing, 1914-1966, St. Mary's Hospital, Tucson*. priv. print. Tucson, AZ: Arizona Pioneers' Historical Society, 1966.
- Davies, Wade. *Healing Ways: Navajo Health Care in the Twentieth Century*. Albuquerque, NM: University of New Mexico Press, 2001.
- Finch, Joyce. "Contributions of Cadet Nurses: An Oral History: 1943-1987." Abstract of paper presented at the Fifth Annual Fall Conference on Nursing History of the American Association for the History of Nursing and College of Nursing and Health, University of Cincinnati. Cincinnati, OH, September 1988.
- Furman, Bess, and Ralph Williams. *A Profile of the United States Public Health Service, 1798-1948*. Bethesda, MD: U.S. Department of Health, Education, and Welfare, National Institutes of Health, 1973.
- Kalisch, Philip A. and Beatrice J. Kalisch. *The Advance of American Nursing, Third Edition*. Philadelphia, PA: Lippincott, 1995.
- Kalisch, Philip A. and Beatrice J. Kalisch. *The Federal Influence and Impact on Nursing*. Hyattsville, MD : Springfield, VA : U.S. Dept. of Health and Human Services, Public Health Service, Health Resources Administration, Bureau of Health Professions, Division of Nursing, 1980.
- Kristofic, Jim. "'Flying Lady' Adele Slivers." *Native Peoples Magazine*, 25.3 (2012): 52.
- Kristofic, Jim. (2009). "Building bridges between old and new." *Navajo Times*. 2009. <http://navajotimes.com/entertainment/2009/1109/112509bridges.php>.
- Luckingham, Bradford. *Minorities in Phoenix: A Profile of Mexican American, Chinese American, and African American Communities, 1860-1992*. Tucson, AZ: The University of Arizona Press, 1994.
- McLoughlin, Emmett. *People's Padre: An Autobiography*. Boston, MA: The Beacon Press, 1954.
- National League for Nursing Education, *Standard Curriculum for Schools of Nursing*. Baltimore, MD: The Waverly Press, 1917.

- Obituary of Ana Marie Bruenger. *The Mendocino Beacon*, April 14, 2011. <http://www.mendocinobeacon.com/>.
- Obituary of Clara Rebecca Nourse Sumpter. *The Payson Roundup*, December 13, 2011. <http://www.paysonroundup.com/obituaries/2011/dec/13/becky-sumpter/>
- Pollitz, Phoebe, Carrie Streeter, and Cynthia Walsh. "A Nurse's Journey." *Minority Nurse*. (2011). <http://www.minoritynurse.com/article/nurses-journey>.
- Randolph, Pamela. "History of Regulation of Arizona Nursing Education." *Arizona State Board of Nursing Regulatory Journal* 6.2 (2011): 6, 8.
- "Religion: Too material". *Time*, December 13, 1948. <http://content.time.com/time/>.
- Ridenour, Joey. "Arizona State Board of Nursing 1921-2011 90th anniversary." *Arizona State Board of Nursing Regulatory Journal* 6.2 (2011): 4.
- Robinson, Thelma. *Your Country Needs You: Cadet Nurses in World War II*. Xlibris, 2009.
- Robinson, Thelma. *Nisei Cadet Nurse of World War II: Patriotism in Spite of Prejudice*. Boulder, CO: Black Swan Mill Press, 2005.
- Robinson, Thelma and Paulie Perry. *Cadet Nurse Stories: The Call for and Response of Women during World War II*. Indianapolis, IN: Center Nursing Publishing, 2001.
- Roosevelt, Eleanor. My day. *Eleanor Roosevelt Papers Project*. Washington, D.C.: George Washington University, March 22, 1947. http://www.gwu.edu/~erpapers/myday/displaydoc.cfm?_y=1947&_f=md000606
- Salsbury, Clarence, with Paul Hughes. *The Salsbury Story: A Medical Missionary's Lifetime of Public Service*. Tucson, AZ: The University of Arizona Press, 1969.
- Shields, Hazel, comp. *White Caps in the Desert: A History of Nursing in Arizona*. Arizona State Nurses Association, 1969.
- Trennert, Robert A. "Sage Memorial Hospital and the nation's first all-Indian school of nursing." *The Journal of Arizona History* 44.4 (2003): 353-374.
- Trennert, Robert A. *White Man's Medicine: Government Doctors and the Navajo, 1863-1955*. Albuquerque, NM: University of New Mexico Press, 1998.
- U.S. House. 1943. *Recruitment and Training of Nurses*. H.R. 2326, 78th Cong., 1st sess., H.R. 2326.
- United States Public Health Service. *The United States Cadet Nurse Corps [1943-1948] and other Federal nurse training programs (PHS Publication 38)*. Washington, D.C.: United States Government Printing Office, 1950.
- U.S. Public Law 74. 78th Cong., 1st sess., July 1, 1943. Nurse Training Act of 1943.
- U.S. Public Law 76-849, 76th Cong., 3rd sess., October 14, 1940. Lanham Act.

uscadetnurse.org. <http://uscadetnurse.org>.

WETA and Latino Public Television. Latino Americans. 2013. <http://www.pbs.org/latino-americans/en/>.

WNET. "Frances Payne Bolton, 14-term representative, nursing advocate." *Unsung heroines: Celebrating the Accomplishments of Under-Recognized Women*, 2009. <http://www.thirteen.org/unsungheroines/video/frances-payne-bolton-14-term-representative-nursing-advocate/>.

Appendices

Appendix A: Cadet Nurses of Arizona

Source: National Archives and Records Administration

Cadet Nurses at Sage Memorial Hospital, Ganado, Arizona

Name	Date Admitted to the Corps	Name	Date Admitted to the Corps
Winifred Analla	3-Sep-45	Angela Garza	23-Sep-44
Virginia Ayon	3-Sep-45	Stella Garcia	4-Sep-44
Ana Marie Baez	1-Jul-43	Rose L James	3-Sep-45
Mary Louise Bayhulle	1-Jul-44	Lula Mae Kayona	14-Sep-43
Elizabeth M Brittian	3-Sep-45	Leonora Lewis	1-Jul-44
Esther E Candelaria	3-Sep-45	Eleanor S Letseoma	3-Sep-45
Lillian B Catcher	9-Sep-44	Grace Letseoma	5-Sep-44
Lena Candelaria	1-Jul-43	Gloria V Lewis	1-Jul-44
Elfrieda Conroy	3-Sep-43	Lillie Ann Maloney	1-Sep-44
Ruthe B Charlie	4-Sep-44	Valentine Nuvamsa	1-Jul-44
Harrietta C. Curley	3-Sep-45	Elizabeth Ortez	3-Sep-45
Sophie Davalos	3-Sep-45	Rowena Pentewa	1-Sep-44
Hazel Elk Head	4-Sep-44	Beulah Puckeshino	1-Jul-44
Lillian V Enos	6-Sep-44	Evelyn Painter	6-Sep-45
Lydia Garibay	4-Sep-44	Neeley Rhodes	1-Jul-44
Naomi Garibay	1-Jul-44	Frances Sanchez	3-Sep-45

Cadet Nurses at Santa Monica's Hospital, Phoenix, Arizona

Name	Date Admitted to the Corps	Name	Date Admitted to the Corps
Virginia Antone	1-Oct-44	Nellie Clarence	1-Oct-44
Alta Marie Arpan		Mary V Coats	1-Jul-45
Cora M Baptisto	1-Oct-44	Dorothy Gene Cooper	1-Feb-45
Effie Dolores Brown	1-Feb-45	Denice Jeanette Desjardins	1-Jul-45
Verna Jean Becker	1-Jul-45	Georgia Louise Dickson	15-Sep-45
Ida Alice Bakke	1-Jul-45	Bette Yvonne Duncan	1-Jul-45
Isabel Bustamante	15-Sep-45	Ruby Juanita Daniels	1-Jul-45
Elisabeth Rose Marie Brown	1-Jul-45	Margaret G Ellis	1-Oct-44
Elaine Ann Benson	1-Jul-45	Jocie Kaneyo Eto	1-Feb-45
Eleanor Jean Bellanger	1-Feb-45	Wanda E Errigo	1-Feb-45
Betty Cavanaugh	1-Oct-44	Ida Lee Elkins	1-Jul-45
Dorothy M Case	1-Oct-44	Cyrilla C Endfield	1-Oct-44

Name	Date Admitted to the Corps
Mary G Milardovich	1-Jul-45
Dorothy Ferguson	1-Oct-44
Vera French	1-Oct-44
Bonnie Dean Francis	1-Feb-45
Virginia M Godsell	1-Oct-44
Angelina Gutierrez	1-Oct-44
Lois L Glass	1-Oct-44
Vera Gilligan	1-Jul-45
Wyona L Hinkle	1-Oct-44
Audrey Louise Hogan	15-Sep-45
Patricia Ann Harrison	15-Sep-45
Gloria Beatrice Hudson	1-Jul-45
MaryLou M Hext	1-Oct-44
Audree Io Holmgren	1-Oct-44
Rose Marie Holden	1-Feb-45
Dorothy Mary Jarvis	1-Feb-45
Mildred Jones	15-Sep-45
Clara Ann Johnson	1-Oct-44
Maria L Jones	1-Jul-45
Mable M Kayhill	1-Oct-44
Clarice Mae Lauer	1-Feb-45
Rosalie Theresa Locks	1-Jul-45
Mary Jayne Layton	1-Feb-45
Ethel Louise Locke	15-Sep-45
Mary Elizabeth Lauer	1-Oct-44
Lillian R Maneth	1-Oct-44
Lucy B Manuel	15-Sep-45
Verna Mockta	1-Jul-45
Virginia Louise Mashaw	1-Jul-45
Julia Anne Mattill	1-Jul-45
Ellazora Martin	1-Jul-45
Helyn Lou Murphy	1-Oct-44
Lillian M Miller	1-Oct-44
Gertrude Marcella Miller	15-Sep-44
Clara Rebecca Nourse	1-Jul-45
Mary Ernestine Orr	1-Jul-45
Barbara Milton Proctor	1-Feb-45
Seymana Ethel F Poleeson	1-Jul-45
Virgie Lorene Parker	1-Feb-45

Name	Date Admitted to the Corps
Mary Joan Pappas	15-Sep-48
Carolyn Marie Peters	1-Jul-45
Floritta Genevieve Petite	15-Sep-45
Erma Anna Pollard	1-Jul-45
Rosalind L Potter	15-Sep-45
Mabel M Preston	1-Feb-45
Roberta Rosales	1-Jul-45
Mary Ann Rodarte	1-Oct-44
Flora Lee Rose	1-Jul-45
Lilly Reddy	1-Jul-45
Jessie V Ross	1-Oct-44
Margaret Ernestine Ray	1-Jul-45
Mary Switenki	1-Feb-45
Mildred Josephine Sneed	1-Jul-45
Gwendolyn M Schurz	1-Oct-44
Mary Jane Stanberry	1-Jul-45
Evangeline Streeter	1-Jul-45
T Margaret Smith	1-Oct-44
Marian J Sauls	1-Oct-44
Stella Spencer	1-Feb-45
Blanche Sargent	1-Oct-44
Lydia Loreen Thomson	1-Feb-45
Patsy Dean Trainor	1-Jul-45
Uretta Thomas	1-Oct-44
Margaret K Thurman	1-Oct-44
Martha Jean Tuggle	1-Feb-45
Margaret Agnes Velasquez	1-Jul-45
Ruby Lee Etta Vinson	15-Sep-45
Evelyn White	1-Oct-44
Regina Wender	15-Sep-45
Barbara Wade	1-Oct-44
Lois V Wadlington	1-Feb-45
Doris Edna Whinery	1-Jul-45

Cadet Nurses at Saint Mary's Hospital, Tucson, Arizona

Name	Date Admitted to the Corps
Marie M Albanese	18-Jun-45
Hazel P Allen	18-Jun-45
Dora Anaya	4-Sep-44
Beatrice Anders	4-Sep-44
Stella S Andrade	21-Jan-45
Jacqueline Jinnie Anich	9-Sep-45
Louise Armstrong	
Patricia M Abbott	7-Sep-44
Loveda M Ackley	21-Jan-45
Maria Aguilar	
Gloria Apodaca	Sep-43
Vivian Arnold	Sep-43
Mary Louise Avila	9-Sep-45
Dolena Adams	Sep-43
Mary M Aginiga	18-Jun-45
Sara M Autney	4-Sep-44
Geraldine Alexander	Sep-43
Jeanne Bowie	Sep-43
Rose Brozen	Jan-44
Frances Burns	
Beverly Jean Burt	4-Sep-44
Lois M Boyce	18-Jun-44
Alice Elizabeth Briggman	4-Sep-44
Lenora Bryan	Feb-44
Barbara Joanne Barnes	18-Jun-45
Sara Eugenia Burke	9-Sep-45
Frances A Bone	4-Sep-44
Gwendolyn Beck	9-Sep-45
Alice C Bess	18-Jun-44
Helen Ann Baur	9-Sep-45
Mary L Beck	4-Sep-44
Irene B Burrell	18-Jun-44
Grace Brooker	Jan-44
Beatrice Bernal	Sep-43
Lorraine Case	4-Sep-44
Bobette Cenotto	9-Sep-45
Ann Marie Courtney	18-Jun-45
Joan Marie Childress	9-Sep-45

Name	Date Admitted to the Corps
Betty Louise Circle	4-Sep-44
Marion S Clark	1-Jul-44
Darlene Addie Collis	9-Sep-45
Betty Jean Comstock	9-Sep-45
Patricia Lucien Crane	18-Jun-45
Erminia de la Cruz	Sep-43
Betty Cirvice	Sep-43
Concha Cajero	Jan-44
Ida Mary Giusti	18-Jun-44
Claribel Collie	Oct-43
Lucille Cannon	Jan-44
Helen Czapar	Oct-43
H Kathleen Curtis	2-Jan-44
Rita Dominguez	18-Jun-45
Virginia Dowdle	4-Sep-44
Dorothy L Dolan	5-Sep-43
Betty Sue Doffern	18-Jun-44
Rose M Dinovo	21-Jan-45
Ellen Donnelly	Sep-43
Dolores F Delsid	21-Jan-45
Patricia Dougherty	18-Jun-44
Carmen Ramirez	1-Jul-44
Alida Margaret den Hartog	9-Sep-45
Margaret Evans	18-Jun-45
Angelina Escobedo	4-Sep-44
Mildred Edgell	Sep-43
Dorothy Fullerton	1-Oct-43
Natalie J Friedman	4-Sep-44
Eleanor Fisher	Sep-43
Margaret Firkins	18-Jun-44
Dora Ethel Faubion	9-Sep-45
Gladys Jean Foley	18-Jun-45
Martha Franco	1-Nov-43
Mary Fitzgerald	Sep-43
Betty L Farris	4-Sep-44
Dorothy Foley	Sep-43
Margaret Glass	4-Sep-44
Margaret Glass	4-Sep-44

Name	Date Admitted to the Corps
Roy Gobie	4-Sep-44
Marian Gibson	Jan-44
Gloria Giron	Jan-44
Martha Glaser	Sep-43
Marguerite J Graham	4-Sep-44
Vivian Guerrero Gallardo	18-Jun-45
Frances F Guzman	21-Jan-45
Rosalie Gallahan	Sep-43
Refugio Garcia	Sep-43
Gloria Gil	9-Sep-45
Naomi Gelina	Jan-44
Virginia Haffa	Jan-44
Ruth Hoffman	Sep-43
Phyllis Heisterberg	18-Jun-44
Molly L Hooghkirk	4-Sep-44
Helen F Hogan	21-Jan-45
Ann Hillman	Sep-43
Patricia Haugh	21-Jan-45
Geraldine Harris	18-Jun-44
Bonnie Harris	4-Sep-44
Norma L Holaway	18-Jun-45
Alice V Huerta	21-Jan-45
Dorothy M Hughes	18-Jun-44
Mary Bernadette Hono	18-Jun-45
Madeline Lucille Herman	21-Jan-45
Betty Hensel	Jan-44
Merle Hills	Sep-43
Margaret Hurley	Sep-43
Carmen D Jurado	25-Nov-44
Mary Jones	Sep-43
Ruth V Johnston	4-Sep-44
Gladys Jane Junko	18-Jun-44
Carmen Jurado	Sep-43
Arlean P Kagel	4-Sep-44
Marcella G Korte	4-Sep-44
Miriam Krauch	Sep-43
Ruth Loman	Sep-43
June Shirley Laning	4-Sep-44
Charlotte Lee Boff	2-Jan-44

Name	Date Admitted to the Corps
Mary Elizabeth Leeka	1-Aug-45
Doris Lane	25-Sep-44
Marjorie B Tye	10-Jan-46
Doris Loman	Sep-43
D Louise Mitchell	18-Jun-45
Mary Evelyn Moore	4-Sep-44
Agnes Miller	18-Jun-45
Eddene Miller	18-Jun-45
Cleo Maldonado	4-Sep-44
Ruth Meloy	4-Sep-44
Eloise Marie Mescall	4-Sep-44
Margaret McGee	9-Sep-45
LaVerne S Marsh	5-Sep-43
Alice J Martling	21-Jan-45
Lorraine Miller	Sep-43
Esther Morales	Jan-44
Lisa M Myers	18-Jun-44
Hilda Merrill	Sep-43
Mildred McMullen	Sep-43
Faye Murphy	Sep-43
Mary Louise Mauler	18-Jun-44
Mildred R McCool	4-Sep-44
Ardis McFate	Oct-43
Barbara McGee	
Gladys McNeil	Sep-43
Dalia Monreal	Sep-43
Viola Mugford	2-Jan-44
Elizabeth Jane Meers	18-Jun-44
Josephine Moreno	Sep-43
Lola Norris	Feb-44
Janet M Nichols	4-Sep-44
Margaret Nelson	4-Sep-44
Catherine Nichols	Feb-44
Josephine Ortega	Sep-43
Teresa Ortega	9-Sep-45
Rowena Elaine Otto	4-Sep-44
Virginia O'Hagin	Sep-43
Sara Putney	
Shery Philip	5-Sep-44
Dora Packard	Sep-43
Viola Phillips	Sep-43

Name	Date Admitted to the Corps
Sabina J Pesoti	18-Jun-44
Doroth Piotrowski	18-Jun-44
Sarah Marie Putney	4-Sep-44
Josephine Priscilla Pompe	9-Sep-45
Vera Paschal	21-Jan-45
Maxine Powell	Sep-43
Mary V Pringle	21-Jan-45
Jean Paez	18-Jun-44
Jane Paquin	Sep-43
Marcella Ramak	
Bertha Ramirez	9-Sep-45
Kay Helen Rodin	9-Sep-45
Elizabeth R Roy	18-Jun-45
Amalia Rada	Sep-43
Josphine Ramirez	5-Sep-43
Marcella M Ramade	4-Sep-44
Adabelle Richardson	18-Jun-44
Mary Angela Rosselot	Sep-43
Patricia Robertson	18-Jun-44
Barbara Ann Riddle	18-Jun-45
Lena Elizabeth Rigo	18-Jun-45
Mae Robson	18-Jun-44
Anna Lee Rogers	Sep-43
Donna Robey	18-Jun-45
Lupe Rodriguez	Feb-44
Rosalee Russell	Jan-44
Rosa R Sanchez	18-Jun-45
Mary K Sykes	4-Sep-44
Dorothy J Schemks	4-Sep-44
Mildred Schulz	18-Jun-44
Evelyn Slack	Sep-43
Isabel Smith	2-Jan-44
Bonnie Swindell	18-Jun-44
Audrey Stall	9-Sep-45
Eleanor R Stewart	9-Sep-45
Dorothy Slater	18-Jun-44
Delia Salgado	5-Sep-43

Name	Date Admitted to the Corps
Lenora Schafer	Oct-43
Theresa Helen Schneider	9-Sep-45
Phyllis Maureen Shaw	18-Jun-45
Rosemary Schaub	21-Jan-45
Delia Salgado	Sep-43
Marjorie Tye	Sep-43
Lynette Tague	Sep-43
Sylvia Jimenez	Jan-44
Clyda Lawrence Tisdale	18-Jun-45
Dorothy Thrash	1-Aug-44
Noal Thomas	1-Mar-44
Katherine Téllez	21-Jan-45
Fae E Teeter	24-Jan-45
Lenore Vanover	Sep-43
Frances Vear	4-Sep-44
Corinne Louise Vidano	9-Sep-45
Luella J Welker	4-Sep-44
Margaret Suzanne Wear	21-Jan-45
Melba Marie Watmer	
Maxine Weiss	
Dorothy Evelyn Williams	
Mary Lee Whelan	
Henrietta Wallace	
Frances P Whelan	
Francine Wilhelm	
Irene Walker	4-Sep-44
Fleta Wren	1-Feb-44
Mary Ellen Williams	Sep-43
Virginia M Yates	4-Sep-44
Grace Zuick	18-Jun-44

Appendix B: Cadet Nurses in Arizona

Source: Joyce Finch Oral History Project

	Graduated	Arrived in Arizona	Estimated number of			Higher Education Level
			Children	Employers		
				Total	Arizona	
Career practitioners						
Lucile Flores	1945	1946	2	12	11	Baccalaureate, 1949 (Science)
Charlotte Katona	1945	1981	2 ²	3	1	BSN, 1964
Donna Malone	1947	1979	3	2	1	
Leona Pearson	1944	1961	3	8	4	BSN, 1984
Jane Yettke	1947	1979	0 ⁶	13	2	
Investors						
Constance Besch	1946	1972	7	3	1	
Margaret Clements	1948	1972	2	9	4	
Katherine Day	1946	1952	1	9	6	Master's, ca. 1972 (Education)
Eugenia Dormady	1947	1972	9	6	1	
Betty Gerl	1947	1980	4	11	2	
Marylou Gertz	1947	1957	4	5	1	
Clara Gilmore	1947	1961	2	7	3	B.S., 1973 (Education with minor in health)
Bernice Green	1947	1955	2	5	3	
Shirley Kirking	1946	1975	2	7	2	
Doris Meharry	1945	1957	2	9	3	
June Niccum	1948	1973	4	7	1	BSN, 1981
Elaine Sabel	1947	1973	2 ²	6	3	
Nurse and public health education leaders						
Ellie Branstetter	1944 ^{1,5}	1945	0	7	6	Ph.D. 1969 ³
Joan Douglas	1945	1980	0	7	1	Master's, 1959 (Public Health)
Ruby Gordon	1948	Before 1948	1	9	9	Ph.D., 1975 (Adult Education and Administration)

	Graduated	Arrived in Arizona	Estimated number of			Higher Education Level
			Children	Employers		
				Total	Arizona	
Rosemary Johnson	1946	1959	0 ¹	7	1	MSN, 1958 (Public Health Nursing and Community Mental Health) Ph.D., ABD ⁴
Elaine Katzman	1948	1982	3	10	1	Ph.D., ca. 1984 (Family Studies)
Frances Knudsen	1946	1951	5	4	3	Ph.D., 1979 Master's, 1964
Georgia Macdonough	1947	1963	3	9	3	Master's, 1968 (Counseling Education)
Barbara Miller	1947	1975	2	5	1	Ph.D., 1984 (Educational Administration)
TOTALS:			65	180	74	

NOTES: ¹ Neither Rosemary Johnson nor Ellie Branstetter married; ² Estimated minimum number of children; ³ No specialization mentioned; Ellie Branstetter's Master's degree was in Public Health and Nursing; ⁴ Rosemary Johnson studied at UCLA but was unable to complete the dissertation because of the death of her Chair and other professional reasons. ⁵ Ellie Branstetter started nursing school before the U.S. Cadet Nurse Corps was established. ⁶ Jane Yettke's husband had a child from a previous marriage.