



The ship. (Official U. S. Navy Photos)

Aboard a Hospital Ship

Many a Navy nurse remembers with pride her time as a real "sailor." One of them tells about it here.

By Eleanor Harrington

THE familiar fog hanging over the Bay Area shrouded San Francisco in a gray mist. Aboard the U. S. hospital ship *Haven*, the order came clearly over the ship's intercommunication system, "Go to your stations, all the special sea detail." Shortly afterward, the ship backed away from the pier, and once again sailed under the Golden Gate Bridge to commence her second tour of duty in the Far East. She carried a staff of 30 nurses. Some were reserves recently recalled to active duty; sailing on a hospital ship was a new experience for most of them. Although they all knew their destination, no one at that particular time spoke of it. They were busy getting acclimated to their new surroundings. Before long they were used to shipboard living, acquainted with their shipmates, and quite familiar with many of the nautical terms.

The U.S.S. *Haven* is a floating hospital that can accommodate 795 patients. She can be moved to any port where her facilities are needed. Besides the nursing staff, she carries a

staff of 25 doctors, 3 Medical Service Corps officers, 194 hospital corpsmen, 3 dental officers, and 6 dental corpsmen in addition to the line crew, whose teamwork is always at our service.

The day began with the announcement to the crew over the "squawk box," "Reveille, Reveille, all hands heave out and trice up. The smoking lamp is lighted in all authorized spaces." After a hearty breakfast, each corpsman proceeded to his particular job assignment—some to the wards, others to the various clinics.

The 18 wards aboard the ship vary

in size and will take from 26 to 58 patients. The double-decker bunks have comfortable mattresses, and the orthopedic wards are equipped with fracture beds which have appliances for any necessary traction. All the lower bunks have regular standard hospital frames and can be adjusted to the patients' needs. Small trays fastened to the bunks replace the more familiar bedside stands and help to keep the patients' personal belongings within reach. Each bunk is equipped with a bedside lamp as well as earphones over which the patient can hear the transcribed programs from the Armed Forces Radio Service and the religious services from the ship's improvised chapel.

Most of the wards have their own diet kitchens, equipped with electric food-warming tables from which piping hot food can be served. Also included in the hospital spaces are three large operating rooms, pathology laboratory, and x-ray and physiotherapy departments. An EENT clinic is equipped with its own operating room and optical laboratory. A complete dental clinic and the latest electrocardiographic and encephalographic machines complete a modern general hospital.

At last we reached Pusan, our home port for several months. Here our primary responsibilities were to provide nursing care for the troops of the United Nations Forces. Our sister ship, the *Consolation*, was waiting for us to relieve her. As we approached her a military band on her flight deck welcomed us with, "If I knew you were coming I'd 'a' baked a cake." This became our theme song in Korea.



The whirley-bird brings the patients.

Margaretta Craig (center), Principal of the College of Nursing in New Delhi, India, and her assistant (in white), Edith Buchanan, unpack a collection of new nursing books delivered by CARE.



In Bangkok, Thailand, Laor Musikabukka helps Dr. Jajaval Osathanoudh, Director of the University of Medical Sciences, unpack a gift of badly needed books sent through the CARE Book Fund.



scientific and technical categories for educational institutions in 41 countries of Europe, Asia, Africa, and South America. But CARE can buy those books only if funds are voluntarily contributed.

The bibliography from which CARE selects nursing books was compiled by the American Nurses' Association and is kept up to date with the ANA's assistance. CARE can buy and deliver the books at list prices. Its purchases for each institution are based upon requests gathered by CARE mission chiefs who work in cooperation with UNESCO delegates, ministers of education and health, and health agencies in each country.

No used books can be accepted for

this program. To make certain that nursing agencies receive the books they want and need, and to facilitate packing and shipping, CARE accepts only cash contributions to buy and deliver new volumes.

Your donation for nursing books, sent to any CARE office, will enable us to help nurses in countries throughout the world. Your gift can be sent to a school you choose, to a school chosen by the International Council of Nurses or the American Nurses' Association, or to one on CARE's own Book Fund list. Whatever amount you contribute, you will be helping nurses to meet the needs of the sick and weak and injured of every land. To borrow from Miss Craig's letter again, your gift will help "build positive things in a world distressed with so much that is negative."

stant evidence of the need for help to nursing schools and services in many other countries. Yet for every school that CARE has been able to help with gifts of new American books provided through its Book Fund, dozens more must go unanswered. From Greece, for example, 23 nursing schools, universities, and other health agencies have sent urgent requests for nursing books—but CARE has been able to send comparatively small book collections to only eight of them. "Please send us books on nursing in tuberculosis." "We need to know the new methods for treatment of malaria." "Our nurses know nothing of antibiotics." Requests pour into CARE offices from Yugoslavia, Pakistan, Indonesia, Thailand, and every other country where CARE operates. The American Nurses' Association and the International Council of Nurses receive many similar requests.

These appeals can be answered only with books. CARE has the machinery to deliver them. But it has no endowment funds. It is a nonprofit agency, set up to enable organizations and individuals to send books, food, clothing, hospital equipment, and other needed supplies to war-devastated and underdeveloped countries. Its Book Fund, launched in cooperation with UNESCO—United Nations Educational, Scientific, and Cultural Organization—buys and delivers new books in nursing and in 22 other

A Woman's World?

The earning woman is so necessary in the modern world that she knows the world cannot do without her. She need never relinquish her skills, her talents, her earning capacity or that unequal pay which she will make more equal to that of men in the next decade.

She has been paid by her own growing self-consciousness, her sense of place in the world outside the home. She has freedom and right to live—and proudly—as a single woman. She has kept her health longer than women ever have. She has kept her looks, and now the world of fashion caters to women in the earning world and gives them clothes for their work.

She has not only equal place with married women but a revolving place; she can be one or the other without comment. She has won completely in the argument of whether married women should work or not. . . . Inflation helped her to win the battle but she will not give up when inflation is controlled.

She has the respect of men and a new kind of admiration and a new kind of love, with a more direct approach to it. She has a personal destiny and a philosophy not derived from what men think but from what she, as a woman, thinks on a broader base of life and morals.—BANNING, MARGARET CULKIN, *Invisible pay*. *Independent Woman* 32:104, March 1953.



A little help with Thanksgiving dinner doesn't come amiss.



At the Pusan orphanage, Korean children like ice cream, too.

At first view, Pusan was a conglomeration of rectangular huts clustered by the thousands along dirty paths. Koreans squatted impassively in the doorways of their dimly-lighted huts. This was the place of refuge for thousands of Koreans who had been left homeless by the war.

During the time the ship was tied to the pier, patients were received by boat, hospital train, and ambulance. A doctor, nurse, and four corpsmen were assigned to each ward. The nurses worked 8-hour watches, on rotation, being on duty every fourth day. This meant that they must be available when a new group of patients arrived. When many casualties were to be admitted, every one reported back to her duty station. We were forewarned of the arrival of patients by the announcement, "Litter and embarkation teams, man your stations."

The embarkation officer, a physician, screened the arriving stretcher cases. He evaluated the condition of the patient as to type of wounds, injuries, or disease, and then determined to which service, ward, and bunk (upper or lower) he was to be assigned. Ambulatory patients were admitted through the record office.

As soon as a patient arrived on the ward, the nurse and a corpsman greeted him. The next immediate task was to clean him up. Sometimes this was quite a task, too, especially if the patient had been in his bunker when he was hit. After he had been scrubbed from head to toe, he was comfortably tucked between white sheets under the protective care and observation of an ever-attentive nurse who symbolized "home" to many. The anguished expression on his countenance disappeared, to be replaced by

a pathetic, appreciative little smile.

The wounded were usually kept aboard the ship approximately three weeks, depending on the seriousness of their injuries. Then they were transported by plane to hospitals in Japan and, shortly afterward, they were air-evacuated to the States. Navy and Marine patients were sent to the U. S. Naval Hospital in Oakland, California, and then transferred to the military hospital nearest their home. However, many patients could be returned to their own units directly from the hospital ship.

Since many of our patients were Koreans, we had need to comprehend and to try to interpret customs and language strange to all of us. Two names, Lee and Kim, appeared most often on our records.

One Lee, like all patients on admission, received a short haircut, a complete bath and necessary clean-

Lieutenant Harrington (St. Elizabeth's, Brighton, Mass.), a member of the Navy Nurse Corps since 1935, writes out of her experience as senior nurse officer on the *Haven*.

ing of his wounds. At first he was frightened and bitter, because he had no occasion to trust us, especially after we had cut his hair. The men he esteemed wore long hair; their enemies wore their hair short. He was frightened, too, by the necessary but seemingly harsh treatment of his wounds. Lee had wounds in his right side and his left leg had been amputated before he came to us. Under the constant care of the nurses and corpsmen Lee's right foot improved until he was able to wear a new shoe. It was a big moment for him when the shoes were issued, and he appreciatively gave the left shoe to

one of the Korean patients who had befriended him when he was first admitted. Now that friendship had a place, he improved more rapidly. He even sang as he assisted in caring for other patients. Like many other Korean patients, he shed tears and wore a sad expression on the day he left the ship and all the new friends that he had made.

Approximately every three months the ship returned to Japan, and the wounded were transferred to a hospital ashore. All personnel were granted a well-earned leave which we called "R and R" (rest and recreation). In those happy and carefree days we temporarily forgot all the tragedies of war. Then it was back to work again!

One warm and tranquil day we entered Inchon harbor. The sun shone down on us from the blue sky. For a moment one was almost inclined to dream, "The world is at peace again." But we were quite disillusioned when darkness fell and the sky had a crimson mist from anti-aircraft fire.

Our ship was not equipped at this time with a stationary flight deck to accommodate helicopters. Through the ingenuity of our commanding officer, a pontoon barge moored to each side of the ship served as landing platforms for the "whirley birds" as they buzzed in from the front lines with their burdens. Call to "Flight Quarters" at first was a novelty. But soon it came to mean more Bunker Hill casualties—our marines. Bunker Hill in Korea has no association with the famed Boston land-mark. It is located northeast of Panmunjom and derives its name from the elaborate bunker system devised by the Communists.

One morning a wounded man was taken from the flight deck to the

operating room within a few minutes of his arrival on the ship. At the same moment the operating room nurse arrived. The patient, apparently in extreme shock, was still dressed in battle attire, lying on a field stretcher. Examination revealed severe wounds along his entire right side with the exception of his head. The arm and leg were more severely wounded than the torso because of his bullet-proof vest. An intravenous of blood plasma was given at once and at the same time the anesthetist was giving oxygen. The operation itself was delayed 35 minutes because of the patient's critical condition. Then came the operation—amputation of his right arm, and debridement of numerous scattered wounds on his torso and right leg. His right leg was to be amputated as soon as his strength would

permit the operation to be performed.

Two days later, his first request was for the nurse to write his mother a letter.

Dear Mom,

I just wanted you to know that I'm OK and that they are taking fine care of me here on the hospital ship. This will be a shock to you, but I have lost my right arm and probably will lose my right leg. I'll probably be in Oakland at the Naval Hospital in about three or four weeks. Tell Louise that I have a lot to talk over with her . . . just talk.

While leading a squad of men the day before he came to us, he had been hit by a mortar blast and had been left bleeding and dying on Bunker Hill. A Navy corpsman found him and stemmed the flow of blood. He was brought by helicopter to our ship.

"I'm all right nurse, don't worry. I don't need anything." Never a complaint, never a whimper was heard.

His voice saddened for a moment when he said, "I hope Mom doesn't feel too badly about this. Louise sure loves to dance."

The long awaited day finally arrived. We were going home. Nine long months had passed. We would soon be seeing the Golden Gate, gateway to the U.S.A.

The majority of the medical staff and ship's company had orders to other stations. Some were returning to civilian life. Only a few of us remained that night to hear: "Taps, taps, lights out. All hands turn into your bunks—keep silence about the deck. The smoking lamp is out in all living and berthing spaces."

[The author's opinions or assertions are her own, and are not to be construed as official or reflecting the views of the Navy Department or the naval service at large.]