Key words: Korean Conflict, military, nurse anesthetists, Pearl Harbor.

To many of the older nurses who served in the military service during times of war, there are certain days and anniversaries that call forth never-to-be-forgotten memories. If fortunate, you might have some other persons around who also served, prompting such questions as, “Where were you when Pearl Harbor was bombed in 1941?”, or “What were you doing when the North Koreans stormed into South Korea?”

In 1950, America was not ready to talk about another war so soon after the close of World War II, so the military activity in Korea was called a “police action” or a “conflict” and is now known as “the forgotten war.” There have been nurse anesthetists who could answer: “I was at Pearl Harbor with the Army or the Navy”; four who could say, “We were in the Philippines and were bombed on December 8, and subsequently, we became POWs [prisoners of war] of the Japanese.” Some could also say they were with the first American Army Medical units sent from Japan to Korea in support of both the American troops and the South Korean Army.

Such a question could have been put to COL Mildred Irene Clark, an Army nurse anesthetist who became chief of the Army Nurse Corps (ANC) in 1963 (Figure), and whose service encompassed World War II, the Korean Conflict, and part of the Vietnam War. Clark had been commissioned in the ANC in 1938 and was subsequently sent to the Jewish Hospital in Philadelphia, Pa, where she got her anesthesia education under the venerable Hilda Saloman, CRNA, a past-president of the American Association of Nurse Anesthetists (AANA) (M.I. Clark, CRNA, BA, written communication, 1992).
**US Army sends nurse to Mayo Clinic**

Prior to World War I, the Army had sent selected nurses to the Mayo Clinic for anesthesia education. However, with the need for anesthetists between wars, and with storm clouds gathering for the second world war of the century in Europe, the ANC sent selected Army nurses to an expanded number of civilian nurse anesthesia programs for such preparation. These included programs directed by Helen Lamb, CRNA, at Barnes Hospital in St. Louis, Mo; Hilda Salomon, CRNA, at Jewish Hospital in Philadelphia, Pa; and CRNAs Agatha Hodgins and Gertrude Fife at University Hospital in Cleveland, Ohio. By the time Clark received her anesthesia education, Salomon had given more than 45,000 general anesthetics without an anesthetic death. In 1940, after completing her anesthesia training, 2LT Clark received orders to Hawaii. While on pre-embarkation leave, she made arrangements to go to the Mayo Clinic and learned to use pentothal under the tutelage of Florence McQuillen, CRNA, and John Lundy, MD, becoming a pioneer in the use of that drug within the Army. In February 1941, she sailed from New York, through the Panama Canal, to Hawaii. She was assigned to the Army Hospital at Schofield Barracks, where she shared the anesthesia workload and call with one other nurse anesthetist.

**Vivid memories of Pearl Harbor**

About Pearl Harbor, December 7, 1941, Clark wrote: “Loud explosions awakened me and I heard planes overhead. I opened the door and saw planes coming through the [Kole Kole] pass in the mountains between Honolulu and Schofield. The large bright insignia of the rising sun was boldly on the side of each plane. They flew so close I could hear the radio communications between the pilots. In one minute I dressed and ran to the hospital.

“The hospital was hit, even though the hospital building had a large red cross painted on the roof....Casualties were arriving on stretchers as I reported to the operating room, with ambulance siren wailing in the background. In a short time, the nine operating rooms were extremely busy, while patients waited for care in the corridor. I kept hearing planes overhead, but we were too busy to be afraid or to ask what was happening. All day and into the evening I went from one patient to the next without sitting down or having a cup of coffee. Someone brought fried chicken in but few of us felt hungry, as we had seen too much death and were involved with the most serious wounds and bravest of men. Patients had arms and legs amputated, severe chest and spinal wounds, abdominal and cranial wounds. Many wanted to go out and fight back. Some wanted a prayer said or to hear the 23rd Psalm, and we obliged them along with the surgical procedures...Sometime near early morning following the attack, several of us had the opportunity for a quiet moment to talk to each other and exchange our limited knowledge of what had happened.”

Clark stated that rumors were abundant, and that there was anticipation of a Japanese invasion of the islands and conversation centered around what one would do in such a case. It was some time before they knew with certainty that the Japanese Navy had left the area.

**Establishes nurse anesthesia program**

Clark subsequently set up a nurse anesthesia program following AANA’s guidelines and prepared nurses as anesthetists in Hawaii for duty in the Pacific prior to receiving orders to return to the mainland (M.I. Clark, written communication, 1992). She subsequently was sent to Korea where she served as chief nurse of the XXIV Corps in 1947 as a part of the Army of Occupation. There she initiated a movement among Korean nurses that subsequently became the Korean ANC. Shortly afterward, as a major, she was reassigned to GEN Douglas MacArthur’s staff in Japan as chief nurse of the Far East Command (M.I. Clark, written communication, 1992).

**One nurse remains in Korea**

After July 1949, only one US Army nurse remained in Korea, working at the remaining American dispensary and serving as advisor to the newly formed Korean ANC. She was still the only Army nurse there at the time North Korea invaded South Korea 50 years ago this year. President Harry Truman ordered American troops to go to the aid of the South Koreans. While Clark had just about completed her tour of duty in Japan at that time, she was tasked to work with MG Edgar E. Hume, the surgeon, Far East Command, to rapidly put together the first two hospitals that would be immediately deployed to Korea—the 8054 and the 8055 mobile Army surgical hospitals (MASH), both having nurse anesthetists assigned to them. Her tour of duty in Korea in 1947 and her understanding of Korean mores and health system made her uniquely qualified for such a task.
Memorial Day commemoration

In 1970, I was at an annual Memorial Day commemoration affair at Arlington Cemetery, Arlington, Va. This event, sponsored by the Washington, DC, Jane Delano Chapter of the American Legion, included the placing of poppies on the graves of all the nurses who were buried there, while wreaths were laid at the Spirit of Nursing monument that identified this area. I had the honor of sitting beside COL Florence Blanchfield, AN, USA (ret.), who had served as superintendent of the ANC from 1943 to 1947. After finding that I had not served in World War II and that I was a nurse anesthetist, she told me that the ANC had real problems in identifying nurses capable of being chief nurses of all the hospitals that had to be activated for the war. She said that even though they had a grave need for nurse anesthetists and operating room nurses, they had decided that these 2 specialties also had nurses with a special capability for being chief nurses. Thus, they decided to assign many of those who had been in the Army prior to World War II in chief nurse positions because they had already demonstrated their capability “to handle the men in the operating rooms,” i.e., the doctors and the corpsmen, and they were sure they could do it in the larger hospital-wide setting. Clark was one of those so assigned, returning stateside from Hawaii, where she became both the chief nurse and chief nurse anesthetist at an Army General Hospital in East Texas. This hospital was one of the Army’s neurosurgical centers, and the principal neurosurgeon refused to operate unless Clark performed the anesthesia for his patients (M.I. Clark, written communication, 1992).

Strong ties to nurse anesthesia

Throughout her career, COL Mildred Irene Clark felt strong ties to the nurse anesthesia specialty, maintaining her membership in the AANA up to the time she became the chief, Army Nurse Corps. It was during her tenure as chief, in 1965, that I was sent to Hawaii to set up a nurse anesthesia program at Tripler Army Medical Center. She was exceedingly supportive of this program and our subsequent endeavor to establish an affiliation with the University of Hawaii School of Nursing, giving birth in 1969 to the first nurse anesthesia program within a university framework leading to a master’s degree.

Clark’s commitment to this professional specialty and Association was no doubt fostered by the commitment and dedication of her program director, Hilda Salomon, and her mentor in pentothal anesthesia, Florence McQuillen. Pearl Harbor was a seminal event in her life, confirming the essential nature and contributions of nursing to the well being of this country and its military and their families under the most trying of circumstances. Her professionalism and clinical expertise as a nurse anesthetist caught the attention of some of the Army’s best surgeons, as well as some of the ANC leadership. As their careers advanced, so did hers.

Clark understood the necessity of raising the professionalism of Army nurses and their practice as a means of advancing their careers as military officers. Her many accomplishments for military nursing were highly significant. Like Salomon, her teacher, who back in the 1930s advocated the inclusion of black and male nurse anesthetists as members of AANA, which was finally accomplished in 1944 and 1947, Clark went to bat for male nurses to acquire equal status with female nurses in the Army Nurse Corps. Though legislation had been passed in 1955 to permit male nurses to be commissioned in the Reserve component of the Army Nurse Corps and serve on active duty, Clark, working through Army Surgeon General Leonard D. Heaton, MD, and the secretary of the Department of the Army, managed to get Public Law 89-609 passed in 1966, authorizing them to acquire Regular Army commissions. Further, it was Clark, working with the chiefs of the Navy, Air Force, and US Public Health Service Nurse Corps, who initiated the efforts to gain “star” (general or admiral) rank for the chiefs of the federal uniformed services nurse corps. In retirement, when it seemed that those efforts had stalled over a question of where the “star” would come from, she still had the clout with top military officials to get it back on track and accomplished so that her successor, COL Anna Mae Hays, became the first woman in the military to be promoted to brigadier general.

Honoring all nurses who accepted the call for service

In commemorating Clark this year, and at this time — the 50th anniversary of the beginning of the Korean Conflict and the 59th anniversary of Pearl Harbor — we also commemorate all those nurses who have, throughout this nation’s history, accepted its call for service within the military services. The prayer that she wrote and which became the ANC prayer reflects much about this woman, who gave so much to her country and pro-
fession. In quiet reflection, it also resonates as every nurse’s prayer whether serving in the military or in civilian communities:

“Hear my prayer in silence before Thee as I ask for courage each day.
Grant that I may be worthy of the sacred pledge of my profession
And the lives of those entrusted to my care.
Help me to offer hope and cheer in the hearts of men and my country,
For their faith inspires me to give the world and nursing my best.
Instill in me the understanding and compassion of those who led the way.

For I am grateful to You for giving me this life to live.”

REFERENCES

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