Canadian Nursing Sisters in the Korean War

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Introduction

More than 5,000 Canadian women were recruited for military service during the Korean War. (10 Facts on the Korean War)[1] 60 were Nursing Sisters who served in Korea and Japan with the Royal Canadian Army Medical Corps. 40 more served in the RCAF as Flight Nurses serving on medical evacuation flights from Japan to Canada and within Canada (Mills, 2006). This report describes the settings in which these Nursing Sisters worked and their experiences in their wards and while off duty.[2] I have collected information from a variety of published sources and a few previously unpublished interviews and photos with the objective of honouring the dedication and sacrifice of these women.

Background

North Korean forces invaded South Korea on June 25, 1950. The United Nations Security Council declared war on North Korea that same month. In July, three Canadian destroyers were dispatched to Korean waters to serve under the United Nations command. That same month the Royal Canadian Air Force squadron was assigned to United Nations air transport duties between Japan and the U.S. mainland. In December the first Canadian troops to fight in Korea landed at Pusan.

Figure 1 Map showing 25 FDS and BCGH Kure. Source: Google Maps, edited by author.

Early in the war the major medical facility for treating injured Canadian soldiers was the British Commonwealth General Hospital (BCGH) in Kure, Japan. Formerly associated with the British Commonwealth Occupation Force in Japan, it was situated at the former Japanese Naval Base (on the bay, near Hiroshima). The first six Canadian Nursing sisters reported for duty to BCGH in July, 1951 under the leadership of Matron (Captain) Margaret M. Dodderidge. (Nicholson G. , 1975)

[1] Sources are included in Bibliography

[2] Not covered in this report are the contributions of Nursing Sisters in the Canadian Navy during this period. By the end of the war approximately 50 Nursing Sisters were stationed in Canada with the majority split between RCN Hospitals Naden (18 Nursing Sisters) and Stadacona (20) (Department of National Defence, 1952).

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In June, 1952 a British military hospital was established in Korea, closer to the front, for the purpose of managing casualty evacuations from the front to BCGH in Kure. The British Commonwealth Communications Zone Medical Unit (BCCZMU) was located in war-ravaged 2-floor school building in Seoul. The first two Canadian Nursing Sisters arrived in Seoul with Matron Elizabeth Pense in September, 1952.

Figure 2 Canadian Nursing Sisters on steps of Nurses Quarters, BCGH Kure, Japan, May, 1953 (Photo courtesy of J. Urquhart)
Back row: Jean Mickle, Audrey Metzler, Jessie Urquhart.
Front row: Sammy Hill, Dorothy Doyle, Matron Elizabeth Pense

The 25th Field Dressing Station (FDS) was established near Tokchong, Korea, about 25 km south of the Imjin River. A Field Dressing Station is capable of providing a firm base for the operations of the surgical teams and transfusion teams, thus providing what is, in effect, a small hospital for the definitive care of wounded soldiers. (Hunter & Andrew, 1955) The function of the 25 FDS was to reduce the time that soldiers were out of action. Most sick and injured Commonwealth soldiers were treated here rather than evacuated to Kure. Matron Pense arrived in Tokchong with a small team of Canadian Nursing Sisters in April, 1953.

At the outbreak of the war, the RCAF had 13 trained and qualified flight nurses. The flight nurses providing trans-Pacific medical evacuation from Japan were attached to the USAF 1453 Medical Air Evacuation Squadron (MAES), part of the USAF Military Air Transport Service, Pacific Division (Honolulu). (Rawling, 2001). The first of the RCAF flight nurses to be attached to USAF 1453 was F/O Mary Joan Fitzgerald of Halifax, NS. (Nicholson G. , 1975). The flight nurse program was in continuous operation from November, 1950 to March, 1955. (Mills, 2006).

Medical Operations during the Korean War

Geographic considerations dictated the medical evacuation of soldiers wounded on the front lines. The mountainous terrain around the UN defensive lines and the mud during the rainy season made travel by road extremely difficult. Initial evacuation from the front was by stretchers bearers or possibly Universal (Bren gun) carriers to the FDS. (Bricknell, 2003). Patients requiring evacuation to the British Commonwealth General Hospital in Japan were taken to the BCCZMU hospital in Seoul and then airlifted to Japan for treatment. When necessary, subsequent evacuation of patients from Japan to Canada was via Hickam Field, (Hawaii), Travis AFB (California) and McChord Field (Washington), and finally to Department of Veterans' Affairs (DVA) hospitals in Canada. (Mills, 2006).

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The first large scale hospital airlift in Canada was in September, 1951, bringing Canadian soldiers home from McChord Field to Edmonton and other Department of Veterans' Affairs (DVA) centres. On-board Flight Nurse F/L Verne R. Fowlie provided the medical treatment of evacuees while in the air. (Nicholson G. , 1975)

The fatality rate for soldiers wounded in battle in Korea was approximately 3%, comparing favorably to the 5% fatality rate in World War II. By the end of the Korean War the rate had dropped to 2 %. (McCallum, 2008).[3] The improved survival rates in Korea have been attributed (Hunter & Andrew, 1955) to a number of factors:

- Increased availability and use of armoured vests;
- More abundant and varied antibiotics and improvements in resuscitation (relying on large amounts of whole blood and the introduction of plasma expanders);
- Improved (though still experimental) treatment of impending or established renal shut-down (using dialysis with artificial kidneys); and
- The availability of helicopter evacuation from the front.

Helicopters certainly contributed to the survival of many wounded soldiers but their overall utilization was limited - reserved for the most urgent cases: head wounds, penetrating chest and abdominal wounds, fractured femurs and serious burns. They could take place only in daylight during good weather, from areas with favorable landing conditions. At that, they could only carry two patients at a time and requests had to be approved by battalion HQ. (Bercuson, 1999)

Soldiers with severe trauma and requiring the most immediate surgical attention were treated at the American Mobile Army Surgical Hospital (MASH) which had facilities appropriate to the task. (Chenevert (Urquhart), 2013).

Surgical wards in 25 FDS and BCGH in Japan included soldiers recovering from bullet wounds, shrapnel, and equipment accidents. These otherwise physically fit soldiers responded well to treatment and usually healed quickly; they were "healthy patients".

The medical wards were filled with sick patients. Haemorrhagic fever (not common) and venereal disease (quite common) were the most difficult to treat. Haemorrhagic fever was characterized as acute febrile illness with increased capillary permeability, haemorrhagic tendencies, hypotension and renal damage. Soldiers were hemorrhaging while their kidneys were shutting down. Treatment consisted primarily of physiological support.[4]

Thanks to the availability of penicillin venereal disease among Canadian soldiers was treated more effectively than in World War II. Therapeutic circumcision was the most frequent treatment for cases where penicillin was ineffective; patients recovering from these operations occupied a significant portion of the surgical wards in 25 FDS. (Chenevert (Urquhart), 2013)

[3] The author cites data for American soldiers; Canadian soldiers benefited from the same improvements in medical treatment.

[4] Not until 1976 was the cause of the fever traced to a virus spread by field mice near the Hantaan River in Korea. The virus is now known as the Hanta virus (Rawling, Death Their Enemy, Canadian Medical Practioners and War, 2001).

Malaria was prevalent in Korea but primary attacks were suppressed through use of Paludrine (proguanil hydrochloride). Because potable water was not always available, it was difficult for soldiers to take pills under fighting conditions. Consequently the medical wards in Kure had a large number of malaria patients, many in acute stages. (Chenevert (Urquhart), 2013).[5]

Serious burns were a seasonal problem resulting from accidents when soldiers improvised gasoline stoves for heating during the Korean winters.

Military historian Bill Rawling notes that the first reported use of the term "post traumatic syndrome" to describe battle exhaustion was in Korea. (Rawling, 2001). Soldiers requiring psychiatric observation or short-term treatment were moved from the battle front to a small psychiatric ward at 25 FDS. The ward was staffed by the Divisional Psychiatrist who also made regular visits to the forward Field Ambulance. Cases with more severe problems were evacuated to BCGH in Japan or home. (Hunter & Andrew, 1955).

Canadian Nursing Sisters on the Ground and in the Air

British Commonwealth Hospital, Kure Japan

The first thing most Nursing Sisters would have noticed upon arriving in Kure was the smell. The area around the British Commonwealth General Hospital (BCGH) was criss-crossed by open sewage canals containing rotting vegetation, dead animals, live rats and raw sewage. The wooden boards covering the canals did nothing to contain the stench. (Watt (Mackay), 2013), (Probyn-Smith, 1998) After the grueling cross ocean flight and long train ride south from Tokyo the initial reaction would have been dispiriting.

Perhaps the second major impression on the new arrivals was the size of the British Commonwealth Hospital: a large, 400-bed general hospital with separate buildings for Medical, Surgical, Officers, etc. It was much larger than the Canadian hospitals in which many of the Nursing Sisters had completed their training. The medical building had three floors: one for each of the British, Australian and Canadian medical groups. The Canadian section was staffed by Medical Officers, Nursing Sisters, non-commissioned Medical Assistants from the Royal Canadian Army Medical Corps

Figure 3 Nursing Sisters Quarters on Grounds of British Commonwealth General Hospital, Kure Japan, 1953. (Lt. N/S J.Urquhart)

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[5] Upon rotation back to Canada over 1,000 soldiers experienced "break out" cases of malaria when they stopped taking the Paludrine; these were treated with Primaquin or Chloroquin with good results. (Hunter & Andrew, 1955)

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and civilian Japanese custodial staff.

Figure 4 Nursing Sisters in office of B Ward, BCGH, Kure, Japan, 1953 (Photo courtesy of J. Urquhart From left, Jean Mickle, unidentified physiotherapist, Mary Stapleton, Jessie Urquhart (back).

Most patients were at BCGH less than 10 days, after which they were sufficiently recovered to return to duty in Korea or required more extensive treatment or rehabilitation, for which they were airlifted back to Canada (if well enough) or transferred to the American hospital in Tokyo.

Nursing sisters worked 12 hour shifts and performed the same duties as they had trained for back in Canada. Their dress code specified blue uniforms with brass buttons, leather belts and the traditional white apron and veil. The uniforms were worn with pride but Kure is in a humid, subtropical climate zone. During the hot summers the traditional uniforms were extremely uncomfortable and the Nursing Sisters adopted the same uniforms as the other officers. (Watt (Mackay), 2013)

The Nursing Sisters' quarters (a few blocks from the medical building) were similarly hot in summer. Rooms were large and reasonably furnished. And infested with cockroaches. Many Nursing Sisters used water-filled cans to isolate their beds from the crawling insects. The rooms were otherwise clean – maintained by Japanese attendants, girl-*sans,* who also provided laundry services.

Relations were good among the doctors and the nursing staff, both on the wards and off duty. Many Canadian Nursing Sisters rotated between Kure and 25 FDS in Korea. It was regarded as a plumb assignment by many. (Chenevert (Urquhart), 2013)

Nursing sisters were off-duty one day per week. Conditions off the base were described as "beautiful and awful". Everything was strange and new – exactly what many of the Canadians had expected when they enlisted. Tropical flowers were everywhere but Canadians were cautioned not to eat any of the local produce for fear of contracting food-borne diseases. (Probyn-Smith, 1998) As there were few automobiles available most days off were spent around the base or across the bay at the large park-like island of Miyajima, accessible by ferry. Kyoto (site of the Emperor's Palace) was also an interesting city to visit.

Some of the Nursing Sisters visited the larger city of Hiroshima. The experience was unsettling. Hiroshima (20 km northwest of Kure) was characterized by one Nursing Sister as "a great big hole" surrounded by graphic physical and living reminders of the violence of the nuclear blast seven years earlier. Visitors were very conscious of being foreigners in Hiroshima.

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When the Armistice was signed on July 27, 1953 there was quite a celebration among hospital staff but it was short-lived and things quickly returned to normal on the wards.

Christmas Day, 1953 was of course a special day on the Commonwealth Hospital wards. On the Canadian wing the staff converted the sun room (normally filled with recovering malaria patients) into a make shift dining hall. All the patients received a traditional Canadian Christmas dinner, provided by Canadian Officers. The patients were sick, a long way from home, and very appreciative of the staff's efforts.

After the signing of the Armistice and the gradual downsizing of the Commonwealth presence in Japan the Nursing Sisters noticed a change in the apparent attitudes of many Japanese toward them. People they met on the streets of Kure seemed less welcoming. Young Japanese men would often go out of their way to make the Commonwealth Nursing Sisters uncomfortable – obstructing sidewalks when they tried to pass, for example. The previously good relations had been set back. (Chenevert (Urquhart), 2013).

British Commonwealth Communications Zone Medical Unit (BCCZMU) Seoul Korea

The British Commonwealth Communications Zone Medical Unit (BCCZMU) was created as a receiving point for Commonwealth soldiers prior to air evacuation to their respective home countries. The facility was in a bomb-blasted two-story building in suburban Seoul. It had broken windows, no heat and no running water. The roof leaked and the plaster was falling from the ceiling but it was adequate for its purpose: assembling patients for transfer to better equipped Commonwealth facilities in Korea or Japan or for air evacuation home. Conditions were "primitive…but the building itself was at least functional". (Espie, 2000)

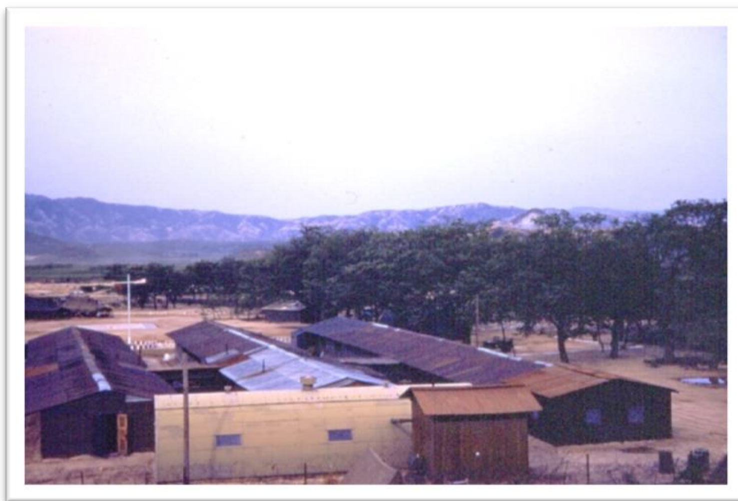

Figure 5 25 FDS, Korea, 1953 (Photo by Lt. N/S J.Urquhart)

Patients rested on sheetless canvass cots, often crowded wall-to-wall. The few sheets were reserved for burn cases. Wash water was delivered daily in jerry cans and heated on an oil stove. Nominally a 100-bed facility, the wards were often over-filled. The canvass cots were so low to the ground that Nursing Sisters often worked on their hands and knees. To get from one end of the ward to the other at times involved stepping from one stretcher to the next – a difficult task at the best of times, complicated by the critical condition of many of the patients. (Probyn-Smith, 1998)

This was home to the first Commonwealth nursing officers to arrive in Korea. Matron (Captain) Elizabeth Pense brought a team of six Commonwealth nurses to BCCZMU in September, 1952. (Nicholson G. , 1975) A set of rickety stairs led up to the nurses' quarters. One room was reserved for the Matron and one for visiting VIPs. Nursing sisters slept in the third room which was divided into 6 plywood cubicles about 5 feet by 6 feet. A washstand and basins at one end of the room completed the furnishings. (Bury, 2002) Nursing sisters made do and over time the conditions improved. Windows were mended and covered with curtains; cold sponge baths gave way to daily showers and space heaters arrived almost in time for the onset of the cold Korean winter. The minor adversities engendered a sense of accomplishment and purpose to the first Nursing Sisters. The good working relationship with the Commonwealth medical officers contributed to the collegial atmosphere. (Neil (Pense), 1995)

Leave for the Nursing Sisters in Seoul was unheard of. The city was still war-torn and subject to nightly harassing bombing by a single North Korean plane. Military vehicles dominated the streets and MPs directed traffic. The Nursing Sisters were provided with military escorts for even minor shopping – to the PX, for instance. (Espie, 2000)

25th Field Dressing Station, Tokchong, Korea

The 25th Field Dressing Station (25 FDS) was created to treat minor wounds, accidents and illnesses that would otherwise have required evacuation of Commonwealth soldiers to the General Hospital in Kure. 25 FDS initially operated without a surgical team since the 25th Field Surgical Team was attached to the American 8055 Mobile Army Surgical Hospital (MASH) operating at the time near the Korean village of Uijongbu. Commonwealth soldiers requiring non-emergency surgery were initially air-evacuated to Kure. In June, 1952 the Commonwealth Hospital identified that they were operating on many soldiers who could be treated more efficiently and returned to duty more quickly if surgical services were available at 25 FDS. Accordingly, in August, 1952 the Field Surgical Team was attached to the 25 FDS. (Rawling, 2001)

Figure 6 Operating Room, 25 FDS, Korea, 1953. Lt. N/S Sammy Hill, 3rd from left (Photo: Lt. N/S J. Urquhart)

The surgeons knew the value of trained nurses in managing pre-op and post-operative care and requested that a team of Nursing Sisters be assigned to the 25 FDS. "The Nursing Sisters greatly [facilitate] the post-operative care of the these patients and it is felt that if four or five could be attached [here] for such purposes as well as operating room and ward supervisor it would help to

provide better post-operative care"[6] In April, 1953 Matron (Captain) Elizabeth Pense arrived at 25 FDS with a small team of RCAMC Nursing Sisters. Their presence was welcomed by the Medical Officers and patients. The non-commissioned Medical Assistants may have been somewhat dispirited at first by the arrival of the women officers but the nurses gained their confidence by demonstrating their competence on the wards. (Peate, 2003)

The patients included Canadians, British, Australians and New Zealanders. They arrived in ones and twos by field ambulance or helicopter. Medical care for the local Korean civilians was not the responsibility of the hospital.

In late 1953 the 25 FDS consisted of 120 beds divided among the following wards:

- two surgical wards (30 beds for major surgery and 42 beds for minor surgery);
- one medical ward (30 beds);
- one burn ward (8 beds); and
- one officers' ward (10 beds).

These were housed in Nissen and Quonset huts with dirt floors. A separate burn ward was the only structure with a wooden floor. Radiology, ophthalmology, physiotherapy and pharmacy departments were eventually established. (Barron (Clarke), 2007) The wards had electric lighting but no running water. Water for cleaning and bathing was delivered by truck, transferred to jerry cans and carried inside for heating on pot-bellied stoves. Cleaning was a never-ending task. 25 FDS was located on a main supply route about midway between Seoul and the Commonwealth front lines. Dust from the unpaved roads was a constant companion whenever it was not raining or snowing.

Figure 7 Matron Flora Broman, Nurses Quarters, 25 FDS, Korea . (Photo: Lt. N/S J. Urquhart)

The dust was generated by a steady stream of trucks with supplies, troops and visitors heading north to the front or south to Seoul. There was always someone new on the base. The medical staff welcomed the opportunity to share a meal, a drink and a few stories with the visitors in the Officers' Mess.

Nursing sisters had separate living quarters, consisting of a Quonset hut and attached Nissen hut, with lights but of course no running water. Plastic on the windows did little to keep out the cold Korean winters.

The nurses' initial dress code was quickly abandoned. In the humid summer weather the uniform brass buttons quickly turned green and the white veils wilted by noon. They adopted the more

[6] NA, RG 24, v.18,398, No 25 Cdn Field Surgical Team, Oct 52, cited in (Rawling, Death Their Enemy, Canadian Medical Practioners and War, 2001)

practical khaki uniforms. In the cold Korean winter, the dress became even more practical in efforts to keep warm. Nursing sisters were not issued long underwear but many made do by wearing their pajamas under khaki. Winter boots in women's sizes were also hard to obtain through the Canadian supply lines. The Australians came to the rescue with several pairs of first rate winter boots – on loan – until warmer weather returned. (Chenevert (Urquhart), 2013)

There were few opportunities for travel off the base. Jeeps were not available to Nursing Sisters and in any event they could never leave the base unaccompanied. (Barron (Clarke), 1999) One of the few points of interest around the base was a near-by Korean village.

A special ward was created at 25 FDS to process the walking POWs who were released in August, 1953 as part of Operation "Big Switch". (Stretcher cases were routed directly to the American MASH units.) Canadian and British POWs (and a couple of heavily bearded South African officers) arrived in trucks from the North over a period of about two weeks. Most were in pretty good health and excellent spirits but they weren't happy to be subjected to a comprehensive series of inoculations – duplicating, they said – the same inoculations they had been given days earlier by the Chinese before their release. (These men were in fairly good shape; prisoners with more serious conditions had been exchanged the previous May in Operation "Little Switch".) (Nicholson G. , 1975)

Figure 8 Inoculation of Returning POWs, 25 FDS, Korea, 1953. (Photo courtesy Lt. N/S J. Urquhart)

Figure 9 Returned POWs with Lt. N/S J. Urquhart and British Welfare Girls, 25 FDS, Korea (Photo courtesy of J. Urquhart)

The flow of battle casualties into 25FDS ceased after the Armistice in July, 1953 but patients continued to arrive, suffering from the same types of accidents and illnesses as before. The hospital by that time had five wards and three operating rooms. Matron (Captain) Flora Brohman (succeeding Matron Pense) had a staff of eight Nursing Sisters, a physiotherapist and a dietician on staff.

Christmas 1953 was remembered fondly by Matron Brohman. Snow had begun to fall as the Nursing Sisters returned from caroling on Christmas Eve. They celebrated the spirit of Christmas by welcoming civilians from a neighboring village to a party and giving small gifts to the local children. (Nicholson G. , 1975)

The last Canadian Nursing Sisters to leave Korea

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were probably Lt. N/S Shirley Kelly (Ego) and Lt. N/S Olga Dube (Hannas). Their posting back to Canada came in April, 1955. They received about two days' notice to get to Yokahama, Japan for their trip home on an American navy ship. (Kelly (Ego), 1999)

Canadian Nursing Sisters in the Air

Flight Nurse F/L Verne R. Fowlie supervised the first large scale medical transfer of Canadian soldiers home from McChord field to Canadian DVA medical centres. Like all RCAF flight nurses, Fowlie had completed a 9-week training course at Randolph Field (San Antonio, Texas)[7]. This was followed by a 21-week on-the-job training state-side with USAF C-47s (Dakotas, derived from the civilian DC-3s). Only then were the flight nurses ready for the long haul air evacuation of soldiers from Korea to the North American mainland (Rawling, 2001) or the shorter medical transports from McChord Field (Tacoma, Washington) to Canadian DVA centers.

Figure 10 RCAF F/O Joan Drummond (left), and USAF nurses watch medical attendants care for a wounded soldier (Mills, 2006)

The USAF training courses covered every phase of aeromedical nursing including loading and securing patients, coping with medical effects of turbulence and high altitude; administering low-pressure oxygen; high altitude indoctrination, managing psychiatric cases, etc.) plus meteorology, in-flight communications, emergency evacuation and landings in hostile terrain including mid-ocean ditching. (Flight Nurse School, 1952)

RCAF flight nurses flying the Pacific evacuations were attached to USAF 1453 Medical Air Evacuation Squadron (MAES), part of the U.S. Military Air Transport Service. Trans-Pacific evacuations used specially-rigged, four-engine, long-range USAF aircraft:

- the C-54 (unpressurized cabin, derived from the commercial DC-4),
- the C-118 (pressurized cabin, derived from the commercial DC-6 and designated MC-118A in its medevac configuration) (Wright, 1999),
- the C-121 (pressurized, and familiar in its commercial configuration as the Lockheed Constellation), and
- the C-97 (pressurized, derived from the military B-50).

Crossing the Pacific in these propeller-driven planes involved up to 42 long hours of rough, cold, noisy flight. The C-54s were unusually loud, even by military standards. Crews (including the flight nurses) were limited to 100 flight hours per month in an effort to forestall permanent hearing damage. They were fitted with litters to fly 28 to 32 patients with one nurse and two medical assistants (Witt, Bellafair, Granrud, & Binker, 2005). The larger, pressurized aircraft could carry up to 60 litters.

[7] Some flight nurses received their initial aeromedical training at Gunter AFB (Montgomery, Alabama).

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Refueling stops were essential; the specific fields varied with fuel availability and the weather. Guam, Clarke Airfield (Philippines), Iwo Jima, Midway Island, Okinawa, Wake Island, and Kwajalein Island were used at various times. Equipment problems occasionally resulted in unscheduled layovers in these island paradises. (Cunningham (Deneau), 1999)

The duties of the flight nurses varied according to stage of the evacuation. On the ground they supervised loading of patients. Canvass litters were stacked in fours on both sides of the aisle in the larger aircraft. The mix of patients was typically 2/3 surgical (battlefield injuries or accidents) and 1/3 medical. (Shiner, 1998) Once in the air they performed typical bedside nursing functions such as changing dressings, suctioning chest wounds, administering penicillin (every 4 hours), feeding (sometimes hourly) and doing their best to maintain patient morale under the uncomfortable circumstances.(Rhode, 2011)

The flight nurse was also the senior medical authority. In-flight patient care was complicated by turbulence and reduced air pressure in even the pressurized aircraft. Patients who were stable on the ground could quickly deteriorate to critical condition in the air. The flight nurse was required to make medical and technical decisions regarding patient treatment that were often beyond her level of hospital training. These were decisions that she would have been prohibited from making on the ground. Her authority extended to recommending changes in altitude or emergency landing at the nearest airport to the pilot. (Shiner, 1998) None of the flight nurses received additional compensation in the form of flight pay.

Canadian-based medical evacuation flights were in specially-outfitted Dakotas (C-47s) attached to RCAF 435 Squadron and occasionally 412 Squadron and 426 Squadron (Mills, undated). Each plane travelled with one flight nurse and one medical assistant. Flight nurses who had completed their tours of duty in the U.S. or South Pacific were in high demand back in Canada. They always accompanied RCAF medical evacuation flights in Canada (Mills, 2006), serving in the RCAF stations where they most were needed.

By October, 1954 34 Canadian Nursing Sisters had completed the medical air evacuation training. Twenty-six remained in the service after the Korean War, serving mainly in the Canadian North and in Europe. (Shiner, 1998)

Concluding Words by Canadian Nursing Sisters

“As I’ve looked back over the years, it was quite a challenge,…Korea was an interesting posting – a wonderful group of people, both professional and non-professional. Everyone pitched in with ideas for improvements; from these we ended up with a fairly good kitchen and storeroom.”

Capt. (Diet) Dorothy E. Doyle (Doyle, 1995)

“In Japan I had no real job to do, and was pretty bored. Here [BCCZMU in Seoul] I have a very interesting one with congenial people and a chance to put some of my ideas into place. We have a very good group of medical officers, and they have been extremely cooperative. “

Captain Matron Elizabeth B. Neil (Pense) (Neil (Pense), 1995)

"The living conditions [at the British Commonwealth Hospital] in Kure were very comfortable – we even had someone to do our laundry for us. We were quite spoiled compared to what awaited us in Korea. [At 25 FDS in Tokchong] there were no showers, no running water and no flush toilets (only outhouses). Unlike today, there were no phones or internet so news from home arrived by mail, which took about 10 days to reach us."

Lt N/S Louise Quirk (Quirk, undated)

"Certainly living and working conditions were austere, even primitive. The working day was long and the duties arduous, both physically and emotionally, but there was such satisfaction in knowing that we were helping the sick and wounded Canadian soldiers return to some semblance of good health… It was a memorable year and one that I would not have missed."

Lt N/S Jessie Chenevert (Urquhart)[8] in (Peate, 2003)

[8] Jessie Urquhart retired from the Canadian Army with the rank of Lieutenant Colonel in 1976 and married LCol Alan Chenevert (U.S. Army, Ret'd) on 7 September 1979.

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