

Beyond the Trenches: The Impact of Women's Great War Narratives on Contemporary Women  
in Combat

by

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In Partial Fulfillment of the Requirements for the Degree of  
MASTER OF ARTS

in

The Department of English  
State University of New York  
New Paltz, New York 12561

May 2021

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Submitted in partial fulfillment  
of the requirements for the Master of Arts degree  
in English  
at the State University of New York at New Paltz

In 1994, the United States Department of Defense published the Direct Ground Combat Definition and Assignment Rule restricting women in the military from service in positions that had the main mission of ground combat. This policy remained in effect until January 2016. Before 2016, it was not that women did not serve in combat positions but that the women served unofficially and without the same training as their male counterparts. Without official recognition of their contributions, the stories of women in combat have been easily dismissed and ignored. For example, the first woman to lead troops in a combat situation, Army Captain Linda Bray, still fights for acceptance and inclusion of her story in Panama Invasion canon. Stories of women in combat accepted into the canon have largely been considered remarkable and the exception, such as Molly Pitcher. Hélène Cixous, in her essay “The Laugh of Medusa,” implores women to write and let nothing stop their voices, including their own insecurities of the “imbecile capitalist machinery” attempting to silence them (Cixous 1870). Contemporary women, such as Mary Jennings Heger, author of *Shoot Like a Girl: One Woman’s Dramatic Fight in Afghanistan and on the Home Front (2017)*, write in order to come to terms with their experiences and share their stories. Building on the foundation of women of past wars, modern women have more opportunities than ever yet still struggle to share their perspectives. Female Voluntary Aid Detachment (V.A.D.s) from the First World War, struggled to publish their war memoirs from years fighting to save lives in the surgical hospital. While male combat narratives from the First World War contain profoundly disenchanting images of warfare, women’s nursing narratives, by virtue of their focus upon what Borden calls “the second battlefield” (Borden 97) of the military surgical huts, present readers with graphic and unrelenting depictions of injured flesh and mangled bodies.

The long-term exposure to devastation on the human body from the trenches from the First World War created a desire for a new way to look at death without trying to find some deeper meaning or positive transformation behind the violence. In her novel, *At the Violet Hour: Modernism and Violence in England and Ireland* (2012), Sarah Cole defines two distinct modes of describing violent death within war narratives: disenchanting and enchanted language. Cole defines the enchanted view of death as “the tendency to see in violence some kind of transformative power” while disenchanting language includes “the active stripping away of idealizing principles, an instance that the violated body is not a magic site for the production of culture” (Cole 42). Enchanted descriptions of death transpose a deep meaning behind the sacrifice of soldiers while a disenchanting view refuses to add special meaning behind violence.

Four narratives from Great War V.A.D.s: Mary Borden’s *The Forbidden Zone* (1929), Ellen LaMotte’s *The Backwash of War* (1916), Lesley Smith’s *Four Years Out of Life* (1931), and Vera Brittain’s *Chronicle of Youth* (1931) skillfully weave disenchanting and enchanted language to place readers inside the chaotic “second battlefield,” unintentionally showing the resilience of the human spirit. Surrounded by constant death and bodies dismembered past the point of recognition, V.A.D. often used disenchanting language in order to attempt to emotionally distance themselves from patients for their own mental protection. After the chaos of a mass casualty event, these women use their writing to cope with continual exposure to destruction of the human body and spirit. The V.A.D. authors incorporate limited or a complete absence of language in their narratives to create an immersive visceral experience touching all the senses. Refusing to both reflect on difficult situations and also to put their own words to someone else’s pain, give the narratives a real and raw voice. The memoirs immerse readers into the emotional distress that accompanies physical violence of war.

German diplomat, Count Johann Heinrich von Bernstorff stated, “In the ultimate analysis it is the nation with the best women that’s going to win the war [The Great War]” (Gavin x). Count von Bernstorff understood only a nation with support from the women, maintaining the home front and supporting the soldier on the frontlines, could find success in a war which encompassed the whole of society. Women were expected to work for the war effort but often without equal training, compensation, or recognition. Their stories continue to fight for recognition in the Great War canon. The observations of Borden, LaMotte, Smith, and Brittain may be from their experience in the First World War but contain valuable information on the human warrior spirit in times of crisis. Their observations resonate with contemporary female warriors. As an active-duty Army officer myself, these stories provide a deep look into the incredible spirit of the women who came before me and set the foundation for my chosen profession. These women overcame societal pressure to conform to traditional gender norms and serve their country in a war whose violence still haunts the world. Their bravery in facing death and sharing their experiences enrich the overall knowledge of war and demonstrate ways women improve combat effectiveness and provide a look at what it means to be wholly human in the face of such violence and destruction. Working on broken bodies daily forces one to face their own humanity.

### **Mary Borden: Finding Humanity through Disenchantment**

Mary Borden served on the front lines of what she notably named “the second battlefield” of the First World War, the operating room. Chicago born and raised, Borden married a British missionary and at twenty-eight used her fortune to “fund and manage her own hospital unit for the French Army,” *L’Hôpital Chirurgical Mobile No. 1* (Borden xiii). She left three small children in the relative safety of the home front to care for other young sons at the battle front. While

Borden's name for the operating theater has now been commonly adopted by scholars, her narrative remains relatively unknown. First World War historian, Malcolm Brown admits in the foreword to Borden's novel *The Forbidden Zone* (1929), a collection of stories, sketches, and poems, that he felt thunderstruck after discovering this treasure of a memoir "sadly lost in a cultural no man's land." After years of searching "the labyrinthine literature of the First World War," Brown was surprised to never before have come across this "literary gold mine" (Borden vii). He is not alone. *The Forbidden Zone* (1929) faced scorn since Borden first attempted to publish in 1917, when the "full text was silenced by wartime censorship" (Hutchison 285). When finally published in 1929 in Britain and 1930 in the United States, *The Forbidden Zone* continued to face resistance for its "'ugly images,' its 'mannerisms'" (Hutchison 285). Borden wrote most of *The Forbidden Zone* during the war, in "rare snatches of time between shifts and during occasional rounds of leave in Paris" (Borden xiv). Writing so close to the front and to her experience of the traumatic scenes presented within its pages, Borden introduces a voice at once honest and raw, leaving a lasting impact on readers long after putting the physical book down. Her powerful use of raw, unvarnished, and disenchanting language compels readers to confront the inhumanity of the Great War.

*The Forbidden Zone* (1929) opens with an acknowledgement by Borden that gives readers fair warning: "To those who find these impressions confused, I would say that they are fragments of great confusion. Any attempt to reduce them to order would require artifice on my part and would falsify them" (Borden 3). The short stories recounting a perspective of wartime experiences from the "second battlefield" provide a powerful and authentic impression of the confusion and trauma of the First World War. The pages of the text reproduce the muddle of warfare precisely because Borden does not attempt to clarify her representation of her experience

for readers. The short story, “In the Operating Room,” provides a perfect example of how Borden skillfully translates to the readers the confusion of the “second battlefield.”

“In the Operating Room” opens upon the chaotic stage of the second battlefield: “The operating room is the section of a wooden shed. Thin partitions separate it from the X-ray room on one side, and the sterilising room on the other. Another door communicates with a corridor” (Borden 85). The description of the small shed divided into the X-ray room, sterilising room, and operating room establish the cramped space of the medical rooms filled with noises of “the boiler...feet hurrying down the corridor, of ambulances rolling past the windows, and behind all this, the rhythmic pounding of the guns bombarding” (Borden 85). Not only is the operating room itself small, crowded, and overtaken by a continual rotation of broken bodies, but the jarring sounds from bodies in hallways, X-ray machines, sterilizing equipment, and even activity outside create a loud and confusing environment. Borden then depicts the conversations of surgeons, nurses, and patients:

2nd Surgeon to 1st Surgeon: Look here a moment. It smells bad. Gangrenous. What do you think?

1st Surgeon: No good waiting.

2nd Surgeon: Well, my friend, will you have it off?

2nd Patient: If you say so, doctor. Oh, my poor wife, my poor Jeanne. What will become of you? The children are too little to work in the fields.

2nd Surgeon (to nurse): Begin with the chloroform. We’re going to put you to sleep, old man. Breath deep. Breath through the mouth. Is my saw there? Where is my amputating saw? Who’s got my saw?

3rd Patient (softly): A drink, a drink. Give me a drink (Borden 87).

Despite the distracting ambient noises, surgeons and nurses attempt to focus on the patients in front of them. Yet conversations intersect and patients' cries fill the room; the second surgeon calls loudly, searching for his saw specifically hoping his cries are answered above the other noises. The doctors' language is matter of fact, dealing with the body parts and not the whole human patient with a family to provide for back home. Quietly and desperately, 3rd Patient calls for water, or any connection to life he can grasp. Eventually, the doctor relents: "Give him a drink. It won't matter. I can do nothing" (Borden 88). The medical staff can do nothing for this patient but make his last few minutes in the land of the living bearable.

Often patients are referred to by their injuries only by the medical staff, for example: "Nurse: Three knees have come in, two more abdomens, five heads" (Borden 89). Focusing on the injury instead of the human being beneath the injury, professional surgeons and nurses detach themselves. The surgeons focus on the gangrenous leg instead of the patient's concerns about providing for his wife and children. While Borden, a volunteer without the military or professional medical training, hears the cries of this patient, the doctors ignore the humanity behind the injuries. This *self-protective callousness* helps doctors and nurses "inside the moment of horror" stay on the task at hand (Das 175). Focusing on each patient as an individual human being and forging personal connections, would destroy the carefully constructed wall of self-protective distance carefully built up to protect medical staff from the exhausting work of emotional caring, what is now known as compassion fatigue.

While Borden skillfully describes the loud noises and confusion in the Great War hospital, one of her most vivid descriptions comes from her prose sketch "Blind," a piece that is grounded in silence. Most of the injured men carried into her medical hut attempt to conceal their pain through silence: "their courtesy when they died, their reluctance to cause me any trouble by

dying or suffering, was “one of the things it did not do to think about” (Borden 94). Borden describes the great lengths to which the dying soldiers go in order to not give voice to their discomfort or extreme pain. The soldiers conceal their suffering, in an attempt to shield the medical staff from knowing the distress they cause in the process of tending to the men’s wounds. When the men do cry out in pain, “they usually apologized for the annoyance of their agony” (Borden 99). In “Conspiracy,” Borden explains: “When we hurt them they try not to cry out, not wishing to hurt our feelings. And often apologize for dying. They would not die and disappoint us if they could help it” (Borden 81). Dying not only takes the men out of the war effort but also affects the survivors that worked tirelessly to try and save them. In the effort to hide their pain through silence, the soldiers place the needs of others before their own, exemplifying their humanity and commitment to the code of brotherhood.

If the men do succumb to the cries of pain sufficient to communicate its, the animalistic cries would shatter the barrier between human and animal. Elaine Scarry in *The Body in Pain* (1985) argues that “physical pain does not simply resist language but actively destroys it” (qtd. In Das 189). The physical deformities these men gained on the battlefield already blur the lines of between human and beast, not only for the injured soldier but also for the medical staff. Borden describes one doctor in the operating room who is “busy with something that was not very like a man” (Borden 92). At another point she muses, “Certainly they were men once. But now they are no longer men” (Borden 44). If crying out in pain is to succumb to the animal instincts, the men often opt to remain silent in order to maintain their humanity. The choice of silence continues the sacrifice of the men at war, who value their fellow soldiers and the medical staff so much that they hide their pain to protect those around them. The attempt of the men to hide pain from the nurses, doctors, and V.A.D.s working tirelessly to save lives and provide

some sense of comfort is also a testament to breathtaking strength, at once physical and moral of the human body and spirit alike. The death and despair that transpire within Borden's surgical hut is evident in the continual rotation of bodies in and out. Many of these injured men do not want to distract the medical staff from saving the lives of other soldiers; they do not find their suffering superior to anyone else's suffering. Pain thus becomes a great equalizer within the operating theater.

Borden, in return, refuses to provide language of her own to translate the agony of the self-silencing soldier-patients; it is "one of the things it did not do to think about" (Borden 94). As Das poignantly argues, "The nurses bear witness only to another's pain which is stubbornly resistant to everything outside its own absolute reality. Whose wounds are the nurses going to write about: the physical wounds they are bound to as duty, or their own mental wounds which seem to lose significance in comparison" (Das 226). Borden resists attempting to describe either wound. Borden's ellipses demonstrate her own inability to master the power behind the dying men's silence. Instead, she grants agency to the injured soldiers to voice their own pain, or to not share; such agency belongs to the body in pain. Any attempt to enchant the pain or death of these men with eloquent language would ultimately undermine their sacrifice, a sacrifice for their brothers in arms, not for some abstract cause like grandeur or love of country – what Wilfred Owen called, "the old lie." In essence, imposing a deeper meaning upon the wanton desecration of life only undermines the pain and sacrifice of the soldiers. This repeated pattern of remaining silent also serves to conceal Borden's own mental wounds. Post-traumatic stress disorder (PTSD), especially among medical professionals who experience secondhand trauma from combat violence, is still only partially understood. During the Great War, medical professionals experiencing shell-shock were largely invisible.

Another vivid moment that eludes narrative expression in “Blind,” is Borden’s recollection of a patient’s brain falling out of his head and into her hands. She casually places it into a bucket and leaves the wound dresser to finish his task with the injured man while she moves on in her task of sorting out the wounded from the “nearly dying...and the dying” (Borden 94). In this traumatic situation, in which she catches a portion of another person’s brain in her hands, Borden proves unable to find language to convey the gravity of emotions. Instead it is just another “one of the things it did not do to think about” (Borden 94). She refuses reflection upon an experience that defies reason, meaning, or consolation. There is no way to reconcile the inhumanity she experiences taking care of these men. In response, the doctor comments “It’s only one half of his brain” (Borden 94). Such a remark similarly refuses reflection.

Ultimately, as Borden’s stories show us, the very humanity of the surgeons, nurses, and volunteers is at stake. In the midst of amputations, bandaging, triage, and cries of pain, surgeons and nurses struggle to find a sense of normalcy. As times they establish the ordinary through the discussion of one of the few things they still have control over: their lunch. Food is a basic physical human need, and through it the surgeons, orderlies, and nurses simultaneously cling to humanity while they display their connection to non-human animals. For while food is a basic human need, it is not uniquely human. In “Blind,” a surgeon searches for a knee he “left in the saucepan on the window ledge” (Borden 100). A nurse discovers that one of the orderlies, Jean, took the saucepan mistaking it for “the *casse-croûte*; it looked like a *ragout* of *mouton*” (Borden 100). The close encounter with cannibalism is quickly dismissed: “Well, it was lucky he didn’t eat it,” the surgeon remarks as he moves on to tend to the cries for continual care of other patients in operating room (Borden 100). In another chaotic scene in the story “In the Operating Room,” a surgeon pauses above the din of cries of pain, vomit, and blood, to observe: “My

experience is that if abdomens have to wait more than six hours it's no good. You can't do anything. I hope that chap got the oysters in Amiens! Oysters sound good to me" (Borden 90). Fearful of a descent into bestial chaos surrounding them, the surgeons, nurses, and orderlies ultimately blur the lines between human and beast. Again, a "self-protective callousness" suggests the inhumanity of those whose task is to restore some semblance of humanity in the operating room by returning soldiers to active duty. The focus on food, not only helps surgeons, nurses, orderlies maintain strength in order to best serve their patients, but also help build a protective wall between them and "the things it did not do to think about" (Borden 94).

As the hospital *directrice*, Borden faced the difficult tasks of triage, diligently separating the wounded, the dying, and the dead. After serving many patients, she developed a sort of sixth sense for detecting death among them: "I scan the surface of the floor where the men are spread like a carpet, for signs, for my special secret signals of death" (Borden 101). The continual exposure to death cultivates in Borden a special skill in reading through touch bodily signs of life ebbing from her patients, an extremely important ability since she does not have the luxury of second-guessing her triage decisions: "I had to decide for myself. There was no one to tell me. If I made any mistakes, some would die on their stretcher on the floor under my eyes who need not have died... My hand could tell of itself one kind of cold from another" (Borden 95). Focusing on a patient with little chance of survival could cost the lives of many others. With the power of her touch, Borden decided who deserved the attention of the surgeons, who could wait, and who unfortunately was too close to death. The power of her touch determined life.

The limits of Borden's humanity in such moments of bodily intimacy are thrown into sharp focus in "Blind." While a "little boy who had been crying for his mother died with his head on [her] breast" the orderlies bring a blinded man on a stretcher into the surgical suit (Borden 91-

2). Emotionally spent from the intimate moment with the young boy, she has the orderlies place the blind man down and continues her other work. She occasionally glances back at the blind man, who continually calls out for reassurance while he adjusts to his new life in the dark. Yet between triage, a brain falling into her hand, an orderly almost eating a knee, and the typical chaos of the operating room, he becomes one of the patients classified as able to wait: “‘Sister! Oh, my sister, where are you?’ A lost voice. The voice of a lost man, wandering in the mountains, in the night. It is the blind man calling. I had forgotten him. I had forgotten he was there. He could wait. The others could not wait. So I had left him and forgotten him” (Borden 102). The man for whom “Blind” is named adjusts to a new world without sight, where sound and touch take center stage in interactions and forging personal connections. While in this interval period, the newly blinded man is thrust into a world of chaotic loud noises, the smell of death, and the absence of physical connection. Borden moves about and focuses on her hundreds of other patients while this soldier feels his whole conception of the world crumble; he expresses anxieties of being utterly alone and in the dark. When Borden finally finds a moment to comfort him, she takes his hand and assures him of her presence: “‘You are not alone’, I lied” (Borden 103). He smiles at her touch and words, which ultimately breaks her shield “self-protective callousness.” Significantly, what breaks her emotionally is not something he says, but the way in which he responds to her physical contact, presenting her with a silent physical reaction. His smile indicates the power of silence. Briefly this man found comfort in her touch and then touched her emotionally with his physical reaction to her calming presence.

Borden is again faced with the delicate balance between life and death in “Rosa.” A patient enters Borden’s hospital so muddy and bandaged that “he looked as if he had been rolling in a dirty field like some farm animal” especially when brought into the operating room with

“narrow white table, in the white room full of glistening bottles and shining basins and silvered instruments, among the white-coated surgeons and nurses” (Borden 63-4). This dirty and mangled man appears animalistic by comparison with the clean hospital staff. At first, it is hard for her to find his humanity. Eventually Borden discovers a human connection after learning not only of his attempted suicide but also longing for a woman named “Rosa,” for whom he continually cries as if an automatic response were “issuing from his blind unconscious mouth” (Borden 66). This suicidal soldier can only express his pain through the desperate calls for “Rosa.” His desire for this unknown woman creates a connection strong enough for Borden to find humanity within him. The nurses work diligently to save this man only for him to be court martialed and placed before a firing squad, since the military considers his attempted suicide an act of desertion in an effort to take himself out of the war machine. Borden struggles with her own humanity and role as a healer. Under such circumstances, Das discusses the “feelings of guilt and shame result[ed] from the involvement, voluntary or involuntary, in the nationalist and patriarchal war machine through the institution of nursing” (Das 202). In the case of “Rosa,” Boden decides feeding this man back into the war machine would cause a shame beyond what she finds acceptable. Ultimately, she advises one of her night nurses: “When Rosa pulls off his bandage tonight, leave it off” (Borden 69). In the morning, the patient seems to transition from discomfort to a sense of content and “perhaps even a faint look of gratitude,” dying two days later from his injuries (Borden 70). Borden’s decision to stop cleaning the wounds and let this soldier succumb to his injuries, provides an example of compassion, “understanding by the nurses that in such a circumstance death is the best care they can give” (Hutchison 302). Instead of physically healing a man they could not heal emotionally, Borden allows him the dignity of peace in death.

### Ellen LaMotte: Embracing the Ugliness

One of the nurses in Borden's hospital, Ellen LaMotte, dedicated her own war narrative *The Backwash of War (1916)*, to Mary Borden-Turner, the woman to whom she attributes her own "experience in the zone of the armies" (LaMotte). Aptly named, LaMotte's narrative highlights the ugly leftovers of war: "Much ugliness is churred up in the wake of mighty, moving forces. We are witnessing a phase in the evolution of humanity, a phase called War – and the slow, onward progress stirs up the slime in the shallows, and this is the Backwash of War. It is very ugly" (LaMotte 7). Similar to Borden's collection in style, *The Backwash of War*, contains multiple short stories that communicate the chaos and inhumanity of the Great War in a potent attempt to begin the healing process and avoid future wanton destruction. LaMotte's narrative places the ugliness of war at its center: "There is a dirty sediment at the bottom of most souls. War, superb as it is, is not necessarily a filtering process, by which men and nations may be purified. Well, there are many people to write you of the noble side, the heroic side, the exalted side of war. I must write you of what I have seen, the other side, the backwash. They are both true" (LaMotte 41). She attempts to balance stories of valor of men who return from the front with opposing stories of the ugliness of combat.

Like Borden, LaMotte too recalls the case of "Rosa," a man names in her story simply titled "Heroes." Suggestively dubbing him a hero preserves something of the humanity of the man who goes by "Rosa." A Volunteer Aid Detachment (V.A.D.) nurse like Borden, LaMotte struggles to separate the suffering human from the broken body as a problem that needs to be solved. This patient arrives at the hospital with physical wounds, but he also clearly suffers deep emotional wounds suggested by his attempted suicide and his constant cries for Rosa. He initially struggles so much that it takes "a dozen leather straps and four or five orderlies to hold

him in position, so that the surgeon could examine him. During this commotion, his left eye rolled about loosely upon his cheek, and from his bleeding mouth he shot great clots of stagnant blood, caring not where they fell” (LaMotte 9). LaMotte’s descriptive language is direct and unflinching. Refusing to enchant such injuries, she instead compels readers to acknowledge and witness the ugliness of his eye rolling “loosely upon his cheek” and “great clots of stagnant blood” pooling on his “bleeding mouth.” And yet through such candid depictions of his bodily injuries, LaMotte offers an unexpected glimpse of the soldier-patient’s humanity.

LaMotte struggles, as Borden had, with the idea of nursing a man “back to health who was to be court-martialed and shot... [ultimately] a dead-end occupation” (LaMotte 9). Humor is another coping mechanism for prolonged exposure to violence. Her witty observation that this effort is a “dead-end occupation” recalls the doctor comforting Borden that “It’s only one half of his brain” (Borden 94). In both situations, the medical staff attempt to lighten the situations through dark humor. The male and military-trained doctor, the *Medecin Major*, is unable to find humanity in the suffering man: “to attempt to kill oneself, when, in these days it was so easy to die with honour upon the battlefield, was something he could not understand” (LaMotte 8-9). The doctor focused intently on the injury and not the person in pain, upon the wound and not the human behind it, continues to enchant the deaths, finding meaning in the war effort and dishonor in the attempt that “Rosa” makes to extricate himself from the war machine. As Das observes, “Thekla Bowser, an Honorary Sister of the Order of St. John wrote: ‘The highest privilege goes to the man who may fight his country’s battles, give his life for his King, risk living a maimed man to the end of his days next comes the privilege of being of use to the men who are defending us and all we love’” (Das 186). LaMotte and Borden both struggle to find honor in serving a cause that nurses a human back from the brink of death, only to have him die conveniently in the

name of good order and discipline (Borden 68). Does this really serve humankind?, they seem to ask. Trained in journalism, LaMotte's shares this story to disrupt blind patriotic commitment to a war effort that affects countless lives across the world. LaMotte recalls another occasion in which Borden "ordered the night nurse to give him [a different patient] morphia, and again morphia, as often as she thought best. For only death could bring relief from such pain as that, and only morphia, a little in advance of death, could bring partial relief" (LaMotte 25). Once again, the war nurses find death as the most humane escape for the men under their care. Allowing soldiers to succumb to their injuries is a paradoxical way in which nurses frequently serve their patients.

Death provides a clean escape from the war effort for some of the soldiers, while others are healed, physically at least, and return to the land of the living. LaMotte argues, "Life is clean and death is clean, but this interval between the two is gross, absurd, fantastic" (La Mott 35). She continues, "Death is dignified and life is dignified, but the intervals are awful. They are ludicrous, repulsive" (La Mott 37). While life after the Great War may seem anything but clean to survivors, her stories highlight the muddle with which nurses deal with daily on the second battlefields. Life and death set the extreme limits within which stretches an interval of the "gross, absurd, fantastic." Operating rooms may heal physical wounds, but survivors continue to endure the sting of mental wounds long after November 11, 1918. The inclusion of the many smells of death in LaMotte's memoir gives a full sensory range to the devastation that she and other medical staff vividly endure.

Published after a year of nursing on the front lines in 1916, LaMotte's book "penetrated the superficial glamour of war" (Sugiyama 133). One of the ways it does so is through her articulation of smells. Her stories not only enable us to see the war, but allow us to experience it

through all of our senses: “gangrene is death, and it was the smell of death that the others [patients] complained of” (LaMotte 14). Her language provides an immersive visceral experience for readers, communicating as best as language can the senses of sight, smell, and touch within the operating room. In “Alone,” she remembers “It [Rochard’s leg] was all torn away, the flesh from that right thigh, from knee to buttock, down to the bone, and the stench was awful,” and later the wound stank, “It was foul” (LaMotte 24- 25). LaMotte employs disenchanting descriptions of smell; the foulness of scent is mentioned five times in this short story to express the “gross, absurd, fantastic” space Rochard inhabits. Knowing his severe gangrene infection will consume Rochard, the *Medecine Chef* uses him as a teaching aid for the medical students: “the various students came forward and timidly pressed the upper part of the thigh, the remaining part, all that remained of it, with their fingers” (LaMotte 24). Rochard thus sacrifices his body to multiple causes, not only to the war effort but to the future patients of the medical students who learn to care for them through using Rochard’s body as a training aid. The repetition and focus on what remained of Rochard’s body continually highlight his slow decent from human to beast.

Thus this thirty-nine-year-old father and widower died after days of agony, having served as an object for learning in the operating room with his *Valeur ed Discipline* medal “pinned to the wall at the head of the bed” (LaMotte 26). LaMotte satirizes the nobility of war, by pointing to the mounting medals that replace his life. Rochard gives his life and his body to the war effort, both in the first battlefield of the trenches and in second battlefield of the surgical hospital. His child receives a small medal in return. In her book, *Women’s Poetry of the First World War*, Nosheen Khan describes “the increasing disaffection with manly ornaments of glory and heroism as fit recompense for the mothers’ [and children’s] loss” (Khan 156). Rochard dies alone in France in a room full of many people, “but there was no one there to love him” while “at the

other end of the ward sat the two orderlies, drinking wine” (LaMotte 27). “Alone” generates an immersive visceral experience of war for readers who share the “hideous cataclysm into which the world had been plunged” (Sugiyama 133). LaMotte skillfully appeals to the senses, placing readers within the foul-smelling operating room, filled with patients and medical professionals all struggling to cling to pieces of humanity at opposing ends of the spectrum. In the end, all that is left of a man like Rochard is a small medal, an ornament to recognize his sacrifice.

Soldiers were not the only ones to make sacrifices and face violence during the First World War. In “A Belgian Civilian,” LaMotte recalls a ten-year old Belgian patient “shot through the abdomen, or thereabouts. And dying, obviously” (LaMotte 29). The story represents the destruction of innocent lives: “in war, civilians are cheap things at best, and an immature civilian, Belgian at that, is very cheap” (LaMotte 28). LaMotte explains that, “[b]eing ten years of age, [the child] was unreasonable, and bawled for her [his mother] incessantly and could not be pacified. The patients were greatly annoyed by this disturbance, and there was indignation that the welfare and comfort of useful soldiers should be interfered with by the whims of a futile and useless civilian” (LaMotte 29). At the age of ten, this young boy’s innocence dies when a shell falls through his kitchen and wounds him. Now his body dies slowly while he, like Rochard is alone. Where Borden depicted the soldier’s desire to hide his pain in silence, the young boy in LaMotte’s story, scared and alone, cannot find comfort in silence. Instead, he reverts to the beastlike shrieks of pain when language falls short in expressing his feelings. The desperation of his cries greatly affect the ward’s nurse, who gives him more attention than her soldier patients, earning her the critique that “her sense of proportion and standard of values were all wrong” (LaMotte 29). Interestingly, in a narrative attempting to “penetrate the superficial glamour of war,” LaMotte dismisses a life that does not support the war effort, since at ten this boy is too

young to be a soldier. Therefore the time that the nurse spends attempting to provide aid or comfort to the young boy is time that, the story makes clear, she otherwise might spend with soldiers able to return to the front. Comforting the boy is a “standard of values” that is “all wrong,” LaMotte’s narrator wryly observes, since he is useless to the war machine.

LaMotte suggests a wholesale reallocation of care within the hospital. Since the nurses and V.A.D.s were only human after all, the *Madame la Directrice* calls the mother to comfort her dying son. The V.A.D.s are shocked at the mother’s apparent callous reaction: “she saw her son, and kissed him, and then asked to be sent back to Ypres” (LaMotte 30). Although the mother indicates her desire to return home to her struggling husband and other children, the *Madame la Directrice* “who had a strong sense of a mother’s duty to the dying, commanded and insisted, and the Belgian woman gave way” staying with her son until he died the following morning (LaMotte 31). The story takes on something of the mother’s apathy in its resistance to descriptive embellishment, as though this incident were, in Borden’s words, “one of the things it did not do to think about” (Borden 94). The mother could not pause to reflect on her son’s death because her husband and other children rely on her. LaMotte too, begins her story dismissing the young boy by stressing that the boy was dying, obviously” (LaMotte 29). “In *Nurses at the Front: Writing the Wounds of the Great War*, Margaret Higonnet notes “Writing to expose wounds, is surely a first step toward healing wounds” (qtd. in Das 227). The detachment of the narrative voice echoes that of the mother, providing a necessary distance from a painful experience much like a mother abdicating responsibility for the little boy’s life. This short story also is one of the few without a date at the end of the narrative, suggesting it was written well after the events unfolded as LaMotte continued to come to terms with them.

Mothers were not the only women affected by events surrounding the Great War; wives and lovers also faced consequences of action at the front. In her short story, "Women and Wives," LaMotte takes a hard look at soldiers and their female partners, as Sugiyama argues, "ridiculing the very idea that these women [wives] were protecting the core of their husband's identity and the nations well-being" (Sugiyama 134). Soldier-patients and medical professionals alike, pass around photos of their "little, ugly wives, the stupid, ordinary wives" (LaMotte 39). These men hold their letters and photos tightly because serve as representations of home, reminders of what the men love and to whom they hope to one day to return. LaMotte's apparent indifference toward and condemnation of the "stupid, ordinary wives" at first seems strange until she reveals how the medical professionals "have girls" in the local villages. "You don't get a medal for sustained nobility," her narrator observes, "You get it for the impetuous action of the moment, an action quite out of keeping with the trend of one's daily life" (LaMotte 41). After a year of watching men showing off their wives they profess to love only to sneak off in the darkness and find comfort in the arms of other women, LaMotte looks cynically at the professed honor among soldiers. Not only do medals provide cheap replacements for loved ones, as LaMotte points out, but they also suggest cheap representations of soldier's daily actions. While I maintain the majority of soldiers (and people in general) are good at their core, LaMotte's cynicism is not without cause.

The many women at the front lines, "winked at, because they cheer and refresh the troops" face long term effects from loving men on the front lines (LaMotte 41). Das argues that "physical revulsion induce[s] a reciprocal need for physical union, even erotic contact, as if only the coming together of healthy bodies in a context of wholeness and pleasure could sooth the daily assault on the most intimate of human senses" (Das 210). Perhaps, these men use their war

lovers as a way to deal with the constant bombardment of death, decay, and violence. LaMotte's aim may be to uncover the dirty little secrets of war, but she also discovers a somewhat common reaction to prolonged exposure to violence; the need to feel whole and physically connected to humanity. Interestingly, near the end of the chapter in almost a propaganda type message, she condemns the German soldiers for the same actions: "the conquering armies just ruined all the women they could get ahold of" (LaMotte 42). As I will discuss later with Ella Wheller Wilcox's poem "War Mothers," many of these women that acted as lovers during the war, find themselves ruined after the physical weapons of the war are lay to rest. The situation that left women "ruined" after the wars end affect woman all over the world.

### **Lesley Smith: Growing Up Admits Violence**

Lesley Smith opens her memoir *Four Years Out of Life* (1931) recalling the summer of 1914 as a young and affluent socialite:

In retrospect, the moment before a storm breaks is found to have been heavy, lurid, pregnant with foreboding. So it is with the summer of 1914, which seems to have been lived in a breathless pause before the storm. Actually at the time it was like every other summer there ever had been and ever would be. To a girl of twenty-three the tennis parties, the garden parties, the weddings and dances seemed as inevitable and unchangeable as the calm prosperity of everyday life ... Then in the middle of all this permanence came a sudden announcement that a yachting trip on the west coast of Scotland must be postponed because war had been declared. It was too annoying. (Smith 1)

Smith's honest reaction to the declaration of war echoes the sentiment of many people during major world events, including the recent COVID pandemic: annoyance and disinterest until it

affects their lives personally. At first, Smith offers an enchanted image of summer 1914 as “pregnant with foreboding.” Then she adjusts her narrative, “Actually at the time it was like every other summer there ever had and ever would be.” Smith makes the conscious effort to provide a disenchanting revision of the original image with the hindsight gained after over a decade of reflection on her experiences. Her initial reaction to the outbreak of war is not the blind patriotism found in other narratives, especially those attempting to inspire volunteers for the war effort. The war seems to Smith a matter of concern only for the distant figures of the government not a personal event until she observes: “I looked hastily at the list and found, not only Douglas’s name but the names of five other boys who had been friends of his and ours; sons of people we knew – our friends! It was a queer crashing start to one’s own personal war. Before it had been the government’s affair, and now we were all in it” (Smith 3). Losing a friend turned the war from a distant nuisance into an intimate and highly personal event. Just like many soldiers in the trenches end up fighting for their brothers in arms, Lesley Smith, also called Kay in her memoir, volunteered to serve for the men like her friend Douglas. Kay represents the majority of the Voluntary Aid Detachment (V.A.D.): young affluent socialites trying to do their part for the national war effort.

Despite its similarities with other V.A.D. stories, Kay’s narrative offers another unique perspective on women’s experiences serving the war effort. Where other military hospitals differentiate patients by their injuries, the patients in the hospital Kay works assume numbers. One of the nurses calls upon Kay to render care to a young man, No. 6, in the form of physical touch: “[I] held my hand on his sticky wrists as I had seen Sister doing and I wondered if he was frightened at being left with someone new” (Smith 17). Just as Borden and LaMotte uncover the desire for intimate touch in times of brokenness and violence, Kay discovers the comforting

power of her touch on this dying young man. In some sense, it does not matter who is holding his hand, since many of these young men imagine their mothers at their sides regardless of who is actually present. In this way, the volunteer nurses serve as physical stand-ins for the women these men truly desire to have by their side, often their mothers. The touch of Smith's hand for a dying patient provides a last connection to life as he slowly fades into death. Even when patients cannot communicate with audible language, the sense of touch remains imperative for them: "he seemed afraid that if he didn't hold on tight he would lose himself again, in whatever haunted place he had been for the last two day [in a state of delirium]" (Smith 66). These young men cling to Kay as a final connection to vitality, since "touch is the most intimate and elusive of the human senses" (Das 20). The comforting touch of a V.A.D, grounds the soldiers in the land of the living, even if only momentarily. Touch eludes speech in favor of a corporeal form of contact. Kay's words attempt to convey the desperation behind the soldiers' need for physical connection, their desire to remain tied to life, but language fails her all the same.

In an interaction with another patient, Railton, Kay recalls: "he grasped my wrist as though he wanted me to stay...He held my hand and I couldn't leave him" (Smith 125). The fact that Railton is one of the few named patients in the memoir shows how profoundly this interaction affects her. In a last attempt to feel connected to humanity, Railton clings to Kay, desiring intimate touch of another person. Prior to his last night clinging to Kay's hand, Railton had spent weeks in what Ellen LaMotte calls the "ludicrous, repulsive" interval between life and death (La Mott 37): "He was not well enough to leave for England and he was not ill enough to die, and for weeks we had moved him and dressed him, and rubbed him and moved him when forty other men needed us badly, but claimed less. Now he had given up trying and had become quite definitely childish though not at all delirious" (Smith 120). Though his injury is not severe

enough to kill him, it is too severe for him to still be of use to the war effort; spending emotional energy on him takes the care away from others, the “useful” soldiers from LaMotte’s narratives. In his pain and delirium, Railton desires human connection before the injuries either force him back into the war or kill him. Eventually, Kay tell us, Railton “had given up trying.” His spirit breaks as his physical body fails to mend. Before dying, Railton apologizes for the inconvenience of his death on Kay and prevention of her from giving comfort to the other patients: “Sorry to keep you Nurse – I won’t be long now – Am going fast, ain’t I?... In the morning there was another man in Railton’s bed” (Smith 126).

In another instance, while working the night shift Kay recalls: “A low groan came from the end of the ward and I tiptoed up to the end bed and paused, waiting for it to come again, but there was no noise of the swinging canvas. I flung the jet of my torch from bed to bed, and at last saw a man with his head burrowed beneath his arm. He lay strained and rigid, and I went up and touched his shoulder.’ The man [No. 29] stated, ‘I’m sorry, Sister. I didn’t mean to disturb you” (Smith 72). No. 29 resorts to animalistic cries of pain and then apologizes for such a regression out of humanity. Unlike Railton, No. 29 eases his pain through bestial sounds instead of physical touch. No. 29 and Railton both struggle to conceal their pain before apologizing when they fail. They understand that their pain affects more than themselves and continue to sacrifice themselves for the sake of others, by keeping their pain silent.

The reduction of patients to mere numbers enables the medical staff to distance themselves from the human beings attached to the injuries. In addition to avoiding patient names, Kay’s narrative uses strikingly candid language to describe injuries, which further serve to separate the human spirit from the animal body: “Hour after hour, day after day, we cut down stinking bandages and exposed great gaping wounds that distorted the whole original plan of the

body; human figures had become mere curious abortions” (Smith 119). Day after day, surrounded by broken distorted bodies – what she calls “mere curious abortions” - Kay can no longer look at these men as human; their bodies are so broken that they no longer resemble a human beings. Kay, and other volunteers attempt to distance themselves from the many patients to protect themselves from the carnage around them. The identification of these broken bodies as human slowly erodes Kay’s own sense of her spirit and humanity. It proves ultimately impossible for her to maintain enough distance from her patients as she learns to care for the men in her ward as individuals: “Every patient and every lump and hollow in the tarpaulin of my own ward were so well known to me” (Smith 233). She refers to the men as “lumps and hallows in the tarpaulin” but she nevertheless recognizes that every patient is sufficiently familiar to her that she can notice the slightest change in their condition and respond with care. When working in another ward with another V.A.D. named Sandy, however, Kay cannot see the patients as individuals: “the burned and sightless eyes made all the faces of the patients look like a ghastly row of masks, and the utter silence completed the illusion of being surrounded by inhuman puppets” (Smith 233). As a V.A.D. in charge of her ward on the night shift, Kay learns the men under her care intimately. She spends all of her emotional energy on her own patients and has no more to spare for the men in other ward, who present themselves to her as “inhuman puppets.” Kay’s interactions with them are fleeting and she cannot afford to learn and provide individual comfort for anyone not in her immediate care. Not only do patients in other wards remain inhuman to her, but also new patients upon arrival prove less than human to the overwhelmed voluntary nurse. Kay describes a carnival of body parts: “It was a grotesque sort of carnival. Monstrous shadows cut against the light as the endless procession staggered into the reception marquee” (Smith 55). Bodies arriving to the hospital come in a swirl of chaos, what she

elsewhere calls “the grotesque carnival of the wounded” (Smith 103). The soldier-patients remain inhuman until after a mass casualty event, at which point the medical staff spend hours with them and come to know them as individuals. In the whirlwind of a mass casualty event, however, individualized comfort is not possible. This is the triage of quick action and rapid treatment of injuries, where medical staff cannot afford to attach a human face to the carnal wounds.

After the chaos of mass casualty events, when silence takes hold of the hospitals, especially at night, Kay learns of different types of silence: “I was thankful when No. 6 began muttering and tossing, and I had to hold his hands and talk gently to him. Anything to break the deathly silence... I wonder who first used that adjective for silence, and for the first time I realised its force. All other silences are merely passive, the silence of death is active – it impinges on one’s sense of hearing” (Smith 18). The silence that Borden described from the injured soldiers as they slipped from life to death proves deafening to Kay. It is a silence she cannot handle, preferring to hear the sound of her own voice comforting No. 6. Behind the silence of death lurks the pain and suffering of the soldiers. Even as the patients attempt to conceal their suffering, the V.A.D. nurse can still hear their silent cries of pain.

Many of the V.A.D.s not only care for their patients but for men in the trenches. While Kay does not refer to any specific soldier she cares about on the frontline, besides the initial mention of her friend Douglas, many of her friends worry about their loved ones. One the other V.A.D.s working with Kay, guiltily hopes her fiancé loses his legs, a so-so called “blighty” or injury debilitating enough to send him home but minor enough to continue living with some sense of normalcy. As the nurse explains, “If you could know what it was like to see those poor wrecks of men brought into here from a convoy one after another and each one might have been

Jack. Every time a gas gangrene was brought in stinking and foul after lying in the open, I thought that Jack might be lying out looking like that” (Smith 132). The other nurse projects her fiancé, Jack, onto the men under her care, just as Vera Brittain in the next section will see Roland in every man she nurses. This V.A.D. sees each soldier in her care as somebody’s loved one; he is someone’s son, brother, fiancé, father, etc. Without the military and professional medical training of doctors and nurses, V.A.D.s continually struggle to separate themselves emotionally from the soldiers under their care. In her study on the conflicting roles of parents and medical professions in Mary Shelley’s *Frankenstein*, Allison Kavey states: “The physician’s subjectivity lies not in love, as a parent’s does, but in a desire to know, to become better practitioners of their complicated art – always – to become better adept in their struggle against disease and nature’s final act, death” (Kavey 497). Not all V.A.D.’s are parents, of course, but Kavey’s distinction between parents and physicians still applies: the V.A.D.’s volunteer for service out of love (whether for country, a specific man, or humanity in general), while medical professionals serve their field. Doctors and nurses may care for their patients on individual terms but, especially under the circumstances of mass casualty events, their profession demands quick care to prevent immediate death rather than nurturing bedside manner.

Reflecting on her year working in hospitals, mending broken bodies and sending men back into a war ravaging the European continent, Kay recalls the slow loss of her own humanity: “A year ago I’d have felt rather pleased with myself for being so sensitive; but sensitiveness had lost its value. It didn’t help” (Smith 65). Her nurturing nature, while a comfort to the men under her care is a detriment to her own personal health and welfare. She observes, “As a matter of fact I’m not frightened any more, not even horrified any more. It seems quite natural to be surrounded with death and to have to inflict pain on people who look kindly as one as one does

it. Thoroughly broken in, I am” (Smith 209). To be “broken in” is to disavow the very sentiment that was prized in Victorian women, because it is of no practical value in the “second battlefield,” where it is likely to only produce emotional burnout. Kay admits that each lost soldier “inflames” the consciences of the medical staff: “Each death seemed to establish more firmly the reign of pain and destruction. Each death was a personal failure. All the broad issues had disappeared and we agonized over the smallest omissions till our consciences became so inflamed that we made bargains with God or the devil with equal faith” (Smith 255). In her loss of sensitivity and state of being “broken in,” Kay exhibits every sign of what trauma theorists now call compassion fatigue.

On the way home from war, after a year of mending broken bodies and attempting to retain her own humanity and spirit, Kay and Old Sister Brown discuss their future plans: “‘Well Kay, I supposed you’re going to settle down at home now and buy clothes and do the flowers for mother?’ I did not answer for a moment, but as I know of no alternative, I could only shrug and say; ‘I suppose so’” (Smith 301-2). To wrap up her narrative, Kay attempts to rejoin the socialite world that she left behind in England. Her offhand reply, “I suppose so,” indicates her inability to return to the world she left. Kay is no longer the twenty-three-year-old socialite upset by her altered summer plans. Her life was forever altered by her time in the “second battlefield.”

### **Vera Brittain: Writing to Find Empathy**

Vera Brittain is perhaps best known for her memoir *Testament of Youth* (1933), published in 1933 and very well received due to the antiwar sentiments of the time. Prior to publishing the memoir, Brittain attempted multiple times to publish her full diary of the war years. Due to the freshness of the wounds from the war, however, the full diary, *Chronicle of Youth* (1981), was not published until 1981, posthumously. Clare Leighton, the sister of

Brittain's late fiancé, included her reminiscences in a foreword. The fact that her late fiancé's sister still felt such a strong bond to Brittain sixty-five years after the passing of Roland speaks to the depth of the bonds forged by shared devastation. Leighton believed strongly in the importance of publishing Brittain's own words during the war because of the long-term effects that growing up during the First World War had had on her: "it has left me with a deep terror of war and a pleading with the world to see that we are not beguiled into it. The wages of war continue long after the young men are forgotten, and we who lived through it have a deep responsibility" (Brittain 12). Brittain's daily record of her lived experience in *Chronicle of Youth*, contains many short entries that do not allow space for extensive reflection. Brittain could not afford to focus on past events while the list of casualties grew continually. Her largely unprocessed thoughts and emotions provide a unique perspective on war narratives. In the introduction to her first attempted publication, Brittain maintained that "these intimate, undisciplined outpourings were forced from my immaturity by the urgent need of self-expression. I have decided to publish them now because I have come to believe that our need of understanding, one of another, is at least equally urgent" (Brittain 13). Brittain's continual struggle to see her diary in print, and thus, to share her firsthand and largely unedited observations, has its counterpart in a scholarly battle to bring critical attention to women's war narratives and grant them their rightful place in the larger canon of war writing. Beginning with the New Year celebration in 1913, *Chronicle of Youth (1981)*, shows the slow creeping of the war into every aspect of her life. Brittain's diary breaks off when she arrives a foreign hospital in 1917, but her commentary on the prior four years provide another view of the transformation of the young, educated women in England from the lasting effects of the Great War.

Prior to England's official declaration of war, Brittain expresses concern that "the great fear now is that our bungling Government will declare England's neutrality" (Brittain 84). While Lesley Smith is initially annoyed by the war for ruining her summer plans, Brittain finds the thought of war exciting, a chance to serve her nation. Historian Angela Smith argues in her article "Beacons of Britishness: British Nurses and Female Doctors as Prisoners of War" that "an innate sense of patriotism, a commitment to what they understood as their Britishness ...[and] the culture of imperialism in which these women had been raised that stimulated this patriotism, [gave] them a sense of duty that was deeply embedded in their sense of personal identity" (Smith 84). This fervent patriotism fueled the desire to enter the war and serve the men sacrificing themselves on the front lines. The young generation of England felt impelled by a strong sense of loyalty to their country and a desire to enter into a war dedicated to British ideology and belief in national superiority. While the war remained a government affair, Brittain remained excited by the idea of it.

Believing that the war would be short and righteous, young men in England, volunteered in droves. The nation then turned to the women for support, as Brittain observes: "[J]ust lately there has been an appeal in the papers to women who are willing to work – clerical, armament or agricultural & thus can set a man free to fight" (Brittain 171). Before registering as a Voluntary Aid Detachment (V.A.D.) nurse the affluent socialite Brittain began serving anyway she could: "Today I started the only work it seems possible as yet for women to do – the making of garments of the soldiers" (Brittain 89). Much like Lesley Smith, or "Kay," Brittain's elected to volunteer as a V.A.D. nurse out of her love for her brother and her fiancé, Roland, who served in the trenches. British women found themselves in new positions attempting to support the national war effort by working jobs previously only open to men, but also signed up to serve as

nurses in foreign lands. Recalling the pioneering scholarship of Sandra Gilbert, Hutchison describes the cultural atmosphere of the First World War as “‘a festival of female misrule’ that prompted the ‘collapse of a traditional social structure’ by providing women with social and sexual liberation through their newfound national usefulness and their access to well-paid employment” (Hutchison 309). The major contribution of women for the war effort helped fuel the women’s suffrage movement, since women had proven themselves invaluable to the profession.

In September 1915, Brittain reflects that the “wild excitement & impatience for news of the early part of the War” transformed into a world of suffering “as no civilian population in the world’s history has ever suffered before” (Brittain 281). Amidst extensive suffering, however, Brittain finds that the human spirit prevailed. Many young affluent women volunteered to serve their male peers fighting to uphold their way of life: “If our soldiers on battlefields abroad were fighting the enemy for the sake of ideals of honour & justice & freedom, it was our duty to see that at home we did not allow those ideals to slip” (Brittain 128). Ideals such as patriotism for the British way of life overshadowed other ideologies. Brittain’s pacifist friend Thurlow, “put aside his personal objections to War for Patriotism’s sake” (Brittain 318). After months of devastation and death, of bombing on civilian cities, and of gas attacks in the trenches, the Great War evolved into a long violent affair.

Women and men working to maintain the home front and support the war effort also experienced bombings on their homes, all while dealing “with the slow torture of fear and suspense” (Gieger 5). Balancing new roles in society, both preserving the home and missing loved ones, civilians found themselves buckling under the pressures of war. Established patterns of daily living continue even under dramatically altered circumstances. Britain eventually meets

Roland's family, but she cannot fully appreciate the beauty of their beach house since "the house was darkened owing to the prevalence of Zeppelin raids. All Lowestoft suffered in the same way, but they especially because the house had so many windows" (Brittain 243). The house required darkened windows and curfew. While the family maintained their way of life as best as they could, Brittain notes the many physical and emotional disruptions they endure. Following Roland's death, Brittain finds that the violence of the war continues unabated; on January 31, 1916 she writes, "There was very much of a Zeppelin scare to-night" (Brittain 313). Nothing, not even world-shattering grief stops the war.

Far from Wilfred Sassoon's castigation of women for their complicity with the war effort in "Glory of Women," Brittain maintains, "I did not wish him [Roland] glory or honor or triumph; in comparison with seeing him again I cared about none of those things" (Brittain 161). Brittain realizes she prefers Roland whole and safe to any medals or stories of heroism. However, the women Sassoon describes in "Glory of Women," are those women overcome by patriotic pressure to send their loved ones to the front lines. Brittain finds such behavior in her female peers inexplicable: "the ladies seemed to try & outdo each other in telling stories of war – horrors. I don't think they could have known or loved anyone in the trenches" (Brittain 182). Brittain cannot fathom the notion of enchanting and idealizing a war that causes so much wanton death and destruction. Nevertheless, Brittain finds that the social pressure to support the war is intoxicating. Prior to her brother Edward's deployment to the trenches, she too had idealized the war effort. The increasing personalization of the war, however, as it came to affect the people she loved most, lead to Brittain to declare, "Victory or defeat – and neither worthy to be weighed in the balance with the one human life besides which the fate of the whole British Army appears insignificant" (Brittain 279-280). Her own zeal for war and honor never overshadow the price she

knows that she may, and eventually does, pay for the war effort. After Roland's death, Brittain begins to transform him into her "tutelary deity" (Brittain 321) praying directly to him: "I knelt before the window in my ward & prayed, not to God but to Him. For if the Dead are their own subconscious selves they can surely hear us and know that we are thinking of them even though we cannot know that they know or are thinking of us" (Brittain 308). In the remaining entries of her diary, Brittain capitalizes all pronouns that reference Roland, a man she now holds as a celestial being. All the patients who come under Brittain's care become surrogates for Roland, that godlike figure she nurses by proxy in tending to his living comrades.

The unique perspective on the war afforded by loving someone in direct danger registers in Brittain's perception of the *enemy* as a fellow humans being rather merely another beast to be conquered. After the loss of one of his fellow officers, Roland expresses enrage and the wish that he had "shot him [the sniper] on the spot;" yet Brittain reflects that even though this sniper was "trying to destroy not only his body [Roland's] but the happiness of at least two people in the world – his mother's & mine," he perhaps "too had a mother at home who was hiding an aching heart beneath a brave face, or some girl who loved him & shuddered & felt chilled whenever a particularly loud ring came at the door-bell" (Brittain 206). Brittain's poem "The Only Son," which I will discuss in the next section, reflects this understanding. Soldiers in the trenches did not have the luxury to think of the people affected by the enemy lives they took; instead they had to focus upon the moment, in which killing an enemy soldier meant saving a friendly life. But the V.A.D. nurse, seeing the mangled flesh and injuries that result, begins to understand the humanity on both sides of the war.

While Brittan focuses on Roland's new role after death, as a kind of personal deity, she also begins to find deeper meaning to his violent death, enchanting it and giving it special

significance as a means of coping with losing him: “He would never allow anyone, especially an inferior, to take a risk he would not take Himself” (Brittain 212). She muses, “Nothing can console one for the waste of Roland’s future, but Victor has at least convinced me that his life was not needlessly & recklessly thrown away,” (Brittain 311). She thus begins to understand that Roland’s death ultimately saves the life of someone else’s loved one; another soldier can return home because Roland sacrificed himself and ensured the safety of the other men. As Brittain observes, “I had another letter to-night from Roland’s servant, giving a few more illuminating details of His death. It proves Him conclusively not to have thrown His life away recklessly or needlessly. He was hit because he was the *last man* to leave the dangerous area for the comparative safety of the trench” (Brittain 315). She cannot see the value of sacrificing his life for an abstract cause like national security or the glory of the empire, virtues she once espoused, but she can understand, instead, that Roland’s sacrifice for his men and their loved ones is meritorious. In Brittain’s struggle to cope with Roland’s death, she proves unable to provide an enchanted view of his death in the course of such unprecedented violence. Grandeur and medals commemorating honorable actions provide weak substitutes for loved ones, but, like Brittain, many families took comfort in knowing their loved ones died in order to spare other families from receiving the same world-shattering news.

On May 16, 1915, Brittain reflects on the potential of peace. After experiencing firsthand the destruction of the Great War, she realizes that peace will not erase the horrors she endured over years at war. Three years before actual peace would come, Brittain anticipates with rancor the celebrations that will follow the war’s end: “what a mockery & irony the jubilant celebrations which will hail the coming of peace will fall upon the ears of those to whom their best will never return, upon whose sorrow victory is built, who have paid with their mourning for the others’

joy” (Brittain 198). The bonds among families of the lost soldiers shatters an imperial and patriotic version of the war, as if the survivors would ask what benefit is gained by paying such a high price: “This war takes them all, ‘the eloquent, the young, the beautiful & brave’, & I don’t feel as if there can be *any* justification for that” (Brittain 150). Families find the only justification and meaning in the deaths through the lives of the men that return home to their own loved ones.

Although Brittain found enchanting language to cope with the death of Roland, she could not manage to enchant all of the violence she witnessed while working in Devonshire Hospital in London. The violence both in the trenches, as shared by letters from Roland, and the devastation in the hospital became a daily reality. Brittain and Roland begin to worry about their seemingly diminishing compassion:

“He said one began to take horrors as a matter of course so soon, & I said one found that even in a hospital, where the tending of suffering soon became a mere matter of business, & the sight of pain just an element in the day’s work. Why, even the gentle soothing touch with which one learns to raise a head or smooth a pillow or bandage a limb is only something acquired by practice and only in very rare cases inspired by pity...I asked him if he thought this callousness was a permanent thing & meant a loss of sensitiveness ever after. He said he did not think so; it was an acquired necessity of war” (Brittain 252).

In her published memoir adapted from *Chronicle of Youth*, Brittain names this sensibility a self-protective callousness, which we can find in many women’s war narratives (qtd. in Das 175).

Both in the trenches and the hospitals of the Great War, humans find that such callousness proves best way of coping with a daily barrage of mutilated human bodies. After years of building this self-protective callous wall, Brittain worries that the sentimental and idealistic young woman that joined the V.A.D. force is lost forever, just as Kay can never fully return to

the carefree socialite she was before the war's outbreak. Brittain and Smith both demonstrate through their narratives the lasting impact of exposure to mutilated bodies and wanton death on the human spirit.

### **Women's World War I Poetry: Voices from the Home Front**

Women's Great War poetry has only recently received scholarly attention, having previously occupied a secondary place to the poetry produced by male soldiers in direct combat of the trenches at the front. Women like Vera Brittain used poetry to express emotions they could not convey in diary entries or prose. Other women wrote of their experiences on the home front. During the First World War in Europe, women broke traditional gender roles, as they assumed the occupations left vacant by men serving at the front, all while experiencing bombings on their cities. As women began working outside of the home to fill the gaps left by men fighting in the trenches, they entered into a masculine professional space that introduced conflicts of its own. The emotional battles that these women fought daily presented its own complexity that merits critical consideration: "In wartime, women too, go to battle, they battle with the slow torture of fear and suspense; the long agonies of anticipation; the sleepless nights and fevered imagination; the pitiless hours usurped by visions of battered bleeding bodies" (Khan 138). Even women who did not serve near the actual battlefield faced trauma caused by the war and used poetry as a means to express their experiences.

The English pacifist, Margaret Sackville published her anti-war poetry during the war. Both Siegfried Sassoon and Wilfred Owen (two of the most well-known Great War poets) owned copies of her book *Pageant of War* indicating the power of her ideas (Gieger 8). Unfortunately, as a woman, Sackville is more famous for her secret love affair with the British Prime Minister, Ramsay MacDonald, than for her powerful poetry. This is just one example of society's attempt

to discredit women's war narratives (Gieger 7). Her poems "Reconciliation" and "Nostra Culpa" question the imperialistic patriotism that inspired many young British men and women to join a war effort that cost so many lives while also holding onto the humanity of both sides of the war, remembering lives lost for all nations involved. These incredibly powerful poems broke tradition, yet in their raw honesty resonated with her readers.

Margaret Sackville opens her poem "Nostra Culpa," with a condemnation of the imperialistic patriotism complicit with the logic of war. Not only do women tacitly allow their sons and lovers to go off to war, but the gender protocols of the time compel women to "smile" upon such militarism lest they lose societal currency themselves: "We spoke not, so men died. / Upon a world down-trampled, blood defiled/ Fearing that men should praise us less, we smiled" (lines 4-6). Sackville was not the only one to indict men in positions of power and patriarchy. David Mitchell, author of *Women on the Warpath: The Story of the Women of the First World War*, highlights the men at fault, calling the war "the product of the blundering of male politicians, of male thinking" (qtd. in Khan 84). While Sassoon condemns women for their complicity in the war in "Glory of Women," Sackville "brings both women *and* men under scrutiny" (Gieger 9). She acknowledges that while women may have condoned the war through their silence, they had few other options. To refuse their son or husband the chance to serve the war effort was to suffer the accusation of being unpatriotic and to therefore suffer social rejection. Yet the ending line: "We mothers and we murderers of mankind" (line 30) condemns the women that persuaded their sons to join the violent war. The Great War created an impossible situation for women. As Sackville observes "We betrayed / our sons; because men laughed we were afraid" (lines 13-14). The laughing men to whom she refers to are the men who perpetuate imperial propaganda, the "sanitized images of recruiting posters and... by patriotic

romantic novels” (Hutchison 290) that also inspired women to play their part in the war machine. These are the men sitting safely behind their political power and sending other men to their deaths in the trenches. The unprecedented carnage of the First World War inevitably resulted in a desire to deflect and redirect blame. Sackville’s poem, however, resists the popular misogynistic narrative that places blame on women for sending their loved ones off to a war in which they themselves could not fight.

Not only does “Nostra Culpa” question the blind patriotism but it also disenchant representations of violence in war: “That silent wisdom which was ours we kept/ Deep-buried; thousands perished; still we slept. /Children were slaughtered, women raped, the weak/ Down-trodden. Very quiet was our sleep” (lines 15-18). Sackville showcases the violence endured by soldiers and civilians alike during the war without trying to supply a higher purpose for such wanton death. “The language that Sackville uses in these lines is quite graphic, and most unusual for a woman in the time” (Gieger 11). The children slaughtered are both the young men sent off to the trenches and the children who face daily bombings of their homes and starvation due to limited resources. Children ought to feel safe in their homes. The violence of war not only physically slaughters the children but destroys their very sense of security and childhood innocence. As we saw, a ten-year old boy in Ellen La Motte’s story is one such example. Like the children of Sackville’s poem, the “women raped” also faced the violence in places of apparent safety. Left without the protection of their loved males (fathers and sons), women during the war work to maintain the home front and yet face the devastation of rape at the hands of enemy soldiers or of traumatized soldiers returning home. Sackville again shows how women and children are the mercy of a government more focused on fueling the war effort than protecting its citizens.

In her poem “Reconciliation,” Sackville identifies the feelings of fear and grief on both sides of the war. Addressing another woman, this time an *enemy*, Sackville’s narrator opens the poem: “When all the stress and all the toil is over/ And my lover lies sleeping by your lover/ with alien earth on hands and brows and feet/ Then we may meet” (lines 1-4). The nationality of this other woman, whose lover sleeps next to the narrator’s lover, remains a mystery. As a woman, Sackville regularly “had a broad view of humanity...and her passions were ‘the commonality in suffering of supposedly enemy peoples and the prevention of war’” (Gieger 7). She empathetically understands that the women (lovers and mothers) on both sides of the war stand to lose their loved ones. The tragedies underlying her wartime poetry speaks not only to British soldiers and families, but also to all families impacted across the world by the devastation of the First World War. The imagined meeting between two women both suffering the loss of their lovers, creates an opportunity of reconciliation and healing as their shared devastation helps bridge the differences caused by years of violence. Her language, honest and raw, “moving sorrowfully with uneven paces, / The bright sun on our ravaged faces” (lines 5-6) and “With such low, tender words the heart may fashion, / Broken and few of kindness and compassion” (lines 11-12) creates the possibility of hope for future generations, “bound by the same grief forever” (line 9).

Vera Brittan also published an early volume of poetry entitled *Verses of a V.A.D* (1918). Three of her poems – “The Only Son,” “Sisters burned at Lemnos,” and “The German Ward” – are powerful representations of her experience working in hospitals. She focuses upon the feminine experience of war in order to complicate conventional perceptions of its traumatic impact as exclusively masculine. The narrator of the poem “The Only Son” thinks of her future, her child, far away on a stormy night, addressing “My little child?” (line 4). Brittan’s

interrogative punctuation suggests the mother's surprise at finding the man at war in the place of her little son. She does not recognize the man who left home: "You seized the sword and in the path of Life / You sought your prize" (lines 11-12). The man at war, facing extreme violence and death cannot be the same man that was once her "little child." Military historian, Trevor Wilson in his study of the First World War, *The Myriad Faces of War* condemns the women who send their men off to war, much like Sassoon in "The Glory of Women," arguing "It is difficult to respect the conduct of women who, themselves almost free from physical danger, were eager to exhort and even intimidate men into hazarding their lives and limbs" (qtd. in Khan 83). Yet the mother of Brittain's poem, shows that while her "lives and limbs" may be safe from harm, as Wilson and Sassoon condemn her for, her heart is a casualty. She feels confusion at her son's decision to go to war and her discomfort that she can no longer soothe his "baby fears" (line 7). By continually employing language that recalls the younger days of her child, days when she could comfort all his pains, Brittain highlights the everlasting love mothers feel for the men at the front and the daily and all-consuming worry they feel for their sons. Like Sackville, Brittain understands these emotions are not unique to Allied families.

In her poem "The German Ward," Brittain recalls caring for Prisoners of War (POWs) in an English military hospital. Brittain represents the experience of war through multiple senses: the sounds, the sights, and the smells: "And recall the loud complaining and the weary tedious cries; / And sights and smells of blood and wounds and death" (lines 7-8). All of her senses are heightened in the operating room. Breaking traditional wartime views, Brittain describes how she gave her all in treating the wounded. The cries ring in her ears and the smell and sight of blood is still fresh on her mind as she recalls caring for alleged enemy fighting against her own countrymen: "the dying enemy her tenderness would find" (line 19). Despite knowing their loved

ones faced these men in the trenches, the female nurses did not cease to care for them, but nurtured “friend” and “foe” alike:

“And I leant that human mercy turns alike to friend or foe  
 When the darkest hour of all is creeping nigh,  
 And those who slew our dearest, when their lamps were burning low,  
 Found help and pity ere they came to die.” (lines 18-19).

While they may not be able to save these men, the nurses know they can at least provide comfort in their last days. Brittain’s poem is another example of the ability of women in war to see the humanity in everyone involved. These men fight to protect their country, just as Britain’s countrymen do, and thus deserve humane treatment for their sacrifice.

Women during the Great War sacrificed more than their loved ones, some scarified their bodies and virtue. A new group of women was borne out of the relationships forged by the Great War, a “new breed of unmarried mothers, the so-called ‘war mothers’ (Khan 75). These women grapple with the fact that during the war their *sins* were overlooked just as the men’s action of “killing one’s fellow men” was condoned by the Christian church (Khan 75). After the war, the men continued to receive forgiveness for their wartime sins while the women now faced discrimination and social ostracization. A poem by the popular American poet, Ella Wheeler Wilcox, aptly named “War Mothers,” brings this inequality into sharp focus. Wilcox opens her poem, “There is something in the sound of drum and fife / That stirs all the savage instincts into life” (lines 1-2). Throughout the poem she highlights the primal instincts spurred by this war five different times; the women in the poem listen as “the wild cave-woman spoke” (line 28). The war destroyed many social relationships, especially those that brought safety and comfort, such as fathers and husbands protecting the family. Primal survival instincts were the only things left

to sustain the women, sex being one of the most obvious for women to offer in exchange for protection and comfort. The high death rate created feelings of immediate action: “We were females meant to bring their sons to birth. / And we could not wait for any formal right” (lines 46-47). Both men and women feel impending doom and desire human touch. However, after the war, the *sins* of these women created lasting repercussions as society shunned them. Yet “we took no man’s life but gave our chastity / And sinned the ancient sin” (lines 63-4). Unwed mothers, who gave what they could for the men at war, were left to deal with the consequences: “And we were only women, forced by war / To sacrifice the things worth living for” (lines 24-25). Women gave up their loved ones for the war effort and later gave their chastity to comfort both the dying men and their own fears and loneliness. Even women who decided to terminate unwanted pregnancies, in order to avoid life as a lonely war mother, felt the sting of society’s scorn: “Phantoms of infants murdered in the womb, / Who never knew a cradle or a tomb” (lines 72-3). These unborn children are more victims of a deadly war fueled by violence and moral inequalities.

While many men died on the front lines, women also perished during the war effort. Medals and accolades may not replace the lives of the men lost, but the women were often forgotten by history. Brittain attempts to honor some female nurses that perished in her poem “The Sisters Buried at Lemnos”, since, as she observes “Seldom they enter into song or story” (line 5). These women fought a different war on a different front, Borden’s “second battlefield.” On this front “No armies threatened in that lonely station, / They fought not fire or steel or ruthless foe” (lines 9-10). Death was the enemy these women fought and to whom they often lost to, and in this instance, they paid with their own lives. The care the nurses provided for the soldier-patients must serve as their reward, which many found worthy:

“No blazing tribute through the wide world flying,  
 No rich reward of sacrifice they craved,  
 The only need of their victorious dying  
 Lives in the hearts of humble men they saved” (lines 16-19).

While Brittain agrees medals can never replace a loved one, she nevertheless recognizes that without the government’s acknowledgement of the sacrifice of women during the war, saving lives of active soldiers is the only satisfaction the nurses received.

The endless work and dedication of the Great War nurses merit recognition, even though society does not place the same value on the lives of the men and the women sacrificed at war. Thankfully women, like Brittain, Wilcox, and Sackville used their literary talents to honor and remember the women around them. With these poems, modern generations can continue to honor the women that made so many sacrifices for a war effort that ultimately forgot them.

### **Mary Jennings (MJ) Hegar: A Contemporary Woman at War**

From a young age, Mary Jennings (MJ) Hegar wanted to serve her country as a pilot: “it’s as close to being ‘in the shit’ as you can get” (Hegar 85). In the 1990’s, when Hegar grew up, helicopter piloting provided women with one of the closest opportunities to combat, at least officially. The Direct Ground Combat Definition and Assignment Rule, published in 1994, explicitly barred women from direct ground combat: “Service members are eligible to be assigned to all positions of which they are qualified, except that women shall be excluded from assignment to units below the brigade level whose primary mission is to engage in direct combat on the ground” (qtd. in Staats 141-2). Instead, assault helicopter pilots provide cover fire for troops on the ground while Medical Evacuation (MEDEVAC) pilots transport injured soldiers and civilian patients from points of injury to hospital sites for care; thus both positions operate in

very dangerous situations close to ground combat operations. Since aviators typically operate above the ground forces, aviation remained open to female service members.

Inspired by the mentorship of one of her high school teachers, Mr. Dewey, MJ originally sought a career in the Navy. She believed her mentor, a veteran himself, would be proud of her desire for a ROTC (Reserve Officer Training Corps) college scholarship, which provides a contract with the Navy after completing four years of college. Unfortunately, instead of support, MJ experienced the sexism that still exists in the military ranks today. The glowing letter of recommendation she anticipated actually read as “a scathing description of my lack of leadership ability, discipline, and drive – the exact opposite of what he had told me time and again over the past few years” (Hegar 20). When she confronted him, Mr. Dewey simply replied: “The Navy is no place for you, Mary. What are you trying to prove? This isn’t a game. Defending our nation should be left to the strong, and it’s no place for a woman” (Hegar 21). Jaded by this experience, MJ decided to join the Air Force, hoping a different service would accept her more enthusiastically. The words of her former mentor remained with her as she forged ahead in the battle to prove herself within the military ranks. Her memoir, *Shoot Like A Girl: One Woman’s Dramatic Fight in Afghanistan and on the Home Front (2017)*, depicts her struggle to earn her wings and thus become a pilot serve three tours in Afghanistan, save countless lives as a MEDEVAC pilot, and her continual fight to prove her own place as a warrior and thereby help woman earn acceptance as warriors in support of combat operations.

At her first duty station, in April 2000, MJ’s Group Commander, an Air Force Colonel, refused to recommend her for pilot training because her husband also was attempting to become an Air Force pilot: “If he’s going to be successful in the Air Force, he’ll need a strong support system at home. Don’t you want to be a *good wife* to him?” (Hegar 69, italics added for

emphasis). Undaunted, MJ decided to “keep my head up, toughen up, and learn to get along with someone who clearly disrespected everything I was trying to accomplish” (Hegar 51). As a lieutenant, at the bottom of the officer ranks, MJ felt blocked by various forms of institutional sexism, but she lacked the social capital to upset such a system. For several years, MJ experienced systematic sexism while she remained intent upon proving herself professionally competent and capable in order to break the chains through gendered barriers. Her memoir documents her efforts to work towards equality for service members. Hegar’s Group Commander maintained that the best support she could provide for the military was to be a *good wife* and support her husband’s career. Mary Borden, the only other married woman whose memoir I have discussed, proved her support for her spouse by volunteering for the war effort. Other women during the Great War supported their husbands through volunteering as a V.A.D. nurses or ambulance drivers, others did so by maintaining the home front and pursuing jobs outside of the house. Hegar’s Group Commander, however, asserted that the military did not need female soldiers as much as husbands needed support from their wives

The title *Shoot Like a Girl*, derives from Hegar’s experience in Japan, but this time a positive event. MJ routinely qualified as an expert on her weapons systems, the highest score it is possible to attain. After qualifying expert again on a particular qualification range, one of the instructors gave her a high-five and exclaimed, “Outstanding Jennings. You shoot like a girl!” (Hegar 52). When she was ready to argue with him over what she thought was an insult, the instructor quickly explained, “Women are physiologically predisposed to being excellent marksmen. It’s about their muscle tone, center of gravity, heart rate, respiration, and, in my opinion, psychology [not allowing one’s ego to get in one’s way]” (Hegar 52-53). Just as the women volunteering for service in the Great War hospitals learned that their compassion could

be beneficial to the injured soldiers under their care, MJ learned that some of her traditionally feminine aptitudes could prove advantageous in combat, nor was she the first woman to recognize this. Women's Great War narratives and MJ's personal memoir demonstrate the substantial contributions woman can make to the war effort, whether as nurses behind the lines or as warriors in combat situations. The skills brought to the battlefield are not necessarily exclusive to a particular gender.

MJ finally got her chance to prove herself in battle when she deployed to Afghanistan in 2007 flying the HH-60G Pave Hawk in MEDEVAC missions. MEDEVAC missions are fast paced, dangerous, and potentially fatal, all things MJ desired in her service: "These guys [casualties] were the mission, the reason I came to this godforsaken country – they bravely fought the enemy, always with the knowledge that medevac birds [helicopters] like ours were ready to scramble and get them lifesaving care in an instant" (Hegar 148). It is notable that in this early stage of her career of flying in combat operations, MJ envisions the patients as an extension of the larger mission of proving her place in the military, not as individuals. MJ recalls during her first mission, however, that one of her medics who works on patients while she flies them from point of injury to a hospital, Thor anticipates death: "This guy's Code Blue" (Hegar 149). MJ flies as quickly as possible, through dangerous terrain while Thor administers medical aid to sustain the man until arrival at the hospital. She explains that, unfortunately, though, "my first patient was my first casualty. He left a tar of blood and dust an inch deep on the Pave Hawk floor" (Hegar 150). The loss hit MJ hard. While the soldier's special forces team finds a deeper meaning behind his sacrifice, MJ wonders whether she will be able to endure the job and understands that "somewhere in the US, an eight-year-old girl had just lost her twenty-eight-year-old hero of a father. Her life would never be the same, and she didn't even know it yet...I

would never wish for a mission again” (Hegar 151-2). When she reflects on the situation, the cost of proving herself as battleworthy is an eight-year-old girl’s father; what she initially regarded in abstract terms as a mission ultimately places someone’s loved one in a life-threatening situation. MJ thereby humanizes the patient and connects on a personal level not only with him but also with his surviving family members, whom she never met.

This very pattern surfaces elsewhere in my personal conversations with a male Army MEDEVAC pilot about his deployment in 2016. The pilot recalls, that when flying wounded allied forces, he tended to regard his patients as “sacks of meat” in an effort to emotionally distance himself from his ostensible *cargo*. MEDEVAC pilots work within what they call, the golden hour; if they are able to get patients to a hospital within an hour of injury, the chance of survival is nearly ninety percent. Working within this golden hour, pilots and medical staff do not have the luxury of connecting with patients, since their principle focus must be on transporting them to a hospital where they can receive a higher level of care. However, when flight teams transport deceased patients back to their homes for burial, they operate at a slower pace and sense the humanity of the bodies they carry. These longer and slower paced flights allow time for reflection and thus for feeling, transforming what the pilots once perceived as mere “sacks of meat” into human beings.

As a MEDEVAC pilot, MJ interacted with wounded service members and civilians in a very different capacity than her peers in the Great War, but in both wars these women focused the on bloody and broken bodies. MJ often describes the cases that continue to haunt her in much the same manner as the V.A.D.s record their Great War narratives. After her missions to deliver the injured personnel to the medical staff are complete, MJ pursues lasting relationships with many of the patients by seeking them out and following their progress. On one such mission to

“pick up a wounded three-year-old out of an unfriendly village,” MJ notices that her medic, Thor, “carried a Beanie Baby-sized teddy bear on his vest” which he gives to the little boy as comfort during the flight (Hegar 153). Thor’s connection with the young boy, even as the father refuses to acknowledge the medical staff, displays Thor’s empathy and ability to see the young boy as human. In the all-volunteer military of today, Thor shares the compassion shown by so many women volunteers in the Great War, who expressed a desire to safeguard lives on both sides of the conflict. Such compassion, then, is not exclusively feminine or gendered, but rather emerges as a product of direct interaction with the suffering and the opportunity to console the human spirit. For three days, MJ checks on the boy’s progress, as she notes she “often did my other patients,” until the boy sadly passes away from pneumonia. To this day, MJ admits, “I cry for that sweet casualty of this terrible war” (Hegar 153-4).

Even while she was deployed and serving as a part of such an elite team, MJ faced sexism from many fellow soldiers, including a crew member who maintained that “women can’t hold their own in an evasion scenario [i.e. to avoid enemy capture]” (Hegar 145). After remaining silent in earlier such episodes, MJ asserts herself in this situation, challenging her bully to a physical test she is confident she can win. His refusal to participate fuels MJ’s belief that bullies “were so insecure that they had to seek out someone they thought was weaker than they were” (Hegar 146). Hegar explains that typically male members of the elite military teams accept women among their ranks, especially those who prove their worth to the mission. In this instance, however, MJ expresses her double mortification of experiencing the pilot’s overt sexism and of observing that no one else on her team is willing to defend her place within their ranks, a sign of “everyone’s tacit acceptance of” of women’s dismissal from combat (Hegar 147). By remaining silent and allowing the sexism to go unchallenged, her fellow crew members

condone such discriminatory behavior. Where in the moment MJ felt like a lone individual working to defend her place in the military and to condemn sexism – one voice drowned out by the silence of condonement – her published memoir effectively amplifies the voice of resistance.

In one of the climaxes of the memoir in which MJ suffers injuries herself, she has occasion to turn the language of what Vera Brittain calls “self-protective callousness” upon herself. In 2009, MJ deployed again to Afghanistan. During a seemingly routine MEDVAC in Afghanistan, MJ’s helicopter sustains heavy enemy fire which injures her:

“Shrapnel peppered my right forearms and right thigh. The arm wound was superficial. I couldn’t see the leg wound, but the spreading bloodstain was worrying – first it was the size of a grapefruit, and then it grew larger and larger until it was the size of a basketball... I’d never been shot before, but I’d flown so many wounded troops that I could tell a serious wound from a paper cut. No reason to call off the mission... I had lost enough soldiers to this war already, and I knew that if we lost them [the patients they had retrieved on the mission] I would never forgive myself for heading back to KAF [their base]” (Hegar 220-221).

Years after sustaining these wounds, Hegar recalls her injuries with a detached indifference. For MJ, facing her own mortality through her injuries is, as Borden would say, “one of the things it did not do to think about” (Borden 94). Acknowledging her injuries without the language of detachment would be synonymous to admitting her precarious place between life and death. After crashlanding and continuing to take heavy fire, one of the crew’s patients adamantly requests a “fucking gun” to help fight back and keep the whole team safe. The female patient on board, young and clearly in shock, “shivering, despite the overwhelming Afghan summer heat,” cannot bring herself to also engage in this battle. One of MJ’s crew named TJ, “rolled his eyes”

and stated, “Man, that’s why they shouldn’t let women on those convoys” while he engages in a significant firefight around their crashed helicopter that MJ lands successfully without sustaining any more injury to herself or the other patients. She tells him of her amazement of his quick dismissal of woman in combat: “Covered in my own blood and soaked with jet fuel, I started him down hard for a tick, but he didn’t catch on. ‘Are you fucking kidding me?’ TJ looked bewildered for a second, then it clicked ‘Oh, not you MJ! You kick ass’” (Hegar 231). Even after everything they went through together, one of her closest teammates perceives Hegar as an exception to a generally held prejudice against women, whom he suggests are not equal to their male counterparts.

MJ Hegar continues to advocate for gender equality within the military and to achieve for women recognition of contributions they have made in service to their countries. While women serving as V.A.D.s during the First World War could not imagine serving as MEDEVAC pilots, traveling into dangerous points of injury to bring patients to hospitals, the positions available for modern women in combat is based upon the foundation of their hard work and dedication. Even though MJ interacts with patients in a different capacity than her V.A.D. predecessors, her compassionate nature and dedication to the men and women under her care remain a constant virtue of volunteers in military service.

### **Conclusion**

In addition to the narratives listed in this project, many memoirs from women in combat are entering the mainstream availability and providing different perspectives on war and human nature. Of note is Charity Adams Earley’s memoir: *One Woman’s Army: A Black Officer Remembers the WAC. (1989)* Daughter of a minister, Major Adams commissioned as the first female black officer in the Women’s Auxiliary Corps (WAC) during the Second World War. As

the commanding officer of the 6888th Battalion, Major Earley cleared up the two-year backlog of mail for soldiers on the front line (Staats 81). She recalls balancing institutional racism with army policy but mostly men struggling taking orders from a woman: “We did encounter lots of racial prejudice, but not from those assigned to work with us; their problem was having to train women” (Earley 32). She also skillfully never mentions names of people she has negative interactions with but freely shares the names of men and women she respects. Earley’s memoir provides another unique perspective on the persevering spirit of women in combat.

In *We Band of Angels: The Untold Story of the American Women Trapped on Bataan* (1999), Elizabeth M. Norman compiles letters, diary entries, and personal interviews with some of the female nurses serving in Bataan including the capture by the Japanese and serving three years as Prisoners of War (POWs). The last surviving Angel of Bataan, Milly Dalton Manning, said of sacrifices of the women she served with: “We spent our lives helping people, and we did it with honor and love and never looked back” (Norman 272). The story of these women provides a deeper look into the compassion of medical professionals during the war, these women treated their own soldiers in addition to other men in the POW camps. Norman also uncovers the need of these nurses to feel physical connection to humanity after being exposed to daily mutilation and death: “Sometimes a nurse and her boyfriend of the evening would melt into a dance under the disapproving eyes of the garrison adjutant. The eyes of the onlookers would grow soft and thoughtful, while other couples would steal away into the perilous night, to lie on the harsh dry grass that was softened by the dew’ (Norman 103). These nurses, doctors, and soldiers sought physical comfort to feel whole while surrounded by death and disembodiment.

In her memoir, *Home Before Morning: The Story of an Army Nurse in Vietnam* (1983), Lynda Van Devanter (Van) attempts to come to terms with her year long experience in Vietnam.

One of the most powerful chapters from the memoir “New Blood,” depicts her first few months in Vietnam. In another war providing medical staff a constant barrage of mutilated bodies and death, they attempt to maintain their humanity through the comforting arms of each other: “I’ve had my fill of this war, Van. I need someone to hold me. It’s the only thing that makes any sense” (Van Devanter 105). Van’s lover, Carl Adams also finds his self-protective wall of callousness growing stronger over his year deployed: “Sometimes it’s easier, if you tell yourself they’re not people you’re working on, but merely bodies. We’re not in a hospital, Van. This is a factory” (Van Devanter 97). Decades after the Great War, Van Devanter employs some of the same coping mechanism and disenchanting language as the V.A.D.s in order to cope with new weapons employed to destroy human bodies and spirits.

In addition to her memoir, Lynda Van Devanter and another female Vietnam veteran, Joan A. Furey compiled a book of poetry: *Visions of War, Dreams of Peace: Writings of Women in the Vietnam War* (1991). In their preface they admit “For centuries women have gone to war. Frequently they have disguised themselves as men, often not had their true identities known. If thought of at all, they were usually thought of as saints or as sinners. And, almost always, they have been dismissed as unimportant after the war is over” (Van Devanter and Furey xxi). Van Devanter works tirelessly to help share the stories of the women warriors to help them heal their emotional wounds.

The stories of these women provide a deep understanding of the human spirit during times of great distress and treat to humanity. The women brave enough to share their experiences during the Great War helped paved the way for modern women on the battlefield. The disenchanting language in the women’s Great War narratives forces readers to face the

devastation caused by war and the great humanity required from the medical staff rebuilding broken bodies and spirits. These stories cannot go unnoticed, the demand to be heard.

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