Interview of retired U.S. Army Captain Cecelia G. Mehlick
on her service in the Army Nurse Corps during and after WWII

Cecelia G. Mehlick: My experience as a nurse in the Army Nurse Corps during World War Two, by Cecelia G. Mehlick, Captain, Army Nurse Corps retired.

Early in the year of 1944, during World War Two, there was an urgent appeal for registered nurses and the Red Cross organization was given the responsibility by the U.S. government to recruit them. This was no small task, since the nurses recruited had to be replaced. So an appeal was made to the inactive married nurses to respond to this emergency. This was accomplished and in April 1944, I and three other St. John's Hospital graduates (Helen [Birnbaum 00:45], Ida [Gephardt 00:47], and Irene [Dopper 00:47], all from Springfield, Illinois, Sangamon County) were inducted into the Army Nurse Corps in a ceremony in front of the county courthouse with Mayor Kapp, representatives from the Red Cross, Salvation Army, and others, present along with family, relatives, and friends. After several speeches, picture taking, farewells, and tears the group departed for the railroad station heading for Camp McCoy in Sparta, Wisconsin.

We went through a rigid training, learning our right foot from the left, lectures on military rules and regulations, saluting, and etc. And then were given duty assignments at their hospital. Getting fitted for a Class A uniform and the required clothing issue was an experience with a procession of tailors cutting and fitting. On the scheduled date, after falls, bruises, sprains, and blisters we emerged as well-groomed, sharp military officers awaiting further orders.

My next assignment was to Mayo General Hospital in Galesburg, Illinois. Here we were asked to volunteer for a short anesthesia course for six months. There was a critical shortage of nurse anesthetists. I signed up for the course, working under direction and guidance of anesthesiologists. Many casualties were brought here, along with the German war prisoners who were camped there. We had a very busy surgical schedule every day.

After more than a year there, I received orders for Camp Custer, Michigan where they did hand and finger reconstruction surgery which took hours and hours of anesthesia. After about a year this post was closed and we transferred to Percy Jones General Hospital in Battle Creek, Michigan. All types of surgery was done here, especially facial wounds, reconstructing nostrils, ears, and part of the face.

Due to still a critical shortage of anesthetists, the army decided to open schools of anesthesia to train their own. Percy Jones was selected for one of the schools. I enrolled for this 12-month course which included all types of anesthesia, theory and lectures, and research along with a chemistry course at the University of Kalamazoo, Michigan. This qualified us to take the board qualified examination and become a certified, registered nurse anesthetist. This earned me a special MOS 3445 Anesthesia from the army.

My next assignment was Ft. Bragg, North Carolina. It was a very large post which included dependents and this increased the nursing load of not only treating soldiers but added a maternity department. I was the only anesthetist on the post, which meant being on night call and giving anesthesia all night for deliveries, and then had a busy surgical schedule during the day. I had no relief or time off for my well-being.

This post was also the base for the Green Beret Special Forces. The climate there was ideal for their rigid training. On one occasion we attended a Mass in the field chapel and it was filled to capacity. A friendly young priest commented that the troops would be jumping out of planes at three or four in the morning. The next morning I was called to give anesthesia to several of the soldiers, including the young priest who also was a Green Beret and jumped with the others. They sustained fractures of their legs and arms in their landing.

After serving here for about two years I was assigned to Ft. Belvoir, Virginia, and following that assignment went to Camp Atterbury in Indiana where our work was with personnel and some more casualties. I received special orders to join a field hospital on maneuvers in Texas. The hospital had to be self-sustaining as to power, water, food, heat, and the ability to set up within several hours to receive war casualties. It looked like a three-ring circus with soldiers hammering away and setting up tents for surgical and medical patients and a sterilizing tent.

The anesthesia emergency equipment was my responsibility. A mock war was staged and we had a real casualty. A solider had to have an appendectomy at about 4 a.m. The surgery was done under general anesthesia in a white, sheet-lined tent. The patient was moved to the surgical tent for further care.

While we were here, we were in combat clothing: boots and helmets. We bathed in the helmet. One morning there was loud shrieks and soldiers were running. They found a rattlesnake curled under one of their cots. They disposed of it in a hurry.

The Texas storms we had, especially at night, were a frightening experience. One night we were having a very severe storm. Orders came over the loudspeaker to immediately rise and get fully dressed. Some tents were blown down. One of the nurses in our tent, who was terrified of storms, was fully dressed sitting on her cot with a bag beside her ready to go when the order came to arise. We were all surprised to see her all dressed before the order came. When questioned she said, "Well, I knew we had to get ready so I'm ready to go." One of the nurses said, "Where would you go out here? Did you expect some knight to come charging on a white steed to rescue a damsel in distress?"

Our hospital had to make one hurried move, be relocated. and camouflaged under secrecy. Part of our complement got lost in the wilds and of course, got captured by the enemy. We were given demerits for this; however, the maneuver was a huge success.

My next assignment was overseas. We were flown to Frankfurt, Germany then went by train to Augsburg, Germany where I and several nurses were assigned to the 11th Field Hospital, very near to the combat zone. We were issued field equipment, boots, helmets, and etc. and told not to unpack, as this hospital would move forward or back as necessary on a moment's notice. Here we gave emergency care and moved casualties to hospitals farther back.

After several months, we joined the station hospital, where I remained for about two years. The war ended, but there was still some fighting and some casualties came in. In order to test the readiness of the troops and personnel we had an alert once a month, which was called any hour, day or night. It generally was called at night, about three or four a.m. This meant one had to be in field attire, helmets, boots, mess kits, and ready to jump on the trucks to be taken to your appointed assignment in so many minutes. Being awakened at three a.m. and trying to lace the knee boots was a sight to behold.

The first time this happened, the nurses were living in an apartment building in this German village. When the trucks came clamoring and the nurses were running from the building, it awakened the Germans living around there and they became alarmed and they threw on their clothes and started down the street after the trucks. They thought if the Americans were running away, we are too. After a few times they learned these were only army alerts and nothing to get excited about.

It was while I was assigned here that I slipped on a wet cobblestone, fell, and fractured my ankle. I was bedfast for a while and then trains transported us to a very large orthopedic American hospital near the French border where I remained for a month. Their policy was that if one could not return to full duty in 90 days they were returned to the States. Since my overseas tour was completed and I could not go on duty, I was flown to the States. The transportation department really deserved much credit for their efficiency. They knew exactly how to handle different types of patients, always being very kind and courteous. This plane was converted to a hospital plane and it was filled with stretcher cases and some ambulatory patients.

I was taken to the large navy hospital at Great Lakes. Upon arriving I was immediately checked by a physician and nurses before taken to my room. I remained here for a few months for further treatment.

I was then assigned to duty at Brooke Army Hospital in San Antonio, Texas. This is a very large post; a training center for different schools for enlisted and officer training. I remained here for three years. We had a very busy surgical schedule. This post became a burn center plus all other types of cases we cared for. We gave hours and hours of anesthesia.

My next assignment was to Fitzsimons General Hospital in Denver, Colorado with the usual duties. After two years I was sent to Heidelberg, Germany at a station hospital for about a year. I then returned to the States for retirement from Letterman General Hospital in San Francisco, California, June 1964 after over 20 years of service.

During my tours in Europe and when I was not on call, I was able to enjoy weekend trips to various parts of Europe. These trips were provided by Germany through a travel agent located on the post at the request of the U.S. government.

Cecelia G. Mehlick

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