ment in much bitterness and misunderstanding. In training, the two positions were virtually identical, although graduates of the Red Cross course were considered by The Surgeon General to be "not as well trained" as WAC graduates of the Army's six-week course, and often needed retraining.[42] In relative cost, also, the WAC appeared to have a slight edge. A study made by the Chief of Staff's office indicated that a Wac cost from $1,032 to $1,368 yearly, including pay, housing, food, and clothing, while a civilian nurses' aide received $1,752 to $2,190 for a 48-hour week.[43]

However, civilian advocates of nurses' aides noted that there were always many hidden costs to military personnel and that the Red Cross bore the cost of recruiting and training aides. Army Nurse Corps leaders preferred civilian aides, stating that nurses would be needed to train Wacs, that Wacs were subject to redeployment, that WAC officers had been given Army rank a year before nurses, and that women under WAC command would be subject to call for drill without regard to patient care.[44]

In making its decision the War Department considered all of these arguments of less consequence than the decisive one: Wacs could not quit when the shooting ended. G–1 Division stated:

> Since the personnel necessary for the care of the sick and wounded in Army hospitals must be available not only during the next . . . months but throughout the period when the Army hospitals must care for and rehabilitate all men wounded during the war, it is considered essential that a sufficient complement of military personnel, enlisted for the duration plus six months, be available.[45]

Breaking off with the Red Cross aide program proved a delicate business; the Red Cross for many years had been accustomed to recruit Army nurses as well as aides, and to set the standards of acceptance. Since Red Cross officials objected on the ground that commitments had been made to women already in training, it was agreed to hire all of these before discontinuing the program.[46]

Red Cross leaders co-operated in agreements by which their graduates might be guaranteed a medical technician rating without further training if they enlisted in the WAC. Resentment within some of the Medical Department offices was longer-lived. After the end of the war, Training Division, Surgeon General's Office, stated in its history that the Medical Department had never requested the 8,000 Wacs at all, or planned to use them, until Director Hobby had exerted influence upon General Marshall to cancel civilian nurses' aide recruiting, thereby forcing the Medical Department to take Wacs "to meet the shortage thus created."[47]

T/O Units for General Hospitals

Upon receipt of General Marshall's demand on 5 January, G–1 Division called from their evening meals WAC Deputy

---

[42] (1) Memo, Pers Div SGO for Tng Div SGO, 10 Feb 45. Tng Div SGO WAC file. (2) Memo, Lt Col Westray Battle Boyce for Col Charles F. Collier (G–1 Div) and Col Hobby, 24 May 45. WDWAC 220.3.

[43] Memo, G–1 for Col Frank McCarthy, Secy GS, 13 Jan 45. CofS 324.5 WAC.

[44] (1) ANC Hist, p. 492 ff. (2) Memo, Maj Edna B. Groppe, O Dir ANC, for Col James R. Hudnall, SGO, 10 Oct 44. File 23, Nurses' Aides, SGO Mail and Recs Br.

[45] Memo cited n. 6(8).

[46] (1) Memo, G–1 for CofS, 5 Jan 45. WDWAC 341 WAC Hosp Units (4–22–45). (2) Ltr, SW to Mr. Basil O'Connor, American Red Cross, 16 Jan 45. CofS 324.5 WAC. (3) Tp Conv, Col Rice and Mrs. Walter Lippmann, 1 Feb 45. Drawer 6, G–1 WAC 312–312.9.

[47] Rpt cited n. 6(7).