No women medical officers were employed in the Pacific as they had been by the European and Mediterranean theaters.

This explanation of the loss rate was contradicted by General Denit, who stated that he had available every supply and facility, could get any needed gynecological instrument by air, and had deep X-ray machines, radium, and other equipment. General Denit's view was for the most part supported by the statistics, which showed that less than one fifth of the total loss was due to disorders peculiar to women. The War Department's medical consultant, Major Craighill, after a visit, noted, "Gynecological conditions are usually mild in character and transitory in occurrence." [115]

Neither could the high rate be attributed to undue medical lenience in the return of women to the United States. Major Craighill indicated that "an even more lenient policy in regard to return . . . would seem indicated for the good of the group and to salvage individuals for continued service in the States."

The only notable medical deficiency which was cited by theater authorities was that of poor initial medical screening in the United States. Major Craighill reported:

> Medical officers in all overseas theaters commented on the inadequacy of screening of women for overseas duty. It was thought to be the primary cause of medical evacuation rates for women, especially in the Southwest Pacific, where they were far higher than for other personnel.[116]

A survey in the FEASC WAC detachment indicated that as many as 50 percent of the medical returns were attributed to poor medical screening in the United States, with a few evacuees having been in the theater less than a month.[117] On the other hand, the screening of women for service in the Pacific had been as good as that of men, with identical selection procedures. Also, four fifths of the European theater's Wacs, and most of those for India and other areas, had been selected, like the Pacific's, after the end of the Auxiliary requirements for physical examinations.

With no medical deficiency thus entirely sufficing to explain more than a part of the loss, General Denit stated instead that in his opinion the primary cause of the higher loss rate was to be sought among theater policies other than medical. Independently, WAC inspectors also arrived at the conclusion that the cause of the higher WAC rate of loss did not lie in the environment but in theater policies toward women that did not apply to men. Colonel Boyce, the second WAC Director, stated after an inspection visit, "It is believed that the experiences of Wacs in the Pacific which adversely affected their effective utilization were not inherent in the geographical location." [118] The same view was expressed by Major Craighill after an inspection trip in 1945. Major Craighill felt that there was nothing necessarily dangerous about the area for women, and made recommendations for improvement that were all in the fields of supply and administration.

Deficiencies in Uniform and Supply

Among nonmedical deficiencies which had possibly contributed to the medical loss rate, the most conspicuous was that of

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[115] Unless otherwise cited, all of Major Craighill's comments are from Craighill SWPA Rpt.

[116] Hist of Women's Med Unit, draft by Lt Col Margaret D. Craighill, 23 Jul 46. SGO Hist Div.

[117] WAC Sec USAFFE Hist Rpt, Mar, Apr 45. Folder II, WAC Det FEASC.

[118] Boyce Rpt.