Sick Call, Dispensary Care, and Hospitalization

In every type of medical facility, the necessary segregation of the WAC minority presented a problem to medical officers. The easiest solution was possible to the larger hospitals, that of merely designating one or more wards for female patients, including Wacs, nurses, and soldiers' dependents. Smaller hospitals could ordinarily designate several rooms for the same purpose. Even at best, Major Craighill noted that the small number of women involved made it inevitable that types of personnel and of cases were not always segregated in the manner customary for hospitals. Sick call and dispensary care presented the greatest problem. Separate dispensaries were provided only where large groups were handled; otherwise different hours were set for women. A practice generally objectionable to WAC commanders was that of having Wacs report to sick call in the orderly room of men's units, which frequently required a sick woman to walk for some distance, or made her unwilling to report at all.[33]

A particular problem for the WAC company commander, because of the nonactivated nature of her unit, was sometimes that of securing reports, which were frequently sent instead to the commander of the men's unit or section to which the Wac was formally assigned. Some WAC commanders were able to make local arrangements by which they were allowed to keep the women's sick book entries, these being relayed by telephone from the various units of assignment; others had more difficulty in checking on the women's status.

In either case there was noted a certain difficulty in maintaining the confidential character of medical records. In fact, evidence from all overseas theaters indicated that, whether reasonably or not, women objected so strongly to having records on their gynecological disorders handled by male cadre and civilians that the efficiency of medical care was lowered by the women's failure to reveal difficulties. Objections especially centered around such practices as writing the diagnosis on the passenger list for Wacs returning from overseas, or on the card attached to the Wac's coat. Major Craighill noted:

> Privacy in regard to medical conditions is deplorably lacking in Army hospitals, as was pointed out in War Department Circular 310 . . . "Maintenance of Ethical Standards by non-Professional Personnel." The practice of passing the records through numerous hands . . . quickly makes a diagnosis common knowledge and a topic of conversation. This is particularly embarrassing to women . . . and leads to hesitation about seeking medical advice.[34]

Partial local solutions to this problem were sometimes achieved by using WAC medical technicians in dispensaries during hours of service to women, or by special precautions in handling records.[35]

WAC Morbidity Rate

A complicating factor in medical care for women was the higher WAC rate of morbidity, a term used to indicate the frequency of reporting to sick call. Industrial surveys had indicated that civilian women sought medical advice twice as frequently as did men, but that as a result the average duration of an illness was less for women. The British women's services had

[33] (1) Sources cited n. 2. (2) Memos, Civ Consultant for Dir WAAC, 6 and 17 May 43. Folders 6 and 15, Miss Lies' file, 1943 WAAC Plng Serv file.

[34] Craighill IBT Rpt.

[35] (1) Memo cited n. 1. (2) ETO Bd Rpt, App. 121, p. 5.