editors

Commemorating the Anzac nurses

By Clare Ashton

World War 1 (WW1) was huge. The statistics are almost beyond comprehension; the best estimate of servicemen killed in those four years is eight to nine million and a further 18-20 million servicemen were casualties. Remembering only the dead does not acknowledge the much larger number of men who were wounded.

Why commemorate the Anzac nursing sisters? The humanitarian narrative of the nurses is much bigger than just remembering the dead. Most of the nurses’ work was caring for some of that huge number of casualties. Those men also lost a “life” – the lives they would have lived if they had not been disabled either physically or mentally. Their names are not gilt-edged on white marble and they are not saluted with pomp and flowers: many of them became an embarrassing liability. Then there were those who were apparently unscathed; most of the nurses were presumed unscathed but, along with the men returning, they had not only lost four years of their lives but, as we are still learning, many harboured very mixed emotions about their experiences.

Little understanding

The war did not end in 1918 for the men and women who came home. They brought their war home with them and, as New Zealand’s military historian Christopher Pugsley puts it in his book Gallipoli, their families did not have “...any real understanding of what they had been through. Nor could they tell them – it was an age when gentlemen did not tell women of lice, flies and dysentery, and of men dying in agony intended ...”

The nurses knew that the casualties could not be made whole again, they knew that families would be burdened caring for those damaged men. The nurses, too, were a party to the “lice, flies and dysentery”; they could only share that with the others who “had been over there”. A century on, we can lament the lack of knowledge about the emotional damage of war, currently known as post-traumatic stress disorder (PTSD). We can feel sorrow for the families of those who returned to cause embarrassment with their recurring nightmares, alcoholism and violence; the consequence of the conflict going on in their heads over their memories of war’s horrors. Through the work of the Anzac nurses, we can recognise some of those losses.

Bringing the War Home, is the title of a television documentary I saw the day I was asked to write this editorial. Not knowing quite where to start, I just stared at the screen; the programme was about a soldier from Afghanistan who had committed suicide. In spite of what we think we know about PTSD, the war he brought home in his head had overwhelmed him. The contemporary defence forces shield themselves from outside enquiry; the television story was testament to a failure of their support systems. Learning more about the biology of remembering and forgetting may give us better ways of alleviating the distress of involuntarily remembering the unthinkable, but we will still have conflicts. More than one WW1 nurse wrote about their conflict over healing soldiers, only to send them back to the trenches and further destruction.

How much of Anzac commemoration is remembering the war’s dead and how much is politics? We will hear many times over these centennial commemorations how the “Anzac spirit” of 1915 forged our nationhood. In this sense, Anzac has become political. There is no real place in this identity for women, and we all know that it was women who kept families together and ensured the continuity of economic and social life, while the men’s activity was essentially destructive. If the television drama ANZAC Girls, has done nothing else, it has firmly attached the word Anzac to a group of women, marginally shifting the public perception of the Anzac identity from being totally male.

Government has provided the vehicle for establishing our commemorative objectives. One of the objectives is to “strengthen bilateral relationships with Australia and all other participants in the First World War”, However, our view of those “other participants” tends to be rather selective. Anzac nurses cared for German prisoners of war; they were white Europeans. They did not encounter many of the approximately 1.4 million Indian soldiers and the half million men from the French colonies in Africa in the same way; separate facilities were provided for the “inferior races”. We can feel aggrieved that the Anzac nurses were not accorded the same status as male army officers in WW1. We could be more cognisant of the huge numbers of others who, similarly, were not treated very equally.

References