

Two China ‘gadabouts’: guerrilla nursing with the Friends Ambulance Unit, 1946–48

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The Friends Ambulance Unit is an agency through which members of the Society of Friends and like-minded persons carry into action their deepest religious convictions and insights Through relief service we are able to express our sense of responsibility for and unity with our fellow human beings. We feel we need to bring food, clothing, and shelter to those in distress but far more important than even such vital material assistance, is the opportunity to share the burden of suffering of another, to help restore his sense of self-respect and integrity and to restore his faith in love and good-will through a practical demonstration of human sympathy and brotherhood. Convinced of the error of the way of violence, Friends seek to make love the basis of their relationships with others.¹

Statement of the Peace Testimony in the Service Contract for the Society of Friends Ambulance Unit (FAU)

Introduction

In 1946 British surgical nurse Elizabeth Hughes and American public-health nurse Margaret Stanley eagerly anticipated their upcoming two years with the China section of the Friends Ambulance Unit, formed in 1941, commonly known as the China Convoy. Both idealistically embraced this Quaker-sponsored organisation's Peace Testimony embodied in its GADA principle ('Go anywhere and do anything') to share the burden of suffering – hence its members' nickname 'the Gadabouts'. Believing that there were alternatives to war, Quakers sought to provide a practical demonstration of human sympathy and global fraternity through relief services. In 1939, British



10.1 Elizabeth and Margaret

Quakers assisted by the American Society of Friends reactivated the FAU to provide conscientious objectors of all faiths with an alternative to military service, as it had done in 1914. By 1945 the Convoy carved a unique humanitarian space as the first Western aid group to work 'under' the Chinese military and civil authorities in Free China (parts of west and south China not occupied by the Japanese). The unexpected end of the Sino-Japanese war marked a watershed for both China and the Convoy. Its ambitious post-war developmental plans, centred in Honan, were increasingly held hostage by events beyond its control that made foreigners unwelcome and funding impossible. On 1 October 1949, Mao Zedong declared the creation of the People's Republic of China. The dictums of the Cold War shifted Western aid priorities to contain Communism. The Convoy reluctantly closed its doors in 1951.

Recasting the stories of the China Convoy's nurses

Apt foils, Hughes and Stanley underline the entanglements of nursing as it was imagined and practised in war-torn China through this

period. Recovering their stories provides a different perspective, allowing us to focus on the 'lives of unknown or lesser known figures so as to explore what their experiences can offer to our understanding of an era, a movement or a culture'.² Their experiences illuminate the intersections of power with the matrix of faith, gender, class, race and place that shaped FAU nurses' work as civil war spread like wildfire. Forced to renegotiate the fragile frontiers of its pacifist humanitarianism to maintain its organisational integrity, the Convoy became the only Western aid agency to gain access into Communist-held territory. Hughes and Stanley witnessed the birth of modern China from both sides of the conflict. Both worked in three of the Western-style mission hospitals being rehabilitated as part of the Honan project, then under Nationalist control, before joining Medical Team 19 (MT19) deep in Communist-held territory 'during the intensity of battles and bombing'.³

Their experiences illuminate the difficulties of grounding humanitarian action in a few basic principles: independence, neutrality and impartiality. Equally important, as their personal and professional identities were tested, they developed different methods to reconcile their identities as Western nurses and soldiers of peace with prevailing views on how respectable Christian women should behave. Their humanitarian endeavours, therefore, offer timely perspectives on global nursing's engagement in the increasingly controversial 'humanitarian international'⁴ – the complex of international, governmental and non-governmental agencies and organisations engaged in humanitarian or development work that arose from the ashes of the Second World War and decolonisation. This case study challenges post-colonial scholars' hegemonic views of nurses' agency within Western humanitarian diplomacy.⁵ Western nurses did not always act as agents of their governments' interests abroad. It was a far more complex and fascinating story than previously realised.

Joining the Convoy

The decision to volunteer offered exotic travel, adventure, new professional horizons and an opportunity for service, but the roads that led Stanley and Hughes to China differed in significant ways.

Although raised in a middle-class family, nominally Congregationalist, Elizabeth Webb Hughes absorbed her early Christian pacifist views from an uncle, who had been imprisoned as a conscientious objector in the First World War: 'His principles sort of unnoticeably filtered through to me. And I really sort of accepted them as the norm.' Only later did she realise 'that Christians were not necessarily pacifists because to me the Christian message is so utterly pacifist It's love thy neighbour and do good to those who spitefully use you.'⁶ As war approached, she remembered wrestling with her pacifist beliefs: 'Really only by going and living on a desert island and being utterly self-sufficient could you separate yourself from the war.' Never a strong academic, Hughes intended to be a fashion buyer but decided that being a 'properly trained nurse' was a more 'practical' alternative in wartime. In 1944, she completed a four-year nursing programme at Queen Elizabeth Hospital in Birmingham, a 'very peculiar hospital' where the clinical training was highly specialised, focusing on surgery. Viewing overseas relief work as more adventurous than hospital nursing, she immediately volunteered with the FAU. Citing her desire to atone for the damages of war, Hughes 'just got on with it because it obviously needed doing.'⁷ The 'small bright woman' was initially turned down for China, the result of 'an impression she gave of emotional instability.'⁸ Instead, she was assigned to FAU teams working in the Eastern Mediterranean. Her experience there reinforced her common-sense approach to nurses' work in conflict-ridden China.

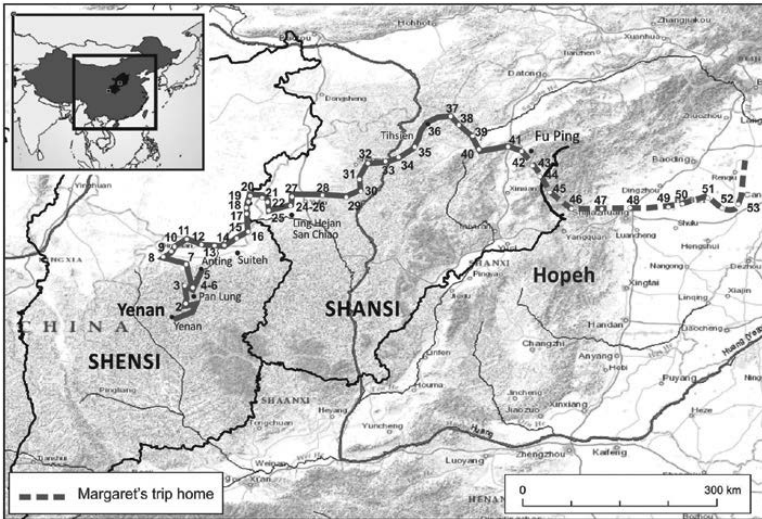
Elizabeth Hughes joined the China Convoy via a marriage certificate. While working with the FAU, she met her future husband, Eric, who wanted to serve in China. In general, the battle to admit women there had been hard fought, with the convergence of need and opportunity eventually leading to the recruitment of 'girl nurses.'⁹ Despite nurses' proven toughness and skill on the front lines, many Convoy men regarded them as 'a good improvement, provided that they are not too attractive and relatively unemotional.'¹⁰ With the prospect of longer post-war service terms, questions of couples, especially interracial marriages, and women's safety and health during pregnancies rekindled the debate. The Convoy decided it was time to try a "couple of couples" ... who were capable, mature, hardy, well-adjusted competent human beings.'¹¹ In particular, doubts still lingered about

Hughes's suitability for China.¹² FAU's London headquarters carefully verified her service record and personal character to ensure she would 'fit into community life' before approving her application.¹³ London, however, made it clear that Elizabeth was joining the Convoy as a fully qualified nurse in her own right and should not expect to be at Eric's side.¹⁴ Thinking that China 'sounded tremendously romantic', and unaware that China was embroiled in a bitter civil war,¹⁵ she quickly agreed.

Margaret Stanley's background was quite different. Raised in a devout Midwestern American Quaker family, she had graduated from Friends University in Wichita, Kansas, in 1942 with a pre-medical major. She then worked as a secretary to finance her lifelong ambition to study nursing. After earning a master's degree at Western Reserve University in 1945, she briefly worked in Cleveland's Visiting Nursing Association before volunteering. The outbreak of war forced Stanley to confront the strength of her pacifist convictions. Erroneously believing the wartime grant for nurse cadets obligated her to military service after graduation, Stanley had refused the financial aid while at Western Reserve. Increasingly identifying with close Quaker friends who had chosen jail over service, she too 'wanted to try to relieve some suffering' and to live 'in such a way as to do away with the cause of war'. Like Hughes, Stanley 'did not picture it realistically ... [but I] had no question in my mind at all about [my] assignment.'¹⁶ Few China gadabouts accurately envisioned the stark realities of convoy life.

The Honan interlude

Chinese society was a rude shock to both nurses' Western notions of civility and hygiene. Recalling her initial bewilderment, Hughes 'thought how terribly, terribly dirty and dusty everything was and how I would never be clean again.'¹⁷ En route to Honan, Stanley, too, was taken aback by '[s]ounds, sights, and smells I had never come across before.'¹⁸ Working in the mission hospitals was a period of transition, 'of being betwixt and between cultures.'¹⁹ Defining asymmetrical power relationships within the intimate space of patient care challenged Stanley's perception of herself as a Western nurse. For Hughes, the Honan interlude appears to have been less transformative, either professionally or culturally.



10.2 Map of MT19 trek

On 26 March 1946 Elizabeth and Eric Hughes arrived at the Hwa Mei Hospital in Chengchow, the focal point of the Convoy's work and its new headquarters in Honan in North Central China. Margaret Stanley followed within weeks. Rehabilitating the mission hospital buildings whose Western personnel had been forced to withdraw during the Japanese occupation meant negotiating their handover from the Japanese and securing funding and supplies abroad and from the warring Chinese Nationalist and Communist relief agencies operating within the fledgling United Nations Relief and Rehabilitation Administration (UNRRA). It required recruiting and reorganising staff, and rebuilding nursing programmes from the ground up – all complicated by runaway inflation, civil war and the thousands of returning destitute refugees.

By March, the hospital was in full swing, with a heavy patient load. Instead of practising public health, Stanley found that her days 'were busy and long' as she coped with new and unexpected duties.²⁰ In addition to office work, she learned to administer spinal anaesthesia, so that along with Hughes, she could be part of the surgical team on call day or night. Expected to supervise and teach the more experienced

returning Chinese staff, she instead learned ‘a great deal from her students’, including how to diagnose cholera by smell.²¹ Spending any leisure time eagerly exchanging language lessons while riding bikes or hiking with Chinese colleagues through the nearby sugar-cane fields, Stanley became increasingly enchanted by China and her people.

In contrast, on her transfer in May to the United Church of Canada’s Kwang Sheng Hospital at Changte, 2,000 miles north of Chengchow and close to Communist-held territory, Stanley encountered a demoralised staff and a ‘picture of filth and desolation difficult to describe.’²² Responsible for the care of the battle casualties in the region and major non-trauma surgeries, the inexperienced staff was frustrated when normal hospital routines ‘were set aside as the patients’ relatives would come in and sleep under the bed ... and they all have something to say’.²³ Navigating an unfamiliar professional and personal terrain in which interracial relationships were cautiously accepted at best and frowned upon at worst proved equally challenging. Quietly nurturing friendships with the Chinese nurses, Stanley proudly bore the reputation of ‘being the most uncooperative [FAU] member’,²⁴ because she fought for better living and working conditions for the Chinese staff. Margaret’s diary, however, recorded her struggle to reconcile her Quaker values with her colleagues’ criticism that ‘she is not strict enough with them and doesn’t give them a lacing when they need it.’²⁵ In response, Stanley ‘crack[ed] down’ on the nurses: ‘I am working everybody at top speed. If anyone gets a bedsore or maggots – NO DAYS OFF!’²⁶ Equally important, she became increasingly fond of a young Chinese physician, James Chai – or Jay, as she called him: ‘Although I told myself that I could not let personal feelings get in the way of work I was there to do, [we] were drawn together more and more.’²⁷ Despite their impending separation, Stanley welcomed the transfer to Weihwei in September, rather than remain where the goal was ‘to make an efficient medical machine [without] attending to the thing for which we came – friendship with the Chinese.’²⁸

Ironically, Hui Min Hospital in Weihwei proved rife with professional and racial tension. The FAU experience here speaks to the quandary its staff faced in reasserting the authority of the United Church of Canada’s Mission Board.²⁹ Mission officials had locked heads with Dr Twan,³⁰ who had kept the hospital running but allowed it to fall into disrepair during the Japanese occupation. He was regarded as a

'trouble-maker', and mediation failed because of his outrageous salary demands and lack of deference to mission authority.³¹ The FAU 'invited' Dr Twan, the business manager and two nurses to resign. The FAU business manager contended that his wife, a Toronto-trained nurse, had to take control because the head nurses were 'not capable of carrying on their jobs' and Miss Li [Shuying] could not be trusted to direct the nursing school:³² it 'would be a waste of time and the lives of the students.'³³ Others, with a more positive view of the Chinese head nurses' wartime role and questioning the hospital's future sustainability once the FAU team withdrew,³⁴ warned that Stanley should expect a cool reception.

In June 1946, Stanley received a letter explaining why a new head nurse, 'whose compatibility with the native nurses is a strong point', was required at Weihwei.³⁵ While Stanley's value as a peacemaker was recognised, scepticism remained about her administrative abilities:

With the relations between the Chinese and the foreigners what it is there, Margaret will do a lot to improve things. She is still spoken of in Chengchow as the best nurse these girls have over them. She does lack administration and routine knowledge and for that reason I suggest that Liz be responsible for the whole kit and kiboodle.³⁶

The die had been cast. Margaret Stanley would be the conciliator and Elizabeth Hughes the taskmaster.³⁷

Stanley arrived in September, followed shortly by Hughes. Although forewarned, she initially appeared complacent, perhaps underestimating just how 'tough' it would be 'firing people and rebuilding it all'.³⁸ By early October, however, she was 'beginning to feel a bit of friendliness' towards her from the Chinese hospital staff 'who are reputedly "agin" us'.³⁹ But she could not say the same about her FAU colleagues. Objecting to Hughes's rigid administrative approach, which pre-empted collaborative information-sharing and problem-solving, Stanley complained, 'Elizabeth takes over the Nursing Situation en force – this and that are now thus and so and everybody is expected to believe it. I think our presumptuousness is a bit much.'⁴⁰ It was with relief that she transferred back to Changte the following September: 'Old Friends there. It is the life I love.' Significantly, she decided 'to stay even if Elizabeth Hughes comes [to Changte]'.⁴¹

Stanley's diary noted the increasing workload in Changte Hospital as the fighting moved closer: 'Operations all day. Finished the day schedule ... - Midnight.'⁴² As staff juggled the delivery of babies amidst gunshot surgeries, Stanley's respect for the Chinese nurses grew: 'O.R. [operating room] people, Miss O. R. Yang, Lui Sung May and Su Chou Fu all tired but they keep at it automatically. Miss O. R. Yang is the best nurse I know.'⁴³ Although she recorded that she, too, 'worked up so much momentum I can't slow down; don't feel tired am energetic always', tempers did fray, including hers, under the stress.⁴⁴

Balancing professional responsibilities with personal happiness remained a challenge for both nurses. Differences in character, training, previous experience, faith and gender expectations shaped each woman's distinctive personal and professional coping strategies. Working mainly in operating theatres, already familiar professional terrain, Hughes perceived her role as that of a vital 'bridge', interpreting the wishes of the English-speaking doctors more efficiently than the Chinese-speaking nurses could.⁴⁵ As a married woman, often separated from her husband for long periods, Hughes gave priority to her new marriage, and her professional and social contacts remained circumscribed. 'A bit saturated' by the futile language training on her previous FAU assignments, she did not have 'the incentive to persevere with [another] difficult language.'⁴⁶

In contrast, Stanley, a public-health nurse, expected to be a nurse educator, anaesthetist and administrator, freely admitted her limitations and observed that her 'respect increased daily for our medical staff as I watched them make do with what they had while administering medical care of high standards.'⁴⁷ Her 'faith that we could find ways to help people had been sustained during my [time] in Honan, where I was one of many taking on more responsibility ... and doing things we had never expected to do. We learned every day from each other, from our Chinese colleagues, from our interpreters and from our patients. We would continue learning in [Yenan]'.⁴⁸ She immersed herself in Chinese language and culture and carefully cultivated close personal and professional ties with her Chinese colleagues. Her diaries reveal that she willingly faced ostracism from 'our good FAU family' to accept Miss Ma's, O. R Yang's and Miss Chang's invitation to have supper on a festival day instead of attending an FAU function with 'the Col. and Capt. coming ... My My!'⁴⁹ Occasionally there was

a respite; the OR tables were covered, and Margaret joined the men for a game of poker. More frequently, she found quiet refuge from her gruelling workdays in the FAU's daily worship, or reading the Bengali poet Rabindranath Tagore in the sunshine.⁵⁰ Jay's return to work by her side and his approval – 'that things in the hospital seem to be better co-ordinated' – made 'living worth while in all respects'.⁵¹

Racial boundaries remained intact within the mission walls, however. Both Hughes and Stanley disapproved of the Honan missionaries' lavish lifestyles and housing and discriminatory treatment that considered it quite 'normal' that the Chinese nurses 'live in these huts with dirt floors.' Since 'many [of them] were very well qualified people', Hughes considered it 'ridiculous. Not a Christian attitude at all.'⁵² Stanley distanced the Quakers from Honan missionaries' behaviour, saying, 'I was not a missionary.' The Friends were known to live 'a much different kind of life; their 'very purpose was to fit in' and try 'out ways of living in peace together'.⁵³ Nonetheless both resided within the Western-styled housing in Honan. Stanley, however, was prepared to breach traditional professional boundaries and/or societal expectations that contravened her Quaker beliefs – a pattern that would precipitate tensions when, in March 1947, she joined MT19, at the International Peace Hospital (IPH) in Yen-an, deep within Communist territory. Elizabeth Hughes, already assigned there in late November, welcomed the opportunity to work and live with her husband more permanently. As for Stanley, it meant severing the important female and romantic relationships that had mitigated her loneliness and professional adjustment since arriving in China. Despite colleagues' (including Chinese members') stern warning to proceed with caution in her relationship, she had formed a deep attachment with James Chai.⁵⁴

Guerrilla warfare nursing

Neither nurse knew the details of the protracted negotiations with the Communist, American and British governments, or FAU's clandestine trips to Yen-an, that preceded arrival of MT19 there in November 1946. The personal intervention of General George C. Marshall had ensured their safe passage and transport of tons of UNRRA medical

supplies. Ironically, Marshall's peace teams in the area would be withdrawn in January 1947, signalling the final breakdown of negotiations for a political settlement to the civil war. Nor would MT19 function in its expected advisory capacity to improve the IPH's medical programmes along Western lines.⁵⁵ As full-scale guerrilla war eroded traditional military objectives, Mao's forces abandoned Yen-an, their wartime capital, the following March.⁵⁶ As one of four mobile hospitals retreating with and completely dependent upon Mao's Eighth Route Army, MT19 moved over twenty times, treating the sick and wounded en route.⁵⁷ 'Halfway around the world from home', Stanley unexpectedly found herself 'in an isolated group of foreigners I scarcely knew, thrust together by circumstances to work in a hospital that was packing up to remove itself from the scene of potential battles and without a clue as to where we would go'.⁵⁸ Margaret described this time as 'the most memorable year of my life'.⁵⁹ Elizabeth and Eric Hughes would have heartily agreed, although they did not at first reveal their secret to the others: Elizabeth gave birth to a son, David, in November 1947. Guerrilla warfare nursing would test both women's personal and professional resilience, reshaping their self-images and world views, but their individual acculturation again differed.

Both expressed frustration at their inability to provide rudimentary nursing care. Shocked to find that the IPH cave hospital 'was far more primitive than any hospital [she] had previously seen, including the ... dreadful [Chinese] cholera hospital' in Honan,⁶⁰ Hughes recalled, 'We were often extremely short of drugs.' Water had to be carried several miles, and dressings 'had to be reused in a way entirely un-hygienic. So really it was a question of adapting, going back to first principles, and deciding what was essential and what could go by the board'.⁶¹ However, she always believed that her Western training allowed her to determine those priorities better than those without an equivalent level of nursing education.⁶² The kind of healthcare Stanley practised 'was quite different from anything I had read in textbooks or heard from teachers of public-health back home'.⁶³

The team's first annual report recorded its struggle to carve out a professional niche in unfamiliar terrain. Not fully understanding that talented Chinese nurses began medical training after three years, and 'not knowing exactly what position or authority [she] was to have in the hospital', Elizabeth 'did not have an easy time settling

down'. The language barrier, unpredictable hospital schedules and lack of teaching materials compounded Elizabeth's difficulties in educating new recruits 'more interested in political activity than in medical work' and who 'had never seen a clock or running water'. She found them 'singularly disinterested in subjects which a foreign nurse is taught to consider important'. The senior nurses 'did not like receiving lectures from a nurse but wanted them given by a doctor, as they were soon to be made into doctor'. She found herself an unwanted Western interloper in the operating theatre. Applying Western surgical standards, Hughes criticised the staff as 'too large for effective work' and 'very slow and unmethodical'. Her views clashed directly with the IPH officials' desire to maximise the number of health workers trained. And the Chinese nurses 'did not take any of the hints that I threw out about being ready for emergencies or ways of improving techniques'. Shocked that patients, unable to provide a change of bedding, were left by seemingly uncaring nurses to lie in their own filth, it took time for Elizabeth to realise 'how poor the district is and how expensive soap, cloth and everyday things are'.⁶⁴ Similarly the realities of battlefield nursing as the casualties arrived in overwhelming numbers eroded Stanley's expectation that each patient would be bathed on admission: 'We found ourselves too busy dressing wounds after the doctors examined them to worry long about ... patients' [comfort].'⁶⁵

As conditions became more primitive after evacuating the IPH, Hughes's respect grew for her Chinese counterparts' adeptness 'at overcoming the difficulties associated with the lack of proper buildings, equipment, facilities that would have stumped us foreigners'. 'Learning each other's reasons for our methods', she introduced the Chinese nurses to intravenous therapy techniques, and she was shown how to sterilise dressings in a bread steamer. Hughes still fretted over her inability to persuade the nurses 'to make changes or improvements in the things that I have criticized'.⁶⁶ She sensed that the Yanan area had a 'spirit about it – getting ahead, forward looking'⁶⁷ that set it apart from Nationalist China but failed to realise that this same 'spirit' made her directive leadership style unattractive. It was not attuned to how the Communist Chinese nurses worked together, desperately seeking mutual protection and collective strategies to preserve their ideals for 'equality' and 'a fair and good life for everyone'.⁶⁸

In contrast, Stanley relied on team meetings to improve patient care and solve bottlenecks in the supply line; Chinese nurses then passed new practices along to other units. Her 1948 article in the *American Journal of Nursing* captured the ‘Yenan spirit’ – the innovation and camaraderie experienced while setting up makeshift cave hospitals on their nomadic journey, making bandages from local cotton, using pork fat in making sulphur and sulphanilamide or ‘[trying] in vain to catch up with an epidemic of relapsing fever’ when their small supply of DDT ran out.⁶⁹ But acculturation comes slowly and some irritants remained. When a new student nurse contracted typhus, Stanley implemented a strict delousing protocol, but it never became an accepted nursing routine. Despite repeated efforts, she failed to convince her Chinese colleagues that many illnesses were ‘the result of carelessness in personal hygiene’. For Stanley, it was not a case of viewing her Chinese colleagues through Western eyes that equated cleanliness with cultural superiority. Rather her fixation on personal hygiene spoke to the limited weapons in her arsenal to prevent diseases, such as typhus. She would continue to struggle with her own professional limitations on MT19. She found it difficult ‘to sympathize with their seeming lassitude’ whereby ‘illness was taken as a matter of course and accepted by the staff’.⁷⁰ But eventually she came to accept how repeated bouts of illness, long hours and poor food undermined everyone’s performance.⁷¹

Nursing with Team 19 challenged their Western understanding of safe, competent and ethical nursing practice. It meant accepting that ‘we could do nothing to help’, either because medical supplies were unavailable or because they were reserved for patients who had a good chance of surviving.⁷² In a 1950 article for the *American Journal of Nursing*, Stanley poignantly recounted her efforts to provide compassionate care, stripped of the luxuries of Western nursing, and how it was received. While she conceded the difficulties of squatting on a *kang* (a stone or mud waist-high bed) to tend to a patient with only a tattered comforter for warmth, she claimed, ‘He was happy; this was his bed, a place to sleep and rest – he asked for nothing more.’ She found ‘satisfaction’ in knowing that even though ‘his bed was a kang in a dirty, draughty, vermin ridden cave, [she] could still help him recover from his illness or injury’.⁷³ Under such circumstances, Stanley looked to her Chinese counterparts to

learn 'how to make the best of the situation in which we found ourselves'.⁷⁴

Differences in their personality, pacifist perspectives, faith, personal circumstances, language skills and nursing education shaped their individual coping strategies. Hughes sought emotional refuge within her marriage and first pregnancy and remained within her professional comfort zone. Thinking she had 'some kind of magic protection against any danger',⁷⁵ she later admitted, 'I feel the psychological effect of pregnancy made me unaware of difficulties and I really lived in a dream world.'⁷⁶ Knowing Chinese nurse-soldiers forced to endure repeated abortions, Hughes felt particularly guilty about her special treatment during her pregnancy. She elected to assist the FAU surgeons: 'I knew their likes and dislikes and their methods – many of which were revolutionary to the Chinese nurses.'⁷⁷ At the end of March 1948, she left the team regretting that she had not made a significant difference, as Margaret Stanley had.⁷⁸ It was Margaret, Elizabeth said, who developed the closest connections with their Chinese colleagues at the IPH. Years later, Hughes continued to believe that Stanley's greater acceptance by her Chinese counterparts made her a more effective teacher.⁷⁹

By August 1947, Stanley's diary entries indicate her growing acceptance of MT19's nomadic existence: 'There is a Powerful Magnetism here attuned to myself in something that makes for Peace in my Soul in spite of the things that would be irritations if one let them. [But] I find happiness here in China which I have had no other place.'⁸⁰ Her diary attests how Quaker beliefs restored and centred her daily efforts. 'This is life that should be intensely satisfying.' But in 'human fashion', she added, 'if only Jay were here it would be. Now is my duty to make myself contented. I know that Life is never complete and my emptiness for Jay compares to the disappointments and discouragements in [the] lives of other people and I am beholden to God for his great generosity in general [I]f I spent the rest of my life doing for others, I would never make up for what they have done for me.'⁸¹

As a single woman, who sometimes felt she 'had found a place among the Chinese but not among my own kind',⁸² Stanley relied on female companionship, especially her tender friendship with Nurse Wu Ming Jin, for crucial personal and professional support: 'Wu's generous, tireless nursing, her lovely voice and her

sweet temperament sustained patients and co-workers. The closer I worked with her, the more I grew to depend on her.⁸³ Sharing her cave dormitory-style with the Chinese nurses, Stanley believed, made 'it easier for us to work together in the hospital'.⁸⁴ She recorded feeling 'ever more comfortable and at home' with her Chinese colleagues, who called her 'comrade' in the spirit of its literal meaning, 'one with the same goal'.⁸⁵ She depicted her relationship with her Chinese colleagues as one of friendship forged during a shared learning journey: 'Our common goal was better health. I discerned ever more clearly, that the apprentice system of learning-on-the-job in our hospital met the desperate needs for health workers and included strong concerns and feelings for health in general'.⁸⁶ Initially, she was daunted by the prospect of teaching 'little [nursing] students, who didn't know why we boiled our forceps, and couldn't understand why we asked them not to blow their noses onto the ward floors'. Eventually, she realised, 'If it hadn't been for those devoted teenagers doing the work of nurses in war-torn China, many patients would have gone unattended'.⁸⁷ She left MT19 convinced that American nurses 'should go into the situation to teach practically, thereby omitting the confusion of American contraptions and customs irrelevant to the home needs'.⁸⁸ She likewise determined to impress upon the Chinese Nurses' Association that Chinese nurses should not be sent to the United States to study.

Both nurses initially perceived nursing with the China Convoy as an opportunity for adventure in an exotic location and humanitarian service that incorporated scientific standards of nursing. In responding to human suffering, they found themselves altered. Western nursing, based upon hygiene and notions of efficiency, strict hospital routines and careful patient observation and recording, collided with the realities of mobile warfare cut off from supplies. Gradually their Chinese colleagues taught them the art of making do and helped them accept the limits of their personal humanitarian diplomacy.⁸⁹ Key to Margaret and Elizabeth's acculturation were the Chinese nurses, who were vocal in their opposition and selectively adopted and adapted structures and traditions of modern Western nursing. One striking difference was the Chinese Communists' use of the nursing profession as a stepping-stone in the education of physicians. Although neither nurse realised it at the time, they were witnessing

the birth of the 'barefoot doctor movement' that would revolutionise Chinese rural healthcare. In turn, by moving beyond the cloistered communities associated with missionary nursing to work and live with Communist troops engaged in highly mobile warfare, Hughes and Stanley were early forerunners of humanitarian nurses without borders. Agency and accommodation coloured the acculturation of the Western nurses to China and China to the Convoy nurses.

Stanley decided to leave Yen-an in February 1948, having completed more than the two years of service stipulated in her contract.⁹⁰ Elizabeth followed in the spring, when the hospital permanently relocated. As the battlefield shifted south, the hospital's patient-load decreased and her nursing staff assumed more control, Margaret no longer felt as 'essential'.⁹¹ Unable 'to shake off the mood of sadness' after witnessing a Chinese mother needlessly die after days of prolonged labour, she resolved 'to learn more about maternal and child health in order to do something about it, wherever I might be'. But she remained conflicted 'whether to pursue more education or get a job at home to help support my parents. And if I should decide on either possibility, what would become of my unrealized dream of having a family and home of my own?'⁹²

During her cultural adaptation in Yen-an, a new identity had emerged that was intersecting with and antagonistic to the Western culture into which Stanley had been born and socialised.⁹³ An unexpected and, in some respects, unwelcomed meeting with her father in Shanghai epitomised her cultural no man's land. Worried about his daughter's safety, he had travelled to China to bring her home; it was 'time to settle down', but she felt isolated and adrift. She 'did not have a job to go to. [She] did not have plans.' More important, though they spoke of Jay only 'indirectly', her father made it clear that both parents believed it 'was a mistake to marry into a different culture because of the resulting problems, especially for the children'. After a brief reunion with Jay in Shanghai, they parted company for the last time on 15 June 1948. She 'went with him in a sense, yearning, feeling that a part of me was gone. Leaving him and leaving China were somehow required of me though I didn't know why.' With his ring hidden in her pocket from colleagues' disapproving eyes, she did not want 'to say anything, wanting only to wrap myself in some kind of insulating cocoon to keep away the reality' of their final goodbye.

Stanley remembered little of the voyage home. She had changed, but remained uncertain how she would reconnect to the outside world: 'I had been in places no American had seen before. I had learned a new language and had become steeped in a different culture. I had learned that pain and suffering are the same in any language Having required a different way of looking at life, I could not return to my former way of thinking.' She 'floated timeless and effortless between two worlds' as her ship slipped past the International Date Line on 23 June. 'How could it be,' she wondered, 'that both tides and events were carrying me back home, yet they were taking me away from what had become home to me?' Stanley experienced a greater degree of what is now recognised as 'reverse cultural shock,' the difficulty in adjusting back to one's original culture: 'Conversations with friends drifted to niceties and to generalities. My feet hurt in leather shoes walking on concrete With no one to talk to about China, I felt isolated and very much alone.'⁹⁴ For the rest of her life she remained a sojourner between two worlds.

The cross-cultural experiences of Margaret Stanley and Elizabeth Hughes illuminate the difficulties of viewing FAU nurses' humanitarianism as a monolithic portrait. Acculturation occurs differently for everyone. Moreover, feminist international relations scholars have recently cautioned against the assumption that 'those from outside a particular state or region are "inauthentic knowers" and actors who cannot understand or share in struggles outside of locales from which they come.'⁹⁵ Both nurses admired the Chinese people's resilience and courage and in different ways viewed MT19 as 'home.' But why did Margaret Stanley become a more effective cultural diplomat?

Skilled cross-cultural brokers must balance 'bridging social capital' that is outward-looking with 'bonding social capital' that fosters a 'shared organizational and professional identity.'⁹⁶ Both women exhibited significant 'bonding capital' that created a shared identity as pacifist humanitarians. Both viewed health as a tool of reconciliation. Both accepted the paramount importance of the humanitarian imperative to alleviate the devastating effects of war. But this weighed more heavily on Stanley's mind than on Hughes's. For Stanley, to 'realize that the few precious supplies that we had were going to mending and healing wounds that had been made from military supplies from my own country, too, was perhaps the hardest thing for me to bear.'⁹⁷

Stanley was more keenly aware of her tenuous position as a cultural outsider. 'I could never learn enough because the culture was really obscure to me ... you need to be part of it and grow up in it so that, I as foreigner, could only see it as a foreigner.' Yet she was 'accepted as a person ... in spite of the fact that I was an American person and American government policy was looked upon as the enemy'.⁹⁸

A number of factors enhanced Stanley's 'bridging capital', key to becoming an effective cultural diplomat. Hughes's broadly British Christian pacifism was more political, predisposing her towards a pragmatic, inward-looking approach that emphasised the medical relief or 'work' side of the Convoy's activities. Stanley's more intellectual turn of mind and strong Quaker beliefs emphasised the 'faith' or individual witnessing side of humanitarian aid.⁹⁹ She regarded the Convoy not as a Quaker relief organisation but as an outgrowth of individual Quakers' concern to provide a practical expression of the Peace Testimony, yet she warned that it could never 'be totally divorced from political attitudes, social concerns and religious movements'.¹⁰⁰ Margaret had a deeper intellectual thirst to understand China's language and culture that fostered stronger cross-cultural ties and a more compelling desire to accompany her Chinese colleagues on their own terms, 'to live my ideal of people-to-people friendship'.¹⁰¹ Moreover, Stanley maintained that as a public-health nurse her 'interest was in the whole person and not just in their physical problems' and she wanted 'some kind of work that followed that philosophy'. She believed 'Friends have to try, not only to take care of people who suffer in some physical way but also try to cope with social problems, war-related problems'.¹⁰² Here, her community-focused public-health training reinforced her Quaker views forged within the broader American social gospel tradition of progressive reform.

Conclusion

This case study of Elizabeth Hughes and Margaret Stanley invites a re-examination of post-colonial frames to interrogate humanitarian nursing in war-torn China from 1941 to 1951. Post-colonial scholars have perceptively challenged the 'binary othering' that Eurocentric discourse invoked to perpetuate imperialism and racism in nursing

work and have cogently critiqued the use of Western humanitarian medical aid to serve the self-interest of foreign powers. However, FAU nurses' humanitarian exchanges cannot be easily accommodated within this framework. FAU nurses did not perceive their role as evangelistic or themselves as agents of Western modernity that served their country's foreign interests. The majority believed that their work honoured the Quakers' long-standing Peace Testimony, albeit with significant variations in practice. Their experiences suggest that studies of global nursing should consider the concepts of hybridity (the mutuality of relationships within the intimate contact zone of patient care)¹⁰³ and extend the concept of place to include its organisational and liminal dimensions.¹⁰⁴ This frame, admitting the possibility of multidirectional learning and personal transformation when nurses confront unremitting human suffering, better explains why some nurses become effective cultural diplomats or 'authentic knowers'. Framing the larger study in this manner also avoids marginalising Chinese nurses' agency in the Convoy's humanitarian work and in the development of China's unique national health system. As important, it avoids a monolithic portrait of nursing in humanitarian international health and aid work, both by governmental and non-governmental organisations and agencies. Instead, it allows for a more nuanced understanding of the interplay of global nursing with gender, race, culture, as new nations emerged from the ashes of global war and colonialism during the Cold War era. In so doing, it refocuses scholarly inquiry in new and important directions.

Reframing transnational studies of global nursing – to foreground the complexities of moving ideas, resources and personnel across borders as part of a multidirectional process in which neutrality, impartiality and autonomy had to be continuously negotiated – better contextualises FAU nurses' humanitarian endeavours, and offers timely and important perspectives for contemporary humanitarian nursing. The ability of China Convoy nurses, such as Hughes and Stanley, to meet the Chinese population's humanitarian needs was mediated by the deepening civil war nested in the onset of the Cold War. Even as the Chinese civil war intensified, the contested state authority and power over humanitarian aid began to be relocated upwards to new liberal Western international organisations and transnational actors, and sideways to social movements

and subgroups. Making humanitarian negotiations central to global nursing-history inquiry illuminates the current challenges of humanitarian nurses working in high-risk conditions and daily making life-and-death choices. As in today's intra-state conflicts, humanitarian actors such as the FAU must support the national government in meeting its responsibilities to its own people and yet maintain some independence from those same authorities. At the same time, as Hughes's and Stanley's experiences demonstrate, those same principles must be applied to the non-state armed group in order for humanitarian workers to operate safely and to gain access to those most in need of care. Choosing access over speaking out against human rights violations and balancing cultural sensitivity, effectiveness and personal survival remain fundamental challenges of humanitarian nursing today. The voices of the China Convoy nurses still resonate.

Notes

- 1 National Quaker History Archive (hereafter NQHA), Friends House, London (hereafter FHL), FAU (1939–46), China Convoy Records Temp MSS 876, box 10, Personnel files: Joan Kennedy Woodrow.
- 2 K. Cruikshank, 'Education, history and the art of biography', *American Journal of Education*, 107:3 (1999), 231–9.
- 3 Margaret Stanley's private papers (hereafter MS), Margaret Stanley, 'A year in Yanan', unpublished manuscript, p. vi.
- 4 The term is from Alex de Waal, *Famine Crimes: Politics and the Disaster Relief Industry in Africa* (London: African Rights and the International African Institute, 1997).
- 5 See de Waal, *Famine Crimes*.
- 6 Imperial War Museum, London (hereafter IWM), Sound Archives (hereafter SA), Lyn Smith, catalogue 9437, 11 November 1986, interview with Edith [Elizabeth] Hughes, reel 1.
- 7 Smith, interview with Hughes. Ironically this is now the hospital that treats all injured military personnel returning from combat.
- 8 American Friends Service Committee Archives (henceforth AFSCA), American Friends Service Committee (henceforth AFSC), Philadelphia, PA, box: Foreign Service 1945, Country – China to Country – Dominican Republic, file: Country – China, Letters to London, 1945, Colin Bell to Kenneth A. Bennett, 24 September 1945.
- 9 See AFSCA, AFSC, box: General Files, 1942, Foreign Service Country – China, FAU Report to Doukhobors; file: AFSC – Foreign Service China-Friends

- Ambulance Unit numbered reports, report no. 10, 19 June 1942. Peter Tennant, Friends Ambulance report no. 14.
- 10 AFSCA, AFSC, box: Foreign Service, 1944, Country – China (FAU Transport Report to Country – England (FAU Newsletters); file: FAU Un No. letters from; Unit Newsletter 134, 25 November 1944. See also NQHA, FHL, FAUCC, box: 5; file: Medical Reports, Michael Harris, Medical Report through July 1944 (Military Teams Only) 1, September 1944.
 - 11 AFSCA, AFSC, box: Foreign Service, 1945, China Letters, John Perry to FAU Newsletters, 1945; file: Country – China, letters from KA 100 to 154, Colin Bell to Eric Johnson, 16 November 1945.
 - 12 AFSCA, AFSC, box: Foreign Service, 1945, Country – China (FAU – Reports, Medical) to (Numbered KAB Letters from & to); file: Country – China, letters from China to London, 1945, Colin Bell to Kenneth Bennett, 24 September 1945.
 - 13 AFSCA, AFSC, box: Foreign Service, 1945, Country – China to Country – Dominican Republic; file: Country – China, letters to China, Ken Bennett to Colin Bell, 11 October 1945.
 - 14 AFSCA, AFSC, box: Foreign Service, 1945, Country – China (FAU – Reports, Medical) to (Numbered KAB Letters from & to); file: Country – China, Letters from London to China, 1945, Eric Johnson to Colin Bell, 6 September 1945.
 - 15 Smith, interview with Hughes, reel 1.
 - 16 Midwest China Oral History and Archives (hereafter MCOHA), Midwest China Oral History and Archives Project (hereafter MCOHAP), St. Paul, MN, Koons, interview with Margaret Stanley, pp. 2, 7.
 - 17 MCOHA, MCOHAP, Margaret Stanley, interview with Elizabeth Hughes, 31 May 1977, Burlington, Ontario, p. 5.
 - 18 Koons, interview with Margaret Stanley, p. 13.
 - 19 Compare with V. W. Turner, “‘Betwixt and between’: the liminal period in the rites of passage”, *Proceedings of the American Ethnological Society* (1964), symposium on *New Approaches to the Study of Religion*, 4–20.
 - 20 MS, Diary, p. 53.
 - 21 Koons, interview with Margaret Stanley, p. 25.
 - 22 ‘Report for FSU’, Bernice and Heath Thompson personal papers. Quoted in C. Cameron, *Go Anywhere Do Anything: New Zealanders in the Friends Ambulances Unit, 1945–1951* (Wellington: Beechtree, 1996), p. 28.
 - 23 Quoted in Cameron, *Go Anywhere Do Anything*, p. 130.
 - 24 MS, Diary, p. 53.
 - 25 NHQA, FHL, FAUCC, box 19, file: Chengchow HQ to Weimin, 1946–47, two files, file: memo to Jack Norton, 4 September 1946.
 - 26 MS, Diary, p. 73.
 - 27 MS, ‘Year in Yenan’, p. 24.
 - 28 MS, Diary, p. 58.

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- 29 NQHA, FHL, FAUCC, box 19, file: Weihwei: Chengchow HQ to Hwei Min Hospital, Weihwei, 1946–47, Walter Alexander to Kathleen (Bimbo) Stokes, 15, July 1946.
- 30 China scholar Sonya Joy Grypma refers to Dr Twan as Dr Duan Mei-Qing. I have used the spelling found in FAU documents. See S. J. Grypma, *Healing Henan: Canadian Nurses in the North China Mission, 1888–1947* (Vancouver: UBC Press, 2008).
- 31 NQHA, FHL, FAUCC, box 19, file: Chengchow HQ to Weimin, 1946–47, two files, George M. King [chairman of the Hospital Board of Directors] to Dr Robert McClure, 16 May 1946; NQHA, FHL, FAUCC, box 19, file: Weihwei: Chengchow HQ to Weimin, 20 November 1946, George K. King to Dr Kenneth Cross, 7 May 1946.
- 32 See Grypma's *Healing Henan*, pp. 149–51.
- 33 NQHA, FHL, FAUCC, box 19, Weihwei: Chengchow to Weimin Hospitals, 1946–47, two files, 26/5/6, Walter Alexander to Bimbo (Stokes), 16 August 1946.
- 34 NQHA, FHL, FAUCC, box 12, file: Changte Hospital, 1946, November, Henry Stokes to Margaret Stanley, 5 September 1946. See also Henry Stokes to Lewis Hoskins and Walter Alexander, 22 June 1946.
- 35 MS, Diary, p. 63.
- 36 NQHA, FHL, FAUCC, box 19, file: Weihwei: Chengchow HQ to Hwei Min Hospital, 1946–47, Mark (Shaw) to Henry (Stokes), 30 June 1946. See also Al to Henry Stokes, 30 June 1946; NQHA, FHL, FAUCC, box 19, file: Chengchow HQ to Weimin 1946–47, two files, file: memo to Jack Norton, 4 September 1946.
- 37 MS, Diary, p. 63; NQHA, FHL, FAUCC, box 12, subject files continued, file: Changte Hospital, 19 November 1946, Henry Stokes to Margaret Stanley, 5 September 1946.
- 38 MS, Diary, p. 81.
- 39 MS, Diary, pp. 83–4.
- 40 MS, Diary, p. 81.
- 41 MS, Diary, p. 94.
- 42 MS, Diary, p. 95.
- 43 MS, Diary, p. 98.
- 44 MS, Diary.
- 45 Stanley, interview with Hughes, p. 14.
- 46 Stanley, interview with Hughes, p. 4.
- 47 MS, 'Year in Yen'an', p. 20.
- 48 MS, 'Year in Yen'an', p. 28.
- 49 MS, Diary, p. 106.
- 50 Tagore's main principles – that the universe is a manifestation of God, that there is no unbridgeable gulf between our world and God's, and that God is

- the one who can provide the greatest love and joy – resonated with Quakers' own belief system.
- 51 MS, Diary, p. 103.
- 52 Stanley, interview with Hughes, p. 18.
- 53 MS, 'Year in Yenan', p. 30.
- 54 Compare with MS, 'Year in Yenan', p. 88.
- 55 Smith, interview with Hughes, reel 5.
- 56 MS, 'Year in Yenan', p. 15.
- 57 Margaret Stanley, 'Working west and east of the Yellow River', *Eastern Horizon*, 17:5 (1977), 40.
- 58 MS, 'Year in Yenan', p. 15.
- 59 MS, 'Year in Yenan', p. vii.
- 60 AFSCA, AFSC, box: Foreign Service, 1948 (Country – China, Letters to England to publicity), MT19; file: Country – China, Report on Projects, MT19, *First Annual Report*, 16 January 1948.
- 61 Stanley, interview with Hughes, p. 37.
- 62 Smith, interview with Hughes reel 11.
- 63 Margaret Stanley, Letters: pro and con, 'Mobile hospital unit in China', *American Journal of Nursing*, 48:8 (1948), 6.
- 64 MT19, *First Annual Report*.
- 65 MT19, *First Annual Report*.
- 66 MT19, *First Annual Report*.
- 67 Stanley, interview with Hughes, p. 24.
- 68 Stanley, interview with Hughes, p. 24.
- 69 Stanley, 'Letters: pro and con', 6.
- 70 AFSCA, AFSC, MT19, *First Annual Report*, 16 January 1948.
- 71 Koons, interview with Stanley, p. 46.
- 72 Koons, interview with Stanley, p. 46.
- 73 M. S. Tesdell, 'Hospital beds – North China style', *American Journal of Nursing*, 50:2 (1950), 113.
- 74 Tesdell, 'Hospital beds', 112.
- 75 Smith, interview with Hughes, reel 9.
- 76 Stanley, interview with Hughes, p. 32.
- 77 Smith, interview with Hughes, reel 9.
- 78 Smith, interview with Hughes, reel 9.
- 79 Smith, interview with Hughes, reel 8.
- 80 MS, Diary, p. 155.
- 81 MS, Diary, p. 138.
- 82 MS, Diary, p. 147.
- 83 MS, 'Year in Yenan', p. 57.
- 84 MT19, *First Annual Report*.
- 85 Stanley, 'Working west and east', p. 43.
- 86 MS, Diary, p. 167.

- 87 MS, Diary, p. 93; Margaret Stanley, 'Barefoot doctors and Los Angeles nursing', *Eastern Horizon*, 16:6 (1977), 39.
- 88 MS, Diary, p. 167.
- 89 Smith, interview with Hughes, reel 9.
- 90 MS, Diary, p. 162.
- 91 Koons, interview with Stanley, p. 70.
- 92 MS, 'Year in Honan', p. 201.
- 93 S. Ting-Toomey, *Communicating across Cultures* (New York: Guilford, 1999), p. 36.
- 94 MS, 'Year in Yenan', pp. 228–38.
- 95 C. Eschle, *Global Democracy, Social Movements and Feminism* (New York: Basic Books, 2000), quoted in A. S. Runyan and V. Spike Peterson, *Global Gender Issues in the New Millennium* (Boulder, CO: Westview, 2009), p. 236.
- 96 Compare with S. Chan, 'Cross-cultural civility in global civil society: transnational cooperation in Chinese NGOs', *Global Networks*, 8:2 (2008), 232–52.
- 97 Koons, interview with Stanley, p. 43.
- 98 MS, 'Year in Yenan', p. 68.
- 99 Compare with T. P. Socknat, 'The Canadian contribution to the China Convoy', *Quaker History*, 69:2 (1980), 85.
- 100 Koons, interview with Margaret Stanley, p. 79.
- 101 Stanley, 'Barefoot doctors', 39.
- 102 Koons, interview with Stanley, pp. 79, 3.
- 103 See M. L. Pratt's discussion of the contact zone in *Imperial Eyes: Travel Writing and Transculturation* (New York: Routledge, 1992); and H. Bhabha's of hybridity in *The Location of Culture* (London: Routledge, 1994).
- 104 Compare with P. D'Antonio, 'Thinking about place: researching and reading the global history of nursing', *Texto and Contexto Enfermagem*, 18:4 (2009), 766–72.