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Historical Snapshot: Dr. Mary E. Walker, Civil War Surgeon, Medal of Honor Recipient

Since the Revolutionary War, when General George Washington recognized the need to hire nurses to care for wounded soldiers, women have served in multiple roles to meet the healthcare needs of American service members in wartime.¹ The role of women today is substantial, comprising about 40 percent of officers and nearly one-third of enlisted service members in the healthcare field.² However, as the biography of Dr. Mary Walker attests, women have historically faced significant barriers in the pursuit of careers in military medicine.

Born in 1832 in Oswego County, New York, Mary Walker, along with her four sisters and one brother, was always encouraged to pursue higher education. Walker initially attended and graduated from Falley Seminary in New York and worked briefly as a teacher. In December 1853, at the age of 21, she enrolled in Syracuse Medical College and after three 13-week semesters graduated as Dr. Mary Walker. She was the second woman to graduate from medical school in the United States; Elizabeth Blackwell had graduated from Geneva Medical College four years earlier. Together with her husband, a fellow physician, Walker established a medical practice in Rome, New York. The practice, however, was unsuccessful.³

At the outbreak of the Civil War in 1861, Dr. Walker applied for a commission as a surgeon in the U.S. Army. Rejected but undeterred, she volunteered as a nurse in Washington's Patent Office Hospital and also cared for the wounded at the Battle of Bull Run. The following year, still in a volunteer capacity, she served as a field surgeon and treated casualties at the Battles of Warrenton and Fredericksburg in Virginia. In 1863, after caring for casualties at the Battle of Chickamauga, Walker again requested a commission as an Army doctor. She achieved partial success when Major General George H. Thomas appointed her an assistant surgeon with the 52nd Ohio Infantry, making her the first woman doctor to serve with the Army Medical Corps. Captured by Confederate troops on April 10, 1864, she was confined for four months before her release in a prisoner of war exchange on August 12, 1864. Although she requested a return to battlefield medicine upon her release, she was assigned instead to a female prison hospital in Kentucky as the "surgeon-in-charge" and later ran an orphanage in Tennessee.³

In her postbellum career, Walker – a non-conformist who favored wearing modified men's clothing – advocated on behalf



of many causes, among them women's rights and suffrage, dress reform, and temperance. Her wartime service was recognized formally by Major Generals William T. Sherman and George H. Thomas, who nominated Walker for the Medal of Honor. When she received the award on January 24, 1866, she became, and still remains, its only female recipient. In 1917, upon review of the terms of eligibility, Walker and 910 other honorees had their medals rescinded. Refusing to return the medal, Walker wore it until her death in 1919. Fifty-eight years later, President Jimmy Carter posthumously reinstated Walker as a Medal of Honor recipient.⁴

Dr. Walker is commemorated in the names of the Whitman-Walker Clinic in Washington, DC and the Dr. Mary E. Walker Center for outpatient services at the National Training Center, Ft. Irwin, CA.

Medal of Honor Citation:

Whereas it appears from official reports that Dr. Mary E. Walker, a graduate of medicine, "has rendered valuable service to the Government, and her efforts have been earnest and untiring in a variety of ways," and that she was assigned to duty and served as an assistant surgeon in charge of female prisoners at Louisville, Ky., upon the recommendation of Major-Generals Sherman and Thomas, and faithfully served as contract surgeon in the service of the United States, and has devoted herself with much patriotic zeal to the sick and wounded soldiers, both in the field and hospitals, to the detriment of her own health, and has also endured hardships as a prisoner of war four months in a Southern prison while acting as contract surgeon; and

Whereas by reason of her not being a commissioned officer in the military service, a brevet or honorary rank cannot, under existing laws, be conferred upon her; and

Whereas in the opinion of the President an honorable recognition of her services and sufferings should be made: It is ordered, That a testimonial thereof shall be hereby made and given to the said Dr. Mary E. Walker, and that the usual medal of honor for meritorious services be given her.

Given under my hand in the city of Washington, D.C., this 11th day of November, A.D. 1865.

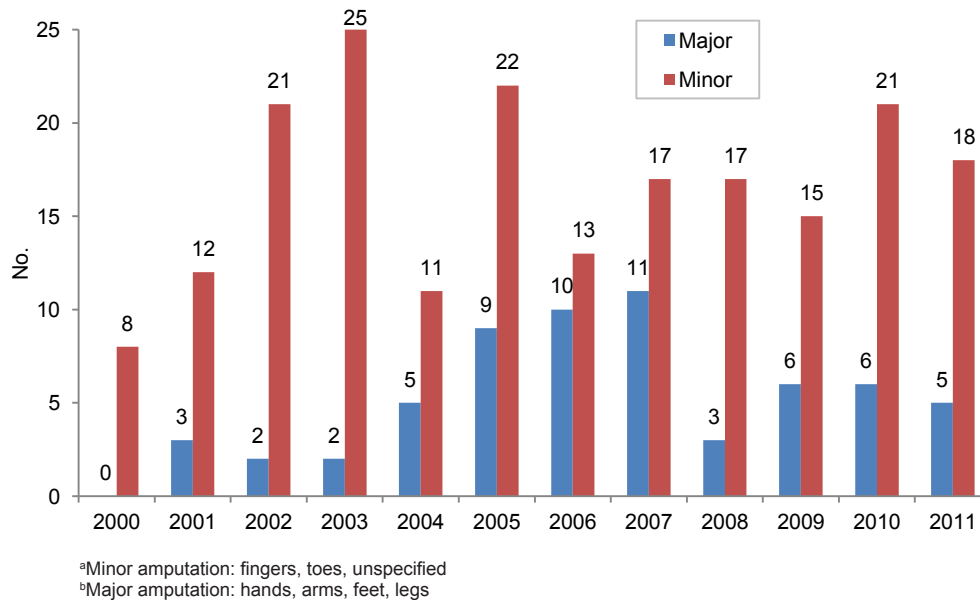
Andrew Johnson,
President

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2. Armed Forces Health Surveillance Center. Numbers and characteristics of women in the active component, U.S. Armed Forces, 2011. *MSMR*. 2011;18(12):18-19.
3. Harris SM. *Dr. Mary Walker: An American Radical, 1832-1919*: Rutgers University Press; 2009.
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Surveillance Snapshot: Traumatic Amputations among Female Service Members, Active and Reserve Components, U.S. Armed Forces, 2000-2011

FIGURE . Number of minor^a and major^b extremity amputations, active and reserve components, U.S. Armed Forces, 2000-2011



Service members are at risk for traumatic amputations during combat deployments and in many other settings (e.g., motor vehicle accidents). Due to the expanding role of women in combat operations in Iraq and Afghanistan, an increasing number of servicewomen have been exposed to severe injury risk during deployment. A previous *MSMR* report described traumatic amputations of the extremities among all service members; this snapshot uses the same methodology but is restricted to servicewomen alone.¹

During the 12-year surveillance period there were 262 amputations among 260 servicewomen. A majority of the amputations (76%; n=200) were considered minor amputations. Of the 62 major amputations affecting 60 women, 52 were lower extremity amputations and 10 were upper extremity amputations (**data not shown**). During the surveillance period the number of major amputations increased from 2003 to 2007, decreased in 2008 then slightly increased again in 2009 and 2010 (**Figure**).

During the period the records of 24 women indicated that they had a “deployment-related” major amputation.^aA majority of the deployment-related major amputations occurred in servicewomen who were in the active component (79.2%; n=19), in the Army (91.7%, n=22), aged 20-29 (75.0%, n=18), and enlisted (79.2%, n=19). Eight (33.3%) of the servicewomen with a deployment-related major amputation were involved in law enforcement occupations. The remaining 16 were distributed across eight different occupational groups (**data not shown**).

1. Armed Forces Health Surveillance Center. Amputations of upper and lower extremities, active and reserve components, U.S. Armed Forces, 2000-2011. *Medical Surveillance Monthly Report (MSMR)*. 2012;19(6):2-6.

^aAssessments of the causes of amputations and their relationships to deployment were based on cause of injury codes (i.e., E-codes and STANAG codes) and routinely collected deployment-related information. Because such data sources are incomplete and potentially inaccurate (e.g., exact start and end dates of deployments), there are undoubtedly misclassifications of relationships between amputations and deployment statuses.