

“I learned to trust myself” An oral history of professional nurses’ wartime practice in Finnmark

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Introduction

Increasing significance in treatment and care is given to the patients’ life history. As Øyvind Finne shows, war experience also influences the children and grandchildren of those who were living the war (Finne 2005). Knowing something about local history as well as life history is vital in the meeting with patients and in care situations. In the 1990s there was little in textbooks about nursing in northern parts of Norway during the War, what impact it had on health in civil society, and how this influenced the work of nurses and health care personnel. Through projects “Finnmark during war and reconstruction” (Immonen 1999) and “Living the War”² light is shed on special challenges for nurses in Northern Norway during World War II and reconstruction.

Finnmark is the northernmost county in Norway. It is, on a Norwegian scale, a vast county with an area of 48,637 km², and population of approximately 73,000. This means the area covers 15% of the Norwegian mainland, and 1.5% of the country’s total population.³ Due to the long distances and scarce population, people living here have, to a certain degree, always been dependent on their own skills for daily life. This also applies to health care.

War affected Norway in different ways in different parts of the country. Sea passages past northern parts of Norway were important for transportation of supplies to allied forces through the North-West Soviet. There was also the Litza frontier in the east, close to the Norwegian border. This meant a great number of German soldiers stationed in and passing through Finnmark⁴.

Health care is one vital aspect of living conditions and in maintaining civil society. During times of crisis this becomes obvious. The work of nurses, as the most numerous group of health personnel, is important. The contribution by civil health care during wartime is under communicated at the expense of army sanitary achievement.

In this article, focus is on the significance of health care for the maintenance of the civilian population during the war, and until the deportation. This will be

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² See introductory chapter for project “Living the War”

³ Finnmark Fylkeskommune, <http://www.ffk.no/>

⁴ See introductory chapter.

elucidated by relating to challenges in working conditions for nurses, both hospital and district nurses, in Finnmark County during World War II.

Documentation of health services and the civil society in Northern Norway during the War is incomplete. This is partly due to shelling of the county, and partly due to the scorched earth tactics at the end of the War. Archives left are fragmentary, and there is little research done on health and the civilian population.

First in this article will be a short overview of Finnmark County and its health services shortly before the War. Then methods chosen for the project are presented, findings, and finally the discussion. World War II is referred to as “the War”.

Health Care in Finnmark before and during World War II

At the outbreak of the War, there were four hospitals in the county, three situated in the eastern part (Vadsø, Vardø and Kirkenes) and one in the west (Hammerfest). Kirkenes Hospital was a private hospital for the mining company and its employees with families, but it also took other patients from the community. In addition to municipalities, several voluntary care associations were involved in institutions for elderly, orphans and tubercular patients, as well as home-based nursing and small cottage hospitals in the county (Elstad & Hamran 2006). There was no hospital for psychiatric patients, only one nursing home, “the Asylum” in Hammerfest (Fause 2011, 3-8; Fause 2015).

There was still no national framework in Norway for nursing education. The Norwegian Nurses Association aimed at a mandatory law demanding three years of nursing education for all nurses. This law was not passed until 1948.⁵ Nurses were recruited to hospitals and district nursing through nursing organisations such as Red Cross and deaconesses; and through voluntary associations such as the Norwegian Women’s Public Health Association (NKS), National Tuberculosis Organisation (Nasjonalforeningen) and the Sami Mission (Norges Samemisjon). In addition to this, hospitals trained their own nurses in internal programmes of varying length. The title “Nurse” was not reserved for educated nurses with a three-year education. Assistant nurses and sanitary personnel with shorter courses, who worked in health care, could also be addressed as “sister” or “nurse” (Melby et al. 2000).

During the War a great number of German soldiers were stationed in Finnmark, as described in the introductory chapter. Private homes, schools and other institutions were requisitioned for the German army as offices, housing, hospitals etc (Bottolfsen & Birkeland 1990). In some municipalities, the German soldiers outnumbered the local residents by ten to one; for instance Porsanger municipality had about 3,000 residents but 30,000 soldiers. This meant crowded housing, and schools had to find alternative locations, lessons had to take place in private homes or there was no school at all for the children. At sea, in the air, and on the ground

⁵ Lov om utdannelse og offentlig godkjenning av sykepleiere, 1948.; Melby et al. (2000) ; Moseng (2012); Lund (2012)

there were war activities going on. Kirkenes in the east was one of Europe's most heavily bombed cities during the War, and in many communities the damage caused by shelling was considerable (Nordhus 1948). This also affected hospitals, nursing homes and orphanages, which had to find temporary locations, e.g. Kirkenes hospital moved into Sollia children's home, located east of Kirkenes. Sollia children's home then had to move into temporary housing in Tana (Oterholm 1985). Kirkenes lost almost their entire medicine depot as the pharmacy burned.⁶ Also in Honningsvåg, the nursing home for tubercular patients and the cottage hospital had to evacuate after bombing, but both could resume their work later. In Vardø, the hospital was completely damaged during an air raid, the temporary hospital was also bombed, and the hospital had to finally move to Syltefjord, on the northern coast about 60 km west of Vardø.⁷ These are just some examples to illustrate the kind of extraordinary challenges health personnel could meet.

There were no Norwegian army sanitary personnel in Finnmark during the time of occupation. This meant that all health care in Finnmark was to be managed by the local health care systems. The German army had sanitary stations in the county, and it also requisitioned hospital wards and other facilities for use by the German army (Bottolfsen & Birkeland 1990). In consequence, civil health personnel and civil society had to cope with a variety of challenges caused by warfare, in addition to their usual everyday activities and problems.

Methodology

“It is important to tell the story to the younger generation”

As mentioned in the opening of the chapter, knowledge of local history is important both for understanding patients' reactions to illness and for understanding developments in health care. Scattered and incomplete knowledge about health care, nurses' contribution in civilian population, and consequences of war on civilian society in Finnmark led to the first project of collecting nurses' narratives from wartime and reconstruction. This project was later to become part of the international project “Living the War”.

There are a number of challenges in reconstructing and retelling the War. Time passed leads to displacement in the narrative, both because of personal experiences during and after the War and changes in local and national conditions (Thompson 2000; Tumblety 2013b). Another challenge for Finnmark is the fragmentary state of the archives. It has been important to follow up interviewees' request to impart a part of history that has been forgotten in textbooks and storytelling about the war in Norway.

Texts available seemed to have focus on “what” and “how many”; which buildings were destroyed, how many houses requisitioned, death rates, how many

⁶ Annual report from County Medical Officer 1942

⁷ Annual report from County Medical Officer 1942

evacuees escaped, etc. How these things influenced people living through these conditions, was not visible. Therefore it seemed important to hear the voice of the nurse, the nurse helper, and the patient. In this paper focus is on interviews, whereas archives contribute to the setting of health conditions during the War.

Interviews

Interviews with nurses who served in Finnmark County during the war and in the period of reconstruction represent the main body of interviews. Some interviews were also conducted with nuns and servants⁸ at St Elisabeth congregation in Hammerfest, as well as with some informants who were teenagers in this period. The project was also given access to interviews conducted with sanatorium patients at the archives of Grenselandsmuseet (the Borderland Museum) in Kirkenes⁹. Interviews were conducted during the period 1996–2013.

In finding interviewees, purposeful sampling was used. That is, the interviewees are considered representative for the case (Boschma et al. 2008b). Interviewees were contacted through personal knowledge as well as through local nurses' knowledge. Most nurses who were asked to take part in interviews were positive, and found it important to tell their stories. They gave as reasons that there was generally little knowledge of war activities in Finnmark, and they had a wish to stress the fact that war is always a losing project for all parts.

A small number of those asked did not want to talk about the war period. Reasons given were: "there is nothing to tell" or "they were too painful times, I don't want to talk about it". It is difficult to know in what way, and if, these untold stories would make a difference in analyses of the material (Adler & Adler 2001, 515-536). There might be different and additional sub-stories, maybe also different interpretations of situations and episodes.

In the analysis of interviews, nurses' narratives highlight topics connected with challenges in everyday work:

- Challenges connected with **shortage in supplies**. Here a number of subthemes are found: food supplies, medical supplies, travel possibilities (with impact on engaging new nurses, going on holidays, returning from holidays).
- Increased **workload** following war activities. Subthemes here are epidemic outbursts, accidents caused by war (such as shipwrecks), moving into temporary housing of lower standards due to shelling and war activities.

Memories and recollections of situations and happenings need to be reflected on in the light of adapting to the individual life course of the interviewee and political and cultural changes in the environment. As one of my informants noted, "*It has*

⁸ Servants were called "piker", "maids", servants-of-all-work, and had all kind of tasks assisting the nuns at the St Elisabeth Hospital.

⁹ Grenselandsmuseet is the main site of Sør-Varanger Museum in Kirkenes: <http://varangermuseum.no/en/sor-varanger/> (accessed 21.02.2013).

not been politically correct to tell that it was the Russians who freed Finnmark".¹⁰ Kinnunen and Jokisipilä (2012, 435-482) show how the official or public version of war changes with changes in society, and also with the age and need of those participating in the war. Steensen (2007, 31-50) shows how intertwined memories are with individual development. Reflexions over the past will take colour from more recent experiences; thus the adult, in looking back, may interpret a situation differently than as a child or adolescent at the time with less life experience. This may also be positive for the story, as it might add more nuances and depth to it, as the informants will have a deeper understanding of events in their past.

Most of my informants pointed out that war and traumatic experiences during war were not talked about during the reconstruction period, and even afterwards. Also, when everyone owns the same history, it becomes the norm, and it is not spoken about specially. Consequently, it is only recently that the war has become part of storytelling. This is a common experience for participants in war, both at the front line and behind. As is commented by war veterans¹¹, there was a lid put on the war experience and this was needed to be able to go on with life. But later on memories come back as nightmares, fright at sounds or smells, major accidents or war reports. This is also confirmed by others than those interviewed.

Archives and contemporary material

Archives provide information which add to the setting of the narratives. Being part of the profession that is being researched easily leads to understand and interpret narratives from a modern standpoint of the profession. This also may end in not exploring relevant issues (Boschma et al. 2008a). Archives are thus a correction of the researcher's looking glasses; it sets the researcher free from her everyday understanding of her profession.

Research in archives and other literature, both fiction and reminiscences, are used as complementary sources. These help to set the oral history narratives into a wider context. Sometimes they confirm the story as common experience, other times the context underlines the individual experience.

What is to be found in archives – The National Archives of Norway, the Regional State Archives in Tromsø, and Municipality Archives in Finnmark – is fragmentary. This is mainly because of shelling and damage through fire in eastern parts of the county, and due to restrictions in the amount that refugees could carry with them during deportation and scorched earth in western parts of the county.

Central archives contain annual medical reports from all districts, summing up the staffing level during the year, changes in number of beds, main health issues during the year, i.e. births, sudden deaths, epidemics, vaccinations and reflections

¹⁰ Interview nurse

¹¹ Author and journalist Benedict Zilliacus cited in Hufvudstadsbladet (Helsinki) Wednesday, January 30, 2013

on the health situation in general. They also mention what health institutions are requisitioned or damaged through shelling and fire.

The journal "Sykepleien", the periodical of the Norwegian Nurses' Association, is a source for articles published on current issues in treatment and care, and war-related issues. The leaders of the Norwegian Nurses' Association, as was the case with most other organisations in Norway, were changed during the war with leaders who were supportive to the occupants. This is also mirrored in the journal.

Archives from Norwegian News Agency (NTB)¹² from the war period give an insight into restrictions and instructions for mediating news. This is valuable knowledge when reading newspapers from the period, and understanding articles in the newspapers.

Immediately after the War, a number of articles, pamphlets and books were written on experiences during the War. Among others Axel Strøm (Strøm 1954) made a study of the nourishment situation in Norway during the War, and Kirkenes' fire brigade reported its war experiences giving a detailed description on shelling and fires in Kirkenes during the war (Nordhus 1948).

Secondary data:

During the last 10–20 years there has been a renewed interest in war history and a number of articles have been written, both in local historical books, novels for children and adults, as well as historical books and text books¹³. A number of Master's and PhD theses have also been written on World War II.¹⁴

How did nurses cope with war challenges?

The health situation before and during the War in Finnmark was characterized by a high rate of tuberculosis. Living conditions during the War increased the rate of all infectious diseases. The County Medical Officer of Finnmark reports generally increased numbers of pneumonia, scabies and gonorrhoea, fear of smallpox in Hammerfest, epidemical encephalitis in Talvik, dysentery in Lebesby (diagnosis was made on symptoms only, as transport of samples to Tromsø would have taken three weeks), and many more.¹⁵

Civil health services had to deal with all health challenges during the War. Shortage of supplies, difficulties with transport and additional work tasks were extra challenges for nurses. One dominant challenge was the high numbers of tuberculosis compared with general morbidity in the country. Still, the Medical

¹² NTB i Riksarkivet (Norwegian News Agency at The National Archives of Norway)

¹³ Petterson & Gjenreisningsmuseet (2008); Nielsen (1998); Bottolfsen & Birkeland (1990); Petterson (1997).

¹⁴ Finne (2005); Virtanen (2005)

¹⁵ County Medical Officer of Finnmark 1940–1944

Officers report in their annual reports that diagnoses are now made earlier, and the chance to recover is therefore better. The health promoting work of the nurses is also stressed.¹⁶ In addition to local health challenges, nurses had to cope with challenges related to war activities. This could be civilians who in some way or other were injured or in bad health as a consequence of the war, lack of medicines and bandage material, or dangerous patient transportation.

“There was no room in the hotel, so I had to sleep in the bath tub”

All municipalities in Norway had their own offices for stock supplies and rationing, which were coordinated by county offices. The municipal offices were in charge of ordering stock, getting transport and maintaining rationing systems. Rations were equal all over the country during the War, but the possibility to buy rationed food and other stock varied in different parts of the country, and there were also seasonal variations (Immonen 1999).

Transportation of medicine and food supplies, as well as building materials, clothing and shoes, from other parts of Norway to Finnmark was difficult during the War. A large amount of supplies were traditionally transported by boat as there was no railway line in the north and roads were of low standard and often closed during wintertime. As the sea was heavily mined during the War, this meant difficulties with transport. Transport took a long time, and ships were wrecked due to mined waters or air and sea attacks (Bottolfsen & Birkeland 1990). This meant that deliveries could be late or even lost during transport.

Institutions, especially those managed by voluntary care organisations, were dependent on money transfers for wages and working expenses. Those which were financed mainly by local organisations continued to raise money locally during the War. For those dependent on funding from external sources, the sending of money became problematic because of the instability of transport.

The problematic transport situation also had an impact on recruiting new staff and getting relief for existing staff. As many nurses had their families in the southern part of Norway, it became difficult to go on, and return from, holidays. Travel routes were usually by train, bus and boat through Norway. In peacetime this route could be completed in about a week, but transport was uncertain during the War. A route through Sweden to Rovaniemi in Finland and onwards by bus or car to Finnmark in Norway was also brought into service. Using either route, passengers now had to expect that schedules were difficult to keep, and transportation and accommodation had to be improvised.

“There was no room in the hotel, so I had to sleep in the bath tub”, “The driver went boozing, so we could not go the next day”, “There was this lorry going north. One of the men knew the driver, so we could catch a

¹⁶ Annual medical reports 1937–1939

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*ride on the back of the lorry. Everybody was shaking their heads at us going north."*¹⁷

Hospitals usually had an ambulance at their disposal. Some of them were purchased by local women's health committees. Cars were in bad condition due to the war and lack of spare parts.

*"Then it was just finding the ambulance which was pretty miserable, it was almost without floors, so I wondered where I'd put the patient if I had to bring him back with us. We came to Neiden and went over the river in a small rowboat. The bridge had been blown up by the Germans. The man coughed and panted, but he was lucid, so I thought he'd recover, he could survive. I put the syringe in him and said a silent prayer that I was doing the right thing. Then I had to take him with me. There was no stretcher. It caused no problems for the Red Cross guys; they lifted off a door and placed the patient on top. My worry was now: how do we get him across the River Neiden in that small boat? It caused no problems for the Red Cross guys: They placed the door straight across the boat, and the rest of us packed together at the end, and we rowed across. The door fit like hand in glove in the almost bottomless car, except the door could not be closed. I sat there with the patient's hand in my lap and tried to ease his breathing. He coughed straight in my face, and I – being selfish – thought: "now I'll get diphtheria too". You see, we didn't have time to get the vaccine before we left."*¹⁸

"And we had to scrub casualties with Ata"

All over the county there were rising numbers of casualties. There were the usual casualties that occurred in peacetime as well, such as accidents with axes, broken legs etc. District nurses always took equipment for sutures when they were called out to patients. Sometimes nurses had to suture wounds before transport to a doctor.

"I'll tell you...about a man who was working, and this man, he was "standing there pulling this old tackle. He was weighing the fish from a boat ... Then he lost his grip of the handle, and it came... it wound back and almost smashed his nose in. Sister Alida boiled needle and thread. And

¹⁷ Interview with nurses

¹⁸ Interview with nurse

some scissors, and sewed his nose. – That’s right, regular needle and thread.”¹⁹

Finnmark is multi-ethnic with Sami and Kven people as well as Norwegians. When a nurse was summoned to a patient, the message was often “the patient has pain in his head”. This could turn out to be anything from flu to cancer in advanced stage with need for hospital treatment. This often called for improvisation. The nurse’s standard equipment was simple: “a first aid bag where I had a candle, a torch, bandages and Globoid²⁰ and a small bottle with, I believe, 50 grams of Tebaicin.”²¹

Nurses used bicycles in summertime and skis in winter, as well as being transported by boat and horse cart, as it was not always possible to reach patients by road. The doctor would have to travel the same distance to see the patient, so nurses had to decide whether a doctor’s visit was necessary for the patient or not. Nurses tell that they had to trust their own judgement and learn to give a provisional diagnosis.

“But, after all, I learned to trust myself a lot. I’d had giving diagnoses as a hobby, I must say. And, we did have medical training at Rikshospitalet (the National Hospital), and there I’d had lessons every week, with cases, so that, I was very interested in medicine, internal medicine. So I tried to give the diagnoses myself, and according to the symptoms and that, in the end, it became a sport.”²²

When a ship wrecked in the mined waters it meant a great number of casualties in a short period of time. Accidents with a large number of casualties occurred when fishing boats wrecked, or when the coastal steamer wrecked. This meant that nurses had to stay on duty until all casualties were treated, which could be up to 30 hours. There was no overtime pay or additional time off in compensation and afterwards the nurses had to go back to their ordinary schedule.

As all supplies, also medicine and bandages, were difficult to get on occasions, the amount needed was not always available. All bandages had to be washed and reused as usual also before the War. But with accidents with a large number of casualties the stock was not always sufficient. So nurses had to improvise. Nurses

¹⁹ Interview with nurse

²⁰ Globoid is an acetylsalicyl preparation, Tebaicin is an opiate. Nordegren, T. (2002) *The A-Z encyclopedia of alcohol and drug abuse*, Parkland, Fla.: Brown Walker Press.

²¹ Interview with nurse

²² Interview with nurse

could then summon local people to help make bandages from worn out linen. *"We called the boys and put them to work."*²³

The casualties from the fishing boats could also be really dirty from boat's fuel, and the substitute soap in use, B-soap, was of no use when cleaning these patients, so nurses had to use scouring powder (called Ata) to get them clean.²⁴

Antibiotics were not yet in common use during the War. *"There were some red tablets that had a restraining effect on infections, they were called MB493, I think"*.²⁵ At the time, there were some chemotherapeutical drugs in use: Sulphanilamide and Sulphapyridin. The latter was also called "M&B 693" as it was produced in the laboratories of May and Bakers (Benestad 1941, 28-33). Hygienic measures and care were the usual options for nurses in treatment of infectious diseases, and to prevent wounds from turning septic.

Supplies were often scarce, and it was sometimes a difficult decision as to who should get the valuable drops of medicine and who would miss out. This was a big challenge for nurses, as they often had to make decisions independently, and only could discuss the situation with the doctor afterwards.

*"He (the doctor) put a syringe and bottle in my hand and said "The Red Cross-guys are right there with the car (i.e. the ambulance and crew). You'll go with them to Neiden", he said, "there is a man with diphtheria. Give him as much as he needs of what you have in the bottle, if he's not too poorly. Then you don't give him anything, because we don't have much medicine, and we need to be careful with what we have". "But how do I know how much to give him, then?" I asked, "I haven't worked at the epidemics ward". "Ooh" The doctor pulled his hair, he was upset and said: "Are you a nurse or are you not?"*²⁶

"The bread could smell of cat's piss"

Finnmark was not, and indeed is still not, self-contained with food because of the northern climate with short summers. Early winter frost can also damage harvest of berries, potatoes and crops. Transport was difficult and time-consuming by boat along the coast or over long distances by road. During the War this became worse as waters were mined and transport from southern parts of the country to Finnmark was difficult also by road. This meant that food supplies could be insufficient for long periods at a time.

Most nurses in Finnmark, both hospital and district nurses, had free board and lodging as part of their payment. Hospitals also felt the shortage of food supplies. Nurses describe the situation at Hammerfest hospital as *"Food was ordinary. Of*

²³ Interview with nurse

²⁴ Interview with nurse

²⁵ Interview with nurses

²⁶ Interview with nurse GRC

course there was little of everything and the bread could smell of cat's piss."²⁷ Flour was often of poor quality, and difficult to make proper bread from. Daily butter rations for the staff were the size of a thumb fingernail.²⁸ One year there was a cook at the hospital who got hold of a large portion of stockfish through private connections. This influenced the menu all winter.

On weekends the German ward at Hammerfest Hospital got special food from the Germans' own army kitchen in town. The craving for food was so strong that hospital staff sometimes sneaked some food from these extra supplies. *"This was of course risky and one had to be quite sure not to get caught. But the extra treat was worth the risk."*²⁹

Patients stayed at hospital a high number of days at the time compared with modern standards. Hammerfest Hospital quotes in its report for budget year 1934–1935 an average period of hospitalization to be 25.9 days.³⁰ As diet was an important part of care given, this meant that patients were at risk of malnutrition. Sometimes patients could get extra rations in addition to the hospital diet from their families. Those who had cattle were best off: they got both milk and meat. It was common to share what scarce supplies one had. One family of nine had a cow and a calf.

*"One day we discovered that someone was stealing our calf. We ran after the thieves, they let go of the calf and we caught it. We saw three men in poor clothes vanishing in the woods on the other side of the lake. When we went home Mummy said: we should have let them have the calf, they needed it more than us. But then we could not reach them anymore. They were escaped Russian prisoners."*³¹

In rural areas water supplies were usually wells. But sometimes families had to use water from the small rivers and lakes as their water supply.

"Our teeth went bad. It was the water. We took water from the lakelet in the marsh. So did the German soldiers who lived in the cottage in the neighbourhood. They also got bad teeth. Then their officer took water samples from the lakelet and there was a lot of iron in it, and they stopped using it. They got their water from a brooklet. We were a big family, and

²⁷ Interview with nurse

²⁸ Interview with nurses

²⁹ Interview with nurse

³⁰ Annual report for Hammerfest Hospital: Årsberetning for Hammerfest sykehus for budsjettårene 1932–33, 1933–34 og 1934–35. Gjenreisningsmuseets arkiv.

³¹ Interview with child

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*it was too far to bring the amount of water we needed from there, so we still took our water from the lakelet. And all the children got bad teeth."*³²

There was also a shortage of vitamins in the population. Potatoes were an important source of vitamin C, and had for the most part to be imported from other parts of the county. Potatoes transported to the county by boat could be drenched with salty seawater or even frozen on deck before they reached their destination.³³

Pregnant women in particular were marked by lower intake of calcium and iron-bearing food, as well as low intake of vitamin C:

*"and it was about vitamins. (...) This is how we did it in Sollia; we all had one week on call with doctor Palmstrøm at the doctor's office where patients from the community came. And I particularly remember there was one whose ankle was so swollen, there was a diffuse redness, soreness; and then he (Dr. Palmstrøm) asked me: "What do you think this is?" And I answered: "I think it's phlegmonia» "No", he said, "it's not. It's vitamin C deficiency. She'll get twenty pills to take every day for a week. Twenty pills for a week. And it will disappear. Then she'll be fine." I had my... I couldn't fathom that that was... But the patient came back and was fine... Then I got a visitor – after doctor Palmstrøm had left – a lady who had a knee that was so swollen and red. Then I thought about what Palmstrøm had said, and then I said: "You're going to take twenty pills of vitamin C and then you'll be fine." ...she came back after a week and her foot was fine. She said: "They laughed at me when I came home and told them what you'd said, but look, it's perfectly fine.""*³⁴

In mid-January 1943, one of the nurses in Porsanger reported:

*"Børselv ran out of flour a couple of weeks ago, but on the western side of the fjord it is much worse, as they have been out of flour much longer. Around Christmas there was a ship with potatoes, the western side and Børselv got potatoes, but when the ship reached Hamnbukt, frost destroyed the whole load, and so Lakselv, Karasjok, Kjæs and Brenna didn't get any potatoes."*³⁵

Fishing was difficult in most parts of the county as waters were mined, and it was risky to go fishing. Freshwater fish was available in many parts of the county.

³² Interview with child

³³ Interview with nurse; Annual report for County Medical Officer 1941

³⁴ Interview with nurse

³⁵ Correspondence between nurse and her employers 1941, Samemisjonen, Regional State Archives in Tromsø

Worms in fish could be a threat though, as it would cause parasite worms in people who consumed the fish.

Shortly after the War Strøm (1954) made a survey of the impact nourishment had on the health situation. He concludes in his survey that:

“However, the present investigation has shown that the primary cause of the poorer health during the War was infectious diseases. They made the largest contribution to the increase in mortality, and they were the most serious health problem. It is doubtful whether the changed diet played any significant role for the spread of these diseases, with the exception of tuberculosis. The lowered immunity and increased exposure along with poor hygienic conditions must be regarded as more important.”

Strøm’s survey is based on national statistics and knowledge of food rations during wartime. Data from Finnmark, both interviews and medical annual reports, confirm that nourishment was generally low. This could be because of food being spoiled during transportation (especially milk and potatoes, which were transported on deck on coastal steamers) or because fishermen could not go out fishing in mined waters. Access to food had an impact on the total health of the population. District doctors recorded in their annual reports about lack of potatoes and milk as important causes of low immunity in the population, and as one of the reasons for the population generally being in bad health.³⁶

“The Germans were afraid of getting tuberculosis”

Contagious patients were isolated in their homes when possible. During the War this became difficult because of crowded living quarters. In 1940 there was fear of smallpox spreading from Finland, and an inoculation programme was carried out. This is specially mentioned for Hammerfest region.³⁷ Later on there were outbursts of diphtheria and paratyphoid. Medical reports mention lower resistance for diseases in the population as a reason for these epidemics. This was also given as reason for outbursts of measles, scarlatina and pneumonia in the population.³⁸

With outbursts of epidemic diseases such as diphtheria and typhus, it was occasionally necessary to make use of other locations than the hospitals to nurse patients. Temporary epidemic hospitals are reported in Sør-Varanger and Vadsø in 1942, and in Hammerfest in 1943. In Kirkenes there was an epidemic outburst of diphtheria in 1943 and a temporary hospital was situated in Kirkenes. There was also paratyphus A, which was treated in a temporary hospital in Jakobsnes near Kirkenes. In these periods schools and boarding schools were requisitioned for

³⁶ County Medical Officer for Finnmark County, annual reports 1941, 1942, 1943, Riksarkivet

³⁷ MP annual report for Hammerfest 1940, Riksarkivet

³⁸ County Medical Officer for Finnmark County, annual reports 1940–1944, Riksarkivet

hospital use. Schools then had to find temporary housing. Temporary hospitals were supervised by a local doctor, and nurses were moved here from other wards. The whole town of Kirkenes was in quarantine for a period in 1943, and everyone who left town had to have a health certificate (Oterholm 1985).

Hospital nurses or district nurses were in charge of the temporary wards. District nurses had to take care of their other patients as well in these periods. When hospital nurses were requisitioned to temporary epidemic hospitals, they were usually alone with the responsibility, helped in everyday tasks by nurse helpers. Doctors and nurses had to make analyses of the disease for diagnostic purposes and statistics.³⁹

Venereal diseases increased during the War. In Sør-Varanger patients with gonorrhoea and syphilis were isolated in separate small local hospitals. This was an act from German authorities to prevent the community from catching the diseases. German authorities also demanded a health certificate for contagious diseases for those working for them.⁴⁰

There were small tubercular nursing homes in most municipalities in Finnmark, most of which were run by missions and voluntary organisations. The smaller ones were served by district nurses. This combination was difficult to work out: should the nurse stay with the patient in the nursing home or cottage hospital, or should she visit her patients in the municipality? In Hammerfest one ward at St Vincent's Hospital was allotted to tubercular patients.⁴¹ District nurses soon learnt that wards that had tubercular patients were not requisitioned by German authorities. In some cases they marked the entrance with “We have tubercular patients” just to maintain normal work tasks and housing⁴².

“And the pile of dead by the flagpole grew”

The German-Soviet frontline was at Litza near the eastern border of Finnmark County and, due to this, there was heavy bombing in these parts of the county. Due to damage as a result of bombing, Kirkenes Hospital, hospitals in Vadsø and Vardø and cottage hospitals were forced to move out of town, some for short periods and others for the remainder of the War. Kirkenes Hospital moved out to the site of

³⁹ MP annual reports for Sør-varanger 1943, Hammerfest 1943, Vadsø 1942, Riksarkivet

⁴⁰ MP annual report for Sør-varanger 1943, Riksarkivet

⁴¹ County Medical Officer for Finnmark County, annual reports 1940–1944, Riksarkivet

⁴² Interview with nurse

Sollia children's home, which was situated east of Kirkenes – actually between the frontline and Kirkenes (Oterholm 1985).

Sollia was a wooden building, and a situation could occur where the staff had to move the patients from the building at short notice. They also tried to find out if there was good shelter in the hills around Sollia.⁴³

“..when this came upon us, it was a terrible racket with these, with the shooting. Then doctor Palmstrøm decided that we had to go outside the hospital to see if we could find some caves where we could leave medicine and dressing materials and wool blankets. We went up in the forest and tried. We were shot at, and bullets rained over us, so we had to throw ourselves down. And we bent down, it was a marsh and we didn't look good afterwards. We just had to get back to the hospital. Then each of us three nurses were handed a backpack. In each backpack we had sugar, morphine and dressing materials... And we kept that backpack in our rooms. Sugar for nourishment, that is. We had to expect having to grab some patients and get out of the hospital because it was a wooden building and there could easily be a fire. Every time there was shooting we had to run upstairs, two floors and then to the top floor. Then we had to run around to see if anything was on fire.”⁴⁴

These precautions with backpacks never came to use. Here, as in other hospitals, the basement was used as shelter during bombing. It could be a difficult task to get all the patients down in the basement when the alarm went. Patients reacted in different ways to the alarm; sometimes patients went into hysterics and needed special care and observation from the nurses. Patients got sleeping drugs in the shelter to be able to relax. When the “all clear” signal went off, nurses had to bring patients up to the wards again.

During the last year of the War there were a lot of rumours in southern Norway of what was going on in the northern parts of the country. News in newspapers was well edited, and letters and other personal news were scarce. Rumours about the Russian troops invading Finnmark, with pillaging and abuse of civilians, were told. This made people in the southern part of the country sceptical to calls for help from the northern parts of the country. The German Wehrmacht also called on Norwegian nurses to help with evacuating the population.⁴⁵ For those who were in the north or who came to Finnmark in the later stages of the War, it was a chaotic situation. German troops started withdrawing in the early autumn of 1944. Coming to Finnmark as a nurse, especially the eastern parts, meant stepping into temporary

⁴³ Interview with nurse

⁴⁴ Interview with nurse

⁴⁵ Appell til norske sykesøstre. Hjelp nødstedte landsmenn i nord. Sykepleien nr 11-12/1944

"I learned to trust myself" ...

hospitals with little equipment and a need for improvisation and fantasy to solve problems.

In October 1944, Sollia came to be in the middle of the frontline as the Soviet troops advanced over the Norwegian border. As the frontier moved, Russian soldiers were also brought to the hospital. For three days the personnel at Sollia operated on the wounded together with Soviet medical personnel. Luckily, there was enough bandage material stored. A lot of soldiers died during this attack.

*"And some of them were shot in the head, and they jumped on the walls and shouted, and it was just terrible. ... And many died, and they were laid down by the flag pole And we operated for three days... And the pile of dead by the flag pole grew... And those who were hardest wounded were sent with ambulance behind the lines to the Russian hospital ... But those not so seriously wounded were in the ward ... And, as I said, I stood there for three days and nights ... You just had to get some food in between."*⁴⁶

At Bjørnevatn, where the Syd-Varanger mining corporation had its mines, a cottage hospital was located by the mines. The mining company built bomb shelters in the mine. Here many families took shelter when their homes were bombed. There was no electric lighting in the tunnel, and water was in barrels and had to be rationed as no one knew how long they had to stay there. A connecting hole between two drifts was converted into a latrine. Cattle were gathered in other parts of the mine. When the frontier came closer, the cottage hospital also moved in here in a purpose-built hut. During the final stage of the War, when fights were going on in the region, gates to the mine tunnels were locked. The last patients from the outside hospital were moved into the mines on the last night before the gates closed. The hospital hut had three rooms, two for patients and the third for a polyclinic, kitchen, laboratory and patients with infectious diseases. The tunnel was the local people's shelter for 14 days until the news came that this part of Finnmark had been freed by the Soviet army and the gates were opened again. During this period, 10 children were born in the tunnel and five people died.⁴⁷

The Soviet army stopped by Neiden, a short distance west of Kirkenes. This meant that the eastern part of Finnmark was free. In the rest of the county and the northern parts of Troms County, the population was deported and the German army used scorched earth tactics when withdrawing.

Discussion

Most research on nursing during wartime focuses on military services. Interviews in the project focuses on everyday challenges in work in civilian society. Still, ideals

⁴⁶ Interview with nurse

⁴⁷ Interview with nurse

of nursing are equal in both cases, which makes it appropriate to also use military nursing as reference point in discussion of civilian health care during times of crisis.

Ritva Virtanen's work on wartime nursing has an approach of history of ideas, and is related to warfare nursing. Still, she comments that in her material "nurses told about their work and tasks more than about their feelings and thoughts" (Virtanen 1996, 118).⁴⁸ Challenges in wartime nursing in civil society seem to coincide with Virtanen's findings with war nurses. Virtanen (2005) finds the following themes in her material: Professionalism; Love of one's neighbour; Religiosity; and Patriotism.

Informants impart a strong identity as nurses. Even when they try to make diagnoses, they are clear about distinctions between nurses' and doctors' responsibilities. In the interviews nurses stress the need of knowledge in all areas connected with nursing. During the War nurses often had to work alone, in small units or in stressful situations with a great number of casualties. Nurses often had to make independent decisions, and only later had the opportunity of confirming their decisions with the doctor or nursing colleagues. They had to accept that their decisions could be either right or wrong, and to live with the consequence of their choices.

Love of one's neighbour and patriotism could cause special challenges. It was expected in the local population that there should be a minimum of contact between the occupants and local population. Restrictions in everyday life, arrests and knowledge of prisoners of war added to the hatred of the enemy. When nurses were ordered to work in requisitioned wards, or in wards containing both Norwegian and German patients, they had extra pressure from outside questioning their patriotism. For these nurses support from their superiors was important. "*I appoint you to the ward, because I know your patriotic standing*".⁴⁹ When working in the ward, nurses had their focus on their work, and the patient was in focus. In all their training, the wellbeing of the patient was in focus, and nurses should not add to the patient's pain.

There was a special challenge for nurses in Catholic hospitals. St Elisabeth Congregation had hospitals in the counties of Finnmark, Troms and Nordland; and the sisters were mainly of German and Polish origin. Their vocation as nurses is founded on their religious belief: "*You know, when you are caring for the patient, you are caring for our Lord*".⁵⁰ In some quarters the sisters' national standing was

⁴⁸ My translation

⁴⁹ Interview with nurse.

⁵⁰ Interview with catholic Sister

questioned. Still, their outlook was that wherever they were placed, their work should be in the local community and in the best interests of the local community.⁵¹

Different parts of Finnmark County had contact with war activities in different ways, but there were still common challenges in coping with shortage of supplies: medicines and medical equipment, food and poor communication.

Communication was a challenge in many ways. It affected both remittances for salaries and other needs, as well as ordinary post. Transportation and telecommunications were also difficult. All this had consequences for medical and food supplies and for travelling. Nurses had to use their imagination, act independently and use all their physical and mental strength during this period. Not only were working hours long in the ordinary work situation, they also had to stay on duty with extra time when there were casualties from ship wrecks and bombings. The nurses had to use the supplies that were available, which meant that sometimes old linen or even toilet paper had to be used for bandages.

Just like the rest of the civilian population, nurses had their given food rations and difficult lodging situation, and were thus exposed to illness due to lowered immunity and generally low health conditions. Nurses had to work extremely long hours whether they liked it or not, sometimes several shifts in a row without any rest. Many nurses were exhausted and happy to step back when they could *"You are young, it is your turn now"*.⁵² In interviews, mental stress is pointed out equally as much as bodily stress during the War.

Nurses who worked in Finnmark and Northern Norway during the War had to face a number of misunderstandings during and after the war. Even during the war, there was a view in the southern parts of the country of the population in the north being too friendly with the enemy. Nurses had to put their personal views aside when nursing patients from the enemy party. It seems that nursing ethics was considered in everyday work, placing the patient in focus. *"They were just young boys"*.⁵³ By standing by their duties in the civilian health system, the contribution of the nurses was important in keeping up the civilian society in a time of crisis.

Conclusion

We tend to look at phenomena in terms of dichotomies: war–peace, sick–healthy, enemy–friend. This study shows, though, that everyday life consists of a variety of nuances and complexities. In wartime this becomes especially clear, and is made

⁵¹ Interview with catholic Sister

⁵² Interview with nurse

⁵³ Interview with nurse

visible through the challenges nurses had to cope with regarding patriotism, nursing ethics and theoretical and experience-based knowledge in a war context.

There was a shortage of nurses in the county after the war and during the reconstruction. Many nurses were exhausted after the War, and found it difficult to resume their work. Married nurses entered work in this period. In the reconstruction period (which lasted until the 1960s) health care in the county was rebuilt largely on the basis of earlier experiences with decentralized health care. Nurses and personnel in health and social care took part in the reconstruction period, and so contributed to continuation in attitudes of patients and health issues.

For the interviewees it has been important to tell their story and, as they say, there are only losers in a war. Even the soldiers are “just ordinary boys”, and the impact of physical and mental health on the civil population is too high a price to pay.

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Summary

As we can see in war areas today, health care systems and especially hospitals can be considered as a safety net for the civilian population. This was also the case of civilian health care institutions, nurses and medical practitioners in the sparsely populated areas in Finnmark and Northern part of Troms during World War II. Nurses are, and were, the largest group of health professionals. Most nurses worked in small communities and institutions over the large province, and their efforts have been under-communicated.

Through interviews, mainly with nurses but also with catholic Sisters in Hammerfest and Tromsø as well as members of families with sick persons, we get a picture of daily work as well as work in extreme conditions. There was a need for creative solutions when the basics of water, food, supplies and medicine were lacking, when nursing care was being provided in bomb shelters or during escape. There is also the issue of ethics while nursing enemies as well as friends. The physical and mental demands on the nurses were extreme. By detailing the war's challenges to nursing, its challenges to civilian life are at the same time conveyed.

Keywords: Nursing; nursing history; Second World War nursing; Northern Norway nursing; nursing practice

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