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Applicant:

Katharina Seibert, MA
Department for Contemporary History | University of Vienna
Spitalgasse 2-4 | A-1090 Vienna | Austria

Katharina.seibert@univie.ac.at

<https://zeitgeschichte.univie.ac.at/ueber-uns/projektmitarbeiterinnen/katharina-seibert/>

“I married off a paramedic.”¹
Negotiating Francoism in the frontline hospital.
(by Katharina Seibert)

Abstract

Establishing the image of Spain returning to be a society of order, honor and complementary gender relations was a complex negotiation during the Francoist nation-building. This process started already during the civil war which disrupted Spain’s democratic experience of the interwar period. To create the Francoist society a spectrum of integrative measures was applied which ranged from violence, repression, and (social/physical) exclusion against supporters of the Second Republic at one of its extremes, to the distribution of privileges, positions of power, and access to wealth for Franco’s supporters on the other extreme. For this paper, the military health service of the Francoist army will serve as arena to study the beginnings of these negotiations which were set during the civil war. As an institution where men worked with women, the military health service turned into a social space where several levels of social relations were renegotiated, like the distribution of labor, gender relations, gendered relationships of power. In the military hospitals and frontline sickbays, discrepancies surfaced between the official propaganda images and the way how the medical staff lived up to it. Parting from a paradigmatic letter from the frontlines about inappropriate relationships among military hospital staff I will analyze how Francoist discourses on honor and order were defied by the doctors, nurses, and auxiliaries; how sexuality challenged the Francoist project of statehood; and how the armed forces reluctantly opened their gates for the presence of female staff.

Introduction

After the civil war had begun in July 1936, tens of thousands of women mobilized to contribute to the insurgent forces. They raised funds, organized mobilization campaigns, rallied for support. Due to the fighting, living conditions deteriorated, children lost their parents, families lost their income after their breadwinners were drafted, combat zones lacked medical facilities, provisions, and staff. There was not enough work force and organizational structures to meet these new, war-induced necessities. That women in large numbers stepped in to help out reflected therefore, that the war and its state of emergency had provoked a “gender shift”² which eventually paved the way for the rise of humanitarian organizations like *Frentes y Hospitales* or the *Auxilio Social* led by women who wanted to support the insurgents and later the future dictator Francisco Franco.³ Among them was a portion⁴ of women who worked for the military health service. They were in that way special, as they were allowed to enter the armed forces. They worked as nurses and auxiliaries in military hospitals, sickbays, and mobile surgical units. Hence, many of them were deployed in the zones of combat and gained first-hand experiences that were until then reserved for soldiers: the mortal danger of the frontline and the immediate rearguard⁵, but also the tranquil day-to-day life of the combat zones when fighting was low.⁶ They turned into

¹ This quotation and all following are translations from Spanish sources I did myself in all conscience. Rosario Quirós to Mercedes Milá, Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV C. 42067, 2.

² Higonnet, *Behind the Lines*.

³ Orduña Prada, “El Auxilio Social (1936-1940)”; Cenarro Lagunas, *La Sonrisa de Falange*; Moral Roncal, “Auge y Caída de Un Líder Carlista En El Franquismo: María Rosa Urraca Pastor.”

⁴ Nicolas Coni estimates that it was around 12.300 women who had served as frontline nurses in the Francoist medical corps. He did not include additional female staff like seamstresses, laundresses, cooks and cleaning staff. So, the actual number of women who worked in military medical facilities must have been. Furthermore, the staff files of these nurses have been recuperated by the Archive del Cuartel General in Madrid and preliminary rough calculations based on these files suggest that there were at least around 20.000 nurses deployed during the civil war, auxiliaries excluded. For Coni’s calculations see: Coni, *Medicine and Warfare*, 40.

⁵ The contemporary military terminology differentiated between *retaguardia* and *etapa*. There is no literal translation to English because this concept relates to spatial arrangements of the combat zones. *Etapa* can be understood as the immediate rearguard where enemy fire was still possible and where only limited infrastructure was set up. *Rearguard* then would relate to the zone following the *etapa* and describe the space where logistics for the fighting units were organized. However, there is another ambiguity: *rearguard* – as well as *retaguardia* – was also used as a synonym for homefront. To relate to the *etapa*, I will use “immediate rearguard”.

⁶ Seidman, *Republic of Egos*, 8–13.

members of what historians have called the frontline society.⁷ This mobilization of women was unprecedented for Spain and caused in the Francoist zone conflict on several levels. The female presence in the male institution, the army, challenged the complementary gender relations Francoism advertised in their propaganda. The epicenter of the war, the combat zones, turned into social spaces where men and women met. A window of opportunity opened to re-negotiate the gender relations in both, the army as an institution, but within medicine as a professional field, too, as the new influx of female labor force defied former pattern of gendered labor division.

These processes had also an impact on the construction of Francoist society. After Franco was proclaimed Caudillo in September 1936, the formation of – what I would like to call – Francoist society began and can be described as a process of violent and non-violent integration of the groups of the Spanish society. The alliance that supported Franco was complex. It consisted of different strands of Spanish fascists, conservative Republicans, ultra-catholic monarchists, nationalists, and other groups that can be understood as traditionalist and conservative. This coalition formed under the premise of ending the Popular Front government but in itself it was heterogeneous in goals and visions for Spain's future. Turning this *mélange* of conservative forces into a society ready to support Franco's dictatorship was an important task that was already strived for during the war years. It must not be understood as a top-down construction of a society but as a delicate negotiation between different stakeholders and on different levels of power relations.

Military medicine as a professional and social field serves well to observe how these negotiations happened, changed, and developed. This paper focusses on the social relations that evolved between the staff of the military medical facilities. Special attention will be paid at how working at "silent frontlines"⁸ provided the social space for affection, romance, love, and sexual adventures. I choose to avoid terms like love and affection because the sources do not provide enough insight to qualify the emotions of the protagonists of this paper. The sources used for this paper however reveal how army officials responded to incidents or relationships among their staff that were considered inappropriate. The motifs and the quality behind these "relationships of care"⁹ between two people remain clouded due to the lack of sources. Nonetheless, these relationships reveal the complexity of the re-negotiation of gender relations on the Francoist side. This process happened subtly against the backdrop of discourses that were propagated by Francoist officials and the correspondent women's organizations like the fascist *Sección Femenina*, the ultra-catholic monarchist *Margaritas*, or other Catholic women's organizations that would define the home and the rearguard as a woman's space.¹⁰ To better access these motions and contradictions, it is worthwhile to take a close look at concrete nurses, their actions and the institutional responses to their transgressions.

Daring to care

On August 6th, 1938, Rosario Bernaldo de Quirós de Luque, sent her regular report to Mercedes Milá Nolla. The former, Quirós, was district delegate of the *Female Services of the Army of the Center* (Ejército del Centro) and the latter, Milá, was her superior and the head of all female staff¹¹ that worked for the medical corps of the Francoist forces. Among other things, Quirós reported in this letter extensively about the personal relations of the hospital staff in her frontline section. The *Army of the Center* was deployed during the summer of 1938 at the front of Madrid waiting for the next offensive on the capital to start. By then, the major fighting focused on

⁷ Kühne, *Kameradschaft*; Lüdtke et al., *No Man's Land of Violence*.

⁸ Seidman, *Republic of Egos*.

⁹ I like to use "relationship of care" as an umbrella term to describe the multifaceted reasons and motifs why two people engaged with each other. They may reach from self-centered needs for affection and sexual experience, to promises of protection, to experimentation, to genuine love and affection. All these emotions relate to different forms of care for oneself or somebody else, hence the proposition to think these encounters as *relationships of care*. Unfortunately, homosexual relationships must be left out, as these did not leave explicit traces in the sources at hand for this paper.

¹⁰ Richmond, *Women and Spanish Fascism*; Ofer, "A 'New' Woman for a 'New' Spain"; Cenarro Lagunas, "La Falange Es Un Modo de Ser (Mujer)"; Blasco Herranz, "Género y Nación Durante El Franquismo"; Moral Roncal, "Las Carlistas En Los Años 30: ¿De Ángeles Del Hogar a Modernas Amazonas?"

¹¹ Her complete rank was Inspectora General de los Servicios Femeninos de Sanidad Militar. It was a high rank and corresponded the Inspector General de Sanidad who was the head of all health service units of all army units. To avoid confusions with ranks I will stick in this paper with the Spanish rank denominations.

the regions of Catalunya and Valencia, namely at the Ebro, while the front of Madrid was relatively tranquil – or “silent”.¹² This allowed for a day-to-day frontline life without any major violent disruptions and provided the context for the women and men of the military medical corps to engage in *relationships of care* with each other. The relevant bits of the report translate as follows:

Dear Mercedes,

It has been 15 busy days. I have spent a week in Talavera and one at the front of Madrid.

I got to La Jimena to check on things. [...] Thank God, this frontline is at the moment completely stalled. There are five wounded soldiers. It's a romantic spot right now, many young people without any authority to look after them!

I talked for a long time to Capitan Segarra who is the head of the unit. The first thing he told me, was that he was the boyfriend of Eloina Oceja, whom he was determined to marry. But he wanted things to be clear and in order. So when I asked him about her, he answered the following. Eloina was born in Santander, her parents live in a village near Santoña. She received a nurse's diploma in 1934 in Santander after the Incidents of October.¹³ She worked as a nurse for the “Reds” until La Magdalena was evacuated, and she managed to escape to Ribadesella; there she lived at her cousin's Angelines Delgado in General Espartero n° 12. Since Angelines is with her group in Castellón, she lives now with other relatives in Concordia Street 40. That is all I could get out of the captain. [...]

In Griñón I married a paramedic off to a girl. He was about to be a father. They said the girl he got pregnant was a nurse from Falange but there she was only cleaning the OR.¹⁴

This report is in many ways paradigmatic, I, however, want to focus on one bit of the content: Quirós described there three incidents of *relationships of care* and qualified them as inappropriate: the romance of the head of the unit with a nurse; the lack of control that had turned the site into a romantic spot; and the pregnant but unwed couple. She was not the only delegate who grappled with the question of how to deal with these kinds of transgressions. In fact, *relationships of care* were a theme many district delegates felt the need to correspond about with Milá. From the analysis of Milá's correspondence it was a transgression that happened very frequently.¹⁵ The reasons why Milá and her delegates saw the need for intervening in these relationships were manifold. First, allowing medical staff to form attachments challenged the contemporary professional norms of bedside nursing. These norms included not only rules for labor division and execution, but they comprised rules of appropriate behavior as a bedside nurse, too. These ideas of adequate behavior pattern intersected strongly with images of Francoist femininity which again amalgamated with ideas on womanhood that dated back to the 19th century. Second, these men and women also acted against the values of honor and order Francoist propaganda so widely advertised. In doing so, they challenged the Francoist project of nationalism and statehood. And third, women who engaged with health service soldiers fueled discussions if women were to be admitted as nurses on a regular basis into the army or if their presence would sabotage the combatant strength of the army. As Quirós' report shows, the administration of the female staff navigated between these manifold reasons why the female presence in the armed forces was eyed with skepticism. Their actions and ways of dealing with those issues contributed eventually to the larger processes of negotiation of gender relations just like these women and men – the rank and file of the military health service – who dared to care not only for their patients but for each other, too.

Bedside nursing as a contested field in Spain during the 1930s

¹² Seidman, *Republic of Egos*.

¹³ She refers to the insurrection of miners in Asturias in October 1934.

¹⁴ Correspondencia de la Inspectoría General de los Servicios Femeninos, AGMAV C. 42067, 2.

¹⁵ Correspondencia de la Inspectoría General de los Servicios Femeninos, AGMAV C. 42067, 2; AGMAV C. 42068, 1-5; AGMAV C. 42069, 1-3.

At the eve of the civil war, secular bedside nursing was a relatively young profession and due to the admission criteria, the women who were recruited for the health service were young, too. Youth as a historical category for analysis invites historians to take a closer look at age related constellations of power. While parents or state institutions usually intend to exert control over young people, it is them who push the boundaries.¹⁶ War sets these arrangements in motion. Robert G. Wait has shown for Nazi Germany that the Second World War provided for German teenagers a social setting where parental control was loosened. Since their fathers were drafted or mobilized for the wartime economy and mothers had to fill the gap their partners had left, the familial constellation of power changed. Less parental control offered windows of opportunity for young people to expand their range of activities and to deviate from the “normal” trajectories into adulthood. Experimenting with sexuality and sentimental relationships is considered as an important testing ground for youth for self-exploration but for producing intergenerational conflict, too.¹⁷

The same dynamic evolved in Spain during the civil war and affected the medical staff of the health service of the Francoist army, too. Special about the health service was, that it was the only way for women in the Francoist zone to access officially the army and the zones of combat. Men, on the other hand, passed through the health service as medical staff – doctors, surgeons, practitioners, pharmacists, paramedics, drivers, stretcher-bearers – , administrative personnel, and of course as patients, who were the biggest group in terms of numbers. Age-wise the men were tied together through the system of reserve classes and their conscription schedule.¹⁸ Although the army administration intended to avoid having young women in their ranks, being free from family obligations was put above age among the admission criteria when it came to joining the armed forces. Since it was mostly young women who had neither children nor the responsibility to earn the family income, this selection criteria turned into an age barrier.¹⁹ The age structure was therefore uneven in the military health service: while men ranged from very young to relatively old, the greater part of the women ranged from eighteen years to their mid-twenties. Age mattered for this setting for men and women not only differently regarding the mechanisms of their recruitment but for how they experienced the war, too. For an important share of nurses and auxiliaries working in the health service hit them during their transition from adolescence to adulthood. Although the group of men who accessed the health service in one or the other role was way more heterogeneous, issues revolving around coming of age mattered for many of them as well. Therefore, typical themes of growing up like experimenting with the own identity, sexuality, and scope of action as well as intergenerational conflict²⁰ preoccupied a relatively big group of people in the health service. The hospitals and sickbays provided a social space where experimenting with these topics was easier due to the loosened social and parental control.

In the insurgent zone, the degree to which youth was allowed space for experimentation was strongly influenced by religious and cultural codes that prevailed in the conservative and Francoist sections of the Spanish society. Spain knew – and still knows – a long historical thread of a gendered concept of honor²¹ which lived a cultural peak during the so-called *Siglo de Oro* – a frame of reference, Francoism strongly related to.²² According to this so-called traditionalist conception women were the carriers of the honor of the family. It was symbolically tied to their virginity. Concurrently, men were held responsible of keeping this honor impeccable. Following this logic, fathers, brothers, and husbands had to protect their daughters, sisters, and wives from other men. Men were, thus, always potential perpetrators and potential protectors, while women were always simultaneously prey and victims. Women, however, were at all times guilty if their integrity was harmed. Parts of this conception were continued and surfaced in the bourgeoisie gender roles of the guardian angel of the home and the breadwinner which rose during the consolidation of liberalism.²³ When the civil war began, though, and men were drafted, and women recruited for the military health corps these imaginary gender roles were turned upside down. Women who worked in health care were not only left by their guardians, but they also left their parents’ houses

¹⁶ Maynes, “Age as a Category of Historical Analysis. History, Agency, and Narratives of Childhood”; Valentine, “Boundary Crossings.”

¹⁷ Waite, “Teenage Sexuality in Nazi Germany.”

¹⁸ Matthews, *Reluctant Warriors*.

¹⁹ Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV C. 42067, 2.

²⁰ Kleeberg-Niepage and Rademacher, *Kindheits- und Jugendforschung in der Kritik*; Maynes, Sjøland, and Benninghaus, *Secret Gardens, Satanic Mills*.

²¹ Sánchez, “Derechos En Conflicto. Honor, Libertad de Expresión y Vida Cotidiana En La España Del Siglo XIX.”

²² Bernecker, *Krieg in Spanien*.

²³ Sánchez, “Derechos En Conflicto. Honor, Libertad de Expresión y Vida Cotidiana En La España Del Siglo XIX.”

to work outside and on top of that, they entered an all-men's institution. The health service turned, then, into a social space that provided opportunities which were not as easily available before the war as during the military campaign.

As Waite has shown for the German case, the war intensified the experience of youth. Extreme situations like mortal danger, deprivation of shelter, food, water, loved ones, etc. heightened everything, also the need for being young which young people sometimes channeled into sexual experimentation.²⁴ This was certainly also true for the Spanish case as the report of Quirós shows. The staff of the military facilities at the frontline of Madrid definitively seized the opportunities their circumstances allowed for as the combat actions were for that moment far away. They knew that the next offensive was inevitable as taking Madrid was essential for winning the war.²⁵

Hence, the military health service with its facilities turned into a social space where the parental grip on their daughters in particular was loosened. Instead, the institutional structure and administration of the health service was supposed to take over and Milá and her delegates attempted to meet this obligation by enforcing rules that defined who had to be where, why and when: Admission criteria regulated who was allowed to enter these spaces as a labor force, as a patient, as a visitor; shifts and schedules dictated when the medical staff had to be present; hospital and sickbay hierarchies ensured labor division, responsibilities and duties; labor division ensured that men and women worked together; and depending on the proximity to the frontlines and the intensity of the fighting colleagues turned into comrades who to share the pain, fear, joy, and workload with. These facilities provided empowerment through professional success, community, and collective effort, but they were also social spaces of despair, pain, loss, and danger, too. As the letters to Milá show, especially the administration of the female staff was uneasy on how to deal with their responsibility for these young women. Their correspondence can therefore be read as a reflection of rocky process of this institution's set up and consolidation.

Their insecurity about how to govern women within the army was a result of the fact that the health service of the armed forces was designed exclusively for male staff prior to the civil war. Therefore, the arrival of women, after the civil war had begun, set off several changes within this institutional architecture. This meant that the constellation of actors who enacted this institutional structure was set in motion as well. Until the war, secular women had not been called on to support the military health service on a regular basis and secular bedside nursing as a profession was itself still under construction. There is evidence, that during the Carlist Wars a women's section of the Spanish Red Cross mobilized female voluntaries²⁶, and units of Red Cross nurses were deployed during the Rif Wars.²⁷ In addition to these few contacts with secular female support, the army already had successfully cooperated with the catholic nursing congregations.²⁸ These scarce intermezzi with secular and religious women had, however, not been followed up on with regulations or further considerations on how to integrate secular female (medical) labor force into the armed forces.

The reasons for this lack of institutionalized cooperation rooted in both Spain's military and medical history. Since Spain had not fought in the First World War as a belligerent party, it had not participated in the first global mass war. The Spanish army and society lacked, as a consequence, first-hand experiences of mass mobilization and large numbers of war casualties. This allowed to leave the army's self-image as an all-men's institution untouched and discriminatory prejudices against women to persist. These stereotypes and masculine hegemony as guiding principles of the armed forces resonated, then, well with the Francoist complementary gender roles that ascribed women to the home and men to the so-called outside.

Concurrently, secular bedside nursing had a hard time to take root in the health care sector. Following a royal decree in 1915 bedside nursing was institutionalized for the first time as a secular profession in Spain.²⁹ In 1917,

²⁴ Waite, "Teenage Sexuality in Nazi Germany."

²⁵ Gómez Bravo, "Madrid Capital Del Dolor."

²⁶ Arrizabalaga, "The 'Merciful and Loving Sex.'"

²⁷ Martínez, "Estado de Necesidad. La Cruz Roja Española En Marruecos, 1886-1927."

²⁸ Correspondencia Ministerio de Guerra, AGMAV C. 19, 14, 1.

²⁹ Germán Bes, Martínez Santos, and Mas Espejo, *Las Primeras Enfermeras Laicas Españolas*.

amidst the year of crisis for the Spanish Restoration³⁰, the first class of nurses graduated as Red Cross nurses. Meanwhile, the First World War turned into the ordeal of fire for large scale mobilization of Red Cross nurses of all belligerent parties. Spain was not one of them. Therefore, while Spain's neighbors started to appreciate the female presence in military medicine³¹, in Spain, however, the military medical service remained a male institution. Even though, from 1917 onwards the numbers of secular bedside nurses increased in Spain, especially women who wanted to earn their living with nursing often had a hard time finding a job.³² The reason for this disbalance can be found in the then dominant pattern of labor division. Secular nurses were trained according to the contemporary state of the art which produced an occupational profile that overlapped with the already existing medical professions "practitioner" and "nun-nurse".³³ The former was a profession that was to support surgeons or doctors by administering minor treatments, performing simple surgical procedures, and wound care. "Nun-nurses" usually would only do the care-work, as in changing beds, washing, feeding, and monitoring patients. The secular nurse would do bits of both jobs and, hence, threatening by her sheer existence the legitimacy of the practitioners and "nun-nurses". In hospitals it was, however, still mostly "nun-nurses" who coordinated the care work and had the say when new staff were hired and often preferred fellow nuns to secular women. These power relations in labor distribution changed only reluctantly.³⁴

The civil war turned, thus, into a watershed moment for secular bedside nursing in Spain on a general level. Due to the high demand of medical staff, preoccupations from practitioners and "nun-nurses" were just as overruled as military prejudices and gender stereotypes. For the Francoist side, more than 12.300 secular women were recruited to form nurses' corps that were to support the military health service.³⁵

Questioning the tight corset of the moral foundations of the bedside nurse

Mercedes Milá Nolla was an important figure in this transformative process towards the establishment of secular bedside nursing in Spain but, in particular, in the armed forces. On 24. March 1937 Franco appointed her *Inspectora General* and commissioned her to organize the nurses' corps, the Female Service. She was a professional nurse who had prior to the war had already a very successful career. She was born in 1895 to a wealthy Barcelonese family. Her father worked as a doctor for the navy and, according to Nicholas Coni, inspired her to go into medicine. After her formation as "Dama Enfermera"³⁶ by the Spanish Red Cross she was sent as one of the secular nurses who were deployed in a military hospital in Morocco during the Rif Wars (1921-1926).³⁷ Later she was a fellow of the Rockefeller Foundation, studied bedside nursing and public health at Bedford College in London and specialized upon her return to Spain in Public Health. 1934 she was commissioned to build the first school of public health by the Republican government.³⁸ Her career shows that she was well-versed with the contemporary international standards of modern nursing as well as she was acquainted with the Spanish structures and landscape of bedside nursing. She spent the days of the insurrection in Madrid, which she eventually left to join the Francoist forces. By choosing her as "head of all nurses" of the military health service, Franco picked a professional who had stuck out for her professional career. Although she apparently had not

³⁰ Archilés, "Vivir La Comunidad Imaginada. Nacionalismo Español e Identidades En La España de La Restauración"; Forcadell and Suárez Cortina, *La Restauración y La República, 1874-1936*; Romero Salvadó, "'España No Era Rusia'. La Revolución Española de 1917."

³¹ Hämmerle, Überegger, and Bader-Zaar, *Gender and the First World War*.

³² Ramió, *Enfermeras de guerra*.

³³ López Vallecillo, "Presencia Social e Imagen Pública de Las Enfermeras En El Siglo XX (1915-1940)."

³⁴ Ramió, *Enfermeras de guerra*.

³⁵ Coni, *Medicine and Warfare*, 40.

³⁶ The Spanish Red Cross offered two formation tracks. The formation of "Damas Enfermeras" (literal translation: Lady Nurse), which was a formation that aimed at bourgeoisie women who wanted to engage in humanitarian charity work. The formation of "Enfermeras Profesionales" (literal translation: Professional Nurses) took a bit longer to gain momentum and was more restricted. These two formations differed content wise. While the former included also engagement into the organization of the SRC section and fundraising, the latter focused solely on bedside nursing. The so-called "Enfermeras Profesionales" had a harder time gaining recognition and access to the labor market, meanwhile women who trained as "Damas Enfermeras" often used this formation as a starting point to later deepen their studies. Usually, women who trained as "Damas Enfermeras" were from wealthier families, hence, their social and economic capital allowed for a more privileged position in society and for easier access to jobs in health care. Mercedes Milá is a good example for that. More in depths on the matter: López Vallecillo, "Presencia Social e Imagen Pública de Las Enfermeras En El Siglo XX (1915-1940)"; Coni, "The Head of All the Nurses."

³⁷ Martínez, "Estado de Necesidad. La Cruz Roja Española En Marruecos, 1886-1927."

³⁸ Coni, "The Head of All the Nurses"; Barona and Bernabeu Mestre, *La salud y el estado*.

openly engaged in politics, as daughter of an influential and military family she had benefitted from their privileges and was associated with the conservative, Franco-supporting spectrum of the Spanish society.

Once in office, Milá designed an administration of the female health service staff that resonated well with the formation principles she had learned from the Spanish Red Cross, but which also chimed with the cultural codes of honor and order Francoism propagated. It was strictly hierarchical and built on a rigid moral codex of Catholic values. Women who wanted to work for the military medical corps, needed to be good, submissive, reliable, punctual, and obedient.³⁹ To foster and control these qualities, she set up several mechanisms of surveillance. Before being recruited, women had to prove their political and moral integrity. They had to include letters of character reference by their local Section of fascist *Sección Femenina*, parishes and public administrations. These letters normally assessed the behavior of the applicant, engagement in local activities and politics, as well as an overall political and moral evaluation of their families.⁴⁰ Marital status and sexual activities, family obligations like income or childcare responsibilities, health, alcoholism or mental illnesses, political affiliation and commitment, and catholic practice were among the criteria that were considered for both, the family, and the candidate. After passing this moral admission barrier successfully, every time a nurse or auxiliary committed a transgression or applied for being transferred to a different post, her overall performance was evaluated again and filed.⁴¹ If their record of mistakes and transgressions was too long this would seriously affect their career opportunities within the health service or even lead to their dismissal. Not showing up on time, refusing to execute instructions as ordered, or if she was caught having discussions about topics that were considered as not womanly like politics, was considered as deviant and caused repercussions and punishments. Of course, having romantic or sentimental relationships with fellow staff or patients was considered as a major deviation, too.⁴² Romance, love, care – regardless the motivations actors had when they engaged in *relationships of care* – were considered as inappropriate because it endangered the female honorability. The administration of the nurses' corps jealously intended to control this kind of interaction among the medical staff and/or their patients. Nonetheless, it runs as a common theme through Milá's correspondence with her subordinates. It was unavoidable and, thus, had to be dealt with on the structural level.

Relationships of care constituted an issue where several transgressions overlapped against the code of moral conduct. Entering a *relationship of care* meant, among other things, defying hierarchies, and chains of command. Eloina Oceja and the nameless women of Quirós' letter put their own needs first when they engaged in *relationships of care* instead of following the rules set by Milá and enforced by her delegates. In doing so, they opposed the tight moral corset of the behavior and working rules put upon nurses and auxiliaries within the military health service and also questioned the authority of their superiors.

Quirós pointed out that in La Jimena an efficient authority was missing to keep the young people in check because even the head of the unit, captain Segarra, was dating a nurse. She implicitly blamed him and his romance for the situation that had allowed for the nameless couples to spend their work-less time with finding "romantic spots"⁴³ to spend their time. Segarra had, thus, failed to maintain order in his medical unit and undermined that way the authority of the rules of Quirós and in continuation of Milá. However, this situation of disarray challenged not only hierarchies and authorities, but it had the intersecting aspect of honor to it, too. Regarding the question of honor, the story of captain Segarra and Oceja was less problematic than the story of the paramedic and the alleged nurse of Falange. Segarra said that he wanted to marry Oceja and turn their transgression into an official and legitimate relationship. Therefore, even though he ignored Quirós authority and the rules of the *Female Services* and allowed his staff some liberties that were conceived as morally questionable, once Quirós arrived at the spot, the situation changed. In telling her about his situation and answering to all of her questions, he acknowledged at least implicitly her say in the matter. That way, he treated Quirós as an authority and her authority transformed into the proxy of Oceja's parents, who had to give their

³⁹ López Vallecillo, "Relevancia de La Mujer En El Bando Nacional de La Guerra Civil Española."

⁴⁰ Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV C. 42067, 2; AGMAV C. 42068, 1-5; AGMAV C. 42069, 1-3.

⁴¹ Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV C. 42067, 2; AGMAV C. 42068, 1-5; AGMAV C. 42069, 1-3.

⁴² Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV C. 42067, 2; AGMAV C. 42068, 1-5; AGMAV C. 42069, 1-3.

⁴³ Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV C. 42067, 2.

permission for the wedding. Thereby, captain Segarra conformed to the traditional familial hierarchies the health service mirrored.

The nameless and pregnant couple from Griñón had apparently no intention to stay together and turn their relationship into an acceptable state. Or at least this is the impression one gets after reading Quirós' description of the situation: "In Griñón I married a paramedic off to a girl. He was about to be a father. [...] the girl he got pregnant was a nurse from Falange [...]"⁴⁴ She took active part in transforming this attachment into a legitimate relationship. Her being able to decide that this paramedic had to marry the nurse reveals her position of power. Quirós' influence reached beyond the gender line as she was able to force the man, the paramedic, to obey to her order. Her intervention also demonstrates a limit. Quirós did not report that she had interfered in any of the other stories apart from questioning captain Segarra about his fiancé. The pregnancy was reason for her to take action. This way, she assumed responsibility as a disciplinary authority towards her subordinate and reproduced concurrently a particular world view and concept of gender relations that discriminated single motherhood. She restored the honor of the nurse and turned the villain, who had tainted the sexual integrity of his victim, into her husband and new protector. In doing so, she reproduced and perpetuated the Francoist complementary gender relations, the rules of honor and presented herself as protector of the honor of that nurse.

However, this particular report was in another way paradigmatic for how pragmatic the administration of the nurses dealt with unwanted social relations: While Quirós married off the paramedic, she turned a blind eye on all relationships that did not cause any problems. In doing so, she accepted tacitly that these things happened and that there was no efficient way to prevent them from happening. Only when problems arose, like a pregnancy or – as other reports show – conflicts among the staff that originated from an "inappropriate relationship", would she, other delegates in or their superior interfere. However, there were always several solutions for problems. Apart from urging a couple to marry, another measure to "deal" with such "conflicts" was to separate the involved persons, which happened on a regular basis in all military districts.⁴⁵

This pragmatism when dealing with *relationships of care* reveals that the moral code of conduct that Milá had institutionalized through the manifold mechanisms of control was not as rigid as it looked from the outside. It proved rather permeable and allowed for negotiation, waywardness, and individual interpretations of the own scopes of action. It revealed, furthermore, that there was a discrepancy between the discourses that advertised a Francoist worldview on gender relations and the concrete day-to-day reality of the historical actors. In other words, the transposition of these gender roles and honor rules into institutional rules and sanctions collided with the individual actions. Oceja, Segarra and the other nameless alleged "lovebirds" seized the opportunities of their circumstances, which were a situation of loosened social control, a tranquil frontline and mutual desire to mingle. Considering that these women and men were all Francoists, this also shows that the Francoist ideology had limits regarding its translatability into the individual day-to-day practice.⁴⁶ Or to put it in other words, when it came to general values, these young nurses and auxiliaries and their male partners prioritized their individual needs before a greater Francoist mindset and ideology. This individualism did not necessarily make them "bad" Francoists or opportunists, it rather reveals the ability of these actors to reconcile these discrepancies to their own favor.

In addition, in turning a blind eye on these relationships and dealing pragmatically with those situations meant not only accepting realities but also bought officials like Milá or Quirós the support from their subordinates. That way, their positions of power within the administration of medical staff were legitimized and consolidated. Apart from that, it meant offering these people the identity of Francoists and in continuation the prospect of security, peace and order as propagated by the authorities, but at the same time allowing them to satisfy their individual needs.

⁴⁴ Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV C. 42067, 2.

⁴⁵ Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV C. 42067, 2; AGMAV C. 42068, 1-5; AGMAV C. 42069, 1-3.

⁴⁶ This finding chimes with the work on women of the fascist Sección Femenina of Toni Morant i Ariño and Angela Cenarro, among others. They have already shown that there were contradictions regarding the Francoist discourses disseminated by these women and the activities they organized, which often contradicted strongly the idea of women being submissive, obedient and abnegated beings without any initiative. More in depths, see: Morant i Ariño, "Para Influir En La Vida Del Estado Futuro": Discurso - y Práctica - Falangista Sobre El Papel de La Mujer y La Femenidad, 1933-1945"; Cenarro Lagunas, "La Falange Es Un Modo de Ser (Mujer)."

Defying the structures of the armed forces

In daring to have inappropriate relationships these women and men also challenged the male foundations of the armed forces on a more general level, too. Just as most regular armies during the 1930s⁴⁷, the Spanish armed forces were an all-men's institution that was marked by prejudices against women which functioned as barrier against their integration. Women were associated with compromising an army's combat efficiency and were, thus, not to be allowed to enter the ranks. These prejudices revolved around women's sexuality. They were seen as sexual beings, who would compromise combatants' integrity because men – soldiers – would not be able to resist their temptations. Instead, the armed forces were conceptualized as an institution where boys were to become men. A female presence would only jeopardize this process.⁴⁸ This overall conception related to the paradigm shifts the European contemporary armies had experienced when they were transformed from armies of mercenaries to armies of conscription. This process intersected with the concurrent rise of the idea of the nation, nation-building, and citizenship. Claiming that the army was an all-men's institution served the purpose of excluding women therefore on a more general level.

Nonetheless, depended the Francoist army during the civil war on female support thanks to the demand of medical infrastructure. Since there was no set of rules how to recruit and deploy female medical labor force, the first weeks and months into the war were marked by what many military officials called "chaos". In the absence of an official military infrastructure that would coordinate the mobilization of additional medical staff, local women's organizations like the fascist Falange, the Carlist Margaritas or catholic organizations threw themselves into this task. They organized *ad hoc* crash courses of first aid and bedside nursing, recruited civilian medical staff for military hospitals in support of local administrations, gathered material and provisions to supply for ambulances and sickbays.⁴⁹ Especially the mobilization of additional nurses and auxiliaries for the military hospitals contributed in some military regions to conflicts among the employees, which started to preoccupy the military administration from late autumn 1936 until March 1937. On December 30th a letter of the *Inspector General del Ejército del Norte* reached the General Staff saying that, "the nurses of the military hospitals work mostly selflessly and are driven by altruism, but not always adequately. There are hospitals where everything runs smoothly and which can be extolled. But there are others where the service runs poorly."⁵⁰ This letter continued to elaborate with great detail the complaints coming from military hospitals of the *Northern Army*. To remedy this situation, the author of the letter enclosed a proposition of a regulation for the deployment of secular nurses in the health service. According to him, a meritocratic system was to be introduced which was to be combined with an order of preference of admission, which translated as follows:

The admission preference shall be: Female practitioners with university degree, professional nurses with degrees from the local sections of the Red Cross, Medical Schools or the Valdecilla Foundation. If there is not enough staff available that meets these criteria everyone else will be admitted [...] According to the criteria mentioned in the preceding article, the applicants shall be admitted as follows: married women, widows, single women and age-wise, old before young.⁵¹

This admission rules aimed to attract women with professional skills but preferably these, who would be least interesting or available as potential sexual partners for neither the wounded or sick soldiers nor the masculine medical staff. The paradigm of a nurse's invisibility was, thus, reinforced and amalgamated with militaristic preoccupations about women potentially threatening the efficiency and combatant strength of the troops because of their sexuality.⁵² In addition, the regulation reinforced gendered power relations within the military health institutions – hospitals, sickbays, mobile surgical units:

⁴⁷ Nowosadtko, *Krieg, Gewalt Und Ordnung*; Frevert, *Militär Und Gesellschaft Im 19. Und 20. Jahrhundert*; Bösling, *Männer. Frauen. Krieg*.

⁴⁸ Frevert, *Militär Und Gesellschaft Im 19. Und 20. Jahrhundert*.

⁴⁹ López Vallecillo, "Relevancia de La Mujer En El Bando Nacional de La Guerra Civil Española."

⁵⁰ AGMAV, C. 2802, L. 666, Cp. 5, 6-7.

⁵¹ AGMAV, C. 2802, L. 666, Cp. 5, 6-7.

⁵² Apelt, "Militär Und Krieg"; Bösling, *Männer. Frauen. Krieg*.

The lady nurses will receive their instructions directly from the head of the unit regarding the treatment of the wounded and sick. They will receive instructions regarding the care for the patients by the nuns of the *Hijas de la Caridad* in all hospitals where there are nuns. Nuns will also monitor the work of the nurses and all their demonstrations of enthusiasm for the cause and benevolence. [...] There are units where auxiliaries are deployed who do not hold medical degrees but who have learned over time to serve well and who have a good connection with their superiors. They are to be exempted from the rules codified in the articles 3, 4 and 5.⁵³

The author transferred in this concept the responsibility for the behavior of secular nurses and everything that related to them to the nuns of the *Hijas de la Caridad*. He separated the work environment of the military hospital into a female and a male sphere and proposed to relieve health service soldiers from controlling their female subordinates. Nevertheless, he enforced the male dominance by stating that these women were subordinated to men. Unfortunately, there is no evidence left if this proposal was actually accepted, but its core ideas and many of its measures surfaced again in the administration of Milá. Appointing her *Inspectora General* and commissioning her with the organization and coordination of the female staff meant institutionalizing gendered administrations of the health service staff. This measure must, therefore, be understood as an institutional attempt to control and separate the female presence within the army from the male units. That these attempts to control the nurses and their sexuality and visibility were in vain show not the reports like the here already cited, but also the research done on oral history projects.⁵⁴

However, combatant inefficiency was not only interpreted in terms of soldiers falling in love with their female comrades and then losing the ability to do their job of fighting. The army administration was also preoccupied with counterespionage and desertion, and the military health service was a social space that was perceived as extremely vulnerable in that sense. As many soldiers passed through, sickbays and military hospitals were places where information on frontline developments, the condition of the fighting units, the overall morale of the troops, and the movement of the “enemy” could and did circulate. This information was considered as extremely sensitive and needed to be protected. Passing on this kind of information had to be avoided at all costs and enemy spies were feared to be everywhere. Any kind of subversion had to be kept at bay. This also included desertion. Convalescent soldiers were perceived as especially prone to demoralization and military hospitals were places where social control over the soldiers was loosened and provided opportunities for these who wanted to desert to disappear.⁵⁵ To keep control over these threats, authorities considered the medical staff as crucial. Their loyalty was to be ensured at all costs.

Relationships of care always raised the awareness of the officials and were observed closely as they were always suspected that at least one part might use them for the benefit of the enemy. Especially women, who were new in the armed forces and by definition of their gender burdened with prejudice, they were constantly suspected of subversion and sabotage. They were feared for providing help for deserters to leave or to work as spies for the Republican government. These fears were strongly linked to their sexuality. Women who would engage in sexual relationships and, on top, change partner regularly, were considered not only of “loose moral”⁵⁶ but suspicious of using their femininity as a weapon of seduction to extract sensitive knowledge from their partners. In Quirós’ report this surfaced twice but it ran as a common theme through the lion share of Milá’s correspondence. Quirós responded to captain Segarra’s confession that he was to marry a nurse of his staff by questioning him about her. That way she gathered all relevant information to potentially order a background check of her by the military police S. I. P. M. Through her interrogation, she learned, also, that Oceja had worked at the beginning of the war for the Republican government and that she only joined the Francoist forces after the Northern front had fallen which put her in the spotlight of potential suspicion.

Nonetheless, Oceja’s story was paradigmatic for many nurses of the region around Santander, Gijón and Bilbao. After the military coup had failed, Spain had turned into a political hotchpotch, where the regions of Asturias

⁵³ AGMAV, C. 2802, L. 666, Cp. 5, 6-7.

⁵⁴ Larraz Andía and Sierra-Sesúmagá, *Requetés*.

⁵⁵ Corral, *Desertores. Los españoles que no quisieron la Guerra Civil*.

⁵⁶ Loose, dubious, easy – adjectives like that appear constantly when the sexual integrity of a nurse and women more in general were questioned. Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV C. 42067, 2; AGMAV C. 42068, 1-5; AGMAV C. 42069, 1-3.

and the Basque Country were more or less cut off from the rest of the Republican zones. During the summer of 1937 it was eventually taken by the Francoist forces. Milá's correspondence with the delegate for that region reveals, that stories like Oceja's were common. Many nurses and auxiliaries either did not support any ideology or political affiliation or were trapped at a certain place by the circumstances and made the best out of their situation, for example by working as a nurse for the local authorities. Stories like Oceja's show that the Spanish civil war was to a lesser extent a war where the majority of the population actually got to choose side but that it was way more common that being at a particular place in a particular moment determined which side one had to support. Unfortunately, there is no way of knowing for sure if Oceja was a determined Francoist from the beginning of the civil war, or if she turned into one over the course of the war, or if she acted pragmatically in a situation where siding with the Republic would have meant repression, violence and possibly death. Nonetheless, she managed to convince the authorities, that she was a capable nurse and an asset to the Francoist Female Services, otherwise she would not have made it to the *Army of the Center*. Still, her story continues to question the reach of ideologies into the so-called normal population and adds to the research already done in that field.⁵⁷ However, Oceja's origin made her potentially suspicious. Although, there are no indications left, if Quirós or Milá ordered eventually an investigation, but since Quirós interrogated her fiancé, she did take precautions.

The fear of female sabotage surfaced in Quiros' report also in the story of the father-to-be paramedic. There she referred to the mother-to-be as "a nurse from Falange but there she was only cleaning the OR".⁵⁸ Describing her that way reveals that her presence was unauthorized. According to the system of Milá, in 1938 no unregistered nurse would have been allowed to work a military hospital.⁵⁹ This rose suspicion as well as the fact that she was cleaning the operating room instead of caring for patients since she was supposed to be a nurse. There is, unfortunately, no way of knowing the reasons for this constellation because the sources do not provide any clue. Rather it is important to point out, that Quirós intended to gather information about this woman and reported this incident to her superior. Her position required her to record any of these irregularities and to deal with them by intending to regain control over the situation – as she did by marrying the couple and passing the information to Milá.

In summary, these examples reflect the institutional attempts of the armed forces administration to keep the influx of female labor force in check. Milá and her network of delegates were at the same time a means as well as an actor to control the opening of the health service – and in continuation the army – to the female presence. Nonetheless, this institutional control proved again permeable, as it could not prevent the medical staff from engaging in *relationships of care*.

Challenging the Francoist project of Spanish statehood

Engaging into a sexual relationship without a future marriage with that partner on the horizon contradicted Francoist gender relations as it disagreed with the Catholic mores that were woven into these conceptions of femininity and masculinity. Especially women were not to have pre-marital sexual encounters but to enter marriage as virgins. Women's honor, and by extension the honor of their family, was tied to their intact virginity and later the monogamous sexual availability for their husbands. Getting pregnant, however, and not planning a wedding was even worse than having unwed intercourse – as the paramedic and the nurse intended. Actions like these were discursively stigmatized as symptoms for the social decay the Second Republic had brought up Spain. This couple, therefore, not only transgressed the Francoist norms of decency but also did something that was associated with the enemy.

This nameless couple embodied what Franco meant, when he promised to save the nation and restore order. According to him and his supporters, the Second Republic, and more precisely its first government (1931-1933) had plunged the state into chaos with their reforms and liberal constitution. Marriage was liberalized through the institutionalization of divorce, education was secularized, and the rigid laws on prostitution abolished. All these measures that aimed at modernizing the society and the predominant gender relations menaced the social

⁵⁷ Matthews, *Reluctant Warriors*; Corral, *Desertores. Los españoles que no quisieron la Guerra Civil*.

⁵⁸ AGMAV C. 42067, 2.

⁵⁹ López Vallecillo, "Relevancia de La Mujer En El Bando Nacional de La Guerra Civil Española."

power distribution favored by so-called traditionalists and of the Catholic Church. It was until then that the Church occupied a hegemonic position in the Spanish society. It held the monopoly in education, it was a key actor for defining social values, and it had turned into a social space for women's activities and organizations.⁶⁰ The Republican laws challenged, however, not only the Church's position of power, but the male dominance over women more in general, too, which was eyed with skepticism especially by the conservative portions of the Spanish society. Contrary to other democracies of the interwar period, Spain had not witnessed a strong coherent women's movement that would have paved the ground for these reforms.⁶¹ Instead, the constituent assembly followed the role models of the contemporary neighboring powers, what unsettled conservatives and traditionalists even more. Conflicts surrounding questions of gender equality existed in Spain prior to the Second Republic but intensified following the constituent process, when in a top-down process universal suffrage and gender equality was codified in the new constitution.⁶²

This overall liberalization of the gender relations was then seen as the reason why during the initial stages of the civil war, young women joined the militia groups that contributed importantly to fight the military insurrection to save the Republican government. Known as so-called "milicianas" they turned briefly into mobilizing icons on the Republican side. Later they were stigmatized and scapegoated for the military losses. Among many things, *milicianas* were associated practicing liberal sexuality, which was later framed as harmful to the armed forces. Venereal diseases quickly rose during the conflict, and it was women who were found guilty of transmitting them. So, after a brief window where they were celebrated as the Republic's finest women, they were scapegoated and discursively banned to the rearguard.⁶³ For the Francoist propaganda they came in handy, too, as they could be depicted as the incarnated legitimization to why the Republic had to be overthrown. Their alleged free sexuality was associated with indecency and dishonor and their images were turned into representations of the moral decay the Second Republic had brought upon the nation.⁶⁴

They served as the counter-image to the honorable, decent Francoist women. The new, Francoist woman was propagandistically designed to be devoted, delicate, obedient, and chaste. They were to be *angels* while the *milicianas* were considered as irrational furies. These images were disseminated through propaganda but condensed into guidelines for nursing, too, and appeared in character references, in magazines, and on posters. Having to mobilize these angels for war efforts and especially for frontline nursing, was in need for propagandistic reconciliation which was found in the idea of motherhood. The nation was depicted as sick and only motherly warmth and care would cure it, after men would have eradicated the evil of Republicanism. Motherhood was thus transposed from the home to the nation and translated to a "social" or "patriotic" motherhood.⁶⁵ This translation was not new but ran like a theme through prior incidents of mobilization of catholic and conservative women⁶⁶, falling back on this narrative emphasizes that falangist femininity had integrated voices of the catholic past. However, female mobilization was presented as the exception and bound to the exceptionality of the war. After the war was over, women were to return home and resume their female duty to the nation and bear children. In summary, to distinguish their national project from the national project of the Second Republic, Francoists used women's sexuality as a tool to create distance between the two belligerent factions. While stigmatizing the enemy sexually, the own project of statehood was legitimized as a project that would bring peace, order, security and moral integrity. Female sexuality would then be redirected to their so-called "natural" task of reproduction.

However, the behavior of the paramedic and the falangist nurse, Segarra and Oveja, and all the other nameless people Quirós caught in indecent relationships stood in sharp contrast to these narratives. Intended or not, they challenged, thus, the Francoist national project. Or to put it in other words: Their relationships revealed that the

⁶⁰ Blasco Herranz, "Identidad En Movimiento"; Caspistegui, "Religión, Tradicionalismo y Espectáculos de Masas."

⁶¹ Aguado, "Entre Lo Público y Lo Privado: Sufragio y Divorcio En La Segunda República"; Franco Rubio, "Los orígenes del sufragismo en España."

⁶² Aguado, "Entre Lo Público y Lo Privado: Sufragio y Divorcio En La Segunda República"; Franco Rubio, "Los orígenes del sufragismo en España"; Álvarez Rodríguez, "El Sufragio Femenino En La II República."

⁶³ Nash, "Women in War. Milicianas and Armed Combat in Revolutionary Spain 1936-1939."

⁶⁴ Strobl, *Sag Nie, Du Gehst Den Letzten Weg*; Nash and Cifuentes, *Rojas*; Lines, *Milicianas*.

⁶⁵ Blasco Herranz, "Citizenship and Female Catholic Militancy in 1920s Spain"; Cenarro Lagunas, "La Falange Es Un Modo de Ser (Mujer)."

⁶⁶ Blasco Herranz, "Citizenship and Female Catholic Militancy in 1920s Spain."

social basis of Francoism was way more ambiguous and diverse as its propaganda suggested. The reach of Francoist ideology stopped when it came to their personal needs and desires.

Taking into consideration that the young men and women of the health service had come of age during the tumultuous years of the republic, these *relationships of care* can also be interpreted of an amalgamation of an intergenerational conflict with the individual positioning within the dawning of an authoritarian and fascistized new order. Milá and her delegates intended to instill rules and morality as representatives of the Francoist institution of the military health service. They were themselves women who benefitted from the exceptional circumstances as they allowed for their careers. At the same time, they came mostly from families with long military or petit aristocratic traditions and were themselves members of the upper classes. Their subordinates, however, were often younger, had grown up during the tumultuous Republican years and were used to navigate through turmoil. Since three governments of the Second Republic had not managed to pacify the social conflicts that had brought the Restoration and the military dictatorships to their ends an overall situation had risen where most political fractions would eventually mobilize their followers and organize militarized wings and strikes. The same was true for the fascist Falange that quickly militarized and contributed importantly to the rising level of violence on the streets.⁶⁷ These young nurses and their male partners were used to an environment where social control depended strongly on individual social networks and bubbles and that this context allowed for individual mobilization and group specific empowerment.⁶⁸ The measures officials used to instill and enforce the “new”, Francoist Spain collided with their socialization and their ways of navigating towards adulthood. In doing concurrently nurse, doctor, paramedic, patient and doing woman or doing man while doing care they entered in conflict with the attempts to set the new national project in praxis.

Conclusions

Quirós report was paradigmatic for the key issues the administration of the Female Services of the Francoist army had to deal with daily. Milá and her delegates were preoccupied to provide an efficient service in support of the military health service. This encompassed setting clear rules and enforcing them, but also turning a blind eye if no major harm was done if one digressed from the norms. They dealt with young women who had left their parents houses to contribute the war effort on the Francoist side, and with men who were doctors, paramedics, practitioners or not versed in medicine at all but who entered as conscripted or professional soldiers the health service. Even though, most of these women hoped that Franco would win the war, their behavior and actions often contradicted the rules of Milá and her delegates. Their interpretation of being a Francoist collided with their needs as young women, which they prioritized over their political conviction. So, when the opportunity rose to engage, for example, in *relationships of care*, many threw caution to the winds and followed their desires. The intergenerational conflict that surfaced in Quirós’ report sheds, therefore, some light on the complex negotiations between the adult generation that supported Franco and the youth that was in its transition towards adulthood in a context of authoritarian nation-building. It reveals that for the successful implementation of the image of the Francoist Spain that Franco sold to his followers some flexibility was needed.

By allowing their subordinates some freedoms every now and then, Quirós and Milá did not only pragmatically accept realities but consolidated their positions of power in relation to their subordinates. This helped to ensure the efficiency of the Female Services on a more general level, too, and further legitimized the existence of the service in the armed forces. In the long run, this strategy would pay back. When the war drew to its official end, women were the first to be demobilized and the Female Services to removed again. However, Milá’s work was considered as a success which allowed her to revive the Service only a few years later and to finally institutionalize it as regular part of the armed forces under the name of “Damas Auxiliares”.

⁶⁷ Mann, *Fascists*; Seidman, *Republic of Egos*; Graham, *The Spanish Republic at War, 1936-1939*.

⁶⁸ Wildt, *Volksgemeinschaft Als Selbstermächtigung*.

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