

# A Pioneer in Women's Federal Practice

*I believe in being very realistic about medicine for women...The satisfaction and reward must come from within, not from without.*

Margaret Craighill, MD<sup>1</sup>



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**M**arch is Women's History Month. Many women have served in all branches of government health care over centuries and are worthy of celebrating. These nurses, physicians, pharmacists, and other allied health professionals devoted their time and talents, compassion, and competence to deliver and improve the care of wounded service members, disabled veterans, and the underresourced in our communities. To honor the collective contribution of women to federal practice in the Indian Health Service, Public Health Service Core, US Department of Veterans Affairs (VA) and the US Department of Defense, this column examines one pioneer in women's federal practice—Margaret D. Craighill, MD—who epitomizes the spirit of the selfless dedication that generations of women have given to public service. Craighill is an ideal choice to represent this noble cadre of women as her career spanned active military duty, public health, and the Veterans Health Administration.

Craighill was a graduate of several of the finest institutions of medical training in the United States. Born in Southport, North Carolina, in 1898, she earned her undergraduate degree Phi Beta Kappa and master's degree from the University of Wisconsin.<sup>2</sup> She set her sights on becoming a physician at a period in American history when many prominent medical schools accepted few women. A marked exception—due to the fund raising and lobbying of influential women—was the prestigious Johns Hopkins University School of Medicine.<sup>3</sup> She graduated in 1924 and held a postgraduate position at Yale Medical School. She then worked as a physiologist at a military arsenal, a pathologist, a general surgeon, and completed a residency in obstetrics and gynecology. This broad training gave her the diverse expertise she would need for her future work.<sup>4</sup>

Craighill came from a military family: Her father was a colonel in the engineering corps, and her grandfather rose to become chief engineer

of the Army.<sup>5</sup> Along with many of America's best and brightest, Craighill left her successful medical career as dean of the Women's Medical College of Pennsylvania to join the war effort. Author Alan G. Knight points out, more than in civilian medicine, gender stereotypes kept women from entering the military: Women were expected and accepted as nurses, not doctors.<sup>5</sup> But in 1943 Congress passed and President Roosevelt signed the Sparkman-Johnson Bill, enabling women to enter the then all-male Army and Navy Medical Corps. Craighill took advantage of this opportunity and accepted an appointment to the Women's Army Corps (WAC) as a major in 1943 at age 45 years, becoming the first woman physician to be commissioned an officer in the Army.

Major Craighill's initial assignment was to the Office of the Surgeon General in the Preventive Medicine Division as the consultant for health and welfare of women. Here, she served as liaison to another innovation in women's history in military medicine—the WAC. Journeying 56,000 miles to war zones in multiple countries, she assessed the health of 160,000 Army nurses and other staff whose focus was public health and infectious disease and hygiene. The history of women in medicine in and out of federal service is marked by overcoming innumerable biases and barriers. Craighill faced the prevailing presumption that women were unfit for military duty. In an early example of evidence-based medicine, she disproved this theory, showing that women were faring well doing hard jobs in tough environments.<sup>4</sup>

Their fortitude is more remarkable considering induction examinations for women during World War II were cursory and not tailored to address women's health care needs. Based on her visits to WACs in theater and at home, Craighill observed recruits suffering from previously undiagnosed gynecologic and psychiatric conditions that adversely affected their health and function. She advocated for comprehensive

standardized examinations that would detect many of these disorders.<sup>5</sup>

Craighill promoted other prejudices of her era. WAC command wanted to win public approval of women in the service and was concerned that lesbian relationships and “heterosexual promiscuity” would damage their public relations aims. They pressured Craighill to develop induction examinations that would screen lesbians and women with behavioral problems. She urged tolerance of homosexual behavior until it was proven.

Though clearly discriminatory and personally offensive to gay persons in federal service, we must recognize that only last year did the Pentagon move to overturn the prior administration’s prohibition against transgender persons serving in uniform.<sup>6</sup> In this light Craighill, as the first female physician-leader in a 1940s military, adopted a relatively progressive stance.

Craighill rose to the rank of lieutenant colonel and received the Legion of Merit award for her exemplary wartime service. In 1945, she earned another first when she was appointed to be a consultant on the medical care of women veterans. For women veterans, gaining access to newly earned benefits and receiving appropriate care were serious problems that Craighill worked to solve. For many women veterans, those challenges remain, and Craighill’s legacy summons us to take up the charge to empower women in federal health professions to enhance the quality of care women veterans receive in all sectors of US medicine.

Critics and advocates agree that the VA still has a long way to go to achieve equity and excellence in our care for women veterans.<sup>7,8</sup> Craighill’s position stands as a landmark in this effort. During her VA tenure, Craighill entered a residency in the first class of the Menninger School of Psychiatry in Topeka, Kansas, and completed psychoanalytic training. Her wartime experiences had convinced her of the need to provide high-quality mental health care to women veterans. She put her new psychosomatic knowledge and skills to use, serving as the chief of a women’s health clinic at the VA Hospital in Topeka and published several important scholarly papers.<sup>5,9</sup>

Craighill went on to have a distinguished career in academic medicine, underscoring the long and valuable relationship of US medicine and the scholarly medical community. Once her psychiatric training was finished, she returned to private practice, ending her career as chief psychiatrist at Connecticut College for Women.

Craighill made a significant contribution to the role of women in federal practice. She was a visionary in her conviction that women, whether physicians, nurses, or other health care professionals, had the gifts and the grit to serve with distinction and valor and that their military service entitled them in war and peace to gender-sensitive health care. As the epigraph for this editorial shows, Craighill knew the path for women in federal practice or service while not easy is well worth treading. Her pioneering career can inspire all those women who today and in the future choose to follow in her footsteps.

#### Disclaimer

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#### References

1. Bellafaire J, Graf MH. *Women Doctors in War*. Texas A&M University Press; 2009:61.
2. Nuland SB. Doctors: *The Biography of Medicine*. Alfred A. Knopf; 1988:399-405.
3. Dr. Margaret D. Craighill, at 78, former dean of medical college. Obituary. *New York Times*, July 26, 1977. Accessed February 24, 2022. <https://www.nytimes.com/1977/07/26/archives/dr-margaret-d-craighill-at-78-former-dean-of-medical-college.html>
4. US Library of Medicine. Changing the face of medicine: Dr. Margaret D. Craighill. Updated June 03, 2015. Accessed February 23, 2022. [https://cfmedicine.nlm.nih.gov/physicians/biography\\_72.html](https://cfmedicine.nlm.nih.gov/physicians/biography_72.html)
5. Knight AG. Dr. Margaret D. Craighill, M.D. *On Point*. 2018;23(4):19-22. Accessed February 24, 2022. <https://www.jstor.org/stable/26478427>.
6. Wamsley L. Pentagon releases new policies enabling transgender people to serve in the military. Updated March 31, 2021. Accessed February 23, 2022. <https://www.npr.org/2021/03/31/983118029/pentagon-releases-new-policies-enabling-transgender-people-to-serve-in-the-milit>
7. Shane L. Is VA shortchanging women’s health programs. *Military Times*. Published February 28, 2019. Accessed February 24, 2022. <https://www.militarytimes.com/news/pentagon-congress/2019/02/28/is-va-spending-enough-on-womens-health-programs>
8. Marshall V, Stryczek KC, Haverhals L, et al. The focus they deserve: improving women veterans’ health care access. *Womens Health Issues*. 2021;31(4):399-407. doi:10.1016/j.whi.2020.12.011
9. Craighill MD. Psychiatric aspects of women serving in the Army. *Am J Psychiatry*. 1947;104(4):226-230. doi:10.1176/ajp.104.4.226