

The Government's Subcommittee on Nursing

By ALMA C. HAUPT, R.N.

Nursing Consultant, Health and Medical Committee, Office of Defense Health and Welfare Services and Executive Secretary, Subcommittee on Nursing, Health and Medical Committee, Washington, D. C.

FOR THE SPECIAL PURPOSES of defense and now for war, nursing has two nationwide organizations: One is governmental—the Subcommittee on Nursing of the Health and Medical Committee operating under the Office of Defense Health and Welfare Services (the Subcommittee also serves in an advisory capacity to the Medical Division of the Office of Civilian Defense). The other is voluntary—the Nursing Council on National Defense, made up of the five national professional nursing organizations and the American Red Cross Nursing Service. The chief nurses of the various federal nursing services have a liaison or ex officio relationship to both of these nation-wide organizations.¹

The aims of both are essentially the same, viz.: (1) To analyze the country's need for the education, procurement, and assignment of professional nursing and auxiliary nursing service in relation to both military and civilian agencies relating to the national emergency; (2) to make plans for meeting these needs; (3) to correlate, as may be necessary, the nursing services of the United States with those of Canada, and Central and South America.

The government's Subcommittee on Nursing works with and through governmental agencies. The Nursing Council on National Defense works with and through the national professional organizations and their respective state and

local constituencies. Between the Subcommittee on Nursing and the Nursing Council on National Defense, there is close and frequent interchange of information and delegation of appropriate responsibility.

Inasmuch as the Subcommittee on Nursing was formed in November 1940, this is a report of the whole life of the Subcommittee up to January 16, 1942.

On September 19, 1940, the President of the United States appointed the Health and Medical Committee which is now a part of the Office of Defense Health and Welfare Services under Paul V. McNutt, Director. Dr. Irvin Abell is Chairman and Dr. James A. Crabtree Executive Secretary of this Committee. Its location in the Office of Defense Health and Welfare Services associates its program with those of family protection, social protection, recreation, and nutrition, all closely related to the vast program of the Federal Security Agency. In fact, it is recognized that problems of health, social welfare, recreation, and nutrition are heightened by war and defense needs and therefore should be handled by an organization that fits in closely with the already existing programs of the government which consider them from the long-range standpoint. It is significant that the term "Health" as well as "Medical" is included in the title of the Committee.

The Health and Medical Committee in turn has set up subcommittees on Dentistry, Hospitals, Industrial Health

¹ See *American Journal of Nursing*, Dec. 1941, p. 1414 for a chart showing these relationships.

and Medicine, Medical Education, Negro Health, and Nursing. The membership of these subcommittees is made up of "experts" in the various fields rather than of organization representatives, and the appointments are made by the Health and Medical Committee.

The Subcommittee on Nursing gets its official status through the Health and Medical Committee and was formed on November 20, 1940, with Mary Beard as Chairman. On December 1, 1941, Miss Beard resigned as Chairman and in January 1942 Marion Howell became Chairman.

The Subcommittee has three special nursing education consultants and one special nursing consultant on recruitment of student nurses. There are two special committees, one on Army and Navy Nursing, the other on the National Survey of Registered Nurses.

On July 1, 1941, a staff was set up for the Subcommittee on Nursing, under the executive secretary of the Health and Medical Committee. Alma C. Haupt (on loan from the Metropolitan Life Insurance Company) is Nursing Consultant to the Health and Medical Committee and serves as secretary to the Subcommittee on Nursing; James W. Staples is public information consultant. After an experimental period, the Health and Medical Committee requested that the position of executive secretary to the Subcommittee on Nursing be made a governmental responsibility for the "duration" and, on January 1, 1942, the temporary position of "Principal Nursing Consultant" was established under Presidential Order and classified by the Civil Service Commission.

The salary of the public information consultant, plus a sum for the public information program of the Subcommittee, was provided by the American Red Cross for one year, beginning July 1, 1941.

On January 1, 1942, the position of

assistant executive secretary of the Subcommittee on Nursing was created for one year, the salary being provided through a special gift to the American Red Cross for that purpose. Edith H. Smith, formerly Professor of Nursing and Director of the Nursing Service at Stanford University Hospitals, came on the staff January 7, 1942.

RELATIONSHIPS WITH THE OFFICE OF CIVILIAN DEFENSE

The Subcommittee on Nursing provided advisory service to the Medical Division of the Office of Civilian Defense, and the executive secretary of the Subcommittee on Nursing acted as nursing consultant to the Office of Civilian Defense until it became obvious that there was need for a nursing consultant on the staff of the Medical Division of the Office of Civilian Defense. On October 1, 1941, Marian G. Randall was loaned, on a part-time basis, from the Henry Street Visiting Nurse Service of New York City for this purpose, and engaged as a "special nursing consultant" under temporary civil service status.

In the establishment of the positions of nursing consultant under civil service in both the Subcommittee on Nursing and the Office of Civilian Defense, nursing is recognized by the government as having an integral part in war and defense activities, and opportunity is afforded to integrate nursing with the medical and social welfare programs of the federal defense agencies and to correlate it closely with the normal programs of the Federal Security Agency.

FUNCTIONS OF THE SUBCOMMITTEE

The functions of the Subcommittee are as follows:

1. To co-ordinate on a national level all nursing for defense in the Government agencies and the American Red Cross.
2. To act as a two-way channel between the government agencies and the Nursing Council on National Defense.

3. To assist the Health and Medical Committee and its various subcommittees in all questions dealing with nursing.

4. To act as the Nursing Advisory Committee to the Office of Civilian Defense.

5. To suggest federal legislation regarding nursing and to assist in the development of a policy under which nursing programs are carried out.

6. To advise the U. S. Public Health Service on the nursing education program.

PROGRAM OF THE SUBCOMMITTEE ON NURSING

The Subcommittee on Nursing is advisory rather than administrative and acts as a "parent committee" allocating to appropriate governmental and private agencies the jobs that need to be done.

The problem facing nursing in the emergency is twofold: (1) To provide adequate personnel, and (2) to organize the needed types of nursing service by implementing them with necessary administration, financial support, and standards of operation.

The activities of nursing in meeting these problems are outlined as follows and include responsibilities being handled administratively by various federal and private agencies, the Subcommittee on Nursing acting chiefly in an advisory and co-ordinating capacity in relation to them.

PROBLEMS DEALING WITH PROVIDING ADEQUATE PERSONNEL

1. *The Graduate Nurse*

Three hundred thousand nurses have answered a national inventory supported jointly by the Nursing Council on National Defense, the Subcommittee on Nursing of the Health and Medical Committee, the American Red Cross, and the U. S. Public Health Service. The U. S. Public Health Service has charge of the administration of this project and has had valuable assistance from the Work Projects Administration. Suggestions have been given to state nurses associations and their local branches

as to the utilization of the data. On the basis of a sampling of 25 per cent of the returns, it is estimated that there are 20,000 young inactive nurses who may be able and willing to return to active civilian service. Marriage is the chief cause of turnover in the nursing profession.

It is estimated that there are 100,000 nurses who did not answer the original questionnaire.

The Subcommittee on Nursing receives quarterly reports from all federal nursing services of (1) the number of nurses on duty; (2) the vacancies for which salary is provided; (3) the additional number needed in the next three months.

The figures are then correlated with available figures of private agencies as secured through the Nursing Council on National Defense. As of January 1, 1942, the figures roughly showed the following needs:

Army and Navy	11,000
Institutions	10,000
Public Health	10,000

TOTAL 31,000 nurses needed

The United States Public Health Service, through its Division of Public Health Methods, has sent a questionnaire to public and private hospitals and health agencies including information regarding the number of nurses and auxiliary nursing personnel on hand, positions vacant, and anticipated number in next three months. It is hoped that this may be kept up on a quarterly basis.

Since war was declared, the figures on the needs of the Army and Navy are confidential. However, the calling out of four base hospital units of 125 nurses each focuses anew attention on the problem of supplying the military forces and at the same time keeping civilian hospital and public health services intact.

Red Cross enrolment.—Traditionally, the American Red Cross enrolls nurses for

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the First Reserve from which the Army and Navy secure nurses. It requires normally a pool of five nurses under 40, unmarried, and physically fit, to get one into service. Hence, the first reserve of 25,700 nurses as of January 1 must be increased to well over 50,000 to get the minimum of 10,000 nurses needed by the armed forces. It is, of course, anticipated that the needs of the Army and Navy will be greatly augmented.

The American Red Cross also has a Second Reserve of 43,408 nurses who are unavailable for military duty, but are available for disaster, wartime epidemics, and to reinforce nursing staffs in civil hospitals and in public health work related to civil defense.

Procurement and assignment.—The demand for nurses has led the Subcommittee on Nursing to consider some plan similar to that of the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians, to adjust the needs of military and civilian services and to give recognition through insignia, buttons, or some other tangible device, to those who serve their country by remaining in necessary local civilian jobs. This is in the process of immediate consideration.

Federal aid for nursing education.—Inasmuch as the Army and Navy requirements are for graduate registered nurses, the only way this need can be met is by increasing immediately the number of students in schools of nursing.

A program for federal aid for nursing education was initiated by the Nursing Council on National Defense through a study made by Isabel Stewart in collaboration with the U. S. Office of Education. This program was endorsed by the Health and Medical Committee and the Subcommittee on Nursing. It was interpreted to the Congress by Mrs. Chester Bolton, Mary Beard, and Dr. James A. Crabtree.

An appropriation of \$1,250,000 was

made by Congress on July 1, 1941 for the expansion of basic courses for undergraduates, refresher courses for those who have been inactive, and postgraduate courses in such specialties as supervision, public health, midwifery, anesthesia. The program is administered by the U. S. Public Health Service.

The Subcommittee on Nursing has recommended that an appropriation of \$4,000,000 be sought for the fiscal year beginning July 1, 1942. Indications at the present time are that the budget bureau will recommend \$2,000,000 to the Congress.

2. Recruitment of Student Nurses

In view of the shortage of nurses and the fact that it takes three years to prepare a graduate nurse, the Subcommittee on Nursing estimates that instead of the usual 35,000 admissions a year to schools of nursing, 50,000 or an additional 15,000 would be needed. A Committee on the Recruitment of Student Nurses was formed by the Nursing Council on National Defense. The chairman of this committee was tied in with the Subcommittee on Nursing by being made Special Consultant on Recruitment to the Subcommittee. The indications are that the spring enrolments for 1942 will bring the figures only to 45,000, hence it was necessary to give quick emphasis to recruitment if the additional 5,000 well-prepared young women were to enter accredited schools this spring.

To this end, state nursing councils on defense have been formed in the states, their first job being to form a recruitment committee. A national, state, and local program of public information is now under way.

It is a question whether the accredited schools of nursing are equipped in terms of teaching staff, clinical facilities, and physical accommodations to take more than 50,000 students. Also, there is the

problem of competition with other current opportunities for women in defense and of attracting more than 50,000 well-qualified candidates a year into professional nursing.

3. *Volunteer Nurses' Aides*

In order to assist the depleted graduate nurse staffs of civilian hospitals and health agencies, the American Red Cross and the Office of Civilian Defense have jointly sponsored a program to provide 100,000 volunteer nurses' aides.

These aides work under the supervision of the graduate nurse and their training and supervision on the job make new demands for keeping up the number of nurse teachers and supervisors in civilian hospitals.

4. *Nursing Auxiliaries*

It is recognized that in addition to graduate nurses and volunteer nurses' aides, the emergency situation calls for additional personnel whether on a pay or volunteer basis. To this end, a category of "nursing auxiliaries" has been set up within which come WPA and NYA hospital workers.

PROBLEMS DEALING WITH PROVISION FOR VARIOUS TYPES OF NURSING SERVICE

1. *Hospital Nursing Service*

The reduction of medical personnel in hospitals is throwing added burdens and responsibilities on nursing staffs and the depletion of nursing staffs is requiring a new job analysis of those functions which may properly be shared with volunteer nurses' aides, auxiliary workers, and volunteers.

2. *Public Health Nursing*

In total war, the need for adequate public health nursing in each community is emphasized. In 1941, there were 700 counties of the country which had no public health nursing service of any sort

and thirty-one cities with a population of 10,000 or more had no such service. To meet the defense situation, the Emergency Health and Sanitation Act has made it possible for the U. S. Public Health Service to appoint public health nurses. State health departments have requested 500 nurses, but the Federal funds have permitted employment of only 151. These nurses are employees of the U. S. Public Health Service assigned to state health departments which, in turn, reassign them to local defense areas where they work under an official agency.

The lack of hospital facilities, particularly in rural areas, also makes it important that public health nurses be available and that they give bedside nursing care as well as assist in communicable disease control and health education.

The Farm Security Administration, under the Department of Agriculture, has fifty nurses in resettlements and provides funds for fifty nurses serving migratory camps.

3. *Private Duty*

Private duty nurses, 180,000 strong, constitute our biggest pool of resources. Many of these will volunteer for service in the armed forces. Others will replace nurses in hospitals. This puts upon the public the necessity to use private duty nursing only where it is most necessary and upon hospitals the need to develop group nursing whereby one nurse may serve more than one patient.

4. *Nursing in Disaster and in Emergency Medical Services*

Through the Office of Civilian Defense, plans are made for the utilization of nurses and nurses' aides in field unit squads and also for the services of public health nurses in home visiting of the injured released from casualty stations and hospitals.

The American Red Cross also has a well-organized plan of disaster nursing.

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As this is written, the Red Cross is arranging to send seventy-five Second Reserve nurses to the Territory of Hawaii for use in civilian hospitals. Second Reserve nurses served in San Francisco receiving the wounded from Pearl Harbor and assisting them in getting to hospitals.

In case of an "incident" it may be necessary to pool all local nursing resources under one central service and to have flexible interchange of nurses in hospital, private duty, and public health service.

5. *Nursing in First Aid*

All nurses are being encouraged to take first-aid courses and as many as possible to prepare themselves to become instructors of first aid through the joint efforts of the American Red Cross and the Office of Civilian Defense.

6. *Home Nursing*

The American Red Cross is expanding home nursing classes setting as a goal at least one-half million participants this year. This requires a demand for many additional nurse teachers and provides a suitable opportunity for married nurses who can only give part-time service to make a valuable contribution to national defense. For this expansion, 15,000 part-time nurse instructors are needed, of whom 5,000 have already signed up.

RELATIONSHIP OF NURSING IN THE UNITED STATES WITH OTHER COUNTRIES

Canada.—Every effort is being made to keep in close touch with the war nursing developments in Canada through personal interviews, when possible, and through interchange of information.

Great Britain.—A questionnaire was prepared regarding the British nursing situation, the answers to which have just been received from Gertrude Madley, Chief Nurse of the Harvard Medical Unit. This material will be summarized and used as a basis for comparison.

Latin America.—Through the Office of the Co-ordinator of Inter-American Affairs, the Subcommittee on Nursing has been asked to advise on the setting up of home-nursing and first-aid classes in Latin American countries and in the utilization of nurses in civilian defense projects.

A conference has been held by the Subcommittee of representatives of all nursing committees having an interest in Latin America.

PUBLIC INFORMATION PROGRAM

The public information program of the Subcommittee on Nursing is being correlated as closely as possible with that of the Nursing Council on National Defense. Of the \$6,000 budget provided for the Subcommittee by the Red Cross, over \$2,000 has been made available to the Nursing Council for recruitment.

The public information consultant acts as a co-ordinator of the various public information programs in governmental agencies that deal with nursing. He brings to the attention of these various services the nursing story and makes contacts for them with the radio, press, and other channels of information.

Also the public information program of the Subcommittee comes under the whole public information program of the Office of Defense Health and Welfare Services which in turn is related to many governmental agencies, particularly the Office of Emergency Management. Hence many opportunities exist for making the nursing story known to the public. National news releases, feature stories, spot announcements, radio interviews, and a radio script on nursing in defense are some of the methods already in use. Contacts have been made with national magazines. Material is constantly supplied to inter-office circulars and such magazines as *Defense* and *Victory*. The handling of contacts with national radio, magazines, and newspapers (regarding

recruitment of student nurses) is now being left to the Nursing Council. The Subcommittee on Nursing concentrates on contacts that can best be made in Washington.

CONCLUSION

In conclusion there are two major emphases to be made. One is that the nursing profession is now so organized nationally for war and defense as to present a united front. This means that the Subcommittee on Nursing and the Nursing Council on National Defense are working in close and harmonious relationship with each other for nurses' part in victory.

The other is that for the past one and a half years we have gone through the stages of (1) setting up national machinery and doing country-wide planning; (2) then developing state machinery—the state nursing councils—in which the state nurses associations assumed leadership; (3) local planning.

We now are in the stage in which local organization and local planning are of utmost importance. We need only look at one community in which the calling out of a base hospital takes thirty-five of the teaching and supervisory staff from one of the leading teaching hospitals in the country to appreciate that we must know our local nursing resources; we must be analytical in reviewing every nursing job to evaluate its importance;

we must be ready to share certain nursing functions with volunteer nurses' aides and nursing auxiliaries and at the same time maintain standards of service; we must be flexible in arranging for the necessary quick interchange of nurses from hospitals, private duty, or public health services locally as may be needed and then we must be ready to transfer groups of nurses from one community to another if emergency demands.

The test is now to discover how we can spread nursing where it is most needed, whether to the military or to the civilian groups. With our troops departing for many parts of the world and with nurses on the very front lines of battle, we shall be called upon to make many sacrifices and many adjustments in local nursing service in our home communities. And, in addition, there is already a demand for American nurses in countries that are now preparing civilian defense, to say nothing of the demand which will come in the reconstruction days following the war.

Nursing is traditionally based on the fundamentals of discipline, skill, and the ability to respond instantly to the nation's call for service. It is because of this that nursing is recognized to be of vital importance in this crisis.

[Based on a report presented before the Joint Boards of the National Nursing Associations, Hotel Roosevelt, New York, January 24, 1942. Published also in *Public Health Nursing*, March 1942.]

Private Duty Nurses

THIRTY THOUSAND private duty nurses will soon receive a simple one-page questionnaire which they need not sign, from the Department of Commerce, Washington, D. C. The Bureau of Foreign and Domestic Commerce of the Department of Commerce has received the approval and co-operation of the Board of Directors of the American Nurses' Association in making this study of the income of private duty nurses. *This survey is*

not related to income tax returns or the social security program.

Private duty nurses are urged to co-operate by providing the requested data. This is a wonderful opportunity for private duty nurses. If a sufficient number answer the questions carefully the profession will have a body of much-needed data which should be of great value in clearing up some of the misunderstandings about private duty.

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