

Subcommittee on Nursing

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DOES THE NURSING PROFESSION agree with the President of the United States that "We can, we will, we must win this war"? Unanimously we answer "Yes!" Hence our concern is how nursing can play its part toward victory.

Equipment was the first necessity, equipment in terms of national and federal organizations. So in July 1940, all professional nursing organizations were headed up in the Nursing Council on National Defense, now the National Nursing Council for War Service, and four months later, in November 1940, the Subcommittee on Nursing of the government's Health and Medical Committee was organized.

Nursing is more fortunate than some other professions in having such centralization, in just two groups, of its professional and governmental responsibilities. The objectives of these two organizations are similar. We exist to do three things:

1. To know both military and civilian needs for professional nursing and auxiliary nursing service.

2. To make plans to meet these needs.

3. To correlate nursing in the United States, as may be necessary, with the nursing services of the United Nations that are banded together to defeat totalitarianism.

There is and must continue to be the closest interplay between the Nursing Council and the Subcommittee on Nursing. For, in the democratic way of life for which we are fighting, citizens as represented by the professional nursing group must have freedom to express to the government certain needs which only

government can meet. Likewise, the government must depend upon voluntary agencies and individual initiative for many services beyond the realm of legislative action and governmental control.

We have, then, in nursing, between the Nursing Council on the one hand, and the Subcommittee on Nursing on the other, a two-way channel so that responsibilities and joint thinking can be transferred quickly from one to the other as occasion demands.

The organization of nursing for war and the relationship of the Subcommittee on Nursing to the Nursing Council, the American Red Cross, the Office of Civilian Defense, and other governmental nursing services have already been described to you in our professional nursing journals and in charts of organization sent to all of the state nursing councils.^{1, 2}

The program of the Subcommittee on Nursing can be broken down into four essential parts, as follows:

1. Observation and analysis of needs.
2. Allocation to government or voluntary agencies of the jobs to be done.
3. Review of the progress of the jobs allocated and recommendations for further action.
4. Publicizing of the nursing program.

ANALYSIS OF NEEDS

We start, then, with the Subcommittee as an observation post. This

¹ Organization of Nursing in Defense, *Am. J. Nursing*, Vol. 41, pp. 1414-1415 (Dec.) 1941.

² HAUPT, ALMA C.: The Government's Subcommittee on Nursing, *Am. J. Nursing*, Vol. 42, pp. 257-263 (Mar.) 1942, and *Pub. Health Nursing*, Vol. 34, pp. 147-154 (Mar.) 1942.

means not only observing what is happening but anticipating what may happen, and influencing action. Last July, we set up a scheme whereby every governmental agency reports periodically to the Subcommittee on Nursing three facts:

1. Number of nurses now employed.
2. Number of vacancies for which there are salaries.
3. Number of new nursing positions anticipated in the next three months.

We also try to keep abreast of all studies of supply and demand made by the national nursing organizations and enrolment figures of the American Red Cross.

All these studies are directed to our first priority in nursing, the supply of sufficient, well qualified nurses for the Army and the Navy. Do any of us truly realize the national significance of our shortage of nurses, and what it means to send 50,000 of our youngest and best to the armed forces? It means finding every eligible nurse and stimulating her voluntarily to enrol in the first reserve of the American Red Cross. It means that out of our reservoir of 100,000 eligible nurses, one out of every two probably will be called to active duty in the armed forces and must be ready and willing to answer the call. It means that all our ingenuity and adaptability are brought into play to make such replacements at home that our civilian hospitals and health services may continue to protect and care for the citizens for whom our armed forces are fighting. And who knows when our own local communities themselves will become battle grounds, and scenes of disaster and the nurses in them needed for every sort of emergency service?

In anticipation of this very problem of supply of nurse power, the first war program of the nursing profession was the National Survey of Registered Nurses, instigated in 1940 by the Nursing Council and later transferred to the Sub-

committee on Nursing for guidance. The Survey may now be evaluated from two points of view; that of the individual and that of nursing organizations. It gave to each individual nurse in the country an opportunity to sign up personally with Uncle Sam and to say voluntarily what type of service she would render if needed. Remember, this was before Pearl Harbor! That 300,000 nurses responded is a glowing tribute to the solidarity and sense of responsibility of the nursing profession. Where are the "hidden nurses" who did not answer? Now that we are at war, undoubtedly many of them are coming back into service. Without repeating the total Survey, we offer again to nurses who did not fill out the first blank, a chance to register voluntarily with the federal government by answering the inventory form which can be obtained through each state nurses association. It is not too late to express loyalty to the government in this way.

From the standpoint of organization, when has there ever been a project in nursing on a nation-wide scale involving, so intimately, individual nurses, district and state nurses associations, the state boards of nurse examiners, the national professional nursing organizations, all tied up in the National Nursing Council for War Service; and when, if ever before, has such activity been developed in close association with the government through the Subcommittee on Nursing and the United States Public Health Service? It seems appropriate here to express, on behalf of the Subcommittee on Nursing, the Government's appreciation of the time, effort, and financial contribution of this great cross-section of American nursing, and to add our thanks especially to the United States Public Health Service for its able handling of the countless details of administration.

With this machinery set up to function on the national level, some device is now

needed whereby local communities may know their resources in nurse power, and have available about each nurse such basic information as name, address, day and night telephone number, type of present service, and for what type of emergency service available. Such information should be kept in a central nursing office and duplicates made available to the Emergency Medical Services of the Office of Civilian Defense and the American Red Cross.

The Survey of Nursing is one illustration of the method used by the Subcommittee to observe and analyze nursing resources in relation to nursing needs. However, the Subcommittee must have other means of keeping itself informed. Of prime importance is its close association with the Health and Medical Committee and the six subcommittees under the latter's jurisdiction. Of particular interest to nursing has been the establishment of the Office of Procurement and Assignment of Doctors, Dentists, and Veterinarians. Close study has been made of the implications of this service in the field of nursing. As yet, it seems that Red Cross enrolment, plus the National Survey, fills our need; but the Subcommittee's ear is to the ground for whatever lessons can be learned from the Procurement and Assignment Service.

ALLOCATION OF JOBS TO BE DONE

We may use this question of procurement and assignment as an illustration also of the second function of the Subcommittee—that of the allocation of activities, that fall within the scope of their respective responsibilities, to existing agencies. After concluding that the time was not ripe for the establishment of a governmental agency for the procurement and assignment of nurses, it was agreed that what was most needed was a guide for each community to use for better distribution of nursing service. As this project can best be done by state

and local nursing councils through professional channels, this job was referred back to the National Nursing Council for War Service.

Similarly, the government's Subcommittee on Nursing early recognized the recruitment of student nurses as an urgent problem. However, it, too, could be handled more suitably by the profession, and was referred to the Nursing Council. The Subcommittee continues to assist the recruitment effort, particularly with public information service. For example, the glamorous new poster of the student nurse being capped by Uncle Sam was obtained from the United States Public Health Service at the request of the Subcommittee on Nursing.

REVIEWING JOBS DONE

Our third function—that of reviewing the jobs that have been assigned to other agencies—means keeping in constant touch with them. We pursue the Nursing Council for information as to how recruitment is going. An increase of 10,000 more students in schools of nursing in the school year 1941-1942 was a splendid beginning, especially in view of the fact that recruitment efforts had not had time to take effect. But, inasmuch as 10,000 more will need to be added in the school year beginning July 1942 and again another 10,000 in 1943, the whole recruitment program will require close guidance. It is the function of the Subcommittee in this project to figure out every possible way for the government to assist the Council in its efforts.

The government expresses itself partly through Congressional action. Hence, one of the most important functions of the Subcommittee is close contact with various members of Congress and readiness to interpret nursing and to give testimony when called upon. It is also necessary to review carefully all proposals and bills bearing upon nursing, and to

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try to follow bills through the labyrinth of the committees of the two Houses of Congress. It should be noted here that it is the American Nurses' Association, as a professional agency, which actually approves or disapproves nursing legislation. It is the function of the Subcommittee on Nursing to suggest federal legislation on nursing and to assist in the development of policies under which nursing programs having governmental support are carried out.

The best illustration of this is the Training for Nurses (National Defense) Act (H. R. 4926) through which \$1,250,000 was made available to the United States Public Health Service for federal aid to nursing education. Subsequently, a deficiency appropriation of \$600,000 was added and now an additional \$3,500,000 appropriation is being sought.³ Not only did the Subcommittee support this legislation in Congress, but it also acts in an advisory capacity to the Public Health Service in the development of policies for executing the program.

Other legislation followed closely by the Subcommittee is the Army and Navy Pay Bill through which it is anticipated that base pay for nurses will be raised from seventy dollars to ninety dollars a month,⁴ and the bills for women auxiliaries in both the Army and the Navy.

PUBLIC INFORMATION

Analysis of problems in nursing, referral of jobs to other agencies, and review of the progress of these jobs in the light of further development, legislative or otherwise, necessitate our fourth function—that of public information. We must awaken the public at large, as well as nurses themselves, to the crisis that nursing shortages have raised. Implemented by funds and personnel from

the American Red Cross, the Subcommittee has been in a position to utilize the many nation-wide resources of the federal government to make our story known. Also, we have been able to help the Nursing Council in a substantial way with charts, reprints, radio programs, et cetera.

In a sense, the Subcommittee on Nursing acts as a co-ordinator of the public information programs of the various federal nursing services. One group meeting of the public information consultants of these agencies has been held and almost daily contact is maintained with them. So integrated is the whole effort, that it is difficult to assign to any one agency the credit for a given "stunt." However, since January 1, the Subcommittee has had a finger in the pie of six national news releases and eight radio broadcasts, either given or in preparation. The Public Information Unit of the Office of Defense Health and Welfare Services has been an open sesame to us, making connections for us with the Office of Facts and Figures, the Office for Production Management, the Office of Government Reports, and the Regional Public Information Services of the Social Security Board. During the week of April 26, the Office of Government Reports arranged time for a nursing broadcast on all the principal radio stations of the country. We trust the representatives of the state nursing councils, who so wholeheartedly co-operated to make this a joint effort, felt it was worth while.

Again we have an illustration of the interplay between the Nursing Council and the Subcommittee. The Council feels that a motion picture for recruitment purposes is necessary and referred the project to the Subcommittee. Government channels for such a picture are now being hopefully investigated and no stone will be left unturned to get such a picture if it is possible:

³ This bill was recently signed by the President.—EDITOR.

⁴ This bill was signed by the President on June 16, 1942.—EDITOR.

In thus describing the methods of operation of the Subcommittee on Nursing, it is obvious that our major program emphasis to date has been an adequate supply of personnel. This involves, first of all, increasing the number of students in schools of nursing and expanding educational facilities. Then comes the release of graduates for the armed forces, the bringing back of inactive nurses for local replacements and the meeting of increased demands of industries, public health services in defense areas, and expanding hospitals for additional nurses. In all we estimate that by the end of 1942, there will be need for 31,000 more graduate nurses than we now have. In addition, we anticipate that the armed forces will double their nursing strength in another year.

This leads inevitably to the plan for increasing the supply and use of volunteer nurse's aides and various types of auxiliary workers. There is some resistance to these plans, even though they have been most carefully worked out jointly by our professional organizations, governmental agencies, and the American Red Cross. History undoubtedly will tell if those hospitals and health agencies which were foresighted enough to use such substitutes were ahead of those which did not!

POST-WAR PLANNING

If the Subcommittee on Nursing is a real observation post, it must constantly look ahead to the new problems created by this horrible catastrophe of war. It is none too soon to join the countless agencies that are concerned with post-war planning. In this connection, the relationship of the Subcommittee on Nursing, through the Health and Medical Committee, to the whole Office of Defense Health and Welfare Services is of significance. It is our privilege to be in close touch with developments in the fields of recreation, nutrition, social pro-

tection, and family security. Nursing is involved in all of them.

In conclusion, and with no attempt to outline the program of nursing relating to them, I should like to list briefly some of the problems discussed in "War-time Problems of Family Security," by Helen R. Jeter, Secretary of the Family Security Committee, Office of Defense Health and Welfare Services.⁵ To figure out the part nursing can play in these problems is the responsibility of both the Nursing Council and the Subcommittee.

1. War-time unemployment.
2. Aliens in camps.
3. Problems arising from alien action: relief for dependent families; emergency medical service.
4. Problems arising from threatened enemy action.
5. Need of help for families of service men.
6. Selection and rejection of men for armed forces.
7. Increased industrial activity.
8. Increased cost of living.
9. Geographical dislocation.
10. Community organization.

There is no time here to tell what governmental agencies, the American Red Cross, and our professional organizations are doing about nursing in relation to these social problems.

They are submitted here as considerations for our future goal. Obviously they need the finest possible integration of governmental authority and voluntary effort, as represented by the Subcommittee on Nursing for the government and the National Nursing Council for the profession.

It is only as we work together that "We can, we will, we must win this war." Let us not forget that our armed forces can only be as strong as the members of our local communities are kept strong. Some day our soldiers will return. Will our communities be better places in which they can live?

[Read at a joint session, biennial convention, national nursing organizations, Chicago, Illinois, May 19, 1942]

⁵ *The Family*, Vol. 23, pp. 83-91 (May) 1942.