

Calling All Nurses

Report from the front

BY FLORENCE A. BLANCHFIELD, R.N.

Examine the casualty lists now being released. There is a lot of fighting and dying going on in Europe right now. We are getting calls for more nurses from the European Theater of Operations far in advance of scheduled shipments.

We are doing everything in our power to see that your sons, your husbands, your brothers, and your sweet-hearts get the finest medical care in the world. We are proud of our record of saving the lives of 97 per cent of the wounded men treated. We want to better that record, but we need help.

Nursing care along with front-line surgery, new life-saving drugs, and advanced methods of treatment, are the reasons for this record. To maintain it we need 10,000 more women for the Army Nurse Corps.

We will not sacrifice the life of a single man. We are stripping hospital installations of nurses in this country so that they can serve overseas where the need is so urgent. However, we cannot afford to take away nursing care from men returned to this country for hospitalization. That is where trained nurses can be used immediately.—NORMAN T. KIRK, Surgeon General, U. S. Army.

FOR three years the Army Nurse Corps has been telling the American public that the Army needs more nurses. We have not at any time procured the authorized number which we knew we would need sooner or later. Until August 1944 the Army Nurse Corps managed to provide adequate nursing care for military personnel with the number of nurses already in the service. This was possible first, because the health of the troops on the whole had been much better than had been anticipated; second, because the active military campaigns were intermittent and of not too long duration so that our battle casualties were fewer than we had any right to expect.

Last August conditions suddenly changed for the worse. It became apparent that it would be necessary to accelerate our procurement program at once in order to assemble the number of nurses required in future operations. To fill imperative and immediate needs, an attempt was made to recruit 4,000 nurses during the month of September.

In conducting this recruitment program we were confronted with a questioning attitude on the part of the public in general and of civilian nurses in particular. "Why," we were asked, "did there seem to be a surplus of Army nurses in many places where they were not needed and a dearth of nurses in combat zones where they very definitely were needed? If we had more nurses than we needed in inactive areas, why did we not transfer them to active areas?"

The answer to these questions is a matter of logistics—the supply and transport of nurses to theaters of operations the world over. It must be remembered that we had to be prepared for attack at *any and every* vulnerable point on a far-flung battle front, the longest and most widely dispersed

battle front the world has ever known. From the moment that it became evident that the United States would be drawn into war, until the invasion of North Africa, this country was on the defensive in every theater of war. After that Sunday in December 1941, no one knew where the enemy would make his next attack.

One of our first defense measures was to secure island bases off the Atlantic coast from Iceland to South America to provide a first line of defense for the mainland of the United States. Similar arrangements had to be made to protect the enormous Pacific area. The War Department was charged with the responsibility of determining the number of troops that would be required to defend *each* of these Atlantic and Pacific bases against enemy attack *at any time by any size force*. And this of course meant provision for care of the wounded.

As soon as the number of troops required for any of these places was ascertained, the Medical Department knew the size of the medical installations and the number of medical personnel that would be required to serve the troops. This number was estimated on the assumption that *any and all* of these bases were subject to enemy attack and therefore the Medical Department must be prepared to take care of resulting casualties in addition to providing routine medical service for the garrison.

As it turned out, we had more doctors and nurses in some of these defense areas than ever were needed. This was good fortune for us. Better such overestimation of needs and ultra-preparedness than a second Pearl Harbor. So in reply to the question of why nurses were held so long in places where they were not actually needed while we were still asking for more nurses in other places to meet actual needs, we must point out that the commanding general of these defense bases was charged with the grave responsibility of determining when he could say beyond the shadow of a doubt that there was no longer any danger of enemy attack. Until

COLONEL BLANCHFIELD (South Side Training School for Nurses, Pittsburgh, Pa.) had long experience in several fields of nursing before she entered the Army Nurse Corps in 1917. She became Superintendent of the Corps on June 1, 1943.

he could say that, he could not release nor declare surplus even one single individual assigned to his task force. The possibility of surprise attack is ever present in modern warfare, as demonstrated vividly by the recent break-through of the German armies in Belgium. If there is even a remote possibility that battle conditions may develop in any area, it is sound military tactics and plain common sense to see that there are nurses nearby to serve if they should be suddenly needed.

This policy is well illustrated by what happened in the South and Southwest Pacific. At the time we sent our first troops to that area it was expected that the Japanese would try to invade Australia. They were very near. We had to be ready to help defend the various countries in that vast area toward which the Jap octopus was reaching out its tentacles. And we had to be ready to meet the eventualities of bitter fighting in any and all of these countries. For many months more nurses than were actually needed to provide adequate nursing care were held in the Pacific area to be ready for surprise attack at any vulnerable places.

In wartime it is impossible to wait until attack and the need exists before getting personnel into the combat zone. We had one such experience in this war which we will never forget, the tragic example of the Philippines. I am sure you will agree with me that the American people do not want a repetition of Bataan in any theater of war. Far better to have too much too soon than too little too late.

In order to meet military needs, personnel must be procured, equipped, trained, and transported well in advance of the time they are expected to function in their respective capacities. It takes months and months of planning and co-ordinated effort by the various arms and services of the War Department. Never before in the history of warfare has a country transported such enormous numbers of men and such quantities of supplies so many thousands of miles to so many different places.

Because of the global dimensions of this war, we have been accused of wasting professional service, both nursing and medical. It is obvious that war in itself is wasteful—of human life and labor, of everything civilization has built up through centuries of agonizing effort. Yes, we may have had more nurses than we needed somewhere. But nowhere have we failed to have *some* nurses when they were needed. If there has been a waste of medical facilities, it was an accident of war, the result of having to be prepared everywhere, at every moment, for every type of enemy attack.

When the Allies invaded France last June 6 casualties were far less than had been anticipated. But even these casualties from the Normandy beachheads did not begin to reach the United States until almost three months later. The reason for this was that all men whose recovery may be

accomplished in 120 days so that they may return to duty are not evacuated to this country. Many men were hospitalized for that period overseas. So it was not until September 1 that we began to receive war casualties in considerable numbers. By this time an active campaign was going full swing on three fronts and the number of casualties was mounting daily so that ships and planes returning to the United States brought wounded and sick men in ever increasing numbers. During the month of September 1944 more patients were evacuated from the theaters of war than had returned in all the preceding months since Pearl Harbor. This flow continues. We may expect it to increase as a result of action now going on in both the European and Pacific theaters of operations.

Before this critical month of September, I spent about four weeks in July and August visiting the hospitals of the Eighth Service Command. At that time Army hospitals were only about 30 per cent filled, not only throughout this command but also in the United States as a whole. Upon my return to Washington from that inspection trip I reported that the patients appeared to be receiving excellent nursing care from the personnel on duty at that time, but if the patient load should increase the number of nurses also should be increased.

Today these same hospitals have more than doubled their patient load and, because of the urgent demand for more nurses overseas, they have actually fewer nurses now than last August. The character of the cases also has changed. Prior to last September the majority of the patients from abroad were medical and neuropsychiatric, with surgical cases in the minority. Today our patient load consists largely of orthopedic and neurological surgical cases, chest and abdominal wounds, often with multiple injuries to other parts of the body. Many patients require a great deal of bedside care. Because of the limited number of doctors, nurses also are being called upon more and more to assume additional duties.

Modern surgical technics allow the patient to be out of bed much earlier than formerly. Although these patients are up and about and can help in taking care of themselves, they require constant supervision and in many cases as much medical attention as the bed patient. The neurosurgical and plastic surgery cases require nursing that only graduate registered nurses are qualified to give.

Recently I returned from an inspection of 21 large Army general hospitals located throughout the United States. It was not unusual to find scarcely one nurse to a ward, and for night duty a hospital with 1,100 patients would be covered by nine nurses, including the night superintendent. Often one nurse would be responsible for as many as eight wards, averaging thirty-four beds each. This is an alarming situation, and one which seems not to be generally known. I am sure that if

American nurses realize these conditions in Army hospitals, they will offer their services just as they have in every war.

To meet this enormous demand made upon Army hospitals, the Army has set up a program to procure qualified auxiliary hospital workers in the categories of volunteer nurse's aides; Red Cross trained aides on a full-time paid status; senior cadets of the Cadet Nurse Corps for Army supervision during their last six months of training; medical and surgical technicians, men and women.

Without these auxiliary groups it would be impossible to give even the most meager care to patients. But all these groups require close supervision and further training for which our graduate nurse staff has become wholly inadequate. To partially solve this problem, and as a last resort, we have arranged for the Army hospitals to employ graduate nurses in a civilian status. These are nurses who meet the professional requirements, but are otherwise disqualified for military duty because of age or physical defects; because they have dependent children under fourteen years of age; or because their domestic conditions are such as to cause great hardship to their families if they were to enter military service. But our greatest need is for graduate nurses to join the Army Nurse Corps as full fledged members to serve wherever they are needed, at home or abroad.

At present our quota for the Corps is 50,000. To date (January 4) we have enrolled between 40,000 and 42,000. Losses through retirement, discharge, and separations from all causes approximate 250 a month. Seventy per cent of the number now in the service is overseas. Of these, about 1,000 are assigned to hospital ships and trains, and 1,000 to air evacuation.

Until the autumn of 1944 we were able to meet all our foreign commitments and at the same time give the necessary nursing care to our patients in Army hospitals on the home front. But this month we have found it necessary to send eleven general hospitals to overseas locations without nurses. This was a grave decision, and called for courage on the part of the Surgeon General. But it was a choice between spreading overseas nursing thinner or further reducing the nursing service at home. At home! This is the place the wounded doughboy thinks of constantly, and with a touching faith that as soon as he gets home everything will be all right. Reports reaching the Surgeon General's Office, indicate that medical care has been splendid all the way from the battalion-aid station, clearing station, evacuation hospital, hospital ship or plane, right up to the time they reach American ports. After giving them such outstanding medical service overseas, the Surgeon General feels he cannot let them down at home. Home must be what they believe it to be, a haven of refuge after the unspeakable horrors of war, a place where they will

have the medical and nursing care they need to restore them to health. They richly deserve this care. It is their right.

The Army general hospitals in the continental United States absorb most of the military casualties. Many a nurse who for some personal reason cannot qualify for overseas duty may well be used in the Army hospitals in the United States to relieve another nurse for duty abroad. The need is acute in both areas. I am sure that you all realize this and will resolve to assist in our program to recruit 10,000 additional nurses for the Army at once.

For months we have said: "We need more nurses." Now we say: "*We must have them.*" We are shouting it, night and day. We want everyone in the United States to hear our desperate appeal. I am confident that American women, if they understand the gravity of the situation, will never let their gallant men down. American women have always stood shoulder to shoulder with their men, enduring the hardships of pioneer days, nursing their soldiers in every war since earliest colonial times.

I believe many nurses do not realize the urgent need for their services and that is the chief reason more nurses are not volunteering. Some nurses who would like to enter the Corps are prevented by personal reasons. Perhaps it is financial responsibility for dependents that holds them back. Many might be glad to volunteer if they could be assured job security in the postwar world. If employers of civilian nurses would co-operate as the employers of soldiers are required to do by law, and promise that nurses going into the service could have their present positions back when the war is over, perhaps many would feel free to join the Army Nurse Corps for the duration.

Perhaps a few have listened to insidious German propaganda without realizing that it was propaganda. Similar to the Nazi insinuations about the WAC's, WAVES, and other women's organizations in the armed forces, rumors have been set in motion to establish the thesis that men in the armed forces do not want their womenfolk to join the Army Nurse Corps and perhaps be sent overseas. It has even been said that the American soldier does not respect the Army nurse. This is almost too ridiculous to comment upon. Nothing could be further from the truth. To G.I. Joe, the Army nurse is mother, wife, sweetheart, sister, the little girl next door, all in one. She is America to him. His attitude of gratitude and respect, almost of worship, is hard for him to put into words.

We're CALLING ALL NURSES.

Won't *you* answer our call?

[Read at a meeting called by the Mayor of the City of New York and held under the auspices of the Nurse Recruitment Committee of the New York Chapter, American Red Cross, and New York City Nursing Council for War Service, January 4, 1945.]

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