

# EDITORIALS

## Wartime Confusions and a Draft

**The Army must have nurses.** That fact is indisputable. "Lives are rationed, one to a soldier," and it will be an everlasting disgrace to the nursing profession and to the military if lives are lost because nurses were not available when needed. The Army's "ceiling" has now been placed at 60,000 nurses. Is a draft the only way to procure them? Can a draft, presumably under selective service, be put into effect quickly enough to meet the urgent needs of the military? Can a draft be so selective that the basic structure of civilian nursing services and nursing schools can be maintained in order to safeguard the health of the nation? If nurses are drafted without provision for drafting women to supplement depleted civilian services, what are the hazards to the health of the nation? Is it logical to draft one group only of the women needed by the military? Is the Army making effective use of the nurses it already has? If just one class of cadet nurses were drafted, wouldn't the need be met? Have the graduates of small schools of nursing been given an opportunity to volunteer? Have Negro nurses been used to advantage? Why can't the upper age limit for military service be raised? These and many other searching questions have now been brought together.

Hearings, before the Military Affairs Committee of the House of Representatives, on the May Bill to draft nurses (HR1284) had just been completed as this is written. They are reported on page 171. As the War Department is urging swift action, it is probable that a law authorizing the drafting of nurses may be in effect before our printers can put this magazine in the mails.

About February 1, we asked twenty nurses in key positions in as many states if they would tell us what had been the effect of the President's draft proposal on hospital and public health nursing services in their areas. Practically all of these busy people conferred with the heads of representative services in their states before replying. Space does not permit a complete synopsis here of the information which came through in record time and which has already served a useful purpose.

There would seem to be general agreement with the one who wrote, "The proposed draft has thrown all registered graduate nurses into considerable confusion regardless of age or status." One calls the situation "rather chaotic." Others report "a mad rush" of nurses to volunteer before they could be drafted. It is not clear whether this rush

was inspired by fear of being drafted as privates (the Army has no place where nurses can be given the duties and responsibilities of nurses except in the ANC which is a commissioned corps) or to an abruptly awakened realization of the dreadful need of our soldiers for nursing service.

Something close to hysteria seems to have run through some institutions and the resultant loss of nurses, from obstetrical departments, operating rooms, and other positions in which teaching is an important function, has been extremely serious. At least as serious is the loss of experienced public health nurses in areas where, because they cannot be replaced, services are being closed.

One correspondent writes:

It is unfortunate that a closer relationship does not exist between staff members and the director of nursing, for again and again nurses appeal to the local P&AS committee for classification (reclassification? Ed.) without having consulted the employer.

Many of these reports include data which indicate the really remarkable adjustments which have been made by many institutions and agencies. For example:

Schools of nursing have increased their enrolment 88 per cent. The faculty increase has in no way been in a comparative proportion. The situation is critical, and the future needs of military and civilian life will be jeopardized if the program of educating student nurses cannot be protected.

Staff reduced from 144 to 109 nurses all of whom had been classified as essential for the duration. Eight are ready to go into military service, despite the classification. The whole staff was disturbed, not by the threat of draft but by the announcement that 11 hospital units had been sent out without nurses. (A V.N.A. staff.)

Out of a total of 200 nurses usually employed, the state health department has 75 vacancies—this approaches a danger line to uncovered rural areas.

The newly graduated nurses are being boycotted (by one hospital)—they are not employed at all, and hence are automatically forced into Veterans Administration hospitals, et cetera, if unwilling to enter the military.

A very unfortunate result, from our point of view, has been the natural tendency of hospitals to request the reclassification as essential of young nurses who graduated in 1944. Probably 200 such reclassifications have

been sent in but are being held up until the state committee can reach some decision. . . . An amazingly small amount of recruitment has been done on recent graduates in the state.

Hospitals and public health agencies alike have been most generous and co-operative in releasing nurses who asked for a release to go into military service. . . . Several of these staffs are as much as 74 per cent understaffed to provide minimum basic nursing care. The average understaffing of ——— hospitals is 35 per cent.

How or why some individuals, some institutions, and some recently graduated classes seem to be completely untouched by appeals to compassion, to patriotism, or to the threat (if it be a threat) of a draft is noted but not explained by our correspondents. One of them, for example, reports that in her state "there are enough nurses . . . to adequately meet civilian nursing needs, as well as military needs, if properly distributed." In this state opinion on a draft is divided. Two widely separated correspondents express the personal opinion that a draft is the only thing that will make some people realize that, both as citizens and as nurses, they have obligations which should not be shirked.

Practically all these correspondents make some reference to the growing prevalence of such war-time administrative expedients as the employment of part-time nurses, of ward secretaries, of auxiliary workers, and of the use of volunteers. A few were surprised to find some heads of nursing services giving no thought whatsoever to the morrow. One noted that cadet recruitment was at a standstill, while another reported that the quality of the young women who requested information about schools of nursing was unusually high in the period following the President's message.

"We do not seem to have gotten to the heart of the matter yet," wrote a middle western correspondent. We suspect the answer may be found in a comment from another state, in which we happen to know there is an unusually co-operative spirit, from which we quote: "*Under our present method of procuring nurses there is no place in the state where all information is centered.*" She might have added, however, that the "directives" which flow into the states from a number of national sources, such as the ARC, the ANC, the NNC, the Cadet Corps, and the central office of P&AS, are simpler and better integrated with each other than ever before.

On one point there can be no confusion. Adequate numbers of nurses must be found to meet military needs. Our methods of procuring nurses

have been encumbered with strangling masses of red tape. They have been slowed down by the interlocking relationships of agencies which have not always been geared to the same speed. Strenuous efforts are being made to clear up some of the confusion. A simplified civil service form for the use of senior cadets who wish to apply for senior experience in federal hospitals will, for example, be a step in the right direction.

Even our terminology has been confusing. P&AS committees, for example, are doing an extraordinarily fine job, but they neither procure nor assign nurses. Their function is to classify nurses and we hope they will be permitted to continue this useful service. They possess an extraordinarily valuable fund of information about individual nurses in some 900 communities.

The Army may now assign nurses without regard to classification, but it "will endeavor to safeguard essential school of nursing personnel." The Army, in other words, now has a recruitment program of its own. The ARC committees continue to recruit and are concentrating their efforts on the nurses classified as "available for military service, senior students, and recent graduates not yet classified by the P&AS committees." Here again our terminology is confusing. The term should be *available for recruitment* for military service since no one knows, until an application for military service has been filed, that a nurse is actually available for such service.

At the National Red Cross, work on the applications for the ANC turned in by the recruitment committees goes on day and night. (Applications for the Navy are referred to the NNC without being processed.) The good neighbor policy seems to be operative in Washington, for various government agencies have loaned clerical staff members to the ARC to aid in speeding up this vitally important work. Between Pearl Harbor and January 1, 1945, *81,145 nurses who had volunteered* for service were certified to the Army and Navy by the ARC. That is a magnificent record. Its luster must not be dimmed by any slackening of effort now.

Congress must decide whether nurses shall be drafted or procured through some other method which will make *every nurse in this country* aware of the acute need of the men in our Army for nursing service and of the specific service she must give at home or abroad. There can be no respite for any of us until the war has been won. When it has been won those will be happiest who, as Mr. Lippmann reminds us on page 182, of their own free will accepted the moral obligation to do all it was possible for them to do.