Federal Security Agency

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U. S. PUBLIC HEALTH SERVICE

Division of Nurse Education

U. S. CADET NURSE CORPS

Origin and Plan of Operation

On June 15, 1943, the President approved the Bolton Act which had been

passed by the 78th Congress; On July 12 funds became available; and within

a week, application forms and instructions were being mailed to some 1,300

accredited schools of nursing which may be eligible to participate in this

new nurse education, program. At the same time letters describing the rela-

tionship of all nursing and hospital groups were being sent to State and

local nursing councils for war service, State Boards of Nurse Examiners,

Presidents of State Leagues of Nursing Education, Directors of Schools of

Nursing, Hospital Administrators, Presidents of Collegiate Schools of Nurs-

ing, Nurse Associations, Public Health Nursing Organizations. High schools,,

colleges, hospitals, and nursing organizations are being urged to give im-

mediate, active support to the recruitment campaign for the enrollment of

65,000 new student nurses in the U. S. Cadet Nurse Corps before June 1, 1944.

PREVIOUS NURSE TRAINING ACT

The shortage of nurses which has now become acute was fore-

seen in 1941 when Congress appropriated $l.2 million to the U. S.

Public Health Service to use in assisting schools of nursing to

train additional student nurses and to provide refresher and post-

graduate courses. The appropriation was nearly doubled in 1942,

and altogether a total of $5.3 million was appropriated for the biennium

1941-43. This year Congress has made available $45 million for a much more

comprehensive program and more funds will be appropriated as needed to car-

ry out the purposes of the Bolton, Act.

The nurse training recruitment program, initiated as part of the Na-

tional Defense health activities, was successful within the limitations im-

posed by law. Appropriations during the fiscal years 1941 and 1942 aided

12,000 student nurses in 309 schools of nursing. Equipment and supplies

for libraries and laboratories and salaries for instructors were also pro-

vided. About 3,800 inactive nurses were given refresher courses and some

4,800 graduate nurses received postgraduate training in special fields es-

sential to the war effort.

WAR CREATED ACUTE NURSE SHORTAGE

It became evident during 1942 that nurses could not be

trained fast enough to meet the rapidly increasing demands of

both the military and civilian populations. Graduate nurses, re-

sponding quickly to the call of the armed forces, left the staffs

of hospitals, health and welfare agencies, schools and institu-

tions.

Civilian needs for nurses mounted in war-boom areas. The influx of

millions of new workers, both men and women, created unprecedented health

problems not only in industrial plants but also in trailer camps and in

communities where crowded, insanitary living quarters menaced the health

of workers and their families. War industries more than doubled the num-

ber of nurses employed for industrial health work. Hospitals were pressed

for additional services at the very time their staffs of doctors, interns,

and nurses were being depleted. Wards and sections were closed in many

hospitals because of lack of personnel.

Yet, the demand for hospital care continued to mount as the number of

maternity cases increased, and as more people tended to seek hospitalization

for minor ailments when home medical services were unavailable. Use of hos-

pitals also was stimulated by the growth of membership in Blue Cross plans

and by the greater ability of people to pay for health and surgical services

as incomes rose. The greatly increased patient turnover created a great

strain upon medical and nursing facilities.

AID OF FEDERAL GOVERNMENT SOLICITED

During the Fall of 1942, the situation grew so much worse

that hospital administrators and nursing leaders consulted

Federal agencies to see what could be done. Emphasizing the

fact that the program then in operation was insufficient to

meet the requirements of the armed forces and at the same

time maintain essential civilian services, they urged broadening the scope

of the nurse training program.

The need for more substantial Government aid in the recruitment of

nurses became apparent when the Army and Navy issued a call for 2,500 nurses

each month during 1943 in addition to the 35,000 already in military service.

The plan which was eventually implemented by the Bolton Act was developed in

a series of conferences attended by representatives of the National Nursing

Council for War Service, the American Hospital Association, the U. S. Public

Health Service, the Health and Medical Committee, Federal Security Agency,

and other governmental agencies.

BOLTON
ACT INTRODUCED

Out of these deliberations grew the legislation introduced.

in the House (H. R. 2326) by Mrs. Frances P. Bolton,

Congresswoman from Ohio. Hearings were held by committees

of the House and the Senate on May 7-8, 1943. Representatives

of the Army, Navy, Veterans Administration, Public Health Service, Office of Civilian Defense and other Federal agencies concerned with the problem urged the passage of the bill as did the representatives of many private groups

and institutions.

MANY GROUPS ENDORSE MEASURE

Dr. Claude W. Munger, Director of St. Luke's Hospital, New

York City, representing the American Hospital Association,

presented a resolution of the Board of Trustees of that As-

sociation approving the bill and urging "favorable action

with minimum delay." Dr. Munger stressed the really desper-

ate situation in civilian hospitals as a result of the shortage of nursing personnel and stated that the administrators of large hospitals were "at a loss to know what to do about this lack of nurses."

Other organizations represented at the hearings were: The American

Red Cross, The Catholic Hospital Association of the United States and

Canada, the American Protestant Hospital Association, the American Nurses

Association, the National Association for Colored Graduate Nurses, the

National League of Nursing Education, the National Organization for Public

Health Nursing, the Association of Collegiate Schools of Nursing, and

the American Psychiatric Association. Prior

to, and during the hearings, letters and telegrams were received by govern-

mental officials from hospital superintendents in all parts of the country

describing their predicament due to inadequate nursing staffs. Stating that

patients were being denied admission and; that wards had been closed and

could not be reopened until more graduate nurses became available, they

urged passage of the Bolton bill and approval of funds for the training pro-

gram.

The unanimity of opinion as to the need for nurses and the widespread

approval of the proposed legislation to help meet the need, convinced the

congressiona1 committees of the soundness of the proposals. The legisla-

tion which was quickly passed by both houses without a dissenting vote, au-

thorizes Federal grants-in-aid to approved nurse training schools meeting

certain scholastic and curricular requirements.

ACT BEGINS
TO FUNCTION

Immediately after the passage of the Act, a Division of Nurse

Education was established in the Public Health Service

directly responsible to the Surgeon General. Miss Lucile

Petry was appointed Director. She had been on the nurse ed-

ucation staff of the Public Health Service for the past two

years and had recently been appointed Dean of the Cornell University-New York Hospital School of Nursing, New York City, and then granted leave of

absence.

The Federal Security Administrator, as directed by the Bolton Act, ap-

pointed an Advisory Committee on Training for Nurses to meet with the Sur-

geon General. The Committee is composed of: Chancellor Oliver C. Carmichael,

Vanderbllt University; James A. Hamilton, New Haven Hospital; Miss Marion G.

Howell, Western Reserve University; Sister Helen Jarrell, Loyola University;

Dr. Hyrum Leo Marshall, University of Utah; Rev. Alphonse M. Schwitalla, St.

Louis University; Miss Isabel M. Stewart, Columbia University; Miss Margaret

Tracy, University of California; Miss Anna D. Wolf, the Johns Hopkins Hospi-

tal.

FIRST MEETING
OF ADVI-SORY COMMITTEE

On June 25 and 26, Dr. Thomas Parran, Surgeon General of the

U. S. Public Health Service, held the first conference with

this Committee at which rules and regulations governing the

administration of the program were prepared. They were ap-

proved by the Surgeon General on July 5, 1943, and were pub-

lished in the Federal Register of July 9, 1943. In issuing

these regulations the Surgeon General explained that:

"The objectives of the Public Health Service and

of the Advisory Committee in formulating the regula-

tions were to insure a sound educational program, but

to leave the responsibility for the administration of

specific programs to the individual schools and hospi-

tals. No one Federal pattern is to be set. The

schools will be free to select their own students, to

plan their own curricula, and to formulate policies

consistent with the Act and the traditions of the in-

stitutions concerned."

ACCELERATED CURRICULA REQUIRED

The Bolton Act provides that participating schools must agree

to accelerate their curricula so that the required program of

combined study and practice will be completed in from 24 to

30 months, except that in the case of students admitted prior

to January 1, 1942, this period may extend to 32 months. The remaining per-

iod before graduation is to be devoted to supervised practice either in the

home hospital, other civilian hospital, or a Federal hospital or agency. To

be eligible for participation in the program a school must provide, satisfac-

tory living facilities, adequate student health service, clinical experience

in medicine, surgery, pediatrics, and obstetrics. In general, the standards

of the National League of Nursing Education are being used as a guide. Any

institution, such as an accredited school of nursing, a hospital, a univer-

sity, or a college, operating nurse education facilities and wishing to par-

ticipate, may apply direct to the U. S. Public Health Service which, is the

Federal agency authorized to administer the Act. It is possible for the

smaller schools of nursing—those connected with hospitals having a daily

average patient-population of less than 100—to participate, provided the

clinical experience available and the educational program meet the regula-

tions of the Surgeon General.

ITEMS COVERED
BY ALLOTMENT

Application forms for participation in the Federal NurseN

Training program, together with instructions for preparing

the required budgets, may be obtained by writing to the Div-

ision of Nurse Education, U. S. Public Health Service, Wash-

ington, D. C. Funds will be allotted to the participating

schools in accordance with the plans which they have submitted to the Pub-

lic Health Service for review and approval. Funds may now be requested for

the following items:

(1) Maintenance.- Reasonable maintenance will be paid for

all students who are members of the U. S. Cadet Nurse Corps for the first

nine months of their training, provided that the hours of student practice

in the hospital do not exceed an average of 24 per week, and that the hours

of combined practice and class work do not exceed 48 in any one week.

(2) Tuition.- Reasonable tuition and fees for all members of

the Corps will be paid, it being assumed that existing or already established

rates are reasonable.

(3) Uniforms and Insignia.- The cost of outdoor uniforms and

insignia will be paid for all members of the Corps, provided such uniforms

conform to the "Regulations for Uniforms for the U. S. Cadet Nurse Corps,"

as prescribed by the Surgeon General.

(4) Stipends.- The public Health Service will pay to each

cadet during her first 9 months of training (Pre-Cadet period) not less than

$15 per month and during the next 15 to 21 months (Junior Cadet Period) not

less than $20 per month. Senior Cadets, who will be engaged in supervised

practice, will be paid by the hospital or agency employing their services,

and the stipend shall be not less than $30 per month. The Federal Govern-

ment does not pay the Senior Cadet stipend.

STUDENT BENEFITS AND OBLIGA-TIONS

The U. S, Public Health Service will pay maintenance costs

for the first nine months of the study course and full in-

structional costs, as well as cost of uniforms, books, lab-

oratory fees, etc., and stipends to first and second year

student nurses in schools which have approved plans. This

aid is available for students who satisfy the school that

they are physically and scholastically fit and who, when enrolling in the

U. S. Cadet Nurse Corps, will sign a statement promising that, upon gradua-

tion they will be available for the duration of the war in either military

or essential civilian nursing services. This promise does not preclude

marriage nor does it imply that a nurse must enter one of the armed serv-

ices. She may serve in a non-governmental hospital, the Veterans Adminis-

tration, Public Health Service, Indian Service, a war industry plant, or

in other essential war service.

Expansion of School facilities

Expansion of housing and such educational facilities as classrooms

and libraries, will be necessary in many nursing schools if the required

number of student nurses are to be enrolled in the U. S. Cadet Nurse Corps.

Institutions which cannot finance the entire cost of such additions are

eligible to apply for assistance under the Lanham Act. Channels have been

cleared to enable prompt consideration of applications.

Institutions applying for financial aid under the Lanham Act make

their preliminary request to the Regional Office of the Federal Works Agency

having jurisdiction in the state. New construction will he permitted only

upon evidence that existing buildings are not available for lease or purchase

that might be suitably altered or rehabilitated.

Institutions which do not require assistance from the Federal Works

Agency under the Lanham Act should make application for priorities assistance

directly to the War Production Board, Washington, D. C.

The Surgeon General, in urging hospitals, nursing schools, and other

interested groups to give the program full publicity, and to act with all

possible speed in making their applications, said:

”The task of the U. S. Cadet Nurse Corps is to

enroll 65,000 additional students in basic schools

of nursing during the present fiscal year; to make

the students available for full-time nursing duty

under supervision at an earlier date than was pos-

sible under the former plan; and to maintain a con-

tinuous supply graduate nurses pledged to serve

in essential nursing positions for the duration of

the war. Whether we accomplish this vital war object-

tive depends upon the teamwork which all of us apply

to our specific tasks in the program.”

Source: Illinois Digital Archives
http://idaillinois.org/cdm/compoundobject/collection/isl3/id/15931/show/15926