

## Nurses in national defense<sup>1</sup>

The subject I have been asked to discuss is one which has been of great concern to the nursing profession in the United States for many years, but this interest has been accentuated by our recognition of the vulnerability of every part of the world in modern warfare. The nurse has traditionally been the personification of those who care for the sick, and the helpless. Her very presence gives the patients a feeling of security and comfort. The public, the physicians, and the patients expect nurses to have an important role in national defense. Therefore, nurses must be prepared and willing to carry out their responsibilities effectively.

Before telling you what we are planning to do to prepare nurses to function adequately in national defense, it will be necessary to review the milieu in which we work as each country has its own framework in which activities are carried out and, therefore, the pattern of action may not be the same for every country. Further, I recognize that there are countries represented here that have had much more experience with the problems inherent in planning for national defense than we have in our country.

The agencies involved in planning for nursing in national defense are both governmental and voluntary. The governmental agencies are organized on a national, state and county basis. The American Nurses' Association, which is a voluntary agency, is organized on a national, state and district level, and the American Red Cross is organized as a national agency with local affiliates called chapters. The responsibility for determining

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<sup>1</sup> As part of the programme of the Red Cross Centenary, an international study centre for those in charge of the Red Cross Nursing Services took place in Lausanne in August 1963. At a plenary session, Miss Ann Magnussen gave a lecture which we now have pleasure in reproducing below. (*Ed.*)

policies, establishing guidelines and preparing material lies with the national groups, but the detailed planning is done by the local organization, be it district, county or, as in the case of the American Red Cross, a chapter.

Let me also explain the term "nursing in national defense." You will find the terms "national defense" and "disaster nursing" used somewhat interchangeably in nursing literature, and yet there are some differences. The term "national defense" encompasses all the problems inherent in the nursing care of the military as well as the protection of the civilian population in case of war or threat of war. You will note later that nursing care for the military and nursing care of the civilian population in wartime are administered by different departments of the government.

Disaster nursing was originally thought of as the care of the victims of natural disasters, such as tornadoes, fires, floods, hurricanes, epidemics, or large-scale industrial or transportation accidents. However, the similarity of the nursing problems in natural disasters to the nursing problems of the civilian population in case of war or threat of war has resulted in the term "disaster nursing" being used to describe the emergency nursing in both natural and war-caused disasters.

The administration of these types of emergency nursing has been allocated to different agencies, governmental and voluntary, each with a specific purpose. Furthermore, none of the agencies that has responsibility for providing nurses to serve in emergencies conduct schools of nursing so that all are recruiting from the professional nurse group within the country.

Each of the branches of the military services, the Army, the Navy, and the Air Force, is responsible for the maintenance of the nursing corps to provide the nursing care needed for the military. Until 1947 the American Red Cross was the designated recruiting agency for the military. Then nurses were given regular officer's status, and recruitment became the responsibility of the officer recruitment branch of each service. The American Red Cross has agreed to assist with this recruitment at any time when this assistance is needed by the military. The military services give the nurses in their own corps the necessary preparation needed by nurses for military service, interpret their rights under the Geneva Conventions, and offer additional educational opportunities for their professional development.

The provision of nursing care to the civilian population in case of war or threat of war is a function of government at the national, state, and community levels. This responsibility requires that each level of government formulate a civil defense plan for the protection of and care for the civilian population through careful utilization of the resources of the community, and for the preparation of the medical and nursing personnel to meet the medical and nursing needs resulting from this type of emergency.

In 1905 when the American Red Cross was given its Congressional Charter the responsibility for furnishing relief to the victims of natural disasters was defined as one of its duties. This responsibility includes the provision of nursing care to the disaster victims in Red Cross first aid stations, shelters, or in their own homes, and supplementing nursing services in hospitals. Each local Red Cross chapter is urged to have a medical and nursing aid committee to plan for disaster emergencies. Representative nurses from hospitals, public health agencies, private duty and other groups of nurses are appointed to these local Red Cross committees to inform nurses concerning the plan, and to help them become familiar with the nursing problems in a disaster. Regular disaster training conferences are conducted by chapters. Nurses have always responded to the Red Cross when disaster strikes.

When the local civil defense organization asked the nurses in the community to plan for the mobilization and training of nurses for civil defense, the same nurse leaders who were on the Red Cross disaster committee were invited to plan this phase of emergency nursing. This caused much duplication of effort, complicated the planning, and confused the nurses. It was recognized that there were many nursing problems common to civil defense and natural disaster, and also that nursing following a natural disaster was an excellent experience for the nurse in case she were needed for a larger, more extensive threat to the civilian population. Furthermore, both civil defense and the Red Cross were building rosters of nurses for service from the same group of nurses, which only added to the confusion.

Accordingly, in 1955, at a national meeting of representatives from the Red Cross, the Office of Civil Defense, the Public Health Service, and representatives of the American Nurses' Association

and the National League for Nursing, it was agreed that one local committee of representative nurses would be formed to plan for disaster nursing in the community. This committee would be responsible for both civil defense emergency nursing and nursing for natural disasters. Two co-chairmen were to be appointed, one from the Red Cross and one from Civil Defense. If a natural disaster occurred, the Red Cross would be in charge and the other members of the committee as well as the nurses assigned to serve would work as Red Cross personnel. If, however, it was a civil defense emergency, the Civil Defense co-chairman would be in charge and all Red Cross personnel would work as a part of the Civil Defense organization. Training courses in many communities are given jointly by the Civil Defense, the Red Cross, and the professional organizations. The military nurse corps have also participated in these training courses when possible. The results of this training have been to clarify the functions of each agency, to acquaint nurses with their relationship with each agency, and to coordinate the planning for each type of emergency nursing. The training conferences also include a discussion of the adaptation of nursing skills to disaster situations, of methods of solving the problems peculiar to disaster emergencies, such as the lack of personnel, the lack of equipment, or even of such a necessary commodity as water.

The American Nurses' Association, the organization of professional nurses, is concerned about national defense in several ways. It believes that the individual professional nurse, as a citizen, must be prepared to contribute to the organized community effort, and be capable of caring for herself and her family in an emergency ; that professional nurses must be prepared to accept additional responsibilities as a result of the emergency, and be responsible for planning the care of survivors by utilizing many more auxiliary nursing assistants than in normal times ; and that there should be an equitable distribution of nurses assigned to the military and to the care of the surviving civilian population, so that both groups would get nursing care in proportion to the available resources.

In 1962 the American Nurses' Association's Committee on Nursing in National Defense prepared a document called *The Guide-lines for Nursing in National Defense*. The first part of the book gives the citizenship responsibility which every nurse should be prepared to accept, namely (1) to make an individual and family

preparedness plan ; (2) to encourage family members to take the basic First Aid course ; (3) to encourage family members to take a course in Home Nursing ; (4) to encourage family members to take the Medical Self-Help course, which is a course designed by the Civil Defense organization ; (5) to qualify as an instructor or instructor-trainer and recruit others who are eligible to teach First Aid, Home Nursing, and Medical Self-Help courses ; (6) to know the community survival plan ; and (7) to stimulate community action for the development of a community survival plan if one is not available.

The next section of the booklet discusses the professional responsibilities of a nurse and indicates the action that a nurse might take at the present time : (1) to inform the employer of the conditions which affect her availability for emergency assignment ; (2) to find out the specific and alternative assignments in the institution's or agency's disaster plan, and how this plan is related to the community survival plan ; (3) to find out her probable assignment if she is individually employed or is an inactive nurse ; (4) to ascertain the duties indicated in the assignment ; (5) to study the professional organization's interpretation of the role of the nurse in national defense ; (6) to study the state's civil defense laws and help promote needed legislation ; (7) to participate in educational and training courses, such as in-service education, disaster relief exercises, civil defense emergency demonstrations, and other opportunities for training.

The last section of the Guide is a " National Guide for the Allocation of Nursing Personnel in Health Manpower Utilization for Civilian Services " and was submitted to the government agencies for their guidance. In case of a declared national war emergency, there will be a need for a rapid expansion of the military nurse corps. In previous war emergencies military service for nurses has been on a voluntary basis. By action of the American Nurses' Association House of Delegates in 1952, the Board of Directors was authorized to support legislation that might be introduced in Congress pertaining to selective service for nurses in the event of a national war emergency. If such a law went into effect many nurses might be drafted into the military services. This section of the Guide, therefore, was prepared as a suggestion for maintaining key positions in civilian institutions with a minimal allotment of professional nurses. For example, in hospital nursing services if

war were declared, the essential nursing services to preserve life would be provided by a minimum staff in permanent and emergency hospital facilities. It is recommended that the best qualified professional nurse, preferably one having community survival training, should be assigned the responsibility for administering the nursing services in permanent and emergency hospital facilities. The nurse administrator might be responsible for nursing service in more than one facility. Professional nurses would be assigned to administer and supervise nursing care units in existing and emergency hospital facilities. If available, at least one nurse should be assigned to each nursing unit, including patient care areas, operating rooms, and central supply. Similar recommendations are made for educational programs in nursing, for public health nursing services, for occupational health nursing services, for individually employed and inactive nurses, and for nursing personnel in professional organizations.

Knowing that in any national emergency the number of professional nurses and auxiliary nurses would be inadequate to meet the increased need for patient care, the Office of Civil Defense has asked the American Red Cross to increase the number of classes in Care of the Sick and Injured and to expand the training of Volunteer Nurse's Aides. As you will notice, the American Nurses' Association is urging nurses to take responsibility not only for teaching these classes but also encouraging others to do so, and to persuade each family to become self-sufficient by taking the courses in First Aid, Home Nursing, and Medical Self-Help.

Furthermore, in case of great emergencies there may not be an adequate number of physicians available, and the nurses will be expected to carry out functions which in ordinary circumstances are the prerogative of the physician. The American Medical Association has listed the functions which it feels may be delegated to nurses and other health personnel under such conditions. The American Nurses' Association has as one of its responsibilities the determination of functions for professional nurses. The functions which have been delegated to the nurses by the American Medical Association have been accepted in principle by the American Nurses' Association, and ways and means of preparing nurses to carry them out have been studied. In some instances the plan for training nurses to carry out these functions will necessitate a change in the state laws governing the practice of nursing. For example,

one of the responsibilities to be delegated to nurses would be the attainment and maintenance of patent airway, and intratracheal catheterization, to include emergency tracheotomy. This is considered a surgical procedure and beyond the legal limits of the practice of nursing. State medical associations and state nurses' associations are working to have civil defense laws passed which will not only allow the nurses to carry out these procedures in a civil defense emergency but also provide for the necessary training in these procedures.

Preparing nurses to function effectively in a disaster or emergency situation includes psychological readiness as well as professional and functional readiness. Experience has shown that nurses need extensive preparation to serve under stress of the chaotic situations that prevail in any type of disaster. Nurses must also have the ability to improvise and to adapt nursing principles to these situations. They will find themselves working with heterogeneous groups of persons with a wide range in preparation, skills, and stability. Nurses will need to teach others quickly to carry out the necessary nursing techniques. Nurses will have to use judgment in delegating nursing responsibilities to various members of the groups, consistent with their abilities.

In considering all of these needs for preparing nurses to function effectively in emergency situations, nurse educators raise the question as to the kind of preparation needed by nurses for disaster or emergency nursing. The nursing curricula in most schools of nursing include limited information on disaster nursing. The Office of Civil Defense gave a grant of money to the National League for Nursing to conduct pilot projects in disaster nursing preparation. The project was designed to investigate and determine the ways in which students of nursing and personnel in hospital nursing services could be prepared to cope with disaster nursing problems and be prepared to carry out the additional activities that the medical profession has delegated to nurses in emergencies.

The major approach to the pilot project was through studies conducted in a hospital nursing service and in educational programs of various types—practical nursing, diploma programs, the baccalaureate degree program, and the postgraduate training of nurses. In addition, a survey was made of the extent to which preparation for disaster nursing was currently being offered by educational programs in nursing throughout the country. The report of the

findings of this project is given in a publication of the National League for Nursing called "Disaster Nursing Preparation." After the project had been completed the following conclusions were stated :

1. Nursing functions essential for optimum care that is directed toward the preservation or maintenance of life during a disaster have not been identified.
2. A basic educational program in nursing can include preparation in only the fundamental knowledge and skills essential for effective functioning by nurses in a disaster situation.
3. Disaster nursing is not a clinical speciality.
4. Disaster nursing instruction may be included within the usual nursing courses, or may be given as a special course.
5. Clinical laboratory settings for learning experiences in disaster nursing are limited to the setting of the every day practice of nursing.
6. At the present time, faculty members in schools of nursing have limited preparation for teaching disaster nursing.
7. Courses for teacher preparation in disaster nursing are almost nonexistent.
8. The in-service program is one effective means of preparing nursing instructors in disaster nursing.
9. Not all faculty members have the same interest in the development of disaster nursing content.
10. Students in nursing are inadequately informed about national and world affairs that have direct implications for national security and indirectly for disaster nursing.
11. Faculty study and action concerning disaster nursing results in a strengthening of the total curriculum.

These are the activities that have been carried out to prepare nurses to function effectively in national defense and for the care of victims in natural disasters. Much more needs to be done to reach all of the nurses in the country and to incorporate disaster nursing preparedness in all schools of nursing. The interest in

disaster nursing is not universal, and varies from place to place according to the interest of the nursing leaders, to the frequency of natural disasters which is not the same in all parts of the country, and to the influence of the world situation.

The responsibilities of the American Red Cross Nursing Services are to assist the governmental agencies in the promotion of the plans for emergency nursing; to work closely with the nursing organizations to promote safe nursing care for the people of the country in any kind of emergency situation ; to provide for nursing in natural disasters ; to help prepare the people through courses in home nursing and as Volunteer Nurse's Aides so that they can supplement the services of the professional nurse both in peacetime and in emergency situations. All of this requires close working relationships between the governmental agencies, the Red Cross, and the nursing organizations. The goal of each is to ensure the best nursing care possible for the people of our country, and each agency has a contribution to make in the total plan. With all agencies working together, the goal can be achieved.

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