

**THE CENTER FOR
NURSING HISTORICAL
INQUIRY STAFF**

Arlene Keeling RN PhD
Director
awk2z@virginia.edu

Barbara Brodie RN PhD FAAN
Associate Director
bb9w@virginia.edu

John Kirchgessner RN MSN PNP
Assistant Director
jck2r@virginia.edu

Linda Hanson BMus MSM
Administrative Assistant
lh3x@virginia.edu

Jennifer Casavant RN MS
ACNP-BC, PhD Student
Archival Assistant
jmc5dy@virginia.edu

Aurelie Knapik RN MSN
Volunteer Archival Assistant

EDITORIAL STAFF

Barbara Brodie, Editor
Linda Hanson, Assistant Editor

BRODIE FELLOWS

Therese C. Meehan RGN PhD
2004-2006

Patricia D'Antonio RN PhD
2003-2005

CONTACT INFORMATION

Center Phone: (434) 924-0083

Center Website:
www.nursing.virginia.edu/
centers/cnhi

NO STORY TOO SMALL

Each time that I visit an archive to collect data on nursing history, I'm reminded of the importance of preserving past documents, artifacts, and memories. It seems that few really understand how significant personal stories really are to future researchers. Recently I was visiting the Cline Library at Northern Arizona University seeking information about nurses' experiences with the Navahos, in the 1930s, in the Indian Health Service (IHS). The Cline Library Archive possesses a study on IHS nurses' experiences done by Ida Bahl, a nurse who had served in the Indian Health Service for 23 years, ending her career as the Chief of the Navajo Indian Health Service in Window Rock, Arizona in the 1970s.

One woman's response to Ida's inquiry about her life as an IHS nurse really stands out. She wrote:

My niece has wanted me to write about my time in the Service. I wish I had. It's been 45 years since April 1, 1930, and even though I thought I'd never forget any of it, some things are pretty hazy. I'm going to mail this along with information and regulations from September 1927, April 1928 and April 1936....it may be that they won't be any help to you....¹

The nurse went on to document her entire IHS nursing career, including regulations guiding the practice of the IHS nurses. This was the information I had traveled across the country to find! Part of her story included:



Ida Bahl examines girl; woman and boy, 1955
NAU.PH.92.14.5
Brown, Bahl, and Watson Collection
Cline Library - Northern Arizona University

*I arrived in Shiprock,
New Mexico April 1,*

The
CENTER for
NURSING
HISTORICAL
INQUIRY



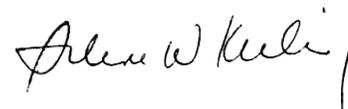
The Center for Nursing Historical Inquiry (CNHI), established at the University of Virginia in 1991 to support historical scholarship in nursing, is dedicated to the preservation and study of nursing history in the United States. The history of nursing in the South is especially emphasized as a focus of inquiry. The goals of the Center include the collection of materials, the promotion of scholarship, and the dissemination of historical research findings.

(Continued from page 1)

1930... I was amazed at the poverty on the [Navajo] reservation and the number of cases of trachoma and tuberculosis I saw... There were two schools near the hospital...a nurse went there twice daily to do treatments for trachoma and impetigo and all the other ailments school children have. ... The Indians were very patient with us. It must have been difficult for them to understand us, but their great sense of humor helped them and helped us. ... Ida, I don't know how much of this you can use, maybe none. I'm glad I had the other papers for you. I'm really a packrat is the reason I kept them!...My best to you on your book...

Sincerely,
 Newta Mae Pearce²

Ida Bahl did write an interesting book about the nurses' experiences in the Indian Health Service. She also left behind her notes and original data she had collected for her book. As a researcher I was delighted to find such personal accounts of the past as well as official documents that directed nurses' practices. From reading 100 nurses' responses to Ida's inquiry, I learned new information that gave me a better picture of the roles and responsibilities of the nurses employed from the 1920s to 1970s. They were amazing young women who gave much of themselves to their patients and the profession. Working with minimal supplies on isolated Indian reservations, where the sun blazed or thunderstorms raged, they diagnosed health problems, treated illnesses ranging from bone fractures to trachoma, held clinics, and transported patients to far off hospitals. They also delivered babies and taught mothers how to care for them, all the while adapting to strange environments and cultures. Thanks to Miss Bahl and the "packrat" nurses whose stories she preserved, their history is available for us today. I encourage each of you to think of Newta Mae Pearce when you fear your story is not important!



¹Newta Mae Pearce to Ida Bahl, 8 February 1975. Incoming Correspondence, Bahl. Northern Arizona University, Cline Library Special Collections (hereafter NAU-CL). MS 269, Box 1.

²Ibid.

THE CENTER'S CALENDAR OF EVENTS

FALL 2005 HISTORY FORUMS

McLeod Hall Room 5044
12:00 - 1:00 PM

SEPTEMBER 20, 2005

*Crisis, Intrigue, and Opportunity:
The Real Story of the Nursing
Experiment at the Crimean War*

Therese Meehan, RGN, PhD
Senior Lecturer, School of Nursing
University College Dublin
National University of Ireland
2005 Barbara Brodie History Fellow

OCTOBER 18, 2005

*"Braving the Frowns of Those Around Them:"
Civil War Nursing in Charlottesville 1861-1865*

Barbara Maling, MSN, ACNP,
PhD Student, UVA School of Nursing

NOVEMBER 15, 2005

*"New Hope for Crippled Children:"
The Hospital on the Hudson, c. 1900*

Mary Gibson, MSN, PhD(c), RN
University of Pennsylvania
School of Nursing

THE 13TH ANNUAL AGNES DILLON RANDOLPH AWARD/LECTURE

MARCH 21, 2006



Mary T. Sarnecky, DNSc, RN, CS,FNP, Colonel, U.S. Army (retired), is the recipient of the 2006 Agnes Randolph Award. Dr. Sarnecky, a renowned nurse historian, was selected for her seminal work on military nursing.

*"Army Nurses in Combat Boots:
The Evolution of the Deployment Experience"*

University of Virginia Claude Moore Health
Sciences Library – Historical Collections

4-5:30 p.m.

Reception, sponsored by Beta Kappa Chapter
Sigma Theta Tau, to follow.

CENTER ACTIVITIES

STAFF PRESENTATIONS/ PUBLICATIONS

Brodie, B. (2004) "The Search for Penicillin." *Windows in Time*. 12 (2) 6-11.

Brodie, B. (2005) Book Review: [Chris Feuder, *Bittersweet: Diabetes, Insulin, and the Transformation of Illness*.] *Nursing History Review*, 13, 224-225.

Brodie, B. (in press) "Historical Highlights: the Foundations of Professional Nursing in the United States." Creasia, JL and Parker, B. (Eds.). *Conceptual Foundations: The Bridge to Professional Nursing Practice*, fourth edition. St. Louis: Mosby.

Keeling, A. (accepted for publication, 2005) "'Carrying ointments and even pills!': Medicines in the Work of the Henry Street Settlement Visiting Nurses, 1893-1944." *Nursing History Review*, 14.

Keeling, A. (2004) Book Review: [Graham A.J. Ayliffe and Mary P. English, *Hospital Infection: From Miasmas to MRSA*, (Cambridge University Press).] *Nursing History Review*, 13, 222-223.

Keeling, A. (accepted for publication, 2006) Book review: [John M. Barry, *The Great Influenza: The Epic Story of the Deadliest Plague in History*.] *Nursing History Review*, 14.

Keeling, A. and Bigbee, J. (2005) *The History of Advanced Practice Nursing*. Hamric, Spross, and Hanson, (Eds). *Advanced Nursing Practice*, 3rd edition. (St. Louis: W. B. Saunders Publishing, Inc.), 4-45.

Keeling, A. (2005) "Professional Nursing Comes of Age, 1859-1999." Chitty, K. *Professional Nursing Concepts and Challenges*, 4th Edition. (St. Louis: W. B. Saunders Publishing, Inc.), 1-32.

STUDENT PRESENTATIONS/PUBLICATIONS

Buck, J. (2004) "Home Hospice vs. Home Health: Cooperation, Competition and Co-optation." *Nursing History Review*. 12, 25-46.

Buck, J. (2004) Book Review: [Suzanne Poirier and Lioness Syres, *Stories of Family Caregiving: Reconsiderations of Theory, Literature and Life*.] *Nursing History Review*, 12, 260-261.

Buck, J. (2005) Presentation: "Between Rhetoric and Reality: the Role of Nursing in Health Policy Initiatives to Improve End-of-Life Care." May CEU National Teleconference.

Buck, J. (2005) Presentation: "Netting the Hospice Butterfly: the Metamorphosis of an Ideal." Center for Nursing Historical Inquiry History Forum, February.

AWARDS

Buck, J., 2005 PhD in nursing graduate, received the University of Virginia Phyllis J. Verhonic Dissertation Award. Her dissertation, *Rights of Passage: Reforming Care of the Dying 1965-1986*, focuses on the history of hospice care.

Keeling, A. received the UVA School of Nursing Alumni Association Faculty Leadership Award in May 2005. Arlene was recognized for her leadership efforts in creating the "Clinical Nurse Leader" program.

In June, 2005, the University of Virginia's Rector and Board of Visitors appointed Dr. Arlene Keeling as the first Centennial Distinguished Professor in Nursing. The Center staff congratulates her for this well earned honor.

CENTER ACTIVITIES

JOY BUCK ACCEPTS POST-DOCTORAL FELLOWSHIP



Dr. Joy Buck, a recent UVA PhD graduate and recipient of the University of Virginia School of Nursing 2005 Phyllis J. Verhonic Dissertation Award, begins, in September, a two year postdoctoral research fellowship at the University of Pennsylvania. Joy will work with Dr. Linda Aiken, Director of the Center for Health Outcomes and Policy Research and Dr. Karen Buhler-Wilkerson, Director of the Barbara Bates Center for the Study of the History of Nursing. During her fellowship Joy will enhance her skills and expertise in policy research and historiography while developing two book manuscripts based on her dissertation "Rights of Passage: Reforming Care of the Dying 1965-1986." The first book will use the hospice movement in Connecticut (1965-present) as a case study to examine the translation of the hospice philosophy of care into a reimbursable model of service under Medicare. The second book will identify and describe care for the dying provided by community-based religious and philanthropic nursing groups in the U.S. and U.K. and their connection to the development of the modern hospice philosophy of care (1900-1971). In addition, Joy plans to spend time in West Virginia's U.S. Senator Jay Rockefeller's office working on Medicare policy.

BRODIE FELLOW IS NEW AUTHOR

Barbara Wall, the 2004 Barbara Brodie Fellow, is the author of *Unlikely Entrepreneurs: Catholic Sisters and the Hospital Marketplace, 1865-1925*. The book analyzes Catholic sisters as entrepreneurs in hospital development in the late nineteenth and early twentieth century Midwest and West by studying three congregations of women religious: the Sisters of Charity of the Incarnate Word from San Antonio, Texas, the Sisters of the Holy Cross from Notre Dame, Indiana, and the Sisters of St. Joseph of Carondelet from St. Paul, Minnesota. Wall argues that the nuns created hospitals where a specific, socially beneficial type of care could be provided and purchased. The book reveals the interaction between women's religious roles and broader economic roles of creating viable health care institutions by exploring how boundaries and norms about health care are created in a market-oriented society. The book, a 2003 publication, is available from the Ohio State University Press

Dr. Wall, an Assistant Professor, School of Nursing, Purdue University, is also the university's Director of the Center for Nursing History, Ethics and Human Rights.



CENTER ACTIVITIES

2005 BRODIE RESEARCH FELLOW



Dr. Therese C. Meehan, Senior Lecturer in Nursing at the School of Nursing and Midwifery at the University College Dublin, Ireland, is the 2005 recipient of the Brodie Research Fellowship. Her research is entitled "The Nursing Work of the Bermondsey Nuns at the Crimean War of 1854-

1856." To collect her data, Dr. Meehan visited several archives including the Convent of Mercy in Bermundsey, London, and the Convent of Mercy in Dublin. In addition, she used the British Library manuscripts collection and the London Metropolitan Archives. She will present preliminary results of this study in the Center's September 20, 2005 History Forum.

MEET OUR NEW ADMINISTRATIVE ASSISTANT

We are pleased to announce that Linda Hanson was appointed as the Center's new administrative assistant on June 6, 2005.

We are delighted that Linda, a graduate of Boston University in 1980 and 1983, has joined us in the Center. She looks forward to meeting and helping the many people who contact the Center seeking information on nursing history. She can be reached at the Center by phone at (434) 924-0083 or by e-mail: llh3x@virginia.edu



BARBARA BRODIE NURSING HISTORY FELLOW 2005-2006

The Center for Nursing Historical Inquiry Barbara Brodie Nursing History Fellowship, a postdoctoral award, is open to nurses engaged in historical scholarship that advances the field of nursing history. Applications for the \$3000 award are due October 15, 2005, and the recipient will be announced in December, 2005. The new Barbara Brodie Nursing History Fellow will present a paper from their study in the Center's History Forum series.

Selection of the fellow will be based on the scholarly quality of the investigator's project including: the clarity of the project's purpose, its rationale and significance, the rigor of its methodology and questions posed, and its potential contributions to the field of nursing.

The application and a curriculum vitae should be sent to Dr. Arlene Keeling, Director, Center for Nursing Historical Inquiry, University of Virginia School of Nursing, PO Box 800782, McLeod Hall, Charlottesville, Virginia 22908. Applications are available on the Center's Web site, at <http://www.nursing.virginia.edu/centers/cnhi/hrfellowship.html>.

“Caring for the Storkers”: Public Health Nurses and the Emergency Maternal & Infant Care Program, 1943-1947

**Nena Patterson, Assistant Professor
James Madison University, School of Nursing
PhD Student, UVA. patternj@jmu.edu**

World War II, lasting from 1939 through 1945, engulfed multiple countries across the globe. In the early years of the war America maintained a policy of neutrality but this policy ended abruptly with Japan's surprise attack on Pearl Harbor on December 7, 1941. On December 8th the U.S. Congress declared war on Japan, and when Germany and Italy, joining forces with Japan, declared war on America on December 12, the country found itself in a major conflict that would demand its total commitment to resolve.¹

To support the war efforts, America mobilized its economy, industry, and health care so that it might develop the military forces and material necessary to defend the country. This massive mobilization disrupted the very fabric of American society in many ways and “by the time peace came, over 15,000,000 Americans [men and women] had served in the country's military. Over 10,000,000 in the Army alone”.²

As the number of troops increased over the course of the war years, significant change in the demographics of America took place. Massive numbers of wives and their children migrated across the country to be near the Army, Navy, and Marine bases where their husbands were stationed, hoping that they might remain together as a family until their loved one was shipped aboard. These women left their families, homes, and communities and became known by the military as “suitcase wives”, and because many were also pregnant, they were also known as “storkers”³. This unprecedented migration of women and children into small towns and rural communities, sites of the many of the military bases, placed extreme pressure on the local

health care system to provide them needed medical care, particularly for those requiring obstetrical and pediatric services. In a 1943 government study it was estimated that for a standing army of 5,000,000 men, about 1,000,000 of the men would be married and approximately 5 percent of their wives would be giving birth during a year.⁴ Thus, the ability of the government to meet quickly the needs of military dependents for obstetrical and pediatric care services became a high priority in the planning of the war effort.

In 1940, prior to the attack on Pearl Harbor, a survey of military dependent health needs at Fort Lewis Army base in Tacoma, Washington revealed that the base's maternity resources were unable to meet the needs of the growing number of military wives, especially those married to soldiers in the lower four pay grades. The lower pay grades, which comprised 81% of all enlisted men and were the ones with the least economic resources to cope with the problem, desperately needed help.⁵ To meet this critical health crisis a cooperative program was developed between Dr. Percy Guy, Chief of Maternal and Child Hygiene, Washington State Health Department, Colonel A.P. Clark, Medical Chief at Fort Lewis, two county medical societies and private hospitals, and one county and two-city health departments. This cooperative project included the services of local physicians, hospitals and the use of public health nurses to provide prenatal and post natal visits for the mothers and infants in their homes.⁶

The success of this program encouraged, in 1942, state health officers from across the country to meet and request emergency funds

from the U. S. Department Labor's Children's Bureau to establish similar projects in their respective states.⁷

Emergency Maternal and Infant Care Programs

Congress, responding to the growing concerns of families, state officials, medical personnel and the military, enacted the *Emergency Maternal and Infant Care Act (EMCI)* in March of 1943. The act provided funding for a program for "medical, nursing, and hospital maternity services for the wives and babies of enlisted men in the four lowest pay grades of the armed forces." The EMIC program was administered under the auspices of the Children's Bureau and within the framework of Title V, Part 1 of the Social Security Act.⁸

To participate in the EMCI program each state health department was required to submit an organized plan of how care would be provided to the wives and infants of the enlisted personnel who resided in their state. State health directors quickly responded and within a month the Children's Bureau had approved 13 states for funding. By the end of 1943 all 48 states in the union had approved and operating EMCI programs.⁹

The problem faced by the program from the outset was that the demand for services quickly exceeded the available resources granted under Title V of the Social Security Act. In response to a Children's Bureau request, Congress increased the EMCI funding appropriation. In an impressive show of support both the Senate and House of Representatives and President Franklin Roosevelt endorsed the new financial allocation. Over \$130,000,000 was spent on the EMCI program during the four years, from 1943 to 1947, it existed.¹⁰

The EMCI program not only aided the neediest of military families but it boosted the moral of the military's enlisted personnel. Army Colonel A.P. Clark, who helped institute the early prototype of the EMIC program at Fort Lewis noted that it enhanced the training of the troops and made them better soldiers: "a soldier

worried about his family is not a good soldier". This theme was captured in a 1945 Children's Bureau publication that described the EMCI program: "the purpose of this program is to make sure the wives of these men receive maternity care and that their babies receive medical and hospital care as needed until their first birthday, and to relieve these servicemen of worry about how the cost is to be met".¹¹

The Role of Public Health Nurses in the EMIC

Public health nurses served a key role in this nation's move to provide needed maternity and pediatric services to the families of enlisted military personnel. Indeed, they served as an essential resource in the success of EMCI programs because they possessed obstetrical, pediatric and public health knowledge and skills, and because they were able to provide many of the services normally given by physicians who were currently serving in the armed forces. Their skills included: the ability to monitor the expectant mother through the maternity cycle, plan for the mother's hospital confinement period, arrange and provide medical and nursing post partum and infant care, and aid the women in acquiring additional health care and social support as needed.¹²

Prenatal Care. The first task of the nurses was to identify women in the community that needed maternity care. Often, working with American Red Cross Volunteers, they traveled throughout the community searching for pregnant military wives who were eligible for the EMCI benefits. The nurses disseminated information on the EMCI program in stores, churches, and libraries that included the criteria for patient eligibility. These criteria spelled out the length of state residence needed to qualify, and, especially for minority women, noted that race and color did not prevent them from participating in the program. Over the war years, several revisions were made in the eligibility criteria. In 1944, wives whose husbands were listed as missing in action or deceased were al-

lowed to remain in the program. In 1945, "wives and babies of men recently discharged from the armed forces" were considered eligible for EMCI services.¹³

Nurses were assisted in their work of teaching the mothers through the use of many of the Children's Bureau booklets and pamphlets such as "Prenatal Care" and "The Expectant Mother". These up-to-date and attractive publications included information on personal hygiene, nutrition, dangers signs of pregnancy, and preparation for the baby's birth.¹⁴

Delivery. Public health nurses worked closely with attending physicians and hospitals to assure that mothers received the care they needed. Although some young mothers may have desired a home birth, physicians preferred to deliver their patients in hospitals where anesthesia and adequate surgical interventions were available. Interestingly, the EMCI program opened to thousands of women an opportunity

for a hospital delivery of their babies, an experience that previous generations had not known.

Post Partum Care. Public health nurses also provided six post partum home visits to the mothers where they checked the mothers' recovery and the infants' growth and development. If the mother experienced postpartum complications that required a physician's attention, it was provided, as were additional nursing visits.

Pediatric Services. EMCI infants received health care for one year. Infant follow-up care was done at the local public health department. Nurses performed the infant's initial physical assessment as well as provided mother with an extensive new born education program. Parents were taught ways to cope with the demands of motherhood and how to handle the growing infant. Home visits might also be initiated if deemed important by the nurse. Six visits were approved but additional visits could be made if authorized by the physician.¹⁵

Because many of the "storkers" were far away from home, nurses often found many of the young military wives fearful and excited about their pregnancy but also ignorant about the physiological and emotional changes they were experiencing. Lacking any close family support, such as a sister or mother, nurses not only kept the attending physicians informed of the expectant mothers' status, and they also served as listeners to the women's many questions and concerns about themselves, their husbands, infants and families.

Conclusion

The EMIC program provided care for infants and young mothers at a time when the nation was in a crisis. One young soldier stated, "Even with the shortage of doctors and nurses, I felt sure, she and the baby would get the care they needed. You see, I couldn't be here and I wanted things to be all right, and they were. It (EMIC) certainly is a wonderful thing for us!"¹⁶ This soldier's sentiment was expressed by many military personnel and their extended families who were worried about their loved ones far away from home.



University of Arkansas for Medical Sciences Library
Historical Research Center

While much has been written about the military nurses who cared for the wounded and sick in World War II little has been documented about the role of public health nurses who provided care on the home-front. Less is known about a forgotten but an extremely important service (EMCI) that not only significantly contributed to the war effort, but it also affected the lives of military dependent women, children, and families and the future vitality of the country. Public health nurses were crucial members of a health team that allowed the country to support its military personnel in a way that allowed them to devote their total energy to winning the war and returning home to work towards returning the country to peace.

REFERENCES

¹C.L. Sulzberger, *The American Heritage Picture History of World War II* (American Heritage Press, 1966) 147-150.

² Sulzberger, *American Heritage*, 149.

³Gladys D. Shultz, "Mrs. Shultz Visits the Stork Club of York, Nebraska", *Better Homes and Gardens*, December (1944), 40.

⁴ Martha Elliot, "Maternity Care for Service Men's Wives", *Survey* 79 (1943), 113-114. Martha Elliot was the Associate Chief of the U.S. Department of Labor Children's Bureau during World War II.

⁵*Emergency Maternity and Infant Care Program*. United States Department of Labor Children's Bureau, C.B. Folder 29-August 1943, C.B. Folder 29-1944, and C.B. Folder 29-1945. University of Virginia Alderman Library Government Documents.

The ranks of enlisted men in the Armed Forces considered eligible for this program were those in the lowest pay grades: fourth, fifth, sixth, or seventh grades, especially Army Private 1st class, Marine Corps Corporal, and Navy 3rd Class Steward.

⁶ Anna R. Moore and Marie Chard, "Private Don Jones' Baby", *American Journal of Nursing* (1943) 43, 46-50.

⁷ Martha Elliot, "Maternity Care for Service Men's Wives", 114.

⁸ "Congress Votes Maternity-care Funds for Service Men's Wives", *Survey* 79 (1943) 112.

⁹Martha Elliot and George Freedman, "Four Years of the EMIC Program", *The Yale Journal of Biology and Medicine*, 19, (1947) 622. The United States Children's Bureau was created in 1912 by Congressional legislation due to the identified need to ensure the health and welfare of children. Public health nurses were key players in its multiple programs.

¹⁰The following House of Representative and Senate documents on EMIC appropriation funding were used, 1943 - 1946. University of Virginia Alderman Library Government Documents Collection. CB Folder H., 277-78-1, 1943; CBF - 08, 78-1, 1943; CBF - 413, 78-1, 1943; CBF - 560, 78-2, 1944; CBF - 1419, 78-2, 1944; CBF - 864, 78-2, 1944; CB F- 190, 79-1, 1945; CBF - 554, 79-2, 1946.

¹¹"Maternity and Infant Care for Soldiers' Wives and Babies", *Medical Care* 4 (1944) 182.

¹²Ruth Houlton, "Activities of the National Organization for Public Health Nursing in the Field of Maternal Health", *The Mother* 6 (1944), 7-8, 10.

¹³Pamphlets describing the *Emergency Maternity and Infant Care Program*. U. S. Department of Labor Children's Bureau, CB Folder 29-August 1943, CBF 29-1944, and CBF 29-1945. University of Virginia Alderman Library Government Documents.

¹⁴ *Prenatal Care*, publication No. 4, 1943; U.S. Department of Labor Children's Bureau and *The Expectant Mother*. U.S. Government Publication . CB Folder 1, 1943, University of Virginia Alderman Library Government Documents.

¹⁵*Emergency Maternity and Infant Care Program*. United States Department of Labor Children's Bureau. CB Folder 29, August 1943.

¹⁶"Corporal Kelly and His Son: The Emergency Maternal and Infant Care Program", *American Journal of Nursing*, 44 (4), April 1944, 369.

SNIPPETS FROM THE PAST

Prior to the late 1930s few RNs served as head nurses in hospitals but with the increasing complexity of medical practice seen in the late 1940s, head nurses appeared. Below are listed some of their responsibilities and desired leadership qualities.

Barbara Brodie, Associate Director

"The head nurse (HN) directs her unit's personnel, co-operates with the medical staff and other professionals to provide essential nursing services and medical care to patients and, if there is a school, helps its educational program." p 4.

"It is the HN who is responsible for seeing that the work of the medical staff becomes effective ... who co-ordinates the work of all departments where patients receive care .. the unit" p 5.

Personnel Management:

She is responsible for the assignment of nursing staff to care for patients, develops patient nursing care plans, and evaluates staff's effectiveness and orientates new staff to the unit.

"If the HN acknowledges individual differences [in her staff], she will recognizes ability, foster initiative and resourcefulness, take personal interest in each worker, make each feel her job is important, appreciate [their] good work, give credit when due, and encourage the discouraged. Criticism is essential to good work but fault-finding does much harm and little good. When reproof is needed it should be given directly to the individual in private. ... the HN must be able to take [criticism] herself ... she must be open-minded to suggestions and set a good example" p 42

Patient Relations: The HN serves as the hospital's hostess to patients (guests).

"The HN should introduce herself and identify herself as the person in charge and teach whoever represents her to do the same." As patients are admitted she should evaluate their conditions and quickly anticipate their needs.

"It is extremely important to gain the patient's confidence in the institution as soon as he arrives." p 128 "...she should see her patients often enough to know their condition, the effectiveness of their care, and how they are adjusting to the hospital and personnel. ...in addition, the HN is responsible for establishing a good relationship between visitors and the hospital." p 129



Barbara Brodie Photographic Collection
CNHI

Unit Management: The HN is responsible for the economic and environmental administration of her unit. *"In conjunction with house keeping she assures that the unit is clean and orderly and that the furniture, equipment, and linen are conserved and protected. She operates within the unit's budget and manages supplies and resources effectively." p 223*

Finally:

"... a good head nurse is a priceless asset to any organization and brings dignity to the profession and to nursing practice." p xviii

The Hospital Head Nurse (1945) Weyland, M., McManus, L., and Faddis, M.
New York: Macmillan Company.

NURSING/MEDICAL HISTORY CONFERENCES CALL FOR ABSTRACTS

AMERICAN ASSOCIATION FOR THE HISTORY OF NURSING, INC.

TWENTY-THIRD ANNUAL CONFERENCE CALL FOR ABSTRACTS

The American Association for the History of Nursing and the Mayo Clinic College of Medicine, Continuing Nursing Education, are co-sponsoring the Association's twenty-third annual conference to be held September 29-October 1, 2006, at Mayo Clinic in Rochester, Minnesota. The conference provides a forum for researchers interested in sharing new research that addresses events, issues, and topics pertinent to the history of the nursing profession, its clinical practice, and the field of nursing history. Individual papers, posters, and panel presentations are featured at the conference. Additional information about AAHN and the conference can be obtained at www.aahn.org.

Guidelines for Submission: A one page abstract of a completed study will be accepted by e-mail or mail. If submitting by email, submit two copies of your abstract: one must state the complete title, author/s name, credentials, institutional affiliation, phone/fax and e-mail. Indicate whether a paper, poster of panel presentation is sought. The second abstract copy should include the title and mode of presentation with no other identifying information. If more than one author is listed, indicate who is serving as the contact person. For submission by mail, follow the above directions, except send six copies of the form that has no identifying information.

Abstracts must include: Purpose of study, secondary sources, findings and conclusions. Each section of the abstract should be clearly identified. Abstracts will be selected on the basis of

merit through blind review.

Abstract preparation: Margins must be one and one-half inches on left, and one inch on right, top and bottom. Center the title in upper case, and single space the body using 12 point Times (New Roman) font. Use on one side of one 8.5" x 11" paper. Accepted abstracts will be printed as submitted in the conference program.

Submission date: Abstracts must arrive on or before January 15, 2006. LATE ABSTRACTS WILL NOT BE REVIEWED.

Mail to:

Barbara Brodie RN, PhD, FAAN
Chair, Abstract Review Committee
103 Surrey Road
Charlottesville VA 22901-2223
E-mail: BB9w@virginia.edu

CANADIAN ASSOCIATION FOR THE HISTORY OF NURSING

The annual meeting of CAHN will be held June 8-10, 2006, in Vancouver, at historic St. Paul's Hospital. The conference theme will be **Front-line Nurse: Historical Milestones**.

A **Call for Abstracts** is currently underway; specific abstract information may be obtained from the Canadian Association for the History of Nursing's webpage.

<http://www.cahn-achn.ca/>

Abstracts must be received on or before January 15, 2006 and may be submitted by e-mail to Lynne Esson (esson@nursing.ubc.ca).

NURSING/MEDICAL HISTORY CONFERENCES CALL FOR ABSTRACTS

AMERICAN ASSOCIATION FOR THE HISTORY OF MEDICINE

CALL FOR PAPERS

The American Association for the History of Medicine invites submissions in any area of medical history for its 79th annual meeting, to be held in Halifax, Nova Scotia, Canada, 4 - 7 May 2006. The Association welcomes papers on topics related to the history of health and healing; of medical ideas, practices, and institutions; and of illness, disease, and public health, from all eras and regions of the world. In addition to single-paper proposals, the program committee welcomes proposals for sessions and luncheon workshops; individual papers for those sessions will be judged on their own merits. All papers must represent original work not already published or in press.

Abstracts should state findings and conclusions as well as research questions. They should also provide the following information on the same sheet: name, preferred mailing address, work and home telephone numbers, e-mail address, present institutional affiliation, and academic degrees. Abstracts must be received by September 15, 2005. Additional information on submission of papers, the program and registration can be obtained from the AAHM's website:

www.histmed.org

SOUTHERN ASSOCIATION FOR THE HISTORY OF MEDICINE AND SCIENCE (SAHMS)

SAHMS invites paper proposals for its eighth annual meeting, hosted by the University of Texas at San Antonio and The Center for the Medical Humanities at the University of Texas Health Science Center, February 24-25, 2006 in San Antonio, Texas.

SAHMS welcomes papers on the history of medicine and science, broadly construed to encompass historical, literary, anthropological, philosophical and sociological approaches to health care, including race and gender studies. MD/PhD students may submit works in progress and should indicate their graduate student status.

Students note: SAHMS offers a limited number of modest travel grants for student presenters. Those interested should submit their request at the time of paper submission.

Participants may propose individual papers or panels of several papers. Only original papers will be accepted. All participants are responsible for their own travel and registration costs.

Information about proposals can be obtained from the Program Committee Chair, Michael A. Flannery: flannery@uab.edu

CENTER ACQUISITIONS

RITA CHOW COLLECTION

Dr. Rita Chow will officially open her extensive personal collection to the public at 4 pm on September 28, 2005. A program, that will include comments by Dr. Chow about her career as an Army Nurse and U.S. Public Health officer in the departments of Long-term Care and Financial Administration, will be held in the Rare Book Room of the Claude Moore Health Sciences Library. Currently Dr. Chow is the Director of the National Interfaith Coalition on Aging at the National Council on the Aging. The event is open to the public and a reception will follow.



Dr. Rita K. Chow, 1969

EMERGENCY NURSES ASSOCIATION DONATES PAPERS TO CENTER

The Emergency Nurses Association (ENA) dedicated to the promotion, advocacy, diversity, and excellence of emergency nursing practice, and with an international membership of 23,000 nurses, is donating its archival papers to the center's collections. As part of the events planned for the organization's 35th anniversary, ENA President Patricia Kunz Howard will officially donate the papers at a ceremony to be held at noon on September 28, 2005, in the Rare Book Room of the Claude Moore Health Sciences Library. The event is open to the public.

PEDIATRIC NURSE CERTIFICATION BOARD (PNCB) COLLECTION

The official opening of the PNCB archival collection took place on June 10, 2005. The PNCB Executive Board and friends met in the Claude Moore Health Sciences Rare Book Room for the ceremony and reception. The PNCB, organized in 1975, provides certification and recertification programs for general pediatric nurses and pediatric nurse practitioners. With the PNCB and the National Association of Pediatric Nurse Practitioners (NAPNAP) collections in the Center, historians are now able to gain an insightful view of the development of the nurse practitioner movement.



Jan Wyatt, PNCB Director; Barbara Brodie, Center Associate Director; Catherine Burns, PNCB President

NEW ACQUISITIONS:

Anonymous: Private Duty RN Collection
Mary B. Adams: photos
Rea Ayers: photo
Virginia Cooper: memorabilia
Bob Davis: Red Cross cap and band
Michael Foreman, in memory of Hazel Frances
Evans Foreman; books
Gladys Jones: memorabilia and photos
Margo Kiraly: memorabilia and photos
Kay Sonnabend: cape and photo
Phyllis H. Steger: photo
Sharon Utz: memorabilia

MAJOR COLLECTIONS:

ADDITIONS

Rita Chow Papers
Association of State and Territorial Directors of Nursing
Papers
Pediatric Nursing Certification Board Collection

CENTER CONTRIBUTORS

NOVEMBER 2004-AUGUST 2005

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Rebecca D. Bowers
Barbara Brodie
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Annette Gibbs
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NAPNAP Association
JoAnne H. Peach
Pediatric Nursing Certification Board
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UVA School of Nursing
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THANK YOU FOR YOUR SUPPORT!

