

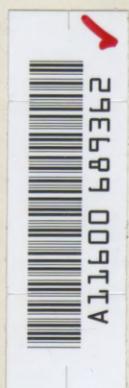
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# PRACTICAL NURSING

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BEFORE THE  
SUBCOMMITTEE ON HEALTH  
OF THE  
COMMITTEE ON  
LABOR AND PUBLIC WELFARE  
UNITED STATES SENATE  
EIGHTY-FOURTH CONGRESS

FIRST SESSION

ON

## S. 929

A BILL TO PROVIDE FOR AID TO THE STATES IN THE FIELDS  
OF PRACTICAL NURSING AND AUXILIARY HOSPITAL  
PERSONNEL SERVICES

AND

## S. 886 (Title III)

A BILL TO IMPROVE THE HEALTH OF THE PEOPLE BY ENCOUR-  
AGING THE EXTENSION OF VOLUNTARY PREPAYMENT HEALTH  
SERVICES PLANS, FACILITATING THE FINANCING OF CON-  
STRUCTION OF NEEDED HEALTH FACILITIES, ASSISTING IN  
INCREASING THE NUMBER OF ADEQUATELY TRAINED NURSES  
AND OTHER HEALTH PERSONNEL, IMPROVING AND EXPANDING  
PROGRAMS OF MENTAL HEALTH AND PUBLIC HEALTH, AND  
FOR OTHER PURPOSES

APRIL 13 AND 14, 1955

Printed for the use of the Committee on Labor and Public Welfare



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# PRACTICAL NURSING

THURSDAY, APRIL 13, 1955

UNITED STATES SENATE,  
SUBCOMMITTEE ON HEALTH OF THE  
COMMITTEE ON LABOR AND PUBLIC WELFARE,  
*Washington, D. C.*

The subcommittee met pursuant to notice at 10:10 a. m. in the Old Supreme Court Chamber, United States Capitol, Senator Lister Hill (chairman) presiding.

Present: Senators Hill, Lehman, Bender, and Smith of New Jersey. Also present: Stewart E. McClure, staff director, Roy E. James, minority staff director and William G. Reidy, professional staff member.

Chairman HILL. The subcommittee will come to order.

We will proceed with hearings on S. 929 and title III of S. 886, to provide for practical nursing through our vocational educational program.

(The bills referred to and the reports of the Department of Health, Education, and Welfare are as follows:)

[S. 929, 84th Cong., 1st sess.]

A BILL To provide for aid to the States in the fields of practical nursing and auxiliary hospital personnel services

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Vocational Education Act of 1946 (60 Stat. 775) is amended by inserting.*

“TITLE I—VOCATIONAL EDUCATION IN AGRICULTURE, HOME ECONOMICS, TRADES AND INDUSTRY, AND DISTRIBUTIVE OCCUPATIONS”

immediately above the heading of section 1 of such Act, by changing the words “this Act” wherever they appear in such Act to read “this title”, and by adding immediately after section 9 the following new title:

“TITLE II—VOCATIONAL EDUCATION IN PRACTICAL NURSING AND AUXILIARY HOSPITAL PERSONNEL SERVICES

## “DEFINITIONS

“SEC. 201. When used in this title—

“(a) The term ‘practical nurse’ means a person who is trained to care for subacute, convalescent, and chronic patients under the direction of a licensed physician or under the supervision of a registered professional nurse, or to assist a registered professional nurse in the care of acute illness;

“(b) The term ‘auxiliary hospital personnel’ means persons working in hospitals under the general supervision and direction of graduate nurses and heads of departments and services, such as ward aids, nursing aids and assistants, and assistants in laboratories and clinics and dietary departments of hospitals;

“(c) The term ‘State’ includes the several States, Alaska, Hawaii, Puerto Rico, the Virgin Islands, and the District of Columbia;

“(d) The term ‘Secretary’ means the Secretary of Health, Education, and Welfare;

- "(e) The term 'Commissioner' means the Commissioner of Education ;
- "(f) The term 'State board' shall have the same meaning as such term has in the Smith-Hughes Vocational Education Act; and
- "(g) The term 'Smith-Hughes Vocational Education Act' means the Act approved February 23, 1917 (39 Stat. 929, ch. 114).

"STATE PLANS

"SEC. 202. (a) In order for a State to secure the benefits of this title, the State board shall submit, and have approved by the Commission, a State plan for the training of practical nurses or auxiliary hospital personnel, or both. To be approved under this title, a State plan for such training must provide (1) that such training shall be given under public supervision or control; (2) that the purpose of such training shall be to fit individuals for useful employment as practical nurses or auxiliary hospital personnel; (3) that such training shall be of less than college grade and shall be designed to meet the needs of persons who have attained the age of seventeen who are preparing to enter upon or who have entered upon the vocation of practical nursing or auxiliary hospital personnel services; (4) that such training shall include such courses of practical training and instruction and such supervised experience as are necessary to meet the minimum requirements of State licensing laws for practical nurses or auxiliary hospital personnel, or where such laws have not been enacted, that the State board shall establish adequate standards for such training and instruction; (5) that teachers of practical nurse or auxiliary hospital personnel courses in any State shall have at least the minimum qualifications for teachers of such subjects determined upon for such State by the State board, with the approval of the Commissioner; (6) if in-service teacher training is to be given to teachers, supervisors, and directors of practical nurse training or of auxiliary hospital personnel training, such training shall be given under the auspices of the State board and only to persons who have had adequate experience as registered nurses or heads of hospital departments and services, as the case may be; (7) duties and qualifications for teachers, teacher-trainers, supervisors, and directors, and plans for the supervision and direction of practical nurse or auxiliary hospital personnel training; (8) for an advisory council composed of not more than ten nor less than six persons, including at least one registered nurse, a practical nurse (if a practical nurse is available who is a graduate of a school approved by the State board or by the Surgeon General), a physician, an educator, a hospital administrator, a representative of consumers of nursing services, and such other persons as the State may desire, each of whom shall be appointed for a term of three years except that (A) the terms of office of the members first appointed shall be so fixed that the terms of approximately one-third of the members will expire at the end of each succeeding year, and (B) members appointed to fill vacancies occurring prior to the expiration of a term shall be appointed only for the unexpired portion of such term; (9) that the State treasurer (or similar officer) shall be custodian of funds paid to the State under this title and shall pay such funds only on requisition of the State board to such schools as are approved by the board and are entitled to receive payments under the plan; (10) evidence satisfactory to the Commissioner that full compliance with the requirements of this title is authorized under the State laws; (11) that the State board shall make an annual report to the Commissioner on or before September 1 of each year, on such forms and in such manner as the Commissioner may prescribe, on the work done in the State during the preceding fiscal year and the receipts and expenditures of money under the State plan approved under this title; and (12) that the State board has all the authority necessary to carry out the State plan and to cooperate with the Commissioner in the administration of this title.

"(b) The Commissioner shall approve any plan which fulfills the conditions specified in subsection (a) and which he finds is otherwise in conformity with the provisions and purposes of this title.

"AUTHORIZATIONS FOR APPROPRIATIONS

"SEC. 203. (a) For the purpose of assuring more adequate funds for assisting the several States in the development of practical nurse and auxiliary hospital personnel training, there is authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1956, \$5,000,000 for expenditure in accordance with the provisions of this title.

"(b) There is also authorized to be appropriated for each such fiscal year such amount as may be necessary for the administration of this title.

"(c) The funds appropriated pursuant to subsection (a) may be used for assisting the several States in meeting the direct costs of maintaining an adequate program of administration, supervision, and in-service teacher training; for salaries and necessary travel expenses of teachers, teacher trainers, supervisors, and directors of practical nurse and auxiliary hospital personnel training and for necessary travel expenses of teachers, teacher trainers, supervisors, and directors of practical nurse and auxiliary hospital personnel training and for necessary travel expenses of students taking practical training in a hospital outside the community in which the school is located; for securing necessary educational information and data as a basis for the proper development of programs of practical nurse and auxiliary hospital personnel training; for purchase, rental, or other acquisition and the repair and maintenance of equipment for vocational instructions; for purchase of supplies for vocational instruction; for promotion of the program and recruitment of students and teachers; and for payments to public or nonprofit private hospitals exempt from income tax under section 501 (a) of the Internal Revenue Code of 1954 to meet costs incurred by them in affording opportunity to practical nurse or auxiliary hospital personnel trainees for supervised experience in such hospitals: *Provided*, That all expenditures for the purposes set forth in this section shall be made in accordance with the State plan approved under this title.

#### "PAYMENTS TO STATES

"SEC. 204. (a) From the sums appropriated for each fiscal year pursuant to section 203 (a), the Commissioner shall allot to each State an amount which bears the same ratio to such sums as the product of (1) the population of such State and (2) the square of its allotment percentage (as defined in subsection (b)) bears to the sum of the corresponding products for all of the States: *Provided*, That no such allotment to any State shall be less than \$10,000. Sums allotted to a State for a fiscal year and remaining unobligated at the end of such year shall remain available to such State for the next fiscal year (and for such year only), in addition to the sums allotted for such State for such next fiscal year. Any amount of the sum authorized to be appropriated for a fiscal year which is not appropriated for such year, or which is not allotted in such year by reason of the failure of any State or States to have plans approved under this part, and any amount allotted to a State but remaining unobligated at the end of the period for which it is available to such State, is hereby authorized to be appropriated for the next fiscal year in addition to the sum otherwise authorized under section 203

"(b) (1) The allotment percentage for any State shall be 100 per centum less that percentage which bears the same ratio to 50 per centum as the per capita income of such State bears to the per capita income of the continental United States (excluding Alaska), except that (A) the allotment percentage shall in no case be more than 75 per centum or less than  $33\frac{1}{3}$  per centum, and (B) the allotment percentage for Alaska and Hawaii shall be 50 per centum each, and the allotment percentage for Puerto Rico and the Virgin Islands shall be 75 per centum each.

"(2) For the purposes of this section the Commissioner shall utilize allotment percentages promulgated by the Surgeon General under section 631 of title VI of the Public Health Service Act and the allotment percentages specifically set forth under that section.

"(c) From time to time the Commissioner shall certify to the Secretary of the Treasury for payment to each State such amounts, within the allotments to such State, as shall be necessary (subject to the succeeding provisions of this subsection) to carry out the approved State plan. Upon receipt of any such certification, the Secretary of the Treasury shall, prior to audit or settlement by the General Accounting Office, pay in accordance with such certification. Such payments to any State for any fiscal year ending after June 30, 1957, shall be made upon condition that there will be provided from State or local funds, or both, 25 per centum of the amount of expenditures under the State plan in the case of the fiscal years ending June 30, 1958, and June 30, 1959, and 50 per centum of such expenditures in the case of the fiscal year ending June 30, 1960, and each fiscal year thereafter.

"(d) Funds appropriated pursuant to this title shall not be paid to any State unless such State has made adequate provision for the supervision of practical nurse training by a registered nurse.

"REGULATIONS

"SEC. 205. The Commissioner, with the approval of the Secretary, shall make and publish such regulations, not inconsistent with this title, as may be necessary to the efficient administration of its provisions.

"ADMINISTRATION

"SEC. 206. The Commissioner shall perform his functions under this title under the supervision and direction of the Secretary. It shall be the duty of the Commissioner to make, or cause to have made, studies, investigations, and reports for use in aiding the States in training practical nurses and auxiliary hospital personnel and teachers, teacher-trainers, supervisors, and directors of practical nurse training and auxiliary hospital personnel training.

"ANNUAL REPORT

"SEC. 207. The Commissioner shall make an annual report to the Secretary concerning the administration of this title, including reports to show the distribution of Federal funds, the activities of the States in the training program, the numbers of persons trained thereunder, and recommendations for such revisions of this title as he deems necessary. The Secretary shall include in his annual report to the Congress such portions of the Commissioner's report as the Secretary deems necessary.

"ADVISORY COMMITTEES

"SEC. 208. The Commissioner may, with the approval of the Secretary, appoint such advisory committee on practical nurse training or auxiliary hospital personnel training as he deems necessary to the proper administration of this title. The members of such committees who are not officers or employees of the United States shall serve without compensation, except that while attending conferences or meetings of the committees or while otherwise serving at the request of the Commissioner they shall be entitled to receive compensation at a rate to be fixed by the Secretary, but not exceeding \$50 per diem, and shall also be entitled to receive an allowance for actual and necessary travel and subsistence expenses while so serving away from their places of residence.

"WITHHOLDING OR RECAPTURE OF PAYMENTS

"SEC. 209. (a) Whenever any portion of the funds paid to any State under this title has not been expended in accordance with its provisions, a sum equal to such portion shall be deducted by the Commissioner from subsequent payments hereunder to such State and the State shall be held accountable for the full amount so paid plus an amount equal to that withheld.

"(b) The Commissioner may withhold the allotment or payment of any moneys to any State under this title whenever he determines that such moneys are not being expended in accordance with the provisions of this title.

"(c) If any portion of the moneys paid to any State under this title shall, by any action or contingency, be diminished or lost, it shall be replaced by such State, and until so replaced no subsequent payments shall be made to such State under this title. No funds paid to a State under this title shall be applied, directly or indirectly, to the purchase, erection, preservation, or repair of any building or buildings, or for the purchase or rental of lands, or for payment (except as provided in section 203 (c)) to any privately owned or conducted school, college, or other institution.

"EFFECT ON OTHER LAWS

"SEC. 210. Nothing in this title shall in any way affect the availability of amounts paid the States under the Act of February 23, 1917 (39 Stat. 929), as amended and extended, or the Vocational Education Act of 1946 (60 Stat. 775), as amended and extended, for practical nurse training."

## S. 886 (TITLE III)

A BILL To improve the health of the people by encouraging the extension of voluntary prepayment health services plans, facilitating the financing of construction of needed health facilities, assisting in increasing the number of adequately trained nurses and other health personnel, improving and expanding programs of mental health and public health, and for other purposes

## EFFECTIVE DATE

SEC. 262. This title shall take effect on October 1, 1955.

## TITLE III—PRACTICAL NURSE TRAINING

## DECLARATION OF PURPOSE

SEC. 300. The purpose of this title is to alleviate the shortage of nursing personnel by increasing the number of adequately trained practical nurses through grants to States to enable them to extend and improve vocational education in the field of practical nursing.

## AUTHORIZATION OF APPROPRIATIONS

SEC. 301. There is hereby authorized to be appropriated \$2,000,000 for the fiscal year ending June 30, 1956, \$3,000,000 for the fiscal year ending June 3, 1957, and \$4,000,000 for each of the next three fiscal years, for grants to States to extend and improve practical nurse training.

## GRANTS TO STATES FOR EXTENSION AND IMPROVEMENT OF PRACTICAL NURSE TRAINING

SEC. 302. (a) From the sums appropriated for any fiscal year pursuant to section 301, each State shall be entitled to an allotment of an amount bearing the same ratio to such sums as the population of such State bears to the population of all the States. The allotment to any State under the preceding sentence for a fiscal year which is less than \$7,500 (or, in the case of the Virgin Islands, which is less than \$3,750) shall be increased to that amount, the total of the increases thereby required being derived by proportionately reducing the allotments to each of the remaining States under the preceding sentence, but with such adjustments as may be necessary to prevent the allotment of any of such remaining States from being thereby reduced to less than that amount.

(b) From each State's allotment under this section for any fiscal year, the Commissioner shall pay to such State a portion of the cost of approved projects for the extension and improvement of practical nurse training under the State plan (including its administration). The Commissioner shall approve any project for purposes of this section if it is included in a State plan approved under section 303 and if he finds the project constitutes an extension or improvement of practical nurse training or will contribute materially to such an extension or improvement. To the extent permitted by the State's allotment under subsection (a) for any fiscal year, the portion of the cost of projects paid under this section shall be 75 per centum of such cost in the case of the fiscal year ending June 30, 1956, or June 30, 1957, and 50 per centum of such cost in the case of each of the next three fiscal years.

## STATE PLANS

SEC. 303. (a) To be approvable under this title, a State plan for practical nurse training shall—

(1) designate the State board as the sole agency for the administration of the plan or for the supervision of administration of the plan by local educational agencies;

(2) provide that the individual supervising the functions of the State board under the plan shall be a registered professional nurse or shall have the consultative services of a registered professional nurse available to him;

(3) show the plans, policies, and methods, to be followed in carrying out the purposes of this title under the State plan, and in administering and supervising the administration of the plan, and provide such accounting, budgeting, and other fiscal methods and procedures as are necessary for the proper and efficient administration of the plan;

(4) contain minimum qualifications for teachers, teacher-trainers, supervisors, and directors; and

(5) provide that the State board will make such reports, in such form and containing such information, as the Commissioner may from time to time reasonably require to carry out his functions under this title, and comply with such provisions as he may from time to time find necessary to assure the correctness and verification of such reports.

(b) The Commissioner shall approve any plan which he finds fulfills the conditions specified in subsection (a) of this section.

(c) Whenever the Commissioner, after reasonable notice and opportunity for hearing to the State agency administering or supervising the administration of the State plan approved under this section, finds that—

(1) the State plan has been so changed that it no longer complies with the requirements of subsection (a) of this section; or

(2) in the administration of the plan there is a failure to comply substantially with any such provision;

the Commissioner shall notify such State agency that no further payments will be made to the State from its allotments under section 302 (or, in his discretion, that further payments will not be made to the State for projects under or parts of the State plan affected by such failure), until he is satisfied that there will no longer be any such failure. Until he is so satisfied the Commissioner shall make no further payments to such State from its allotments under section 302 (or shall limit payments to projects under or parts of the State plan in which there is no such failure).

(d) (1) If any State is dissatisfied with the Commissioner's action under subsection (c) of this section, such State may appeal to the United States court of appeals for the circuit in which such State is located. The summons and notice of appeal may be served at any place in the United States.

(2) The findings of fact by the Commissioner, unless substantially contrary to the weight of the evidence, shall be conclusive; but the court, for good cause shown, may remand the case to the Commissioner to take further evidence, and the Commissioner may there upon make new or modified findings of fact and may modify his previous action. Such new or modified findings of fact shall likewise be conclusive unless substantially contrary to the weight of the evidence.

(3) The court shall have jurisdiction to affirm the action of the Commissioner or to set it aside, in whole or in part. The judgment of the court shall be subject to review by the Supreme Court of the United States upon certiorari or certification as provided in title 28, United States Code, section 1254.

#### METHOD OF MAKING AND COMPUTING PAYMENTS

SEC. 304. The method of computing and paying amounts pursuant to section 302 shall be as follows:

(a) The Commissioner shall, prior to the beginning of each calendar quarter or other period prescribed by him, estimate the amount to be paid to each State under the provisions of such section for such period, such estimate to be based on such records of the State and information furnished by it, and such other investigation, as the Commissioner may find necessary.

(b) The Commissioner shall pay to the State, from the allotment available therefor, the amount so estimated by him for such period, reduced or increased, as the case may be, by any sum (not previously adjusted under this paragraph) by which he finds that his estimate of the amount to be paid the State for any prior period under such section was greater or less than the amount which should have been paid to the State for such prior period under such section. Such payments shall be made through the disbursing facilities of the Treasury Department, in such installments as the Commissioner may determine.

#### ADMINISTRATION

SEC. 305. (a) In carrying out his duties under this title, the Commissioner shall—

(1) make studies, investigations, and reports with respect to matters relating to practical nurse training;

(2) cooperate with and render technical assistance to States in matters relating to practical nurse training; and

(3) disseminate information as to the studies, investigations, and reports referred to in paragraph (1) and other matters relating to practical nurse training.

(b) The Commissioner is authorized to make rules and regulations governing the administration of this title and to delegate to any officer or employee

of the Office of Education such of his powers and duties, except the making of rules and regulations, as he finds necessary in carrying out the purposes of this title.

## EFFECT ON OTHER LAWS

SEC. 306. Nothing in this title shall in any way affect the availability of amounts paid the States under the Act of February 23, 1917 (39 Stat. 929), as amended and extended, or the Vocational Education Act of 1946 (60 Stat. 775), as amended and extended, for practical nurse training.

## REPORTS

SEC. 307. The Commissioner shall include in his annual report a full report of the administration of this title.

## AUTHORIZATION OF APPROPRIATIONS FOR ADMINISTRATION

SEC. 308. There are hereby authorized to be included for each fiscal year in the appropriations for the Department of Health, Education, and Welfare such sums as are necessary to administer the provisions of this title.

## DEFINITIONS

SEC. 309. For purposes of this title—

- (a) The term "Commissioner" means the Commissioner of Education.
- (b) The term "practical nurse training" means training of less than college grade which is given in schools or classes (including field or laboratory work incidental thereto) under public supervision and control and is conducted as part of a program designed to fit individuals, engaged in or preparing to engage in employment as practical nurses, for such employment. The term includes also vocational guidance in connection with any such program and the in-service training of teachers, teacher-trainers, supervisors, and directors for any such program, but does not include courses which have only incidental relationship to the specialized training needed by an individual for useful employment as a practical nurse.
- (c) The term "practical nurse" means a person who is trained to care for subacute, convalescent, and chronic patients under the direction of a licensed physician or under the supervision of a registered nurse, or to assist a registered nurse in the care of acute illness.
- (d) The term "local educational agency" means a board of education or other legally constituted local school authority having administrative control and direction of public secondary schools in a county, township, independent, or other school district, or having such control and direction over vocational education in such schools.
- (e) The term "State" includes Alaska, Hawaii, the Virgin Islands, Puerto Rico, and the District of Columbia.
- (f) The population of the several States shall be determined on the basis of the latest figures furnished by the Department of Commerce.
- (g) The term "State board" means the State board of vocational education, or the State board primarily responsible for the supervision of public elementary and secondary schools, as designated in the State plan.
- (h) The cost of administration of a State plan for practical nurse training, and the cost of any project for extension or improvement of such training, may not include any portion of the cost of the purchase, preservation, erection, or repair of any building or buildings or the purchase or rental of any land.

## SHORT TITLE

SEC. 310. This title may be cited as the "Practical Nurse Training Act of 1955".

MARCH 24, 1955.

HON. LISTER HILL,  
*Chairman, Committee on Labor and Public Welfare,*  
*United States Senate.*

DEAR MR. CHAIRMAN: This is in response to your request of February 2 for a report on S. 886, a bill to improve the health of the people by encouraging the extension of voluntary prepayment health services plans, facilitating the financing of construction of needed health facilities, assisting in increasing the number of

adequately trained nurses and other health personnel, improving and expanding programs of mental health and public health, and for other purposes.

S. 886 embodies the Department's proposals for measures to carry out the President's recommendations for a reinsurance program to encourage the expansion of voluntary health insurance, Federal mortgage insurance to facilitate private credit for the construction of private health facilities, training programs to reduce shortages of health personnel, and for revisions to strengthen the present public health and mental health programs. These proposals were transmitted for consideration by the Senate on February 1, 1955, with a covering letter of explanation to the President of the Senate and summaries of each of the six titles of the proposed Health Improvement Act of 1955. A copy of my February 1 letter to the President of the Senate is enclosed for the convenience of the committee. There is also enclosed a list of typographical errors in the printed bill.

For the reasons indicated in the enclosed letter, this Department believes that enactment of the provisions of S. 886 would contribute materially to improvement of the Nation's health, and we urge its favorable consideration by your committee.

The Bureau of the Budget advises that enactment of this proposed legislation would be in accord with the program of the President.

Sincerely yours,

OVETA CULP HOBBY, *Secretary.*

LIST OF TYPOGRAPHICAL ERRORS IN AND SUGGESTED CORRECTIONS FOR H. R. 3458,  
H. R. 3720, AND S. 886

1. On page 16, line 8, strike out "4." and insert "(4)". (This error was in the draft version of the bill.)
2. On page 29, line 16, strike out the first comma.
3. On page 41, lines 6 and 7, strike out the words "with respect to such plans in order to obtain their advice and recommendations".
4. On page 66, line 19, insert a parenthesis before the word "including".
5. On page 73, line 13, after the word "option", strike out "; and". (This error is sense-distorting.)
6. On page 81, line 10, insert a hyphen after the word "working".
7. It would seem preferable that the word "fund" on page 97, line 5, and wherever else used in title II of the bill, be spelled with a capital "F".

Corrections could be made either by a star print or by Committee amendments.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,

*Washington, February 1, 1955.*

HON. RICHARD M. NIXON,  
*The President of the Senate.*

Dear Mr. PRESIDENT: I am enclosing for your consideration a draft of a bill to carry out the President's recommendations, made in his January 31, 1955, special message on health, with respect to a reinsurance service to give incentive to the expansion and improvement of voluntary health-insurance plans, a mortgage insurance program to facilitate the private financing of health facility construction, measures to cut down critical shortages of health personnel, unification and revision of public health grants, and positive steps to strengthen mental health programs.

Draft legislative proposals to carry out others of the recommendations contained in the President's health message, such as improved financing of medical care for public assistance recipients, proposed revisions in grant structure for the Children's Bureau programs, and proposals for the revision and extension of the Water Pollution Control Act, are being separately submitted.

The enclosed draft bill comprises six titles as follows:

Title I. Reinsurance of Health Service Prepayment Plans.

Title II. Mortgage Insurance for Construction of Health Facilities and Related Provisions.

Title III. Practical Nurse Training.

Title IV. Graduate Training of Professional Nurses and of Professional Public Health Personnel.

Title V. Public Health Services.

Title VI. Mental Health.

A separate summary of the provisions of each of the six titles of the draft bill is enclosed. Only the major purposes and provisions of each title are referred to here.

## REINSURANCE OF HEALTH SERVICES PREPAYMENT PLANS

Title I of the draft bill contains a proposed Health Services Prepayment Plan Reinsurance Act. It would establish within the Department of Health, Education, and Welfare a program of reinsurance to improve the public health by encouraging more extensive use of the voluntary prepayment method in the provision of personal health services.

The proposed reinsurance program would provide an attack on the problem of making needed health services and facilities available to the maximum number of people on a prepayment basis. The program is designed to encourage expansion and otherwise to stimulate private initiative in this field by making a form of reinsurance available for voluntary health services prepayment plans where needed to stimulate the provision of (a) better protection against exceptionally high costs of medical and hospital care; (b) coverage for a broader segment of the rural population; and (c) the development of health-insurance plans designed primarily to provide coverage for individuals and families with average or lower incomes. In addition to authorizing reinsurance of such plans, the proposal also would authorize reinsurance of other experimental plans aimed at improving benefits or extending coverage. The proposal also provides for technical advisory and informational services without charge to the sponsors of health services prepayment plans.

There are at present serious gaps in coverage by voluntary health insurance. Although important progress has been made in the extension of the voluntary prepayment method to a large segment of the American population, there remain important gaps in the number of individuals and families who are covered, and there is also need for broader benefits under many health-insurance policies currently in force. The program proposed would continue to emphasize that voluntary health insurance is the soundest way for the American people to meet the unpredictable costs of medical, dental, and hospital care. It would preserve and strengthen the voluntary system, would protect the rights of the States to regulate insurance, and would provide greater opportunity for the American people to have better protection against the unpredictable costs of sickness.

The program is designed to be self-supporting over a period of years. It would permit carriers to experiment in broadening the benefits of the health-insurance plans that they offer. Although authorization for a \$100 million Treasury advance to the reinsurance fund is proposed, it is expected that premium income from carriers reinsured under the program would in time be adequate to retire the advances from the Treasury.

To be reinsured, a carrier must be operating according to law and the Secretary must make a finding that there is no reason to believe that the carrier is financially unsound or that its financial or other policies and manner of operation are unsafe or otherwise inconsistent with the purposes of the program. Reinsurance provides protection to the carriers only against costs in excess of those which can reasonably be anticipated; and protection of the fund is provided by the requirement of coinsurance by the carrier even with respect to these unanticipated costs. The proposal also includes other safeguards against unsound or unsafe practices on the part of the reinsured carrier.

Carriers could not be reinsured unless, in the Secretary's judgment, reinsurance on terms and conditions, and at premium rates, comparable to those offered under the proposal is not available from private sources to an extent adequate to promote the purposes of the program.

Administrative costs for operating the reinsurance program would be chargeable to the reinsurance fund. However, the proposal for studies, advisory and other technical informational services would be supported by general appropriations. An initial appropriation will be needed for fiscal year 1956 to establish the reinsurance fund and to provide for studies and informational services.

## MORTGAGE INSURANCE FOR HEALTH FACILITIES

Title II of the draft bill contains the proposed Health Facilities Mortgage Insurance Act. It would establish within the Department of Health, Education, and Welfare a program of mortgage insurance to assist in financing the construction of privately owned and operated health facilities.

The proposed program is designed to complement the recently expanded hospital survey and construction program by facilitating, on a self-sustaining basis, an adequate and continuing flow of private credit for construction, expansion, and modernization of health facilities. In addition to authorizing a mortgage

insurance program, the proposed act would, with respect to the federally insured mortgages, remove some of the existing investment restrictions on certain federally regulated lending institutions. The existence of the program would also encourage the removal of similar restrictions imposed on such loans under State law.

The hospital survey and construction program, although broadened by the 1954 amendments to include additional assistance for the construction of hospitals for the chronically ill and to include assistance for the construction of nursing and convalescent homes, diagnostic or treatment centers for ambulatory patients, and rehabilitation facilities, does not reach all types of facilities. Funds appropriated annually are necessarily limited and required to be allotted among the States on the basis of population and relative per capita income. The use of this program as a source of funds is further limited by its requirements as to ownership of the facility and by the priorities it places on unmet need.

For example: Special clinics for ambulatory patients are not eligible for assistance under that program unless the sponsor is a State or other public agency or is a corporation or association which owns and operates a nonprofit hospital; facilities owned and operated by cooperative groups and restricted as to use to a certain membership group, are not within the scope of that program; and modernization required to replace obsolescence in long-established hospitals must wait to take its turn until after new construction in less well-provided-for areas of the State has been financed. The size of the required loan, the length of the term required to finance the construction of this type of facility, and the proportion of capital which must be raised by a loan, now limit the availability of private or commercial credit in situations like these I have mentioned.

To encourage and assist private groups throughout the Nation to construct, expand, repair, remodel and reconvert hospitals, licensed nursing homes, diagnostic or treatment centers, and rehabilitation facilities, the program now proposed would insure, for a small premium, mortgage loans made by private lending institutions for these purposes. Compliance with applicable State laws and a finding of economic soundness would be required as conditions of Federal insurance. Questions of economic soundness in the case of hospital projects would be considered in the light of existing facilities and population-bed ratios, bed utilization rates in the area, programmed hospital construction, and other factors which would affect utilization of the proposed facility. The principle of coinsurance would be applied to preserve the responsibility—and the economic stake—of the mortgagor and mortgagee. Insurance would not be issued for the full amount of the mortgage, nor could the mortgage itself cover the full value of the property. The bill also provides safeguards against windfall profits.

The proposed mortgage insurance would provide stimulus and encouragement for a broader range of needed health facilities without Federal subsidy. It would permit the inclusion of types of sponsorship not wholly appropriate for a grant program.

A health facilities mortgage insurance fund would be maintained on a self-supporting basis from premiums charged for insurance, earnings from investments, fees, and other receipts. Insurance contracts would be entered into by the Secretary on behalf of the United States, but the fund, which is required to be operated in accordance with actuarial principles in order to assure that it will be self-sustaining over the years, would be primarily liable under the mortgage insurance contract.

A \$10 million initial appropriation would be authorized to provide initial working capital, with authorization for any necessary subsequent appropriations to provide additional working capital. Advances would be repaid from the insurance fund to the working capital account with interest but, in order to permit the accumulation of an adequate reserve from premiums and from earnings of the fund, no capital would have to be repaid before July 1, 1965. In addition to this capitalization provision, the bill would authorize the Secretary (through issuance of notes purchased by the Secretary of the Treasury) to borrow up to \$25 million or, if greater, up to 75 percent of the outstanding contingent insurance liability, to meet liabilities incurred under insurance contracts. Sums so borrowed would be repayable to the Treasury with interest. A program ceiling would be established, however, by a limit of \$200 million on the authorized contingent insurance liability outstanding at any one time. This ceiling could be raised by action of the President by an aggregate increase of \$150 million if he determined that such increases were in the public interest.

It is not expected that the enactment of the proposed health facilities mortgage insurance program will entail any increased cost to the Government over

the long run, since insurance claims and administrative costs are to be borne from the fund. The initial appropriation will be needed for fiscal year 1956 to establish a working capital account from which to meet administrative expenses and provide the capital in the early stages of operations.

#### PRACTICAL NURSE TRAINING

Title III of the draft bill would authorize a 5-year program of vocational education grants to States for the extension and improvement of practical nurse training of less than college grade. Grant funds would be available for costs of instruction and professional supervision of training programs. The program would make possible an increase in the number of trained practical nurses by enlarging the number of schools and by expanding those already in existence. To stimulate and encourage their more effective operation and to improve the quality of training offered, the bill would also authorize the provision of technical assistance and nurse consultant services.

Nationally, we are urgently in need of more nursing personnel. This title of the bill, along with other proposals for strategic attacks on the nursing personnel shortage, suggests one of the quickest ways to increase the supply—the training of more practical nurses. The practical nurse is the trained worker who performs the simpler nursing functions and thereby releases the registered nurse to perform her professional duties.

After World War II the demand for nurses increased rapidly. The largest single factor in this increase was the greater complexity of medical care which requires so much more of the professional nurse's time. Large numbers of practical nurses are now required to assist her with the care of the patient. The practical nurse is trained before her employment and is, therefore, of most assistance to the nurse.

The need to expand the training of practical nurses is urgent. Some of this training is being done, but to date many States still have only 1 program graduating about 15–25 students a year; a few States have none.

Experience in the past has shown that the most progress was made in practical nurse training when nurse consultants were available at both State and Federal levels to give professional guidance along with grant funds earmarked for the increase and expansion of such programs. Both funds and professional leadership are provided for in this proposal.

#### PUBLIC HEALTH AND GRADUATE NURSE TRAINING

Title IV of the draft bill would add a new section to title III of the Public Health Service Act to provide separate specific authority for traineeships for two groups of specialized health personnel in which great shortages now exist.

These are—

1. Professional nurses trained for teaching or for performance of administrative and supervisory functions.
2. Professional public health personnel, including public health physicians, public health nurses, and sanitary engineers.

Like the existing authority for training in research activities, these new traineeships could be established either in Public Health Service facilities or in educational institutions. The traineeships could also be financed by grants made available to public and other nonprofit institutions. The money value of the individual traineeships would be established by the Surgeon General and would include a stipend and allowances for such expenses as travel and subsistence.

The shortage of trained professional public health personnel is one of the most serious problems in the development and expansion of public health services today. The addition of health programs in new fields, the realignment of existing programs, the strengthening of local health services, all could move forward more rapidly and efficiently with a more adequate supply of trained public health workers.

There is likewise a serious shortage of professional nurses trained to teach or to supervise or administer the wide variety of nursing activities. Lack of such trained personnel has been a serious handicap to highest quality and most economical nursing services in hospitals and health agencies throughout the country.

#### PUBLIC HEALTH SERVICES

Title V of the bill includes amendments to title III of the Public Health Service Act which would strengthen the protection and promotion of public health

through improvement in the grants-in-aid to States and through special project grants addressed to specific public health problems.

#### *Grants to States for public health services*

The first major provision for Federal grants-in-aid to States for public health services was enacted in 1935 as title VI of the Social Security Act. To this original authorization for assisting in the establishment and maintenance of adequate public health services there have been added in subsequent years authorizations for several specialized grants. At the present time the Public Health Service administers such specialized grants to States for venereal disease control, tuberculosis control, mental health services, cancer control, and heart disease control in addition to a grant for general health services.

The impact of this Federal financial assistance on the protection and promotion of public health has been significant both through expenditure of the federally granted funds and through the stimulation which these grants have given to the appropriation of additional funds by State and local units of government. The results of this cooperative Federal-State-local attention to the public health problems of the United States are too numerous to mention in detail. They include, however, an increase in the number and quality of local health units, vigorous casefinding and control programs which have reduced the death rate from tuberculosis and the incidence of venereal disease and other communicable diseases, establishment of clinics for early diagnosis of cancer and heart diseases, and public and professional health education services.

Great as the progress has been to date in improving the public health, the opportunities for future improvement are even greater. Not only are there large gaps in public health services in terms of present scientific knowledge but our vast research effort is continuously adding to that store of knowledge.

One section of the draft bill is directed, therefore, at continuing and strengthening the legislative framework within which the Public Health Service provides the Federal financial assistance to the Federal-State-local public health program.

Section 314 of the Public Health Service Act would be amended to authorize a single consolidated public health grant to States in place of the present separate grants for venereal disease control, tuberculosis control, general public health, cancer control, and heart disease control. The grant for mental health would continue as a separate grant for 5 more years.

The new consolidated grant would be allotted among the States on the basis of the population, financial need, and extent of the health problems of the various States. On the basis of State plans submitted for approval by the Surgeon General, States would be entitled to receive a percentage of the cost of their public health services. These Federal shares would vary in inverse proportion to the State's per capita income within the range of 33- $\frac{1}{2}$  percent to 66- $\frac{2}{3}$  percent.

In order to encourage the extension and improvement of public health services, the Surgeon General would be authorized to provide that a portion (not to exceed 20 percent) of a State's allotment may be used by the State only for extending and improving its services. States would be entitled to receive 75 percent Federal participation in the costs of such activities for the first 2 years and 50 percent participation for the 3d and 4th years of such projects.

This proposal will provide a greater flexibility in the use of the grant funds by the States, encourage improvement and extension of public health services to the people, insure matching from State and local appropriations in accordance with the financial ability of the States, and provide for continuation of the Federal-State-local partnership in the improvement of health protection.

#### *Grants for special projects*

Certain types of public health problems of special national concern do not lend themselves readily to solution through a type of grant-in-aid which requires distribution among all States. It is to assist in the effective and economical solution of such problems that the draft bill provides for special project grant authority.

This authority would enable assistance to be directed toward both operational and research activities which hold promise of making a significant contribution to regional or national public health programs. This is the type of "pinpointed" assistance which will insure progress in solving some of the more difficult problems through concentration of funds in selected areas on a "pilot plant" basis.

## MENTAL HEALTH

Title VI of the draft bill would authorize separate grants for mental public health for a 5-year period, in addition to the general public health grants proposed under title V of the bill.

Mental illness is a major problem in the United States. One measure of its magnitude is that 47 percent of all the hospital beds in this country are occupied by mentally ill patients.

The Congress recognized the national importance of this problem by enacting the National Mental Health Act in 1946. In administering the provisions of that act, the Public Health Service has stimulated and conducted research, provided professional training opportunities through fellowships and traineeships, stimulated the development of community preventive programs through grants to States, and in other ways given leadership to improved services.

Title VI of the draft bill singles out for increased attention and priority two elements of the national program which hold great promise for reducing the magnitude of the mental health problem. It is proposed to continue and extend for 5 more years separate authority for a specialized grant-in-aid to States for community mental health services. Matching provisions and other administrative arrangements for mental health grants would be modified slightly to conform to the draft provisions relating to grants to States for public health services.

The Public Health Service Act would also be amended by this title of the bill to authorize special project grants for the development of improved methods of care, treatment, and rehabilitation of the mentally ill. The grants could be made to State agencies responsible for administration of State institutions for care and treatment of mentally ill persons, or to appropriate agencies for study of alternative or complementary methods of care and treatment. Because the nature of these special project grants does not permit any predetermined State-by-State distribution of grant funds, there is no allotment formula prescribed in the bill. These grants would be made only upon recommendation of the National Advisory Mental Health Council.

The cost of the amendments to the Public Health Service Act proposed to be made by titles V and VI of the draft bill will vary with the annual appropriation determinations made by the Congress. No provision of the draft bill would make mandatory any given level of appropriation. The magnitude of the problems which the bill is designed to alleviate, the reductions in illness, disability, and premature death which would result, and the economic losses which would be curtailed thereby need be weighed, however, against the expenditures which might be contemplated annually under the provisions of the bill.

These six titles of the draft bill sent to you herewith make up the main body of the Department's recommendations to give effect to the administration's health program. We shall appreciate it if you will be good enough to refer the draft bill to the appropriate committee for consideration.

The Bureau of the Budget advises that enactment of this proposed legislation would be in accord with the program of the President.

Sincerely yours,

OVETA CULP HOBBY, *Secretary.*

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
*Washington, April 12, 1955.*

HON. LESTER HILL,

*Chairman, Committee on Labor and Public Welfare,  
United States Senate.*

DEAR MR. CHAIRMAN: This is in response to your request of February 7, 1955, for a report on S. 929, a bill to provide for aid to the States in the fields of practical nursing and auxiliary hospital personnel services.

This bill would amend the Vocational Education Act of 1946 to establish a new and permanent categorical grant program for the training of practical nurses and of auxiliary hospital personnel. It would authorize an appropriation of \$5 million annually, and provide for allotment of sums appropriated to the States on the basis of the equalization formula used in the Hospital Survey and Construction Act. No State and local matching of the Federal funds would be required for the fiscal years 1956 and 1957; 25 percent of the cost of the program would be borne by State and local funds in the fiscal years 1958

and 1959; and at least 50 percent of the cost would be so borne in the fiscal year 1960 and thereafter.

In his state of the Union message of January 6, 1955, the President referred to the need for new measures to help reduce shortages in trained health personnel, and in his special health message of January 31, 1955, he specifically recommended a 5-year program of grants to State vocational education agencies for training practical nurses.

S. 929, therefore, parallels in its basic objective and its general approach the President's recommendations on practical nurse training. We believe, however, that the provisions of S. 929 are not as well designed to accomplish these objectives as are the provisions of title III of S. 886, which title embodies the administration's legislative proposal in this area. The most significant respects in which S. 929 differs from title III of S. 886, and the reasons why we believe the provisions of the latter bill to be preferable, are discussed below.

1. S. 929 would establish a permanent categorical program for practical nurse training, whereas title III of S. 886 would set a 5-year limitation on the duration of the new categorical grants for this purpose. We agree that the need for more trained practical nurses is sufficiently emergent and national in scope and import to warrant the establishment of a new categorical vocational education grant for this special purpose. However, a 5-year period should be ample to accomplish the Federal objective of encouraging and helping the States extend and improve their practical nurse training programs to the extent necessary to meet present and anticipated demands for trained practical nurses. At the end of this period practical nurse training should be sufficiently expanded and sufficiently well established as part of each State's vocational education program to warrant termination of the restriction on State use of Federal grant funds inherent in the categorical grant approach.

2. S. 929 would provide no State and local matching funds whatever during the first 2 years of its operation (fiscal years 1956 and 1957). Title III of S. 886, on the other hand, would provide for 75 percent-25 percent Federal-State sharing during these 2 years and 50-50 sharing during the next 3 years. We agree that a higher percentage of Federal financial participation is desirable at the outset of a program such as this in order to facilitate State and local action in getting the program underway in all States as rapidly as possible. However, this Department is firmly of the view that some substantial State and local matching of Federal grant funds is essential to the successful functioning of any grant-in-aid program to maintain the principle of maximum State and local initiative and responsibility.

3. S. 929 would authorize the use of grant funds for the training not only of practical nurses but also of "auxiliary hospital personnel"—including "ward aids, nursing aids and assistants, and assistants in laboratories and clinics and dietary departments of hospitals." Although the training of such auxiliary personnel does present some problems from the standpoint of the hospital, we do not believe that the inclusion of such training in this special program is desirable. Typically, these auxiliary personnel need and receive on-the-job training only, with no special preemployment preparation comparable to that included in practical nurse training. The only assistance which State vocational education agencies are able to provide is instructor training courses for supervisors and some consultative services. Such assistance is being provided under existing legislation, and little would be gained through the specific authorization in the instant bill.

4. S. 929 contains a provision which would authorize the use of grant funds "for payments to public or nonprofit hospitals \* \* \* to meet costs incurred by them in affording opportunity to practical nurse or auxiliary hospital trainees for supervised experience in such hospitals \* \* \*." We would strongly recommend deletion of this provision for two reasons. First, it is contrary to the established practice of State vocational education agencies to make payments to hospitals or other agencies for any such costs incurred by them. Sufficient incentives have always existed and will exist here to induce employing establishments which need trained personnel to provide on a nonreimbursable basis such accommodations as may be needed for the on-the-job experience incident to vocational training.

Second, the bill does not make clear, and probably could not make clear, what cost incurred by the public or nonprofit hospitals are to be reimbursed out of Federal grant and State and local matching funds. The determination of the amount or ratio of the ordinary administrative expenses of a hospital to be allocated to practical nurse training and paid for, would be most difficult and liable to wide variation and possible abuse.

5. S. 929 would require that the practical nurse training program be supervised in every instance by a registered nurse. Such a requirement might tend to defeat the purposes of the bill in those States receiving an allotment at or near the State minimum of \$10,000 per annum which S. 929 would provide, since such a large part of the annual allotment would be required to pay the salary of the supervisory registered nurse that only a small amount would remain to cover the costs of instruction. It was for this reason that the analogous provisions of title III of S. 886 provide the State agency the alternative of making the consultative services of a registered professional nurse available to the official supervising the practical nurse training program.

6. In several respects S. 929 would impose unduly restrictive Federal controls over State and local planning and administration. Thus, under the bill a State plan would have to conform to 12 specific Federal requirements, and even if found to meet all 12, could still be disapproved by the Commissioner of Education on the ground of nonconformity "with the provisions and purposes of this title." While existing vocational education laws contain analogous provisions, this Department believes that many of these are no longer necessary or desirable in so well established a field of Federal-State cooperative action as the field of vocational education. Analogous provisions of title III of S. 886 set forth 5-plan conditions and require Federal approval of a State plan if it meets these 5 conditions. In addition, title III of S. 886 provides opportunity for judicial review of Federal action in withholding payments from a State for nonconformity with Federal requirements.

A particularly onerous provision occurs in section 209 (a) of the title proposed to be added by S. 929. This provision would appear to provide for double withholding of payments by the Commissioner in case any portion of a State's allotment were not expended in accordance with the provisions of the bill. Such a sanction, in the nature of a penalty, is contrary to established practice under the existing vocational education laws and other grant-in-aid laws administered in this Department.

7. We do not believe that the equalization allotment formula in S. 929 patterned after the allotment formula in the Hospital Survey and Construction Act, is appropriate for the allotment of funds for the proposed new vocational education program. Where, as here, the primary objective is to encourage and help States to expand and improve existing training programs for practical nurses, rather than to provide continuing financial support for their vocational education programs, we believe that an allotment formula based on the relative populations of the several States is more appropriate. An allotment formula based on population will distribute the funds more nearly in accord with the need of each State to extend and improve its practical nurse training programs and will be more readily understood and accepted by the States in view of the fact that a similar basis is now used in the allotment of Federal grants for the general vocational education programs.

In view of all these considerations, we recommend that S. 929 not be enacted by the Congress and urge instead the favorable consideration by your committee of title III of S. 886.

The Bureau of the Budget advises that it perceives no objection to the submission of this report to your committee.

Sincerely yours,

OVETA CULP HOBBY, *Secretary.*

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EXECUTIVE OFFICE OF THE PRESIDENT,  
BUREAU OF THE BUDGET,  
Washington 25, D. C., March 3, 1955.

Hon. LISTER HILL,  
*Chairman, Committee on Labor and Public Welfare,  
United States Senate, Washington 25, D. C.*

MY DEAR MR. CHAIRMAN: This is in response to your recent requests for the views of the Bureau of the Budget on S. 886, a bill to improve the health of the people by encouraging the extension of voluntary prepayment health services plans, facilitating the financing of construction of needed health facilities, assisting in increasing the number of adequately trained nurses and other health personnel, improving and expanding programs of mental health and public health, and for other purposes; S. 434, S. 929, and S. 1076 which are related bills.

The President in his special health message on January 31, 1955, recommended a broad program of action to meet many of our most pressing health problems. Several bills, including S. 886 and its companion bill H. R. 3458, have been introduced in the Congress to carry out these recommendations: S. 890 provides for extension and strengthening of the water pollution control program; H. R. 3293 provides for an expanded program of medical care for public assistance recipients; and S. 894 and H. R. 3771 provide for a new program to attack the problem of juvenile delinquency.

S. 886 is an omnibus bill consisting of six titles. Title I provides for a program of reinsurance of health services prepayment plans. The reinsurance program has as its purpose the encouragement of private health insurance organizations in the offering of broader benefits and wider coverage. It would particularly emphasize three areas: (a) protection against the high costs of severe or prolonged illness, (b) provision of coverage for individuals and families in rural areas, and (c) provision of coverage relating to home care and physicians office care, as well as hospital care, for individuals and families with average or lower incomes. The bill would authorize the appropriation of not more than \$100 million to provide the necessary operating capital. It is anticipated that the program would ultimately be self-supporting from premiums paid by the participating health insurance organizations.

Title II provides for a program of mortgage insurance for construction of health facilities. This program has as its purpose the stimulation of the flow of private credit for the construction of needed health facilities through Government insurance of loans made by private lending institutions, without Federal subsidy. Such insurance would be available for the construction of private hospitals, clinics, nursing homes, and other health facilities. An appropriation of \$10 million and such sums as may be necessary thereafter would be authorized for providing the necessary capital for the insurance fund from which the program would be financed. It is expected that premium charges on insured mortgages would maintain the insurance fund on a self-supporting basis.

Title III provides for a 5-year program of grants to States for training of practical nurses, patterned after the present Vocational Education Act of 1946. Appropriations of \$2 million for 1956, \$3 million for 1957, and \$4 million for each of the following 3 fiscal years would be authorized.

Title IV would amend the Public Health Service Act by providing for a program of traineeships for the training of professional nurses for teaching administrative, or supervisory positions and for graduate or specialized training in the several public health specialties.

Titles V and VI also would amend the Public Health Service Act by revising, improving, and simplifying the structure of health grants-in-aid to States. A single grant would replace the present categorical health grants, except that a separate grant for mental health would be authorized for a 5-year period. This and other changes proposed in these titles would permit greater flexibility in the use of Federal funds to meet specific problems of each State.

S. 434 is also an omnibus health bill. It would propose to achieve broader distribution of health services by marked expansion of Federal financial assistance to States and the establishment of a number of new Federal grant programs.

The other two bills, S. 929 and S. 1076, each deal with one program area. S. 929 would provide for a permanent program of grants to States for the training of practical nurses and auxiliary hospital personnel rather than the 5-year practical nurse training proposal in S. 886. S. 1076 would provide for Government loans for the acquisition, construction, and equipping of health facilities to voluntary nonprofit associations offering prepaid health services. Title II of S. 886 provides for Government insurance of private mortgage loans for construction of health facilities rather than direct Federal loans. It also would provide broader coverage than S. 1076.

Enactment of the President's health program would go far toward broadening the distribution and improving the quality of health services without excessive increases in Federal operations or the Federal financial burden. At the same time the program recognizes the primary responsibility of the State and local levels for the health of the community.

Since S. 886 embodies the recommendations outlined in the special message, I am authorized to advise you that its enactment would be in accord with the program of the President and that the Bureau of the Budget recommends enactment of S. 886 in preference to S. 434, S. 929, or S. 1076.

Sincerely yours,

DONALD R. BELCHER,  
Assistant Director.

Chairman HILL. Now we have Mrs. Hobby. We are delighted to have you here. Will you come around, please, m'am? We would like to have you proceed in your own way.

**STATEMENT OF HON. OVETA CULP HOBBY, SECRETARY, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, ACCOMPANIED BY DR. ROBERT H. FELIX, DIRECTOR OF THE NATIONAL INSTITUTE OF MENTAL HEALTH; MRS. LUCILE LEONE, CHIEF NURSE OFFICER OF THE PUBLIC HEALTH SERVICE; JAMES H. PEARSON, DIRECTOR OF THE DIVISION OF VOCATIONAL EDUCATION IN THE OFFICE OF EDUCATION; ASSISTANT SECRETARY ROSWELL B. PERKINS; DR. CHESTER S. KEEFER, SPECIAL ASSISTANT FOR HEALTH AND MEDICAL AFFAIRS; AND DR. LEONARD A. SCHEELE, SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE**

Secretary HOBBY. Thank you, sir.

Mr. Chairman and members of the committee, the two practical nurse-training proposals under consideration by your committee today—S. 929 and title III of S. 886—are similar in their objectives and approach. They differ, however, in a number of particulars.

Our prepared statement is confined to the objectives and provisions of title III of S. 886, which embodies one of the President's recommendations for legislation to alleviate shortages of health personnel. We will, however, indicate briefly the relationship between this proposal and a related nurse-training proposal contained in title IV of the bill.

Our report on S. 929, which has already been submitted to your committee, summarizes the views of our Department on this alternative proposal.

#### INCREASING DEMAND FOR NURSING SERVICES

The need for more nursing personnel is serious. Shortages of hospital staff nurses are particularly acute. In a recent survey covering two-thirds of the Nation's 7,000 hospitals, the American Hospital Association found there were 23,000 vacancies for professional staff nurses. In addition, there are shortages of nursing personnel in clinics, doctors' offices, industrial plants, and public-health agencies.

The present imbalance between supply and demand is due primarily to the remarkable increases in demands for nursing services that have developed during the last two decades. There are three principal factors responsible for this increasing demand.

The first is the changes that are taking place in the size and composition of our population. Our total population is increasing at an accelerated rate. This in itself increases the demand for nursing services. Furthermore, the acceleration in birth rates and the increasing proportion of persons in the older-age groups have enlarged the two groups with the greatest need for nursing care—the very young and the aged.

Second, all groups in the population are making increased demands on the services of hospitals and other health facilities. This is due partly to the growth and extension of these facilities and partly to

increased utilization by our people of the skills and facilities of modern medicine.

The third factor affecting the demand for nursing services is the spectacular advance in medical knowledge. As such knowledge expands and new therapeutic techniques are developed, the responsibilities of both the doctor and the nurse become more complex. The nurse is now a far more important member of the medical team than she ever was before. As a result of these developments, more nursing services are required per patient.

All these factors affecting demand represent continuing trends. There is every reason to believe that these trends will be accelerated in the future.

#### SUPPLY OF NURSING PERSONNEL

While some progress is being made, the supply of nursing personnel has not kept pace with the rapid growth in demand for nursing services.

Our supply of nursing personnel is composed of two general categories: First, professional nurses and, second, nonprofessional nursing personnel—which includes both practical nurses and nursing aides.

Professional nurses, who are also known as registered nurses, constitute the central core of skilled nursing personnel. Their professional preparation consists of at least 3 years of training, including both academic studies and practice in a hospital. They are the staff nurses in hospitals, clinics, and public health agencies. They are also the principal providers of private nursing care—both in the hospital and in private homes. From their ranks are selected the supervisors and administrators of nursing services, as well as the instructional staffs of nursing schools.

At the present time there are about 390,000 professional nurses active in all fields. The total number of active professional nurses is greater today than it ever has been, and the number of graduates from nursing schools is steadily increasing. These increases, however, are barely keeping pace with population growth; they are not adequate to meet the growing per capita demand for nursing services.

Practical nurses are the most highly skilled group in the nonprofessional nurse category. Their training now generally covers a year of preparatory schooling and experience. They can therefore relieve hospital staff nurses of many duties. They are also employed to care for patients in chronic-disease hospitals, in nursing homes, and in private homes when the patient's condition does not require professional nursing skills.

There are now more than 100,000 licensed practical nurses, and their number has been steadily increasing. Several factors, however, limit the increase in supply of this type of nonprofessional nursing personnel. I shall discuss these factors in some detail later in my statement.

Nursing aides are usually recruited directly into hospital service without preparatory training. They receive brief training on the job by the professional nursing staff. Because of their limited training they are usually employed only in hospitals and nursing homes where adequate supervision can be provided.

The total number of nursing aides has increased greatly in recent years. About 260,000 are now employed in hospitals. This is the

only category of nursing personnel in which the supply appears to be reasonably adequate.

If it please the chairman at this time, I should like to ask Mrs. Leone, chief nurse officer of the Public Health Service, to talk to these two charts.

Chairman HILL. Good. We will be delighted to hear from you.

Mrs. LEONE. Mr. Chairman and members of the committee, these two charts show the supply of nursing personnel and demand for nursing services.

(The two charts referred to appear at pp. 40 and 41 in the prepared statement.)

Mrs. LEONE. This chart—nursing personnel—shows one portion of the total supply, that portion employed by 5,000 general hospitals. Not included on that chart are the nurses employed in the chronic-disease hospitals, nursing homes, doctors' offices, and public health and other fields of employment.

The total number of nurses employed in those 5,000 hospitals is 392,000; 201,000 are professional nurses shown in blue on the chart; 190,000 are nonprofessional nurses shown in green on the chart.

The chart also shows how the nursing personnel are apportioned among the various types of jobs in these hospitals. Eight thousand of the professional nurses are directors of nursing services in hospitals; 19,000 of them are supervisors who are in charge of the nursing service of one department of a hospital, the obstetric department, the surgical department, and the like.

Each of these departments is divided into two or more wards.

Thirty-one thousand of these professional nurses are head nurses, each one in charge of a ward, with from 20 to 50 patients on it; 143,000 professional nurses are staff nurses who care for the patients in those wards.

The nonprofessional nursing personnel are of two main types; 41,000 of them are practical nurses who assist the staff nurses in the care of patients; 150,000 of them are nursing aides who perform similar nursing tasks.

Chairman HILL. Are the nursing aides on your chart all regularly paid aides? We do have voluntary aides.

Mrs. LEONE. Those are all paid aides.

Chairman HILL. They are the regular ones?

Mrs. LEONE. Yes. Professional nurses in these three categories here direct the services, the activities of all of these other personnel. Mrs. Hobby will have a word to say later about improving the managerial skills of these nurses, so that these services will go farther.

Today we are addressing ourselves to practical nurses. This bar will show you how small the number of practical nurses is that these hospitals can secure to help with the important job of the professional nurse in caring for patients.

This chart will explain some of the increases in demand for nursing services.

In 1930, 6 million people entered general hospitals in this country. These 5 figures represent the ratio, 5 per every 100 of our population admitted to general hospitals during that year.

Now, in 1954, 18 million people were admitted to hospitals, that is, general hospitals. And these figures represent the ratio—11 out of every 100 of our population who were admitted to a hospital in 1954.

Of course, this does not mean that more people were sick in 1954. It means that more people used health facilities, and that there were more health facilities available for their use.

In 1930, the medical and health knowledge called for, and the supply of nursing personnel provided 1 professional nurse for each 6 patients in general hospitals.

In 1954, 2 professional nurses for each 6 patients in general hospitals. Actually, more nurses were needed here, but their positions were vacant.

The major reason for this increased requirement per capita or per patient is the advance in medical science and medical knowledge.

More than twice as many people in proportion seeking care, and more than twice the amount of care per patient required for each one of them.

There are then three major reasons for the increase in demands: (1) the increase in population itself; (2) the increased utilization of health facilities; (3) the advances in medicine which called for more nursing personnel per patient.

Chairman HILL. We certainly want to thank you, Mrs. Leone. Those charts tell a lot. You may proceed.

Secretary HOBBS. In view of existing shortages and of increasing demands for nursing services, it is apparent that action is needed along two general lines: First, we must increase the total number of nursing personnel. Second, we must utilize all available nursing personnel more effectively.

#### APPROACHES TO INCREASING THE NURSE SUPPLY

Title III is directed toward increasing the supply of nursing personnel through the training of additional practical nurses. We believe that this approach offers the greatest promise of immediate and long-term results. We also believe it is the approach through which the Federal Government can most effectively participate.

We are aware of the related need for maintaining and expanding our present supply of professional nurses and nursing aids. We do not believe, however, that Federal assistance can be as productive in the recruitment or training of these two categories of nursing personnel.

In the case of professional nurses, it is doubtful whether Federal assistance could add significantly to the energetic recruitment campaigns now being conducted by nursing and hospital associations. Enrollment figures for professional nursing schools indicate that the proportion of high school graduates interested in nursing as a career has not varied significantly in the last decade. Therefore, except for recruitment programs for special emergency needs—such as the cadet nurse program in World War II—we should not rely on Federal recruitment programs or training inducements to increase the supply of professional nurses.

In the case of nursing aids, there is no evidence of any general shortage of recruits. Furthermore, since nursing aids are trained on the job, without preemployment schooling, no specialized training programs or facilities are necessary. The principal requirement is nurse personnel on the hospital staff qualified in on-the-job training techniques. Through the efforts of State vocational education agencies, supplemented by instructor training programs sponsored by

national nursing organizations, very gratifying progress along these lines has been made in the last few years.

Chairman HILL. We will come back promptly at 1:45 o'clock.

Before you leave, I want to ask you about another matter, Mrs. Hobby. I know that we were all thrilled—in fact, I am sure the whole Nation was thrilled—on yesterday by the announcement of Dr. Salk's great discovery. And yet, those of us who saw the Edward Murrow TV program last night, I am sure, were somewhat disquieted. Dr. Salk, Dr. Francis, and Dr. Gregg appeared on that program. I do not know whether the Secretary had the opportunity to see it or not, but they spoke of a possible black market in the vaccine. They talked of the possibility that some selfish individuals might pay any price for vaccine, which they might not need, because of the general immunity for adults, but that by buying up this vaccine they might leave a child crippled for life.

I am sure that you and I, all of us, would agree that it would be tragic, indeed, if some 8-year-old child, we will say, was allowed to die, to go through life unnecessarily crippled because some adult had some selfish purpose and decided to build a black market. Such a black market, I believe, occurred in penicillin, in Europe, after World War II.

I have faith to believe, and I believe you share this faith, that such can be prevented, and prevented by voluntary action, but that the action must be planned and organized.

I wanted to ask you, Mrs. Hobby, as Secretary of the Department of Health, Education, and Welfare, if you would not urge the President to call a national conference of those concerned immediately, professionally, or by virtue of their special knowledge to work out a plan which will result in assurances to the parents of the children of America that so long as the supplies of the Salk vaccine are insufficient to meet the demand, that the supplies will be used fairly and justly, where they will do the most good, to take care of the largest number of children.

I believe that the American people are entitled to this assurance. I am sure that Dr. Salk would certainly be tremendously interested in such procedure.

We must not let anything happen now that would in any way besmirch or undermine the benefits of this great discovery.

Senator BENDER. I would like to commend you, Mr. Chairman, for asking that question of the Secretary. I think it is highly essential, since this commodity was developed through private efforts, that there should be some Federal regulatory matter, that we should make it as nonpolitical as possible. And certainly, the Department, I hope, will answer the Senator's question.

Chairman HILL. Let me say one further thing to my good friend from Ohio. I am delighted that he has expressed himself as he has, in speaking of a regulatory approach. I do not think that it will be a question of a regulation. I think it is a question of doing this job by voluntary action. But I do think, to get the results by voluntary action, that we must have some action, that the action must be planned and organized.

I believe that the President, at the request of the Secretary, could call a conference that would bring about such voluntary action and a

plan that would get this vaccine to the greatest number and for the greatest good.

Secretary HOBBY. I think that you have really spoken words that are in the hearts of every citizen today.

As to how the Department might work with it, let me say, as you may well know, it has had this on its conscience and will live with it. Not only the Public Health Service but every part of the Department, and every part of the Government, will work to assure that every young child gets this protection first. We are not closing the door to any problem, because we are aware of what may happen.

I would like to ask Dr. Scheele to comment to you, though you may have gotten it on the Edward Murrow program, which I am sorry to say I missed last night. The problem of supply enters into some of the problems that you have mentioned.

Dr. SCHEELE. Mr. Chairman and members of the committee, our information on supply stems primarily from some of the comments that were made in Ann Arbor by people who know about the supply. Apparently in the early days, the supply will be somewhat limited. A national conference would not increase that supply. Industry will move ahead to increase the supply, now that the green light has been given by the successful study and by the licensing by Mr. Hobby. They will begin stepping up production, and by the time we approach the peak polio season, I hope there will be enough for everyone who wants it.

On the other hand, in this matter of allocation, I do not think we are going to have any great problems, because the medical profession itself, the practicing profession, is keenly aware of this problem. Yesterday in Ann Arbor, Dr. Dwight Murray, chairman of the board of trustees of the American Medical Association, urged all physicians to recognize the short supply and the necessity, therefore, for using the material on those age groups who are most susceptible to polio, the younger age groups primarily, and pregnant women, of course, too.

And also, I understand that the producers have announced that they are distributing their supplies throughout the entire country and that they will keep it in the normal trade channels and give the appropriate quantities to all areas of the country.

I do not think that a Federal allocation program here would improve the situation. In fact, it might create more confusion than help.

At this moment our inclination is that it is not necessary.

This situation may change as we talk to more people. We may change our minds along the way, but I think that, if everyone will recognize that he must wait in some instances, that vaccine will be available later, that one does not actually need it right away in some cases, then I think that we will come out all right in this program by the time we hit summer, which becomes the critical time in polio.

Chairman HILL. Did you hear the program last night?

Dr. SCHEELE. No, sir, I did not, but I heard a full report on it.

Chairman HILL. It was a most interesting and challenging program. As I say, Dr. Salk, Dr. Francis, and Dr. Gregg, were on that program. I do not think anyone could have heard that program with these experts, these men who have given us this vaccine, without a feeling of disquietude over the thought expressed that the supply is now not sufficient.

I am sure you are right that our pharmaceutical houses will proceed to produce and step up the supply, but we do not have a sufficient supply now. And this is the middle of April. We are rapidly approaching that season of the year when the polio epidemics are so bad.

I was not thinking, as I said and I emphasized, in the sense of regulation or allocation by the Federal Government. I am a great believer that you can get voluntary action, particularly in a matter of this kind. I think that by a plan of voluntary action the country would be inspired and confidence would be fortified in the belief that the supply that we do now have at hand would be used to take care of children first, those who need it first, and who should have it first.

I am looking to voluntary action, not any allocation by Government or regulation or anything of that kind, but bringing together the representatives of the American Medical Association, representatives of the doctors, representatives of the pharmaceutical houses, and others, like Dr. Salk and Dr. Francis, and all of these others, who are concerned immediately and directly and professionally with this matter. I think that if they sat down in a room together for a few hours they might come up with a plan, and an organization that might prevent events from transpiring and actions from happening that we would sorely regret.

Secretary HOBBY. I am so glad that you say on a voluntary basis. If we were to try to put this on a regulatory basis, because of the length of time that it would take to achieve the regulatory basis it is entirely possible that many children would thereby have been denied the shots.

Mr. Chairman, I think that it might be of interest to you, if Dr. Keefer would speak to us. He handled the allocation of penicillin for this country when it was a scarce item. I think it would help if he was to comment on how he did handle it.

Dr. KEEFER. Senator Hill, the point that you have raised with respect to the possibility of the black market arising in poliomyelitis vaccine is a very good one. However, I believe that the pharmaceutical industry that is responsible for the manufacture of vaccine at the present time is doing everything possible to prevent any such problem from arising. They, of course, are expert in the problems of distribution of products. That is their business.

And with the experience that I had with the distribution of penicillin to civilians during the wartime, when it was a scarce item, and later with the distribution of streptomycin to civilians when it was a scarce item, and still later when cortisone was still a scarce item, I am convinced that the best way to handle this is to inform the public and the medical profession constantly with respect to the supply and demand and the areas in which the vaccine will be of greatest possible benefit.

The pharmaceutical industry today, and the medical societies, the American Academy of Pediatrics, and the State health departments, have already circularized the physicians throughout the country explaining the supply situation, how it will be distributed. And they are in a voluntary way doing everything possible to prevent such a contingency as you mentioned from arising.

And constant flow of information to the public from industry and from the organized efforts of the medical profession, I think will be successful in avoiding these contingencies.

Chairman HILL. I am glad you said what you did about informing the public and the medical profession. That was one of the primary thoughts in my mind in suggesting this conference. I think a conference here, called by the President of the United States, would do more to serve this cause of informing the public and the medical profession than any other step you could take. It would dramatize it. You would get attention, as Madam Secretary so well knows, having been a great publisher herself. It would attract the attention of radio and television and the public generally. It would dramatize this thing. It would bring it home. It would challenge the American people and all who have a responsibility in this matter to play their full part. It would be a magnificent thing, it seems to me.

The more I think about it, the more it challenges me—the more it appeals to me. It would be a wonderful thing.

Here is something that must be done by voluntary action. Have this conference, give this information, challenge the American people, and all those who have a direct responsibility in it, and you will get the response.

Senator BENDER. Do you not believe that because of private enterprise and private medicine, this discovery is attributed to them? What I had intended to say, in augmenting what you said, was that we do have the Pure Food and Drug Act that applies in these instances. I think whatever is necessary to do in order to protect the public, I am sure might be done through some simple statement or regulation, or something that would help in this situation.

If what you say is correct about the danger of commercializing this or making it not available to the people as is indicated by your television program—

Chairman HILL. I will say to my friend that I am a strong supporter of the Pure Food and Drug Act, but I do not think that act would in any way apply to or reach the thing that we are now considering. That goes to an entirely different thing from this matter of informing the people, and then, as a result of this information, getting that wholehearted cooperation and response which we need and which I think we must have, if we are going to insure that the vaccine supply we now have on hand will do the greatest good for the greatest number. I do not think that act would help us in this case.

Secretary HOBBY. May I say, Mr. Chairman, that it is very good to have your thought and suggestion in this cause, because I agree with you that it would dramatize it. The White House is very much aware of this problem and how best it can be publicized almost in the words you have used—not only here in the United States, but in the world.

I think it might be useful if Dr. Scheele would speak on this. He is trying to get together a group of the State and Territorial health officers. He can tell you of his concern there. Perhaps we could work in some of this other thing with the State and Territorial health officers.

Chairman HILL. May I ask this, Do you have any plan now to combat what might be a black market operation in this vaccine?

Secretary HOBBY. No, sir; we have no plan that would go into effect overnight. I have such confidence in the medical profession

that I cannot believe that in this instance a black market would develop. Maybe I am too trusting.

Chairman HILL. May I say that I share your confidence in the medical profession. I will not take time to enumerate, starting with my father, the members of my family who are in the medical profession. I have great confidence in them. But I do know this about it: if there is any one thing I have learned in my long years in public office, it is that the kind of individual reactions you get depends so much upon the system that you have. If you have the right plan, the right system, and then inspire and challenge people to follow the plan or the system, they will come forward with the best there is in them.

Secretary HOBBY. I think that is true.

Chairman HILL. If you have a system that is not properly worked out and does not appeal to the best, you do not get the best results.

Secretary HOBBY. I could not agree more with the chairman.

Dr. SCHEELE. My remarks earlier were directed at the concept of some sort of legal regulatory control which I think you, Mr. Chairman, have suggested is not necessary.

Chairman HILL. I was not thinking in terms of the Federal Government stepping in with a lot of regulations.

Dr. SCHEELE. I think you have also suggested the best technique that could possibly be followed at this stage, to get everybody on the team doing this thing in the right way. That is an educational program. And everyone representing major organizations getting back down to his group, the doctors, the pharmacists, and all, to see things in true light, and then to act accordingly. A conference of the type you suggest certainly could have great value.

Mrs. Hobby has asked me to mention to you a conference that is actually being discussed at this very moment. Well, during the time we have been here with you this morning, I asked Dr. Otis Anderson, Chief of our Bureau of State Services, to get in touch with Dr. Roy Norton, president of the Association of State and Territorial Health Officers, to discuss with him the possibilities of having a conference at a very early date, possibly as early as this week or next to which would be invited members of the medical profession, the American Medical Association, and various other groups, probably Dr. Salk, to discuss a number of technical questions which have now arisen in connection with the best plan for the utilization of the vaccine supply available. That conference could well cover this, and arrive at some concensus on the kind of statement that should go out to the American public, telling them what the situation is and how they should respond in helping to make the supply of vaccine stretch as best we can for the time being; also to alleviate any panic—I do not like to use that word—that might occur because people want to have someone immunized immediately.

We could probably explain to them that we ultimately want as many people to be immunized as possible, and that it is not absolutely necessary today or tomorrow. There is time to do this job.

Such a conference could produce that sort of preventive effect that you were describing and could help prevent problems in this field.

Chairman HILL. Do you think that the conference might well promise much?

Dr. SCHEELE. Yes, indeed, I do.

Chairman HILL. It might promise well.

I notice, Doctor, that you are shaking your head in agreement. I am delighted. [Referring to Dr. Keefer.] I believe that we are all in agreement on this.

Secretary HOBBY. We are.

Chairman HILL. We are all in agreement. I hope that we may have that conference, that the President may call it, and we may have it right away. We are in agreement.

Senator BENDER. We are.

Chairman HILL. Now, another thing, too, Doctor, occurs to me. This is such an epochal development, I imagine that many of our friends across the sea will be watching us very closely in this matter. Is that not true?

Dr. SCHEELE. That is true.

Chairman HILL. Many of them will be asking us for vaccine; is that not true?

Dr. SCHEELE. That is true. The committee will be interested to know, also, at this very moment our staff back in our building is discussing the problem of the dissemination of information overseas, as well.

Chairman HILL. I think that might well be considered by your conference, too, because, surely, that is going to be a problem for those who are immediately and directly responsible in this matter.

Dr. SCHEELE. That is correct.

It is possible, you see, that we can send detailed information on the results of the trial and also the method of manufacture, that will be very valuable to these other countries, because many of them can probably produce some of this vaccine for themselves in due time. We understand that several countries are already in production. They were merely awaiting the result of the trial in the United States before beginning to market their product abroad.

Chairman HILL. Of course, they will be tremendously interested in watching everything that we do now about the distribution and the use that we make of it. I certainly hope that we will have that conference, Mrs. Secretary.

Secretary HOBBY. Thank you.

Chairman HILL. It is now 12:30. Is it agreeable to be back at 1:45?

Secretary HOBBY. Yes, sir.

Chairman HILL. Well, then, the subcommittee will stand in recess until 1:45 o'clock.

Thank you very much, again.

Secretary HOBBY. Thank you.

(Whereupon, at 12:30 p. m., the subcommittee recessed, to reconvene at 1:45 p. m. of the same day.)

#### AFTERNOON SESSION

Chairman HILL. The committee will kindly come to order.

I may say that we are delighted to have with us this afternoon the ranking minority member of the committee, and the former distinguished chairman of the committee, Senator Smith of New Jersey. It is nice to have you here.

Senator SMITH. Thank you, Mr. Chairman.

Chairman HILL. Mrs. Hobby, would you just proceed in your own way, please, with your testimony?

**STATEMENT OF HON. OVETA CULP HOBBY, SECRETARY, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Resumed**

Secretary HOBBY. Thank you, Mr. Chairman.

I want to take this opportunity to thank the chairman and Senator Smith for your patience in letting us come back this afternoon to finish with this.

Chairman HILL. We appreciate your coming back.

Secretary HOBBY. With respect to practical nurses, however, the situation is considerably different. This difference results from a marked change in the qualifications and duties of the practical nurse that has come about in the last decade. In the past, the term "practical nurse" was commonly applied to an unlicensed group of workers—not clearly identifiable—with widely varying skills and experience. Today, largely as the result of laws enacted during the last decade, 46 States have established licensing requirements for practical nurses. These laws provide that, as of specified dates, in the near future, new licenses will be issued only to applicants who meet statutory training requirements.

The typical training program for practical nurses covers a 1-year period—including 3 months of classroom and laboratory instruction and 9 months of supervised experience with patients in a hospital. The instructional staff of the school, composed principally of professional nurses, provides both the classroom teaching and the supervision of practice in the hospital.

These recent developments in the licensure and training of practical nurses have a twofold significance from the standpoint of the supply and utilization of nursing personnel.

First, the requirement of formal preparatory training as a basis for licensure enhances the value of the practical nurse as a member of the nursing team. Her basic training qualifies her to perform many skilled nursing services which would otherwise require the time of a professional nurse. Thus, an increase in the number of trained practical nurses offers great promise in relieving total shortages of nursing personnel.

Second, the very training requirement that adds to the competence of practical nurses is also the principal factor limiting increases in the supply of this type of nonprofessional nurse. From now on, increased supply can be achieved only through expanded training programs.

It is essential, therefore, that we review the capacity and limitations of our existing practical nurse training institutions and programs.

Some 400 training schools or programs are now in operation. About two-thirds of these are operated by public vocational education agencies, in cooperation with nearby public or private hospitals. In addition, there are some 150 practical-nurse schools operated by other agencies—usually large hospitals.

Chairman HILL. I realize this might be a difficult question to answer, because it might depend a good deal on the size of the training school or the program. You speak of the 400 training schools or programs now in operation.

Have you any estimate as to how many training schools or programs we really ought to have today to meet the need? I appreciate that might depend a good deal on the size of the particular schools.

Secretary HOBBY. Mrs. Leone tells me about double.

Chairman HILL. About double, Mrs. Leone?

Mrs. LEONE. Yes.

Secretary HOBBY. The number of these schools or training programs may give a somewhat misleading impression of their total training capacity. In fact, these 400 programs combined graduated only about 7,000 students last year—an average of approximately 17 graduates per program.

These graduates are in great demand. Typically, there are 3 or 4 offers of employment for every graduate. There is a particular need for more trained practical nurses in chronic-disease hospitals and nursing homes. In view of the increasing national need for such facilities—which we discussed with your committee in connection with last year's extension of the hospital survey and construction program—this particular demand for practical nurses is a nationwide significance.

Another limitation is the fact that training programs are not available in many parts of the country. For example, 1 State has no school in operation, and 6 States have only 1 school.

This factor of distribution or location of training opportunities has a special significance in practical-nurse training. Most of the students interested in such training are mature women, usually in their thirties, with family and other community ties. As a consequence, they are not a mobile group. They will enroll for training only when it can be obtained nearby. After their training is completed they usually accept employment in their home communities—often in the hospital where they obtain their supervised experience. To assure increased enrollment and an adequate distribution of trained personnel we must therefore give particular attention to the establishment of training programs in additional communities.

To summarize, Mr. Chairman, we have focused our proposal for increasing the nursing supply on the expansion of practical nurse training programs for the following reasons:

(1) The basic training of the practical nurse makes her the key non-professional worker—the one who can do most to release professional nurses for duties requiring advanced skills.

(2) There is a general shortage of trained practical nurses.

(3) These shortages can be overcome only by expanding enrollment capacities and by establishing new training programs in communities which do not have them now.

Title III of S. 886 would establish a program designed to meet these needs for additional trained practical nurses.

#### PRINCIPAL PROVISIONS OF TITLE III

The program proposed in title III is essentially an extension—with new emphasis—of the existing Federal-State program of vocational education.

It will require little new administrative structure—either in the Federal Government or in the States. Every State now has a vocational education agency, with a staff skilled in the administration of training programs which combine preemployment instruction with

supervised experience. Almost all of these State agencies have had some experience in the training of practical nurses.

The administration of the program by a single State agency assures the widest and most equitable distribution of training funds. It also offers assurance that the training will be of high quality and will be geared to State licensure requirements for practical nurses.

Specifically, title III would authorize a 5-year program of earmarked grants to the States for projects which would extend or improve their activities in the vocational training of practical nurses.

Appropriations of \$2 million would be authorized for this purpose for the first year of the program, \$3 million for the second year, and \$4 million for each of the remaining 3 years. These grant funds would supplement any existing grant funds now being used by the States for the training of practical nurses.

Funds appropriated for such grants would be allotted among the States on the basis of their respective populations. The minimum grant to any State would be \$7,500.

For the first 2 years of the program the matching provisions of title III would require at least 1 State dollar for every 3 Federal-grant dollars. For the remaining 3 years, dollar-for-dollar matching would be required—as in the existing vocational education grant programs. These matching provisions are designed to stimulate an immediate expansion of practical nurse training programs, and yet to assure sufficient State participation to provide a basis for later consolidation of this categorical program into the general State program.

State expenditures under the program would be made in accordance with an approved State plan. Most of the State plan conditions specified in section 303 are based upon provisions relating to existing programs. The only new feature is the requirement that—

the individual supervising the functions of the State board under the plan shall be a registered nurse or shall have the consultative services of a registered professional nurse available to him \* \* \*.

The number of these plan conditions has been kept to a minimum, and their terms will permit maximum flexibility in State operations.

The program would be administered at the Federal level by the Commissioner of Education. In practice, of course, there would be close cooperation between the Office of Education and the Public Health Service—both being constituent units of the Department of Health, Education, and Welfare.

We believe that this intensive emphasis on practical nurse training for the next 5 years will result in a substantial expansion of existing training programs and in a continuing increase in the supply of trained practical nurses. According to our best estimates, it should increase the number of graduates from public vocational training programs from the present level of 5,000 per year to approximately 15,000 per year by the end of the 5-year period. By that time, we believe that practical nurse training will be so well established and developed in all States that categorical aid may no longer be required.

I should now like to ask Mr. James H. Pearson—Director of the Division of Vocational Education in the Office of Education—to present some additional charts relating to the training and employment of practical nurses and showing how title III would help meet current shortages.

Chairman HILL. We will be glad to have you, Mr. Pearson, present these charts.

Mr. PEARSON. Mr. Chairman and members of the committee, this chart, Practical Nurse Training, Proposal Title III, shows first the "Purpose: To extend and improve practical nurse training." That is now operated by State boards for vocational education.

And the method to be used is making grants to States on a matching basis, with 75 percent of the cost to be paid from Federal funds the first 2 years, and then dollar-for-dollar matching basis on the next 2 years, as provided in the bill.

Also, it is proposed that there will be a grant of \$2 million the first year, \$3 million the second year, \$4 million for each of the following 3 years.

In setting \$2 million for the first year, it was assumed that is about the amount that the States would be in a position to use effectively and efficiently. We had the feeling that if they had a larger amount the first year that the States might not be in a position to match that money and there might be a very rapid growth the first year, rather than a gradual development over a period of years. And this change from \$2 million, \$3 million, and \$4 million gives the States an opportunity to make a survey of the needs in their State, and where the program could be operated to be most effective.

(The chart referred to, entitled "Practical Nurse Training," appears in the prepared statement at p. 44.)

Mr. PEARSON. This chart, entitled "Practical Nurse Employment," shows where the practical nurses are employed.

(The chart referred to appears in the prepared statement at p. 44.)

Mr. PEARSON. About 60 percent are employed in general hospitals. They are usually employed in the hospitals where they are trained. About 10 percent of them are employed in the homes. About 6 percent, represented by this group, are employed in chronic hospitals and nursing homes.

The remaining 24 percent are employed in doctors' offices, industrial plants, and other establishments.

This clearly shows that the practical nurse graduate actually serves in the occupation for which they are trained and where there is a demand for their services.

The next chart is entitled "Vocational Education Programs."

(The chart referred to appears in the prepared statement at p. 45.)

Mr. PEARSON. We have the vocational education program in existence in this country. This program was developed as a result of the Smith-Hughes Act of 1917, and the George-Barden Act of 1946.

These programs were developed to serve to train for positions in the fields of agriculture, distributive occupations, home economics, and trades and industry.

These programs are developed in these fields to meet the needs of persons who are going into those occupational fields.

Also, these programs meet the needs of the occupations requiring people with specialized training.

Recognizing a need of both the occupations and the needs for people with specialized training about 10 years ago practical nurse training was developed as a part of the trades and industrial education program. During the past 10 years much know-how with respect to the

administration of the program, the supervision, teacher training, and actual instruction, both in the hospital and in the classroom, have been developed.

You will see that there were only, in 1954, out of the 3 million persons enrolled in these vocational education programs, about 5,500 practical nurse graduates. One of the reasons was because this program, which was relatively new, had to meet the competition of trades and industrial education, which had been established over a long period of years, and therefore only with this small number of the trades and industrial fund was used for practical nurse training.

Chairman HILL. When did that practical nurse training terminate?

Mr. PEARSON. It started really about 10 years ago.

Chairman HILL. It is dwindling; would you say?

Mr. PEARSON. It is increasing each year.

Chairman HILL. The practical nurse training is increasing?

Secretary HOBBY. But there still is not enough emphasis on it.

Chairman HILL. Not enough emphasis on it?

Mr. PEARSON. There has been a gradual increase in that.

Chairman HILL. It has been stepped up through the 10-year period; has it?

Mr. PEARSON. Yes. We will show a gradual increase in enrollment each year over this 10-year period.

Our next chart is entitled "Community Gets a Practical Nurse Program."

(The chart referred to appears in the prepared statement at p. 46.)

Mr. PEARSON. Here are people in the community who decide that they should have a practical nurse training program to meet their needs. They make this known to the local board of education.

The local board of education makes an application for a program to the State board of vocational education.

The State board of vocational education is responsible for the regular vocational education program in the State.

The State has submitted a state plan for practical nurse training to the Office of Education, and that plan has been approved.

Then the Office of Education sends to the State board for vocational education its allotment of money for practical nurse training.

The community operates the practical nurse training program, using the facilities of the schools and the hospital.

Then these persons are trained as practical nurses, and they go into the community for employment in the field for which training was provided.

The next chart is entitled "Goal of 5-Year Program."

(The chart referred to appears in the prepared statement at p. 46.)

Mr. PEARSON. Goals have been set for the 5-year program provided in this bill.

Last year there were 5,500 graduates in practical nurse training. It is anticipated that at the end of the 5-year period there will be at least 9,500 additional graduates. This will give us at the end of the 5-year period an estimated 15,000 practical nurses graduating from these training programs each year, or by the end of 1961.

Chairman HILL. The acquisition of the 15,000 is dependent upon the present legislation; is it not? That is, the passage of this legislation?

Mr. PEARSON. I think it would.

Chairman HILL. That is your best judgment; in other words, you do not think we would get that number or would hardly hope to get that number under the program as we have it today? Experience would not justify any such optimism; would it?

Mr. PEARSON. No; because the thing that is holding back the program is the lack of funds for the development of the program.

Chairman HILL. Thank you, Mr. Pearson.

You may proceed.

Secretary HOBBY. This completes our presentation of the objectives and provisions of title III, Mr. Chairman. Before concluding this statement, however, I should like to mention very briefly two related proposals which round out our program for Federal participation in the alleviation of nursing shortages.

Earlier in this statement I pointed out the need for a twofold approach: (1) Increasing the supply of nursing personnel, and (2) utilizing the available supply more effectively. Title III is aimed at increasing the supply. The two related proposals are directed primarily toward better utilization.

The first proposal, which requires no additional legislative authorization, is for an intensive program of Federal aid and participation in the development of improved methods for the utilization of available nursing skills. Our proposed budget for 1956 includes additional funds: (1) For studies and technical services by the nursing resources staff of the Public Health Service, and (2) for research grants and fellowships to stimulate nurse utilization studies and demonstrations by non-Federal organizations and individuals. We believe that this investment of Federal dollars in the development of improved administrative techniques will pay substantial dividends in the utilization of available nursing personnel.

The second proposal, embodied in title IV of S. 866, would authorize Federal traineeships to permit more professional nurses to take advanced training for supervisory, administrative, and teaching positions. The real key to more effective utilization lies in better supervision and administration. The value of specialized training for such positions is becoming increasingly recognized. A number of schools are now offering programs directed toward this end.

The principal obstacle to increasing the number of graduates of such programs is that comparatively few professional nurses can afford to leave their jobs for a year of full-time advance training. The traineeships authorized in title IV will therefore contribute substantially to increasing the number of nurses prepared for key administrative and training positions.

In summary, Mr. Chairman, we are faced with a serious imbalance between nurse supply and demand. There is no simple or easy solution to this problem. We believe, however, that the Federal Government can make an effective contribution (1) through special grants to extend training opportunities for practical nurses; (2) through the development of improved utilization methods; and (3) through traineeships to increase the supply of administrative and supervisory personnel. We therefore recommend enactment of title III of S. 886 and early consideration by your committee of the related provisions of title IV.

Chairman HILL. With reference to title IV, do you not have the authority under the law, Mrs. Hobby?

Secretary HOBBY. We have the authority now, Senator Hill, as I remember—and I will ask Dr. Scheele to correct me if I am wrong—for the traineeships, but not for the training of administrative professional nurses in these key jobs. Is that correct?

Dr. SCHEELE. Yes, we have some traineeships but not for nurses in these fields.

Chairman HILL. What is that?

Dr. SCHEELE. Nursing is not a category that we now have authority for. We have authority for cancer and heart, and other fields in which an institute has been established. We can train nurses in those fields, but we could not train nurses in the fields that we mention here, nursing supervision and teaching.

Chairman HILL. You have no authority for the practical nurse?

Dr. SCHEELE. We have no authority for that either.

Chairman HILL. Or for what we term the graduate nurse?

Dr. SCHEELE. No.

Chairman HILL. Are there any questions?

Senator BENDER. I would like to ask a question.

Secretary Hobby, I notice that S. 929 includes both practical nurses and other auxiliary hospital personnel, while title III is limited to practical nurses. Does this mean that your Department is opposed to Federal aid for the training of other hospital personnel, or simply that you do not believe there is a comparable need for Federal assistance in the training of these other types of workers?

Secretary HOBBY. Senator Bender, we are not opposed in principle to Federal assistance for training other personnel.

As I recall these provisions—and I think I recall them adequately—the training of nursing aides does not lend itself to the vocational education program.

The training of practical nurses through this device or mechanism is really, as we brought out earlier, an extension, one which the States are now geared to do. I will be glad to have any of my colleagues comment on the technicalities of it, but I believe that you would find a very great administrative difficulty in trying to provide Federal aid for the training of most auxiliary hospital personnel. I would question the need for Federal aid where it is training on the job.

There is a distinction, as I hope I made clear this morning, between the training on the job and the year's training of a practical nurse, of 3 months in the classroom and laboratory, and 9 months in a hospital.

I believe our facts are correct when we say that the greatest shortage of nurses is in the practical nurse field.

Mr. Chairman, I do not want to make a categorical statement here, unless some of my colleagues could support it, but if you will notice from the charts here, we have 150,000 nursing aides, attendants, and orderlies, and 41,000 practical nurses.

Senator Hill brought out when he asked Mrs. Leone the question as to this, that this 150,000 is not all of the nursing aides. That does not include the voluntary nursing aides, such as the Red Cross, in many communities, and many other organizations.

So we do not know the real figure. I suppose you could take the Red Cross nurse aides in hospitals across the country, and add them to this, but then you would not get a complete picture because there are women's organizations, as you know, throughout the country that do nursing aide work.

So I would say that the basic difference between the approach in title III and the approach in Senator Hill's bill is that we believe that the practical nurse training is a ready-made picture for the Federal program.

Senator BENDER. Another question that I would like to ask Secretary Hobby. I notice that S. 929, the practical nurses bill, would not require any State matching funds at all for the first 2 years, that is, no State is required to match funds for 2 years.

Do you believe that 100 percent Federal aid is necessary or appropriate to stimulate practical nurse training; in other words, why should the States not participate financially in the first 2 years?

Secretary HOBBY. Well, as a general proposition I do believe in Federal-State matching.

I think, too, there is something involved here that is quite important. I know I do not need to point it out to this committee, because all of you know it so much more accurately than I, but in watching, as I have over the past 2½ years, what happens in Federal matching with States' funds, you watch the Federal program begin and then over a period of time the States pick it up. And in our assistance to States generally, I think you will remember, Senator Hill, in the appropriations last year, on the bars—how the States overmatch us now, I believe, in every category. Is that not true, Dr. Scheele?

Dr. SCHEELE. Yes.

Secretary HOBBY. One of the things that I would consider essential here is that the States get in on this program as soon as they can and develop it as their own.

This, as you know, is for a 5-year plan.

Then I think this committee should review the effectiveness of this program and weigh what I call the leadership of the Federal dollar and see if it really has stimulated the expansion of nurse training programs. That is an essential difference, I would say.

Senator BENDER. Regarding the 5-year period, as I understand title III of S. 886, which is known as the administration bill, I believe—I think that is correct?

Secretary HOBBY. That is correct.

Senator BENDER. Authorizes categorical grant for a 5-year period only. A similar title, No. VI, contains a 5-year limitation on the categorical grants for mental health purposes.

As I understand it, this reflects the general policy that any categorical grant should provide for a periodic review to determine whether it should be continued on a categorical basis.

Is my appraisal of that correct?

Secretary HOBBY. Well, yes, if I might add one statement to it, Senator Bender. There is no doubt in my mind, and I believe it is the experience and the history of categorical grants that they place emphasis, stimulate action among the States. And so I am sure that is the best way to get a program started. I feel that the Congress should always review these things and see at what point the Congress could give greater flexibility in the operation of the State programs. That is the reason for the 5-year term here, whether it is 5 years or 4 years or 7 years. I think that it is the principle of reviewing a categorical grant which is always a sound one.

Senator BENDER. One last question. The State plan conditions specified in section 202, Senator Hill's bill, appear to be much more numerous and detailed than the comparable provisions of title III of S. 886.

Do you believe this more detailed enumeration is necessary or desirable?

Secretary HOBBY. Well, I believe that the provisions in Senator Hill's bill—I rely on the Senator to correct me if I am in error—were based on the vocational education bills that Mr. Pearson referred to, the Smith-Hughes Act, which I think was in 1917, and the George-Barden Act.

Chairman HILL. There have been several amendments to the Smith-Hughes basic act.

Secretary HOBBY. Yes. And that does call for a more cumbersome State plan than the one we propose.

Chairman HILL. It would be more detailed, would it not?

Secretary HOBBY. Yes.

(Discussion off the record.)

Chairman HILL. Mrs. Hobby, I want to go back for one instant to S. 849. You heard Senator Bridges' testimony this morning?

Secretary HOBBY. Yes, sir.

Chairman HILL. That is the research facilities bill.

Do you not feel there is a need for grants for research facilities?

Secretary HOBBY. Senator, as you know, we have reported on S. 849. I think I can read our general conclusion to you more expertly than I can tell it to you, and certainly in fewer words.

The question that we raised on the authorization of \$30 million for research construction said that in the light of all the relative priorities of need in the health field in general, and in the field of medical research in particular, we are unable to concur in the implication of S. 849 that annual appropriations of \$30 million for construction grants alone are necessarily justifiable for the next 3 fiscal years.

May I just go back and highlight the report in the areas that we commented favorably upon and in the areas that we commented adversely upon?

One, the consolidation of the existing categorical authorizations for research grants, which was a favorable comment.

Two, on the creation of a single national council on medical research to review grant applications. This is very sound, indeed, in our opinion.

Chairman HILL. You approve of that, as you did the former?

Secretary HOBBY. Yes. And the addition of some statutory requirement that the Federal-grant funds be matched by some non-Federal funds.

Now the areas in which we commented adversely, Senator Hill, were (a) the regional geographical allocation provision dividing the country into four statutory regions; (b) the mandatory, rather than the discretionary phraseology of the Surgeon General's authority to make grants; and (c) the one that I have just read to you which we would have to say in the light of all of the knowledge that we could not say that necessarily the \$30 million was justified for research grants.

Chairman HILL. Do you feel that some aid is justified even if it not be in the amount of \$30 million a year for the next 3 years?

Secretary HOBBY. Senator Hill, I certainly would not comment on the \$30 million because, as you well remember, the detailed report we sent to you I think both last year and this year, research organizations, universities and otherwise were called upon to say what they needed. Of course, the figure, as you recall very well, was a figure far in excess of the \$30 million that is in this bill.

Chairman HILL. I think you have applications on file now, do you not, for at least \$150 million?

Secretary HOBBY. I do not know whether we have that many applications.

Chairman HILL. At least \$150 million.

Secretary HOBBY. It was the result of a survey, as I recall, Senator Hill. It was \$150 million or \$155 million. Whether they are applicants, I do not know. I would have to ask Dr. Scheele.

Dr. SCHEELE. They are mostly indications that they would like to build and could use this amount of money. There are some in the form of applications. I do not know the breakdown between the two types.

Chairman HILL. If the opportunity were given they would be asking for these funds.

We had some very, very interesting testimony here a couple of weeks ago. We had, I think, some of the outstanding research men in cancer and mental health and heart and multiple sclerosis; in fact, we held some of our hearings out at the National Institute of Health. Surely, those men who are in this work, devoting their lives to it, made very compelling cases for the need, not only for funds such as they are getting today which we might call the maintenance and operation funds, but also for the need for some aid for physical facilities. They give some very graphic and challenging illustrations of particular instances where there was very great need today.

Secretary HOBBY. I am sure that you had competent witnesses. In commenting upon this bill, we tried to comment as objectively as we could. I would not say to you or to anyone—I do not think anyone around this table would—that more money could not be used for research construction. It gets always to be a problem of where you put it. And my sympathy goes out to the Appropriations Committee this year as to how you allocate it.

Chairman HILL. Speaking of the Appropriations Committee, I happen to be a member, as you know. After all, you make the authorization and then the Appropriations Committee determines each year and the particular facts and circumstances of the year as to what the appropriations shall be. Is that not true?

Secretary HOBBY. Yes, sir. I never quite understood. Maybe this is a good time for me to find out. Is the authorization always a target, a limit, Senator? And then each year you come back with what the Appropriations Committee allocates for that year? Is that the ceiling or below?

Chairman HILL. The authorization would be a ceiling, insofar as the Appropriations Committee is concerned. That is, they could not make an appropriation larger than the authorization. If they did, such an appropriation would be subject to a point of order, and if the point of order was made the entire appropriation would go out of the bill. But anywhere under this ceiling the Appropriations Committee has the authority to bring in an item. The thing that I am tre-

mendously interested in is the testimony before this committee by so many of these outstanding men and women that shows there is the need for some aid for physical facilities for research.

Secretary HOBBY. Mr. Chairman, may I ask both of you and of the Surgeon General a question?

It was our belief, and I believe that we said that the bill added little to the authority that the Surgeon General already has to make grants. Is that true?

Dr. SCHEELE. That is correct. We do have authority in the present statute to make grants for construction. As the committee knows, we did make such grants over a 2-year period for cancer and heart-research facilities. So we could make grants now if we had funds to make them with.

Chairman HILL. You could make the grants now?

Dr. SCHEELE. That is right. There are some differences, however, in the approach in this bill and in our present authority.

Our present authority would authorize appropriations on a categorical basis—cancer, heart, and other diseases in other words, to the disease categories. In your proposal this is lumped so that it is for facilities for health research into the crippling and killing diseases.

Chairman HILL. And carries such provisions as matching?

Dr. SCHEELE. We do not have matching now.

Secretary HOBBY. The law does not now require matching.

Dr. SCHEELE. S. 849 limits the authority of the Surgeon General to make a final decision in that it places the final determination in the Council. It limits the Surgeon General.

Chairman HILL. I notice that Mr. Perkins is looking at his watch.

You advised us this morning that you had a very important engagement this afternoon.

Secretary HOBBY. I could not be sorrier.

Chairman HILL. We are sorry, too. Let me ask just one other question.

Do you not think that the environment, atmosphere and physical facilities in which a man works contribute a lot, particularly from the standpoint of bringing young men into this research work? As we know, there is mighty little compensation in research work.

Secretary HOBBY. I would just to have to say, as a generalized statement, that I think that physical environment contributes greatly to recruiting any person to any profession.

Chairman HILL. That would apply to research as well as anything else, is that right and correct?

Secretary HOBBY. Yes.

Chairman HILL. Are there any further questions? That is, questions of a special nature.

Senator BENDER. I have a couple of special questions.

Is it not a fact that section 433 (a) gives you authority for construction in addition to cancer and heart, without any additional authorization?

Dr. SCHEELE. Yes, sir; that is correct.

Senator BENDER. And merely to reemphasize your testimony. Section 405 of the Public Health Service Act states that appropriations to carry out the purposes of title IV of the Public Health Service Act, the National Cancer Institute title shall be available for the acquisi-

tion of land or the erection of buildings only if so specified. It seems to me that that language is specific authority for construction grants for cancer research purposes, provided that the relating appropriations act making funds available specifically states that they may be used for the acquisition of land for the erection of buildings. Is that a correct impression?

Dr. SCHEELE. Yes, sir; that is correct. As a matter of fact, you recall to my mind, as you read that, the fact that our present authority also includes the giving of grants for the acquisition of land, whereas the new proposal does not include land.

Chairman HILL. We deeply appreciate your being with us.

Secretary HOBBY. I appreciate this very much. Thank you.

Chairman HILL. Dr. Scheele, I want to ask one other question. I was not sure that I got your answer. The bill that we are now considering provides for the matching of these funds and provides other provisions that you do not now have in the law, is that not true?

Dr. SCHEELE. That is correct.

Chairman HILL. In other words, what you really have in the law now, as I recall, is just one phrase, put in parentheses?

Dr. SCHEELE. Yes.

Chairman HILL. Whereas in line with the thinking of the Senate Appropriations Committee, the bill that we are now considering spells out these procedures and provides for matching and things of that kind, is that not true?

Dr. SCHEELE. Yes, sir; that is true.

(The statement of the Department of Health, Education, and Welfare in its entirety follows:)

STATEMENT BY OVETA CULP HOBBY, SECRETARY OF HEALTH, EDUCATION, AND WELFARE, IN SUPPORT OF TITLE III OF S. 886

Mr. Chairman and members of the committee, the two practical nurse training proposals under consideration by your committee today, S. 929 and title III of S. 886, are similar in their objectives and approach. They differ, however, in a number of particulars.

Our prepared statement is confined to the objectives and provisions of title III of S. 886, which embodies one of the President's recommendations for legislation to alleviate shortages of health personnel. We will, however, indicate briefly the relationship between this proposal and a related nurse training proposal contained in title IV of the bill.

Our report on S. 929, which has already been submitted to your committee, summarizes the views of our Department on this alternative proposal.

INCREASING DEMAND FOR NURSING SERVICES

The need for more nursing personnel is serious. Shortages of hospital staff nurses are particularly acute. In a recent survey covering two-thirds of the Nation's 7,000 hospitals, the American Hospital Association found there were 23,000 vacancies for professional staff nurses. In addition, there are shortages of nursing personnel in clinics, doctors' offices, industrial plants, and public health agencies.

The present imbalance between supply and demand is due primarily to the remarkable increases in demands for nursing services that have developed during the last two decades. There are three principal factors responsible for this increasing demand.

The first is the changes that are taking place in the size and composition of our population. Our total population is increasing at an accelerated rate. This in itself increases the demand for nursing services. Furthermore, the acceleration in birth rates and the increasing proportion of persons in the older age groups have enlarged the two groups with the greatest need for nursing care—the very young and the aged.

Second, all groups in the population are making increased demands on the services of hospitals and other health facilities. This is due partly to the growth and extension of these facilities and partly to increased utilization by our people of the skills and facilities of modern medicine.

The third factor affecting the demand for nursing services is the spectacular advance in medical knowledge. As such knowledge expands and new therapeutic techniques are developed, the responsibilities of both the doctor and the nurse become more complex. The nurse is now a far more important member of the medical team than she ever was before. As a result of these developments, more nursing services are required per patient.

All these factors affecting demand represent continuing trends. There is every reason to believe that these trends will be accelerated in the future.

#### SUPPLY OF NURSING PERSONNEL

While some progress is being made, the supply of nursing personnel has not kept pace with the rapid growth in demand for nursing services.

Our supply of nursing personnel is composed of two general categories: first, professional nurses and, second, nonprofessional nursing personnel—which includes both practical nurses and nursing aides.

Professional nurses, who are also known as registered nurses, constitute the central core of skilled nursing personnel. Their professional preparation consists of at least 3 years of training, including both academic studies and practice in a hospital. They are the staff nurses in hospitals, clinics, and public health agencies. They are also the principal providers of private nursing care—both in the hospital and in private homes. From their ranks are selected the supervisors and administrators of nursing services, as well as the instructional staffs of nursing schools.

At the present time there are about 390,000 professional nurses active in all fields. The total number of active professional nurses is greater today than it ever has been, and the number of graduates from nursing schools is steadily increasing. These increases, however, are barely keeping pace with population growth; they are not adequate to meet the growing per capita demand for nursing services.

Practical nurses are the most highly skilled group in the nonprofessional nurse category. Their training now generally covers a year of preparatory schooling and experience. They can therefore relieve hospital staff nurses of many duties. They are also employed to care for patients in chronic disease hospitals, in nursing homes, and in private homes when the patient's condition does not require professional nursing skills.

There are now more than 100,000 licensed practical nurses, and their number has been steadily increasing. Several factors, however, limit the increase in supply of this type of nonprofessional nursing personnel. I shall discuss these factors in some detail later in my statement.

Nursing aides are usually recruited directly into hospital service without preparatory training. They receive brief training on the job by the professional nursing staff. Because of their limited training they are usually employed only in hospitals and nursing homes where adequate supervision can be provided.

The total number of nursing aides has increased greatly in recent years. About 260,000 are now employed in hospitals. This is the only category of nursing personnel in which the supply appears to be reasonably adequate.

I should now like to ask Mrs. Lucile Leone, Chief Nurse Officer of the Public Health Service, to illustrate some of these points relating to supply and demand in nursing services.

Mrs. Leone.

#### *First chart: Nursing personnel in general hospitals, 1954*

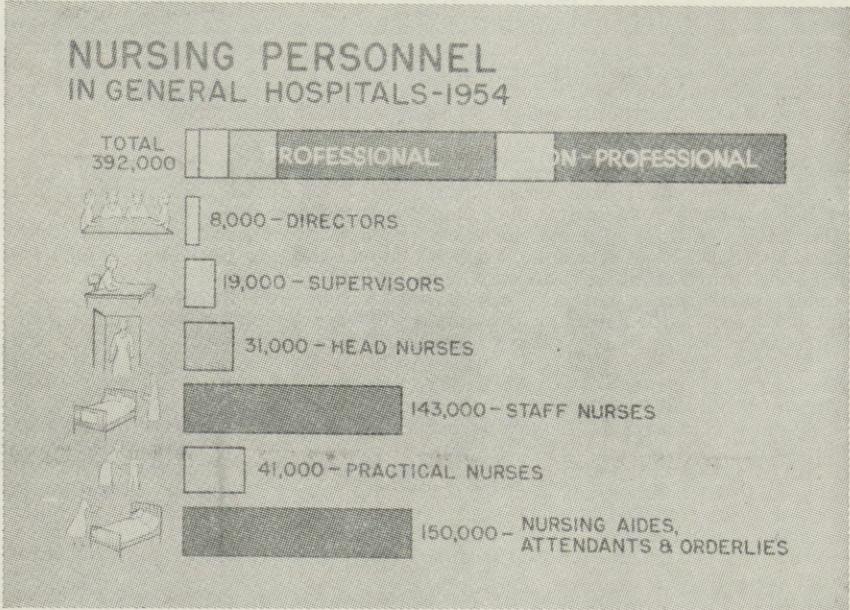
This chart shows one large portion of the Nation's nursing personnel—those employed in our 5,000 general hospitals and their distribution among types of jobs. It does not include nursing personnel in chronic disease hospitals, nursing homes, and other fields of employment.

There are 392,000 nursing personnel in general hospitals—201,000 professional nurses and 191,000 nonprofessional nursing personnel.

The professional nurses are in four kinds of jobs: 8,000 are administrators of the entire nursing service in a hospital; 19,000 are supervisors in charge of nursing service in one department of a hospital—the surgical department, the obstetrics department, etc.; 31,000 are head nurses in charge of one ward of a

hospital with from 20 to 50 patients; 143,000 are staff nurses who care for patients on those wards.

The 191,000 nonprofessional nursing personnel are divided into 41,000 practical nurses who assist the professional staff in the care of patients and 150,000 nursing aides who perform simpler tasks.



*Second chart: Demand for nursing services has doubled*

The second chart explains some of the reasons for growth in demands for nursing services.

In 1930, 6,321,861 people were admitted to general hospitals. This amounted to 5 per each 100 of our population.

In 1954, 18,692,812 people, or 11 per 100 population, were admitted to general hospitals. This does not mean that more people were sick last year but that more people used health facilities.

In 1954, the average patient stayed in the hospital for a shorter average period of time than in 1930. This fact in itself means increased demand for service, since most patients remained in the hospital only for the acute phases of their illness, and were quickly followed by others who were acutely ill.

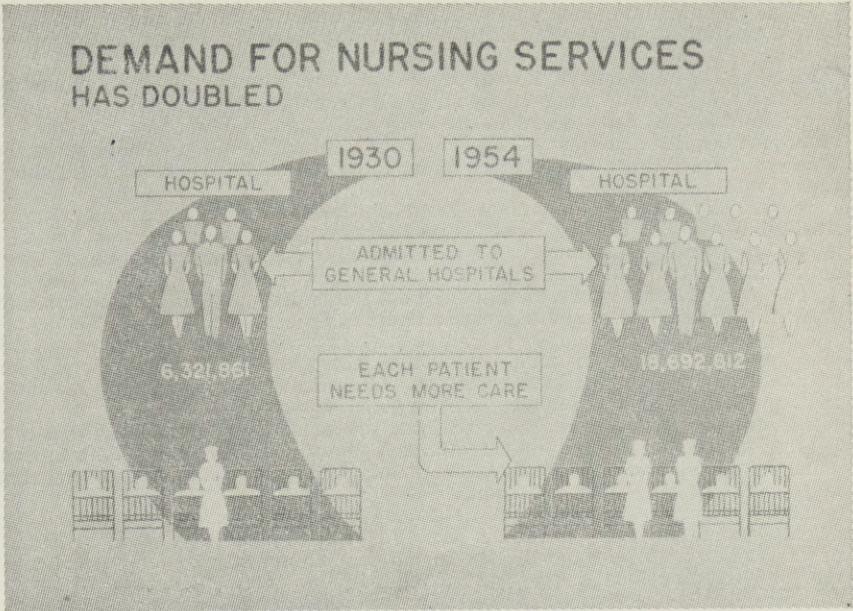
In 1930, medical and health practices required 1 professional nurse for each 6 patients; in 1954, 2 for each 6. Actually, more than 2 nurses were needed for these 6 patients, but their positions were vacant. The advance in medical science has increased the per capita demand for nursing service.

Three factors then increase demands: the growing population, the increased utilization of hospitals and other health facilities, and the advance in medical and therapeutic techniques which require more nurses per patient.

In view of existing shortages and of increasing demands for nursing services, it is apparent that action is needed along two general lines: First, we must increase the total number of nursing personnel; second, we must utilize all available nursing personnel more effectively.

#### APPROACHES TO INCREASING THE NURSE SUPPLY

Title III is directed toward increasing the supply of nursing personnel through the training of additional practical nurses. We believe that this approach offers the greatest promise of immediate and long-term results. We also believe it is the approach through which the Federal Government can most effectively participate.



We are aware of the related need for maintaining and expanding our present supply of professional nurses and nursing aides. We do not believe, however, that Federal assistance can be as productive in the recruitment or training of these two categories of nursing personnel.

In the case of professional nurses, it is doubtful whether Federal assistance could add significantly to the energetic recruitment campaigns now being conducted by nursing and hospital associations. Enrollment figures for professional nursing schools indicate that the proportion of high-school graduates interested in nursing as a career has not varied significantly in the last decade. Therefore, except for recruitment programs for special emergency needs—such as the cadet nurse program in World War II—we should not rely on Federal recruitment programs or training inducements to increase the supply of professional nurses.

In the case of nursing aides, there is no evidence of any general shortage of recruits. Furthermore, since nursing aides are trained on the job, without pre-employment schooling, no specialized training programs or facilities are necessary. The principal requirement is nurse personnel on the hospital staff qualified in on-the-job training techniques. Through the efforts of State vocational education agencies, supplemented by instructor training programs sponsored by national nursing organizations, very gratifying progress along these lines has been made in the last few years.

#### THE TRAINING OF PRACTICAL NURSES

With respect to practical nurses, however, the situation is considerably different. This difference results from a marked change in the qualifications and duties of the practical nurse that has come about in the last decade. In the past, the term "practical nurse" was commonly applied to an unlicensed group of workers—not clearly identifiable—with widely varying skills and experience. Today, largely as the result of laws enacted during the last decade, 46 States have established licensing requirements for practical nurses. These laws provide that, as of specified dates in the near future, new licenses will be issued only to applicants who meet statutory training requirements.

The typical training program for practical nurses covers a 1-year period—including 3 months of classroom and laboratory instruction and 9 months of supervised experience with patients in a hospital. The instructional staff of the school, composed principally of professional nurses, provides both the classroom teaching and the supervision of practice in the hospital.

These recent developments in the licensure and training of practical nurses have a twofold significance from the standpoint of the supply and utilization of nursing personnel.

First, the requirement of formal preparatory training as a basis for licensure enhances the value of the practical nurse as a member of the nursing team. Her basic training qualifies her to perform many skilled nursing services which would otherwise require the time of a professional nurse. Thus, an increase in the number of trained practical nurses offers great promise in relieving total shortages of nursing personnel.

Second, the very training requirement that adds to the competence of practical nurses is also the principal factor limiting increases in the supply of this type of nonprofessional nurse. From now on, increased supply can be achieved only through expanded training programs.

It is essential, therefore, that we review the capacity and limitations of our existing practical nurse training institutions and programs.

Some 400 training schools or programs are now in operation. About two-thirds of these are operated by public vocational education agencies, in cooperation with nearby public or private hospitals. In addition, there are some 150 practical nurse schools operated by other agencies—usually large hospitals.

The number of these schools or training programs may give a somewhat misleading impression of their total training capacity. In fact, these 400 programs combined graduated only about 7,000 students last year—an average of approximately 17 graduates per program.

These graduates are in great demand. Typically, there are 3 or 4 offers of employment for every graduate. There is a particular need for more trained practical nurses in chronic disease hospitals and nursing homes. In view of the increasing national need for such facilities—which we discussed with your committee in connection with last year's extension of the hospital survey and construction program—this particular demand for practical nurses is of nationwide significance.

Another limitation is the fact that training programs are not available in many parts of the country. For example, 1 State has no schools in operation, and 6 States have only 1 school.

This factor of distribution or location of training opportunities has a special significance in practical nurse training. Most of the students interested in such training are mature women, usually in their thirties, with family and other community ties. As a consequence, they are not a mobile group. They will enroll for training only when it can be obtained nearby. After their training is completed they usually accept employment in their home communities—often in the hospital where they obtain their supervised experience. To assure increased enrollment and an adequate distribution of trained personnel we must therefore give particular attention to the establishment of training programs in additional communities.

To summarize, Mr. Chairman, we have focused our proposal for increasing the nursing supply on the expansion of practical nurse training programs for the following reasons:

- (1) The basic training of the practical nurse makes her the key nonprofessional worker—the one who can do most to release professional nurses for duties requiring advanced skills.
- (2) There is a general shortage of trained practical nurses.
- (3) These shortages can be overcome only by expanding enrollment capacities and by establishing new training programs in communities which do not have them now.

Title III of S. 886 would establish a program designed to meet these needs for additional trained practical nurses.

#### PRINCIPAL PROVISIONS OF TITLE III

The program proposed in title III is essentially an extension—with new emphasis—of the existing Federal-State program of vocational education.

It will require little new administrative structure, either in the Federal Government or in the States. Every State now has a vocational education agency with a staff skilled in the administration of training programs which combine preemployment instruction with supervised experience. Almost all of these State agencies have had some experience in the training of practical nurses.

The administration of the program by a single State agency assures the widest and most equitable distribution of training funds. It also offers assurance that the training will be of high quality and will be geared to State licensure requirements for practical nurses.

Specifically, title III would authorize a 5-year program of earmarked grants to the States for projects which would extend or improve their activities in the vocational training of practical nurses.

Appropriations of \$2 million would be authorized for this purpose for the first year of the program, \$3 million for the second year, and \$4 million for each of the remaining 3 years. These grant funds would supplement any existing grant funds now being used by the States for the training of practical nurses.

Funds appropriated for such grants would be allotted among the States on the basis of their respective populations. The minimum grant to any State would be \$7,500.

For the first 2 years of the program the matching provisions of title III would require at least 1 State dollar for every 3 Federal-grant dollars. For the remaining 3 years, dollar-for-dollar matching would be required—as in the existing vocational education grant programs. These matching provisions are designed to stimulate an immediate expansion of practical nurse training programs, and yet to assure sufficient State participation to provide a basis for later consolidation of this categorical program into the general State program.

State expenditures under the program would be made in accordance with an approved State plan. Most of the State plan conditions specified in section 303 are based upon provisions relating to existing programs. The only new feature is the requirement that "the individual supervising the functions of the State board under the plan shall be a registered nurse or shall have the consultative services of a registered professional nurse available to him \* \* \*" The number of these plan conditions has been kept to a minimum, and their terms will permit maximum flexibility in State operations.

The program would be administered at the Federal level by the Commissioner of Education. In practice, of course, there would be close cooperation between the Office of Education and the Public Health Service—both being constituent units of the Department of Health, Education, and Welfare.

We believe that this intensive emphasis on practical nurse training for the next 5 years will result in a substantial expansion of existing training programs and in a continuing increase in the supply of trained practical nurses. According to our best estimates, it should increase the number of graduates from public vocational training programs from the present level of 5,000 per year to approximately 15,000 per year by the end of the 5-year period. By that time, we believe that practical nurse training will be so well established and developed in all States that categorical aid may no longer be required.

I should now like to ask Mr. James H. Pearson, Director of the Division of Vocational Education in the Office of Education, to present some additional charts relating to the training and employment of practical nurses and showing how title III would help meet current shortages.

Mr. Pearson.

#### *Third chart: Practical nurse training proposal*

This chart summarizes the major provisions of title III of the proposed bill. The purpose is to extend and improve the practical nurse training program as developed on a limited basis by State boards for vocational education.

The bill proposes to make grants to the States on a matching basis, providing for 75 percent of the costs to be paid from Federal funds the first 2 years, and dollar for dollar matching the next 3. The bill proposes an appropriation of \$2 million the first year, \$3 million the second year, and \$4 million for the next 3 successive years. This program would be operated in accord with the established pattern in vocational education.

## PRACTICAL NURSE TRAINING PROPOSAL (TITLE III)

**PURPOSE:** To extend and improve practical nurse training

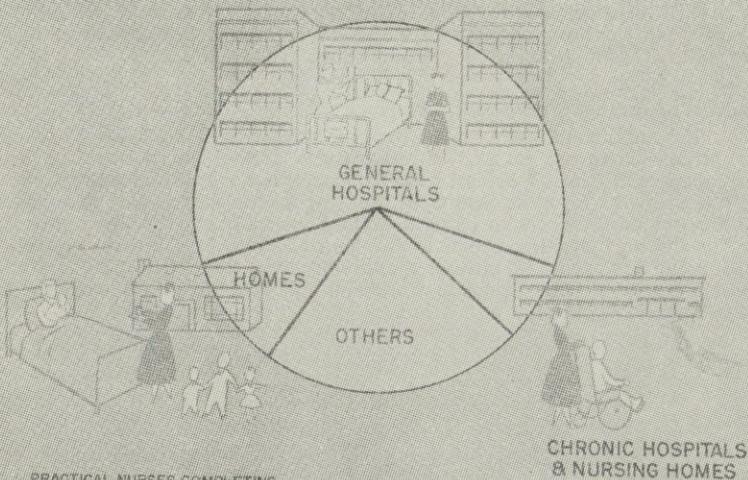
**METHOD:** Grants to states on a matching basis

**FEDERAL FUNDS:** \$2 - \$4 million per year

### *Fourth chart: Practical nurse employment*

Practical nurses are employed in the occupational field for which specialized training was provided. Sixty percent of the practical nurses trained in the vocational education program are employed in general hospitals, usually where they were trained; 10 percent are employed in homes; 6 percent are employed in chronic hospitals and nursing homes; 24 percent are employed in other places, for example, in doctors' offices, industrial plants, and other establishments.

## PRACTICAL NURSE EMPLOYMENT\*



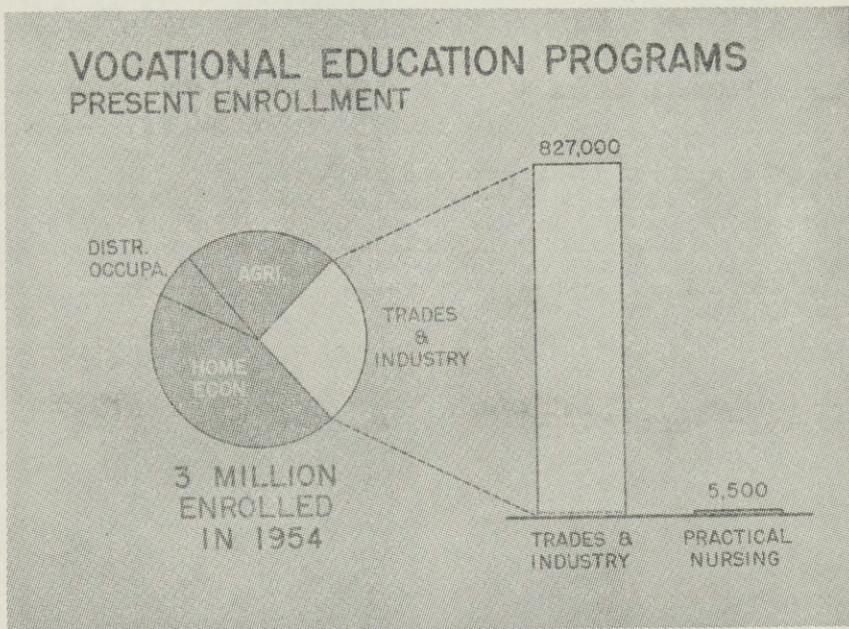
\* PRACTICAL NURSES COMPLETING TRAINING 1953 AND 54

*Fifth chart: Practical nurse training as a part of the vocational educational program*

Vocational education programs as a Federal-State cooperative activity are developed as a result of funds made available under the provisions of the Smith-Hughes Act of 1917 and the George-Barden Act of 1946.

The training that is provided in the States is designed to fit persons for useful employment in four occupational fields: agriculture, distributive occupations, home economics, and trades and industry. It meets the needs of persons preparing for or already employed in occupations for which specialized training is essential. Also, the program is designed to meet occupational demands for trained workers.

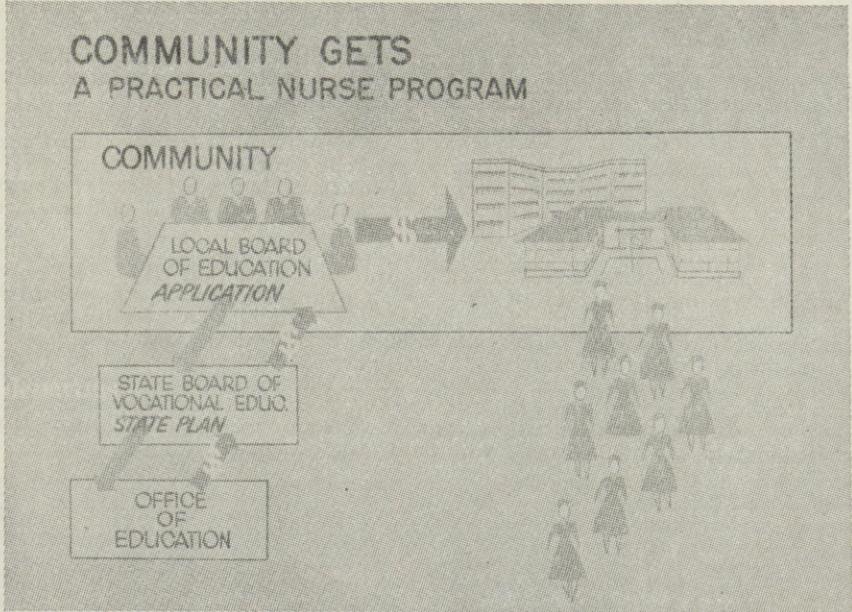
Practical nursing is an example of specialized training that meets the needs of the worker and the occupation. In recognition of such a need, practical nurse training was initiated about 10 years ago as a part of the vocational education program. More specifically, it is a part of the trade and industrial education program. During the past decade much "know-how" with respect to administration, supervision, teacher training, and teaching in both the classroom and at the hospital has been developed. The program has been highly successful. However, because practical nurse training has had to compete for funds with established trade and industrial training programs, the growth of this comparatively new program has not kept pace with increasing demands.



*Sixth chart: A community gets a practical nurse program*

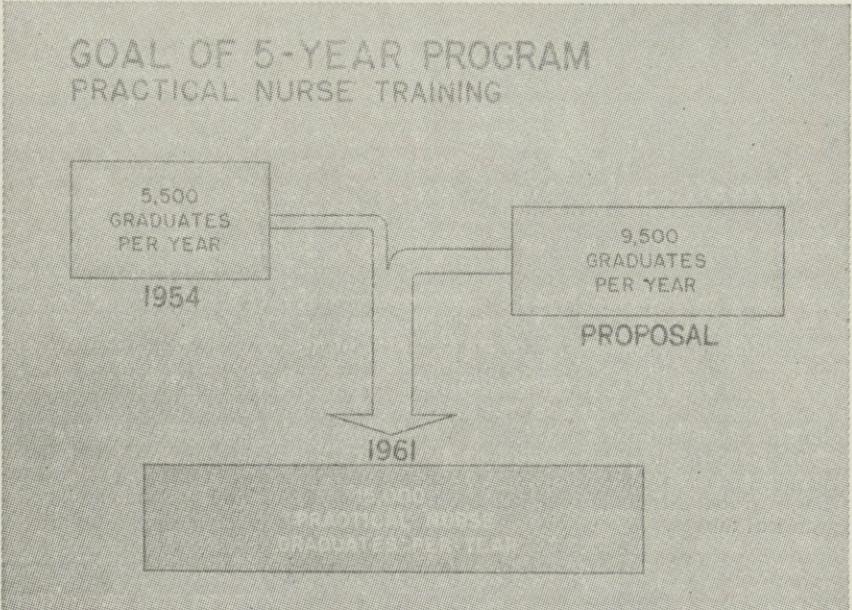
A community gets a practical nurse training program by making a request for a program to the State board for vocational education—the board responsible for the Federal-State cooperative program of vocational education. The State board has a State plan which has been approved by the Commissioner of Education. The State has received funds for the program.

After the application is approved, the courses are organized and operated by the local school authorities. They receive funds to assist in meeting the costs of the program. Students complete the training program and become employed as practical nurses.



*Seventh chart: Goals of 5-year practical nurse program*

Goals of the 5-year program for practical nurses have been set. In 1954, five and a half thousand students completed their educational and training programs at schools and in hospitals. By the end of the 5-year period provided in the bill it is anticipated that 9,500 additional practical nurses would be graduated each year from State-sponsored programs. This would increase the rate to 15,000 practical nurse graduates per year by 1961.



This completes our presentation of the objectives and provisions of title III, Mr. Chairman. Before concluding this statement, however, I should like to mention very briefly two related proposals which round out our program for Federal participation in the alleviation of nursing shortages.

Earlier in this statement I pointed out the need for a twofold approach; (1) increasing the supply of nursing personnel and (2) utilizing the available supply more effectively. Title III is aimed at increasing the supply. The two related proposals are directed primarily toward better utilization.

The first proposal, which requires no additional legislative authorization, is for an intensive program of Federal aid and participation in the development of improved methods for the utilization of available nursing skills. Our proposed budget for 1956 includes additional funds: (1) For studies and technical services by the nursing resources staff of the Public Health Service, and (2) for research grants and fellowships to stimulate nurse utilization studies and demonstrations by non-Federal organizations and individuals. We believe that this investment of Federal dollars in the development of improved administrative techniques will pay substantial dividends in the utilization of available nursing personnel.

The second proposal, embodied in title IV of S. 886, would authorize Federal traineeships to permit more professional nurses to take advanced training for supervisory, administrative, and teaching positions. The real key to more effective utilization lies in better supervision and administration. The value of specialized training for such positions is becoming increasingly recognized. A number of schools are now offering programs directed toward this need. The principal obstacle to increasing the number of graduates of such programs is that comparatively few professional nurses can afford to leave their jobs for a year of full-time advance training. The traineeships authorized in title IV will therefore contribute substantially to increasing the number of nurses prepared for key administrative and training positions.

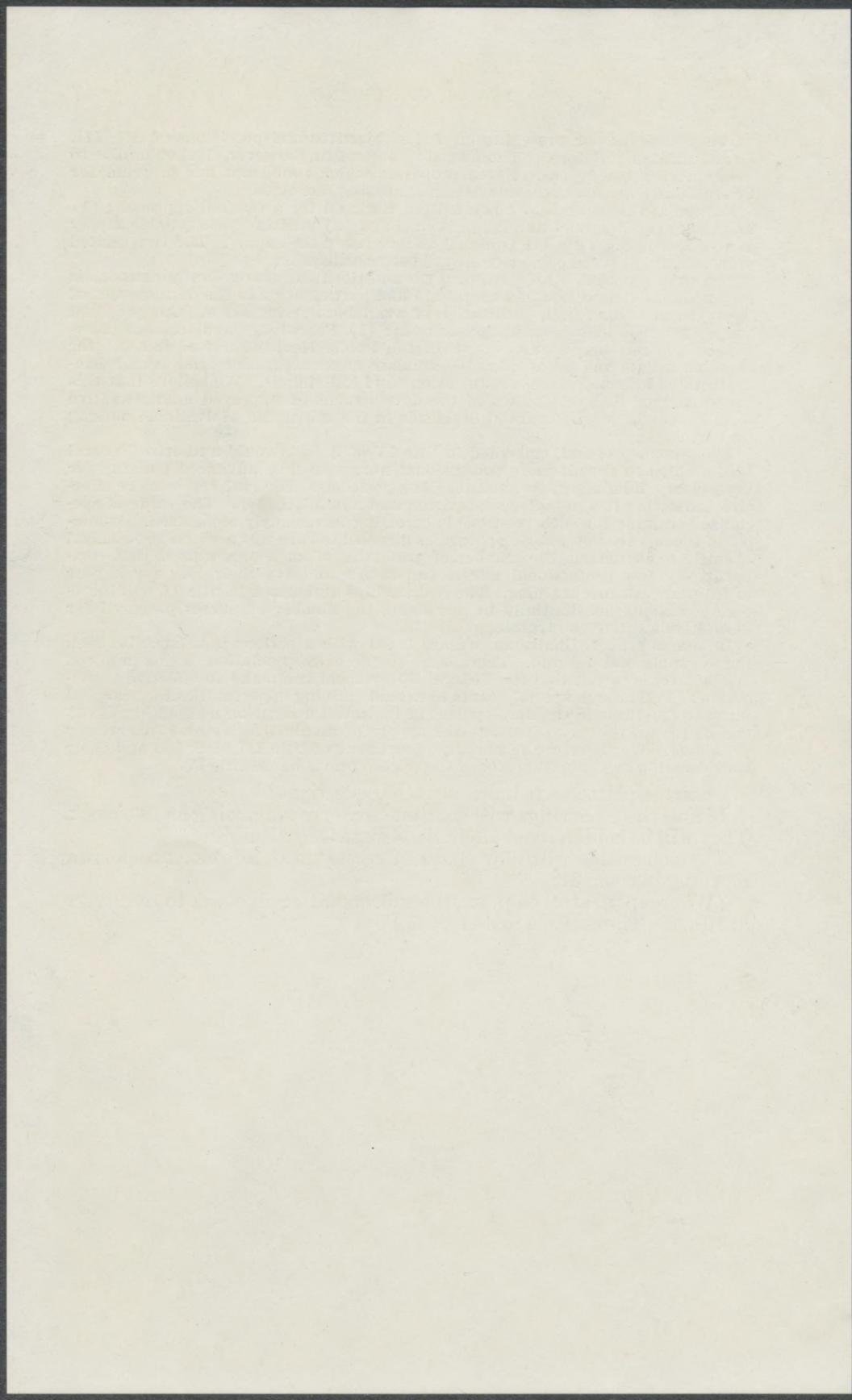
In summary, Mr. Chairman, we are faced with a serious imbalance between nurse supply and demand. There is no simple or easy solution to this problem. We believe, however, that the Federal Government can make an effective contribution: (1) Through special grants to extend training opportunities for practical nurses; (2) through the development of improved utilization methods; and (3) through traineeships to increase the supply of administrative and supervisory personnel. We therefore recommend enactment of title III of S. 886 and early consideration by your committee of the related provisions of title IV.

Chairman HILL. Are there any other questions?

If not, these hearings will continue tomorrow morning at 10 o'clock. They will be held in room 318 in the Senate Office Building.

The committee will now stand in recess until 10 o'clock tomorrow morning in room 318.

(Whereupon, at 2:45 p. m., the subcommittee recessed, to reconvene at 10 a. m., Thursday, April 14, 1955.)



## PRACTICAL NURSING

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THURSDAY, APRIL 14, 1955

UNITED STATES SENATE,  
SUBCOMMITTEE ON HEALTH OF THE  
COMMITTEE ON LABOR AND PUBLIC WELFARE,  
*Washington, D. C.*

The subcommittee met, pursuant to adjournment, at 10:10 a. m., in the caucus room, Senate Office Building, Senator Lister Hill (chairman) presiding.

Present: Senators Hill and Lehman.

Also present: Stewart E. McClure, staff director; Roy E. James, minority staff director; and William G. Reidy, professional staff member.

Chairman HILL. The committee will kindly come to order.

We will proceed with the hearings on Senate 929 and title III of Senate 886, to provide for practical nursing through our vocational education program.

I will ask Dr. Lucius Wilson, chairman of the Council on Government Relations of the American Hospital Association, if he would come around, please.

Doctor, will you proceed in your own way, please, sir.

### **STATEMENT OF DR. LUCIUS R. WILSON, ACCOMPANIED BY KENNETH WILLIAMSON, REPRESENTING THE AMERICAN HOSPI- TAL ASSOCIATION**

Dr. WILSON. Thank you, Mr. Chairman. I am Dr. Lucius R. Wilson, director of the Episcopal Hospital of Philadelphia. I represent the American Hospital Association as chairman on its Council on Government Relations, and I have with me Mr. Kenneth Williamson, the associate director of the American Hospital Association.

The American Hospital Association welcomes the opportunity of presenting its views on Senate bill 929 and title III of Senate 886, which are receiving the attention and consideration of your committee.

These measures in the main seek to cope with many complex and diffuse problems confronting the nursing profession and the hospitals of the Nation, the specific proposals embodied in these measures, that we address this statement.

We have distributed before you our testimony, and since it is long, I would like to just hit the highlights, please, sir.

Chairman HILL. We would be very happy to have you do so, please, Doctor, and then your testimony in full will appear in the record.

Dr. WILSON. Right.

With the tremendous advance which has been made by medical science in the last few decades, the complexity of developing the kind of higher quality medical care has substantially increased. Teamwork has become more important and more of a necessity. Out of the recognized need of patient care developed the concept of the nursing need in 1953. By this concept, the number of persons working as a group under the supervision of the professional nurse give a variety of patient needs. As head of the team, the professional nurse assigns duties to this team and other members commensurate with their abilities in the patient's requirements and care.

Today practical nurses are a very vital part of this nursing team. While the early courses emphasize training for duty and homes, practical nurses are now being increasingly used by hospitals.

In 1953, some 54,000 of them were working in hospitals. To a very considerable degree, they have appreciably helped in meeting patients' care and demand for services. They have been instrumental in helping to bridge over the gap of such personal needs as those arising from the demands for more professional nurses.

Other categories of auxiliary hospital personnel are important too, and part of the nursing team. Recognition of the value of their services is obtained from the fact that such workers are being increasingly employed by hospitals. To the degree that they relieve nurses from duties not requiring their highly skilled training, these workers are helping to relieve nursing shortages.

Mr. Chairman, there follows a description of the American Hospital Association and the work it renders, and I think all of you are acquainted with that so I will not take up your time by going into that.

Chairman HILL. May I interpose by saying it is very fine work, sir.

Dr. WILSON. Thank you, sir.

Now, I shall not discuss all the provisions in both of the measures, but will confine my testimony to those which I think are most pertinent to and have the greatest impact upon the hospitals of this Nation.

The American Hospital Association supports Senate bill 929 and title 3 of Senate bill 886. We believe in the philosophy underlying these measures. They recognize the principle that the role of the Federal Government should be to stimulate and encourage the building up of the necessary health resources, not to control them. This should hold true whether such resources are physical facilities as in the Hospital Survey and Construction Act, or in programs for training more health personnel, as proposed in this legislation.

These measures deal with vocational education. Such programs are not untried and untested. They evolved from the fundamental idea that vocational education is a matter of national interest and essential to the national welfare. Experience has demonstrated time and again their value. Since 1917, with the passage of the Smith-Hughes Act, State and local public-school systems with Federal funds matched with State or local funds, have conducted vocational education programs. Both measures make additional Federal funds available for such programs. Senate bill 929, however, earmarks them for training of practical nurses and auxiliary hospital personnel and in-service training for directors, teachers, and supervisors; Senate bill 886 for practical nurses, teachers, teacher-trainers, directors, and supervisors. The material difference of eligible persons who may

receive training under these two measures is that of auxiliary hospital workers provided in Senate bill 929. The inclusion of these workers in this program is not only important to the hospitals, but also to over 20 millions of patients in hospitals each year.

I should like to point out that hospitals—

Chairman HILL. Might I interrupt you there, Doctor. If it will not disturb you, I wish you would in just one sentence, perhaps, summarize the auxiliary hospital workers that you feel we need today.

Dr. WILSON. There are such people as nurse aides, nurse attendants, orderlies, technicians, dietary aids, and people of that category, Senator Hill.

Chairman HILL. Even medical librarians?

Dr. WILSON. Medical librarians.

Chairman HILL. Thank you, sir.

Dr. WILSON. I should like to say that hospitals have usually paid a stipend to practical-nurse students during their clinical training period so that the overall cost of their training to them should be moderate. To the extent that both measures will help to increase the supply of practical nurses they have identified a very substantial health need and are presenting an effective and desirable method of meeting such need. Both are action programs. Both attempt to meet these needs now. While all society benefits from the services provided by nurses—hospitals are bearing most of the cost of nurse training. This should not necessarily be the case. The very considerable costs involved in organizing hospital training programs is worthy of thoughtful consideration. Salaries of directors, supervisors, teachers, teacher-trainers, together with the costs of administration, equipment, supplies, and the like are very substantial. These factors have definite applications on the costs that patients must pay for hospital care. Despite the fact that nursing education is a direct charge on hospitals and adds to the hospital costs which have meant higher costs to the patients, there are many users of the nursing services who bear little, if any, of the costs related to their training and education.

Section 203 (c) of Senate bill 929 makes possible payments to public or nonprofit hospitals exempt from income tax under the provision of the Internal Revenue Code of 1954 for the purpose of meeting costs incurred by them in providing supervised training in hospitals for practical nurses or auxiliary hospital personnel trainees. This provision gives recognition to the trend toward increasing emphasis on in-service training programs for practical nurses and auxiliary hospital workers. This provision is also important since it will pay the costs incurred by hospitals for providing opportunities to practical nurses or auxiliary hospital personnel for their supervised training in hospitals.

Senator LEHMAN. May I ask a question, Doctor?

Dr. WILSON. Yes, Senator Lehman.

Senator LEHMAN. I know, of course, many of the great hospitals of the country operate nurses' training schools. Do many of them operate schools or classes for auxiliary hospital workers, for training?

Dr. WILSON. Most of them are training on-the-job programs at present, Senator.

Senator LEHMAN. On the job?

Dr. WILSON. Yes. In providing for an immediate attack on the problems in this area, this provision will also benefit hospital patients by making more workers available. There is no such comparable provision in Senate bill 886.

Under the provisions of these respective measures by which Federal funds are allocated to the States, the formula contained in Senate bill 929, section 204, in our opinion, more equitably distributes funds than does the equivalent provision of Senate bill 886. The former is more closely related to the financial ability of the States to raise money and consequently to existing unmet health needs. Moreover, in this same section of Senate bill 929, as contrasted with the comparable provision of Senate bill 886 providing for starting partial Federal and State contributions, the initial impetus given to such program by a 100-percent Federal contribution will cause it to be started immediately. In so doing it should sooner develop additional health personnel to help meet pressing health needs. We believe that the facts and circumstances underlying demands for health services which can be met by more workers of the categories contemplated by these bills warrants an initial 100-percent contribution to speed the start of this program. There is not the same uncertainty of an immediate start to a program under Senate bill 886 with a lesser initial Federal contribution, since the States will have to raise the necessary matching funds, and the legislatures of many of the States may not be in session at the time such legislation would have been enacted.

Senate bill 929 also provides travel funds for students. There is no comparable provision in Senate bill 886. Since most practical-nurse students are mature women who have difficulty in financing their living costs during their training period, the provision in the former measure, at very little additional cost, should prove most helpful.

One additional distinction that exists between these two measures, upon which I shall comment, is that Senate bill 929 makes provision for an advisory council at the State level composed of 6 to 10 persons with a representative from the professional nurses, practical nurses, physicians, educators, hospital administrators, and consumers. This measure, however, leaves it discretionary with the Commissioner of Education whether or not he should appoint an advisory council at the Federal level.

We believe that in this instance it is appropriate to vest such discretion in the Commissioner.

For the reasons that I have advanced in this statement, the American Hospital Association, while it supports both Senate bill 929 and title 3 of Senate bill 886, it believes that Senate bill 929 will more completely meet the problems in this important area of health care.

However, there is an amendment I should like to suggest to section 201 (b) of Senate bill 929 which defines the term "auxiliary hospital personnel." Such amendment would read as follows—

Senator LEHMAN. What section is that?

Dr. WILSON. 201 (b) of 929:

The term "auxiliary hospital personnel" means persons working in hospitals under the general supervision and direction of graduate nurses and heads of departments and services.

End of definition.

By amending this provision in the manner I have suggested, it would make for greater flexibility in the administration of the program proposal in this legislation.

The State directors of vocational education would have greater latitude in developing programs for those workers for which there is the greatest need. -Specificity, I feel, may cause undue emphasis on the development of plans to cover all categories of workers mentioned, even though the demands for specific categories will not be equal.

Thank you, sir.

(The prepared statement of Dr. Lucius R. Wilson follows:)

STATEMENT OF LUCIUS R. WILSON, M. D., CHAIRMAN, COUNCIL ON GOVERNMENT RELATIONS, AMERICAN HOSPITAL ASSOCIATION

The American Hospital Association welcomes the opportunity of presenting its views on S. 929 and title III of S. 886, which are receiving the attention and consideration of your committee. These measures, in the main, seek to cope with many complex and diffuse problems confronting the nursing profession and the hospitals of this Nation. It is to the specific proposals embodied in these measures that we address this statement.

Today in the United States there are approximately 800,000 professional nurses. Of these about 390,000 are actively engaged in the practice of their profession. Some 84,000 occupy key positions in the sense that they are the teachers of the many thousands of persons studying nursing and practical nursing, as well as the administrators and supervisors of nearly three-quarters of a million persons working in the Nation's hospitals and health agencies.

Hospital service is the primary field of nursing activity, with hospitals employing about 231,000 nurses: private duty, 74,000; physicians' offices, 35,200; public health, 25,300; industry, 14,000; school of nursing, 8,200; other, 1,900.

In 1953 it was estimated that there were in excess of 350,000 auxiliary workers in hospitals, and perhaps approximately another 100,000 engaged elsewhere in other health service activities. Of these about 54,000 practical nurses were working in hospitals. In addition some 6,000 practical nursing students were receiving in-service training in hospitals.

Nurses are still in short supply. Demand is still outrunning the increasing supply. In recent years the major national nursing organizations have completed surveys showing very substantial shortages in almost every city and rural area. Hospital wards have been closed for lack of nurses to staff beds. Inability to get nurses has forced mental and tuberculosis hospitals to operate shorthanded. Additional numbers are needed by public health units and industrial health programs. Almost every conceivable health service actively requiring the services of nurses has unfilled vacancies.

Nurses, unfortunately, like other health personnel, are not distributed geographically in relation to the population. For example, in 1951, for each 100,000 people, the State of Connecticut had 4 times as many nurses as Arkansas. That same year in Massachusetts there was 1 graduate general duty nurse for each 3 patients in nongovernmental general hospitals; Oklahoma had 1 for every 8.

Since 1951, close to 29,000 nurses have graduated annually from the schools of nursing. However, creditable estimates indicate that our health needs now require increases of 50,000 graduates annually. Increments related to our growth in population will also be needed with each succeeding year. Enrollment data from these schools indicate that their total number of graduates will not increase materially for another 5 years. This is brought about by the following circumstance: a larger proportion of girls between the ages of 17 and 19 are entering nursing than ever before (the proportion is higher than at any time except for the years 1943-45). But, because of the low birthrate in the depression years, the number of girls entering nursing school each year is not appreciably, if at all, greater. Thus, while there has been an appreciable improvement in the supply of nurses since the pre-World War II period when approximately 22,000 nurses were being graduated annually, in 1960 the ratio of nurses to the total population will most probably be much the same as it is today.

Social and economic factors also tend to offset gains made by increasing the total number of nurses actively engaged in their profession and the increasing number of annual graduates. Nurses now enjoy much shorter hours. A few

years ago graduate nurses working in hospitals averaged about 50 hours a week. Today the average workweek is about 40 hours and the trend in almost all labor fields is for even shorter workweeks.

With the tremendous advances which have been made by medical science in the last few decades, the complexity of developing high quality medical care has substantially increased. Teamwork has become more important, more of a necessity. Out of the recognized need for centering patient care the concept of a nursing team developed about 1948. By this concept a number of persons working as a group under the supervision of a professional nurse meet a variety of patient needs. As head of the team the professional nurse assigns duties to the other members commensurate with their abilities and the patients' requirements for care.

Both patients and hospitals have benefited tremendously from the development and use of this nursing team concept. Patients have had many of their health needs not requiring the highly skilled services of professional nurses met by other members of the team. Hospitals have found that they can operate more efficiently and effectively with the coordinated and precision work of team action.

Today practical nurses are a very vital part of this nursing team. While their early courses emphasized training for duty in homes, practical nurses are now being increasingly used by hospitals. In 1953, as we have previously mentioned, some 54,000 of them were working in hospitals. To a very considerable degree they have appreciably helped in meeting patients' demands for services. They have been instrumental in helping to bridge over the gap of such pressing health needs as those arising from the demands for more professional nurses.

Other categories of auxiliary hospital personnel are also important to and part of the nursing team. Recognition of the value of their services is obtained from the fact that such workers are being increasingly employed by hospitals. To the degree that they relieve nurses from duties not requiring their highly skilled training, these workers are helping to relieve nursing shortages.

The American Hospital Association, representing 5,300 of the Nation's hospitals and serving approximately 20 million patients a year, is vitally interested in the health of the American people. Our membership includes general hospitals, long-term hospitals, clinics, diagnostic, and other health-care facilities. In each of these, nurses are an integral part of the team that has proven necessary to provide the high quality health care that is the due of all American citizens. We have learned throughout the growth and development of our organization that the quality of hospital care rendered patients is directly related to the availability of adequate numbers of well trained personnel.

No organization within the United States is any more concerned with the problems confronting hospitals in caring for patients and with the urgent necessity of attracting more of our able young women into the nursing profession than is the American Hospital Association. It is with this background of deep, earnest interest that the American Hospital Association presents to you its views on the legislative measures before you.

I shall not, however, discuss all the provisions in both of these measures but will confine my testimony to those which I think are most pertinent to and have the greatest impact upon the hospitals of this Nation.

The American Hospital Association supports S. 929 and title III of S. 886. We believe in the philosophy underlying these measures. They recognize the principle that the role of the Federal Government should be to stimulate and encourage the building up of necessary health resources, not to control them. This should hold true whether such resources are physical facilities as in the Hospital Survey and Construction Act, or in programs for training more health personnel, as proposed in this legislation.

These measures deal with vocational education. Such programs are not untried and untested. They evolved from the fundamental idea that vocational education is a matter of national interest and essential to the national welfare. Experience has demonstrated time and again their value. Since 1917, with the passage of the Smith-Hughes Act, State and local public school systems with Federal funds matched with State or local funds, have conducted vocational education programs. Both measures make additional Federal funds available for such programs. S. 929, however, earmarks them for training of practical nurses and auxiliary hospital personnel and inservice training for directors, teachers, and supervisors. S. 886 for practical nurses, teachers, teacher-trainers, directors, and supervisors. The material difference of eligible persons who may receive training under these two measures is that of aux-

iliary hospital workers provided in S. 929. The inclusion of these workers in this program is not only important to the hospitals, but also to over 20 million patients in hospitals each year.

I should like to point out that hospitals have usually paid a stipend to practical-nurse students during their clinical training period so that the overall cost of their training to them should be moderate. To the extent that both measures will help to increase the supply of practical nurses they have identified a very substantial health need and are presenting an effective and desirable method of meeting such need. Both are action programs. Both attempt to meet these needs now. While all society benefits from the services provided by nurses, hospitals are bearing most of the cost of nurse training. This should not necessarily be the case. The very considerable costs involved in organizing hospital training programs is worthy of thoughtful consideration. Salaries of directors, supervisors, teachers, teacher-trainers, together with the costs of administration, equipment, supplies, and the like are very substantial. These factors have definite implications on the costs that patients must pay for hospital care. Despite the fact that nursing education is a direct charge on hospitals and adds to hospital costs which have meant higher costs to patients, there are many users of the nursing services who bear little if any of the costs related to their training and education.

Section 203 (c) of S. 929 makes possible payments to public or nonprofit hospitals exempt from income tax under the provision of the Internal Revenue Code of 1954 for the purpose of meeting costs incurred by them in providing supervised training in hospitals for practical nurses or auxiliary hospital personnel trainees. This provision gives recognition to the trend toward increasing emphasis on inservice training programs for practical nurses and auxiliary hospital workers. This provision is also important since it will pay the costs incurred by hospitals for providing opportunities to practical nurses or auxiliary hospital personnel for their supervised training in hospitals. In providing for an immediate attack on the problems in this area, this provision will also benefit hospital patients by making more workers available. There is no such comparable provision in S. 886.

Under the provisions of these respective measures by which Federal funds are allotted to the States, the formula contained in S. 929, section 204, in our opinion, more equitably distributes funds than does the equivalent provision of S. 886. The former is more closely related to the financial ability of the States to raise money and consequently to existing unmet health needs. Moreover, in this same section of S. 929, as contrasted with the comparable provision of S. 886 providing for starting partial Federal and State contributions, the initial impetus given to such program by a 100-percent Federal contribution will cause it to be started immediately. In so doing it should sooner develop additional health personnel to help meet pressing health needs. We believe that the facts and circumstances underlying demands for health services which can be met by more workers of the categories contemplated by these bills warrant an initial 100-percent contribution to speed the start of this program. There is not the same certainty of an immediate start to a program under S. 886 with a lesser initial Federal contribution, since the States will have to raise the necessary matching funds, and the legislators of many of the States may not be in session at the time such legislation would have been enacted.

S. 929 also provides travel funds for students. There is no comparable provision in S. 886. Since most practical-nurse students are mature women who have difficulty in financing their living costs during their training period, the provision in the former measure, at very little additional cost, should prove most helpful.

One additional distinction that exists between these two measures, upon which I shall comment, is that S. 929 makes provision for an advisory council at the State level composed of 6 to 10 persons with a representative from the professional nurses, practical nurses, physicians, educators, hospital administrators, and consumers. This measure, however, leaves it discretionary with the Commissioner of Education whether or not he should appoint an advisory council at the Federal level.

We believe that in this instance it is appropriate to vest such discretion in the Commissioner. Vocational education has had a relatively long and successful administration in this office. As a consequence, we see no cogent or compelling reasons to change its current method of operation. We would leave this provision as it is, permitting the Commissioner, if he chooses, to use an advisory council at the Federal level for the purposes contemplated in this measure.

It has been our experience, under the Hospital Survey and Construction Act, that the role of the State advisory councils has had a very beneficial effect on the activation and stimulation of that program at the State level. We feel that it is a desirable provision and will prove of value in connection with this program.

For the reasons that I have advanced in this statement, the American Hospital Association, while it supports both S. 929 and title III of S. 886, it believes that S. 929 will more completely meet the problems in this important area of health care.

However, there is an amendment I should like to suggest to section 201 (b) of S. 929 which defines the term "auxiliary hospital personnel." Such amendment would read as follows:

"The term 'auxiliary hospital personnel' means persons working in hospitals under the general supervision and direction of graduate nurses and heads of departments and services."

By amending this provision in the manner I have suggested, it would make for greater flexibility in the administration of the programs proposed in this legislation.

The State directors of vocational education would have greater latitude in developing programs for those workers for which there is the greatest need. Specificity, I feel, may cause undue emphasis on the development of plans to cover all categories of workers mentioned, even though the demands for workers in the specific categories will not be equal.

Chairman HILL. Doctor, we had some testimony yesterday from the Secretary of Health, Education, and Welfare in which she gave us some very interesting figures showing the need for the training of more practical nurses. You feel very strongly, do you not, that this bill will bring about many more practical nurses to meet this need?

Dr. WILSON. There is no doubt about it in our minds, sir.

Chairman HILL. Do you not also feel that this is the best way and perhaps the only way to get these additional practical nurses which we need?

Dr. WILSON. It is the only way that we can think of, sir.

Chairman HILL. It is the only way you can think of.

Senator Lehman.

Senator LEHMAN. I just want to ask one question. Is there great variation in the laws of the different States providing for the registration of practical nurses?

Dr. WILSON. There is, sir, at present.

Senator LEHMAN. Is there any way of bringing them into some greater agreement?

Dr. WILSON. Most of the States with which I am acquainted are working upon that problem of licensing practical nurses although some States, as yet, do not have a licensing bill.

Chairman HILL. Where they have a licensing requirement, are these requirements throughout the State generally the same? I realize you are going to have some differences, but do they seek to bring the license up to what we might call a general standard?

Dr. WILSON. It does. Nearly all of them follow pretty much the same pattern.

Senator LEHMAN. Even in New York State, up to 20 years ago, there was considerable opposition to the licensing of practical nurses at all. Has that been remedied? Are they frequently licensed today?

Dr. WILSON. They are—there is still opposition to licensing practical nurses in some States, but as I said, the States are working upon it, and I think it is only a question of time until nearly all States will have a licensing bill for practical nurses, as I know of no other way in which you can adopt a standard to be guided by just who is a practical nurse.

Chairman HILL. Any other question, Senator?

Senator LEHMAN. Are there any licensing regulations with regard to dietitians, or is that left entirely to the hospital administration?

Dr. WILSON. I know of no licensing regulations for them. There are national organizations to which they belong and which is a standard for them.

Senator LEHMAN. They are not licensed by any of the other States?

Dr. WILSON. No.

Chairman HILL. Mr. Williamson, would you like to add a word of any kind?

Mr. WILLIAMSON. Just, Senator, about the licensing law and standards that Senator Lehman mentions. The direction and fundamental purpose of enacting licensing laws is to establish standards and that is the intent wherever they are put into effect.

Chairman HILL. Anything else you would like to add to the doctor's statement?

Mr. WILLIAMSON. No, I think just, Senator, to stress that we think there is a tremendous need for vocational nurses, as Dr. Wilson said, and I think for—practical nurses, rather. I think there are needs definitely within hospitals for those auxiliary personnel, as well, and they have a great effect, we believe, on the shortage of personnel, such as nurses in hospitals, relieving them to confine their time for essential duties for which nurses are trained.

Chairman HILL. Then you think there is a very definite need for this legislation, do you?

Mr. WILLIAMSON. Yes, we do.

Chairman HILL. You do. Thank you.

Well, gentlemen, we are very much obliged to you and appreciate very much your coming down here, Doctor, you and Mr. Williamson.

Dr. Elmer Hess, the president-elect of the American Medical Association of Indiana, and Dr. Cleon A. Nafe, member of the house of delegates, American Medical Association, Indianapolis, Ind.

Gentlemen, if you will come around, we would appreciate it very much. Nice to have you here. Have your seats now, and just proceed in your own way, will you, gentlemen. Are you going to talk first, Dr. Hess?

Dr. HESS. Yes, I will, if you will so grant me the privilege.

#### STATEMENTS OF DR. ELMER HESS AND DR. CLEON A. NAFF, AMERICAN MEDICAL ASSOCIATION

Dr. HESS. I am Elmer Hess, president-elect of the American Medical Association, and I have with me Dr. Cleon Nafe, of Indianapolis, who is a member of our house of delegates and a member of very many important committees in the American Medical Association. I think one of the most important things that he represents is the intercollegiate board of review of the National League for Nursing. He was formerly superintendent of the Indianapolis General Hospital and is also presently associate professor of surgery of the University of Indiana. Dr. Nafe will present, with your permission, sir, the statement of the board of trustees and the house of delegates concerning these two bills dealing with the practical nurses.

Upon the completion of Dr. Nafe's remarks, we are both available for questioning if you so desire, sir.

Chairman HILL. Thank you, Doctor.

We are delighted to have you present, sir.

Dr. NAFFÉ. Mr. Chairman and members of the committee, I am Dr. Cleon Nafe, of Indianapolis, Ind., where I am engaged in the private practice of general surgery. I am a member of the house of delegates of the American Medical Association and appear here today as a representative of that association concerning S. 929 and title 3 of S. 886.

As we understand these bills, they would establish a program of Federal grants-in-aid to the States for the vocational education of practical nurses. S. 929 would include other auxiliary hospital personnel in such a program. The American Medical Association has taken no action on S. 929, but in the course of its consideration of title 3 of S. 886 adopted a position of opposition to the principle which underlies both bills. With your permission, Mr. Chairman, I will address myself to that principle.

First, however, I should like to emphasize that our position in no way diminishes our agreement with the avowed objectives of these bills. For a number of years we have recognized the value of adequately trained practical nurses and other auxiliary hospital personnel in the care of the patient. We recognize that in some areas throughout the country there is a scarcity of such personnel. We applaud and assist State and local efforts to provide more adequate numbers of trained personnel in such areas. We believe, however, that it is neither wise nor necessary for the Federal Government to inject itself into yet another area of local responsibility in the hope of accomplishing a laudable objective.

The American Medical Association has frequently expressed to committees of the Congress its views on the subject of Federal subsidy. In Federal aid with its concomitant Federal regulation and control we see a serious threat to the ability of communities and States to discharge their responsibilities and solve their problems by methods suited to local conditions and customs. Federal aid is a dangerous device, and in our opinion is justified only in an emergency situation. Even in such a situation, it should be utilized only temporarily until a more efficient device for solving the problem can be developed.

No such emergency has been shown to exist in the field of vocational education of practical nurses and auxiliary hospital personnel. Virtually all of the States have strengthened their own programs to the extent deemed desirable or feasible in view of local requirements and conditions. Temporary shortages of trained personnel induced by war and defense production over past years are being gradually eliminated as our economy returns to a more normal pattern. Increasing the training facilities will not serve to compete with high industrial wages available to young women. Only time, and normal economic adjustment of employment opportunities and comparative wage scales in individual communities can return this situation to a balance.

The American Medical Association believes that any congressional action designed to improve private medical care should commence with a thorough and impartial current evaluation of the situation as it actually exists. Where real problems are found, an objective assessment of their relative importance should be made, and the fundamental cause of any deficiency or shortcoming should be determined.

With the information thus obtained, private and public agencies at appropriate levels of government can initiate a coordinated program of improvement or correction. Any such study should be made by a group sufficiently representative of all interests involved to assure the widest possible acceptance of the results of the survey. We all seek the same objective—improvement in the health of our fellow citizens. By ascertaining the facts, we can plan and carry out those portions of a coordinated program which each group—private agencies and all levels of government—is best fitted to assume.

Consistent with the foregoing beliefs, the American Medical Association has indicated its support for temporary Federal grants-in-aid in the field of mental health, where we believe a real emergency exists. At the same time we have advocated legislation which would enable the Federal Government to assist in a thorough survey for the purpose of finding the most effective permanent solution to the mental health problem. We have given our support to legislation pending in the House of Representatives which would authorize a comprehensive survey of nursing services. We respectfully recommend such a project to this committee.

On the other hand, we cannot support legislation such as S. 929 and title III of S. 886 which would authorize Federal aid in areas where an emergency has not been demonstrated.

We wish to thank you, Mr. Chairman and committee, for the opportunity of appearing and expressing the views of the American Medical Association this morning. Dr. Hess and I will be glad to answer to the best of our ability any questions which members of the committee may care to ask.

Chairman HILL. Doctor, we want to thank you for your statement. Let me ask this question. You speak about Federal subsidy and in "Federal aid with its concomitant Federal regulation and control" you "see a serious threat to the ability of communities and States to discharge their responsibilities and solve their problems by methods suited to local conditions and customs." Then you add, "Federal aid is a dangerous device, and in our opinion is justified only in an emergency situation."

Would not this go to the whole matter of vocational education?

Dr. NAPE. I presume, somewhat, but I am speaking only of this, of course, particularly concerning the question of these auxiliary or ancillary personnel. In other words, that, in our judgment, does not lend itself well to vocational education of a national standard. In other words, the requirements for these personnel are entirely different in some communities than they are in others, in some hospitals than in others, and to try to set up a standard of what a nursing aid should do in a little town as compared to a university hospital or to a mental hospital is very difficult, it seems to us. In other words, these auxiliary or ancillary personnel, to try to put a national standard to all of those is very difficult. These are people who are usually trained on the job by the hospitals, and to do the things they are expected to do.

Chairman HILL. Isn't it true under this bill it is not a question of a national standard? This Federal aid would go to your States and to your local communities, and your trainees would be trained back in the States and in the several and different communities.

Dr. NAFE. As I read the bill, the standards that they adopt must be set up with some conformity.

Chairman HILL. Well, of course, you want to make sure that the funds go for the purposes for which they are authorized and appropriated. Doctor, we have had vocational training legislation for many years now; in fact, the original vocational act was the Smith-Hughes Act, which was enacted, as you recall, in 1917.

Dr. NAFE. Yes.

Chairman HILL. That act was later enlarged and amended in 1946 by the George-Barden Act. Under that act, we are providing vocational training for young women in home economics, in what we call distributive education. That is in the retail trades. We are teaching a young lady how she can go down into a store and carry on work there, maybe as a clerk; maybe in some kind of work in the business department.

We even train them for industrial jobs, if they want to take that kind of work—how to work in a shop. If we are going to train them in these different categories and for these different fields of usefulness, it is difficult for me to see why the program should not be used for the training of practical nurses, to be frank with you.

Dr. HESS. May I make a statement on that, if I might?

Chairman HILL. Yes; surely.

Dr. HESS. We already have vocational educational programs, sir, 5,500 practical nurses being trained in various places. As I understand it, most of the money that is spent in that program goes to the training of people in trades and industry, and a very small fraction of the appropriation is devoted to the training of practical nursing. And I think you have the machinery there all set up to do it.

Chairman HILL. As you say, Doctor, we already have that program.

Dr. HESS. That is right.

Chairman HILL. It has been a fairly small program. I would say it has not brought too much in the way of results. What these two bills propose to do—that suggested by the Eisenhower administration and that which I introduced for myself and other Senators—would give a little more emphasis and importance to that program, to seek to enlarge and to build upon what we are doing today.

Would you oppose that which we are doing today?

Dr. HESS. No. We are all for vocational training. We are all for vocational training of these people.

Chairman HILL. What I am asking is so far as practical nursing is concerned.

Dr. HESS. No. I think you have got the machinery, sir.

Chairman HILL. What we are doing today embodies Federal subsidy. What we are doing today might embody that same question about a threat to the ability of communities and States to discharge their responsibilities. You think what we are doing today is all right?

Dr. HESS. I don't think—I think it could all be handled under this vocational educational program if the money were properly allocated in that program, and I don't think enough money is allocated for that program for practical nursing training. You have the machinery.

Chairman HILL. That is what we are seeking to do: allocate more money for that program, and strengthen and fortify and enlarge and emphasize that program.

Dr. HESS. We don't want you to take the responsibility too much away from the local areas.

Chairman HILL. Well, speaking of that, now, I wish you might have been here yesterday to hear the testimony of Mrs. Hobby, the Secretary of Health, Education, and Welfare, in which she brought out the point that where we have Federal aid in so many of these programs, instead of taking away the responsibility of the States and the local communities, the Federal aid has served as a stimulus and a challenge to get the States and local communities to do much more.

For instance, she cited a case of one of the programs yesterday in which, instead of the States and local communities simply meeting the requirements of matching the Federal dollar, the States and local communities were putting up five or six dollars for every one Federal dollar. I really wish that the American Medical Association would set up a committee to study this thing of Federal aid, particularly in these programs that we are now talking about. From the information that I have, we find that instead of Federal aid being used to relieve the State of its responsibility or having the Federal Government imposed upon to meet the responsibility which the State and local community should be meeting, the Federal aid has served, as Mrs. Hobby's testimony showed yesterday, as a stimulus, as an encouragement and a challenge to the States and local communities to do even more.

Senator Lehman, do you have any questions?

Senator LEHMAN. Yes, I want to ask the doctor a question.

The Federal Government has already recognized its responsibility with regard to vocational education in the bill that was passed a number of years ago, of course. It also recognized its responsibility for the rehabilitation of the physically handicapped. I think that the amount that is provided for the purpose of the two pieces of legislation has been entirely inadequate, particularly the rehabilitation of the physically handicapped, which you undoubtedly know much more about than I do.

Now, a backlog of over 2 million physically handicapped exists in this country, and that backlog is being increased at the rate of 250,000 a year. We are not only not making any progress in wiping out the backlog, which could be wiped out under certain conditions, but we are allowing the number of the physically handicapped to increase year by year.

I was very critical and have been very critical at what I consider the niggardly approaches made by the Congress, on recommendation of the administration, for the development of steps that will help to rehabilitate at least a reasonable number of our physically handicapped.

When I made that criticism with regard to the rehabilitation of the physically handicapped and with regard to other medical matters, I always had to face, we have always been faced with the answer, "Well, there is no use having more money because we haven't got the trained personnel. We just can't proceed any quicker than we are given trained personnel or trained personnel is made available." That is always their excuse. I personally feel that, instead of taking care of 50,000 physically handicapped, we could take care of several times that number.

I also feel that much could be done in the mental hospitals for mental illness, which, as you know, house over 750,000 unfortunate people and, in my own State alone, I think there are 125,000 housed.

Now, there again, when I was critical yesterday at the hearing with regard to the very small and inadequate amount that was going to be included on recommendation of the administration in the appropriation bill, I was again met with the answer, "Well, there is no use giving us substantially more money because we have not got the personnel sufficiently trained." Whether it be therapists, whether it be graduate nurses, whether it be research men, whether it be practical nurses or auxiliary staff, and all those things were discussed, that is always the excuse. "Give us trained personnel and we can proceed faster," and I believe we should proceed faster in matters of health than we have been doing today.

Now, you talk about relieving the States of their responsibility, and Mrs. Hobby testified yesterday that when the Federal Government encouraged the States, it always increased the proportion of the funds provided by the State as compared to the Federal Government. She mentioned that for every dollar that the Federal Government provides, five or six dollars are raised by the States.

She undoubtedly was dealing with average figures. I believe that in the State of New York, in the case of the mental treatment of the mentally ill, the State is spending 30 or 40 times as much as is provided by the Federal Government. I think I am probably reasonably conservative. I believe that in every field of medicine, the State of New York or the community is providing many, many, many times, not 5 or 6 times, but many times as much as is provided by the Federal Government.

I just cannot understand why there should be an objection to the slight extension that is proposed in the bill as a principle that has been recognized as a Federal responsibility for a great many years. I wonder whether you would comment on that?

Dr. NAPE. Well, I compliment New York for spending so much on State mental institutions and I believe Indiana in its new program is trying to do the same.

Of course, we feel, in Indiana, the tax dollar is the same way that it comes to the Federal Government in Indiana, and I believe we are trying and do take care of our mental groups there and that is the way we feel about this. We feel that Indiana is solving very well this question of the practical nurse and ancillary services or auxiliary services. In fact, recently in my hometown of Indianapolis, instead of going to the Federal or county government to build hospitals, went out and raised \$12,500,000 to build hospitals. I believe the community is proud of that. I think it did the community good. It got everybody together. They owned the hospital, and I think that is somewhat the principle.

We agree entirely these things be done, but we believe, in Indiana, I am talking about now, that the community should assume some responsibility here and not put the thing, run to Washington for all this money. I think you know something about our State legislature and some of our actions of our chambers of commerce, and others, that we would like to stimulate our people to do this job. That is my personal opinion, and we think that, for instance, as I said before, that much of this must be done at home. And I think that is our feeling in this regard.

Senator LEHMAN. Doctor, I certainly do not wish to relieve communities of their responsibility, their initial responsibility, but nobody has suggested that the Federal Government go in and run the hospitals or run the laboratories or run the research departments. I think—we have so many bills that I am not entirely certain that I have all the details at my disposal but I believe S. 929 authorizes \$5 million for the entire Nation, and that is not an appropriation. There is a lot of difference between an authorization and an appropriation.

Now, \$5 million spent all over the country is certainly not going to make very much of a dent in solving the problem, or is not going to relieve communities of their responsibilities. But it is at least a further recognition that the Federal Government is interested in these problems and wishes to stimulate the communities.

I know that Indiana has been very generous, just as New York State has been very generous, but I have no hesitation in saying, and I speak from experience of having been the chief executive of the State for 10 years, that neither Indiana nor New York is doing their duty to the people. And what we are trying to do is to stimulate locally interest in local initiative.

Chairman HILL. Well, gentlemen, we may not agree, but we do deeply appreciate your coming here.

I was bold and presumptuous enough to say that I had hoped you would have a committee to study this whole question of Federal aid. I hope you will study it from two standpoints: First, from the standpoint of what a small amount of Federal aid does to stimulate the people back home to do more, to do a much greater and a larger part. The other thing that I think we have to consider today in a way that perhaps we did not in the old days, is the Federal Government's responsibility. When we go to war, we have a selective service. The Federal Government has no citizenship separate and apart from the citizenship back in the different States upon which it can call. You know the story of the many rejections, because of physical disabilities and because of educational disabilities by the Selective Service during World War II and, for that matter, during the Korean war.

The Federal Government recognized its responsibility even in the early days and, insofar as education is concerned, before we became a Federal Union, back in 1785 and 1787, we passed the monumental land grant acts, giving great donations of public lands for educational purposes. In fact, if one of you gentlemen happen to be from New Hampshire, I would quote Daniel Webster who said, the act of 1787 was the greatest law of any lawgiver, ancient or modern. I hope you gentlemen will consider this matter a little further, will you?

Dr. HESS. I certainly will.

Chairman HILL. I tell you, my father was a doctor, my uncle was a doctor, my brothers-in-law were doctors, and I have five first cousins who are doctors. And I want to say this frankly, the doctors in the Second Alabama Congressional District were primarily the ones who elected me to the House of Representatives when I first came to Washington. So I am partial to doctors.

Dr. HESS. And they did a good job.

Chairman HILL. And I want to find myself in agreement. I think if we could join hands with the doctors, there are many fine things we could accomplish. So I hope you gentlemen will consider this a little further, will you, Doctor? You are going to be the new president of AMA and I heartily congratulate you.

Dr. HESS. I would want to make this one comment, if I might, and that is we are constantly studying these problems. We are a very conservative organization, sir. We have to be, and we are very much interested in the very problem that you are interested in; it is just the ways and the means of doing it, and doing it in the best manner. I don't think we are too uncooperative, sir. We disagree, sometimes, on method only, because of our conservatism.

Chairman HILL. I did not mean by that, Doctor, to even suggest that. I just hope that, because you are such fine people, we can all be together. I might have added one other step, speaking about so many doctors. I even have the great honor of bearing the name of the great Joseph Lister.

Dr. HESS. I understand that.

Chairman HILL. I remember that history records when he first began his teachings of antiseptis, they were not too well received by many other doctors and many others outside of the medical profession. So I hope we can sit down together and give this further study and thought together.

Dr. HESS. We shall always be glad to sit down with you and talk with you.

Chairman HILL. Thank you, gentlemen, and I appreciate you gentlemen coming here. And on behalf of the committee, we express to you our deep appreciation.

Dr. HESS. Thank you for your courtesy.

Chairman HILL. Thank you.

C. L. Greiber, American Vocational Association.

Mr. GREIBER. Mr. Chairman and members of the committee, thank you for this opportunity.

Chairman HILL. I believe you are the State director of the State board of vocational and adult education, Madison, Wis., as well as representing the American Vocational Association.

#### STATEMENT OF C. L. GREIBER, REPRESENTING THE AMERICAN VOCATIONAL ASSOCIATION AND THE NATIONAL ASSOCIATION OF STATE DIRECTORS OF VOCATIONAL EDUCATION

Mr. GREIBER. I am representing the National Association of State Directors of Vocational Education, as well as the American Vocational Association.

Chairman HILL. Fine. You may proceed in your own way, please.

Mr. GREIBER. Thank you, sir. Practical nurse training is fundamentally a vocational training program. It is a type of apprenticeship through which students in approximately 1 year become trained workers by a combination of full-time school training followed by training on the job supplemented each week by related training in school. The State of California in recognition of the fact that it is primarily vocational training entitles the program "Vocational Nurse Training."

The first school for practical nurse training to be financed from public funds was organized in 1919. By the end of 1943 such training was offered on a preparatory basis by the public schools in only 14 cities located in 6 states, 8 in Michigan, 2 in New Jersey and 1 each in Connecticut, New York, Washington, and Minnesota. However, since the United States Office of Education has taken an active interest in the program there has been great development.

In August 1954, there were 248 programs under the supervision of the vocational schools, junior colleges, or publicly supported universities. Only three States offered no training in the field—Maine, New Hampshire, and Wyoming.

In Wisconsin we have five programs conducted by vocational schools, in Milwaukee, Madison, Superior, Kenosha, and Neenah-Menasha. These cities are located in different geographic areas of our State and the programs were established in these centers in order to give the largest spread of training service. The schools, in addition to providing training to residents of the cities in which they are established, attract many students from neighboring communities and rural areas. We have 5 programs, and those 5 programs train approximately 175 practical nurses a year.

I have attached hereto a letter from the director of the State board of nursing in Wisconsin, in which she states that a modest estimate of today's need for licensed trained practical nurses is 7,500. There are presently 1,420 licensed trained practical nurses in our State, and, as I said before, our 5 centers train approximately 175 a year, so you can see the need for the expansion of the program to additional organizations.

All of these programs were initiated after community organizations in each instance petitioned for their establishment in order to alleviate shortages of nurses. In one city, Superior, the program was established because hospitals in the area did not have a sufficient number of trained nursing personnel to meet minimum standards set by the State. Attached are several tables which were prepared by the State department of nurses making a comparison of the need for nurses based on occupancy in hospitals and the numbers who were available for employment at this time. On the basis of that need, which was definitely demonstrated, we established the program in Superior.

The chairman of the committee on nursing education of the State medical society, Dr. J. S. Devitt, of Milwaukee, stated his appraisal of the committee's opinion of practical nurse training as follows. He said:

1. The problem is most acute in areas which are poor economically and where there is less industry, as for example, the rural areas.
2. Where shortages exist, these areas should receive assistance to obtain and retain essential personnel and subsidization of faculties for training practical nurses.

Practical nurse training is important to the national security and welfare in that it makes available personnel who may assist in times of emergency and disaster. Our national security and welfare are dependent upon a healthy citizenry. Manpower losses which are occasioned by work absences due to illness adversely affect our national economy. Improved health measures which would include more trained nurses would strengthen us in our fight to maintain our freedom.

Practical nurse training, in addition to offering opportunities to girls who have just graduated from high school, provides a training opportunity to many women whose children are grown and who are forced to work in order to supplement the family income. Approximately 15 percent of the enrollment in 2 of the programs in our State has been persons over 40 years of age.

Practical nurse training programs are expensive to establish and maintain. In one city in our State the program will be discontinued if outside support of the program is not continued in financing 50 percent or more of the cost. Federal aid is, therefore, needed to supplement State and local funds to pay for the cost of establishing new training programs and maintaining existing programs. This will result in an equalization of costs of practical nurse-training programs and will assist in maintaining specifications and standards of a high type in the training programs which are established.

In some States Federal aids for vocational education are already fully committed to other areas of vocational education. Additional specific Federal-aid appropriations are, therefore, necessary in order that practical nurse-training programs may be further developed and expanded.

The following considerations are important to incorporate in legislation providing Federal aid to the States for the maintenance of present programs of practical nurse training and the further development of new programs:

1. Administration on the Federal level through the United States Office of Education.

2. Administration on the State level through State boards for vocational education as the sole agency for the State administration of programs with provisions for developing a satisfactory State plan to be submitted to and approved by the United States Office of Education outlining policies and methods which will be used in conducting practical nurse training under the provisions of a Federal act.

3. An appropriation which is specifically earmarked for practical nurse training, the allotment to each State being based on the ratio the State population bears to the population of all the States or some other satisfactory plan of allotting funds to the States.

4. A continuing appropriation which would provide for:

(a) Not to exceed 75 percent matching on costs of new projects during the first 2 years of operation.

(b) Not to exceed 50 percent matching on costs of projects for following years of operation.

(c) Federal funds to be used for reimbursing State supervision costs, instructional salaries and initial purchases of specialized equipment.

Now, that is my statement, Senator Hill and Senator Lehman; and if you have any questions, I would be glad to try to answer them.

Chairman HILL. That is a most interesting statement.

You are so much in agreement with those of us here that I do not imagine that we have many questions.

You have certainly made a fine, splendid presentation, and most helpful in behalf of this legislation.

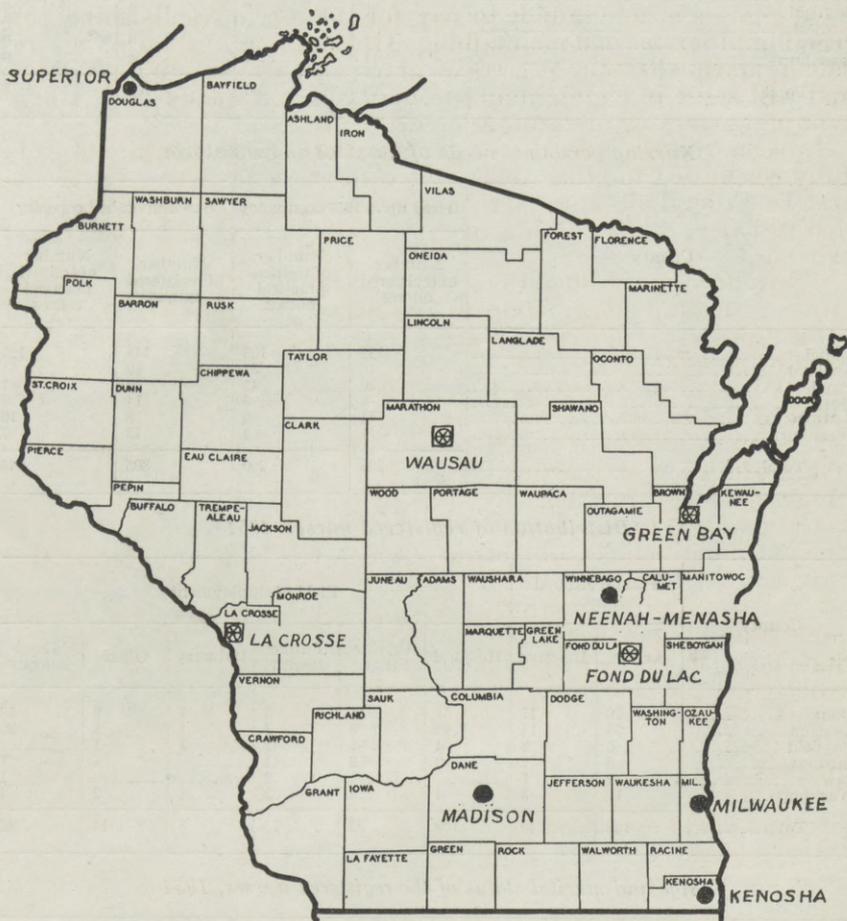
Senator Lehman, do you have any questions?

Senator LEHMAN. I have no questions. I thought it was a very interesting statement.

Chairman HILL. We certainly want to thank you for this most interesting and very fine and helpful statement. We appreciate your being here, Mr. Greiber.

(The attachments to Mr. Greiber's prepared statement follows:)

PRACTICAL NURSE TRAINING PROGRAMS  
ESTABLISHED AND PROPOSED  
WISCONSIN SCHOOLS OF VOCATIONAL AND ADULT EDUCATION



- SCHOOLS ALREADY ESTABLISHED
- ⊗ CITIES PRESENTLY INTERESTED

*Comparison of hospital and sanatoria need for nurses with nurses engaged in nursing*

County	Needs on present occupancy		Employed in hospitals and sanatoria	
	Registered nurses	Trained practical nurses	Registered nurses	Trained practical nurses
Douglas.....	122	105	51	5
Ashland.....	46	34	42	3
Bayfield.....	30	45	4	0
Burnett.....	8	6	2	0
Sawyer.....	11	6	0	0
Washburn.....	11	4	4	0
Total.....	228	200	103	8

*Nursing personnel needs of hospital and sanatoria*

County	Based upon 1950 occupancy		Based upon bed capacity	
	Number of registered nurses	Number of trained practical nurses	Number of registered nurses	Number of trained practical nurses
Douglas.....	122	105	148	121
Ashland.....	46	34	80	51
Bayfield.....	30	45	32	47
Burnett.....	8	6	14	9
Sawyer.....	11	6	18	10
Washburn.....	11	4	13	7
Total.....	228	200	305	245

*Distribution of registered nurses, 1951*

County	Total registered nurses		Field of employment					
	Active	Inactive	Hospital	Private duty	Public health	Industry	Office	Miscellaneous
Douglas.....	79	17	51	14	5	1	9	16
Ashland.....	55	14	42	3	3	1	1	20
Bayfield.....	6	3	4	1	2	1	1	1
Burnett.....	5	2	2	2	1	-----	1	1
Sawyer.....	2	1	-----	-----	2	-----	-----	1
Washburn.....	11	3	4	2	2	-----	2	4
Total.....	158	40	103	22	15	3	14	42

*Age and marital status of the registered nurses, 1951*

County	Age					Marital status		
	20 to 29 years	30 to 39 years	40 to 49 years	50 to 59 years	60 years over	Single	Married	Widow
Douglas.....	21	31	29	11	3	28	64	4
Ashland.....	18	22	17	8	9	22	44	3
Bayfield.....	1	5	2	1	-----	3	5	1
Burnett.....	2	-----	3	1	1	2	4	1
Sawyer.....	-----	1	-----	1	1	1	1	1
Washburn.....	6	3	4	1	-----	1	12	1
Total.....	48	62	55	23	14	57	130	11

WISCONSIN STATE NURSES ASSOCIATION,  
Milwaukee, Wis., April 11, 1955.

Mr. C. L. GREIBER,  
State Director, State Board of Vocational and Adult Education,  
Madison, Wis.

DEAR MR. GREIBER: There is a definite need for more practical nurses in Wisconsin. We understand that there are more applicants than can be accepted, especially those living in the areas where no accredited schools exist.

We advocate that the Wisconsin Vocational and Adult Education Department expand its present program for the training of practical nurses and where no accredited school for practical nurses exist to set up a like program in order to give applicants from those areas the opportunity of practical nurse training.

Sincerely yours,

CLARA BAUER,  
Mrs. Walter Clara Brauer, R. N.

DEPARTMENT OF NURSES,  
Madison, Wis., April 12, 1952.

Mr. C. L. GREIBER,  
Director, Board of Vocational and Adult Education,  
State Office Building, Madison, Wis.

DEAR SIR: Recently the analysis of the 1954 annual reports from all accredited schools of professional and practical nursing was completed. I think you would be interested in comparing the 1954 findings on practical nursing with previous years since all accredited programs in Wisconsin are sponsored by boards of vocational and adult education.

Since 1946 when the first school was accredited, we have had a slow, but I believe sound, increase in the number of schools and in enrollment.

Year	Number of schools	Admissions	Graduations	Year	Number of schools	Admissions	Graduations
1946.....	1	3	-----	1951.....	3	107	81
1947.....	2	21	3	1952.....	4	167	79
1948.....	2	41	16	1953.....	5	223	130
1949.....	3	92	29	1954.....	5	249	169
1950.....	3	116	62				

Two schools admit 2 classes a year; 2 schools admit 3 classes and 1 school admits 5 classes each year. All have reached their maximum enrollment. This means that if Wisconsin is to accommodate all persons seeking enrollment to practical nurse education, as well as to meet the demand for this trained worker, more programs need to be developed.

A modest estimate of today's need for licensed trained practical nurses is 7,500. This includes the need not only of general hospitals but public-health agencies, industry, mental institutions, sanatorium, and nursing homes. On April 1, 1955, Wisconsin had 1,420 licensed trained practical nurses.

Before the end of 1955 the commission to develop a statewide plan for nursing education will be seeking your assistance to determine which of your schools have the facilities, personnel, and resources to develop programs in practical nursing. The commission hopes to locate schools strategically throughout the State in order that we may prepare the trained practical nurses within a radius of 75 to 100 miles of her home.

Certainly we have a public which recognizes the need for and accepts this trained worker. Our attention, therefore, needs to be focused on finding the prepared faculty and the funds to establish and maintain these programs.

I know we can depend upon your assistance in our plans to expand the practical nursing education programs because of your interest and support since 1946.

Sincerely yours,

ADELE G. STAHL, Director.

Chairman HILL. Mrs. Kellogg Fairbank, president of the board of directors of the Lying-In Hospital, Chicago, Ill.

Mrs. Fairbank it is nice to have you here. You may proceed in your own way.

STATEMENT OF MRS. KELLOGG FAIRBANK, PRESIDENT, BOARD OF DIRECTORS, LYING-IN HOSPITAL, CHICAGO, ILL.

Mrs. FAIRBANK. I am happy to be here today in the capacity of citizen trustee representing one hospital in our country and, as such, to endorse the sentiments of the American Hospital Association in their support of these two bills, 929 and title III of S. 886.

I believe just in my own personal experience in one hospital alone, the Chicago Lying-In Hospital, that there is a great need for vocational training for practical nurses and auxiliary people.

To give you an example of how our hospital operates, to bring it down to some basic facts, we have a hospital which has about something over 200 beds, and we employ 163 people.

Of these people, 46 are in the category such as we are talking about today, constituting about 28 percent of our personnel.

These people are trained by us at our expense and at our time.

We find it a tremendous problem because along with the training of these people we have a certain number of nurses in training approaching the graduate nurse, so we have a tremendous burden on our graduate staff in the training of these people. We have a very successfully run hospital as a result because the team nursing is very successful there.

In Billings Hospital, which is part of our university clinic setup there, which has about 500 beds, they have the same proportion there pretty much. They have 417 personnel working for them, and 159 of those, or 30 percent, are of the variety of attendant, practical nurse, clinical, clerical workers, that is, technicians, of one sort or another, who are trained in the hospital.

I would be delighted to answer insofar as I am able to, any questions.

Chairman HILL. Well, Mrs. Fairbank, you have made a most interesting statement.

Let me ask you this: Do you experience much difficulty in getting the practical nurses that you need?

Mrs. FAIRBANK. Yes, we do.

Chairman HILL. You do.

You feel you have a shortage today?

Mrs. FAIRBANK. Yes, we do.

Chairman HILL. You do have a shortage today?

Mrs. FAIRBANK. Yes.

Chairman HILL. Would you care to make any comment on the fact that by a shortage of practical nurses, you make it even more difficult for the professional nurse and you make it more necessary to employ more professional nurses?

Mrs. FAIRBANK. Well, it works the other way around so far as I can see. We have such a shortage of graduate nurses that there is a tremendous necessity for these auxiliary people to come in to complement the situation.

We do have difficulty in finding them because the training program is such in a specialized hospital such as ours, it takes some time, and we are not too well equipped financially to support these people while their period of training is going on, and we find that that is discouraging to them, as a result, these candidates for jobs in our hospital.

Chairman HILL. Would you not think a great city, a relatively rich city, like Chicago would, perhaps be able to secure practical nurses better than many or most of the cities and communities throughout the United States?

Mrs. FAIRBANK. I should think it would.

Chairman HILL. Senator Lehman, do you have any questions?

Senator LEHMAN. Do you know approximately what the budget of your hospital is?

Mrs. FAIRBANK. The hospital, the supervisory end of my hospital, has a budget which is given to it by the university. They apply to the university for their budget needs.

My concern with the hospital, and I do not know how large that is, it has the usual running deficit, as it is called. My own budget which, as a president of the board of directors in a fund-raising capacity, runs between eleven and twelve thousand dollars a year. We very often help to pay for this type of training program out of that kind of funds, and of anything over that for specific needs of the hospital, we raise that separately.

Senator LEHMAN. As I understand it, your funds either come from the university—

Mrs. FAIRBANK. From the university.

Senator LEHMAN (continuing). Or from private contributions.

Mrs. FAIRBANK. That is right.

Senator LEHMAN. And I assume that it runs into a very substantial figure?

Mrs. FAIRBANK. It does.

Senator LEHMAN. This bill provides for an authorization of \$5 million for the whole Nation. It is fair to assume under those circumstances that Illinois, as a whole, would not get, even if the full \$5 million were appropriated, over \$250,000 or \$300,000, which would have to be used throughout the entire State.

Now, assuming all that I have said is correct as to the amounts, your hospital was given Federal aid to a certain extent—it could not be more than a very few thousand dollars—you think that would lessen or sap local initiative or the interest that the university or the public-spirited people of Chicago would have in the hospital?

Mrs. FAIRBANK. No, sir; I do not.

Senator LEHMAN. I do not either.

Chairman HILL. Do you think it might serve as a stimulus to get the people interested in your hospital to do even more than they are doing now?

Mrs. FAIRBANK. I think so, perhaps.

Chairman HILL. You think it would serve as a stimulus.

Let me ask you this, Mrs. Fairbank: One of our biggest problems today, of course, is the increased cost of hospital care. Perhaps if some of our friends in the American Hospital Association had not been sitting out there I might have said the high cost of hospital care. [Laughter.]

I wish you would comment on this: Do you feel that if we could get more of these practical nurses, that the acquisition of these nurses might reflect itself into a little lower cost of hospital care?

Mrs. FAIRBANK. No, sir.

Chairman HILL. If you have more practical nurses, the cost would not be quite as much as for the other nurses, would it?

Mrs. FAIRBANK. I do not suppose it would.

Chairman HILL. You do not suppose it would. Would that not be true?

Mrs. FAIRBANK. On the other hand, a good deal of the cost per day of a hospital patient is determined by the amount of expenses that you have that would have to come out of what you bring in, and a lot of our training at the moment of practical nurses has to be carried by our high cost, as you call it.

Chairman HILL. The cost of training has to be really in the end carried by the hospital.

Mrs. FAIRBANK. It has to be carried by the hospital.

Chairman HILL. Which means it has to be carried by the patient who comes to the hospital; is that right?

Mrs. FAIRBANK. Carried by the patients.

Chairman HILL. Yes, carried by the patients.

Excuse me, Senator Lehman.

Senator LEHMAN. I just wanted to say one thing. Mr. Greiber testified that in his State of Wisconsin the number of practical nurses required was 7,500; there were only, I think he said, 475 in the entire State, so that certainly gives evidence of a very great shortage.

While I have not got the figures, I think it has been pretty clearly demonstrated that at least in many of the localities of the country there is a shortage of graduate nurses, too.

Mrs. FAIRBANK. There is.

Senator LEHMAN. The figures that have been given to me have been quite startling on that.

Now, if that be the case, the better training of practical nurses or possibly the training of a small increased number of practical nurses would certainly not satisfy the needs either of graduate nurses or even satisfy the needs of practical nurses; is that not a fact?

Mrs. FAIRBANK. Yes, that is very correct; you are correct in saying that.

Chairman HILL. We want to thank you, Mrs. Fairbank.

Mrs. FAIRBANK. Thank you very much. It was a very fine privilege to be here.

Chairman HILL. It is very fine of you to come all the way from Chicago and bring us this testimony.

Mr. Henry Hooper, immediate past president, Ohio Hospital Association; superintendent, General Hospital, Cincinnati, Ohio.

Mr. HOOPER. Thank you Senator.

Chairman HILL. We are happy to have you here, sir, and appreciate your coming. If you will just proceed in your own way, please, sir.

#### STATEMENT OF HENRY N. HOOPER, SUPERINTENDENT, CINCINNATI GENERAL HOSPITAL

Mr. HOOPER. Thank you, Mr. Chairman. I am Henry N. Hooper, superintendent, Cincinnati General Hospital, immediate past president of the Ohio Hospital Association and a member of its board of trustees, whom I represent. The Ohio Hospital Association has a membership of 248 of the 258 hospitals registered in Ohio. I also happen to be a member of the Public Health Council of Ohio, which is the State board of health.

I am here to make known the Ohio Hospital Association's support of bills before this committee for assistance in practical nursing and auxiliary hospital personnel service. We are in support of these bills, and particularly Senate bill 929, because of the following reasons:

1. There can be no doubt of the need for additional bedside nursing for all types of ill persons in hospitals, particularly in the general hospitals. In my own institution, we have 148 professional-nurse positions authorized and are currently able to recruit only 104. The difference must be made up somehow.

We cannot even provide one registered nurse round the clock in each nursing unit in which acutely ill patients are cared for. The practical nurse has proven her place in relieving professional nurses of those duties which she can perform.

She has been accepted by the professional nurse as a qualified assistant. In addition, the growing number of older patients suffering from long-term illnesses is particularly evident in my community, and the services of the practical nurse offer the only possible means of meeting the needs of this increasing group.

2. Qualified candidates for practical-nurse training are available. In the program conducted by the board of education in the Central Vocational High School of Cincinnati, there are currently 120 to 149 applicants for each class of 40 practical-nurse students. Even after screening, there are 70 such applicants. Ohio has 8 vocational education practical-nurse training programs, which have trained some 2,000 graduates over a period of 5 years. Ninety-eight percent of the practical-nurse trainees of the Cincinnati program are actively engaged today in practical nursing, most of them in hospitals. The State of Ohio is devoting its available funds to these programs and sharing from local resources is evident in each case.

The provision of State vocational education funds has made possible these eight programs. Participation in training needs has been limited to assistance in the payment of teacher and supervisor salaries. In many localities this participation needs to be expanded to make possible the provision of additional programs. Particularly are programs needed in rural areas, using one school and satellite hospitals. Also, assistance by State education resources has stimulated provision of local funds for practical-nurse training.

In Ohio, Federal assistance has been used to supplement and broaden practical-nurse training facilities. In no case have these funds been used to supplant State and local funds.

Assistance is needed in more fields than that of practical nursing. The supply of professional dieticians is equally short, and the only feasible answer to this shortage lies in the training of dietary assistants. Other technical fields are equally short, notably those of laboratory assistants and the teachers of nurse aids.

We believe that assistance to the States for the training of practical nurses and other vocational groups has proven its value in the care of hospital patients. We are now at the point where expansion of these programs and the establishment of additional training facilities offers the only feasible answer to the current needs for the bedside care of hospitalized patients. We believe that this bill will go far toward providing and stimulating this necessary expansion, and therefore we urge its strong support by the committee for passage.

Chairman HILL. Now, Mr. Hooper, you come from one of the great, relatively rich States of the United States, but you feel that there is a definite need for Federal aid; do you not?

Mr. HOOPER. We feel, sir, that the provision of Federal aid provides the impetus, the stimulus, that many areas need. It is a moral stimulus as well as a financial one, Senator.

Chairman HILL. In other words, instead of the Federal aid encouraging the States or causing them to fail to meet their responsibilities in the matter, it encourages and stimulates and really challenges them to do more; is that not right?

Mr. HOOPER. That has been the case in Ohio, sir, yes.

Chairman HILL. You have been watching this for some time, have you not?

Mr. HOOPER. That is right, sir.

I have been trying to urge the State to set up more programs in Ohio. I would like to see our own local board of education have three programs instead of one.

The competition for local vocational education funds is keen, and it is pretty difficult, I guess, to tell one vocational area, "We must cut you down in order to expand practical nursing."

Chairman HILL. Then your experience is that the Federal funds do stimulate and bring forth the greater effort on the part of your local communities?

Mr. HOOPER. Exactly, sir.

Chairman HILL. Would you care to make any comment about the effect that meeting this shortage of practical nurses, giving us the nurses that we need through this program, might or would have on the cost of hospitalization?

Mr. HOOPER. From my own experience, sir, it has not indicated that it will be an active, considerable factor in reducing the daily cost of hospitalization.

In our case, where we cannot hire the registered professional nurses, I tell our nurses service director that she may hire the equivalent in dollars, in dollar cost, in practical nurses, or if they are not available, in nurse aids, because obviously it takes more nurse aids to make up for what a registered nurse can do.

I would like to think that it might have some effect upon the cost of hospitalization, but I would not make so bold as to state that I think it would.

Chairman HILL. How large a hospital is your General Hospital in Cincinnati?

Mr. HOOPER. 810 beds.

Chairman HILL. That is a large hospital, is it not?

Mr. HOOPER. It is big enough for me, sir.

Chairman HILL. You mean the problems are big enough.

Mr. HOOPER. Yes.

Chairman HILL. Senator Lehman?

Senator LEHMAN. No questions.

Chairman HILL. Mr. Hooper, we certainly appreciate your coming all the way from Cincinnati and bringing us this very splendid and helpful testimony.

Mr. HOOPER. We are most grateful for the opportunity, Senator.

Chairman HILL. Thank you, Mr. Hooper; thank you again, sir.

Mrs. Jean Corcoran, president of the Licensed Practical Nurse Association of Illinois, Chicago, Ill.

Mrs. Corcoran, it is nice to have you here.

Mrs. CORCORAN. Thank you; it is nice to be here.

Chairman HILL. We will be very glad to have you proceed in your own way.

#### STATEMENT OF MRS. JEAN CORCORAN, PRESIDENT, LICENSED PRACTICAL NURSE ASSOCIATION OF ILLINOIS

Mrs. CORCORAN. This is a statement by Jean B. Corcoran, licensed practical nurse, graduate of the first class of the first accredited school of practical nursing in the State of Illinois, president of the Licensed Practical Nurse Association of Illinois, to the United States Senate Committee on Labor and Public Welfare.

The Licensed Practical Nurse Association of Illinois, an association of licensed practical nurses, with a membership of over 2,100, in its 12 constituent divisions in the State of Illinois, supports the need for Federal aid to the States in order to improve the health service in our country.

We wish to emphasize the need in our State for Federal aid to our State vocational education department, which would enable it to increase the practical-nurse training program.

Great progress has been made by our vocational education department in this field. However, practical nurse resources are far from sufficient to meet the increasing demands for their services. It is necessary that we have more schools to prepare practical nurses for our expanding health programs.

Our school boards have had a great task in meeting the needs of education financially with all the children coming to school. Limited funds have hampered the expansion of our practical nurse training programs. Today we have only three schools under vocational education. Our greatest need is in the central and southern parts of the State. We are desperately in need of such a program in the southern part of the State where there is no school at all.

It is the proper function of our department of vocational education to prepare practical nurses for this field through sound educational programs, and also to provide the necessary extension courses that will enable practical nurses, licensed by waiver, to improve their contribution to nursing.

The need for these services far exceeds the supply.

The excerpts from a survey made by the United States Department of Public Health, in conjunction with the Illinois Department of Public Health, in 1950, indicate the need for daily patient care for professional nurses and nonprofessional nurses, as follows: Medical patients per bed per day professional nurse service nine-tenths hour; nonprofessional service  $1\frac{8}{10}$  hours; surgical patients per bed per day, professional nurse service,  $1\frac{1}{2}$  hours; nonprofessional service  $1\frac{8}{10}$  hours.

In the semiambulant patient per day, professional nurse service, six-tenths hour; and nonprofessional nurse service, nine-tenths hour.

In the ambulant patient per day, professional nurse service, four-tenths hour; nonprofessional service, one-tenth hour.

Nonprofessional nurses needed at that time, 22,846; the supply on hand, 10,329, for a deficit of 12,517, or 54.8.

Since that time there has been a great increase in the demand for practical nurses in all fields of nursing.

The contributing factors for this need are many: The field of science, medicine, and nursing has progressed rapidly in the 10 years or more, and the demand for practical-nurse service has increased with this development.

The advancement of science in medicine has placed a greater demand upon the licensed physician, and, as a result, the registered nurse has had to assume greater responsibility.

Many of the technical duties which were once performed by the physician are now being performed by registered nurses, and thus the shortage of qualified personnel for less technical duties.

The training of practical nurses for this particular function has proved to be most satisfactory. However, the supply does not meet the demand and especially in the southern part of our State, where it is impossible to secure licensed practical nurses to care for even the chronically ill or aged.

The everchanging conditions in the preservation of the Nation's health today present us with new and bigger problems. Statistics will show that since 1900 the number of people aged 65 and over increased from 3½ million to 11½ million, and it is estimated that the figure will rise to approximately 15½ million by 1960.

The practical nurse, licensed by waiver, has met the requirements for licensure by virtue of experience in the field of practical nursing. However, it is vitally necessary that supplementary courses in these subjects be made available to these people to enable them to make a just contribution to nursing service.

Statistics of the survey made by the Licensed Practical Nurse Association of Illinois in November 1954 in the interest of the need for further education of our membership revealed many interesting facts.

It is a well-known fact that correspondence schools for practical nursing are very active in the State of Illinois, and that preparation for practical nursing through correspondence is not recognized.

The survey revealed that a great number of practical nurses, in their eagerness for a practical nurse education, took courses by correspondence, paying a tuition from \$159 to \$269, only to find later that this type of education did not meet the requirements for licensure.

In spite of the many efforts of our association and other groups to protect women from exploitation, this situation exists.

It is our opinion that this situation would be defeated if our department of vocational education had sufficient funds to set up more schools for practical-nurse training. Women seeking this form of education would not be so apt to be exploited by correspondence schools.

The return of the survey forms to our membership was 71 percent.

The survey indicated that age groups for our practical nurse membership, on a percentage basis, were as follows: 18 to 35, 25 percent; 36 to 50, 31 percent; 51 to 65, 29 percent; 66 and over, 15 percent. The youngest practical nurse reporting was 18 years of age, and the eldest, 81 years of age.

Our licensed practical nurses are employed in hospitals for general and private duty, private duty in homes, various institutions, doctors'

offices, industrial nursing, nursing homes, children's homes, by the public health, and several of them have nursing homes of their own.

Some of the academic education reported on the survey was as follows: 12 have a full 4 years of college; 32 have 2 years of college; 443 with 4 years of high-school education; 637 with 2 years of high-school education; 414 with 8 years of elementary school, and 6 who had no formal schooling at all.

The survey indicated requests for further education in nursing and nursing subjects as follows: General nursing, psychiatric nursing, surgical nursing, obstetrics, geriatrics, pediatrics, psyiotherapy, orthopedics, public health, materia medica.

In our summary we find the greatest percentage of practical nurses are in the age group 35 to 50, licensed by waiver, have at least 2 years of high-school education, employed in hospitals in general duty, and want further education in nursing and related subjects. We have a few with college degrees and a few working toward a college degree.

The Licensed Practical Nurse Association of Illinois recommends that practical nurses who are graduates of accredited programs, and practical nurses who are trained to teach, be permitted to teach practical nursing in order to supply additional instructors that will be needed in the expansion of the practical nurse training program.

The association further recommends that the need for accredited schools, as expressed in this statement, be given consideration by the committee in their deliberation on legislation which would provide better care to the sick and aged throughout the Nation.

Chairman HILL. How many members do you have in your association?

Mrs. CORCORAN. Over 2,100.

Chairman HILL. Over 2,100.

You definitely feel the need for more practical nurses?

Mrs. CORCORAN. Yes, we certainly do.

Chairman HILL. You have no fears about having too many, do you?

Mrs. CORCORAN. No, definitely not.

Chairman HILL. Senator Lehman, do you have any questions?

Senator LEHMAN. How long have practical nurses been licensed in Illinois?

Mrs. CORCORAN. We received our licensure in 1951, which was a permissive law, and as of 1953 that expired and we are now a 100 percent licensed organization.

Chairman HILL. Well, Mrs. Corcoran, it was awfully good of you to come here today, and we appreciate this fine testimony that you brought us. We are most grateful to you for that; thank you very, very much.

Mrs. CORCORAN. Thank you. I am grateful to have had the privilege of being here.

I have a couple of letters here to substantiate my report that I can leave with the committee.

Chairman HILL. Good. You will leave those with the committee, will you?

Mrs. CORCORAN. I would be glad to.

Chairman HILL. Thank you very, very much.

Mrs. CORCORAN. Thank you.

(The documents referred to follow :)

ILLINOIS ASSOCIATION OF NURSING HOMES,  
Washington, Ill., April 9, 1955.

Mrs. JEAN D. CORCORAN,  
President, Licensed Practical Nurse Association of Illinois,  
Chicago, Ill.

DEAR MRS. CORCORAN: It is indeed gratifying to learn you are going to Washington, D. C., to testify to the need for accredited schools of practical nurse training.

We are interested in Senate bill No. 929, which will provide money to States for practical nurses training, as there is a definite need for qualified practical nurses in the State of Illinois since only a few schools in the State now are able to give such training, mostly because of financial reasons.

I feel that Senate bill No. 929 should be of vital interest to the general public of the entire United States. If there should be a national emergency declared, there would not be enough qualified personnel to give the skilled nursing care at such a crucial time. In many sections of the State of Illinois it is impossible to secure licensed practical nurses to care for even the aged and chronically ill.

With best wishes for a most successful meeting in Washington, D. C., I am,  
Yours very truly,

FLORENCE L. BALTZ, R. N., *President.*

SPRINGFIELD, ILL., April 6, 1955.

Mrs. JEAN D. CORCORAN,  
President, Licensed Practical Nurses Association,  
Chicago 39, Ill.

DEAR MRS. CORCORAN: It is my understanding that you are going to Washington next week in the interest of legislation relating to practical nurse education.

As chairman of the State advisory committee for practical nurse education, I would like to emphasize the many nursing needs in our State, and especially in southern Illinois. As you know, efforts have been made to interest boards of education in setting up schools for practical nurses. These schools have limited funds and up to this time there have been no schools for practical nurses in that part of the State. There is a great need for additional funds to assist schools, especially in the way of equipment, etc.

I sincerely hope that legislation may be enacted whereby funds could be allocated to States for this important program.

Sincerely yours,

MAUDE B. CARSON, R. N.,  
*Chairman, State Advisory Committee on Practical Nurse Training.*

Chairman HILL. Mrs. S. C. Patterson, South Georgia Trade and Vocational School, Americus, Ga.

It is nice to have you here, Mrs. Patterson. We will be delighted to have you proceed in your own way.

#### STATEMENT OF MRS. S. C. PATTERSON, STATE DEPARTMENT OF EDUCATION, GEORGIA

Mrs. PATTERSON. Thank you, sir. I am Mrs. S. C. Patterson, public relations consultant, vocational department, State Department of Education, Georgia, and a member of the State advisory committee on practical nurse education in that State.

Mr. Chairman, we appreciate very much the opportunity of appearing before this committee and making a statement in support of legislation, now pending, which will provide "aid to the States in the fields of practical nursing and auxiliary hospital personnel services."

Much emphasis has been placed this morning on the urgent and immediate need of an expanded and improved program of health serv-

ice for our people throughout the Nation. It has further been pointed up that individual States cannot provide an adequate program for their people without Federal assistance.

Georgia's story is no different from the rest—only we would describe our needs and our problems as "more acute," since we are predominantly a rural State. Rural areas always suffer greatest from a shortage of trained personnel in any field—and the nursing profession is no exception.

I would like to depart, Mr. Chairman, from the printed page, and say to you that my interest in this program does not stem from the fact that I am an employee of the vocational department.

My interest in this program began when I served as county school superintendent in one of the rural counties of Georgia for 20 years; I saw the need and the suffering there for this program.

The Georgia training program for practical nurses began in the spring of 1953. While it is very limited, and we are still more or less in the experimental stage, our people are convinced that most of our problems could be solved by an expanded program of practical-nurse education.

To date, we have only three approved schools under vocational education for training practical nurses. We have 10 vocational training centers, located strategically over the State. Our very great need now is to be able to establish and maintain practical-nurse training in each of the 10 centers. We are stymied in our program by the old, persistent problem of lack of funds on the State and local level.

To date, we have graduated from our approved schools approximately 100 young women. During this same period of time, more than 5,000 were licensed under the Waiver Act, many of whom had practically no training or experience.

This creates a serious health problem unless some training can be provided through the vocational adult education program, which would upgrade these persons to meet the minimum standards which should pertain to all those who are working in the field of practical nursing.

Among the other problems that would be solved in our State by securing additional funds are: 1. Staffing the Hill-Burton hospitals with trained nurses.

You know we have spent a good bit of money down in our State on these hospitals, and we point to these structures with a great deal of pride. But when we look inside, we find that they are not staffed with trained people. Some of them have been opened only partially, and one hospital in a rural county in Georgia has not been able to operate at all because it could not secure nurses, trained or untrained.

Second, it would provide trained nurses for the care of the subacutely and chronically ill; third, it would provide trained personnel for the convalescent; fourth, it would take care of the rapidly increasing number desiring hospital care as a result of hospitalization insurance; and fifth, it would help solve the needs of business and industrial establishments for trained personnel in their health service departments.

The scope of this program, both in need and service provided, justifies Federal aid to the States. Therefore, we ask that you support and lend your influence to the passage of this legislation.

The practical-nurse training program under the direction of the vocational education department merits everyone's interest. The need is recognized and pointed up. The program is recognized by professional groups of nurses, hospital administrators, and doctors, as well as the public in general.

What is needed now is stabilization. Nothing can stabilize the program more than Federal aid. The effects of Federal aid in the development of vocational education programs cannot be denied. It not only stimulates local and State interest and participation, but it adds much prestige also.

Georgia owes its industrial and agricultural growth today, which is phenomenal, to vocational education.

If vocational education is given funds now for the promotion and development of the health teams, it will be another major contribution to our national security.

That concludes my statement.

Chairman HILL. Mrs. Patterson, you brought us a splendid statement that frankly answered the questions I had in mind. Coming from Georgia, sister State to Alabama, and being, as you say, a rural State very much like Alabama, one of those States being what we would speak of as relatively low-income States, you have answered the very questions I have had. You brought us an excellent statement.

Mrs. PATTERSON. Thank you very much, Senator Hill.

Chairman HILL. Senator Lehman, any questions?

Senator LEHMAN. There was one thing I wanted to ask Mrs. Patterson. I was very glad you emphasized, Mrs. Patterson, the particular needs of the rural sections as compared to urban sections. We have that same problem in my own State, although I am sure that it is not as urgent as in predominantly rural States such as yours and many others.

Have you any figures to show the percentage of trained nurses that are available in your rural sections as compared to your urban centers like Atlanta?

Mrs. PATTERSON. I am sorry, I do not have that information available. I do know this: That the rural areas send girls to the professional training centers, and they never come back. Many of our hospitals in south Georgia, particularly, operate with only one trained professional nurse. I believe that I have been told that about 85 percent of the practical nurses will remain in the areas where they train. If we could expand the program in Georgia, this would certainly mean that we would be assured of trained nursing services.

Chairman HILL. And if this program were expanded, you think there would be no trouble whatever in getting fine young women to go into the work of practical nursing?

Mrs. PATTERSON. No, sir; I do not think so. We have observed this, Senator: That the recruits for practical nursing do not like to go so far away from home, and that is the reason I said that if we had 10 centers of training rather than 3, we could take care of our people, but otherwise we cannot.

Senator LEHMAN. Did I understand you correctly, I am sure I did, that there is a shortage of graduate nurses as well as a shortage of practical nurses?

Mrs. PATTERSON. Oh, yes. That is quite true, Senator.

Senator LEHMAN. So that the increase in the number of practical nurses that might be trained and other auxiliary personnel would in no way compete with the graduate nurses.

Mrs. PATTERSON. Oh, no, sir, that is quite true.

Senator LEHMAN. There is plenty of need for both.

Mrs. PATTERSON. That is quite true, and I think it is necessary to have both. I see no conflict there, no conflict in the training program.

Senator LEHMAN. Thank you.

Chairman HILL. Well, we certainly appreciate your coming.

Mrs. PATTERSON. Thank you so much for giving me the privilege.

Chairman HILL. And for this very excellent statement, Mrs. Patterson.

It is certainly a pleasure.

Now Mr. A. A. Rosser: Mr. Rosser is administrator of the Glynn-Brunswick Memorial Hospital, Brunswick, Ga. Glad to have you here, Mr. Rosser. You may proceed in your own way.

#### STATEMENT OF ALDINE A. ROSSER, ADMINISTRATOR, GLYNN-BRUNSWICK MEMORIAL HOSPITAL, BRUNSWICK, GA.

Mr. ROSSER. Mr. Chairman, and members of the committee, I am Aldine A. Rosser, administrator of the Glynn-Brunswick Memorial Hospital, Brunswick, Ga., immediate past president of the Georgia Hospital Association, trustee of the Southeastern Hospital Association, and member of the advisory board to Practical Nurses Examiners of the State of Georgia.

On behalf of the Georgia Hospital Association, the Practical Nurses Advisory Board, and as a matter of public interest, I request support for S. 929 by Messrs. Hill, Murray, Neely, Lehman, and McNamara, which proposes Federal aid for the training of practical nurses and auxiliary hospital personnel.

Being reminded that there is an acute shortage of registered nurses, I request this support for the following reasons:

1. To provide the youth of low-income families the opportunity of preparing themselves with a vocation that enables them to serve others and at the same time provide for themselves a means of self-support in a respected vocation.
2. To provide hospitals with trained personnel.
3. To relieve the registered nurses of routine bedside nursing duties, especially in small hospitals that are unable to secure an adequate number of registered nurses.
4. To provide adequate personnel for bedside care of convalescent and aged patients, in homes and nursing institutions.
5. To provide a training program that can be carried out in hospitals of 50 to 100 beds, that are financially unable to provide this needed training program.
6. To raise the standard of auxiliary personnel.

In hospitals and communities where practical nurses are trained and used the results have been most gratifying. They conduct themselves in a professional manner and are well aware of their limitations. They have relieved the load of routine duties of registered nurses,

enabling the registered nurse to spend more time with the acutely ill patients and thus provide better nursing service to all patients. The acute shortage of registered nurses has made us aware of the fact that a large percentage of the registered nurse's duties can be performed adequately by trained practical nurses. This gives the practical nurse a feeling of security, with pride in her duties and responsibilities—and this, in turn, makes them better citizens. Knowing that they are charged with responsibility and that they are aiding people in distress creates confidence.

Should we be plunged into another war, it is these people who will be on the frontlines offering first aid and care, saving many American lives. This was borne out by the auxiliary program conducted by the armed services in World War II. Therefore, you might say that these people are being made better and more useful citizens and at the same time being trained for a program of national disaster.

Practically all communities need additional nurses. There are too few professional nurses with degrees and diplomas to meet the requirements of practicing physicians and the general public. This situation offers to competent licensed practical nurses the assurance of constant employment in their vocation under unusually favorable conditions.

Practical nurses are needed in the following places: General hospitals, chronic hospitals, children's hospitals, children's homes, infirmaries, nursing homes, physicians' offices, dentists' offices, private homes, industrial plants, health departments.

I urge that you give this bill serious consideration and earnestly solicit your support for its passage.

Chairman HILL. Any questions?

Senator LEHMAN. No questions.

Chairman HILL. Mr. Rosser, your statement dovetails and fits in and complements the statement of Mrs. Patterson. It is a splendid statement and most helpful to us. We deeply appreciate your coming here and giving us that statement this morning. Thank you very much.

Mr. ROSSER. Thank you, sir.

Chairman HILL. Miss Hilda Torrop, executive director of the National Association for Practical Nurse Education, New York City.

#### STATEMENT OF MISS HILDA TORROP, EXECUTIVE DIRECTOR, NATIONAL ASSOCIATION FOR PRACTICAL NURSE EDUCATION

MISS TORROP. I would like to ask the privilege of speaking from 17 years of experience in this field of practical nurse education and to file a prepared statement with you.

Chairman HILL. We will be happy to have you do so.

MISS TORROP. During these 17 years, the 8 schools with which we first started to work we have seen grow to 400. We have seen the practical nurse accepted as one answer to the nationwide shortage of nursing care.

We find that community groups everywhere nod understandingly when we state that the value of the trained practical nurse lies in the fact that she accepts patient care as an all-time career. We think that the value of the practical nurse ties itself up in that kind of a package.

But perhaps there is no other single health service so critically needed as bedside nursing service at the present time.

As you gentlemen know, there are over 27 million citizens in this country with chronic or long-extended convalescences. I have in mind such patients as our polio, our arthritic, our heart, our cancer, and our mental patients.

Our experts on chronic illness estimate that we need a standing army of 200,000 trained practical nurses. We are at the present moment graduating approximately 12,000 throughout the country from the 400 schools of practical nursing.

We believe that the potential recruitment reservoir for the schools for practical nursing is deep. From 25 to 40 percent of young people enrolled in high schools drop out before graduation.

Schools of practical nursing do not demand graduates of high schools. The older women need to become wage-earners after the age of 35, or who are free for the first time to take up a nursing career they wanted when they were younger turn out to be successful students.

We do not find one director of a school for practical nursing who does not voluntarily testify to the excellent services given by the older women who go into practical nursing.

Practical nurses are needed in hospitals of all types, in patients' homes, with visiting nurses associations, among other opportunities that are open to them at the present moment.

In an office like ours, calls pour in that have a particular poignancy because we are not a placement agency and therefore we serve somewhat as a court of last resort, and I have very much in mind the man who visited us yesterday, whose wife has had a cerebral accident and is partly paralyzed. He said, "If I am able to work in the daytime, I could earn enough to keep our small home together. If you can only find me a nurse who can take care of her then, I will take care of her at night," and with his hand on the doorknob as he left, he said, "Do find me someone to keep us together. I love her so much."

That kind of call, like the daughter who is setting her alarm clock at hourly intervals all night to get up and care for the arthritic mother, these are cases that do not make the headlines, but they are the citizens whose need is found up and down the streets of the city, and whose need we feel is peculiarly poignant. Therefore, the need for home nursing experience for the practical nurse while she is still a student is manifest. More schools are needed.

Chairman HILL. The need is a daily need, it is a constant need, isn't that right?

Miss TORROP. It is a constant need. And it is in every angle, in the home and in the hospitals of the country. We need students, we need teachers, we need equipment, we need schools, and of course we feel that additional Federal aid would make many of these things possible.

Senator LEHMAN. It won't discourage, as is claimed, local initiative, will it?

Miss TORROP. I hope not, sir. I don't believe there is any chance of that.

Senator LEHMAN. I know.

Miss TORROP. There is plenty of room for all the local initiative that we can stir up.

Senator LEHMAN. Don't you think the added interest shown by the Federal Government would stimulate interest and support locally—

Miss TORROP. I feel quite sure that it will, because there is a great deal of current interest, but also a companion frustration because there is not enough of the wherewithal to make things move a little more rapidly than they are moving at the present moment.

Senator LEHMAN. How long have practical nurses been licensed in New York, do you know?

Miss TORROP. Since 1938.

Senator LEHMAN. That was my recollection.

Miss TORROP. Yes, and—

Senator LEHMAN. At that time there was a lot of opposition to it.

Miss TORROP. A lot of opposition and of course there is a lot of opposition here and there now, but nothing like what there was then, Governor Lehman.

Senator LEHMAN. Thank you.

Chairman HILL. Go right ahead.

Senator LEHMAN. Excuse me, I have to go to the floor of the Senate.

Miss TORROP. We have every hope that standards will be established in the States that will assure a practitioner that is able to give the quality and quantity of service that the hospitals, than the doctors, and the patients need, and this, Senator, is an extremely important point.

We feel, as an organization, sorry that S. 929 does not provide aid for all schools that qualify as superior schools of practical nursing. A large number of the best schools in the country are hospital-sponsored schools that very much need the same aid as the schools will get that are under vocational education.

Scholarships are needed to prepare professional nurses to teach practical nursing and this is not to be confused with workshops that teach them how to be more expert in the field of adult education. Grants-in-aid are very much needed for students who qualify in every respect except being financially able to take the 1-year course.

We hope very much that the bill will receive favorable hearing and that some way may be found to make the aid flexible enough to help all approved schools of practical nursing.

Thank you.

Chairman HILL. Well, you have spoken to us, I would say, out of your experience and also out of your heart and we want to thank you and express to you our deep appreciation.

Miss TORROP. Thank you, Senator Hill.

Senator HILL. Thank you.

Miss Agnes Olson, president of the American Nurses' Association of New York. Miss Olson?

Miss OLSON. Senator Hill—

Chairman HILL. We are glad to have you here.

Miss OLSON. I would like to say here that we have with us Miss Carroll, who is our staff member, and Miss Helen Marchant, who is a member of our association and currently directing a State program for practical-nurse preparation in the State of Connecticut.

Chairman HILL. Good, nice to have all of you.

**STATEMENT OF MISS AGNES OLSON, PRESIDENT, AMERICAN NURSES' ASSOCIATION, NEW YORK CITY, ACCOMPANIED BY MISS MARGARET CARROLL AND MISS HELEN MARCHANT**

Miss OLSON. I would like very much to read the statement that we have prepared and to have it inserted in the record, if I may.

The American Nurses' Association, of which I am the president, is a national organization of over 175,000 registered professional nurses from all fields of nursing practice and nursing education, and with constituent associations in 53 States and Territories. The overall purposes of our organization are to promote high standards of nursing practice and to promote the welfare of nurses to the end that all people may have better nursing care.

For the past 30 years, the American Nurses' Association has encouraged the growth and development of nonprofessional nursing personnel needed to take over functions which professional nurses could no longer carry along with their own added responsibilities. Working with other interested groups, we have promoted the development of educational programs for practical nurses and to some extent have assisted in the growth of practical-nurse organizations. Considering the practical nurse to be a practitioner for whom licensure should be provided in the public interest, the American Nurses' Association has promoted State nursing practice acts to provide for licensing qualified practitioners, and to facilitate their interstate licensure. Largely through the efforts of our State and Territorial nurses associations, the laws of 47 jurisdictions now provide for licensing of practical nurses and for State accreditation of schools of practical nursing.

That question was brought up—

Chairman HILL. That is 47 out of the 48?

Miss OLSON. 47 out of the 53 jurisdictions.

Chairman HILL. Yes, you included the Territories.

Miss OLSON. Yes.

For various reasons, the demand for nursing services has been increasing at a rapid rate; and from all indications, this demand will continue to increase. If the needs for nursing care in this country are to be adequately met we must increase the supply of all kinds of prepared nursing personnel and effectively use the potential contributions of each member of the nursing team.

The first priority in need for financial aid in nursing education is the need for scholarships for graduate registered nurses in supplementary and in advanced programs preparing for administrative and supervisory positions in nursing services, and for administrative and teaching positions in schools of nursing.

The most fundamental nursing problem facing the nursing profession and the people of our country lies in the urgent need for an adequate supply of highly trained administrative and teaching personnel. It is our fervent hope that this committee will deal with this problem, and will give consideration to title 4 of S. 886 which would establish the authority in the United States Public Service for the granting of traineeships for the categories of professional personnel.

Chairman HILL. Of the graduate nurses, professional personnel?

Miss OLSON. Yes, that will come in title 4 and would establish that in the United States Public Health Service.

Now the second greatest need is for increased numbers of the several categories of nursing personnel. Included in this personnel is the practical nurse, the principal subject of the legislation being considered today. The practical nurse cannot be considered as a substitute for the professional nurse, but she is a very essential complement to the professional nurse in today's health services.

Recognizing the valuable contribution to practical-nurse education made by the United States Office of Education, and by the various State departments under their vocational education programs, the American Nurses' Association supports title III of S. 886. We urge that favorable consideration be given to the stated appropriation of funds for grants to States to enable them to extend and improve vocational education in the field of practical nursing. However, we believe certain additional safeguards should be included in the requirements which States must meet in order to qualify for Federal funds.

First, in the interest of sound-nursing education, a State plan should provide that the program be supervised by a qualified-registered-professional nurse. We recommend therefore that in section 303 (a) (2) the words "or shall have the consultative services of a registered professional nurse available to him" be deleted.

We further recommend that States be required to submit plans in which the programs for practical nurses meet the minimum requirements of State-licensing laws, including accreditation by the licensing agency where State law requires this.

I think that has been amply spoken to before today.

Chairman HILL. Do you have a national accreditation agency, or not?

Miss OLSON. No, we do not.

Chairman HILL. You do not have one?

Miss OLSON. The State constituency accredits the program.

Chairman HILL. Yes.

Miss OLSON. We also recommend that States be required to submit plans which include not only minimum qualifications for teachers, but provisions for preparing teachers where qualified persons are not available. We believe that, where necessary, a portion of the funds allocated should be used for educating registered nurses to teach practical-nurse students. Programs cannot be expanded, nor improved, without first increasing the supply of teachers competent to teach and to direct vocational programs in practical nursing.

Section 305 gives certain duties and powers to the Commissioner of Education including that of delegating certain functions of the practical-nurse program to employees in his Department, but makes no specific provision for the appointment of a registered professional nurse to the program on the national level.

The American Nurses' Association has long urged the appointment of a qualified specialist in practical nurse education to a position in the Office of Education. We now recommend that specific provision be written into the bill for professional nurse direction of the practical nurse program on the national level as well as in the States. We believe the present program suffers from the lack of professional nurse direction.

Beginning in 1949, the Public Health Service detailed a professional nurse to the Office of Education for 3½ years. We believe the program

profited immeasurably from her services and have urged that this position become permanent in the Office of Education as long as that department administers a program in practical nurse education.

As this committee knows, there is a critical shortage of prepared nonprofessional nursing personnel in public mental hospitals. Experimentation is needed to determine whether or not it is possible to alter the present practical nurse curriculum in order to prepare persons to meet this great need.

We are pleased to find included in section 305 a provision for studies and investigations into matters relating to practical nursing. Should title III be enacted into law, we believe considerable study should be given to means of making practical nurse education fit persons to practice in the areas where the need is greatest: mental hospitals, nursing homes, and programs for the care of long-term illness.

The American Nurses' Association requests that favorable consideration be given to title III of S. 886 and to our recommendations for strengthening this bill. We believe this legislation presents the most satisfactory proposal for increasing the country's supply of trained nonprofessional workers in nursing. This bill would provide for expanding and improving an existing program of demonstrated effectiveness.

S. 929 appears to be a departure from the established role of vocational education in preparing nursing personnel. The American Nurses' Association does not support this bill where it goes beyond the provisions of title III of S. 886.

The on-the-job training of what is termed auxiliary hospital personnel is an essential function of employing agencies. During the past several years the National League for Nursing, the American Hospital Association, and the Public Health Service have conducted a successful project to help hospitals and related agencies to prepare members of their professional nurse staff to develop and conduct on-the-job training of nursing aids.

Through this project 139 teacher-trainers have been prepared in 15 regional workshops. These teacher-trainers have held 155 workshops in which they have prepared 1,143 instructors from 837 hospitals and nursing homes in 27 States. Employed by the institutions served to date by this program are 36,826 nursing aids, a very sizable progress in so short a time.

Chairman HILL. Quite a bit of progress. Yes, indeed.

Miss OLSON. We believe the preparation of professional nurses for their responsibilities in the inservice training of nursing personnel to be the function of professional schools, and not the function of vocational education. Additional Federal funds to carry this activity in vocational education are not indicated. Rather the emphasis should be placed on meeting the urgent need for financial aid to increase the number of qualified professional and practical nurses.

Thank you very much.

Chairman HILL. You have no fear that this additional financial aid that you have just spoken of will in any way cause the States or cause the local communities to do less than they should do in meeting their responsibilities?

Miss OLSON. I have every reason to believe that as has been stated before, that additional funds will provide added stimulus so that they can expand and improve the type of education now available. It has

been amply stated before that there are various problems involved in the practical nurse's preparation that requires many centers in order that they will be prepared near their homes, and serve the communities in which they live. I think it would stimulate rather than detract.

Miss Marchant has a prepared statement from her Department of Education that she would like to leave for your committee members.

It can be put in the record and will give you further information on the specific question you have raised.

Chairman HILL. Good, that will go in the record following your statement.

Miss OLSON. Yes.

Chairman HILL. Do you have anything you would like to add, Miss Carroll?

Miss CARROLL. No.

Chairman HILL. You brought us most helpful information here today, splendid testimony, and we deeply appreciate you ladies coming.

Do you have anything you would like to put in the record, Miss Carroll?

Thank you all very much.

(The prepared statement of Miss Helen M. Marchant follows:)

STATE DEPARTMENT OF EDUCATION,  
*Hartford, Conn., April 12, 1955.*

Mr. Emmett O'Brien, Director, Division Vocational Services.

By: Miss Helen M. Marchant, R. N., State supervisor licensed practical nurse program and member of the interdivisional committee on practical nursing and auxiliary nursing services, National League for Nursing.

To: United States Senator Lister Hill, Chairman, Senate Committee on Labor and Public Welfare.

SIR: Information has been received that the Congress of the United States is considering assistance, on a nationwide basis, to programs of practical nurse training conducted by State boards of education through departments of vocational education.

In our State we have been conducting a 1-year program of practical nurse training through the division of vocational services of the State department of education since 1942. It was organized to help meet the urgent social need for additional nursing care and was conducted in 1 vocational school in cooperation with 2 hospitals.

The graduates fulfilled expectations so well that expansion of the program was requested. We now conduct the program in 3 vocational schools and 5 hospitals. Of these four are general hospitals large enough to provide learning situations for both students in professional nursing and students in practical nursing. They include 3 nonsectarian and 1 Catholic hospital. The fifth is a smaller hospital without professional nurse students. Another center is being developed and will begin to function in September of 1956. Still another center has been requested and awaits consideration.

In addition to very acceptably meeting the original purpose of increasing nursing care manpower, opportunity is given to many individuals to practice nursing who would otherwise be unable to do so.

Our students include young women and a few men of 18 and older up to 50 years of age and in some instances beyond 50. There is, of course, no race or religious discrimination. We have found our older graduates surprisingly able and in as much demand for employment as the younger ones and are thus able to support themselves and contribute to society instead of being an additional responsibility to the State.

The department of education delegates the responsibility for the program through the division of vocational services to a registered nurse with a nursing education and administrative background. The rest of the faculty is composed of registered nurses with teaching qualifications and home economics in-

structors, all on the staff of vocational education plus qualified registered nurse coordinators and instructors in the hospitals who are on the hospital staff and cooperate fully with the State supervisor of the State department of education program.

The division of vocational services is counseled in the development and scope of the program by an advisory committee composed of representatives of the State associations concerned, the State board of examiners for nursing, the State department of health and the public.<sup>1</sup>

We believe this program is indicative of what can be accomplished through vocational education programs throughout the Nation. We know that it is a sound method of contributing additional safe nursing care to meet the urgent social need.

Chairman HILL. Mr. E. B. Whitten, executive director of the National Rehabilitation Association: Mr. Whitten.

Mr. WHITTEN. It looks like I am your cleanup witness.

Chairman HILL. Well, the Good Book says the last shall be first and the first shall be last. You are an old friend and we are most delighted we could have you this morning.

#### STATEMENT OF E. B. WHITTEN, EXECUTIVE DIRECTOR, NATIONAL REHABILITATION ASSOCIATION, WASHINGTON, D. C.

Mr. WHITTEN. I am very glad I could come because I am interested in this very much as are all the members of our association. I have a statement I am going to file for the record and speak off the cuff.

Chairman HILL. We will have that statement go in the record in full.

Mr. WHITTEN. My reasons for being interested in this are twofold really. In the first place, as you know, inspired by legislation which was passed by this Congress last year, as well as inspiration from other sources, rehabilitation facilities are springing up all over the country, aimed to rehabilitate the handicapped.

These institutions are having more than average difficulty in getting people and when they are able to find nurses, orderlies and so forth to help them, very frequently it just means that they are taking them from some other facility and bringing them over to theirs, and therefore the total medical picture is no different.

Chairman HILL. Robbing Peter to pay Paul.

Mr. WHITTEN. Yes. We feel this program to train nurses through the vocational training program of the country is certainly a big step toward the solution of this shortage. We have this feeling, Senator, that the proper utilization of medical personnel is almost as important in this program as the training of additional personnel, that physicians are in many instances doing work that nurses were trained to do, nurses are doing work that orderlies and practical nurses could do just as well, and that the whole thing can be loosened up tremendously by an effective program for training practical nurses and other nursing or other auxiliary personnel. So that is the first reason for our interest.

Now, in the second place, we believe that these schools for training practical nurses and other personnel will be training resources for vocational rehabilitation divisions for training handicapped people.

<sup>1</sup> Connecticut Licensed Practical Nurse Association, Connecticut State Nurses Association, Connecticut League for Nursing, Connecticut Medical Association, and Connecticut Hospital Association.

You may know—I am sure you do—that the United Mine Workers is in the process of erecting a series of 10 hospitals in the coal-mining regions of Kentucky, Virginia, and West Virginia. The philosophy of this organization is that they want to place handicapped people in these hospitals wherever they can be used effectively.

In planning for this they are working with the Woodrow Wilson Rehabilitation Center and Vocational School at Fishersville, Va., in studying hospital jobs to see which ones handicapped people can do. They have found no less than 40 such jobs, and the vocational department of Woodrow Wilson School is attempting to train people to meet the needs of these particular hospitals when they open, and this will be in the fall and in the spring.

It is interesting to me to note some of the jobs that can be filled by severely handicapped people and I mention this particularly because I thought and think that one of the chief advantages of S. 929 over the other bill is the fact that it does broaden the base of the training to include more than just the practical nurses.

For instance, it was found that among the jobs for which people could be trained assistant laboratory technicians, laboratory helper, tissue technician, practical nurse, nurse's aid, or orderly, darkroom helper, baby-formula worker, occupational-therapy attendant, physical-therapy attendant, clinical technician, and so forth, which makes it appear there is a very broad opportunity for training under S. 929, and we think that provision is very important to retain.

We want to make one suggestion though with respect to the bill. We think that we are somewhat concerned about what is going to happen to the program during this first 2-year period if the States have to match their money dollar for dollar, with legislatures not in session in many of the States again for a 2-year period.

I hope that the committee as it drafts its own bill from these two will bear that in mind. One witness has already emphasized that this morning, but I don't think but one has mentioned this fact that there are going to be a good many States that cannot get into this program at all for 2 years, if they have to have straight dollar matching during this period of time.

Chairman HILL. Mr. Whitten, you realize that under S. 929, you would not have to do that under the first 2 years. Under S. 929 you have a 100-percent grant for the first 2 years and then after the 2-year period the matching provisions of the bill would become operative.

Mr. WHITTEN. Is that in the original print of that bill?

Chairman HILL. Yes; that is in S. 929.

Mr. WHITTEN. I am confused somehow. I thought that one of them had 25 percent for the first 2 years and the other was straight matching.

Chairman HILL. No; it is S. 929.

Mr. WHITTEN. Well, that meets my desire then on that, Senator, and I am glad that is true.

Chairman HILL. If you will look on page 9 of the bill, S. 929, it states:

Such payments to any State for any fiscal year ending after June 30, 1957, shall be made upon condition there will be provided from State or local funds,

and so forth.

Mr. WHITTEN. Yes, I see.

Chairman HILL. In other words, up to June 30, 1957, the first 2 years no matching is required by State or local funds.

Mr. WHITTEN. Well, that certainly is fine and I did not read it closely enough to detect that exception.

Well, Senator, that is all we have to say about it. We hope you will go right on through with this legislation because we think it is another big step that you are taking to solve this whole problem.

Chairman HILL. And you have watched these Federal-aid programs for some time, Mr. Whitten.

Mr. WHITTEN. I am familiar with most of them.

Chairman HILL. You are familiar with most of them. You have no qualms or fears, do you, about the Federal Government relieving the States or local communities of their responsibility?

Mr. WHITTEN. Absolutely none. In fact my observation has been it always works exactly the opposite way.

Chairman HILL. Doesn't the whole record show that it works the opposite way? In other words, you are surprised at how much stimulation and encouragement will come from a small amount of Federal aid.

Mr. WHITTEN. That is the way I find it.

Chairman HILL. It is very true.

Mr. WHITTEN. Yes.

Chairman HILL. I sometimes say that Federal aid was priming the pump. Did you ever live on a farm?

Mr. WHITTEN. Yes. I think, Senator, everyone ought to have to prime a pump on a really cold morning to really understand that philosophy.

Chairman HILL. Then they would appreciate Federal aid a little more.

Mr. WHITTEN. I believe they would.

Chairman HILL. They would appreciate farm life a little more, wouldn't they?

Mr. WHITTEN. Yes, they would.

Chairman HILL. As I said, you are an old friend and whenever you come to us you are very fine and very helpful, as you have been this morning. We deeply appreciate your being with us.

Mr. WHITTEN. Thank you very much.

(The prepared statement of Mr. Whitten follows:)

STATEMENT OF E. B. WHITTEN, EXECUTIVE DIRECTOR OF THE NATIONAL  
REHABILITATION ASSOCIATION

The National Rehabilitation Association is interested in this proposed legislation for two reasons. In the first place, the shortage of medical and allied personnel affect those institutions that are carrying on rehabilitation activities, just as it does general and specialized hospitals which do not include rehabilitation facilities, and we believe the legislation that is proposed will make an important contribution toward relieving this shortage. Although there is beyond doubt a serious shortage of physicians, nurses, and therapists, we are firmly convinced that the shortage would be much less, if professional personnel were practicing at their highest skills. The truth is that the physicians are doing work that nurses and therapists are trained to do, nurses and therapists are doing the work that practical nurses and orderlies could do as well. No group of professional workers deserves any particular censure for this situation. Although professional groups, for various reasons, have sometimes been reluctant to delegate responsibility to persons of lower skills, it has also been true that it has been difficult, and sometimes almost impossible, to get properly trained aids, and to train such people on the job presents many difficulties. Incidentally, we are told that Europeans make far greater use of auxiliary medical personnel than we do in this country.

We believe that a formally organized vocational training program for practical nurses and other aids is a way to get this needed personnel. It is logical that established vocational education agencies should organize and direct this training program and that the Office of Education should be the Federal agency to work with the States in carrying out Federal law.

Another reason we are interested in the legislation is that vocational education classes organized under the program will be training resources for rehabilitation agencies and will provide training opportunities for many handicapped people.

As members of this committee know, the United Mine Workers Welfare and Retirement Fund is in the process of establishing 10 hospitals in the coal mining areas of Kentucky, West Virginia, and Virginia. As a matter of philosophy, the organization has decided to make maximum use of handicapped people in staffing these new hospitals. In cooperation with the Woodrow Wilson Rehabilitation Center and Vocational School at Fishersville, Va., it has surveyed the types of jobs available in hospitals and found at least 40 that can be filled with persons of varying degrees of physical disability. Among them are a number for which training could be provided under S. 929. They include assistant laboratory technician, laboratory helper, tissue technician, practical nurse, nurses' aide or orderly, dark room helper, baby formula room worker, occupational therapy attendant, physical therapy attendant, clinic technician. The Woodrow Wilson Rehabilitation Center has already made arrangements to train workers for these and many other types of hospital jobs.

A hospital provides an excellent work environment for many handicapped persons, particularly those who require regular medical attention, as may be true of the epileptic, the diabetic, the paraplegic, etc. So we are extremely hopeful that the establishment of this new program of vocational education will offer new job opportunities for many handicapped persons.

With respect to the two bills before the committee, I would like to make a few comments. The purpose and content of the two proposals are so similar that it doesn't seem important which is used as a base for the committee bill. We strongly urge that the bill you report include the provision of S. 929 that specify that auxiliary hospital personnel can be trained under the act as well as practical nurses. We think this can be very important, particularly in areas where there is a concentration of hospitals and classes might be organized for training people for a number of auxiliary type jobs.

On the other hand, we feel that title II of S. 886 is more realistic with respect to financing the program in the beginning years, that is, if the programs are going to get underway in all the States as early as possible. Most of the State legislatures meet this year and will have made appropriations for vocational educational before this legislation is completed. In many States, appropriations are of the line-item type, which do not permit transfers from one item to another. Accordingly, there may be a number of States where State funds will not be available until the 1957-58 year. The way to get the program rolling the quickest would be not to require any Federal matching for the first biennium. If a 25-percent Federal share is required, as is provided in S. 886, it may be that local schools in a good many instances might provide the State share, until State legislatures have an opportunity to act. We believe that careful consideration should be given to this problem.

In conclusion, let me say that we sincerely hope that the committee will act promptly on this measure, for it is of great importance to the health and well-being of the American people.

Chairman HILL. The committee will now stand in adjournment.

(By direction of the chairman the following is made a part of the record:)

NATIONAL ASSOCIATION FOR PRACTICAL NURSE EDUCATION, INC.,  
New York, N. Y., April 13, 1955.

*To the Committee on Labor and Public Welfare:*

GENTLEMEN: The National Association for Practical Nurse Education is the national accrediting agency for schools of practical nursing that meet its standards.

In this capacity the accrediting committee has had an opportunity to visit schools of practical nursing throughout the country and to work with thousands of trained and untrained practical nurses.

There is urgent need for more and better schools of practical nursing and for greatly increased enrollment. The financial support of the schools is a problem in every State.

Dr. A. P. Merrill, superintendent of St. Barnabas Hospital for Chronic Diseases, New York City, and a member of the Commission on Chronic Illness, states the situation as follows:

"Experts on chronic illness estimate that at the present time there are 28 to 30 million persons in the United States suffering from chronic disease, of whom over 25 percent are disabled by their ailment for at least 7 consecutive days in every 12-month period and that among these persons almost 2 million are chronic invalids with disabilities of over a year's duration. The country as a whole needs at least 200,000 well-trained licensed practical nurses."

As a professional nurse who has been engaged in promoting practical nurse education for the past 15 years, I feel it to be highly desirable that schools should be sponsored by more than one type of agency. Many superior schools are sponsored by nonprofit hospitals and community agencies. Therefore provision should be made for inclusion of these schools in Senate bill 929.

It is a matter of grave concern that—

1. Schools with standards below a safe minimum are at present receiving State funds.
2. In many schools there is no person employed as director to supervise instruction, recruit students, maintain records, and interpret practical nurse service to the community.
3. Unprepared consultants have given advice resulting in substandard programs.
4. Equipment is below acceptable educational standards for nursing programs.
5. Schools exist with 3 or 4 students as their total enrollment.

It is therefore urged—

1. That State standards for practical or vocational education be sufficiently high to prevent these situations.
2. That scholarships be provided to prepare registered nurses to teach in schools of practical nursing.
3. That admission requirements insure students capable of successfully completing the program.
4. That student scholarship aid be available for all who can qualify.
5. That nursing-in-the-home experience be included in the curriculum to supply a reservoir of trained practical nurses available for employment by private patients or by public-health agencies.

Respectfully submitted.

HILDA M. TORROP, *Executive Director.*

#### FUNCTIONS OF THE NATIONAL ASSOCIATION FOR PRACTICAL NURSE EDUCATION

1. Maintains an accrediting program through survey services available to—
  - (a) Practical nursing programs in States that do not have licensing laws and an approving authority.
  - (b) State-approved schools that wish to be identified as meeting NAPNE standards.
2. Provides consultation service to aid practical nursing programs during the planning stages, to advise on facilities, equipment, policies, curriculum, staffing, etc.
3. Carries on practical nursing curriculum research.
4. Prepares and publishes informational and educational materials for use in the practical nursing field. (See list of NAPNE publications.)
5. Prepares and publishes a manual for use as a guide in organizing practical nurse training programs.
6. Prepares and publishes semiannually a list of approved schools of practical nursing in the United States and its territories.
7. Plans and provides materials and resource personnel for institutes on practical nursing.
8. Promotes summer-school courses for directors and instructors in practical nursing schools, and for practical nurses.
9. Serves as a clearinghouse for practical nursing information in the United States and abroad.
10. Seeks funds for pilot experiments and demonstrations in the field of practical nurse education.

11. Provides field service to practical nurse organizations in the interest of practical nurse education.
12. Publishes a bimonthly magazine on practical nursing affairs.

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ANDERSON, S. C., *April 12, 1955.*

Senator STROM THURMOND,  
*Senate Office Building, Washington, D. C.:*

Understand that hearings will be held by Senate Labor and Public Welfare Committee on S. 929 which is to provide aid to States in line of practical nursing and auxiliary personnel services to be conducted through vocational services of respective States. Would appreciate your support of the bill and your informing chairman of committee handling legislation of this telegram.

ROBERT C. O'BRIEN, ANDERSON MEMORIAL HOSPITAL.

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PAWTUCKET, R. I., *April 8, 1955.*

Senator THEODORE GREEN :

The Hospital Association of Rhode Island directly recognizes the urgent need throughout the country for additional practical nurses. Federal funds are sorely needed and are of great importance to promote the development of adequate sound effective programs. The hospitals of Rhode Island through the hospital association strongly urge your support for the prompt passage of S. 929, the bill to provide for aid to States in the field of practical nursing and auxiliary hospital personnel service, concerning which hearings are to be held by the Senate Labor and Public Welfare Committee.

The Hospital Association of Rhode Island urgently needs your support on this legislation and requests that you make this communication available to the chairman of the committee concerned with the legislation. The hospitals of Rhode Island are most appreciative of your interest and cooperation in the past and urge your continued support. With kindest regards.

ROBERT P. MATHIEU, *Secretary.*

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GREENVILLE, S. C., *April 21, 1955.*

Senator LISTER HILL,  
*Care Senate Office Building, Washington, D. C.:*

Will appreciate your support of bill S. 929. Great need for better facilities and advance courses.

LOUISE POTTER, *President,*  
*Greenville County Association for Practical Nurses.*

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NEVADA STATE BOARD FOR VOCATIONAL EDUCATION,  
*Carson City, April 11, 1955.*

Hon. ALAN BIBLE,  
*United States Senator, Senate Office Building,*  
*Washington, D. C.*

DEAR SENATOR BIBLE: We have been advised that hearings will be held by the Senate Labor and Public Welfare Committee on S. 929, a bill to provide for aid to the States in the fields of practical nursing and auxiliary hospital personnel service.

The only school in Nevada which offers any kind of training for nurses is the Southern Nevada School of Practical Nursing which was organized by the State Board for Vocational Education in cooperation with the Las Vegas High School and the Southern Nevada Memorial Hospital in 1952. Thirty-five practical nurses have been graduated to date and another class of 17 is scheduled to complete the 12-month course about August 31, 1955.

The school has been financed almost 100 percent from Federal and State vocational funds allocated to the trade and industrial division. However, with the increased enrollment in other day and evening classes, it will not be possible to continue the school on that basis, and neither the Las Vegas School District or the Southern Nevada Memorial Hospital are in a position to give much, if any, aid toward financing the school.

A grant in Federal aid to Nevada for the promotion, organization, and maintenance of the practical nurse training program would help to insure the continuation of the present school. Additional funds could also be used to a good advantage toward organizing similar schools in other parts of the State.

Any support that you may be able to give to S. 929 will be greatly appreciated.  
Sincerely yours,

JOHN W. BUNTEN,  
*State Director Vocational Education.*  
F. I. WALLACE,  
*State Supervisor trade and Industrial Education.*

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#### STATEMENT OF THE NATIONAL TUBERCULOSIS ASSOCIATION

Because it is acutely aware of the continuing shortage of nursing personnel throughout the country, the board of directors of the National Tuberculosis Association unanimously went on record at its meeting in February in support of title III Senate bill 886, and Senate bill 929 concerned with grants for training of practical nurses.

The National Tuberculosis Association, a voluntary organization composed of medical and lay persons interested in the control of tuberculosis for the past 51 years, has worked closely with nursing associations and hospital authorities for many years to attempt to utilize available personnel and resources to the best advantage of the tuberculous patient and his family. It has assisted in the conduct of studies regarding the nursing situation and has cooperatively worked out guides for staffing tuberculosis units for the promotion and improvement of nursing services.

According to most recent figures there are approximately 100,000 practical nurses most of whom are employed in general hospitals. Only about one-sixth of them are graduates of practical nursing schools. We believe that the proposed legislation which authorizes a program of grants to State vocational education agencies for the extension and improvement of practical nurse training will add to the nursing supply and hopefully believe that some of these might be diverted to take positions in tuberculosis hospitals.

The acuteness of the nursing shortage with respect to the care of tuberculous patients is attested to by the fact that while the nurse-patient ratio for general hospital patients has been bettered over the years as a result of the gradually increasing number of women entering the nursing profession and the ranks of practical nurses the ratio of nurses to patients in tuberculosis hospitals has remained static for the past 20 years.

While it is difficult to establish a standard nurse-patient ratio for tuberculosis hospitals because of the changing picture in the functions of nurses, the type of nursing care required by medical and surgical tuberculous patients should be of the same quality as that found necessary for general medical and surgical patients.

In the treatment of the tuberculous patient, bed rest continues to be an essential feature requiring close nursing supervision of the patient. The advent of new drugs and the utilization of surgical procedures have added to the responsibilities of nursing personnel and increased the complexity of care requiring not only more nurses but better trained nurses. While the period of hospitalization for some tuberculous patients has been shortened to some extent because of the great strides made in medical research in tuberculosis, the length of hospitalization still runs on the average from 3 months to a year.

The professional nurse is responsible for supervision of all nursing care and for much of the instruction of the patient, his family, and his friends concerning the therapeutic and preventive program. In order to utilize to full advantage the skills of the professional nurse the services of the trained practical nurse become vitally important if physical care of the tuberculous patient is not to be neglected. Besides the routine physical care that every hospital patient needs, the practical nurse may also perform night duty in convalescent wards, be in charge of supply rooms, assist in treatment rooms, and in clinics.

In our opinion the best hope for improving the nursing situation in tuberculosis hospitals in the near future is by closing the gap between supply and demand for all types of nurses.

The NTA recommends enactment of legislation to provide grants for the training of practical nurses. We recommend that for technical assistance in the

formulating of the program the counsel of recognized professional organizations such as the American Nurses' Association be obtained. It is further recommended that wherever possible an affiliation in a tuberculosis hospital be offered the practical nurse as part of her basic training and that post-graduate courses in tuberculosis care be offered to licensed practical nurses.

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STATEMENT BY NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES

The National Federation of Licensed Practical Nurses, an organization of licensed practical nurses, with over 22,425 members in 36 constituent State and Territorial associations, submits this statement in support of title III, Practical Nurse Training, S. 886, and wishes to make the following comments on this title 3 and on S. 929, to provide for aid to the States in the fields of practical nursing and auxiliary nursing services.

Great strides have been made in practical nursing and in practical-nurse education under previous legislation which permitted State vocational and education departments to enter this field. Although the number of training schools for practical nurses has increased and more graduate practical nurses are in the field than ever before, practical-nurse resources are not nearly sufficient to meet the increasing demands for their services. In order for practical nurses to make a just contribution to the health program, in the improvement of the care of the sick throughout the Nation, it is vitally necessary that they be prepared to make this contribution.

It is a proper function of the vocational and education department's adult education program to prepare practical nurses through a sound educational program and also to provide the necessary extension courses that will enable the practicing practical nurses now in the field and who are licensed by waiver to improve their nursing knowledge and skill to the end that better and safer nursing care be provided the sick of our Nation.

It is our opinion and in the best interests of our programs for legislation to specifically provide for qualified professional nurse direction and it should also be so stated in the law on both Federal and State levels. To further safeguard the public and the practical nurse student when plans are submitted to the Federal Government by the States, they should also provide that the education programs shall meet the States licensing requirements.

The National Federation of Licensed Practical Nurses is in full accord with title 3 of S. 886 and S. 929, as far as it provides for aid to the States in the field of practical nursing.

It does not support the provisions in S. 929 for training of auxiliary hospital personnel. It is our belief that the on-the-job training of hospital personnel is the responsibility of the hospital and that the present on going program of the American Hospital Association, the National League for Nursing, and the Public Health Service gives adequate support to this activity.

We see no reason for additional Federal funds for this program but strongly feel that Federal funds should be utilized to a greater degree for practical-nurse education for which standards have been developed and licensure established. We urge that funds be provided through Federal legislation to provide the necessary extension courses for the practicing practical nurses now in the field so that they may be better prepared to carry out the nursing duties which are required in today's expanding health services.

The National Federation of Licensed Practical Nurses, requests that this statement be considered by the committee in its deliberations on legislation relating to the practical nurse, and that it be included in the report of the present hearings.

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THE TRAINING CLASS OF PRACTICAL NURSING,  
GREENVILLE COUNTY SCHOOLS,  
*Greenville, S. C., April 26, 1955.*

Hon. LISTER HILL,  
*Senate Office Building, Washington, D. C.*

DEAR MR. HILL: After having been an instructor of practical nurses in the Greenville County schools since 1951, I have been thoroughly convinced that these programs given by the public schools in the vocational department have proven to be very beneficial in educating the public toward better health practices as well as in helping to relieve the shortages of nurses for caring for the ill.

To my surprise, the age group who enroll in this course have no difficulty in making a satisfactory adjustment to hospital routine. They are willing workers and are eager and enthusiastic to learn everything about bedside nursing. It is a pleasure and inspiration to work with them.

Our handicap here in Greenville is that we do not have sufficient teaching personnel and facilities to meet the needs. Thus one instructor has to do the teaching, supervision, secretarial work, and direct the entire program. We are able to take only one class each year, a condition which does not give a well-balanced program for the hospitals in which the students get their clinical experience.

With passage of your bill, the schools would be able to expand to meet the needs of the community. I feel the passage of bill S. 929 will mean much to our Nation's health program, one of our first lines of defense.

Yours respectfully,

HUKATE T. ELWOOD, R. N.,  
*Coordinator and Instructor.*

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AMERICAN PUBLIC WELFARE ASSOCIATION,  
*Washington, April 13, 1955.*

HON. LISTER HILL,  
*Chairman, Senate Committee on Labor and Public Welfare,  
Washington, D. C.*

MY DEAR SENATOR HILL: The American Public Welfare Association wishes to express its support of Federal legislation which would expand the program of Federal aid to vocational schools for the purpose of providing training in practical nursing. We have a twofold interest in this subject.

The American Public Welfare Association is a nonpartisan organization composed of (1) State and local departments of public welfare, (2) individuals engaged in public welfare at all levels of government, and (3) persons outside government who are interested in public welfare.

Our members are in close contact, throughout the Nation, with aged and disabled persons needing the kind of care which trained practical nurses are able to give both in the recipients' own homes and in public and private institutions for the chronically ill and infirm.

Under the Social Security Act, as amended, in title I, section 2 (a), State old-age assistance plans, and under title XIV, section 1402 (a) (11), State aid to the permanently and totally disabled plans, must " \* \* \* effective July 1, 1953, provide, if the plan includes payments to individuals in public or private institutions, for the establishment or designation of a State authority or authorities which shall be responsible for establishing and maintaining standards for such institutions." Therefore a shortage of qualified practical nurses impedes operation of institutions providing for the aged and chronically ill and slows down the improvement of standards of care in those institutions.

Expanding the programs for training practical nurses would increase employment opportunities for many older women with no vocational training or work experience. Now, in their late forties or early fifties, with their children grown, they could profit from proper training, enter the labor market, and become self-supporting and economically productive. This would ease the strain on both State and local departments of public welfare.

For these reasons we see advantages accruing to several groups of people from passage of Federal legislation which would expand the program of Federal aid to vocational schools in order to provide training in the field of practical nursing.

We hope these comments will be helpful to you in considering this program and that you will include them in the record of your hearings.

Sincerely yours,

(Mrs.) MARIE D. LANE,  
*Washington Representative.*

CENTRAL OREGON COMMUNITY COLLEGE,  
Bend, Oreg., April 19, 1955.

HON. WAYNE MORSE,  
HON. RICHARD NEUBERGER,  
*United States Senate, Washington, D. C.*

DEAR SENATORS: It has been called to my attention that Senate bill No. 929 is concerned with the provision of funds to be used in the area of vocational practical nursing.

It is my understanding that the Senate Labor and Public Welfare Committee will be holding a hearing on this bill in the near future and I would appreciate your making this communication available to the chairman of that committee.

We have been operating a practical nurse training program in Central Oregon College in cooperation with the State vocational division, and have been receiving a 50-percent reimbursement on this program. I would like to say that the program is considered a very important one in central Oregon. There is a definite need in the area for practical nurses, not only for hospitals, but also for nursing homes, private nursing, and doctors' offices.

Our first class of 14, who graduated last February, are all currently employed. The three area hospitals in Prineville, Redmond, and Bend, who are cooperating in providing laboratory experience for our students, are quite enthusiastic about the program. The present fund provides an opportunity for those women and girls who, for reasons of finance or family ties, would not be able to go outside of the central Oregon community for educational opportunities in this line. The schools of practical nursing are able to take certain individuals who might not be quite qualified for the professional-nurse program and make of them excellent bedside nurses.

To sum up my remarks: We are very enthusiastic about the program, feel there is a definite shortage of practical nurses and a distinct advantage to the economy and the type of medical care available in this area that would not be possible without this program.

I urge your consideration of any requests that might further develop this very worthy and much needed area of practical nursing.

Sincerely yours,

DON P. PENCE, *Director.*

LANSING, MICH., May 5, 1955.

CHAIRMAN, SENATE LABOR AND PUBLIC WELFARE COMMITTEE,  
*Senate Offices, Washington, D. C.:*

The committee on legislation and education and the board of directors of the Michigan Practical Nurses Association wish to go on record as endorsing Senate bill No. 929. Additional comments to be mailed on specific details of bill. May we have information on status of bill at this time?

MARGARET COTSIKAS,  
*Executive Secretary, Michigan Practical Nurses Association.*

CHARLOTTE 7, N. C., August 11, 1954.

HON. SAM J. ERVIN,  
*Senate Office Building, Washington, D. C.*

DEAR SENATOR ERVIN: It is my understanding that hearings will be held in the near future by the Senate Labor and Public Welfare Committee on Senate bill 929, a bill to provide for aid to the States in the fields of practical nursing and auxiliary hospital personnel services.

I have had the opportunity and the pleasure of working with hospitals throughout North and South Carolina for the past 26 years and it seems to me that one of the greatest needs at the present time is the training of more practical nurses and auxiliary hospital personnel in order to supply the distinct shortage of this type of personnel in the hospital field.

Will you please bring this letter to the attention of the chairman of the committee in charge of this legislation and also I shall appreciate your support of this bill if it comes to a vote on the floor.

Sincerely yours,

GEORGE P. HARRIS.

COLUMBIA HOSPITAL OF RICHLAND COUNTY,  
Columbia, S. C., April 8, 1955.

Senator J. STROM THURMOND,  
Senate Office Building, Washington, D. C.

DEAR SENATOR THURMOND: I have been advised today that on April 14 the Senate Labor and Public Welfare Committee will hold a hearing on Senate bill 929. This bill concerns aid to the respective State departments of education to help with the courses for training practical nurses and auxiliary type persons.

The Columbia Hospital, in cooperation with the vocational division of the Columbia city schools, started a course for training practical nurses almost 3 years ago, and it is gradually increasing in its size and the graduates are rendering very valuable service, not only in our particular hospital but in the other places where they are employed. We run this school in addition to our professional school of nursing, and we feel that there is a definite place for practical nurses in the health field. This school is run as a public service at hospital expense with the exception of a small amount that the city schools can pay toward the cost of one instructor, and I understand that the new bill would provide additional funds to help finance such training programs.

As the funds will be controlled through our own State board of education, I would like very much to endorse this bill and would greatly appreciate if you could have my letter shown to the chairman of this particular committee and solicit his support.

Thanking you in advance for any help you might render us, I remain,

Respectfully yours,

J. M. DANIEL, *Superintendent.*

HILLSBOROUGH COUNTY PUBLIC SCHOOLS,  
Tampa 1, Fla., May 6, 1955.

Hon. GEORGE SMATHERS,  
United States Senate, Washington, D. C.

DEAR SENATOR SMATHERS: I understand that hearings have been held by the Labor and Public Welfare Committee on S. 929, a bill which authorizes Federal aid to States to promote the development of practical-nurse training. I should like to express my opinion as being in favor of such legislation.

Here in Hillsborough County we were fortunate enough 3 years ago to receive aid from the Kellogg Foundation amounting to approximately \$5,000 for the purpose of setting up a practical-nurses' training program in this county. This program has been in operation for 3 years in cooperation with the St. Joseph's Hospital of this city and this year is being expanded to include the Tampa Municipal Hospital.

We feel that this program of training practical nurses has been a wonderful asset to this county. We have trained some 58 people who have gone to work both in hospitals and on private duty and we feel that they have done much in assisting in caring for the sick. A shortage of people in this field has been acute and many people needing nursing care could not get it. In addition to satisfying this need, this program has opened up a field of work to people who are interested in it which was not available before. In addition to the 58 graduates mentioned above, we now have 27 who will graduate next month.

The law in question may or may not be a benefit to us since we have already a program in operation, but I should like to urge that serious consideration be given to supporting a bill which would enable other counties in all parts of the country to have the same opportunity we have had.

Sincerely yours,

D. G. ERWIN,  
*Director, Trade and Industrial, Adult and Veteran Education.*

(Whereupon, at 12:20 p. m. the subcommittee adjourned subject to call of the Chair.)

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