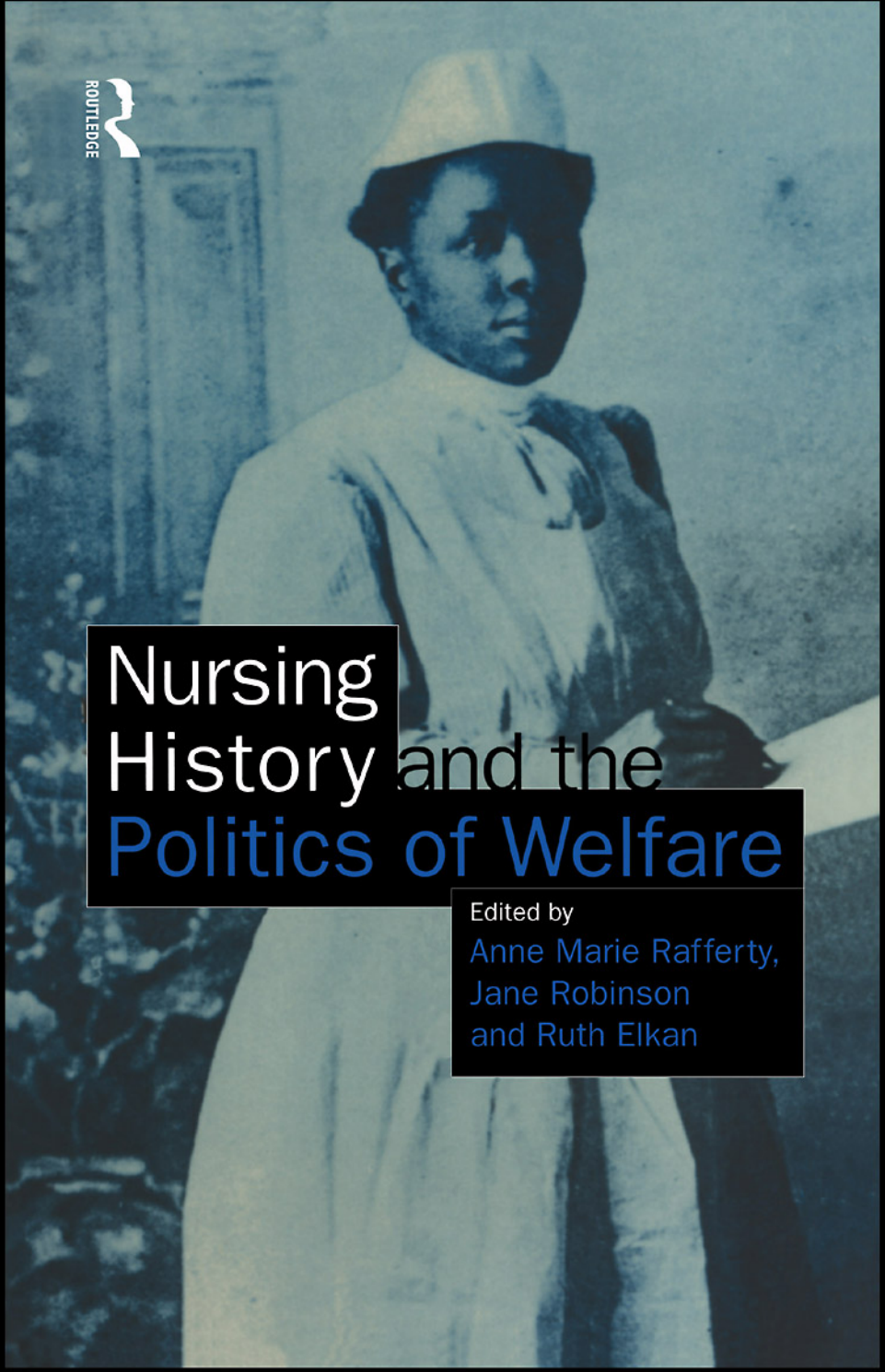

Nursing history and the politics of welfare

Nursing history has become a robust and reflective area of scholarship, which recognizes the inescapable social, political, economic and cultural factors influencing the profession. *Nursing History and the Politics of Welfare* highlights the significant contribution that researching nursing history has to make in setting a new intellectual and political agenda for nurses.

Reflecting the international scale of current research, eighteen contributors look at nursing from different perspectives, as it has developed under different regimes and ideologies and at different points in time in America, Australia, Britain, Germany, India, the Philippines and South Africa. They examine the ways in which the nursing workforce is segmented and stratified along race, class and gender lines and how differences of culture undermine attempts to theorize nursing and health care in universal terms. Comparing the problems and potential of the 'equal' rights and 'difference' approaches, they propose strategies for achieving greater recognition for nursing, to bring it into line with other related, yet male-dominated professions within the health care arena.

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Nursing history and the politics of welfare

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Jane Robinson and Ruth Elkan

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This volume started life as a series of papers delivered at the first 'Nursing History and the Politics of Welfare' conference organized by the Department of Nursing and Midwifery Studies at the University of Nottingham in 1993. Sarah Smith's organizational genius contributed greatly to the smooth running and success of the conference. Plenary speakers and other participants were generously supported by the National Health Service Women's Unit, the Wellcome Trust and the British Academy. We are grateful to those bodies for their help in promoting nursing history. Robert Dingwall, Helen Meller and Julian Robinson were unstinting in their contributions to the early organization of the conference and in chairing sessions. The staff of the Department of Nursing and Midwifery Studies gave generously of their time and expertise in chairing sessions. We are grateful to Veronica James, Mary Chapple, John Fletcher, Mark Avis, Sara Owen, Chris Glazebrook, Tony Thompson, Linda East, Liz Hart. Hilary Marland, Paul Weindling, Shula Marks, Olive Stephenson, Peggy Nuttall chaired plenary papers and for that we wish to thank them. We benefited from the superb stewarding skills of the students from the Department of Nursing and Midwifery Studies. We wish to thank all the 235 participants who presented papers and attended the conference for their enthusiasm which contributed in no small way to a scholarly and supportive atmosphere.

Grateful thanks are due to Sage Publications and the *Western Journal of Nursing Research* for allowing us to republish Barbara Brush's article, 'The Rockefeller agenda for American/Philippines nursing relations' (Chapter 3) and to Blackwell Science Inc. for permission to publish extracts from Geertje Boschma, 'The meaning of holism in nursing: historical shifts in holistic nursing ideas', *Public Health Nursing*, 1994, 11, 5, pp. 324–30.

Introduction

INFUSING INFLUENCE

A quiet revolution has been sweeping through the writing of nursing history over the past decade. Two new journals, *The International History of Nursing Journal* and *Nursing History Review* attest to this trend. Nursing history is slowly being transformed from an internalist and triumphalist form of professional apologetics to a robust and reflective area of scholarship. It is attracting attention and research interest from a broad spectrum of scholars drawn from women's history, labour history, history of medicine, sociology and, of course, nursing itself. The collection presented here reveals the increasingly gender and politically aware perspectives that are emerging from the cross-fertilization of ideas and interdisciplinary and international contact between social historians of medicine, nursing, historians of gender and the politics of welfare. It demonstrates the important contribution that historians of nursing can make to setting a new intellectual and political agenda for nurses, one in which the politics of nursing and welfare can fuse and flourish.

The multidisciplinary and international range of perspectives included in this volume reflects the growing richness of nursing history's intellectual identity. History provides an important filter through which insights and analyses drawn from other disciplines can reach nursing audiences. This, in turn, will help to expand interest in nursing's history on the part of new constituencies, shifting the shape and form of the field in the process. Christopher Maggs, in discussing contemporary practice and concerns in nursing history, raised the question: 'Is there something that can be called nursing history'?[1] The answer to that question is probably that it depends. What 'counts' as nursing history is contingent

upon the dynamics that define the relations between authors and audiences who form the intellectual community of nursing history, and indeed of any field of enquiry, at any given time. As with the history of medicine, nursing has a hybrid historiographical heritage, one that is porous and permeable to a matrix of influences.

TRENDS AND THEMES

The present volume attempts to build on the historiographical challenge set by Celia Davies's mould-breaking edited collection and Christopher Maggs' sequel of more than a decade ago.[2] It shares some of the features and aspirations discussed by Kathryn McPherson and Meryn Stuart in their review essay of the 'new' historiography of Canadian nursing.[3] While some chapters treat traditional topics in fresh ways, other themes, notably those of race, class, gender, internationalism and imperialism especially, are brought into sharper focus. While some of the chapters are the products of mature research, others derive from those who have more recently embarked upon their research careers and whom we were keen to encourage. As well as including a range of expertise, we have selected contributions which reflect the international nature of historical research in nursing. Thus case studies from India, South Africa, Australia, the USA, Philippines, Germany, Scotland, as well as England, are included. The chapters included here highlight the role that politics plays in understanding the history of nursing and the reciprocal role that history has to play in the political education of nurses. This, of course, is hardly a new role for nursing history to play. Political interests have exerted an enduring influence upon the writing of nursing history. Many of the early nursing histories were written by nurse leaders and their sympathizers operating as extensions of their campaigns for nurses' registration and suffrage.[4] Accounts of nursing history are revealing of how nursing work is perceived and defined at any given point in time. Take the early nurse historians, Lavinia Dock and Adelaide Nutting, for example. Their association of nursing with the instinctual basis of caring celebrated in Peter Kropotkin's *Mutual Aid* drew an analogy between the biological and social worlds.[5] Nutting and Dock were keen to associate nursing with the evolutionary characteristics of altruism and co-operation, attributed by Kropotkin to the survival of superior species. Thus history was used to justify the 'scientific' basis of nursing values. But history has also been used by nurse historians to legitimize claims to professionalism, the

independent development of nursing from medicine and the pursuit of autonomy by nurses.[6] Only with the rise of a more critical rather than congratulatory approach to nursing's claims to professionalism was this assumption questioned. Revisionist accounts that examined nursing's failure to obtain occupational closure and exposed the heterogeneous social origins of nurse recruitment revealed the problematic nature of claims to professionalism.[7] Most recently accounts have been refined into more gender aware perspectives.[8] These have analysed nursing's claims to professionalism as paradigmatic of the contradictions inherent within the gendered nature of professions.[9]

Recurrent crises in nurse recruitment and historical analyses of the social composition of the nursing workforce have raised crucial questions about the therapeutic effectiveness of nursing care. Underlying such concerns are the problematics that attach to the nurse's role as a social catalyst in care, a cross-class and cultural conduit into the lives and social spaces of groups otherwise beyond the reach of agents of social authority. A key theme informing the present volume is the extent to which nurses represent extensions of, or challenges to, the authority with which they are invested. Notwithstanding appropriation of a rhetoric of advocacy, whose interests is it possible for nurses to represent? This raises the vexed question of social symmetry and the extent to which nurses can claim expertise in caring for patients whose social origins are distinct from their own. Does the cultural specificity of nursing undermine attempts to theorize nursing and health care in universalist terms, terms in which the nature of care itself is contested?

CONTENT AND CONTEXT

The chapters presented here draw upon a rich vein of source material both oral and documentary, traversing wide and deep tranches of time and space. Government papers, private foundation records, literary sources, and those emanating from professional associations are all included to illuminate the light and dark sides of nursing's history. What each of the contributions reinforces is that nursing cannot be understood in its own terms but against the background of the social, political, economic and cultural context in which it subsists. Characteristic of this 'new' historiography of nursing is its exposure of the segmented and stratified nature of the nursing workforce; one which is divided across race, class and gender lines, reflecting the economic and political

hierarchies of society more generally. That nursing is shaped by the context in which it subsists is illustrated by each chapter in turn but perhaps most poignantly by Hilde Steppe's essay on nursing in the Third Reich. Hilde Steppe vividly reconstructs the compliance of nurses with the ethos and practice of Nazi medicine. She dissects out the rationalizations Nazi nurses used to justify their deadly actions as a case study of nursing within a totalitarian political regime. In particular Hilde Steppe draws attention to the double-bind in which nurses are placed when finally nursing is valued within a political culture but, as it transpires, for all too sinister reasons. The role of nurses, usually portrayed as one of the guardian angels of human rights, is contradicted so deeply by this episode in history, it raises profound questions about the capacity of nurses to act as patients' advocates, their 'resistance' role within change, one that is so vaunted in contemporary nursing theory and policy.

Shula Marks continues this theme of nursing history as the history of the present in her chapter on the nursing profession in South Africa and the making of apartheid. In her essay Shula Marks argues that the history of the nursing profession provides a powerful metaphor for the study of South African society. Underlying such a history lie deep and riveting tensions generated by the universalist ethos of nursing and racial, class and gender-based fears surrounding images of white (female) nurses' hands on black (male) patients' bodies. Marks' chapter considers the implications of the racially segmented professionalizing politics of South African nursing for the 'new' South Africa and the identity politics within which nursing, as one of the most important occupations for women in South Africa, is enmeshed.

Barbara Brush elaborates this theme of yesterday's history as today's policy in her essay on the long-term sequelae of the Rockefeller Foundation's exploits in the Philippines during the 1920s. She argues that the Rockefeller agenda for nursing in the Philippines has repercussions for the racialized recruitment of nurses into areas of shortage in the USA today. Rather than providing culturally sensitive health care and nurse education in the Philippines in the 1920s the Rockefeller Foundation set in train a series of cultural changes which unwittingly created a pipeline of labour from the Philippines to short-staffed American hospitals. The long-term legacy of the Rockefeller's imperialist initiatives are examined as a case study in the colonialist politics of the caste-system in nursing.

The interface between imperial and indigenous medical and nursing practice is explored by Rosemary Fitzgerald in her examination of British Protestant women medical missionaries between 1870 and 1970. At the heart of the Indian missionary enterprise lay the desire to bring Western forms of medical aid and nurse training to the women of India. The consequences of this 'movement' are discussed in terms of their implications for the professionalization of nursing in India, the complex relations between gender, empire, women's diverse experience of colonialism and the British bequest of medical mission work for women in post-colonial India.

Counteracting the dominance of nurse historians' fascination with general nursing, Harriet Deacon moves into the margins of care in her examination of mental, chronic-sick pauper and leper nursing in the Robben Island General Infirmary between 1846 and 1931. Contrary to the conventional imagery of nurses as single, twenty-something, female and educated, staff at Robben Island were mostly married, inexperienced and middle-aged, in the 1850s. Moreover patients continued to assist in nursing lepers and the chronic sick until 1892, when the latter were removed. Patients as well as nurses broke the mould. Far from being the supine supplicating souls of contemporary nursing discourse, Robben Island patients were recalcitrant and intractable. So much so that they proved too much for the Nightingale-trained contingent of nurses from Kimberley to tolerate and manage. The inducements of mental nurse training were insufficient to raise the retention rates for staff and the increasing influx of black and prison patients after the 1890s reinforced the rough-and-ready image of the Island and the nursing work within it as mainly a male preserve.

The importance of men in nursing is discussed in Angela Cushing's essay on the dynamics of caring in Australia prior to the introduction of female nursing in 1868. The first settler nurses in Australia were men brought over on the ships of the British Admiralty and the contractors who assisted in the convict transportation process. The tensions between the caring work of men with and as convicts and the 'reformed' military model of female nursing imported by Lucy Osburn from Miss Nightingale are discussed. The tensions in gender and class relations in colonial Australian nursing are considered against the background of the shifting dynamic between the imperial impulse and indigenous identity in Australian nursing.

The contested nature and construction of nursing work is discussed by Barbara Mortimer in her analysis of pre-reform nursing in Edinburgh. Using Census and Post Office records, she tracks the organization of nurses and nursing work in the mid-nineteenth century. She teases out the social and economic dynamics driving nursing work in institutions and 'private' practice. Although some nurses worked co-operatively, many worked independently, especially those who headed up households. Mortimer's paper casts a rare beam of light into the organization and survival strategies of nurses in Edinburgh, whose famous medical school has eclipsed historical analysis of nursing. Her paper begins to redress the historiographical bias in favour of medical practice in Edinburgh, bringing Scotland within the sights of the nurse historian's 'gaze'.

Language provides a powerful vehicle for socialization. In his chapter on professionalization, gender and the language of training, Tom Olson analyses the tension between nursing textbooks and records of training in communicating occupational culture in nursing. Contrary to the high-minded ideals of contemporary claimants to a tradition of caring as the defining essence of nursing, Olson exposes the contradictory evidence from the values enshrined in the training records of a mid-West American training school between 1915 and 1937. Rather than confirming the ideological and practical purity of 'caring' within nurse training, the reward system reinforced values of handling, managing and controlling individuals and situations with the intention of producing neat, finished appearing work.

The role of ideology lies at the heart of Geertje Boschma's paper on holism, which nursing championed as an alternative to the biomedical model of care and hence medical subordination from the late nineteenth century until the present. American nursing perceived itself as adding a psycho-social dimension to the medical model, an area of expertise which was 'gendered' and provided the means by which nurses could assert an independent identity from medicine. Boschma argues however that the championing of holism by nurses had a paradoxical twist; defining nursing oppositionally to medicine did not remove the dependence of nursing upon medicine for its identity.

The politics of paradox are continued in Judith Godden's paper on nursing as philanthropic work in Australia between 1880 and 1930. Godden argues that when feminists and others have championed the cause of nurses in demanding improved working conditions, rank and file nurses and their leaders have often rejected such offers of help. What

nursing sympathizers deemed exploitation, nurse leaders have, at times, viewed as professionalism, dedication and duty. Godden maintains that early nurse leaders walked a political tightrope between creating a gendered space in which women's expertise could flourish while setting standards of professionalism which would qualify nurses for the rewards that accrued to professional work. She concludes that political and material costs of the leadership legacy of those early nurse strategists are still being paid today.

Recruitment crises and episodes of acute shortage of nursing labour are notorious catalysts for reform programmes in nursing. Glenda Strachan's essay on nurse recruitment during World War II in Australia explores the paradox of nursing's exclusion from government regulations to attract more women into the workforce by improving conditions, in spite of dire shortages. Contrary to the policy adopted for doctors and female workers, nurses were directed into nursing and domestic service. Some nurses retaliated by striking in protest at what they perceived as authoritarian action on the part of the government. Strachan explores and attempts to explain the government action in the context of the wartime regulation of medical and female labour.

The contested nature of nursing as a career is discussed by Sarah Abrams and Jenny Maxwell in their essays on the Rockefeller Foundation activities and nursing in the 1920s and child welfare policy in the late nineteenth-early twentieth centuries respectively. Taking primarily a sociological tack, Abrams considers the role of the Rockefeller Foundation in underwriting competing claims to professional jurisdiction by different professional groups such as social workers and public health nurses during the 1920s. Further forms of accommodation were required by nurses to find a niche within the scientific framework of Rockefeller philanthropy. Their task was double-edged, being concerned with articulating an altruistic version of women's mission while at the same time using the language of science to legitimize nurses' claims to jurisdiction in public health work.

Continuing this theme of regulation, Jenny Maxwell argues that the conventional dichotomy between socio-legal and medico-social approaches to child care policy is an artificial one. Whereas the socio-legal perspective focuses upon the coercive power of the state to intervene in the regulation of private life and protect care for children as either victims or potential victims of family abuse, breakdown or neglect, the medico-social perspective emphasizes the role of state intervention in

providing for the physical, educational and health needs of children and families. Rather than perceiving these two approaches as separate or distinctive, Jenny Maxwell argues that child care and welfare should be conceived as elements of the wider goals of social regulation.

In her essay on the politics of career development for women, Ellen Baer compares the problems and potential of the 'equal' rights or 'difference' approaches to career development for nurses. Baer delineates the major dilemma for the most recent feminist movement in the USA, which has been whether to advocate for women's position as equal to or different from men's. She contends that feminists who promote the entry of women into careers formerly dominated by men implicitly demean traditional feminine roles. As a nurse, Baer argues that her inclination as well as her political preference is to empower traditional female roles such as nursing rather than witness the diversion of talented women away from nursing. A number of strategies are proposed to counteract the trend which appears to favour male-dominated professions.

Finally, mirroring the concluding chapter by Julia Foster and Julia Shepherd in Celia Davies's ground-breaking edited collection of more than a decade ago, Lesley Hall takes a more recent look at nursing's archives through an excursion in the archival deposits on nursing held at the Wellcome Institute and elsewhere. She considers the historical record created by the different strands of the nursing profession and the use to which that record has and can be put.

NOTES

1 C.Maggs, 'Nursing history: contemporary practice and contemporary concerns', in C.Maggs (ed.), *Nursing History: The State of the Art*, London, Croom Helm, 1987, p. 2.
2 C.Davies (ed.), *Rewriting Nursing History*, London, Croom Helm, 1980; C.Maggs, op. cit.
3 See K.McPherson and M.Stuart, 'Writing nursing history in Canada: issues and approaches', *Canadian Bulletin of Medical History*, 1994, vol. 11, pp. 3–22.
4 For further discussion on these points see A.M.Rafferty, 'Historical perspectives', in B.Vaughan and K.Robinson (eds), *Knowledge for Nursing Practice*, Oxford, Butterworth Heinemann, 1992, pp. 26–41.
5 P.Kropotkin, *Mutual Aid: A Factor in Human Evolution*, London, Heinemann, 1902.
6 See Rafferty, op. cit., pp. 34–6.

7 See the collection of conference papers in D.Stapleton and C.Welch (eds), *Critical Issues in American Nursing in the Twentieth Century: Perspectives and Case Studies*, New York, Foundation of the New York State Nurses Association, 1994.
8 B.Abel-Smith, *A History of the Nursing Profession*, London, Heinemann, 1960; C.Davies, op. cit.; C.Maggs, *The Origins of General Nursing*, London, Croom Helm, 1983; C.Maggs, 1987, op. cit.
9 See A.Witz, *Professions and Patriarchy*, London, Routledge, 1992; C. Davies, *Gender and the Professional Predicament of Nursing*, Milton Keynes, Open University Press, 1995.

Chapter 1
Nursing under totalitarian regimes: the case of National Socialism

Hilde Steppe

This chapter presents a small extract taken from my efforts over the last fifteen years to deal with a portion of our nursing history —the period of German National Socialism.

When I began my research, I was interested in filling in a gap in our history. It quickly became clear that this was not a normal gap but a deep-seated taboo; touching it produced not so much a sense of satisfaction but instead mistrust, rejection and fear. This research has meant not only dealing with the history of my profession, but also dealing with the history of my parents' and teachers' generation and the history of my country where I was born in a refugee camp and later grew up. This research raised questions about my personal relationship to this period of history and my own defence mechanisms against the reality of nursing under National Socialism.

Opening myself to this process of reflection means that this work is not finished for me and so I can only share with you the present state of that knowledge.

In order to reconstruct this period of time I have analysed primary data found in a number of public and private archives. I have also used the methods of oral history by analysing the accounts given in nearly 200 written or personal interviews. In this chapter I will address four questions:

1 What was the special function of nursing during National Socialism?
2 How were nursing tasks performed by nurses at that time?
3 How, after 1945, did nursing deal with this period of history?
4 What lessons can we draw from this period of history?

In order to answer the question of the specific function of nursing, it is necessary to briefly describe the organization of German nursing before 1933.

During the second half of the nineteenth century, nursing was declared to be the ideal occupation for middle-class women and was completely reorganized. Up until that time, two relatively independent care systems had exisited—one, that of religious orders which based their care on the Christian concept of love for one's neighbour, and the other of care for the sick by paid orderlies. The system of paid orderlies *(Lohnwartsystem)* evolved mainly in the Protestant areas of Germany after the Reformation, since the Catholic orders had been disbanded during the course of the Reformation. It was not until the first half of the nineteenth century that Catholic orders began to be refounded. At the same time, Lutheran nursing *(Diakonissenrankenpflege)* was developing on the Protestant side.[1,2,3] The socio-economic upheavals of the nineteenth century broke up these two systems, and a third branch of nursing emerged, that of independent nurses. The collapse of these two systems can be attributed to a number of factors. First, industrialization dissolved the system of domestic and family care and necessitated forms of public provision, like hospitals, in ever-increasing numbers. Second, the rapid development of medicine, which had become increasingly oriented towards the natural sciences, required at least passably well-trained and willing assistant staff to undertake all the activities in the field of diagnosis and therapy that had now become 'unscientific'. Third, the development of civil welfare had supplemented and increasingly replaced the ecclesiastical caritas. Fourth, there was a struggle for emancipation, mainly among middle-class women, which had to be directed into socially acceptable channels by men. Fourth, as a result of the wars which took place in the nineteenth century, and under the influence, primarily, of the work of Florence Nightingale, it was declared that optimal medical care for the wounded should be a national duty of prime importance. Lastly, the final overcoming of feudalism in Europe paved the way for the establishment of bourgeoise society with its fixed moral and gender-specifice codes.[4]

By the ninenteenth century the task in hand was to react to the increased demand for nursing, which, in concrete terms, meant going beyond the ecclesiastical organizations and establishing the occupation as 'socially acceptable'. However, this could only be accomplished by a successful appeal to a particular social class whose members would feel a strong commitment to the values represented by nursing. In the

nineteenth century it was bourgeois women, in the main, who presented themselves as suitable for the task, since they had internalized the values of female morality. The demands of the bourgeois women's movement to realize a gender-specific division of labour in the public sector meant opening up occupations to them which corresponded with the 'female nature'. These demands were ideally suited to the establishment of the nursing occupation, since this occupation was guaranteed to fit well into the fixed frame of the patriarchal world picture. Independent nursing gradually established itself, actively promoted as it was by middle-class women who saw it as a way of entering the world outside the home and therefore as a step towards emancipation. It was also supported by male medical doctors who saw nursing as the position in health care allocated to women. The price that women had to pay for the support of men was the subordination of nursing to the absolute domination of medicine and the accompanying surrender of any shred of independence. Serving, giving of oneself, self-sacrifice and obedience became the intrinsic values of middle-class women's nursing and so constituted the perfect professional ethical pitfall for all nurses. Self-awareness and self-determination were declared to be inappropriate and irreconcilable with the 'ideal' professional posture and stance.

In looking at this complex process of professional development, there are five main characteristics which can be identified:

1 The absolute subordination of nursing to medicine, where the one exists only by virtue of its relationship with the other;
2 The gender-specific nature of the nursing ideal; the complete intermingling of personal and professional qualifications resulting in an inability to develop any professional distance;
3 The limitless and never-ending boundaries of professional reponsibility;
4 The splintering of nursing into competing ideological groups;
5 The hostile stance of many nurses towards a collective occupational identity. As middle-class women, nurses did not want to be associated with the demands of the labour movement since such demands conflicted with nurses' own view of themselves as individual professionals.

The effects of these vocation-specific traits culminated in a lack of professional independence, disagreement about professional policy,

uncertainty about the scope and content of nursing, low societal recognition reflected in a lack of occupational security, and an unattainable constellation of professional ideals which, above all, resulted in a radical denial of their own needs.

Only against this backdrop is it possible to understand the developments in nursing which began in 1933 and the reaction of the nurses themselves to these developments.

I return now to the first question I posed, that of the specific function of nursing in National Socialism, which I want to clarify with respect to the following aspects: the incorporation of nursing into the National Socialist policies for health and for women; the terms of reference with regard to professional nursing practice; the tasks allocated to nursing; and the significance of nursing for the state.

National Socialist health policy was marked by extreme polarities, that is, simultaneous selection (of the best) and extermination (of the undesirable). Ideologically, policy was based on the concept of social hygiene and racial purity (eugenics). This political platform was not unique to the Nazis, but could be found, not only in Germany but also in other countries, as early as the late nineteenth century and was expressed in the ideology of social Darwinism.[5] From this theory the Nazis took several central elements: the biologistic view of state and society, the idea of total state control, the necessity for propagation or active promotion of racially valuable characteristics and the elimination of the racially inferior classes, and the notion of the survival of the fittest.[6]

This led to a far-reaching paradigm shift in health care and to specific political action beginning in 1933. For example, in 1934 the law for the prevention of hereditary diseases was passed. This law set out the framework for compulsory sterilization. The humanistic and Christian healing tradition in which the focus was on the individual was sacrificed to the overarching needs of the health of the whole nation. The individual was now valued only for his contribution to the whole.[7] Nazis reasoned that if an individual could not contribute to the whole, then this individual had no right to care by society; on the contrary, society had the right and the duty to banish this socially unfit person in order to preserve the health of all. The slogan for public health was *'Vorsorge statt Fürsorge'* which translates roughly as 'prevention not protection', 'cure not care' or 'public health not sentimental humanitarianism'.[8]

These health policies were binding for all health professionals. Nurses, who were numerically the strongest group in health care, were given

special attention from the beginning. They were to play an important role in the health education of the people through their continual contact with the sick. They were also involved in both of the National Socialist extremes —in supporting the 'worthy' and in destroying the lives of those deemed 'unworthy'.

The Head Office for Public Welfare issued the following declaration in 1936:

> In the future nursing should be not only concerned with the sick and suffering, it should consist not ONLY in caring for the ill, in relieving the effects of poverty or current need. It must go further. Nursing must lead the people in questions of health. It is a nurse who should carry out the will of the State in the health education of the people.[9]

In addition to this not unimportant role in health policy, the professional structure of nursing fitted in very well with the gendered National Socialist image of the 'natural task of the woman in the state'. From our perspective today, the Nazi women's policy seems a very complex and contradictory construction; it has not yet been adequately researched. However, we can say there was no uniform policy that applied to all women since it was their racial identity which was the most important factor. Every regulation designed to benefit women automatically excluded a number of women who were seen to be racially unworthy.[10]

For the Nazi state, the ideal woman was the mother, the 'bearer of blood and race', so that her biological ability to give birth was also evaluated on the basis of her racial purity.[11] Also the working woman was seen positively, as long as she was in a job which was appropriate for her as a woman and which was seen as serving the people. Bertha Braun of the National Socialism women's movement summed up the mood of 'maternalism'. She argued that:

> such phrases as 'spiritual motherhood' and 'expanded motherliness' could only mean a transference of the idea of selflessness and self-sacrifice in all areas of life, not only in natural motherhood. The authority of motherhood was based simply on the awe that every selfless sacrifice calls forth.[12]

Gertrud Scholtz-Kling, the Third Reich's Women's Leader, stated the basis for women's work on 26 October 1934 at a political rally:

> Women will find their place at all times and in all places where the work they are given is in the right relationship to their strength. Whether that strength is on an intellectual level or on another level is completely irrelevant. In every case, work achievement must always correspond to the strength and the inner spiritual orientation of the woman, and then all conflicts cease to exist.[13]

Thus, true motherhood was possible at home and at work and women's vocations met the ideal insofar as they incorporated motherly aspects. The motherly vocation of nursing fitted this image quite well and therefore received public recognition. An advertising brochure from 1938 stated that 'next to the task of motherhood a woman has no more beautiful and feminine an occupation than in the profession of a nurse'.[14]

The dual importance of nursing both as an ideal profession for women and as an influential factor in national health policy can also be seen in the state's efforts to define the boundaries of nursing work and tasks. The stated intention of these measures was, on the one hand, to promote uniformity and tighten up organizational structures, and on the other, to conform with the professional concepts and content of the newly emerging nursing organizations. Toward this end the *NS-Schwesternshaft,* Nazi Nursing Organization, which was to serve as a model for all other nursing organizations, was founded in 1934 as a sub-organization of the Nazi party. As Erna Mach, a nurse and leader of the Nazi Nursing Organization, declared:

> The primary task of training nurses in accordance with the wishes of Adolf Hitler and of joining together into a National Socialist organisation is uniquely the task of the NS Nursing Association. All other nursing in the future will have to orient itself to the thought and methods of this Association.[15]

All the larger organizations involved in nursing (the German Red Cross, Catholic and Protestant organizations, and independent organizations) were summarily subsumed into a *Reichsfachschaft* which operated under the auspices of the Ministry of the Interior which was a more or less state-controlled umbrella organization. Men and women were segregated into

separate organizations. Unions, socialist and communist nursing organizations were forcibly disbanded and their members required to join one of the recognized organizations. Jewish nurses were not admitted into either the umbrella organization or the Nazi Nursing Association, but neither was their organization disbanded. It was retained in order to continue to provide nursing care for Jewish people.

The many hitherto independent groups were amalgamated in 1936 into the *Reichsbund Deutscher Schwestern und Pflegerinnen,* the *Reichsbund* of German Nurses. Their members wore a blue uniform in contrast with the brown uniforms of the Nazi nurses. In 1942 the blue nurses and the brown nurses were joined into the 'National Socialist Reichsbund of German Nurses'. Responsibility for nursing was delegated to the *Nationale Sozialist Volkswohlfahrt* (NSV), the National Socialist Welfare Organization, the largest organization in the Nazi Party. With regard to questions related to nurses' training, nurses came under the jurisdiction of the *Hauptampt für Volksgesundheit*, Head Office of Public Health of the Nazi Party, all of whose key positions were occupied by doctors.

The attempts of a few nursing organizations to maintain their independence failed because the allocation of jobs and job promotion were tied to membership of one of the recognized organizations. In order to further control access to, and provision of, public services a *Warnkartei* ('warning card file') was created which soon came to be used extensively as a selection instrument to exclude from public service all persons deemed 'unfit'. Those who had been excluded from public service were eligible only to work in private institutions, usually church-related.

In order to deal with the chronic shortage of nursing personnel, huge advertising campaigns were conducted in which the social importance of nursing was stressed. An advertising brochure of the time stated that 'Men serve with weapons…women serve by watching over and caring for life at its basis, in a motherly, sisterly way, using all the tenderness and strength which nature has given them in order to fulfil this task'.[16]

A central component of the creation of a uniform nursing profession was the passage of the first National Nursing Act in 1938. Herein the tasks of nursing were defined for the first time. Training was standardized at one and a half years, and a practical year thereafter was required for licensing. This Act marked the formal integration of nursing into the Nazi system. Thereafter only Aryan women could become German nurses. But Jewish nurses could still be trained; they received a card