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EC1023 Health on the Home Front

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HEALTH ON THE HOME FRONT

EXTENSION CIRCULAR 1023 1942
Health on the Home Front

GOOD health and physical fitness are more important today than ever before in our history. Upon the home front falls the responsibility of building health defenses that are adequate to assure the highest degree of efficiency in meeting our responsibilities in this war and in the peace to come.

Group discussion is the American way of determining our problems and how to solve them. Two circulars have been prepared as aids in round table discussion of our wartime health and medical needs and what to do about them. The first deals with the present nature of the problem and the immediate objectives we must set for ourselves to win good health. The second deals with our major objectives—public health and medical care organization.

To facilitate discussion, certain phases are presented in dialogue form, based on the questions raised and comments made by rural women throughout the state. The main participants are the discussion leader, health leader, and four women who should be assigned the parts of Mrs. Allen, Mrs. Brown, Mrs. Gray, and Mrs. Peters. All members of each club, however, are expected to participate. The questions raised in this first round table discussion are as follows:

1. What is the state of health of our community? .......... 4
2. How has the war made the health problems more acute? .......... 3
3. What must we do to win the total good health in our community? .. 10
4. How shall we mobilize our forces to achieve our immediate health objectives? ...................................................... 13

A successful discussion should prove a spring board to action. Each club member is urged to participate in the following health program:

1. Carry out a family health plan in her home (see supplement).
2. Participate in any one of the following community health projects.
   a. A sound nutrition program for all the people.
   b. Immunization of children against communicable diseases.
   c. Classes on home care of sick.
   d. Tuberculin testing and physical examinations of young people.
   e. Physical examination of mothers.
   f. Any other health project of immediate importance.

Special information on how to proceed in undertaking any project outlined in this study will be provided on request by the health leader of each home demonstration club or by the county agricultural and home demonstration agents.

Appreciation is extended to Rizpah Douglass, Extension Specialist, for help in preparing supplementary material for this circular and planning the drawings in both the circular and the supplement, "A Family Health Plan." The women of the Maple Grove Project Club in Cass county also were very helpful in serving as a testing ground for this type of demonstration.

The University of Nebraska Agricultural College Extension Service and United States Department of Agriculture Cooperating.

W. H. Brokaw, Director, Lincoln
Health on the Home Front
ELIN L. ANDERSON
Part I—Immediate Objectives

Health Leader: Toward the end of the recent moving picture version of "Mrs. Miniver," after a ghastly bombing of their little English town, the Rector talks to his congregation in part as follows: "We, in this quiet corner of England, have suffered the loss of friends very dear to us. . . . There is scarcely a household that hasn't been struck to the heart. And why? Surely you must have asked yourself this question. Why, in all conscience, should these be the ones to suffer? Children, old people, a young girl at the height of her loveliness. Why these? Are these our soldiers? Are these our fighters? Why should they be sacrificed? I shall tell you why. Because this is not only a war of soldiers in uniform, it is a war of the people—of all the people—and it must be fought not only on the battlefield, but in the cities and in the villages, in the factories and on the farms, in the home and in the heart of every man, woman, and child who loves freedom! . . . This is the people's war! It is our war! We are the fighters!"

In this total war to build a better world for the common man we Americans are one army. Some of us fight on the battle front, others on the home front. Victory can be won only by people with a high degree of physical fitness and moral courage. Dr. Parran, Surgeon General of the United States Public Health Service, has warned us that "If this nation is not physically tough, mentally sound and morally strong we can leave our planes and our battleships on paper. We shall not be able to use them."

Upon those of us on the home front rests the responsibility of building health defenses that will assure good health—good health for all in the prime of life upon whose fitness and efficiency depends the success of our immediate war effort; good health for our youth who will soon take over this burden; good health for our children who will have the grave responsibility of winning the peace. The task is so essential that the President of the United States has called upon all the health forces of every community—the physicians and dentists, teachers and nurses, the farmers, defense workers, business men, government and housewives to join forces in a campaign to win total physical fitness.

The challenge before us, therefore, is how can we mobilize the health forces

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1 Director of Health Study under the auspices of the College of Agriculture, University of Nebraska, and the Farm Foundation, Chicago.
in every community toward this end. The problem is serious—the solution is urgent. It is particularly fitting that we, who are the guardians of health and morale in every home, consider this problem and decide what we can best do to win total health in every home in our community.

Mrs. ——— will be chairman of the round table discussion. Several women have been asked to take part but everyone is expected to participate. Only by pooling our knowledge and determination can we win our objectives of good health for all.

Discussion Leader: I hope that you will remember the appeal of the health leader to join in making this a fruitful time to plan a campaign to win good health in our homes and in our community. Perhaps we can best proceed by giving careful consideration to the following questions:

1. What is the state of health of our community?
2. How has the war made our health problems more acute?
3. What must we do to win total good health in every home of our community?
4. How shall we mobilize our forces to achieve our immediate health objectives?

Let us consider the first question—WHAT IS THE STATE OF HEALTH OF OUR COMMUNITY? Do we have any health problems in our community? (addresses whole group)

Mrs. Allen: That is something we don’t always know or realize. Many of us have thought that Nebraska, with all its sunshine and open spaces, is a very healthy state. Then suddenly we are jolted by learning how our young men have been turned down in the army draft, and we begin to wonder how healthy we really are.

Discussion Leader: Just what are the findings of the Selective Service System for Nebraska? Can you tell us, health leader?

Health Leader: At the State Nutrition Conference in April, 1942, Major Frank B. O’Connell reported that “Since September, 1940, Selective Service has physically examined about 50,000 Nebraska men between the ages of 21 and 35. Of these, we found 11,000 or 22 per cent unfit for any kind of general military service. And, in addition to this, we found 5,000 more, or 10 per cent fit only for limited military service. Adding the two together, we find that 32 per cent of our young men are deficient in physical fitness to meet many of the problems of life. A surprising feature of this is the fact that the boys from the farms and the ranches are as badly off as the city chaps—in several sandhill counties where there is the most sunshine and wide-open spaces we had the heaviest loss from physical disabilities.”

Mrs. Brown: What are the most common defects for which our boys have been turned down?

Health Leader: They have been rejected for bad teeth, bad eyes, bad hearts, deformed bone structure, venereal disease, mental and nervous disorders, hernia, and other diseases in that order. The significant thing about the examinations has been that many of the boys did not know they had any serious defects until they came before the draft board. Many diseases could have been prevented or greatly lessened if they had been checked early. Over the country as a whole, the National Selective Service System reported that
out of the first two million men examined approximately one out of every two men were rejected as physically or mentally unfit for regular military service. This is compared to one out of every five men rejected from military service in the last war.

**Discussion Leader:** Thank you for this information. What conclusion do you think we might draw from these findings in regard to the state of our health?

**Mrs. Gray:** For one thing, it doesn't look as if we have made any noticeable progress in improving health since the last war. Even if the army examinations are more strict than last time, the results would indicate that the brilliant achievements of medical science since the last war have not yet become available to the people in general.

**Mrs. Peters:** What I am wondering is, if these are the health conditions among our young men, what are the health conditions among us older people who must produce all the instruments and food needed for this war? Are there any studies that show the health conditions among farm families in Nebraska?

**Health Leader:** Yes. In the summer of 1940, the Farm Security Administration arranged for thorough physical and mental examinations of 220 farm families, including 557 individuals, from three counties in Nebraska. The findings of these examinations revealed many neglected health conditions. Almost half of all the persons examined needed tonsils removed. Dental neglect was marked. Among the children malnutrition was marked; one out of every ten showed signs of rickets. The most significant finding was that of all men over 15 years of age, examined by the clinic, it was estimated that 72 per cent would have been turned down by the army draft.

**Mrs. Allen:** That means then that we on the home front have a lot to do to get fit and keep fit. What about our young people? Will they be better prepared for their responsibilities in the army, the factory or the farm?

**Health Leader:** Not according to the evidence of the health examinations made by the National Youth Administration in Nebraska. Between February 1941 and January 1942 the NYA arranged for thorough physical examinations of all its out-of-school youth in Nebraska, 4047 young people between the ages of 17 and 25 years, spread over the entire state. Many of these young people had never been to a physician or dentist. The examinations showed many long neglected health conditions, and need for special treatment. Of all these young people 78 per cent were classified as physically fit for any employment, 18 per cent could do only limited work because of poor health conditions, and 4 per cent were already unemployable.

**Mrs. Peters:** I guess the same story could be told about our school children. Year after year the health examinations made in our schools show the same long lists of physical defects. Year after year the reports of these defects pile high in the State Department of Health. Year after year nothing is done to remedy the conditions found.

**Discussion Leader:** The question I would like to raise now is this—**HOW HAS THE WAR MADE OUR HEALTH PROBLEMS MORE ACUTE?**

**Mrs. Peters:** The building of the defense industries has thrown the spot-
light on our lack of community health organization. Crowded conditions have caused defense areas to realize that the inspection of restaurants and raw foods has not been adequate, even in peacetime. When the milk in these areas was rejected for the use of soldiers and defense workers, because it did not measure up to the standards set by the U. S. Public Health Service, the people raised the question whether it is of good enough standard for their own families. In the face of the present danger of spread of disease, they have begun to realize that they long have lacked the minimum public health organization essential for peacetime local needs. What then about emergency ones?

Mrs. Gray: The situation in Mead illustrates some of the health problems in defense areas. Almost over night the town grew from 260 people to between 1500 to 2000. Families bid against each other to find a home, an apartment, a room, a bed, and even a bed on an 8 hour shift. A trailer city has sprung up like a mushroom growth over the lawns and back lots of the homes of the more established citizens. Of course, the town had no adequate sewage system, water or milk supply, restaurants, or medical services to meet the needs of this sudden influx of people.

Mrs. Allen: What measures have been taken to protect the people's health in the defense areas?

Health Leader: There are now six defense areas in the state. Cass, Sarpy, and Douglas are one; Adams, Hall and Clay, another; Dodge and Saunders, a third; and Lancaster, Cheyenne, and Box Butte counties, each is a defense area. In each of these areas it has been necessary for the State Department of Health to set up a special public health defense unit composed of a doctor, specially trained in preventive medicine, a sanitarian concerned with water, milk, and food supplies, and public health nurses to check on health conditions among the families and help them make better health plans.

Mrs. Peters: Are these health units in defense areas sufficient to protect the rest of us from the spread of disease?

Mrs. Brown: You can't build walls to keep out disease. Every community should have an adequate health organization if we are ever going to raise health standards.

Health Leader: Outside of the public health service in defense areas and the demonstration public health units in the Scotts Bluff area and Dundy county, all financed largely by federal and state funds, there are no locally supported county public health units in the state.

Mrs. Brown: Defense areas present special problems, but what seems even more serious is the rate at which physicians are leaving for the army. The other day when I was in our doctor's office, he said, that with the younger physicians gone, he was rushed day and night, and he looked very tired. If many more physicians leave I don't know what will happen if many of us should get seriously ill or if a real epidemic should break out.

Discussion Leader: Yes, I think that is one of our most serious problems —how to provide the necessary doctors for the armed forces and at the same time keep enough physicians to meet the needs of the home front. Can you tell us what the medical situation is, health leader?

Health Leader: The situation is really very serious. Our armed forces
must have two-thirds of all the 80,000 medical men under 45 years of age in the United States and even the physicians up to 55 years of age are subject to enlistment. That will mean that civilian medical practice will be upset as never before. Whereas in peacetime there is, on the average, one physician for every 800 people, in wartime we will do well if we have one physician for every 1000 to 1500 people. Rural Nebraska has already begun to feel the loss of its few young medical men, especially in areas which, even in peacetime, do not have a wartime standard of physicians for the population.

Mrs. Peters: Defense areas, which in ordinary times have enough physicians, are hard hit too. I know one area where the physicians are so busy serving defense workers that they have asked their regular patients not to come because they are just too busy to see them.

Mrs. Allen: Won't something be done to protect the medical needs of those of us who stay at home?

Health Leader: Through the Procurement and Assignment Service, the Medical and Dental Societies of every state are trying to select physicians and dentists for the army in such a way that the civilian population won't suffer too seriously. The difficulty is that there are as yet no standards to guide in planning how this should be done.

Mrs. Brown: That certainly means that we must plan a health program with the available doctors and dentists so that they can use their time and services to the best advantage.

Discussion Leader: That is the heart of the problem, but before we turn to that, let us review the discussion so far. We have said:

1. To conserve health and physical fitness is more important than ever before in our history.
2. Our present health conditions show that somehow the advances of medical science have not yet been made available to the people in general.
3. The coming of defense areas has spotlighted the lack of health defenses in every community to meet even peacetime needs.
4. The scarcity of physicians during the war is already causing hardships in rural areas.
5. This puts a great responsibility on us to plan for the wisest use of the time and services of available medical men.

That is the situation. On the home front falls the responsibility of building good health for all. The important question before us is: WHAT MUST WE DO TO WIN TOTAL GOOD HEALTH IN EVERY HOME OF OUR COMMUNITY?

Mrs. Brown: I think we should plan a health campaign just as the army plans a military campaign. We should decide on our immediate objectives and our major objectives. Then we must mobilize all the health forces of our community—all the organizations and individuals interested in health. Many methods of attack are necessary. Each organization should choose certain immediate objectives to win, such as good nutrition, immunization, medical care of army rejectees. If our efforts were coordinated through strong leadership we could advance as one army toward our major objective—a community program that will build and maintain the health of all the people.

Mrs. Allen: This is a splendid idea. Shouldn’t we begin, however, by
deciding what we can best do in our own homes and neighborhood to promote good health?

Discussion Leader: That seems to be a sound way to begin any health campaign: What are some of the immediate health objectives we should set for ourselves?

Mrs. Peters: It seems to me that our first responsibility is to get medical attention that has been long postponed while physicians are still available. Then we should carry out the best health practices we know in our own homes. For example, we know the importance of good nutrition, proper rest, and recreation, but how well do we carry out these simple health rules? We know the importance of regular physical examinations and of early medical treatment but how many of us carry out such a program? With the growing scarcity of doctors we just can't afford to be sick. What we need is a wartime family health plan to maintain health in our homes.

Mrs. Gray: How could we make out such a plan?

Discussion Leader: Our health leader has one already made for each of us. I will ask her to discuss it with us at this time to see how we might develop our wartime health plan.

(Health leader arranges for distribution of family health plan and explains each item. See special instructions for health leader. When this presentation is completed the discussion leader will take over again as follows:)

Thank you, health leader, for explaining this family health program. It is a most important wartime measure to protect the health of every home. All of us, however, need help in carrying out such a family health plan. Is there

![EAT THIS WAY](chart)

- Milk—3 or 4 cups
- Eggs—1 daily or 3 or 4 a week
- Meat, Fish or Poultry—1 serving
- Potatoes—1 serving
- Two vegetables, one leafy green or yellow
- Tomatoes, orange or grapefruit—1 serving
- Other fruit—1 serving
- Whole Grain Product—1 serving
- Enriched Bread and Butter
- Dried Peas, Beans or Lentils—3 times a week.
anything we can do together that would help each of us develop better health practices in our own homes?

**Mrs. Brown:** One thing we need help on is following the rules of good nutrition. I keep the leaflet "Everyday Eat This Way" prepared by the State Nutrition Committee, pinned inside my cupboard door so that I can see what I should prepare for each meal but I can't follow it completely. One of the children won't drink milk and my husband doesn't like vegetables. Isn't there something we can do to help each other improve the nutrition standards in our homes?

**Health Leader:** There is much that we can do. Our County Nutrition Committee is encouraging classes for men and women to study the two series of six lessons on "Nutrition the American Way," prepared by the State Nutrition Committee. I am wondering if a wartime project of our club could not be to sponsor a nutrition course, not only for all members of our club, but also for all the women of our district. Such a course would help us with many of the nutrition problems in our own homes and lay a foundation of good nutrition in every home in our community.

**Discussion Leader:** Good nutrition in every home is a most important goal of any health campaign. We can aid by participating in nutrition classes, by sponsoring school health lunches, and the penny milk program. Individually and as a club, we should do all we can to gain the goal of good nutrition in every home in the community. Are there any other immediate health objectives which we can help to reach?

**Mrs. Gray:** One thing we certainly should do is to protect our children from communicable diseases such as diphtheria, smallpox, and whooping cough. It is much more time saving for our doctors to prevent the spread of these diseases than to deal with an epidemic. Few of us ever go to a doctor's office to have our children immunized, but when we have a community wide immunization program we all see to it that our children are protected against these diseases. What immunization has already been done in our county?

**Health Leader:** During the past year more children have been immunized for smallpox and diphtheria in Nebraska than ever before in the history of the state. This was largely as a result of the appeal, made by the President of the United States last year, that every community do all it can to protect child health and reduce the danger of epidemics by immunizing children against these two diseases. The State Department of Health furnished the vaccines and by June 1942, nearly 70,000 children in this state were immunized against diphtheria, tetanus, and smallpox. So far, there has been no immunization against whooping cough, which among the common diseases, is the greatest killer of children in the state. In our county—(Reports here on number of children immunized against smallpox, diphtheria, tetanus by June 1942, and compares this with the total population in county and especially the population under 15 years of age. This comparison indicates how much more immunization is needed.)

**Discussion Leader:** To protect our children against communicable diseases is a most important health service which we can best obtain through group effort. Since it is so important that children be protected against these diseases during pre-school years, and especially during the first year of life,
it is a project in which we can be especially helpful, because of our ability to reach all the young mothers in our district.

Are there any other immediate wartime projects that we can best undertake together to help each of us carry out our family health program more effectively?

Mrs. Brown: I, for one, should like more help on home care of the sick. Last year we had a very good lesson on that, but there is still much to learn. I am told that the Red Cross now has more than 300 registered nurses in the state approved to give these lessons in home and community health. Should we not inquire from our county Red Cross chairman of home nursing whether such a registered nurse is available here? It is very possible that we could arrange for her to give this series of lessons to our club.

Mrs. Allen: I like that idea, but I don’t think we should limit it to just ourselves. Could we not, as a project club, sponsor such a program as a wartime health project and invite all the women in our district to attend? They all need help on home and community health.

Discussion Leader: I think that is another health objective that is very worthwhile for our club to attain. It is one more example of how we can improve health practices in our own homes by working together. With fewer physicians, it is especially important that we be able to carry out their instructions and know what to do in an emergency.

Mrs. Peters: Should we not be doing everything we can to protect the health of our young people who must soon take over our responsibilities? I have been concerned about tuberculosis ever since our neighbor boy, going to college, learned that both the boys he roomed with had tuberculosis. Isn’t there anything that we can do to prevent that kind of thing happening?

Health Leader: There is much that can be done about it. The Human Tuberculosis Survey which has now examined 24,760 people in Nebraska, has found that among all age groups 14 per cent had positive tuberculin reaction. In general, among the high school group, from 20-30 per cent show positive
reaction. We now know enough about this dread disease to wipe it out entirely by 1960: (Reports on skin testing recently done in county.)

Discussion Leader: Isn’t that one more goal for our club—to help wipe out tuberculosis by 1960? If we want to undertake tuberculin testing as a club project our health chairman has information on how to proceed and what help is available from the State Department of Health.

Mrs. Brown: As mothers, ours is the responsibility for maintaining the health and morale of our homes. Is it not important that we be in the best of health for this task? Would it not be a worth-while club project to arrange for the physical examinations of all project club women and for that matter, of all the mothers in our district?

Discussion Leader: That suggestion is more important than it may sound at first. Great progress has been made in lessening disease and deaths among young children but little gain has been made in lessening diseases among mature people. We are the ones who fail to take the measures necessary to lessen such diseases as cancer, diabetes, kidney, and heart disease. It has been estimated that among mature people 70 per cent of the handicap of disease is due to conditions that could easily be controlled or altogether prevented by periodic physical examinations, early treatment, and applying ordinary rules of personal hygiene. In Oklahoma, the home demonstration clubs have as a state wide program the physical examinations of their club members and other mothers.

Mrs. Gray: How could we plan such a project?

Health Leader: There are many ways. Each of us could arrange for an examination of our own. The trouble is we don’t do it. If our club undertook such examinations as a project, we could arrange with our physicians about the cost. Then we could pay for it as a club. The doctors could plan for private examinations of each one at such a time as they could best spare for that purpose. The important thing to remember about physical examinations is the follow-up of medical care recommended by the physician. Unless we plan such follow-up, the examinations may not prove the wisest use of the doctor’s time.

Discussion Leader: To develop the most constructive health measures
is a real challenge to us and our medical men during the war. Are there any other health objectives of immediate importance at this time?

Health Leader: There are many health objectives that must be won if we are to gain adequate health protection during the war. Other immediate wartime needs are enough physicians for the civilian population; the rehabilitation of the men rejected for military service; control of venereal disease; the care of children of working parents in defense areas; standards for clean milk, water, and raw food supplies. Then we need to work continuously for better health programs in our schools, among young mothers and babies, and among mature people like ourselves who so often neglect the first symptoms of disease.

Discussion Leader: These are all important measures to help every family maintain good health in their homes. Are there any other immediate health goals we should set for ourselves? (Seeks comments from the group, then continues as follows)

We have said that to build good health on the home front, we must plan a community wide health campaign. Among our immediate objectives are a family health plan, a nutrition program, immunization, tuberculin testing, physical examinations. Now the question I should like to ask is this: If we work toward these immediate objectives, will they be sufficient to assure a well rounded family and community health program?

Mrs. Gray: If our club carried out these projects, in cooperation with other organizations, year after year, we would be a long way toward a good health program. What is needed, however, is full time leadership that only a physician specially trained to use preventive measures, a public health nurse, and a sanitarian can give. With such leadership, we could do much to prevent disease and build up good health in our community. This is a big order. It should be a major objective of any health campaign.

Mrs. Brown: If our major objective is a well-rounded health service, then public health organization alone is not enough. The very heart of it all must be a medical care plan which would enable every family to set aside a regular
amount of money yearly for all its health and medical needs, including preventive measures.

Discussion Leader: I think we may say, then, that the major objectives of our health campaign are two-fold.

1. A medical care program that assures health security to every family against the hazards of costly illness and develops preventive measures in the relationship between each family and their physicians.

2. A public health program that develops broad community measures of disease prevention and health education.

(Seeks discussion, then continues.)

Since it is the responsibility of the home front to build adequate health defenses, at a later meeting we will consider what we can do to obtain these major objectives. At this time, however, let us focus our attention on our immediate goals.

**HOW SHALL WE MOBILIZE OUR FORCES TO ACHIEVE OUR IMMEDIATE HEALTH OBJECTIVES?**

**Mrs. Allen:** If each of us carried out this health plan in our homes, it would be the most important gain we could make toward winning good health. Then, since we can best secure many health services by working together, we should undertake some health project that would be most helpful to each of us in improving the health practices in our own homes.

**Mrs. Gray:** That idea appeals to me—that we should start a health campaign in our own homes and in our neighborhood. If all the project clubs did that, we would soon have a big health army in our county and in our state.

**Mrs. Brown:** We must not forget that there are many other organizations always ready to join forces in a broad health program such as the Federated Women’s Club, Parent-Teachers Association, service clubs, and other organizations. What we need is a central headquarters that is at least a clearing house for all the health activities that should be undertaken during the war.

**Health Leader:** We have just such an organization in the Health and Welfare Committee of our County Civilian Defense organization. It may not be a strong committee now, but we can make it strong. It could be the clearing house and steering committee to promote a health campaign not only for the war, but for the peace that will come. Let us see what we can do to strengthen the health program of our County Defense Council.

**Discussion Leader:** These are excellent suggestions for mobilizing all our forces for a health campaign. Let us begin by deciding what project this club considers most important for it to undertake at this time. (Calls for vote from club members on project they wish to undertake or carry out in cooperation with other groups. Next, arranges for a committee, including the health chairman, to decide on how the project may be carried out. Then ask that this committee inform the Agricultural and Home Agents, and the County Civilian Defense Council, of the health project the club will sponsor, and offer its services to the County Defense Health and Welfare Committee. After this is settled, closes the meeting as follows:)

Today we have analyzed some of our health and medical needs and how the war has made these more acute. We have accepted the challenge of total war
to do our part to win total health on the home front. By our decision to carry
out a family health plan in every home and to unite in group efforts to im-
prove health practices in all our homes, we are taking the first important step
toward winning good health for all.

At our next health meeting we will discuss the gains we have made in
carrying out the family health plan and consider the major objective of a
health campaign to protect our homes—public health and medical care or-
ganization. Then we will decide the part we can take in winning health
services on the home front that will assure good health for every citizen, not
only in the war effort but also in the peace to come.