

The Kits for Freed
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**Field Men Deliver Red Cross Supplies,
Provide Recreation**

Supply Lines Of Red Cross Cover Fronts

Red Cross on Okinawa
WASHINGTON, D. C. Fifty Amer-
ican Red Cross men and 27 women
now on Okinawa, serving Tenth
and setting up

**Red Cross Club
Bullets.**

American Red Cross clubmobile
girls in the four corners of the world
lead rugged lives. Theirs is the
of bringing refreshment and cheer
returning mission.

Red Cross Hospital Workers
Stand Up Under Shell Fire
On Allied Anzio Beachhead

Red Cross Serves
Hospital Trains

Red Cross Girls "A
Pretty Brave Lot,"
Declares Director

WASHINGTON, D.C. — 1945 American Red Cross men and 27 women now in Okinawa, serving Tenth Army and setting up

Bullets,

American Red Cross clubmobile girls in the four corners of the world lead rugged lives. Theirs is the job of bringing refreshment and cheer to returning marines.

Workers Along

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Recreation in Alaska Described

By Red Cross Girl

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bizarre substitutes at Cold Bay,
Alaska, according to Frieda Frank-
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Foreword

This booklet will confine itself to describing the work done by those American Red Cross men and women who are giving direct, personal services to the members of the armed forces on the military front or to their families on the home front. To isolate this cross section of Red Cross activity from the body of all Red Cross war work is to sacrifice the complete story of the Red Cross war jobs for the Army and Navy. That is a story of many themes—to name only a few: jobs as essential as collecting blood for plasma; or supplying surgical dressings, comfort articles, garments for the hospitalized; or recruiting nurses; or training nurse's aides.

Nevertheless, the American families of some 11,300,000 servicemen want to know the answers to particular, personal questions: What is the American Red Cross doing for the serviceman himself? What are its representatives doing for him when he is homesick and worried, bored, restless, sick or wounded? What are they doing for him in the field, the leave area, the hospital? What are they doing when he returns home, discharged, and has problems resulting from his service? The trained men and women who are, we are told, "at his side"—who are they, what facilities do they have to work with, and exactly how do they work? Finally, how do the Red Cross chapters here at home help him and his family?

This booklet tries to answer these questions for the millions of deeply interested families and neighbors of men and women in the Army, Navy, Marine Corps, and Coast Guard. In so doing it must stick closely to them and to those personal Red Cross services which are theirs wherever they go, whatever their jobs.

SERVICES TO THE MAN



A tall, lanky, 19-year-old, his hair yellowed by the sun, sat stripped to the waist outside his foxhole writing a letter home. It became harder and harder to write. For one thing, the heat was hanging in waves and his hands were sweating. But for another, something was happening inside him. In these first quiet minutes of rest—his first in days of fighting—an old familiar nagging had penetrated his fatigue, a nagging as real as an ache. The feeling had followed him off and on for six months, ever since he'd been in the Southwest Pacific. It didn't do any good to *know* that it was homesickness; this was one malady which was beyond reason and will power and drugs. Punishing as it was by itself, homesickness was almost beyond endurance when worry got mixed up in it. And Bill Compton was worried about his mother. In the last batch of mail he had received six weeks before, he learned that his mother had been sick.

Bill got to his feet, crumpled his letter in his hand, and started half running down a muddy path, past a clearing, past a bulldozer smashed by a bomb, and on toward a sign nailed to a tree. With relief he espied its crude letters, "The American Red Cross. Office of the Field Director." It pointed toward a clump of trees.

The word "office" manfully described a dirty tent with an upended orange crate for a desk. When Bill saw that he felt better. The field director was a hearty fellow, too. Bill had seen him around many times, bringing this man news of a newborn son, that man news of his brother in Italy, or distributing packages at Christmas, or lighting cigarettes for the wounded, or giving out cold lemonade.

As Bill pushed his way closer he knew he wouldn't have to explain elaborately, or apologize, or feel silly. The field director knew war and he knew men. Bill would simply tell him that he was worried about his mother, the field director would send a radiogram home via army and Red Cross channels, and within a short time Bill would have an answer—straight from the Red Cross and his mother and father. Suddenly, when Bill got closer and saw the field director clattering out reports on his portable typewriter, he almost forgot the sickening nagging. This was a touch of home. It was enough for a second just to stand there and take it in, to feel a little less scared, a little more human.

What Bill needed was a service so routine, so common, that hundreds of field directors with troops in every climate on earth send from 800 to 1,000 messages a day in to Red Cross headquarters for relaying to the home chapters. But, being a service, messages are not to be measured in terms of effort, but rather in terms of what they mean to the individual man. It is fair to guess, on the basis of wide experience, that in Bill's particular case the answer would result in restoring a fighting man to fighting shape.

In another part of the globe, about 7,000 miles from Bill, another serviceman, this one a machinist's mate named Jeff Walters, walked through the busy streets of a port in Italy to ask help of another Red Cross field director. Jeff had just received a letter from his father in Texas. The letter said that Jeff's wife had died in childbirth.

His face streaked with tears, he told the field director that his father needed help in caring for the baby, a son. Jeff's own mother had died

several years ago. His wife had been living with his father. The field director explained to Jeff how the Red Cross could help. He would send a radiogram to the Red Cross chapter in Jeff's own home town, explaining what needed to be done. The Home Service worker would get in touch with the father and together they would plan for the baby's care. It would be necessary for Home Service to work with another agency, perhaps the local child welfare department, so that the baby could be placed with a foster mother until Jeff returned and made permanent arrangements. But whatever was done, Jeff would know that it was done carefully by workers experienced in helping solve family problems, and in cooperation with agencies suited to the particular problem.

Bill and Jeff are only two of the 4,500,000 men who last year asked their field directors for help. Bill exemplifies what a dozen commentators have called the "homesickest army in the world." His problem was simple in comparison with Jeff's, for it could be solved simply, if dramatically, by bringing into play the world-wide American Red Cross system of communications. Jeff, on the other hand, required more help than even he realized. The field director, in Jeff's case, was the agent who set Red Cross machinery in motion; the real problem was back home, the real solution in the hands of Jeff's own chapter.

It is impressive to know that 4,500,000 such men as Bill and Jeff have come to the American Red Cross for help with personal and family problems during the past year alone. It is touching to know that, in their rush to put their affairs in order before D-day, 37,000 American troops called on Red Cross field directors in Great Britain during the single month before the invasion of Normandy. But to reach behind all these statistics for understanding it must be remembered that the D-day of June 6, 1944, was not a second but a seventh front; that other D-days have joined history since; and that a blood-soaked battlefield of today is a rear area tomorrow. Only by keeping such broad outlines of the war's progress in mind can one comprehend what global conflict means and what concerns us here—the variety and volume of the nonmilitary help required among millions of men away from their homes and families.

Many men need information of various kinds, about insurance and government benefits, for example; or they need to secure reports of

their business or legal affairs back home; or they need to talk out a personal matter with a good listener; or they need a loan for an unexpected personal emergency. While all these problems are common ones to the field director in this country or overseas, his duties are actually as varied as human needs are varied. Backed as he is by Red Cross resources, he is in a position to do much for the serviceman. Measuring the extent of a single one of his Red Cross duties among the many, that of making loans: during one year, 1944, field directors in this country and in every military theater overseas made emergency loans amounting to more than \$18,000,000 to servicemen and women, generally because, for a variety of military reasons, they were traveling so fast that their pay checks could not keep up with them. All such Red Cross loans are made without interest or security.

The field director does not see a man as a buck private, a machinist's mate, or a captain; the field director does see him as a man with a personal problem, or as a son, brother, or father with a family problem. In Great Britain a field director listened to a lonely Jewish lad who wanted Jewish companionship, and made a contact for him with a nearby Jewish club. In Burma, in the absence of a chaplain, a field director arranged for a grief-stricken boy to have Mass said for his mother, recently deceased. In the Canal Zone a field director received an emergency call from a ship's crew: with no shore liberty the crew depended on the field director to deliver 400 undershirts. In Italy a field director helped a man locate his mother's people.

In the military theaters field directors are generally as close to the sound of strafing as the troops they serve. In taking their services to combat troops field directors have trained for amphibious landings; they have jumped from the skies with paratroopers; they have smelled out booby traps; and they have made clean dives into foxholes. To list the landings that Red Cross men have made in the Southwest Pacific, for example, is to list the assaults made by amphibious and infantry fighters on enemy strongholds—Salamaua, Lae, Bougainville, Cape Gloucester, Arawe, the Admiralties, Hollandia, Biak, and on to Leyte, Mindoro, and Luzon in the Philippines. In landings on the Ryukyus, field directors went ashore with troops invading Okinawa and Ie Shima.

In accompanying invasion troops field directors have certain imme-

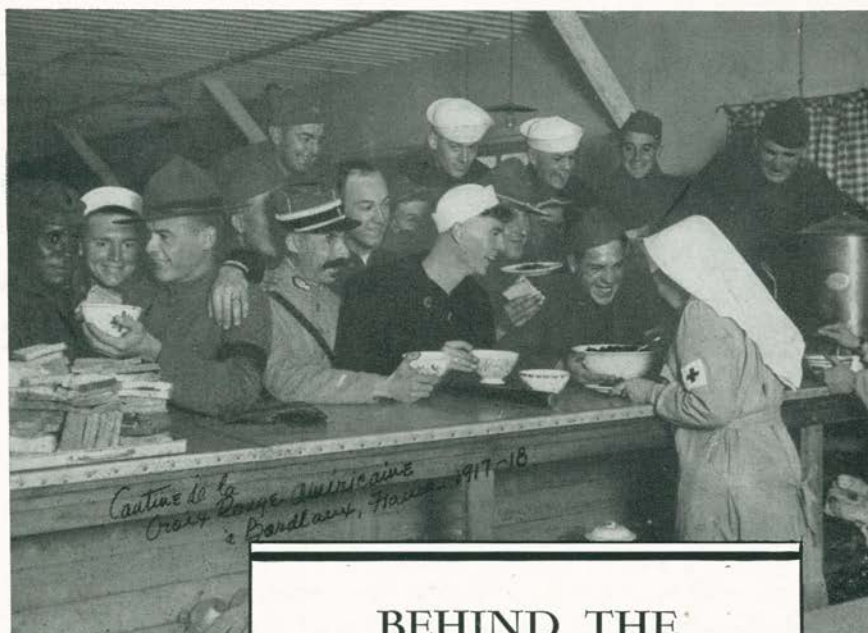
diate duties. They set up canteens to serve coffee, cold drinks, and light refreshments; they make sure that men on the firing line, patrols along the outskirts, and isolated ack-ack outfits receive whatever American Red Cross supplies they need; they take comfort articles to hospitalized men and help in any way they can to make the wounded more comfortable; they set up a recreation tent and furnish it with games, radio, phonograph, magazines, and comfort articles such as toothbrushes, soap, and shaving cream.

Excerpts from a field director's report from Tanamerah give a fairly typical picture of initial work on the beachheads: "Establishing the Red Cross on the only road which ran parallel to the beach, I was called on to act as general quartermaster and bureau of native language information. . . . Rations were so meager that we had to reduce giving out coffee to one time a day, from 5 until 9 at night. This was a blessing, since it gave the men an oasis toward which to wander, hear the news from our radio, sit on the sand, and talk. We made 70 gallons of coffee per night. Thirteen thousand doughnuts were put out, with the hospitalized men coming first. Each afternoon I visited the hospitals, taking a marmite of coffee or fruit juice and two doughnuts per man, plus cigarettes and chewing gum."

Another field director's comment shows the Red Cross settled to its primary task on the beachhead: "As soon as the first phase of the landing is completed and the troops settle down to a routine, the cases begin to pile up. The marines and the soldiers have not heard from their families, who at the same time are filled with anxiety about their men. When the lull in fighting comes, the field director has to be ready for a landslide in the welfare branch of his work."

Of peculiarly high morale value is the service a field director can provide men who are stationed in lonely spots where eternal vigilance is their only duty and the weather their only enemy. In Greenland, for example, where men may be weather-bound for months at a time, a field director acts as intermediary between men so isolated and their families back in Oregon or Vermont. He receives the men's messages by radio, sends them on by letter to their families, and then radios back to the men the anxiously awaited replies.

So they go, the jobs of the American Red Cross field directors, literally without end as the needs of men in war are without end.



BEHIND THE WELFARE PROGRAM

With the Army and Navy engaged in a war of global proportions, with their lines of communications extending over 56,000 miles, the American Red Cross has thrown a perimeter of personnel and resources around the earth in its effort to meet existing needs and to anticipate those of the future. Invaluable experience from World War I was gained largely from Red Cross operations in France, operations consisting of extensive hospital work, the work of field directors, of Red Cross women, and the collaborative program of chapters back home. During a 20-month period in the earlier struggle more than 100,000 letters weekly passed between the Red Cross welfare workers with the troops in France and Home Service workers near their families back home.

During World War I the American Red Cross recruited and maintained its own corps of nurses, and it organized, equipped, and staffed ambulance units, hospitals, convalescent homes, and large depots of

medical and surgical supplies. Red Cross field directors shared duties in welfare work with the Salvation Army, the YMCA, the agencies of the National Jewish Welfare Board, and the Knights of Columbus. Red Cross women served the able-bodied in canteens and the hospitalized in recreation huts for the convalescent. Finally, the Red Cross established a scholarship program in an effort to train sufficient numbers of medical and psychiatric social workers for specialized case work in domestic military hospitals.

Many a service given in 1917 in the field, in the canteen, or in the recreation hut is given today in the field, in the club, or in the hospital recreation room. With the advantage of varied experience behind it, the American Red Cross from the beginning of World War II was able quickly to adapt and extend its services beyond anything needed or perhaps even imagined in 1917.

In 1917 the American Expeditionary Force strength amounted to 2,058,000, and most of these fighting men were in France; in World War II the men sent overseas by the spring of 1945 totaled more than twice that number, and they were stationed literally around the world, from Natal to Tripoli, from Iceland to Australia, from Alaska to the Persian Gulf.

At the beginning of World War II the Army and Navy accepted complete responsibility for medical services except for three duties which they asked the American Red Cross to assume: the collection of blood plasma, the recruiting of nurses for the Army and Navy Medical Corps, and the continued maintenance of the hospital social service and recreation program in military and naval hospitals. The traditional Red Cross welfare services which were maintained at military and naval hospitals and stations in this country were now expanded and were also rapidly established wherever men were stationed overseas. In addition the Army and Navy asked that these services overseas include certain recreation and recreation facilities for the able-bodied as well as the hospitalized. At the same time, the Salvation Army, the YMCA, the YWCA, the National Catholic Community Service, the National Jewish Welfare Board, and the National Travelers Aid Association combined into the United Service Organizations to provide services of religious, welfare, educational, and recreational character outside military reservations in this country and in certain

other localities in the Western Hemisphere outside of continental United States. Set up in a country-wide, easily accessible series of clubs, station lounges, information centers, and mobile units, the USO has the opportunity to do a vast amount of work with personal problems of the quick disposal type. USO overseas clubs, serving the men and women of the armed forces as "home away from home," are located in Alaska, Newfoundland, Bermuda, the islands of the Caribbean, the Canal Zone, on the coast of South America, and in Hawaii; and USO-Camp Shows, Inc., an affiliated corporation which is financed by the USO, provides professional theatrical and concert entertainment at military and naval stations and hospitals in this country and in military theaters overseas. In carrying out their respective functions, the Red Cross and the USO have a close working relationship.

In June 1941—six months before Pearl Harbor—the American Red Cross coordinated all its activities which related to the welfare of the serviceman and his family into a single administrative division, named Services to the Armed Forces. Included were Military and Naval Welfare Service and Home Service. Later, Services to the Armed Forces added another unit, Camp and Hospital Council Service, and in November 1944 still another, Services to Veterans.

In point of experience, Camp and Hospital Council Service is the youngest unit within Services to the Armed Forces, for all its other units had been active since World War I. Briefly, camp and hospital councils came into being six months before Pearl Harbor when haste and transportation problems restricted the Army and Navy in supplying their burgeoning stations and hospitals. In rushing more than 4,000 training centers and hospitals to completion the Army and Navy had the job of feeding, clothing, and housing their men, and extra supplies in quantity were needed to transform skeleton barracks into livable quarters, efficient hospitals into comfortable hospitals. Called on to help fill in this gap between existing and living, Red Cross chapters in communities adjacent to training stations organized councils to include those fraternal clubs, veterans' organizations, church groups, trade unions, women's clubs, and many other service groups which wanted to give whatever was needed *when* it was needed, without duplicating one another's efforts. Thus thousands of volunteers channeled their work and materials through the Red Cross both to

answer certain emergency needs of the military and to give men and women in training such supplementary supplies as easy chairs, electric fans, musical instruments, books and magazines and newspapers, radios, phonograph records, and a wealth of kindred comforts. When such needs had been met, the councils—by nature flexible—shifted their greater emphasis from giving supplies to giving services. These are of many kinds, to men in hospitals, to other Red Cross groups, and to men in isolated units overseas who need to be supplied with recreation equipment.

From the beginning of the war, SAF made quick adaptations to meet the needs of quickly expanding groups of the armed forces. It extended its program to the seamen of the U. S. Merchant Marine; to Allied servicemen, veterans, and their families, many of whom live in the United States or its possessions; to the men and women of the Air Transport Command; and to the WAC, WAVES, SPARS, and Women Marines. Wherever large groups of women were stationed, whether in training camps in this country or in certain defense areas overseas, there also were stationed Red Cross women field directors. But whether the women of the armed forces were served by women at their own installations or by the men field directors at other stations, Red Cross coverage was made complete for them. In short, it was the job of the Red Cross in World War II to make sure that no man or woman who needed the Red Cross was beyond the reach of its service.

Six months before Pearl Harbor the total number of Military and Naval Welfare Service workers stationed with troops in this country and overseas was 635. By March 1945 that number had increased to 17,000, and 8,400 of these workers were assigned overseas. (These figures give the number of SAF paid staff only; they do not include the hundreds of thousands of volunteers who help the professional staff give direct, personal service to the serviceman both in this country and in certain countries overseas.) A like increase took place in the country-wide staff of Home Service workers, who work interdependently with the Red Cross personnel stationed with the troops. By March 1945 there were more than 3,500 professional Home Service workers in the chapters; assisting them, and in small chapters substituting for them, were 17,000 trained volunteers. Camp and hospital councils, started in July 1941, have increased with equal vigor. By

March 1945 volunteers representing thousands of local organizations with an estimated membership of 5,000,000 were working through a total of 2,254 Red Cross chapters to serve every army and naval station and hospital in the nation.

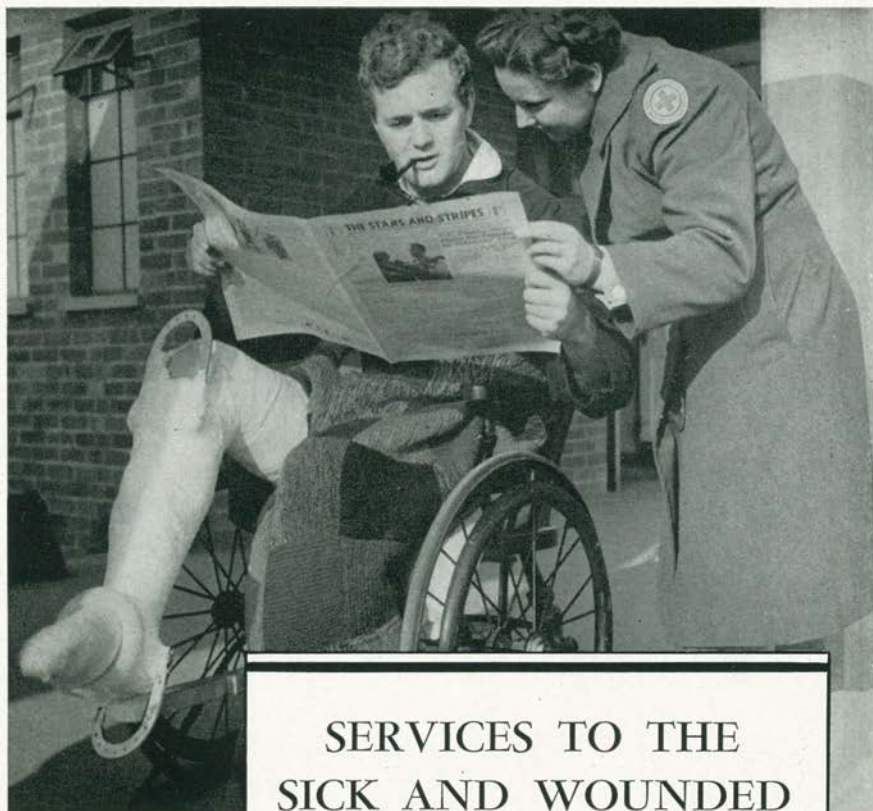
Personnel in Military and Naval Welfare Service are stationed at army and naval stations and hospitals in this country and overseas, and they include: field directors and their assistants; medical and psychiatric social workers and recreation workers, in hospitals; club and recreation personnel; staff for mobile equipment; and secretaries. In this country these personnel are assigned their stations on a geographic basis, with some small stations being served itinerantly; overseas personnel are assigned directly to military units, with a minimum staff of one field director and three assistants—one of whom is a specialist in recreation—to a division. Many additional personnel are assigned overseas wherever they are needed.

Red Cross workers are carefully chosen for their personal qualifications and experience. To help ease the continuing shortages of professional workers in Home Service and in hospital social service, the Red Cross maintains a scholarship program whereby selected workers can be trained in accredited schools of social work at Red Cross expense. All workers with the armed forces must pass a rigid physical examination, and they must be as emotionally sound as the troops themselves to withstand this war of robot tanks and screaming bombs.

Field directors are men between the ages of 30 and 50 who do not come within the limits of military requirements; they wear the army officer's uniform with military insignia replaced by those of the American Red Cross. To serve in the Red Cross they gave up their work in civil life in such fields as law, teaching, and social welfare. Medical and psychiatric social workers are women between the ages of 30 and 50 who have high professional qualifications and who came into Red Cross service largely from civilian hospitals. Hospital recreation workers, in the 25 to 45 age group, were recreation specialists in civil life, and many of them are athletes, musicians, and entertainers in their own right. Red Cross club directors are men or women with the business experience necessary for running a hotel-like center. All workers are oriented to the demands of their particular jobs in realistic training courses given at national headquarters.

Personnel in Home Service, carrying out their responsibilities through the Red Cross chapters, support and in many cases complete the service begun to the man in the field. During 1944 it was estimated that a total of 16,000,000 communications were handled by field director-Home Service collaboration, by mail or telegraph in this country, by radio from overseas.

Reports from the Red Cross chapters covering the country show that 250,000 servicemen and their families were helped by Home Service during 1941-42. During 1943-44 that number had swelled to 3,300,000—a figure which will be substantially surpassed during 1944-45.



SERVICES TO THE SICK AND WOUNDED

The basic philosophy which today guides the army and naval hospital programs in this country puts an end to the formal, monotonous institutionalism of the old-style military hospital. In following the modern techniques of psychiatry, medical authorities treat the human being as well as his disease or injury. The Army calls this treatment program reconditioning, the Navy calls it rehabilitation.

In writing of our wounded, Major General Norman T. Kirk, Surgeon General, U. S. Army, has said: "Merely restoring a handicapped soldier to physical independence is not enough. Even before the surgeons have completed their work and the bodily wounds have been healed, measures must be taken to help these men back to a healthy, normal

outlook and imbue them with the spirit to become an asset to their community when they return to civil life.”¹

Generally, reconditioning begins when the patient, who may still be confined to his bed, is out of the medical woods with medical recommendations clearly established; and it consists of meeting his physical, mental, and emotional needs through daily activities in education, physical training, occupational therapy, and recreation. The investment of time and effort thus spent in keeping the patient alert, interested, and free from worry pays enormous dividends in psychological soundness and physical recovery.

In this investment the Red Cross has made an important contribution, and from the beginning of the war the Army and Navy have asked the Red Cross for constant expansion of its social service and recreation programs. Both activities, continued from World War I, are thoroughly integrated parts of the whole hospital program. The social workers are, as far as their numbers stretch, of two highly trained types: medical or psychiatric. Because the needs of the military have exceeded all efforts of the Red Cross to supply such specialists, however, social workers of general experience who have medical or psychiatric aptitudes have also been recruited, have been given intensive in-service training by the Red Cross, and have gone on the job all over the world in order not to leave such critical work uncovered. By March 1, 1945, approximately 3,000 Red Cross social and recreation workers were on duty in hospitals in this country and in every military zone overseas.

Working under medical supervision, it is the social worker's job to help the patient get the maximum benefits from his prescribed treatment, and to help him adjust in his own way to the demands of getting well. This adjustment may be complicated by conditions peculiar to war casualties.

The fighting man who is hospitalized is frustrated and worried. He needs somebody to help compensate for the family and friends who cannot visit him, and for the mail that always seems slow in coming. He needs somebody who has the time to take a personal interest in him; somebody to care about his troubles and to do something about them; somebody to write his letters, to give him an extra

¹ *The New York Times Magazine*, December 24, 1944.

pair of hands, to give him a link with home. But all these needs, human as they are, require specialized care, preferably a woman's care. The patient is sick or wounded; yesterday he was a tough guy, doing a tough job, and today he may be helpless and dependent. What such a violent transition does to his state of mind depends on a hundred imponderables, but one thing is certain: he needs somebody to understand those, too.

The Red Cross hospital worker knows that what she can do for the patient is in direct proportion to the excellence of the relationship which she establishes with him. With this relationship the basis of her work, she must have exceptional tact; she must have a flair for being casual, firm, tender. She must by all means be equipped with a resilient sense of humor and she must know when to let a man alone. All these qualities, together with her technical skill and her knowledge of his physical limitations, are the tools with which she creates a good rapport with her patient.

The wounded man who has the opportunity to talk over his fears gets relief in the emotional purging which always comes in reliving them. One of the greatest single contributions the Red Cross woman can make is in listening and, of course, in understanding the overtones of what she hears. Let us see how she serves a patient who needs such help.

Allen Minor was a young officer patient who lost a leg on the Normandy beachhead. When he was brought back to this country and hospitalized, he lay with his face to the wall day after day, morose and uncommunicative. He ignored the ward goings on, refused to take part in any activities. His medical officer asked the Red Cross medical social worker to find out about his silence. When she approached him, he said simply that he did not care to talk about anything. The worker went to see him three times before he decided to tell her what was wrong. He wanted to break his engagement to his fiancée back home, he said, but did not have the courage to write the girl. He asked the Red Cross worker to do it for him. Understanding his motive, the worker let him talk—giving his dammed-up doubts and fears the release necessary to the breaking of emotional tension. Facing the facts with her patient, respecting his anxieties, she could nevertheless—slowly and at the right time—bring calming and all-important

questions into his thinking. Did he know anything about the kind of appliance he would wear? Did he know that he would be able to walk, dance, drive a car? Would an artificial leg handicap him in his profession, college teaching? As for his fiancée, was not the decision he had made *their* decision to make?

With Allen such questions were time-consuming, their answers slow. The significance of the help which the Red Cross worker was able to give him lay in her understanding of *when* to encourage him to talk, *when* to explain how he could handle an artificial leg, *when* to start him on the definite upgrade by helping him to think his way through to a satisfactory solution.

The patient who does not have an encouraging future is likely to be dependent over a longer period on the friendly professional women who guide him through his emotional hazards. Jake Cordell, who contracted rheumatoid arthritis in the Italian campaign, was likely to be bedridden for months, without the use of his arms and legs. Returned to this country for hospitalization, he was slow in responding to treatment. Intellectually active, his immobility caused him to withdraw into an emotional shell which the physician asked the Red Cross to help him penetrate. But because Jake was uncooperative the Red Cross medical social worker went to the source—Home Service and his family—to find out his interests. When the report came from his home chapter, the hospital worker learned that Jake had been active in union and labor circles back home, that he collected classical records and had a particular love for the string quartets of Beethoven, and that he himself played the violin. With such information the Red Cross worker could proceed intelligently. Within a week a Red Cross Gray Lady, a volunteer assistant, was reading to Jake—from labor reviews, trade journals, all in his line of work. They had news of business he liked, leaders he knew, and political columns he found it interesting once again to argue about. Within a short time he began to dictate letters to pick up the threads of his former business life. Then one evening he consented to be moved, bed and all, to the hospital auditorium where he enjoyed the movies. Finally, with surprised delight, he listened to Beethoven on a portable phonograph; the Red Cross worker had brought it to his ward. Over a period of weeks

such consideration changed an apathetic patient into a hopeful patient whose mind became productive.

The American Red Cross hospital program means a link with home—as it did to Tom, the young gunner's mate who was clamped in a body cast in a hospital on the West Coast. Tom's wife was expecting a baby; the nearer the time, the more frantic he became. He slept poorly, ate little. His surgeon called in a Red Cross worker and explained that Tom's anxiety was slowing up his recovery. She talked with Tom, offered to get in touch with his home chapter by telegram. When in a short time she brought Tom his chapter's reply, she also brought congratulations: he was the father of a day-old daughter. When Tom's excitement calmed he had his first natural sleep in days.

This type of service, common to every Red Cross hospital worker, exemplifies once again the dependence of the worker in the field upon the Home Service worker in the man's home chapter.

Some of the ways in which the hospital social worker may serve the military and the patient have been indicated, but no less important are the practical little ways in which, together with the chapter Home Service worker, she acts as intermediary between the patient and his family: by supplementing official medical reports to anxious families; by arranging quarters for the family who visits; by encouraging the family to write cheerful rather than anxious letters; by giving the patient a loan for a convalescent furlough; by interpreting to his family the special attentions—diet, for example—needed in his care. All such services are carried out by both medical and psychiatric social workers under the supervision of the medical officer.

What one of the services just mentioned meant to the mother of a serviceman who was hospitalized in this country will be warmly understood by relatives who have shared similar anxieties. When the medical authorities notified the mother of her son's critical illness, she wired that she would arrive at noon the following day. To her surprise her train was met by a member of the Red Cross hospital staff. In the mother's own words, "This cordial greeting was so different from the cold, formal, military reception I had imagined that I immediately began to feel that all would be well." The Red Cross worker introduced her to the son's medical officer and accompanied the two of them to the son's room, "waiting outside," the mother relates, "until we

came out." But in her letter to Red Cross headquarters in which the mother describes the services given her over a period of two weeks, none was more gratefully received than that of the use of Red Cross living quarters provided her at the hospital. She writes: "We returned to the Red Cross wing of the hospital and the Red Cross worker took me into a bedroom, saying that I was to occupy it during my stay . . . I inquired to whom I should go to register and make arrangements for payment. To my surprise she smilingly replied, 'There is no charge. You are the mother of a soldier on the critical list. You are entitled to this room as the guest of the Army and the Red Cross.' Since I had spent so many anxious hours wondering where I could stay and whether I had enough money with me, you will not wonder that the quotation 'Surely God is in this house' came into my mind after such provision for me by the Red Cross."

* * * *

Overseas, the Red Cross hospital program, like the Red Cross program for the able-bodied, is keyed to meet the demands of war. In many parts of the world Red Cross hospital women have learned to dread the moonlight, have known the terrors of strafing. Their hospital "corridors" have often been paths of ankle-deep mud or waist-high kunai grass.

During a period of invasion, when evacuation and field hospitals may be as close as 15 miles behind our advancing troops, Red Cross hospital workers meet the wounded as they are brought in. In such forward areas, personal contacts with patients are on a short-lived, emergency basis. Consequently, the women give care as best they can, substituting for family and friends, passing out cigarettes, writing letters, replacing lost clothing, helping locate mail, supplying comfort articles, encouraging the wounded here and there. In more permanent establishments overseas, such as the station and general hospitals behind the lines, where patients remain for longer treatment, the social worker may have the opportunity to offer most of or all the services which she offers domestically.

During the Italian campaign a Red Cross social worker somewhere in North Africa described her work in a hospital behind the lines. It had been hastily set up to receive battle casualties from evacuation and

field hospitals in Italy. "In four weeks," she wrote, "we had a complete hospital functioning on what was once an Arab wheat field. We lived in tents, the Red Cross having large ward tents as recreation rooms and a small office tent used by the two social workers. Our office tent is open from 8 a.m. to 8 p.m., with patients coming in a constant stream. There is no privacy here or in the ward tents with the beds so close together. The wounded come in with nothing, often without an article of clothing, and rarely with money. They are, therefore, unable to buy such items as toilet articles, cigarettes, and candy at the local post exchange. We are supplying comfort articles. There is no equivalent situation in civilian life in which the giving of a small gift has the same meaning. These men have gone through grueling experiences; these gifts are an assurance that they are again in a friendly world. Giving out cigarettes to the men as they arrive in ambulances after a three-day, exhausting journey from the battlefield becomes an act of significance . . . We can also help them to get in touch with their family and friends. The Army makes strenuous efforts to get the mail to the men, but with extensive troop movements mail is likely to be delayed for as long as five months. Helping with communications is, therefore, one of our big jobs . . . Understanding the stories of painful events through which the men have lived is another large assignment. Men who see their buddies or their commander violently killed may suffer more from this experience than they do from their own injuries. All that a social worker can do for a man in this kind of emotional agony is to call daily for talks, give individual attentions like getting his own brand of cigarettes, and write letters for him . . ."

* * * *

With the shattering pressures of total warfare an intolerable strain on men's nerves, the Army and Navy have taken positive steps to protect the mental health of their forces. Generally, for the newly inducted man who shows any difficulty in adjusting to service, the Army gears its effort to getting at the source of the trouble and, if possible, to correcting it. The Navy, on the other hand, compelled to be mindful of the peculiar demands made on men confined on shipboard, emphasizes diagnosis and discharge. For men who have broken in service, however, both the Army and Navy offer full therapeutic serv-

ice. Thus a psychiatric program operates from the time of a man's induction to the time of his discharge, from a screening process at induction, to psychiatric units at training centers, to psychiatric services for the hospitalized in this country and overseas.

In the psychiatric unit for the able-bodied, the Red Cross psychiatric social worker serves as a member of the army or navy team of psychiatrists, psychologists, and military social workers. As the war progresses, the psychiatric units first established by the Army to serve men in basic training are also meeting the needs of men who have returned from one theater overseas to be reassigned and retrained for further duty in another.

In assisting the psychiatrist and in cooperating with the military's social workers, the Red Cross worker contributes many services, two of which are indispensable. As the patient's link with home she can secure his social and family history through Home Service of his home Red Cross chapter; this history is necessary to the psychiatrist in making his diagnosis and recommendations for treatment. And to the trainee who is to be discharged the Red Cross worker has a special responsibility. Through Home Service she is his liaison with the family and friends to whom he is returning, perhaps in embarrassment after a brass band send-off. Knowing his fears, she talks his language and, like the medical social worker, faces the facts with him candidly. Such a man does not want sentimentalizing; he wants scientific help on a level at which he can accept it, and this he gets. Often, by talking frequently with the man, the Red Cross worker can turn his mind away from embarrassment and on toward the efforts he can make on the home front as a civilian.

If the man's problem is of a personal nature, the army or navy psychiatrist may ask the Red Cross worker to have continuing interviews with the patient in the hope that he can be helped to remain in service. In these interviews the Red Cross worker helps the psychiatrist to give the man insight into his problem or his personality.

Many of the hospitalized casualties for whom the Army and Navy provide psychiatric therapy are "normal" servicemen who have shown definite signs of breaking in battle or who have broken temporarily under a pressure with which courage alone could not cope. Most men recuperate quickly and fully with rest, plenty of good food, and

the opportunity to talk and to relive their experiences. While technically they are classified as hospitalized pending their return to duty, many of them are physically well enough during treatment to live in medically supervised barracks rather than in hospital wards. In all these convalescent hospitals throughout the country, and in all army and naval hospitals, domestic or overseas, which have been designated either solely or partially for the care of patients who require intensive individual treatment, Red Cross social workers are assigned to the psychiatric wards.

Wherever in the hospital program they are stationed, Red Cross psychiatric social workers function in relation to the psychiatrist, his patient, and the family in much the same way that the medical social worker functions in relation to the medical officer and his patient. Because of the nature of the disability, however, the psychiatrist in many instances asks the psychiatric social worker to supply the patient's social and family history. In this duty, among all those her work entails, the tie which she has with Home Service in the Red Cross chapters makes her place on the military's psychiatric team of singular importance at the beginning of the patient's treatment—including the period of diagnosis—and, if he is to be discharged, at the end. The problem of orienting the patient to his social and vocational future often requires prolonged case work with the patient and perhaps with his family as well.

* * * *

Start Officially, there is no halfway point between a sick and a well serviceman; he is either able to be on duty or he is in the hospital. In consequence, the army or naval hospital may have within one installation both bed patients and a comparatively large convalescent group—men who are well enough to walk about, to take part in sports, but who are not strong enough to fight. For such men there must be provided a tempting range of recreational devices for occupying their energies and for taking the slack out of time. In addition, suitable recreation must also be provided the bedridden. It is the purpose of the American Red Cross recreation program to help the Army and Navy meet these needs by planning and conducting activities for individuals as well as groups.

The casual visitor in a large domestic military or naval hospital

which includes special convalescent facilities is struck by two observations: he is impressed by the large number of ambulatory patients; he is impressed by the ingenious variety of recreation events announced on the bulletin boards. It has been indicated that the first phenomenon explains the second. But let us remember that the casual visitor may not see the men who are bedridden; he does not see the special disability groups—men who are deafened, blinded, diseased. In consequence, it is necessary to remember that the bulletin boards put up a brave front and that behind them there is homesickness, apathy, or the downright fear which the experienced recreation worker knows she must often work against. Fortunately for her work and for those men whose moods do not welcome her, she has talent and resources on her side.

In this country, in cooperation with the Army's Special Services officers or the Navy's welfare officers, the recreation worker helps arrange stage shows, bridge or checker tournaments, debates, golf matches, dances, amateur nights, symphonic hours, gala carnivals, and all kinds of entertainments brought in by community groups working through the camp and hospital councils. Since most recreation workers have skills in music or dramatics and are capable of creating confidence and interest among the timid, amateur performances are a popular form of hospital entertainment, with patients themselves putting on the show. An astonishing number of talented servicemen turn up in this process.

Something of the patient's schedule of entertainment may be indicated by the frequency of showings of movies during the year 1944. In 407 domestic army and naval hospitals, bed patients saw approximately 220,000 showings of ward movies. Sometimes these movies are even shown on the ceiling, so that those flat on their backs can see them, too. All ward movies for entertainment are obtained by the Red Cross and are shown on Red Cross equipment as a part of Red Cross recreation activities. In addition, for ambulatory patients in army hospitals (the Navy provides its own movies for ambulatory patients) Red Cross recreation workers put on at least two different movies weekly, in the auditorium of the hospital or in Red Cross recreation houses. In a large hospital it is sometimes necessary to give as many as six or seven showings daily of the same film.

Arrangements made for regular showings of movies in hospitals overseas are subject to emergency conditions, but almost all Red Cross staffs in hospitals overseas are provided with motion-picture equipment. Since the Army provides all its men—where practical—with three films weekly, the Special Services officer in the army hospital may obtain them for use on Red Cross hospital equipment. With films obtained by the Army Pictorial Services prior to their release date, it is possible for a boy in a hospital in China or Iceland to see a picture before his mother sees it in New York.

The Red Cross recreation worker knows her patients' tastes in movies. She knows that American servicemen in training like combat pictures and war newsreels, and these she shows in station hospitals in this country, along with a variety of other popular themes. Overseas, however, and in general hospitals in this country where patients have had experience in battle, only musicals, comedies, cartoons, and westerns are shown.

In army general hospitals and in certain hospitals on army posts in this country the Army has occupational therapists who include instruction in arts and crafts as a part of the day's schedule in the reconditioning program. The patient enjoys the mental rewards of such work, and the exercise it affords may be prescribed for his injury. Red Cross volunteers who are professional artists and craftsmen frequently instruct him under the supervision of the occupational therapists—in weaving, leather work, art metal work, wood carving, ceramics, bookbinding, decoupage, painting, and sculpturing. The Red Cross professional recreation worker in army general hospitals in this country provides individual and group diversion by conducting many of the activities in the Red Cross recreation quarters. Here, in addition to taking part in these, the patient lounges with magazines, listens to the radio, plays records, writes letters, plays ping-pong, or just talks with his friends.

In most army station hospitals the Red Cross recreation worker offers diversional handicrafts as one phase of the all-round, varied program for all patients.

Because her work is a carefully integrated part of the whole hospital program, the Red Cross recreation woman collaborates with the medical authorities and with her own Red Cross colleagues, the medical and psychiatric social workers. For example, a medical officer in a large

midwest hospital recently consulted the Red Cross staff about a boy who had lost his arm. A veteran of the Italian campaign, the boy was brooding bitterly that he could never dance again. It was the medical officer's opinion that if the boy could relearn to dance he would not need psychiatric help.

After the boy's arm was fitted the Red Cross recreation worker asked him to join her in a small recreation room where the only furnishings were a phonograph and popular dance records. At first he had to be gently persuaded. Not only did he lack confidence that his leading arm would work; he felt that a girl would be offended by it. Tactfully, his Red Cross partner helped him break through both mental hazards. Day after day they met for a half-hour of dancing, until his leading was no longer labored. Then, to help him get over his sensitivity, the Red Cross woman suggested that they ask several of the civilian girl employees in the hospital office to join them. The girls accepted eagerly, and several times weekly took turns dancing with the boy during their noon hour. The Red Cross worker's reward came when the boy told her one day that his girl from back home was coming to see him, and with happy confidence added that he was taking her to a night club in the city.

In domestic hospitals the program of the Red Cross recreation worker is given constant—literally daily—support by trained volunteers from chapters nearby. Members of the Hospital and Recreation Corps—known as Gray Ladies—act as assistants to the professional Red Cross staff in recreation as well as case work in more than 500 army and naval hospitals. While Gray Ladies help in various ways to conduct group entertainment, perhaps they make their greatest contribution in their individual services to the men who are invariably homesick in a hospital far from their families. Gray Ladies shop for the bedridden, play cards with lonely patients, distribute musical instruments, write letters for the disabled, take book carts through the wards, and generally make themselves popular with the patients who like their tactful, friendly interest.

Many of the clarinets, saxophones, mandolins, ukuleles, drums, portable pianos for wards, and other such instruments which the Red Cross workers have on tap are given the hospital by various organizations working through camp and hospital councils. Needless to say, any

and all instruments are given hearty use. So with other council supplies—lawn furniture for convalescent patients; drapes, lamps, easy chairs, and reading materials for hospital sunrooms; decorations for holiday seasons, and flowers the year round.

In standing by to help the military and the Red Cross hospital staff meet emergency needs, councils must sometimes dig deep into their local resources to find whatever is wanted. A council recently reported that a hospitalized patient back from overseas had stage fright at the thought of seeing his two-year-old son for the first time. "My wife is bringing him to see me," the young father said, "and he's got to think I'm an all right guy." And then he made his request of the Red Cross recreation worker: Could the Red Cross get hold of a tricycle somewhere, even though one could not be bought? "It would help start things off right," the father said. The hospital worker explained to the council and word went out to its members within the community. Since no little boy wanted to give up his tricycle, the search went to attics and basement storerooms. After several discards for size a tricycle small enough for a two-year-old was finally found. It was rusty and the paint had peeled. But a member of the council sandpapered it, painted it fire engine red, and delivered it good as new in time for an important introduction.

While a request for a tricycle is unusual, so too are many requests put to the councils. They have responded to calls for garden tools and seeds; they have arranged for patients to take sight-seeing tours through the communities; they have located and delivered hundreds of extra folding chairs for special hospital events; they have installed loudspeaker systems in hospitals; they have even furnished men and women patients with swimming suits. In arranging special entertainments in the wards or in the Red Cross recreation building, councils often collaborate with Red Cross corps in the chapter—with the Canteen Corps offering the patients refreshments, the Gray Ladies acting as hostesses, and the Motor Corps transporting the entertainers to the hospital and back.

The Red Cross chapter program which supports the professional hospital staff is, of course, domestic only.

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In overseas hospitals the program of the recreation worker varies greatly from her program at home. First of all, the recreation facilities available to her in the different theaters of war are at their best far more limited than they are in this country. Second, except for the help given her by volunteers in relatively few countries, she is on her own.

To help the Red Cross worker compensate for her lack of assistance and facilities, however, the convalescent patient himself is gallantly useful. During the early part of the Italian campaign a recreation worker in a North African hospital described how patients helped her furnish her recreation room at one end of the hospital. "I borrowed tools from the Special Services office," she wrote, "and got the ambulatory, neuropsychiatric, and convalescent patients busy making tables, chairs, ping-pong tables, and desks out of old packing boxes. Wood is very scarce here. The men made divans from the seats of wrecked jeeps and mattresses from old cots. I made draperies from old sheets that I patched together and dyed. The recreation room looked out on a fine plot of mud. Patients, medics, even a detachment of engineers helped me to clear it. The patients made flats for flower seeds and sowed grass. They made baskets out of German barbed wire and planted flowers in them. On opening night the boys sat around and relaxed, eating cookies, playing cards, singing songs, and listening to a talented patient play a piano the chaplain had found somewhere for us."

The work done by this group of patients may be matched by dozens of other groups in every military theater. Boys who are able to work volunteer their help because they like to be doing something useful and creative; needless to say, they take even more than usual interest in their recreation quarters for having helped put them in shape.

Supplies for these quarters, as well as for the hospital wards, are kept constantly renewed by the Red Cross worker, who is provided by national headquarters with materials to fit the needs of her own locale as well as the varying recreational interests of the individual patients. The enormous array of items included in such materials is too lengthy to list here, but individual shipments have included such varied supplies as the following: portable phonographs; hundreds of popular and classical records; hundreds of games; equipment for carpentry, such as hammers, nails, saws, planes; wood-carving tool sets; equipment for

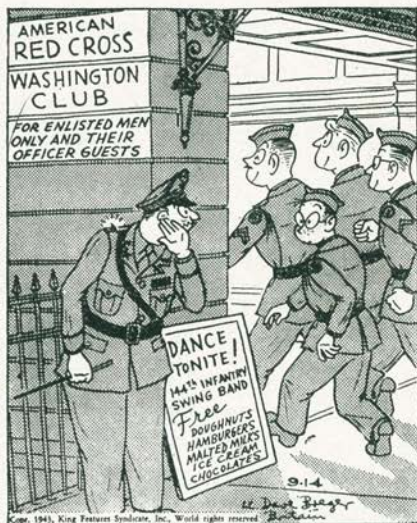
In Italy, in India, in China, in the home town, at the port, in the club, in the communications office—wherever servicemen, servicewomen, veterans, and their families need the American Red Cross, it is there to serve them.





PVT. BREGER ABROAD

—By Lt. Dave Breger



"Psst! How about me being your guest?"

block printing, for leathercraft, for knitting and weaving, for making model airplanes; art supplies for water coloring or work in oils; supplies for table tennis, badminton, chess, quoits; musical instruments, such as ocarinas, harmonicas, ukuleles; and assorted paraphernalia for dramatics.

Although the recreation worker depends on her own supplies, it is in the handicraft program—which by its nature is largely for bed patients and those who are confined to their quarters—that she takes quick advantage of local resources to augment her own handicraft materials. This is the reason why the man who is hospitalized in the South Pacific area turns pods, seeds, and nuts into costume jewelry for his girl; or carves a coconut shell into an ash tray, buffed until it looks like ebony. In India he may make batik scarves; in Alaska he may carve ivory; in the Middle East, near clay deposits, he may take up modeling. Occasionally hospitals throughout certain theaters will for one reason or another develop specialties in recreational pastimes, as in the Far East where patients made quantities of toys for refugee children.

Materials for handicrafts have come from the most unexpected sources. A medical officer in the China-Burma-India Theater donated wire to the Red Cross recreation worker; the wire, originally destined for tonsillectomies, found dozens of uses in craft work. Discarded surgical and dental instruments of many kinds, as a matter of fact, have made practical tools for the men, many of whom are remarkably hand-minded.

Taught to be something of an expert in salvaging raw materials for her crafts program, the recreation worker teaches men how to make articles out of the aluminum and plexiglas from wrecked planes; checkerboards from discarded boxes; ash trays out of C-ration cans; jigsaw puzzles out of discarded cartons.

Since fresh casualties may be too easily fatigued to make the effort required to work in wood or metal, they enjoy simpler work on light materials—such as knitting or knotting belts or dog leashes. Red Cross workers are experienced in grading recreation to the condition of the patient, from the simplest bedside pastimes to outdoor sports as active as doctors recommend.

Where fields for sports do not exist, the Red Cross worker by one means or another—usually with convalescent patient labor—has them

built. In consequence a croquet court adjoins a hospital in India, a basketball court adjoins a hospital in France, and so on—American sport fields dot foreign lands at incongruous random.

Stationed in rest homes as well as hospitals, the recreation worker is called on to be hostess and companion to war-weary men who are under order to rest and have fun. Forty rest homes are scattered throughout the leave areas in the various military theaters, but whether they overlook the lovely Isle of Capri or nestle in a valley of the lower Himalayas their purpose is the same. They offer the godsend of a quiet home, fresh sheets, hot food, and a lackadaisical schedule to men whose nerves are taut for lack of rest. For them the Red Cross worker is there when she is needed, for everything from listening to dancing to organizing tennis matches.

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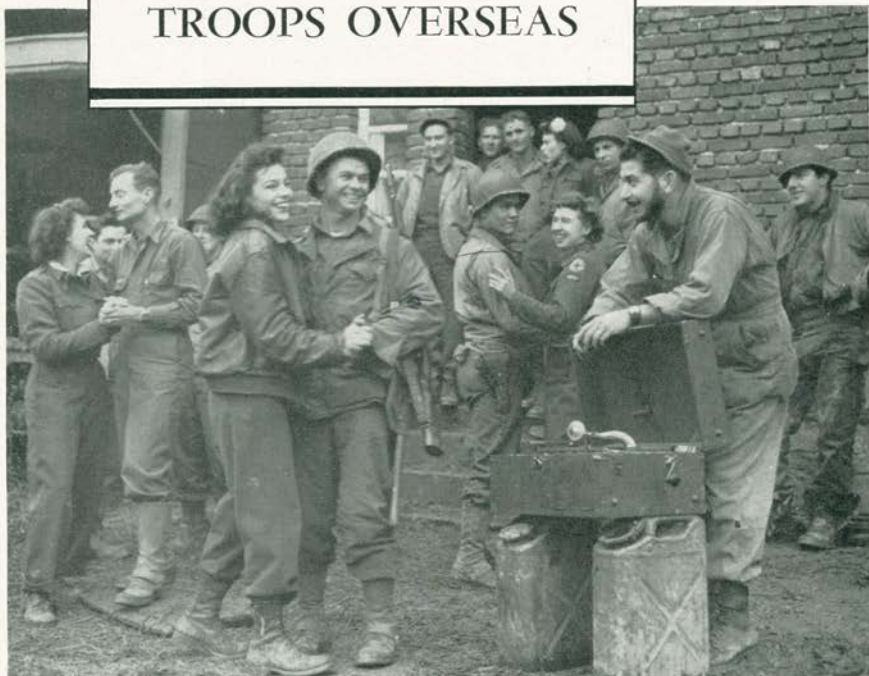
Our world-wide army and naval medical service includes a giant chain of mobile hospital units—trains, planes, and ships—for transporting the sick and wounded from hospitals in the military theaters to embarkation ports and from embarkation ports to receiving hospitals in this country. In addition, in certain areas the Navy has floating hospitals—ships which are used solely as hospitals and which do, in fact, provide complete medical and surgical service from the time a fresh casualty is put aboard until he is ready for discharge.

At the request of the Army and Navy all these hospital facilities—with the exception of planes—carry Red Cross workers. Planes are given service during their stops at airfields; unless the airfield happens to be adjacent to a hospital, the Red Cross field director at the station takes over this responsibility. Generally, because of the time element, the service to plane patients is largely one of supplying comfort articles and, if requested by the military, magazines and light refreshments. On hospital trains Red Cross workers have the opportunity to offer a wide range of service. They distribute comfort and recreation articles and lead certain recreation activities, and they make a point of meeting each patient. Because of the time element again, the hospital ship workers have even more opportunity than the train workers to tackle the patient's problems and to offer recreation, and both social and recreation workers who put out from the embarkation port with the

sick and wounded generally experience, in the confined days and weeks at sea, a peculiarly heightened need for their separate services. To break the tedium of travel they have well-stocked supplies of cards, games, and musical instruments for distribution among the patients, and birthday gifts of luxury items like billfolds and cigarette lighters to bring a touch of home. All birthday gifts are supplied the ship's Red Cross professional staff by Camp and Hospital Council Service. The birthday program is sizable, amounting within the past year to some 50,000 gifts.

Red Cross workers on hospital trains and ships have the particular responsibility of acting as a liaison between the overseas and the domestic hospital workers. A patient being brought back to this country from Great Britain, for example, has his immediate needs for Red Cross service referred from one worker to another from the time he leaves his hospital in Great Britain until he arrives at his hospital in this country. In that time he may meet a succession of five or six Red Cross workers, each one of whom has been fully informed of his problem before she meets him. The significance of such a referral system must be weighed against the distress and anxiety it may save the man. Experience is proving that saving to be enormous.

RECREATION FOR TROOPS OVERSEAS



To help the Army and Navy keep a man fighting-fit by freeing him from anxiety is one thing; to maintain his morale at a high level is quite another. Well-planned recreation is of high importance wherever troops are stationed. Overseas, where Red Cross recreation reaches the able-bodied as well as the hospitalized, approximately 50 percent of all American Red Cross personnel abroad are engaged in recreation and Red Cross club activities. Under the auspices of the Army's Special Services officers, recreation is planned by those assistant field directors who are recreation specialists and by Red Cross girls who have become an institution honored by homesick American men in every corner of the earth. The *Army Times* has quoted Quentin Reynolds, noted correspondent, as saying, "Three great discoveries of this war are the jeep, the Red Cross girl, and Ernie Pyle."

To describe the many types of recreation made available to our

armed forces is to risk the idea, however momentarily, that the tense realities of blood, fear, mud, and work can be made to yield at a given signal to a cheerful program of diverting events. Of course this is not so. The man in the foxhole has two terrible interests: to kill and to survive. Any description of his diversion behind the lines must be understood as applying to brief spots of relief in the immutable theme of war.

Recreation for the serviceman is developed in direct proportion to his distance from the fire of battle. In the combat zone his recreation—when he has any at all—consists largely of eating and talking. In rear areas, however, where he has the time, the energy, and the heart for it, recreation is fully developed and varied. And in lonely areas where boredom is enervating, such recreation is a godsend. Particularly is this true if men have seen action. It will be noticed that the localities cited below—where the serviceman has a rich variety of pastimes—are for the most part noncombat, where he has already seen action or is waiting for it.

Red Cross recreation workers are guided in their planning by two notable tastes of the American abroad—in foreign lands he is an indefatigable sightseer, and he likes to carry his own sports with him. In Egypt the Red Cross may organize a motor launch trip down the Nile; in Rome a visit to Vatican City; in India a camping trip in the Himalayas—all for the enjoyment of sightseeing. In taking his own sports with him the serviceman has introduced roller skating in the South Pacific, baseball on Ascension Island, football in Australia, basketball in Greenland, bowling in Iceland, and the rhumba in Liberia.

Assisting Special Services officers, Red Cross recreation workers organized baseball leagues in North Africa, in Guadalcanal, and in the Marianas immediately they became rear areas, and it goes without saying that the ubiquitous American baseball has also penetrated Burma, Persia, France, and the Philippines. Where no natural baseball fields existed, Red Cross workers helped build them. On Ascension Island, for example, the field director was assisted by officers and enlisted men in building a diamond by carting dirt three miles, by using 16 trucks, a bulldozer, a steam shovel, a scraper, a roller, and two drags.

Fishing is a sport which the American serviceman is learning much about, especially if he was an inlander. In the Caribbean area the American Red Cross distributed fishing kits donated by the International Game Fish Association, and there are now proud new techniques in catching spiny lobster and crayfish. In the Gilbert Islands the Red Cross organizes four fishing parties weekly; although tuna and shark are the ambitions of most fishermen in this region, octopus spearing is an occasional sport. In Labrador, where short, precious summer months allow excellent fishing in streams and rivers, Red Cross workers obtain outboard motors for their fishermen.

The sports-loving American is quick to take advantage of the athletic temptations of certain regions. For example, the scheduling of a winter sports carnival in Alaska means that boys who have never been on skis, have never ice skated, will be skiing and ice skating within a matter of days in order to participate as members of competitive teams. The boy from Alabama may end ignominiously by the side of the boy from upper New York state—but both have fun. The Kodiak Olympics have been singularly exciting events on the Alaskan recreation calendar.

No discussion of the sports open to the American forces abroad would be complete without mention of the spectacular if infrequent big-game hunts organized for the intrepid in such places as North Africa and India. A Red Cross field director in India reported recently that one small party which he accompanied to the Himalayas brought back to camp a 500-pound bear, a 400-pound boar, a 600-pound deer, and a hyena.

Such recreation events as movies are commonplace to men on leave in cities, but they are rare entertainment to men stationed in remote areas. The field director who takes a movie machine to an isolated outpost in Newfoundland or Liberia or New Caledonia is overwhelmed by the enthusiasm which greets him. Or, again, think of the soldier railway workers on the Persian Gulf, where the mercury tries to boil out of the thermometer. With boredom hanging as heavily as the heat, it may be guessed with what relief the lonely men greet the fortnightly visits of the Red Cross field director and Red Cross girls who, by trainmobile, bring sandwiches, iced drinks, books, movies, and late news of home.

For men in isolated and detached units overseas, volunteers in hundreds of communities back home build wooden chests and fill them with recreation equipment to be channeled through camp and hospital councils. Lumber companies donate the wood, carpenters build the chests according to specifications, paint companies donate the required olive drab, members of trade unions paint the chests, and various organizations donate the recreation equipment itself. It includes playing cards, bingo games, small musical instruments, baseballs, tennis balls, books, magazines, and checker and cribbage boards made by members of the Junior Red Cross. Delivered to the men by field directors and by Red Cross girls, thousands of chests have already appeared in many an area not previously acquainted with bingo. By March 1945, 40,000 additional chests were in the making in camp and hospital council workrooms all over the country.

Although Red Cross men and girls try to take a touch of home to army and navy men everywhere from jungle depths to arctic dugouts, it is in the American Red Cross club program that social recreation and relaxation—being comparatively free of emergency conditions—can be planned far more ideally. Clubs serve enlisted men, officers, nurses, and the women of the armed forces who are stationed overseas.

Originally established at the request of the Army and Navy for the leisure-time use of men on leave overseas, the first clubs were located in leave areas, for the most part in metropolitan centers. Since the first 15 clubs were opened by midsummer of 1942, however, the program has pyramided to reach a total of more than 740 clubs of several types and dozens of sizes by the spring of 1945. Knowing the American servicemen's loneliness in a foreign land, their bewilderment in a foreign tongue, and their nostalgia for things American, it is a cheerful fact that during the fiscal year 1943-44 more than 7,000,000 men enjoyed the friendly, homelike atmosphere of these clubs which now cover the earth. Most of them have all the things a man would look for in his own club back home—a dining room; a lounge furnished with newspapers, magazines, and writing tables; a recreation room furnished with a piano, card tables, and ping-pong tables; an information desk; laundry and cleaning and pressing service; a shoeshine parlor; sewing and mending service; a bank for changing dollars into

francs or shillings or rupees; a 24-hour snack bar; a first aid station; and sleeping rooms.

The popularity of clubs in leave areas meant the development of other kinds of clubs to meet varying purposes. The leave area club, now called "off-post" club, remains essentially a facility offering all accommodations for an overnight stay, and such activities as music, dramatics, athletics, and dancing. By contrast the newer "on-post" club is located on a military reservation to help fulfill the needs of men not on leave; the on-post club offers a variety of recreation and a snack bar, and is known in different localities by different names, such as aeroclub, camp club, and fleet club. A further adaptation of the club program is the rest home to which combat-weary servicemen are assigned by military order. Located in every military theater, the rest home offers home accommodations, such luxuries as late breakfasts, and such recreation as swimming, shooting, fishing, golfing, bicycling, horseback riding—or sitting.

Clubs have followed troops into new theaters as fast as their needs became settled. In the China-Burma-India Theater, for example, the number of clubs more than tripled between December 1943 and December 1944 to reach a total of 76. In invasion areas clubs have followed troops as stabilizing conditions have permitted, or, as one club director has said, as soon as the booby traps have permitted. Within eight weeks after their landing in North Africa, troops were munching hamburgers in 17 Red Cross clubs in or near Oran, Algiers, Casablanca, and Rabat. On the twelfth day following the Allied occupation of Paris, troops were eating in the sidewalk cafés of three large Red Cross clubs in the heart of the city. By the same date the third club had been opened in Cherbourg, and other clubs—on-post as well as leave area—were busily serving thousands of troops daily in other parts of France.

On October 20, 1944, American troops invaded the Leyte area of the Philippine Islands, and three weeks later, on November 11, the American Red Cross celebrated Armistice Day by opening its first service club, located in the center of Leyte's capital. On April 1 American fighters made landings on Okinawa; by April 25 one Red Cross club was running full tilt and 14 additional clubs were being set up for early openings.

Depending on their locations, clubs may resemble first-class hotels or they may be bamboo huts. One club in London can feed 2,000 men at a sitting and sleep 700 at night; a large club in Cherbourg has a patronage of 8,000 men daily. On the other hand, a club hut in the South Seas may be able to feed 300 a day and sleep 25 at night, and be adequate for local needs.

Clubs may have concert grand pianos, or a single upright, clumsy with age. They may have barber shops and showers; they may not even have plumbing. They may have private swimming pools or golf courses; they may be surrounded by foxholes caved in by time. Wherever they are, in Burma, India, France, or the Philippines, all clubs offer the facilities of the region and all offer the hospitality of home. And they soon acquire American names—"Bomb Dump," "Baby Grand," or "The Ritz." If servicemen's comments may be used as a yardstick, the highlights of their visit to a club are the clean sheets, the American coffee, and the sound of an American girl's voice.

In describing his first night in a Red Cross club in the Middle East, Volunteer John Earle, American Field Service, wrote to his mother in New York City:

I was in luck because the Red Cross had organized a trip to go to Jerusalem early the next morning so as to arrive in town for the sunrise services. But before I tell you of this jaunt I want to describe the wonderful setup that the American Red Cross is giving the American soldiers. They have taken over a civilian hotel and made it into a soldiers' club more or less. They offer free bed and towels, with everything from a hot and cold shower to sheets on your cot. The rooms are not crowded and they are immaculately clean. These things are like gold to a pauper for they are all virtually unheard of in the Middle East. They also have a game room with billiard table and ping-pong facilities. But far and above everything else that I can remember of this first night is the fact that they were having a dance—there were actually girls downstairs that were not wearing veils and did not have a two years' accumulation of dirt behind their ears.

They could speak English enough to say Hello and Yes I will dance with you. That was enough. There was even a girl brought over from Brooklyn to make the boys feel right at home—gosh, that accent sounded good.¹

Saturday night is dance night in Red Cross clubs, with Red Cross-invited girls. But almost any hour of any day is snack time. During

¹ Mina Curtiss: *Letters Home*, Little, Brown and Company, 1944.

one recent month American fighting men in a portion of the Red Cross clubs in the Southwest Pacific ate 360,000 snacks and 254,000 meals. During the same month American men in Red Cross clubs in Great Britain and France ate 10,770,000 snacks and 1,540,000 meals. At the Army's request nominal charges are made for lunch and dinner—approximately 25 cents—and for bed and breakfast, approximately 50 cents. Outside prices may be five times as much for like accommodations. Such snacks as doughnuts, sandwiches, and coffee are served in clubs on the same less-than-cost basis. (Snacks are served without charge to men on duty in the field and to the sick and wounded.)

In Great Britain 400 Red Cross clubs and mobile club units are staffed by approximately 20 percent of all Red Cross overseas workers. The monthly attendance at dances, movies, and concerts in these clubs averaged about 300,000 in the months preceding D-day of June 6, 1944.

The longer a particular club is established, the more likely it is to be able to serve men who have special interests. In Great Britain, for example, where some of the earliest clubs were opened, it was possible to develop an active card-catalog system of men with special interests who were eager to meet Britons in the same field. Consequently there have been numerous and stimulating exchanges between American and British farmers, factory workers, social workers, artists, teachers, and so on. Likewise, for men who showed interest—and they were many—historical tours were arranged to Oxford, to Cambridge, and to Windsor. The British Council in Exeter, together with Special Services officers and Red Cross personnel, planned a combined tour and lecture course on Shakespeare, given three times weekly during the spring and summer of 1944.

A number of professional and amateur painters in London, all American servicemen, put on an exhibition of the work which was done during their leisure in Red Cross club rooms. The exhibition, sponsored jointly by Special Services officers and Red Cross club personnel, was open for 17 days and attracted 100,000 visitors.

In other areas the serviceman has taken advantage of his opportunity to use his club for study. In Iceland he may learn Icelandic from a Red Cross club worker who learned it to teach a class of enlisted men and officers. Or in China the serviceman may join the music

class held in a club at the request of some music-starved aviators and taught by American professionals.

During the past year, with troops moving from metropolitan areas into combat zones, the marked increase in the need for on-post clubs multiplied their numbers almost by the week; by the spring of 1945 they numbered 380, or a little more than 50 percent of the total number of clubs. In forward areas, however, or in certain sparsely populated areas where isolated men are stationed and where it is not practical to set up club facilities, the Red Cross answers the need by taking the club to the men. This it does by means of some 200 large, specially equipped buses called clubmobiles. Normally operated by three Red Cross girls, the clubmobile is fitted with doughnut machine, coffee urns, and sometimes a phonograph and even hometown newspapers. Within three months after the Allied invasion of France 80 clubmobiles were serving troop units there, and by November 1944 Red Cross girls had set up so many coffee bars and "truckers' lunch" stands along the wintry truck convoy routes that 2,000 drivers were being served each day.

Turner Catledge, correspondent for *The New York Times*, wrote a dispatch about clubmobiles for his newspaper last year. It was sent from Naples, and it said in part:

It was Christmas Day on the front. An American doughboy was in a muddy foxhole just over the hill from where the Germans were pouring a hail of fire and steel in preparation for a counterattack. The soldier was about to open a can of C rations for his Christmas dinner when something caught his notice from behind. He wheeled and gazed in startled amazement. He couldn't believe his eyes, so he wiped them again with his mud-caked hand. Yes, it was true. Crouched there on the border of his foxhole was pretty Isabella Hughes of Baltimore, a box of doughnuts in one hand and a pot of steaming coffee in the other. What else could he say:

"Good Lord, sweetheart! What in hell are you doing here?"

Isabella Hughes was a member of an American Red Cross "clubmobile" unit which had gone up into the rain-soaked Italian hills that dreary morning—just as it had gone every morning for the long weeks of the peninsular campaign—to serve doughnuts and coffee and distribute reading matter to the men at the front or as near the front as shellfire would permit. There were two other girls in her team and a number of other

units were operating all along the areas back of the lines where American soldiers were fighting one of the most grueling battles they had ever fought. . . .

Isabella gave her soldier three doughnuts, a canteen full of coffee, an American magazine, and a heavy Christmas memory of a few minutes' conversation with a "typical" American girl. She and her "clubmobile" served 13,000 doughnuts that day to more than 5,000 soldiers. . . .

During the past two years the clubmobile, like the club itself, has taken on varying shapes and sizes to meet specialized needs—from the simple trailer kitchen which carries coffee and doughnuts, to the large cinemobile which is equipped with a piano, motion-picture projector, and loud-speaker system. Cinemobiles were extremely popular in France in the months following the invasion. Touring the troop units, sometimes accompanied by clubmobiles, a dozen cinemobiles scheduled their showings to large groups of men wherever conditions permitted.

Two thousand Red Cross girls are serving abroad on the staffs of clubs and clubmobiles. Former teachers, entertainers, journalists, or business girls, they are between the ages of 25 and 35. Some of them have husbands in service; all of them have a love of adventure. Requirements are stringent for their job: the girls must have poise, a sense of humor, ingenuity, a gift for camaraderie, and excellent character. Trained for their work by the Red Cross, they know that inventiveness may be far more important than the facilities they will be able to find. They brush up on sports dear to the serviceman's heart; they learn how to bowl, where to go on sight-seeing tours, and how to unearth talent for amateur shows. One Red Cross girl has called this process mining for gold. But above all, because the American serviceman is gregarious, the Red Cross girls learn how to give parties.

Whether they are club workers or clubmobile drivers they live in whatever facility their locale affords. It may be a former luxury hotel; it may be a hut with a dirt floor.

The serviceman knows these girls as combination hostesses, sisters, good sports. With typical American chivalry he wisecracks to her and then talks admiringly about her. He knows her long hours of work; he has seen her dive into foxholes; he has danced with her under a

bomber's moon; he has told her, endlessly, about his family, his girl, and his ambitions.

As for the girls themselves, no matter the strain of the emergency conditions of many theaters, they know the reward of the fighting man's gratitude. As one worker writes, "I'm living in a bamboo hut with a grass roof and a mud floor. There are rats in my roof, spiders on my walls, GI's in my hair. But I love it!"



SERVICES TO THE MAN AND HIS FAMILY

The name Home Service is self-explanatory. Home Service in the chapter supports the chain of Red Cross welfare services which reaches between the military fronts and the homes where the service stars hang.

Nineteen hundred and forty-six of the 3,757 Red Cross chapters are, generally speaking, in large and metropolitan centers where the volume of Home Service work requires the maintenance of a professional staff. These paid workers, together with their volunteer assistants, handle more than 85 percent of the total volume of Home Service work. The 1,811 chapters which are staffed entirely by volunteer Home Service workers are located in small or rural communities where the opportunity to give Red Cross help to servicemen and their families comes less frequently.

By March 1945, 17,000 Home Service volunteers were at work in

chapters all over the country, assisting members of the professional staff or carrying out the entire Home Service program on their own. Volunteers are former teachers or businesswomen who are now the warworking wives of army and navy men; some are men, merchants in small towns who run hardware stores or sell insurance and real estate. But whether they are teachers, merchants, librarians, or lawyers in their own fields, they give many hours weekly to their Home Service work and are on emergency call 24 hours a day. In the smaller communities they are often neighbors to the families they are serving.

What makes the Red Cross welfare program for the armed forces as effective as it is unique is the communications system which interlocks the service of workers in the field with that of the Home Service workers back home. The system operates by authority of the American Red Cross congressional charter, and it is by means of communications that a worker in Iwo Jima and another in Nebraska can approach a single problem with full information and understanding. The worker in the field may initiate the message by radiogram from overseas, or the Home Service worker may initiate it in behalf of the family. All emergency messages handled by the Red Cross to or from overseas representatives clear through Red Cross national headquarters in Washington, D. C. This system is used when the normal means of communication are not open, or when the situation is such that personal help by the Red Cross is needed.

The messages themselves are as varied as the individuals who send them. They have to do with all the anxieties of birth, illness, death, property, and business. Nor is this list exhaustive. By the end of 1944, 1,600 emergency messages were being relayed every single day between workers overseas and workers in the chapters. A long-time average shows that 60 percent of the messages originate with the men overseas.

Those 1,600 messages which clear daily through national headquarters may give an optimistic impression of the ease with which world-wide communications of the Red Cross get through. Such an impression is not intended. Red Cross messages are sent over army radio, and because they are wholly personal they cannot be given the same class of service demanded by operational messages of a military character. In all zones of enemy action the speed with which personal radiograms

move depends on varying military conditions. Because of the constant and sometimes swift movements of troops in modern warfare, messages simply may not be able to catch up. Further, for security reasons the military may not permit the sending or receiving of personal word of any kind for days or weeks at a time—for example, during troop movements just prior to an invasion. Because of such possibilities and also because personal information must be brief, the Red Cross always recommends that its messages be supplemented by V-mail.

In spite of fluctuating conditions, however, the fact remains that day in and day out a heavy load of Red Cross messages does get through quickly to link the servicemen with their families, and with the fullest cooperation of the Army and Navy the Red Cross has taken every means to establish a service that nothing but the emergencies of war can slow down. In early 1944, when vast numbers of American troops were crowding into Great Britain, the Red Cross sent a staff of 20 Home Service correspondents from the United States to American Red Cross headquarters in London, there to assist in handling the avalanche of messages being sent to and from families in the United States. Following the Allied occupation of France, Home Service correspondents were also sent to Paris to supply the fighting men in an expanding theater with the fastest possible means of keeping in touch with home. On the other side of the world, as our forces consolidated their positions in the Pacific areas, Home Service correspondents were stationed in late 1944 in Honolulu, Hawaii. All these localities became quickened nerve centers in the chain of world-wide Red Cross service. And because every one of the Home Service workers overseas relays messages to and from American homes in small towns and big towns, they are as much a part of the domestic Home Service program as the workers who are their partners in this country.

In addition to bridging the distance between the serviceman and his family, Home Service workers also provide communication with civilians in enemy-occupied countries in an attempt to furnish news of the welfare and whereabouts of families separated by war. Since it is the intention of this booklet to stay near the serviceman and his family, however, the functioning of that separate and busy service is noted only.

Besides communications, the Home Service program includes information, reporting, help with benefits and claims, consultation and

guidance, and financial assistance to servicemen's dependents who need it for food, shelter, clothing, and other necessities while they are awaiting their first receipt of government benefits. In extending its various services, Home Service helped approximately 300,000 servicemen and their families each month during the past year.

The work done by Home Service is keyed to the needs of the serviceman and his family, and some of these needs have changed perceptibly since 1941. In the early days of the war, for example, when men from every corner of the country were massing by the millions in army and naval training stations, field directors in this country asked Home Service workers in the chapters to check emergency furlough requests in such numbers that they constituted one of the heaviest jobs in the whole program. Many military authorities asked regularly for such investigations—and indeed they still do—in considering the granting of emergency furloughs, and in every instance the Home Service worker got in touch with the family to ascertain the need for the serviceman's presence at home. As men moved overseas during 1943 and 1944, however, the volume of such requests gradually diminished.

But for every need which has lessened, the Home Service worker can name another which has increased proportionately, and perhaps with tragic swiftness. In 1944, for example, there was an increase of 1,500 percent in the number of welfare inquiries brought to Red Cross chapters by families worried about their men overseas. At the same time there was a correspondingly sharp increase in the number of requests made by families of the deceased and wounded for help of various kinds. In sending notifications of death the War Department advises families to seek the assistance of their local Red Cross chapters in presenting claims. This assistance includes information on what government benefits are available to the next of kin, and it includes help in assembling whatever supporting evidence is required by the Veterans Administration in the filing of claims for pensions and other benefits.

Similarly, in the cases of men reported missing, captured, or interned, Home Service workers are assisting thousands of families in applying for the allotments in pay. When men are officially announced as missing, the Red Cross, for military security reasons, does not send messages of inquiry. When the men are definitely known to be

prisoners, however, Home Service workers are able, under certain conditions, to help their families communicate with them through Red Cross channels. So with supplementary information about the welfare of the wounded; although the War Department attempts to follow its casualty notification with semimonthly progress reports as long as the man's condition remains serious, the Home Service worker may receive supplementary word for the family from the Red Cross hospital worker.

To the end that Home Service may continue to accommodate its work to actual need, its program is kept flexible. In the past it has made broad adjustments—as it did in 1943 when it expanded its financial assistance program to meet emergency family needs. And it will without question have new adjustments to make in the future. The Red Cross would be shortsighted in carrying out the will of the American people if it did not do its full share of anticipating as well as answering human needs.

Today the opportunities the Home Service worker has in offering straightforward, practical help with family problems are literally almost boundless. Home Service offers financial security to the service wife whose allowance has not come through, or to the service widow who needs help during a temporary emergency. Home Service sends an emergency message for a mother to her son in Alaska: the father has died and the mother wants word to go through quickly. Home Service can find out the answer to a question asked by a serviceman's sister: the brother, in training in this country, is urgently needed at home to help straighten out some business affairs. Would he be able to secure an emergency furlough? Home Service can answer a question for a serviceman's father: the son, a coast guardsman, is 20; is the father responsible for any debts the boy owed when he went into service? The mother of a WAVE officer brings this question to Home Service: the daughter, home on leave, has contracted pneumonia and is in the city hospital; will Home Service help her apply for extension of leave, help her get navy approval for private hospitalization at government expense?

In doing what needs to be done about all such problems, Home Service has an advantage which gives singular opportunities to serve wherever and whenever help is needed: the Red Cross is the one non-

governmental agency which is available in every community regardless of size, and in rural areas it may be the only agency.

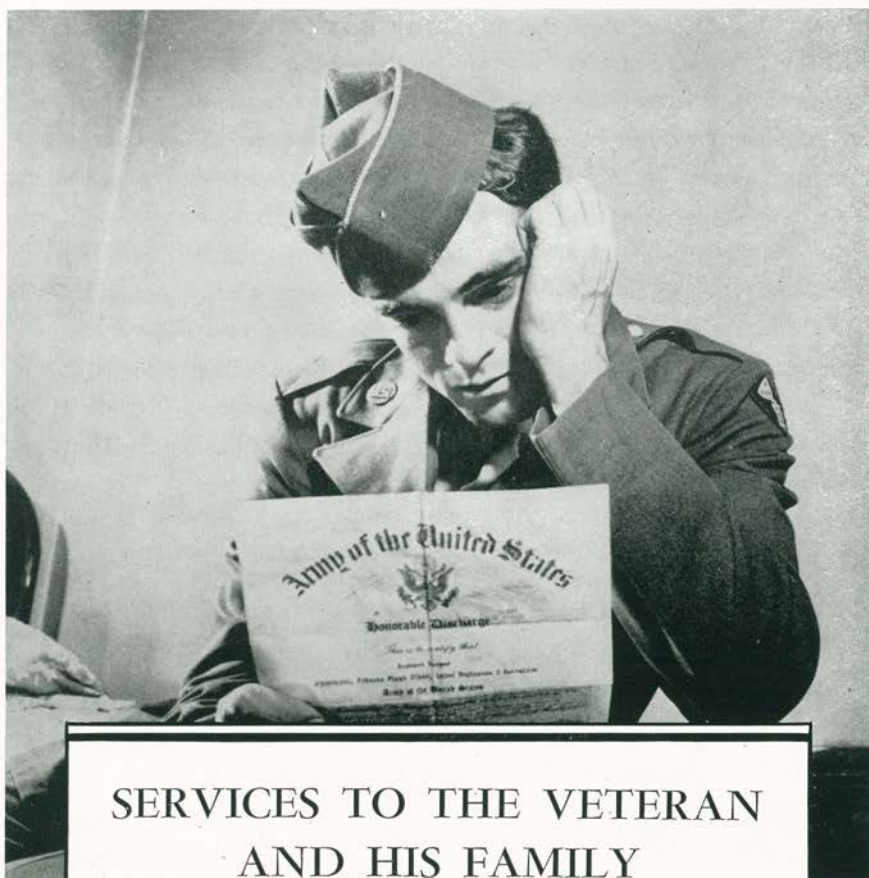
Red Cross chapter files are filled with stories of the quiet resourcefulness of Home Service volunteers who alone buck the difficulties of serving rural counties despite lack of transportation, bad weather, and poor communications. For example, there is the worker in a large, thinly populated, mountain county who was called on to get day-by-day reports to a soldier's family who lived 125 miles from the chapter. The soldier, in training camp, was stricken with spinal meningitis. The Home Service worker, knowing the anxiety, saw to it that the report got through every day in spite of the fact that the family had no telephone and the county had no telegraph service. This is what she did: she told the boy's Red Cross hospital worker to send the telegram to the Red Cross chapter in the neighboring county. From there a worker telephoned the message to a forest ranger's station from which the first Home Service worker could be called by a shrill blast on a police whistle. Then she telephoned the message to the proprietor of a little general store which had the only telephone near the soldier's family. Here the soldier's father came every day for the word which had come through so many neighbors.

The fact that Red Cross chapters in every county are in a position to extend the same services permits another singular advantage—in this case to families who move from one part of the country to another. By means of referral, individuals who have claims or records of other legal import pending through their chapter in Seattle, for example, may have their service forwarded—fully informed and without breaking its continuity—to their new home in Memphis.

Although it has continuous and country-wide service available, and its own defined program, Home Service must depend on other agencies in the community for the provision of certain other specialized services. For example, if Pfc. Bill Thompson's wife needs special medical care, Home Service will refer her to the appropriate agency for arranging such treatment as she may need. The Home Service worker will in such a case keep in touch with the situation and will send progress reports to the husband wherever he may be. So with psychiatric services, child placement, legal, vocational, and employment services. All these are within the provinces of specialized agencies set up within

the community, and on them Home Service is dependent for the provision of services it is not equipped to offer.

Since Home Service does not function independently of other agencies in the community, its relationships with them are of first importance. Definite understandings and working relationships—including cooperative exchanges for the mutual use of specialized services—on the national, state, and community levels have been established between the Red Cross and the following agencies: Army Emergency Relief; Navy Relief Society; Coast Guard Welfare Society; United Service Organizations; Travelers Aid; the Children's Bureau Emergency Maternity and Infant Care Program; the Family Welfare Association of America; the American Public Welfare Association; the Federal Social Security Board; and other Red Cross societies.



SERVICES TO THE VETERAN AND HIS FAMILY

American Red Cross service to veterans has been a continuous, full-fledged activity since 1917, when claims service was added to the program of counseling, financial assistance, and information services which chapters were giving the veterans of World War I and their families. So many veterans of the Spanish-American and the Civil War also needed claims service that it was at the same time extended to include the veterans of all U.S. wars and their dependents. Still serving all veterans who need their help, Home Service workers today have a steady stream of requests from the veterans of World War I to help them file new claims or to help them reopen their old. At the same time, while already giving various kinds of help each

month to thousands of veterans of World War II, Home Service workers are everywhere preparing for the mounting demands of the future.

While Red Cross services to the veteran may culminate with the local chapter in the veteran's own home town, they actually begin even before a man or woman is officially discharged from the Army, Navy, Marine Corps, or Coast Guard. They are extended by Red Cross field directors at army or naval centers from which the able-bodied are to be discharged; and they are extended by Red Cross workers in hospitals from which men are to be discharged for disability.

At discharge centers army or naval authorities give orientation lectures to bring groups of men up to date on subjects they must know as veterans: the conditions under which they are entitled to reemployment under the terms of the Selective Service Act; the various state and federal agencies which are ready to help them back into the stream of civil life; the important new benefits for the able-bodied in unemployment compensation, job placement, education, and loans as provided by the GI Bill of Rights. Many are the new subjects now discussed among men who still bear the grime and tragedy of war and whose very hopes may be unsettled. And many are the questions which follow in the wake of new and unaccustomed patterns of thinking as men relate them to their personal situations.

Field directors stationed at discharge points have been trained in such technical subjects as claims work and insurance in order to provide men with full information and practical help. Important as this service may be, the men need more. They need a climate of understanding. Men who have for months been on the high seas or on the battlefields may be overwrought by the sudden rush of emotions which seize them at the thought of going back to their families and their jobs. At no time in the course of the Red Cross field director's experience with men in war is the need for his counseling on personal and family problems more urgent or the need for information more varied.

Some of the men who are discharged for reasons other than disability have records of hospitalization and may be eligible for disability pensions. The field director can help them file their applications.

As the discharge rate increases, the field directors at discharge points will take on more and more prominence in the total picture of Red Cross services to the armed forces. If, as has been estimated, 15,000,000

men and women will have been in service by the end of World War II, the tremendous job which the Red Cross will help the Army and Navy to handle at these centers alone calls for close planning to meet the impact of the need as it grows.

The able-bodied veterans of World War II will be many times more numerous than the disabled men or women, but the disabled may have special need of help in making the transition—rough under the best of conditions—from military to civil living. Because Red Cross help for veterans is offered whenever and wherever it is needed, it may as a matter of necessity begin even in overseas hospitals. The disabled do not wait until they arrive in hospitals in this country to become concerned about their futures.

The Red Cross hospital workers overseas give disabled men general information about the government benefits for which they may be eligible upon discharge. Each man may have his own questions about the benefit which interests him particularly—whether it is job training, or the educational program provided by the GI Bill of Rights, or medical and follow-up care. The answers which he can be given during this first stage of his hospitalization may mark the difference between his despair of the future and his feeling of security.

In army and naval hospitals in this country the medical authorities notify Red Cross hospital workers when men are to be discharged for disabilities. The patient's physical limitations are now known and he himself is ready to discuss definite plans for going back home to his family and to his job. At this stage his questions call for action. Here are the kinds of help which his Red Cross worker can offer him immediately: Assuming that she has already helped him to face the problems of his handicap, she can now, with his permission, help him to interpret it to his family, either by conferring with relatives who may visit him in the hospital or by writing ahead to Home Service. In addition, she can explain to him the provisions of the GI Bill of Rights and other benefits which may be his. She can tell him of the specialized agencies and of the specialized needs of veterans which they are prepared to meet. She can arrange for an interview with a representative of the United States Employment Service who will help the patient to explore employment prospects in his own home community. And she can

assist him in filing applications for the government benefits for which he may be eligible.

Having served the disabled man during the whole period of his hospitalization, Red Cross workers are in a peculiarly advantageous position to help guide him toward all benefits to which he will be entitled. Not the least among their duties is explaining to the man the ways in which his local Red Cross chapter will serve him and his family when he reaches home.

In discharge centers and hospitals the Army and Navy advise and encourage their men to file their applications for benefits before the time of official discharge. Army and naval officials may help them to do so, but generally they prefer to delegate this responsibility to Red Cross field directors and hospital workers. In January 1945, 87 percent of all men being discharged for disability were assisted by Red Cross workers in filing their applications for benefits. At that time approximately 5 percent of the men being discharged for disability did not wish to file.

At the time of filing their claims veterans are informed of the assistance available to them in following their claims through the processes of the Veterans Administration, and they may elect to have a recognized veterans' organization or the American Red Cross represent them in this connection with the Veterans Administration. If veterans elect to give their power of attorney to the Red Cross, following up the claims becomes the joint responsibility of Home Service in the veterans' own chapters and of the Red Cross field directors who are stationed in the regional offices of the Veterans Administration. There the field director is in a position to keep the Home Service worker posted on the progress of the individual case and on all additional data and evidence which may be needed in handling the claim. The Home Service worker, in turn, helps the man with the often complicated duties of assembling the evidence. And until all facts are in and the claim is settled she stands by to give the veteran any further assistance which he and his family may need.

Even with mustering-out pay some veterans who have filed application for their disability benefits find themselves unable to get along financially during that awkward period between discharge and the first job pay check or the first check from the government. Especially

for veterans with families may this period be one of real anxiety. What can the Red Cross do to help? Whether or not the Red Cross is handling a man's claim for him the Home Service worker can give him financial assistance to cover all basic needs during this temporary period. As demobilization nears, Home Service must be prepared to meet requests for financial help on a sharply ascending scale.

It is after the veteran has returned to his home community that the totality of the Red Cross program of services for veterans becomes evident, for Home Service of the man's local chapter continues the Red Cross service begun at his point of discharge. If he had any particular personal or family problem prior to discharge, it has, with his consent, already been referred to his Home Service worker. The man who took his problem of a mentally ill mother to his field director is a case in point. Before the veteran arrived in his home city the Home Service worker had already made contact with the appropriate special agency which could see to it that the mother had proper psychiatric care, and final arrangements were awaiting only the approval of the son.

In sum, the Home Service program for veterans is the same Home Service program which veterans knew when they were fighting men, with this difference: the Home Service worker now has the opportunity to serve the man personally, as well as his family.

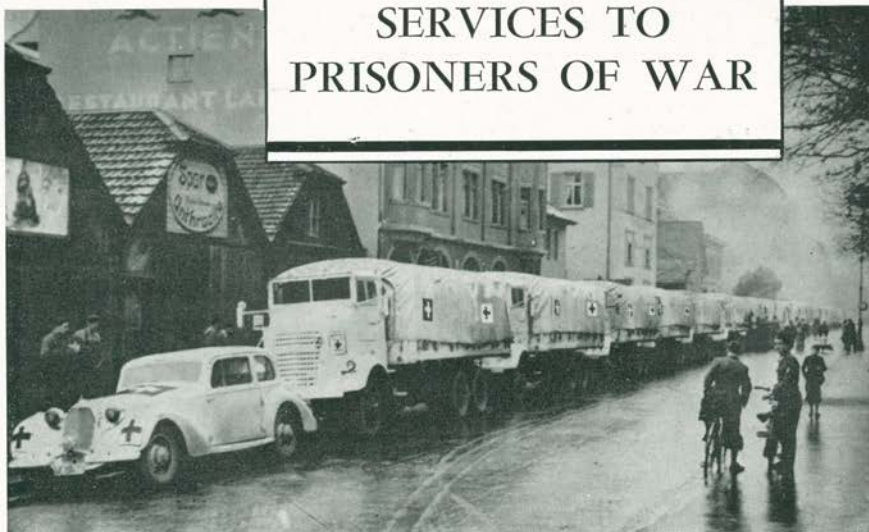
A single recent example of how greatly her experience with veterans' problems may benefit an individual man and his family may be duplicated in spirit if not in detail in hundreds of chapters every single week: A 32-year-old veteran of the Philippine liberation was back home with his wife and two children. He received a pension for 20 percent disability but, unable to work, he had become pressed for funds and had dropped \$5,000 of his \$10,000 National Service Life Insurance. Two months later, now confined by illness, he telephoned his Red Cross chapter and a Home Service worker went to his home. He was worried about providing for his family. Could the Red Cross, he asked, help him continue to pay premiums on the \$5,000 which remained of his insurance?

The Home Service worker went behind the problem as the man stated it and got all the facts in the case. With her help, the field director in the man's Veterans Administration regional office could

take the following steps: He presented evidence to get the 20 percent disability rating raised by the Veterans Administration to 100 percent. He was able, in addition, to have the full \$10,000 insurance policy reinstated and to have the premiums waived. Next, he obtained for the veteran a refund on those premiums which had been paid during the period in which he was totally disabled. While the field director and the Home Service worker were collaborating to bring to this veteran the full benefits to which he was entitled, the Home Service worker also made arrangements for the man's further medical care in the nearest veterans' hospital.

When the tragedies of war may be alleviated for the veteran and his family, it is the business of the Home Service worker to call on every Red Cross resource in order to help in that alleviation. Sometimes her duties are large; sometimes they are relatively small, as when she helps a veteran obtain copies of recorded documents such as birth certificates or marriage licenses. But the Home Service worker knows that, whatever she can do for the man, she is acting as an agent of the whole American Red Cross. And she knows that, so far as the man himself is concerned, she is rounding out and completing the Red Cross services to veterans which originate with other Red Cross personnel at three other points: the hospital, the discharge center, and the Veterans Administration.

SERVICES TO PRISONERS OF WAR



Throughout the period of the war with Germany the American Red Cross was able to extend friendly hands even beyond the barbed wire of prison camps. Until all American prisoners of war were liberated the American Red Cross conducted a vast program of packing and shipping the supplementary food and clothing which was paid for by the United States government and was necessary for the maintenance of the prisoners' health; in addition, the organization itself paid for and shipped large quantities of supplementary medical supplies and varied comfort articles. All supplies for prisoners went forward into Germany through the International Red Cross via either Switzerland or Sweden, and, until the final, chaotic months of the war, they went forward with regularity. When rail transportation was completely disrupted, convoys of trucks moved through Germany with their cargoes of supplies.

Field directors and Red Cross girls who moved into Germany with the American fighting forces were able to extend immediate services to American prisoners of war as they were released. Among the supplies given them was a release kit containing comfort articles and small personal necessities, but perhaps the most meaningful of the various Red Cross services extended was the special message system set up after

Red cross, U.S. American Red Cross International Red cross

the cessation of hostilities to enable liberated prisoners to communicate through Red Cross channels with their families in the United States.

Field directors and other Red Cross personnel were also on hand in the camps set up for the liberated prisoners at various points in France, including the port of embarkation at Le Havre; and in Great Britain for the former prisoners who were returning home via the British Isles. Likewise, in the case of American prisoners who were liberated from German prison camps on the Russian side of the theater of war and who were returned through Odessa, the ships of these men were met by Red Cross personnel at Cairo and Naples and again on their arrival in the United States.

At this writing it has not yet been possible for the United States government to come to a satisfactory understanding with the Japanese government which would permit any established regularity in the shipments of food or comfort supplies. Efforts continue to be made, however, and four consignments of food and comfort articles had been shipped from the United States by June 1, 1945.

Address of National Headquarters
and
Addresses and Jurisdictions of Area Offices

National Headquarters—*17th and D Streets, N. W., Washington 1, D. C.*

North Atlantic Area—*300 Fourth Avenue, New York 10, N. Y.*: Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont.

Eastern Area—*615 North St. Asaph Street, Alexandria, Virginia*: District of Columbia, Indiana, Kentucky, Maryland, Ohio, Pennsylvania, Virginia, West Virginia.

Southeastern Area—*230 Spring Street, N. W., Atlanta 3, Georgia*: Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee.

Midwestern Area—*1709 Washington Avenue, St. Louis 3, Missouri*: Arkansas, Colorado, Illinois, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Wisconsin, Wyoming.

Pacific Area—*Civic Auditorium, Larkin and Grove Streets, San Francisco 1, California*: Alaska, Arizona, California, Idaho, Nevada, Oregon, Utah, Washington.

Insular and Foreign Operations—*17th and D Streets, N. W., Washington 13, D. C.*